

SCRUTINY COMMITTEE

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Thursday, 10th March, 2016 at 5.30 p.m.

Membership

Cllrs, Davison, D. Dixon, Fletcher, Howe, Scanlon, David Snowdon, Diane Snowdon, and N. Wright

Co-opted Members - Ms A. Blakey, Ms R. Elliott, Ms. H. Harper and Mr S. Williamson

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Part C – Health Substantial Variations to Service

No items

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No items

E. WAUGH,
Head of Law and Governance,
Civic Centre,
SUNDERLAND.

2nd March, 2016.

**At a meeting of the SCRUTINY COMMITTEE held in the CIVIC CENTRE
SUNDERLAND on THURSDAY, 11th FEBRUARY, 2016 at 5.30 p.m.**

Present:-

Councillor N. Wright in the Chair

Councillors Davison, D. Dixon, Scanlan, David Snowdon and Dianne Snowdon together with Ms A. Blakey and Mr S. Williamson.

Also in attendance:-

Cllr H. Trueman

Mr Les Clark, Chief Operating Officer – Place, Sunderland City Council
Mr Nigel Cummings, Scrutiny Officer, Sunderland City Council
Ms Karen Davison, Deputy Head of Financial Resources, Sunderland City Council
Ms Rhiannon Hood, Assistant Head of Law and Governance, Sunderland City Council
Mr Dennis Napier, Assistant Head of Financial Resources, Sunderland City Council
Mr David Noon, Principal Governance Services Officer, Sunderland City Council
Ms Beverley Poulter, Lead Policy Officer to the Leader and the Chief Executive, Sunderland City Council
Mr Neil Revely, Executive Director, People Services, Sunderland City Council,
Mr David Tate, Healthwatch
Mr Paul S. Wilson, Assistant Head of Financial Resources, Sunderland City Council

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Fletcher and Howe.

Minutes of the last Meeting of the Committee held on 14th January, 2016

The Chairman referred to Resolution 9ii) of the minutes and confirmed that she and the Vice Chairman had met with Legal Services in relation to issues raised at the meeting in respect of the Sunderland Integrated Substance Misuse Treatment and Harm Reduction Service. There was nothing further to add at this stage but a full report would be submitted to the Committee in due course.

1. RESOLVED that the minutes of the last ordinary meeting of the Scrutiny Committee held on 14th January, 2016 (copy circulated), be confirmed and signed as a correct record

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Change in the order of Business

The Chairman advised that she would be taking item 5 on the agenda (North East Combined Authority – Proposed Devolution Agreement and Elected Regional Mayor) at this juncture to allow Councillor Trueman to leave and attend another meeting immediately thereafter.

North East Combined Authority – Proposed Devolution Agreement and Elected Regional Mayor

The Interim Head of Paid Service submitted a report attaching a copy of the report considered by the Cabinet at its meeting held on 10th February 2016 (copies circulated) which provided details of the current position in relation to the devolution proposals for the region including that the North East Combined Authority (NECA) would become a Mayoral Combined Authority. The report had been referred to the Scrutiny Committee as part of the consultation process.

(For copy report – see original minutes).

Councillor Trueman, Deputy Leader of the Council and Beverley Poulter, Lead Policy Officer the Leader and the Chief Executive presented the report and addressed questions and comments thereon.

The Chairman expressed her personal view that the £30m per year for 30 years on offer was insignificant give the cuts that had been faced and would continue to be faced by the north east Local Authorities. Councillor Trueman shared this concern and stated that Sunderland alone had to find savings of £46m this year.

Councillor Dixon referred to the £30m on offer and asked if the costs of running the Combined Authority would have to be borne from this figure. Ms Poulter advised that that detailed issues such as this remained to be clarified however it had to be assumed currently that the answer would be yes.

Councillor Dianne Snowdon referred to the questionnaire included in the consultation document and asked how the questions had been devised and whether the same questions being asked in each local authority area. Ms Poulter replied that Sunderland's questionnaire had been devised in conjunction with experts at Sunderland University. It had been decided to ask very open questions. Each authority were responsible for undertaking their own consultation and differing approaches had been taken. Durham in particular had opted to ask very specific questions.

In response to an enquiry from Councillor Dianne Snowdon regarding the timescales involved, Ms Poulter advised that the consultation in Sunderland would close on 17th February. The Cabinet or Council of each of the 7 Local Authorities would then formulate their own position on the proposals prior to a final decision being taken by the NECA Leadership Board on 24th March. The Government had advised that the Mayoral Combined Authority could be formed from as little as 2 out of the 7 Local Authorities.

The Chairman expressed her concern that such a situation would not be practical especially in relation to plans for integrated transport and health and social care. For

example if Sunderland and Newcastle had opted in but Gateshead had opted out, the operation of an integrated transport system would be very difficult if not impossible.

Ms Poulter agreed that this was a very valid point. The Act would allow for up to 5 of the constituent Authorities to drop out. It was Sunderland's view however that the Devolution deal would not be feasible if even 1 or 2 of the Local Authorities opted out. Councillor Trueman stated his belief that all 7 would need to opt in for the proposal to work effectively.

Councillor D. Dixon expressed his concerns at the apparent haste with which the NECA was being forced to consider the proposals, given the many unknowns and the lack of understanding of the implications involved. He found it incredible that Ministers believed that it was feasible to establish a Mayoral Combined Authority for the North East comprising just 2 Local Authority areas.

Ms Blakely stated that she was extremely sceptical of the proposals. She cautioned that it was reminiscent of the introduction of the academy system for schools which initially offered a 'very big carrot' that ultimately diminished in size.

The Chairman advised that she also chaired the NECA Scrutiny Committee and that Councillor Dianne Snowdon also represented Sunderland on that Committee. There had been plenty of discussion on the devolution deal and the views generated had been mixed. Members were advised that Karen Brown also provided Scrutiny Officer support to the NECA and that if Members had any further views on the devolution consultation they could be forwarded to Karen or directly to Ms Poulter.

The Chairman having thanked Ms Poulter and Councillor H. Trueman for their attendance it was:-

2. RESOLVED that the comments made by the Committee Members be noted and considered as part of Sunderland's devolution consultation process.

Reference from Cabinet – 10th 2016 – Budget and Service Reports

(A) Collection Fund 2015/2016

(B) (i) Capital Programme 2016/2017 and Treasury Management Policy and Strategy 2016/2017, including Prudential Indicators for 2016/2017 to 2018/2019.

(B) (ii) Revenue Budget and Proposed Council Tax for 2016/2017 and Medium Term Financial Strategy 2016/2017 to 2018/2019.

The Head of Law and Governance submitted a report (copy circulated), seeking the advice and consideration of the Committee on a number of reports considered by the Cabinet at its meeting held on 10th February, 2016, on the Revenue Budget and Capital Programme for 2016/2017 to assist the Council with its service and financial planning arrangements.

(For copy reports – see original minutes).

Ms Karen Davison, Deputy Head of Financial Resources, together with Mr Dennis Napier, Assistant Head of Financial Resources and Mr Paul S. Wilson, Assistant

Head of Financial Resources presented the report and addressed comments and questions from Members in relation to

- Usage of the collection fund surplus
- The potential to further increase provision for pupils on the Autistic Spectrum
- Allocation of Education Basic Need funding
- Sec. 106 funding for play areas
- The anticipated amount of better care funding
- Concerns regarding the effectiveness and transparency of school place planning
- The operation of the Council's Minimum Revenue Provision policy
- The schemes comprising the transport element of the Council's Capital Commitments
- The unfairness of the Government's transitional grant funding allocation
- The response to the consultation process from the Chamber of Commerce and the Trade Unions
- The future direction of Children's Services
- Enhancement of the Council's Efficiency Strategy through the use of creative thinking
- Timescales for the review of the Reablement at Home Service and potential implications
- The operation of the Community Equipment Service
- Potential negative implications arising from the review of Day Care Opportunities and the review of Crossing Patrol Staff

The Chairman having thanked Ms Davison, Mr Napier, Mr Wilson, Mr Revely and Mr Clark for their attendance it was:-

3. RESOLVED that:-

- i) a report be submitted to a future meeting of the Committee on work to expand provision in the city for pupils on the Autistic Spectrum;
- ii) appropriate officers be asked to consider the effectiveness of pupil place planning together with the provision of greater transparency given the unforeseen additional demand for places highlighted in the report;
- iii) Mr Phillip Foster, Chief Operating Officer Sunderland Care and Support be invited to attend a future meeting to provide an update report on service provision (with particular reference to Reablement at Home, Community Equipment and Day Care Opportunities) and that the invitation be extended to Mr Neil Revely, Executive Director, People Services, Sunderland City Council
- iv) Mr Steve Williamson contact the Scrutiny Section to arrange a meeting with the Council's Finance Team in relation to the Council's Efficiency Strategy, and;
- v) Council be advised that the Scrutiny Committee commented that, having considered the proposals, it was satisfied with the information provided within the Budget and Service reports and therefore supported the Cabinet recommendation to Council that the budget proposals be approved. It recognised the difficult financial situation that the Council continues to operate within. It placed on record its acknowledgement of all the hard work, commitment and support provided by the Council's Finance Team in preparing and delivering a balanced budget.

Notice of Key Decisions

The Head of Scrutiny and Area Arrangements 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 12th January 2016.

(For copy report – see original minutes).

The Chairman asked that Members having any issues to raise or requiring further detail on any of the items included in the notice, contact Nigel Cummings, Scrutiny Officer, for initial assistance.

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

Annual Work Programme 2015/16

The Head of Scrutiny and Area Arrangement submitted a report (copy circulated) attaching for Members' information, the work programme for the Committee's work being undertaken during the 2015/16 council year.

(For copy report – see original minutes).

5. RESOLVED that the information contained in the work programme be received and noted.

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

(Signed) N. WRIGHT,
Chairman.

THE *PREVENT* DUTY

Report of the Head of Strategy and Policy for People and Neighbourhoods

1. Purpose of this report

1.1 The purpose of this report is to:

- Ensure Scrutiny Committee members have an understanding of the new *Prevent* Duty, current progress to ensure compliance, and proposed next steps.
- Invite views from the Committee on the overall approach to ensuring the city's compliance with the duty.

2. Background: *CONTEST* and *Prevent*

2.1 **CONTEST** is the name of the UK's Counter-Terrorism Strategy. *CONTEST* is split into four work streams that are known within the counter-terrorism community as the "four P's": *Prevent*, *Pursue*, *Protect*, and *Prepare*.

- **Prevent:** The purpose of *Prevent* is to stop people from becoming drawn into or supporting terrorism. This includes countering terrorist ideology and challenging those who promote it; supporting individuals who are especially vulnerable to becoming radicalised; and working with sectors and institutions where the risk of radicalisation is assessed to be high.
- **Pursue:** The purpose of *Pursue* is to stop terrorist attacks by detecting, prosecuting and otherwise disrupting those who plot to carry out attacks against the UK or its interests overseas.
- **Protect:** The purpose of *Protect* is to strengthen protection against a terrorist attack in the UK or against its interests overseas and so reduce their vulnerability. The work focuses on border security, the transport system, national infrastructure and public places.
- **Prepare:** The purpose of *Prepare* is to mitigate the impact of a terrorist attack where that attack cannot be stopped. This includes work to bring a terrorist attack to an end and to increase the UK's resilience so we can recover from its aftermath.

3. The *Prevent* Duty

3.1 On 1st July 2015, section 26 of the Counter Terrorism and Security Act 2015 placed a duty on certain bodies ("specified authorities" listed in Schedule 6 of the Act), in the exercise of their functions to have **"due regard to the need to prevent people from being drawn into terrorism"**. "Due regard" means that the authorities who have the duty should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how it carries out its usual functions.

3.2 Statutory guidance was issued which contained sector-specific sections for the following **specified agencies** and institutions:

- Local Authorities
- Schools and registered childcare providers

- Further Education
- Higher Education
- Health Sector
- Prisons and Probation
- Police

3.3 All of these agencies are judged to have a role in protecting vulnerable people and/or our national security.

3.4 In complying with the duty all specified authorities, as a starting point, should demonstrate an awareness and understanding of the risk of radicalisation in their area, institution or body. This risk will vary and can change rapidly, but no area, institution or body is risk free.

3.5 The new duty is **risk based** and the Council and its partners need to demonstrate an awareness and understanding of risk of radicalisation in Sunderland. There are 3 themes that run throughout the statutory guidance:

- Leadership** - an expectation that those in leadership positions establish or use existing mechanisms for understanding the risk of radicalisation, communicate the duty and ensure staff understand risk and build capabilities to deal with it and implement the duty effectively.
- Partnership** - demonstration of partnership working is required with the suggestion to use existing partnerships such as Community Safety Partnerships and establish strong links with Safeguarding Boards.
- Capabilities** - demonstration that frontline officers who engage with the public understand what radicalisation means and why people may be vulnerable to being drawn into terrorism as a consequence of it. Training, information sharing and how to access support, are also key features, together with an expectation that local authorities ensure that publicly-owned venues and resources are not used as a platform to disseminate extremist views.

3.6 All specified authorities must maintain appropriate records to demonstrate compliance with the duty which may be monitored by the Home Office and possibly new or existing inspection regimes.

4. Local Authority Role

4.1 The expectation in the statutory guidance is that local authorities will now undertake the following roles:

- Establish or make use of an existing local multi-agency group to agree risk and co-ordinate *Prevent* activity (these multi-agency groups will be expected to put in place arrangements to effectively monitor the impact of *Prevent* work).
- Use the existing counter-terrorism local profiles (CTLTP) to begin to assess the risk of individuals being drawn into terrorism.
- Engage with *Prevent* coordinators, schools, universities, colleges, local prisons, probation services, health, immigration enforcement and others as part of the risk assessment process.

- Mainstream the *Prevent* duty so it becomes part of the day-to-day work of the authority, in particular children's safeguarding.
- Any local authority that assesses (through its multi-agency group) that there is a risk, will be expected to develop a *Prevent* action plan.
- Ensure frontline officers have a good understanding of *Prevent*, are trained to recognise vulnerability to being drawn into terrorism, and are aware of available programmes to deal with this issue.

5. *Prevent* Duty - Current Position as of March 2016

5.1 Leadership

- 5.1.1 Northumbria Police's Special Branch refreshed the Counter Terrorism Local Profile (CTLTP) in April 2015 and another refresh is currently taking place. The CTLTP was shared with the CONTEST Board (Police, Council and Tyne and Wear Fire and Rescue Service). The CTLTP helps the Police, Council and other statutory partners understand and prioritise threat and vulnerability with suggested recommendations to address the risk.
- 5.1.2 Back in July 2015 when the duty took effect, the Home Office hosted a series of regional events to raise awareness of the new *Prevent* duty amongst councils and other bodies that had to implement it. Some useful contacts were made with current 'priority' *Prevent* areas. Key messages from the event included:
- Spotting the signs of radicalisation is increasingly important.
 - Social media provided is an increasing means to internet-based radicalisation.
 - *Prevent* work in schools can be key to developing the skills for young people to think for themselves. Teachers need to be confident to open dialogue with pupils, and never shut down a conversation or tell people what to think.
 - The *Prevent* duty should be applied proportionately to risk.
 - The Home Office didn't envisage the duty creating any large new burdens but has since allocated up to £10,000 per local authority (non-priority areas) to claim back the costs of any *Prevent*-related activity needed to implement the duty.
 - The approach to *Prevent* has to be community based, which needs trust and buy-in from local communities to enable the necessary dialogue to support community tension monitoring.
- 5.1.3 A snapshot of some of the 'leadership' activity by specified authorities in Sunderland includes:
- The Council developed a self-assessment audit tool to assess its own compliance with the duty (based around the 3 themes of leadership, partnership and capabilities). The self-assessment is now a complete working document and contains (i) evidence of compliance and (ii) actions needed to address any gaps. Chief Officers and relevant Heads of Service assisted with its completion.

The Council also provided appropriate staff guidance and literature on the *Prevent* agenda through regular Manager's briefings and workwise updates.

- *Prevent* is a safeguarding issue and so the Council is ensuring this is embedded into the city-wide safeguarding policies and procedures for both children and adults.
- The Police (Southern Area Command) adapted the Council's self-assessment template for their own organisation and are assessing their compliance with the duty. They have bespoke briefing packs setting out what is expected of staff around *Prevent* and the duty and are using the NCALT (College of Policing) e-training tool on Channel¹ (which is an intervention tool under *Prevent*).
- The Council's approach to school engagement has involved all schools in the city (including independent schools) being provided with a self-assessment tool to assess their compliance with the duty, along with an accompanying briefing note. This information was also included in the School Governors Handbook in September 2015. Furthermore, schools were contacted and encouraged to nominate one person (preferably their named safeguarding person) to be trained to deliver *Prevent* (WRAP 3) training to their key staff. Approximately 30 schools have taken up the training.
- The University of Sunderland chairs the North East Universities *Prevent* Group and the University has a draft 2015/16 *Prevent* Action Plan. It had just reviewed its IT filtering (not monitoring) and so any form of extremism, terrorism, radicalisation, and child pornography will be filtered.
- Sunderland College's self-assessment and action plan was agreed by their Governors in December 2015 and most of their actions are now green. One area of concern that remained was around IT firewalls but steps are being taken to address this.

5.2 Partnership

- 5.2.1 The Council chaired and hosted an inaugural meeting of a Northumbria *Prevent* Coordination Group in September 2015. Membership includes the six local authorities in the Police Force area (who now share the chairing and hosting on a rotational basis), along with Police (Special Branch / Area Commands), the chair of the North East Universities *Prevent* Group, Northumberland, Tyne and Wear NHS Foundation Trust (mental health provider) and the National Probation Service. The main role of the group is around identifying and sharing good practice around compliance with the duty, removing any cross-boundary barriers and identifying opportunities for joint working.
- 5.2.2 A Sunderland *Prevent* Coordination Group was established in October 2015. Membership of the group includes the specified authorities working at a city level plus Tyne and Wear Fire and Rescue Service (who do not have the duty, but are a key player). It has been carrying out a number of key tasks over the last 5 months including:

¹ Channel is a key element of the *Prevent* strategy. It is a process for safeguarding individuals by assessing their vulnerability to being drawn into terrorism. Channel is about early intervention to protect and divert people away from the risk they may face of being drawn into any terrorist-related activity. Interventions and support packages can be put in place to address their risk.

- Assessing citywide compliance with the duty based on the findings of each partner's self-assessment.
- Developing a city-wide *Prevent* action plan which addresses the recommendations from the CTLP, any gaps in compliance and any action which supports the national *Prevent* strategy. This will go to the CONTEST Board in June/July 2016, for sign-off.
- Ensuring key staff groups understand the *Prevent* duty and their role around recognising risk and knowing how to respond to a concern.
- Ensuring Channel style intervention programmes are supported by partners for those individuals at risk of being drawn into terrorism

5.2.3 Going forward during 2016-17, the Sunderland Prevent Co-ordination Group will:

- Monitor progress against the *Prevent* Action Plan and will take bi-annual updates to the Safer Sunderland Partnership.
- Consider any recommendations from the refreshed CTLP that require a multi-agency response
- Co-ordinate and support joint action / working arrangements with *Prevent* partners both locally and across Northumbria.
- Consider any *Prevent*/safeguarding issues arising out of international, national and local incidents and make proportionate recommendations to the CONTEST Board and Safer Sunderland Partnership on the potential impact it may have on individuals and communities in Sunderland.

5.2.4 In the context of partnership working, strategic and operational links have been made to relevant partnerships including the Safer Sunderland Partnership (SSP), the Sunderland Safeguarding Children Board (SSCB), the Sunderland Safeguarding Adults Board (SSAB), the Youth Offending Service, the Emergency Planning Group, and Multi-Agency Public Protection Arrangements (MAPPA). Presentations and briefings have been provided to the SSP and a joint meeting of the SSCB / SSAB. *Prevent* is included in one of the 5 priority work areas of the SSP's current delivery plan. *Prevent* has already been embedded into adult safeguarding policies and procedures which went live in December 2015. In terms of children's safeguarding, amendments have been made to the procedures but there is a delay in these going live pending the move towards sub-regional procedures being developed across the whole children's safeguarding agenda.

5.2.5 Other partnership action includes a number of employees across partner organisations being trained in civic mediation which has been supported by the Centre for Good Relations. This involves working positively with people on matters of contention, taking them through dialogue to unpack issues and tensions, and helping people to work towards positive outcomes for themselves.

5.2.6 As part of the Ofsted inspection, a counter terrorism case in 2015 had been case audited and a subsequent multi-agency case review took place to consider the learning points. The city action plan now includes an action for the Sunderland Prevent Co-ordination Group to carry out some dip sampling of *Prevent* referrals and carrying out case reviews to determine any improved practice and learning around

communications, referral processes, responses and support to the family and impact on the community (Note: the dip sampling will be for cases that hit both the Channel threshold and those that don't).

5.3 Capabilities

5.3.1 Partners with the duty have made it clear that *Prevent* is a safeguarding issue and that those who provide services to children and vulnerable adults in the city must follow the local safeguarding policies and procedures. It is also about intervening early in the pre-criminal space.

5.3.2 Examples of activity by some of the specified authorities to ensure staff understand what radicalisation means and why people may be vulnerable include²:

- The Council previously had a comprehensive approach to rolling out the 'Workshop to Raise Awareness of *Prevent*' (WRAP) Home Office approved training, with almost 1700 people trained across the Council and Sunderland Care and Support. This also included the training being offered to the Voluntary and Community Sector. The Council now has 6 members of staff who are accredited to deliver the new WRAP (3rd version) training. This began in November 2015 and is targeted at: (i) all front line council employees who work with children, vulnerable adults/high risk groups who have not had previous WRAP training (this training is mandatory); (ii) front line employees who work with children, vulnerable adults/high risk groups who have had the training but would like a refresher; and (iii) other employees where Heads of Service deem the training to be relevant to someone's role.
- City Hospitals Sunderland has 8 x WRAP 3 trainers and to date this has been targeted at priority services (e.g. Patient safety, A&E, outpatients, paediatrics, peripartetic services in people's homes etc.). They also cover radicalisation in respect of children within mandatory level 3 safeguarding training and have incorporated radicalisation as a form of abuse within the Trust's safeguarding adults policy. They have now had agreement to roll out mandatory adult safeguarding training for all staff and *Prevent* will be built into this as another form of abuse. There will also be some auditing of practice to ensure compliance with policy and processes.
- South Tyneside NHS Foundation Trust delivers *Prevent* at Corporate Induction and also opens it up to other staff. They advise staff to contact the adult safeguarding team under the "Notice, Check and Share" checklist. They use a health-version of WRAP 3 followed by group work to assist staff in recognising risk and vulnerability and how to respond to it.
- The University's *Prevent* training is progressing well with training provided to the senior leadership team, Board of Governors, Safeguarding and Prevent Group members and security staff. They were now looking at training other staff groups e.g. halls of residence managers, cleaners etc. They need to consider a suitable training approach for academics but as yet there is no commercial product available.

² This list is only a snap shot of progress and does not reflect all progress by all organisations.

- The CCG are planning to roll out WRAP 3 to all GP Practice Admin staff in November. They are also looking to include WRAP 3 in sessions with GP's and will offer a session to CCG staff.
- NTW provide WRAP 3 training at Trust Induction prior to commencement in post. Level 1 and 2 training also includes the training for staff and they provide examples of local referrals in respect of radicalisation. They have a safeguard system that captures the cause for concern in which they have a '*Prevent*' category enabling the numbers reported to Police/Local Authority to be extrapolated and included in reports to the CCG.
- The Police are rolling out the NCALT e-learning on Channel which was developed by the College of Policing. The Police Area Command's self-assessment and actions are around 80% green (compliant).
- Whilst Gentoo is not a specified authority under the new duty, partners have recognised the contact it's officers have with vulnerable people. They have committed to having 2-3 staff trained to be accredited WRAP 3 facilitators to help raise awareness of *Prevent* within their own workforce. Tyne and Wear Fire and Rescue Service is also training officers around *Prevent* using the same e-learning tool developed for the Police (i.e. NCALT).

5.3.3 All non-priority *Prevent* areas (Sunderland being one) received notification from the Home Office of a one-off grant of £10,000 to help implement the new duty. Following consultation with partners, this will be used for work to help challenge the extremist ideology through:

- Equipping 90 key frontline staff with the skills and confidence to be able to hold more difficult conversations, through a seminar/workshop in July 2016. This will be aimed at multi-agency frontline staff in education, youth work, coaching, pastoral roles, mental health, substance misuse and civic mediation. This will be facilitated by the Tim Parry Jonathan Ball Foundation for Peace.
- Training a small group of staff (some of the civic mediators and some staff from the specified authorities) to act as a pooled resource be able to carry out 1-2-1 work with those who do not meet the Channel threshold. This would cover: understanding the radicalisation process (hard and soft techniques); the counter narrative processes; real time engagement and questioning techniques; and developing an intervention plan. The training will be facilitated by the Active Change Foundation who will provide additional information and case study examples of successful engagement and management of individuals in the pre-Channel space.

6. *Prevent* Duty – Key Next Steps

Notwithstanding there needs to be a full assessment of the city's overall compliance with the duty, key next steps include:

6.1 Leadership

- Finalising the city-wide action plan which will go to the CONTEST Board for sign-off in June/July 2016. This will ensure any risks identified in the CTLP are included, together with any key gaps around citywide compliance with the duty.

- During 2016-17, Sunderland Prevent Coordination Group partners will continue to progress their own agency-specific actions identified from their self-assessment work.
- Placing the NCALT e-learning on elected members section of the Council's intranet for any members wishing to understand more about the Channel process. http://course.ncalt.com/Channel_General_Awareness/01/index.html
- Advising any elected members who wish to attend a 1.5 hour face-to-face WRAP 3 training session that they can contact the training and development team on WDSupport@sunderland.gov.uk to register their interest in future sessions and to be advised when these become available for booking.

6.2 Partnership

- Ensuring the *Prevent* Duty is embedded in SSCB 'Supporting Children and Young People vulnerable to violent extremism procedure.'
- The SSCB/SSAB Training and Workforce Development Sub-Committee to undertake a review of *Prevent* training provided on a single agency basis and identify the level of training required on a multi-agency basis if there are any gaps.
- Incorporating a standard on the *Prevent* duty in the next refresh of the Section 11 Audit tool, due for update in May 2016. Following this, there will be a request to SSCB Board partners, schools and GPs to complete the audit to demonstrate (via self-assessment) how compliant their organisation is with Section 11 of the Children Act 2004. This will be audited via the SSCB Quality Assurance Sub-Committee, reported to the SSCB and included in the Annual Report.
- Continuing to work with the Centre for Good Relations to build and strengthen partnership working and trust with community-based organisations to improve community insights that prevent people from being drawn into terrorism and challenge extremists together.

6.3 Capabilities

- All specified agencies continuing to train their targeted staff groups around (i) understanding *Prevent* and the new duty; (ii) recognising risk and vulnerability of being drawn into violent and non-violent terrorism and the consequences of it; (iii) what is meant by 'extremism' and the relationship between extremism and terrorism; and (iv) how to respond and refer when risk is identified.
- Ensuring *Prevent* is now embedded in procurement procedures and contract monitoring framework arrangements. The Council is currently developing an approach which will then be shared with partners and other local authorities across Northumbria.
- Partners addressing any gaps in measures to ensure that buildings, public spaces, ICT etc. are not used as a platform for extremists to disseminate extremist views
- Learning lessons from *Prevent* referral case reviews and reflecting appropriate action in the city-wide action plan.
- Delivering on the *Prevent* duty 'burdens' grant to help build on the tools and capabilities of partners to challenge extremist ideologies.

7. Conclusion

- 7.1 This report seeks to ensure the Scrutiny Committee has an understanding of the *Prevent* Duty, the current progress to date and proposed next steps during 2016- 17.

8. Recommendation

- 8.1 That the Scrutiny Committee notes the report and receives a progress update on the city's compliance with the duty through the next Safer Sunderland Partnership annual report at the end of 2016-17.
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Contact Officer: Julie Smith, Associate Policy Lead for Community Safety
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Sunderland Care and Support Ltd - Update**Report of Chief Operating Officer****1. Introduction**

- 1.1 Sunderland Care and Support Ltd. was formed on the 1st of December 2013, as a Local Authority Trading Company (LATC) which is 100% owned by Sunderland City Council.
- 1.2 Sunderland Care and Support is made up of two companies, a holding company and a subsidiary company (together referred to as the LATC). The purpose of the corporate group structure is:
- To ensure the arrangements are tax efficient from a VAT perspective
 - To enable the structure to be compliant with the Teckal tests for the procurement by the Council of care and support services from the LATC.
- 1.3 The reasons for choosing a LATC for care and support are:-
- Meet the Councils' strategic direction and objectives- Community Leadership Council
 - Financial Issues and efficiency saving
 - Sustainability of future arrangements
 - Increasing commercialisation of the Adult Social Care market presents a challenge to the financial viability of any in-house social provider services where they do not have the legal freedom to trade in services to individuals.
- 1.4 The objective of Sunderland Care and Support is
- 'To be a trusted provider of social and health care services that improve people's lives by delivering outstanding person centred services, contributing to the wider well-being of the communities in which we serve and by being excellent in safety and compliance'.*
- 1.5 Everything the company does is driven by the need to provide high quality services to people. The company seeks to provide benefit to communities it operates within and strives to listen to the people in those communities to understand better how we can support them. The strength and quality of the

services we provide are directly related to the strength and quality of our front-line colleagues and managers.

1.6 The company's aims are:-

- **Ensuring future sustainability of services** – Sunderland Care and Support will offer a flexible and adaptable approach which enables these important services to become more sustainable. The company will expand and sell provision to people with personal budgets and direct payments and generate income from other sources not accessible to the Council.
- **Promoting greater choice for customers** – Sunderland Care and Support will trade commercially with customers in a way which will enable customer led transformation and service re-design to facilitate greater customer choice and control through the use of personal budgets and direct payments and in line with market forces.
- **Improving performance and productivity** - Sunderland Care and Support will achieve improved performance in service delivery by providing the current services in a more flexible and commercial manner with reduced overheads and more efficient service delivery.
- **Involving the workforce** - Sunderland Care and Support will ensure its workforce is engaged in the work of the company in order to develop an entrepreneurial and customer focused culture, that rewards improved performance, drives productivity and job satisfaction.
- **Supporting the Council's vision to become a Community Leadership Council** - by developing an alternative model of providing Adult social care services within the resources available, ensuring the right outcomes are delivered for the city and its people.

2. Services Provided by Sunderland Care and Supported

Equipment and Prevention Service	Recovery at Home Service	Supported Living Service
<ul style="list-style-type: none"> • Home Improvement Agency • Community Equipment Service • Sunderland Telecare Technical Service 	<ul style="list-style-type: none"> • Farmborough Court • Reablement and Telecare Response service • Intermediate Care Hub • Villetta Lodge Assessment Unit • Hillcrest Assessment Unit • Support Time and Recovery Workers • LD Outreach Team • Short Term Assessment 	<ul style="list-style-type: none"> • MH Supported Living • LD Supported Living • Residential Care (LD) • Fulwell Community Wellbeing and Resource Centre • Washington Community Wellbeing Resource Centre • Grindon Mews Community Wellbeing Resource

	Team	Centre <ul style="list-style-type: none"> • The Close Short Break Service • Grindon Lane Short Break Service • Doric View Short Break Service • Shared Lives Scheme
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3. Achievements

- 3.1 Since the 1st of December 2013, Sunderland Care and Support has worked hard at establishing itself both corporately and financially so that, as a new organisation, the company is able to operate in an open and transparent way whilst providing high quality local services for local people.
- 3.2 Since its establishment, Sunderland Care and Support has continued to develop and seek ways to improve to ensure that all the services it provides are of an excellent quality.
- 3.3 Some key developments and success have included:-
- Delivered £ 4.5 million efficiency savings
 - Recruitment of over 160 new Care and Support staff
 - The development of a 64 place Apprenticeship scheme offering both Care and Business Administration placements
 - The winning of new business which has included:-
 - Grace House, Children's Short Break Service
 - Signing of a strategic partnership between Sunderland College and the company. This partnership has enabled the company to deliver a wide range of training and learning opportunities for all colleagues within the company.
 - All company policies and procedures have been reviewed and updated
 - The company each year supports local charities. Colleagues and customers throughout the year fundraise for these charities.
 - Won the Sunderland Echo Business Award 2014 for being 'The Employer of the Year', following nominations by the workforce
 - Seen a reduction in the number of days lost due to illness by 5 days on average per each employee

- High levels of customer satisfaction with services
- Becoming a key partner in the City of Sunderland Vanguard site. In 2014 the NHS invited individual organisations and partnerships to apply to become 'vanguard' sites for the new care models programme, one of the first steps towards delivering the NHS Five Year Forward View and supporting improvement and integration of services. Sunderland was chosen as a Vanguard site and Sunderland Care and Support is a key partner. Sunderland Care and Support helps to deliver Recovery at Home Services.

4. Governance Arrangements

4.1 Sunderland Care and Support has the following governance arrangements in place:-

- Board Structure- The Company has a board which is responsible for all aspects of the company's business- currently the Board Members are Cllr Anne Lawson (Chair) Cllr Jill Fletcher, Cllr Amy Wilson, Philip Foster(COO) and Daren Lough Chief Finance Officer of the company
- Contract meetings- Each quarter the company is monitored and performance reviewed by the Council against its contracts.
- CQC inspections- All of the company's registered services are inspected by the Care Quality Commission
- Audits; The Council carry out audits of services
- Joint Consultative Forum (JCF). The company has established a JCF which meets on a monthly basis with Unions to discuss any work related issues. The Unions recognised by the company include, UNITE, Unison and GMB
- Carers Boards: The Company has a range of independent Carers Boards which monitors activity and service delivery within the company and is regularly consulted upon on changes to company's policies and procedures.

5. Principal risks and the future

5.1 Sunderland Care and Support recognises the challenge it faces having to respond to the efficiency savings required by the Council due to the Government reduction of local authority funding, whilst at the same time having to respond to the changes and increasing demands in Health and Social care.

5.2 Sunderland Care and Support has been asked to find £7 million of efficiency savings over the next two financial years.

5.3 To enable the Company to achieve these challenging efficiency savings and to support the Council with its budget reductions, the following measures are currently being implemented:

- **Closure of Hillcrest Mental Health Assessment Unit** - This 6 bedded unit is in Ashbrooke, which operates out of an old property owned by the Council. The building is not disability friendly and would need significant capital investment to maintain the standard of the building and to put in a lift to support people with a disability to use the service. We are proposing to close the building and re-provide the function in St Clements Court. Meetings have been held with staff, unions, customers and families.
- **Closure of Aston Square Learning Disability Supported Living Service** - This 6 bedded unit is in Farrington and operates out of two ex-council houses knocked into one. This property is owned by the Council. The building is not disability friendly and would need significant capital investment to maintain the standard of the building. Also the stairs are extremely steep. All of the customers living in Aston Square will be supported to move into existing voids in other SCAS supported living services. Meetings have been held with staff, unions, customers and families.
- **Re-provision of Grindon Mews** - Due to the reduction in the number of people using our Day Services, we intend to move all of those people receiving a service at Grindon Mews into Fulwell or Washington Community Resource Service. We will then redesign the layout of Grindon Mews and reopen the building as a specialist short break unit for people with a learning disability with complex needs and for people who challenge. Meetings have been held with staff, union's, customers and family's
- **Closure of The Close Short Break Unit** - This is a 10 bedded service located at Seaburn. Due to the age and layout of the property the service is unable to cater for people with a physical disability. There are only two bedrooms which can be accessed by customers in wheelchairs or who have mobility problems. We intend to offer places for people who use The Close in our other two Short Break Units. We also intend to re-open Grindon Mews as a specialist service for people with a learning disability with complex needs and for people who have challenging behaviour. Meetings have been held with staff, unions, customers and families.

- **Setting up of Customer and Carers Boards-** Sunderland Care and Support working with the Carers Centre is establishing two Customer and Carer Boards. These boards will monitor service delivery in the short break services and day services. The boards will also allow for customers and carers to be involved in the shaping of services.
- **Aquatic Centre-** for the past five years Sunderland Care and Support has provided a non-statutory free service to support people to access mainstream leisure services at the Aquatic Centre. This non-statutory service cannot be maintained in its current format; therefore, we are offering customers the opportunity to transfer to Fulwell Community Resource Centre. Customers can access and use the wellness gym and the supported hydrotherapy pool in the service.
- **Redesigning the Workforce** -To achieve efficiency savings and to ensure our unit costs are competitive with the rest of the market we will need to reconfigure the profile of our workforce as follows:
 - **Redesign Company's workforce** – The aim of this work is to reconfigure the balance between the different employee positions in each service. Weekly meetings are taking place with the unions to manage this process and Vision sessions are being held with employees to appraise them of the position. We are seeking to make these changes via a voluntary severance approach
 - **Attendance Target** – The Company will need to set a target of an average of 6 days lost per employee for sickness. If we don't achieve this target then we need to consider introducing a new Attendance Management Policy.

6. Conclusion

- 6.1 Sunderland Care and Support is committed to achieving the required efficiency's targets, whilst at the same time continuing to provide the highest quality of service.
- 6.2 The company is trying to do this through a balanced business plan and by avoiding any large scale closure of services. The plan set out in this paper contains an approach which has targeted buildings which no longer meet the needs of providing a service to people with a physical or learning disability. All customers receiving support in these services are being offered alternative arrangements in similar services.
- 6.3 Our aims for the forthcoming year are to continue to play key role in the delivery of health and social care across the City of Sunderland, working with

our partners to ensure that services are personal to all individuals, meeting their specific requirements.

- 6.4 The company working closely with the Council intends to move to the next stage of the journey that was set out for Sunderland Care and Support when it transformed into a LATC , which is to move to becoming a mutual organisation , with all employees having a stake in the running of the company.
- 6.5 Over the next few years there will many challenges to face, but Sunderland Care and Support is ideally placed to continue to grow, offer employment opportunities to people and to be a provider which delivers high standards of care and support.

7. Recommendation

- 7.1 That the Scrutiny Committee notes the report and the updated information on Sunderland Care and Support Ltd.

Philip Foster

Chief Operating Officer

Adults Commissioning Update – Quality Issues and the Provider Markets

Report completed by Head of Integrated Commissioning

1. Purpose of Report

- 1.1 To provide Scrutiny Committee with information relating to the work undertaken by the Commissioning Team (Sunderland City Council) and partners with regards to working with and developing a diverse market for care and support for the people in Sunderland. This report will also provide some insight into some of the current and on-going issues the market presents to Commissioners and some of the mechanisms implemented to try and resolve any concerns identified.

2. Background

- 2.1 The Commissioning Team is responsible for facilitating market development and ensuring the quality of services provided by the market are of a high standard, appropriate and flexible to the needs of the individuals being supported.
- 2.2 The Commissioning Team work with partners to ensure the market and the services commissioned are fit for purpose and maintain close links with Sunderland Clinical Commissioning Group (SCCG), the Care Quality Commission (CQC), Social Workers and colleagues in the Safeguarding Team. Information demonstrating these good working relationships will be included in the detail of this report.

3. Provider Markets

- 3.1 Within Sunderland there are different provider markets which support the health and social care agenda. These can be broken down into the following:
 - I. **Accommodation based services for older people** – Residential and Nursing Care; Extra Care Accommodation; Housing Related Support Services.
 - II. **Accommodation based services for people with disabilities** – Residential Care; Independent Supported Schemes; Core and Cluster Schemes.
 - III. **Accommodation based services for people with mental health needs** – Residential Care; Independent Supported Living Schemes; Core and Cluster Schemes; Housing Related Support Services.
 - IV. **Community services** – Care and Support into people's homes; Day Care/Opportunities; Preventative Services.

- 3.2 The main types of provider that exist in the market are:
- Independent sector
 - Voluntary and Community Sector
 - Local Authority Trading Company (set up in December 2013; this consists of a number of services previously provided by the Council)
- 3.3 There are a number of different commissioning arrangements with the different markets. The Council's preferred method of securing services is via a formal procurement route. Other effective methods of commissioning include grant arrangements (via a competitive grants process) and partnership arrangements. Individuals are also able to commission services directly with providers via a direct payment.

4. Partnership Working Arrangements

- 4.1 As previously referenced, the Council works with a number of key partners to share information about providers and to establish if there are any quality issues that need to be addressed. Examples of the planned meetings include:
- a. Information sharing with CQC and the SCCG every 6 weeks, focusing on the care homes and regulated community services such as home care.
 - b. An informal discussion with the SCCG, NTW, STFT and internal colleagues which occurs every 6 weeks to discuss issues and concerns, identified within older person's care homes.
 - c. Information from audit and validation visits undertaken by the quality assurance function of the Commissioning Team in partnership with the SCCG Clinical Quality Officer is shared with Commissioners and management within the LA and SCCG.
 - d. Meetings held by the Commissioning Lead and members of the Commissioning Team with providers to address known concerns and continuously develop and manage the relationship with the markets.
- 4.2 A joint approach from the Commissioners (Council and SCCG Quality Monitoring Officer) is the usual way of working when responding to quality concerns and issues, mainly in the care homes and this has proved to be a successful partnership, which continues to develop.

5. Issues and Concerns identified within the Provider Markets

5.1 Care Homes

- 5.1.1 Information gathered from the Council, SCCG and partners suggests there are a number of issues that currently exist within the care home sector. These concerns have been raised directly with professionals, via formal governance processes within the Council, SCCG and CQC or through formal safeguarding arrangements.
- 5.1.2 The **main issues presented by providers** include the completion and evaluation of care plans. There are ongoing issues regarding the recruitment and retention of both, care and nursing staff, retention of managers and a continued reliance on agency staff. There are still a high number of requests for 1:1 support (as agreed via a multi-disciplinary process) and these are being reviewed by SCCG and the Council with a view of determining if something different to what the market currently offers is required.
- 5.1.3 The majority of care homes in the city are consistent in making safeguarding referrals to the Safeguarding Team and the continued increase in referrals could be as a positive result of the training commissioned by the Strategic Safeguarding Adults Board that is delivered by an independent provider. The Threshold Tool is under review by the Safeguarding Team and any changes will be communicated out to the market and partners when appropriate.
- 5.1.4 There are a number of homes that have/require regular intervention by the Commissioning Team and that is as a result of issues raised through the Council's monitoring processes, concerns raised by partner agencies or problems identified following an inspection by CQC.

5.2 Extra Care

- 5.2.1 There are 10 extra care schemes in the city that are provided by several landlords, who commission the care, independently from the Council and the Council's commissioning processes. Gentoo commission Sunderland Home Care Associates to deliver the care into the schemes they own; Housing and Care 21 commission the care and support from their home care provision.
- 5.2.2 The Quality Assurance Officer is completing a schedule of on-site audits of all the Extra Care Schemes to review the organisational standards and practices and gain assurance that the care being delivered is meeting the requirements of the Council and CCG. Where there are areas of improvement identified as part of the audit, the provider will be asked to develop a service improvement plan and support can be provided if needed to implement the necessary improvements

5.3 Community and Supported Living

5.3.1 From a community perspective, the main issues for home care services continue to be retention of staff, staff recruitment, staff sickness that results in capacity issues and completion of care plan documentation. Staff turnover can be high with difficulty in back filling posts and general recruitment, which prevents users of the services receiving a consistent service although this is not the case for all home care providers.

5.3.2 The Council currently contracts with a number of home care providers and these providers are expected to attend formal quarterly contract management meetings, which are chaired by members of the Commissioning Team.

5.3.3 Update: Care and Support at Home for Adults – New Framework

The outcome of the recent Care and Support at Home tender has been shared with both successful and unsuccessful providers and the Council awarded the contract on 1st March 2016.

5.4 Housing Related Support

5.4.1 The LA has a contract in place with 3 providers to deliver housing related support to the following groups of people:

- People at Risk Of or Experiencing Domestic Violence – **Wearside Women In Need**
- People With Multiple Needs and Exclusions and Families – **The Salvation Army**
- Young People (Including Young People and Pregnant Young People) – **Centrepont**

5.4.2 No service related issues have been identified with these providers or their sub-contractors.

5.5 The Voluntary and Community Sector

5.5.1 The People Directorate grant funds 21 voluntary and community sector organisations via it's grant assistance process and each organisation is subject to a formal grant monitoring process, which is co-ordinated by the Commissioning Team. Monitoring of the grant funded organisations takes place on a quarterly basis and the annual organisational visit and customer feedback visits took place at the beginning of the new year.

- 5.5.2 There have not been any service related issues that have required input from the Commissioning Team and organisations have continued to be compliant with the terms of their grant conditions.

6. Working with Providers

- 6.1 There are a number of forums where issues and concerns are addressed, some are formal meetings and others are arranged to deal with a specific issue.
- 6.2 Commissioners have regular planned meetings with a number of care home providers and there are formal quarterly contract management meetings arranged with the contracted home care providers.
- 6.3 Grant funded services are monitored on a quarterly basis, which includes onsite discussions and validation visits with the provider.
- 6.4 The Council's Commissioning Team in partnership with the SCCG have planned monitoring visits within the care home, extra care and home care markets. They also provide a responsive monitoring service if a concern is received that requires urgent attention.

7. Implementation of a New Quality Improvement Framework for Providers

7.1 Background

- 7.1.1 Currently, the quality monitoring of adult social care in Sunderland differs depending on the service areas. In registered homes for older people commissioned by the council the Quality Standards Model has been used, this was introduced in 2009, updated in 2010 and then was subject to a more detailed update following a review in 2011. This model was initially developed so that service quality could be linked to fee levels. It was originally the intention to roll out this model of quality monitoring in other service areas but this was not progressed.
- 7.1.2 In 2013 the Social Care Governance (SCG) model was revised and redeveloped to work alongside the Quality Standards Model in operation in the registered homes for older people. This model had four strands, three linked to monitoring and one linked to the advice guidance and support function which is important both for existing provision and for newly developing services. All of the individual strands could be used together or separately to monitor services in accordance with the need identified or as requested in a changing situation focussed on personalised services.

7.2 Current Position

- 7.2.1 In 2015 the Social Care Governance (SCG) function was relocated to the Strategic Commissioning Team, and renamed as the Quality Assurance function. The core work of the new function continues to be service monitoring, service improvement and quality including taking relevant action when standards fall below what would be expected for contracted services. Having the Quality Assurance function in the Strategic Commissioning Team has ensured a clear and joint approach is taken when service issues identify the need to ensure that relevant contractual considerations can be reviewed.
- 7.2.2 Following the transition from Social Care Governance to a Quality Assurance function and the increased joint working arrangements between the Strategic Commissioning Team and Sunderland Clinical Commissioning Group a project has been undertaken to develop a joint assessment framework (Sunderland Quality Improvement Framework) including a joint integrated tool, which can be used to monitor quality in all service areas of adult social care, including services for older people which provide nursing care (**Appendix 1**).
- 7.2.3 The development and introduction of this framework reduces duplication of work and provides shared data to both the Council and SCCG on the quality of care commissioned across the city. As well as identifying areas for improvement this assessment process ensures that each service has an action plan and enables Strategic Commissioning and the SCCG to give advice, support and guidance to Providers on achieving and maintaining the expected outcomes and standards of care.
- 7.2.3 Within the framework an assessment visit will be undertaken to a service or number of services within a specific identified service area. The joint integrated tool will be used which contains a series of questions, all of which have been specifically linked to standards to determine whether evidence would indicate that a standard has been met, not met, or not applicable. The joint integrated tool has been cross referenced with the key lines of enquiry used by The Care Quality Commission, who regulate adult social care nationally.
- 7.2.4 The following criteria will be used for making a judgement:
Met – The evidence is all clearly available and can be considered on the day of the visit. The evidence produced is clearly related to what is being considered as evidence of compliance with an outcome.
Not met – The evidence is unavailable and cannot be considered on the day of the visit or only some of the evidence needed is available. The content or quality of evidence is considered to be lacking in many areas.
Not applicable – The only circumstances where this will be used will be when the above categories do not apply. It is anticipated it will be rare for an assessment of not applicable to be made.

- 7.2.5 It is the decision and professional judgement of the officers undertaking the visit to determine what outcome should be recorded. Whenever possible met or not met will be used. Managers will receive feedback throughout the visit or at the end of the visit and there will be opportunity to clarify any areas. Recommendations will be made and a percentage score given to the service. This percentage score will be rated Red, Amber or Green. Red will mean that the score is below 60%, Amber will mean that the score is between 61-79% and Green means that the score is between 81-100%.
- 7.2.6 Following the assessment visit an action plan will be produced and forwarded to the manager/owner.
- 7.2.7 If the assessment score is 80-100% then the service will receive no further follow up.
- 7.2.8 If the assessment score is between 61-79% then a self-assessment document will be provided to monitor for progress against the action plan three months from the date of the assessment and a follow up visit to assess progress will be made one month after the self-assessment.
- 7.2.9 If the service scores below 60% then a self-assessment document will be sent monthly to the service with a follow up assessment will be carried out three months from the original date.

7.3 Next Steps

- 7.3.1 It is proposed that following the approval of the Sunderland Quality Improvement Framework a number of pilot assessment visits will be carried out in a variety of service areas and any necessary revisions to the joint integrated tool made, with the aim of the Framework being fully operational after April 2016.

8. Recommendations

- 8.1 Scrutiny Committee is requested to receive this report for information and agree the next steps proposed for the implementation of the Quality Improvement Framework.

Sunderland Clinical Commissioning Group and Sunderland City Council Assessment tool

Introduction

This tool has been developed to support a collaborative approach to care standards development in the independent care sector. The tool consists of three Assessments - Care Plan, Clinical and Services, each of which has a number of domains and standards within it. Each Standard has questions which relate to it and these questions require a 'Yes', 'No' or 'Not applicable' response. The response relies on the assessor (s) searching for evidence in a number of ways - actual written evidence, observed evidence and evidence gained from discussions with staff and / or service users / relatives.

Advice and Guidance

This is guidance only and assessor(s) must use their knowledge, skill and experience to make a judgement on a 'Yes', 'No' or 'Not applicable' response. Wherever possible assessors must seek assurance from a number of different sources.

Specific Guidance

READ THROUGH THE USER NOTES PRIOR TO USING THIS ASSESSMENT TOOL

1. All three assessments do not need to be completed within one visit
2. Plan your visit by choosing the assessment to carry out;
4. Some domains may require assessment at specific times i.e. Nutrition and Hydration assessment should be carried out over a meal time.
5. The answer to some questions will require input from the staff in the establishment. In order to determine an appropriate 'Yes', 'No' or 'Not applicable' response you may need to ask the same question of a number of staff - in these circumstances do not rely on an individual response only.
6. The use of observation, listening and questioning techniques are essential
7. During assessment assessors should have a hard copy of the evidence and best practice rationale as an aide memoire to support determining a 'Yes', 'No' or 'Not applicable' response.

Select Option :

Local Authority	Sunderland
Service Name	
Provider	

Date of Assessment (dd/mm/yy)	
Post Code	

Select Option



User Notes
Care Plan Assessment
Clinical Assessment
Service Assessment
Summary

PLEASE READ THE USER NOTES
BEFORE USING ASSESSMENT TOOL

Worksheet	Description and Guidance on how to use the worksheet (if appropriate)	
USER Notes	This worksheet. User notes explain how the 'audit tool' is set up and provides some additional user guidance	
Assessment	The Assessment Worksheets provides templates for recording the results of the assessment, where a response of 'Yes', 'No' or 'Not Applicable' is recorded for questions asked within each standard. Users must record an appropriate response for each of the questions (Column F) At commencement of recording assessment the User must record the service name(Cell C13) and the Date of the Assessment (Cell K12) on the FRONT sheet only.	
	For information only - relevant to those who wish to understand how the assessment and RAG rating has been calculated and set up within the spreadsheet functionality The Assessment Worksheets provides the template for recording the results of the assessment, where a response of 'Yes', 'No' or 'Not Applicable' is recorded for questions asked within each standard. This is the sheet where additional calculations are carried out to determine a RAG rating for each standard.	
Commissioners Extract	This worksheet presents the assessment 'results' in the appropriate format for importing into MODULE 2 - Commissioners Analysis.	

Care Plan Assessment Worksheet

Local Authority	Sunderland
Service Name	
Provider	

Date of Assessment (dd/mm/yy)	
Post Code	

Standard	Assessment Criteria and 'score'	RAG Rating
	Record 'Yes', 'No', 'Not Applicable'	
Domain 1: Activities	<p>People's lifestyles (in the service and in the community) matches their expectations and preferences giving choice and control over social, cultural, religious and recreational activities.</p> <p>The support and encouragement provided from staff enables people to access activities social and leisure facilities both inside the service and in the community</p> <p>People are able to exercise choice and control and are supported to take risks to do the activities /have the contacts they enjoy. For people with dementia symptoms this should be linked via life story work</p> <p>People are supported to remain healthy by information in appropriate formats to participate in activities designed to support both physical and mental health</p> <ol style="list-style-type: none"> 1 Where appropriate life histories are used to enable service users to participate in activities of their choice 2 Where appropriate an individual activities plan is drawn up with the service user 3 Where appropriate If activities are provided they are flexible and support service users individual lifestyle choices 4 Where appropriate service users are involved in the planning of activities both individual and around 5 Are service users family and friends involved with in activities 6 Is there evidence of individual activities taking place 7 Is there evidence of group activities taking place 8 Where appropriate there is evidence that people are supported to participate in activities within their community 9 Is there evidence of service user participation in activities and the outcomes achieved recorded 10 Where appropriate there is an activities coordinator 	<div style="background-color: #cccccc; padding: 2px; border: 1px solid black;">0.0</div>
Domain 2: Dementia Support and Mental Capacity	<p>The service is run in the best interests of service users who benefit from the culture, consistent leadership and management approach of the home</p> <p>Service users legal rights are protected</p> <p>There are appropriate arrangements in place to ensure compliance with the national Dementia Strategy, by identification of a senior member of staff/named Dementia Lead Coordinator for quality improvement in the care of people with Dementia type symptoms</p> <p>Service users are provided with an advocate or independent Mental Capacity Advocate as appropriate to circumstances</p> <p>Service users experience a service which protects their human rights including compliance with the Deprivation of Liberty Safeguards</p> <ol style="list-style-type: none"> 1 Where appropriate a diagnosis of dementia is recorded within the care file, including the level of dementia and a regular review is undertaken 2 Where a diagnosis of Dementia is recorded is there evidence of whether the service user can make decisions about their care 3 Where appropriate is there evidence that an advocate is required and this is recorded 4 Where appropriate information regarding Lasting Power of Attorney/Appointeeship/Court of Protection deputyship is recorded within the care file 5 Are communication support needs identified within the care plan 6 Is there evidence within the care plan that mental capacity assessments have been completed and reviewed regularly 7 Where appropriate a best interests care plan is in place 8 Is there evidence that applications for DoL safeguards have been applied for where necessary and are kept under review 9 Where appropriate life story work has been carried out and kept up to date 10 Where appropriate the Abbey Pain Tool is used 11 Where appropriate a referral has been made to the challenging behaviour team 12 Where appropriate behaviour charts are used and completed appropriately 13 If the Newcastle model has been Implemented, it is included in and linked to the appropriate care plan 14 If the use of restraint is identified within the care plan/Newcastle Model plan is there evidence that this is applied and recorded appropriately 15 Where appropriate there is an identified Dementia champion/lead within the service 16 Where appropriate there is a local dementia strategy specific to the service 	<div style="background-color: #cccccc; padding: 2px; border: 1px solid black;">0.0</div>
Domain 3: Multi Agency and use of specialist services	<p>People experience personalised care, planned and implemented to meet their individual health, personal care and social care needs</p> <p>Decisions about health care and medication needs are made with the involvement of people using the service and/or their representatives, with assistance as needed. People will be encouraged to develop and maintain independence through self-care.</p> <p>People benefit from access, through agreed routes, to specialist services including Recovery at Home, Tissue Viability, Bladder and Bowel and the annual sensory testing for people who have Dementia symptoms</p> <p>Service users are supported by staff and/or advocates to contact external professionals where this is needed</p> <p>People are supported to have and to access the health services/persons of their choice in the environment of their choice</p> <ol style="list-style-type: none"> 1 Where appropriate there is evidence of a referral to specialist services and recommendations are translated into the care plan 2 Are professional visits recorded within the care file 3 Where appropriate there is in place a standardised transfer document that is in use when a service user transfers between establishments 4 Where a service user is supported by more than one agency there is evidence to indicate which agency takes the lead in coordinating care 5 Is there evidence that all relevant agencies are involved in reviews of care 6 Where appropriate the service can evidence that people are informed of changes to their care and support including new staff and changes to the time of the visit 	<div style="background-color: #cccccc; padding: 2px; border: 1px solid black;">0.0</div>

Local Authority	Sunderland
Service Name	
Provider	

Date of Assessment (dd/mm/yy)	
Post Code	

Standard	Assessment Criteria and 'score' Record 'Yes', 'No', 'Not Applicable'	RAG Rating
Domain 4: Risk Management	<p>People experience personalised care, planned and implemented to meet their individual health, personal care and social care needs</p> <p>People will have a plan that's not restrictive and includes effective risk assessment and management which balances independence, choice and risk</p> <p>1 Where appropriate the following risk assessments are included in the care files and are completed fully and at appropriate intervals with any actions taken recorded :-</p> <p>1.1 Continence assessment</p> <p>1.2 Abbey pain tool</p> <p>1.3 Falls including environmental factors</p> <p>1.4 Bristol Stool chart in the event of an outbreak</p> <p>1.5 MUST/Nutritional screening</p> <p>1.6 Choking assessment</p> <p>1.7 SSkin bundle</p> <p>1.8 Waterlow or Braden</p> <p>1.9 Recording of pressure relieving equipment in use e.g setting and type</p> <p>Is there evidence of appropriate notifications being made to the CQC e.g. a death, an injury, abuse or an allegation of abuse and an incident reported to or investigated by the police, DoL applications</p> <p>2 Where appropriate the service can evidence the use of risk management strategies to support the principle of empowerment and the promotion of independence</p>	0.0
Domain 5: Assessment and Care planning	<p>People experience personalised care, planned and implemented to meet their individual health, personal care and social care needs, which support their rights to a family life.</p> <p>Prospective service users have had the information they need to make an informed choice about where to live and a written contract/statement of terms and conditions</p> <p>Service users moving into the service have had their individual needs assessed and been assured that the service will have the resources and facilities to meet these needs</p> <p>Service users feel they are treated with respect and their right to privacy is upheld</p> <p>Prospective service users and carers/advocates are provided with enough relevant information to ensure their choice is informed by the knowledge that the service can meet their individual needs.</p> <p>Service users have a contract; they, their carers or their advocate understand it and know where a copy is kept</p> <p>Following admission assessment of on-going need continues throughout the trial period and beyond</p> <p>People are only admitted to the service on the basis of a full needs assessment</p> <p>The service is able to demonstrate that they have the capacity to meet the assessed needs of individuals admitted to the service</p> <p>People have a personalised plan clearly setting out how their needs will be met, by whom and when. This plan identifies support needs and preferences.</p> <p>People are involved with representatives/advocates where needed in drawing up their personalised plan</p> <p>People experience and are involved in regular reviews of care and support these are recorded and used to update personalised plans, inform service delivery and inform decisions made relating to future care and support</p> <p>People experience indicates that their privacy is respected and they are treated in a dignified way</p> <p>People's personal care and support needs are met in the way they prefer as and when required and in a way that allows for comfortable interaction</p> <p>1 Where appropriate there is evidence that people are involved in making the choice of where they live</p> <p>2 Is there a professional assessment within the care file</p> <p>3 Does the professional assessment consider the need for a carers assessment</p> <p>4 Is there a pre admission assessment in the care file</p> <p>5 Is there evidence of a contract or service user agreement in place</p> <p>6 Are the care plans completed in a timely manner within a trial period</p> <p>7 Is there a recent photograph of the service user</p> <p>8 Are the care plans well-structured in sections and contain an index?</p> <p>9 Does the medical history/assessment information of the service user translate into the care plan</p> <p>10 Is there a life history located within the care file</p> <p>11 Is the care plan reflective of peoples assessed needs choices and preferences</p> <p>12 Is the service user /relatives or legal representation involved and consulted in the care planning?</p> <p>13 Is the care plan person centred, current and does it include guidance on how care and support will be provided</p> <p>14 Can the care plans be used and understood by agency staff?</p> <p>15 Is there evidence of timely review and evaluation of care plans</p> <p>16 Is there a level of consistency across the care plans?</p> <p>17 Where assessed needs indicate there is a care plan for :-</p> <p>17.1 Continence</p> <p>17.2 End of life</p> <p>17.3 Falls including environmental factors</p> <p>17.4 Medication</p> <p>17.5 Infection control</p> <p>17.6 Nutrition and Hydration</p> <p>17.7 Pressure care</p> <p>17.8 Activities</p> <p>18 Is there evidence that people are provided with information regarding fees and other costs</p> <p>19 Are people provided with a contract / service agreement</p> <p>20 Can the service demonstrate that staffing levels are linked to assessed needs and dependencies of people and not only to organisational requirements and is a dependency tool used</p> <p>21 Is there evidence that staff understand the procedure to follow when corrections are needed to care plans</p>	0.0

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Standard		Assessment Criteria and 'score'	RAG Rating
		Record 'Yes', 'No', 'Not Applicable'	
Domain 6: Falls	Premises and surroundings promote well-being by being safe, clean, comfortable and accessible.		0.0
	There is a private comfortable space which can be used by service users for private meetings and visitors	1 On questioning a member of staff are they aware of the correct procedure to follow when a service user has a fall?	
	The service has a falls strategy which includes identifying people who are at risk of falls and referrals are made to the falls team	2 When a service user has a fall is the following documented within the care file :-	
	All equipment specialist and communal is maintained as required and this can be demonstrated in recording systems	2.1 The symptoms prior to the fall	
	Personalised bedrooms reflect the décor/choice and needs of service users and they feel that staff respect and look after their personal possessions	2.2 Any history of previous falls	
	Service users are empowered to use appropriate lockable facilities in their bedrooms	2.3 The activity being undertaken at the time of the fall	
	People are supported and empowered to have control over their own environment and level of comfort	2.4 The time of the fall	
	People benefit from a safe and secure outdoor space that can be enjoyed with family and friends	2.5 Any trauma sustained following the fall	
		3 Is there evidence within the care file of actions taken to support a service user at risk of falls?	
		4 Is there evidence within the care file of an action plan for the service user following the fall	
Domain 7: Nutrition and Hydration	Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them		0.0
	The service ensures that service users receive a varied, appealing, wholesome and nutritious diet with hot and cold drinks and snacks available at all times	1 Where appropriate any recommendations from SALT or dieticians are recorded within the care plan	
	All specific dietary needs are accommodated including religious and cultural needs	2 Individual food preferences and likes and dislikes, special requirements are recorded within the care plan and have been shared with the cook / kitchen	
	The service ensures that there is a menu (changed regularly)offering a choice of meals in written or other formats to suit all service users.	3 Is there evidence that the service knows how to referral SALT and Dietician services	
	Staff offer assistance in eating where necessary , discretely, sensitively and individually. Independent eating supported by appropriate equipment is encouraged for as long as possible	4 Where appropriate the use of food supplements is recorded within in the care plan and there is evidence that they are used correctly	
	There are sufficient staff on duty to ensure that support is provided to enable people to experience the mealtime process as an enjoyable and dignified experience	5 Are there sufficient staff on duty to ensure that support is provided to enable people to experience the mealtime process as an enjoyable and dignified experience.	
	Service users can have a choice as to when and where they wish to eat	6 Where appropriate adapted cutlery and crockery are available and used as per detailed within the care plan	
		7 Is there evidence that menus are changes on a regular basis	
		8 Is there evidence of a meal time audit or observation of mealtime practices	
		9 Is there an alternative available to a buffet tea for people with special dietary requirements	
		10 Is there evidence that service users are supported to choose what they want to eat and where they want to eat	
		11 When service users require assistance to eat are staff aware of the general eating guidelines e.g. not asking questions of the service user whilst eating, avoiding distractions and engaging the service user	
		12 Are snacks and drinks available throughout the day	
		13 Where appropriate are finger foods available for service users with a diagnosis of dementia	
		14 Where appropriate weights recorded for each service user as instructed in the care plan e.g. weekly or monthly	
		15 Where appropriate service users are supported to be involved with menu planning and meal preparation	

Clinical Quality Assessment Worksheet

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Standard		Assessment Criteria and 'score'		RAG Rating
		Record 'Yes', 'No', 'Not Applicable'		
Domain 1: Continence	The aim in assessing continence is to secure an appropriate level of consistency that all continence assessments are carried out to reflect the needs of the service users . Staff within the service should have had appropriate training to be able to deliver consistent care	1	Is there appropriate options available for the management of the service users continence	
		2	On observation is the service users privacy and dignity maintained during toileting	
		3	Are continence supplies stored in the service users bedroom or in a clean dry area?	
		4	Has the service user , relatives or carers been given advice and information on the care of the urinary catheter	
		5	Is there a possibility that the service user may remove the catheter	
		6	Is there evidence that leg bags are changed weekly and night bags disposed of daily	
		7	Is the catheter changed every 12 weeks or earlier if clinical indicated and this is clearly documented in the care plan	
		8	When a catheter is replaced aseptic technique is adhered to at all times throughout the urinary catheter insertion?	
		9	The following is documented in the service users care plan or catheterisation chart :-	
		9.1	The date of catheter insertion	
		9.2	The size, length, type of catheter	
		9.3	The type and use of lubricant	
		10	On observation a closed drainage system is maintained at all times	
		11	The drainage bag is positioned below the level of the bladder and securely supported with a leg strap or leg sleeve or a catheter bag stand	
		Domain 2: Pressure Care	There is an assessment and individual treatment plan for service users identified at risk or who have developed pressure damage	1
2	Where identified within the care plan appropriate pressure relieving equipment is used ?			
3	Is skin assessed regularly and a body map updated monthly?			
4	Where a service user is deemed to have category 3 or 4 pressure damage or deteriorating category 2 pressure damage there is appropriate involvement of the tissue viability team and this is clearly documented within the care file ?			
5	Service users with pressure ulcers are assessed by a qualified registered nurse ?			
6	Nutritional assessment has been carried out to promote wound healing			
7	If a service user has pressure damage has the following been documented :-			
7.1	The size of the ulcer			
7.2	The location of the ulcer			
7.3	A description of the ulcer			
7.4	An image of the ulcer			
7.5	Which dressings are used			
8	On Observation prior to dressing changes is the service users privacy and dignity maintained at all times			
9	On observation prior to dressing changes are hands washed and appropriate PPE worn			
10	On observation after dressing changes are dressings disposed of in line with the waste regulations			
11	On observation after dressing changes are hands washed and PPE discarded appropriately			
12	Dressings prescribed are listed on the MAR chart and signed after dressing changes have taken place			
13	Dressings prescribed for the service user are kept in their own room or in a locked cupboard			
14	On observation service users are positioned using an appropriate manual handling technique or hoist			
15	Has the Pain from pressure damage been assessed and acted upon			
16	Are staff aware of how to access pressure relieving equipment			
17	Are staff aware of how to send pressure relieving equipment for servicing and repair			

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Standard	Assessment Criteria and 'score' Record 'Yes', 'No', 'Not Applicable'	RAG Rating
Domain 3: End of Life	Service users end of life is planned proactively, is personalised and is reviewed regularly	
	Residents end of life is planned proactively is personalised and reviewed regularly	
	People are confident that the service will take consideration of their particular needs when drawing up plans for end of life care	
	Where people choose to make plans for their end of life care they are given relevant information and are supported to do so	
	1 Does the service user have a DNACPR that is up to date and has it been reviewed in a twelve month period ?	
	2 When a service user is identified as having end of life care needs is there a palliative care plan in place	
	3 Does the palliative care plan for the service user include psychological and spiritual support	
	4 Does the palliative care plan include a preferred place of death	
	5 When a service user is recognised to be dying is there a specific plan of care tailored to meet their needs within the dying phase of life which includes food/drink, symptom control, psychological, social and spiritual support	
	6 When a service user is recognised as dying are anticipatory drugs prescribed and available to be used within an agreed plan of care	
	7 Are anticipatory drugs prescribed in line with Regional Palliative Care and End of Life Care Guidelines?	
Domain 4: Nutritio	8 Where anticipatory medication has been prescribed for managing a service user in the last days of life :-	
	8.1 Has the medication been used in response to the service users needs within a timely manner	
	8.2 Where the medication hasn't been used has a review of the prescription taken place at a minimum of three months	
	9 Where appropriate the service user has an emergency health care plan in place written by a suitably trained professional	
	10 Where appropriate a palliative care register is in place	
	11 There is evidence that the DNACPR has been reviewed within 5 days after transfer or when circumstances change.	
		0.0
Domain 4: Nutritio	A multi-Disciplinary approach is taken to support the prevention and/or management of malnutrition and dehydration consistent with NICE guidelines	
	1 When the service user has enteral feeding is there a fluid balance chart in place and used appropriately	
	2 Is infection control guidance adhered to when staff are giving enteral feeds or flushing the PEG tube e.g. hand hygiene and appropriate PPE?	
	3 When a service user receives enteral feeding are the bowel movements recorded on the fluid balance chart	
	4 Where appropriate when a service user is on enteral feeding the regime is clearly documented	
	5 Where appropriate if a service user is Nil by Mouth this is clearly documented	
		0.0

Service Assessment Worksheet

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Standard		Assessment Criteria and 'score'	RAG Rating
		Record 'Yes', 'No', 'Not Applicable'	
Domain 1: Falls, Accidents, incidents and environment	Premises and surroundings promote well-being by being safe, clean, comfortable and accessible.		
	There is a private comfortable space which can be used by service users for private meetings and visitors	1 Is there evidence that the manager carried out a falls trend analysis monthly	
		2 Is there evidence within the falls analysis that the following are looked in to :-	
	The service has a falls strategy which includes identifying people who are at risk of falls and referrals are made to the falls team	2.1 Time of day	
		2.2 Time of night	
	All equipment specialist and communal is maintained as required and this can be demonstrated in recording systems	2.3 Which unit the fall occurred on	
	Personalised bedrooms reflect the décor/choice and needs of service users and they feel that staff respect and look after their personal possessions	3 Is there evidence that falls that occur within the Dementia unit are recorded separately on the trends analysis	
	Service users are empowered to use appropriate lockable facilities in their bedrooms	4 Are accidents and incidents recorded and reported	
	People are supported and empowered to have control over their own environment and level of comfort	5 Are accidents and incidents analysed to inform service development and reduce the risk of recurrence	
	People benefit from a safe and secure outdoor space that can be enjoyed with family and friends	6 Is an appropriate system in place to ensure that relevant maintenance and safety checks are carried out on aids and equipment	
	Accidents, injuries and incidents of illness or communicable disease are recorded and reported in a way which minimises risk of recurrence	7 Is there adequate lighting within the environment	
		8 Is the environment suitable for service users with limited vision	
Domain 2: Infection Control	Premises and surroundings promote well-being by being safe, clean, comfortable and accessible.		
	Service users are safeguarded by appropriate health and hygiene practices are in place	1 Is the environment clean and safe	
	The service is free from preventable offensive odours	2 Is the environment odour free	
		3 Where appropriate are cleaning schedules available and completed	
		4 Where appropriate colour coded equipment for cleaning is available	
		5 Where appropriate is chlorine available for cleaning	
		6 Where appropriate mops are stored/dropped of/laundered correctly	
		7 Do staff demonstrate the correct procedure for hand hygiene	
		8 Where appropriate validation audits are carried out for hand hygiene	
		9 Are staff bare below the elbows when delivering personal care	
		10 Are appropriate hand hygiene facilities / equipment / available	
		11 Is appropriate PPE available	
		12 What action should be taken if a service user has unexplained diarrhoea	
		13 Do staff know who to contact in the event of an outbreak	
		14 Are staff aware of what to do if they have diarrhoea and sickness	
		15 Where appropriate is the service registered for waste collection	
		16 Is waste segregated appropriately	
Domain 3: Quality Assurance	People who use the service and their relatives/carers and friends are confident that their complaints will be listened to, be taken seriously and be acted upon.		
	The service is run in the best interests of people who use the service who benefit from the culture, consistent leadership and management approach.		
	The complaints process is actively and positively promoted, it is clear and accessible and includes information about other organisations that have a role in investigating complaints	1 Is there evidence of service user and relative satisfaction surveys?	
	There are detailed records and evidence to indicate that outcomes of complaints investigations are fed back to complainants, also whether they are satisfied with the outcome	2 Are the results of satisfaction surveys collated, analysed and used to inform service improvement	
	The number, nature and outcome of complaints is reviewed and integrated into quality assurance/service improvement plans	3 Is there evidence that people's views inform service delivery?	
	Service user views are incorporated into quality assurance and quality monitoring systems and this can be evidenced and informs service delivery	4 Are people aware of their rights to complain?	
	The actions taken following actively seeking the views of service users, family and friends, professionals and stakeholders is clearly related to the collated results of feedback from this activity	5 Is the complaints process is actively and positively promoted?	
		6 Is there a complaints policy?	
		7 Is the complaints policy clear and accessible and includes information about other organisations that have a role in investigating complaints or in supporting a complainant.	
		8 Are there detailed records of complaints received?	
		9 Do complaints records evidence that outcomes of complaints investigations are fed back to complainants, also whether they are satisfied with the outcome	
		10 Are complaints/outcomes of complaints analysed and used to inform service improvement	
		11 Is there a process to review and analyse pressure damage developing within the service to identify themes and trends and appropriate action taken	

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Standard	Assessment Criteria and 'score' Record 'Yes', 'No', 'Not Applicable'	RAG Rating
Domain 4: Supervision and Leadership	<p>Service users' needs are met by the numbers and skill mix of staff</p> <p>The service is run in the best interests of service users who benefit from the culture, consistent leadership and management approach of the home</p> <p>People experience care and support which respects privacy and dignity by staff who are well supported and supervised</p> <p>There are contingency plans in place to ensure consistency of care and support at all times</p> <p>Staff skills and ratios are considered prior to accepting new admissions and appropriate decisions are made</p> <p>Staffing arrangements are flexible to fit around the lifestyles of individuals and provide appropriate support at busy times of the day with the staffing structure based around people and not led by staff requirements</p> <p>There are sufficient staff on duty both day and night to meet the specific needs of all the people living in the home</p> <p>The management and accountability arrangements are clear, consistent and effective</p> <p>It can be demonstrated that the way the service is run shows and understanding of equality and the ethnic and diversity needs of individuals</p>	
	1 Is there a supervision matrix in place	
	2 Are the number and nature of staff supervisions appropriate to the type of service being delivered	
	3 Are supervisors clearly indicated on the matrix	
	4 Can the service demonstrate that consideration is given to staffing skills prior to the service or support being agreed	
	5 Is there evidence of day to day supervision,	
	6 Are there regular unplanned observations of staff practice and spot checks carried out	
	7 Do staff receive and annual appraisal	
	8 Is there a registered manager	
	9 Is there evidence that the registered manager is given support by the owner / provider	
	10 Are the management arrangements clear and understood by staff particularly in the case of the registered manager being absent	
	11 Is there a contingency plan in place to ensure sufficient staff are provided at all times to meet the needs of the service users	
	12 Was it considered that enough staff are available both day and night to meet the needs of people using the service	
	13 Where appropriate Care plans are discussed in supervision sessions	
	14 Is there evidence that the manager is satisfied that registered nurses have complied with the revalidation process including agency nurses	0.0
Domain 5: Medication	<p>Decisions about health care and medication needs are made with the involvement of people using the service and/or their representatives, with assistance as needed. People will be encouraged to develop and maintain independence through self-care.</p> <p>Staff will be aware of and use the organisations medication policy</p>	
	1 Medication rounds provide flexibility with timings to meet the needs of the service users (e.g. medication administered either with food or an empty stomach or time specific)	
	2 Service users are able to take responsibility for their own medication if they wish?	
	3 A record is maintained of current medication for self-administering service users?	
	4 Staff within the care home prompt the review of medication on a regular basis?	
	5 Staff monitor the condition of the service user on medication and consult the GP if they are concerned about any changes that may be a result of medication and this is clearly documented in the care plan	
	6 All nursing staff abide by the Nursing and Midwifery Council Standards for the administration of medicines?	
	7 An up to date list of medications is taken when a new service user arrives at the care home?	
	8 There are designated members of staff who deal with the ordering of medication	
	9 The designated member of staff is aware of the time period required for ordering repeat prescriptions?	
	10 A procedure is in place within the home for obtaining emergency supplies of medicines (e.g. out of hours, bank holidays)	
	11 There is a safe process for transporting medication around the home?	
	12 Medication is only administered to the person for whom they have been prescribed, labelled and supplied (including dressings and nutritional supplements, excluding homely remedies)?	
	13 A procedure is in place to make an alteration to the medication administration chart following a verbal or written alteration to medication made by the GP?	
	14 Medicines are retained for a seven day period following the death of a service user	
	15 A procedure is in place to convey changes in medication to other members of the team	
	16 A procedure is in place for the management of any changes in medication after discharge from hospital to ensure continuity of care?	
	17 There is a procedure in place that includes action to take if a medication administration error or incident is identified?	
	18 There is a process in place for the receipt, storage and destruction of controlled drugs?	
	19 All controlled drugs are stored in a metal cupboard which complies with the misuse of drug regulations 1973?	
	20 The controlled drugs cupboard keys are kept separate from all the other keys?	
	21 Access to the controlled drugs cupboard is restricted to senior named staff?	
	22 The controlled drugs register is a bound book used for solely recording controlled drugs and is kept for a minimum of 2 years after the date the last entry was made?	
	23 Controlled drugs are administered by designated and trained staff only?	
	24 There is a list of homely remedies that has been agreed with all GP's?	
	25 It is clearly documented when a service user requires covert medication and there is evidence that this has been discuss and agreed with the GP	0.0

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Standard		Assessment Criteria and 'score'		RAG Rating
		Record 'Yes', 'No', 'Not Applicable'		
Domain 6: Policies and Record Keeping	The record keeping policies and procedures including records relating to health and safety safeguard people's rights and best interests.			
	Service users rights and best interests are safeguarded by the homes record keeping policies and procedures			
	Communication systems and handover arrangements are understood and effective in delivering continuity of care and in safeguarding people	1	Where appropriate the following policies are available for staff	
	Staff practice is in accordance with financial policies and procedures which prevent financial abuse	1.1	Medication, including homely remedies	
		1.2	Falls	
		1.3	Accidents / Incidents	
		1.4	Care Planning	
		1.5	Continence	
		1.6	Catheterisation	
		1.7	Dementia Care	
		1.8	End of Life Care	
		1.9	Infection Control	
		1.10	Nutrition and Hydration	
		1.11	Enteral Feeding	
		1.12	Subcutaneous Fluid administration	
		1.13	Pressure Care	
		1.14	Safeguarding	
		1.15	Whistleblowing	
		1.16	Complaints	
		1.17	Risk Management	
		1.18	Quality Assurance	
		1.19	Equality and Diversity	
		1.20	Training	
		1.21	Supervision	
		1.22	Communication / Handover	
		1.23	Recruitment	
		1.24	Staff sickness	
		1.25	Service user finances	
		1.26	Mental capacity	
		1.27	Deprivation of liberty	
		2	Are individual records and service records secure, up to date and in good order and constructed, maintained and used appropriately.	
		3	Is written handover information sufficiently detailed to provide consistent care and be tracked back to individual records	
		4	On observing the handover is there sufficient information shared to ensure safe care delivery	
				0.0
Domain 7: Safeguarding	People are safeguarded from abuse of any kind and are cared for by trained staff who safeguard their interests.			
	There are robust procedures for responding to suspicion or evidence of abuse of neglect including whistleblowing	1	Are there robust procedures for responding to suspicion or evidence of abuse or neglect?	
	People are safeguarded by a robust recruitment process which ensures that only staff suitable to support them do so	2	Is the manager aware of the Sunderland safeguarding adults procedures and has the individual agency guidance been completed appropriately	
	The service ensures that service users control their own money wherever possible and that safeguards are in place to protect the interests of the service user	3	Is there a process to monitor /analyse safeguarding alerts made by the service in order to identify themes and trends and to inform service improvement	
	Where services are managing money or people are not controlling their finances the reason for this is clearly documented, recorded and agreed via care planning and risk management processes and is in accordance with requirements related to the Mental Capacity Act	4	Is there a whistleblowing policy?	
		5	Are there systems and processes in place to safeguard people from any form of financial abuse?	
		6	Does the service follow a robust recruitment process?	
		7	Where appropriate compassion in practice is implemented within the recruitment process?	
				0.0

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Standard		Assessment Criteria and 'score'	RAG Rating
		Record 'Yes', 'No', 'Not Applicable'	
Domain 8: Training	Service users are protected from abuse of any kind and cared for by trained staff who safeguard their interests		
	People are supported and safeguarded because the medication training that staff are expected to have includes both a knowledge base and assessment of competence in line with sector skills	1 Does the service have a staff training and development programme in place which ensures staff can fulfil the aims of the service and meet the changing needs of people	
		2 Is there a written learning and development plan	
	All staff have basic awareness training related to supporting people with Dementia type symptoms and at least 50% have accredited training in this area	3 Is there a training matrix in place	
	Staff are trained in Mental Capacity Act at a level appropriate to their responsibilities and apply the principles in their practice and approach	4 Do all staff including agency workers have an appropriate induction	
	Staff are trained in Sunderland Safeguarding Adults procedures at a level appropriate to their responsibilities and apply the principles in their practice and approach	5 Have staff received training in	
	A ratio in excess of 75% of members of staff have been trained or are in the process of being trained to an appropriate level diploma in Health and Social Care	5.1 Care planning	
	People are cared for by staff who have had a comprehensive induction training	5.2 Medication administration,(knowledge and practical)	
	People are supported by staff who are trained in their specific needs including internal and external training opportunities	5.3 PEG feeding	
	Communication and recording systems and processes are effective and included as areas of training at appropriate levels of responsibility within the service	5.4 Administration of insulin	
	There is a staff learning and development plan which evidences that staff training is prioritised and accessed	5.5 Administration of oxygen	
		5.6 Continence	
		5.7 Male and female catheterisation	
		5.8 Suprapubic catheters	
		5.9 Dementia at appropriate levels	
		5.10 Palliative care / End of Life at appropriate levels	
		5.11 Verification of death	
		5.12 Syringe drivers	
		5.13 Falls	
		5.14 Moving and handling	
		5.15 Infection control	
		5.16 Nutrition and hydration	
		5.17 Swallowing difficulties	
		5.18 Subcutaneous fluids	
		5.19 Pressure area care / wound management	
		5.20 person centred care	
		5.21 Communication	
		5.22 Record keeping	
		5.23 Supervision	
		5.24 Leadership and management at appropriate levels	
		5.25 Mental capacity act / deprivation of liberty safeguards at appropriate levels	
		5.26 Safeguarding Adults at appropriate levels	
			0.0

Sunderland Clinical Commissioning Group and Sunderland City Council

Service Name		Date of Assessment	
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Overall <u>Care Plan</u> Assessment calculated across all seven domains is	→ 0.0%	Green means you were awarded 80% or more Red means you were awarded less than 40% overall
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<i>This can be broken down across each specific domain as:</i>	Overall RAG	Yes		No		Not Applicable
		Number	Percent	Number	Percent	
Domain 1 - Activities	0.0%	0	0.0%	0	0.0%	0
Domain 2 - Dementia Support and Mental Capacity	0.0%	0	0.0%	0	0.0%	0
Domain 3 - Multi Agency and use of specialist services	0.0%	0	0.0%	0	0.0%	0
Domain 4 - Risk Management	0.0%	0	0.0%	0	0.0%	0
Domain 5 - Assessment and Care Planning	0.0%	0	0.0%	0	0.0%	0
Domain 6 - Falls	0.0%	0	0.0%	0	0.0%	0
Domain 7 - Nutrition and Hydration	0.0%	0	0.0%	0	0.0%	0

Overall <u>Clinical</u> Assessment calculated across all seven domains is	→ 0.0%	Green means you were awarded 80% or more Red means you were awarded less than 40% overall
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<i>This can be broken down across each specific domain as:</i>	Overall RAG	Yes		No		Not Applicable
		Number	Percent	Number	Percent	
Domain 1 - Continence	0.0%	0	0.0%	0	0.0%	0
Domain 2 - Pressure Ulcers	0.0%	0	0.0%	0	0.0%	0
Domain 3 - End of Life	0.0%	0	0.0%	0	0.0%	0
Domain 4 - Nutrition	0.0%	0	0.0%	0	0.0%	0

Overall <u>Service</u> Assessment calculated across all seven domains is	→ 0.0%	Green means you were awarded 80% or more Red means you were awarded less than 40% overall
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<i>This can be broken down across each specific domain as:</i>	Overall RAG	Yes		No		Not Applicable
		Number	Percent	Number	Percent	
Domain 1 - Continence	0.0%	0	0.0%	0	0.0%	0
Domain 2 - Pressure Ulcers	0.0%	0	0.0%	0	0.0%	0
Domain 3 - End of Life	0.0%	0	0.0%	0	0.0%	0
Domain 4 - Nutrition	0.0%	0	0.0%	0	0.0%	0
Domain 5 - Continence	0.0%	0	0.0%	0	0.0%	0
Domain 6 - Pressure Ulcers	0.0%	0	0.0%	0	0.0%	0
Domain 7 - End of Life	0.0%	0	0.0%	0	0.0%	0
Domain 8 - Nutrition	0.0%	0	0.0%	0	0.0%	0

REVIEW OF SCRUTINY ARRANGEMENTS - SCRUTINY PROCEDURE RULES**JOINT REPORT OF THE HEAD OF LAW AND GOVERNANCE AND HEAD OF SCRUTINY AND AREA ARRANGEMENTS****1. Purpose of the Report**

- 1.1 To provide Committee members with an opportunity to consider proposals for changes to the Scrutiny Procedure Rules to maintain their alignment to the revised Scrutiny arrangements approved by Council on 27 January 2016 and to make related changes to the Constitution.

2. Background

- 2.1 As Members are aware, changes to the Council's Executive and Committee arrangements were considered by Scrutiny Committee on 3 December 2015 and subsequently agreed at Council on 27 January 2016. The new arrangements provide for a Scrutiny Coordinating Committee, (14 Members in total, including the Chairs and Vice Chairs of the Thematic Scrutiny Committees), and three Thematic Scrutiny Committees. These are the Health and Wellbeing Scrutiny Committee, (12 Members), the Children Education and Skills Scrutiny Committee, (16 Members including 4 Education Co-opted Members), and the Economic Prosperity Scrutiny Committee (12 Members).
- 2.2 This model reflects the recommendations that emerged from the review of Scrutiny commissioned on behalf of the Scrutiny Committee chair, and replaces the Scrutiny Commissioning Model to deliver a focused responsive scrutiny function to support the Council's delivery of services against a background of financial constraint and much reduced resources.
- 2.3 The work of the Scrutiny Committees is supported through the operation of the Scrutiny Procedure Rules which must now be updated in order to ensure they are aligned to the new operating arrangements for Overview and Scrutiny in Sunderland. Consequential changes are also required to the Council's Articles of the Constitution.

3. The Scrutiny Procedure Rules

- 3.1 The operation of the Scrutiny Committees is governed by the Scrutiny Procedure Rules incorporated in the Council's Constitution.
- 3.2 Members are referred to the draft Rules at Appendix 1 which take in necessary amendments consequential on the changes to Scrutiny arrangements approved by Council.
- 3.3 A further change to the Rules makes provision for a decision of the Executive to be called in by 7 Members of Council. Formerly this provided for call in by 3 Members of the Scrutiny Committee. This amendment is proposed to allow for call in by a proportionate number of non-executive

Members, recognising that some may be excluded from membership of a Scrutiny Committee.

4. Article 6 – Overview and Scrutiny Committees

- 4.1 Article 6 sets out Terms of Reference for the Overview and Scrutiny Committees.
- 4.2 A full breakdown of the new Scrutiny Committee remits is attached for information as **Appendix 2** of this report and it is proposed that Article 6 is amended to reflect these new remits.
- 4.3 Article 6 provides that the Committees will conduct their proceedings in accordance with the Overview and Scrutiny Procedure Rules, the revisions to which have been outlined above.

5. Dedicated Scrutiny Budget

- 5.1 A small budgetary provision of £15,000 per annum is available to the Scrutiny Coordinating Committee to deliver the agreed Annual Scrutiny Committee Work Programme.

6. Recommendations

- 6.1 It is recommended that the Scrutiny Committee:-
 - (a) considers the proposed revisions to the Scrutiny Procedure Rules and recommends the Rules to Council for approval;
 - (b) recommends Council to authorise the Head of Law and Governance, in consultation with the Leader, to amend the Constitution to reflect the amended Rules, the consequential amendments to the Articles and to make such other minor or consequential amendments as are appropriate to the Constitution to ensure consistency with the revised Rules and the revised Scrutiny arrangements.

7. Background Papers

- 7.1 Cabinet Report and minute of meeting held 3 December 2015
Council Report and minute of meeting held 27 January 2016

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Section 5 - Overview and Scrutiny Procedure Rules

1. How will the Overview and Scrutiny Function be organised?

The Council will appoint a lead Overview and Scrutiny Committee, named the Scrutiny Coordinating Committee, and three themed Overview and Scrutiny Committees, to be known as Scrutiny Committees, as set out in Article 6 and will appoint to them as it considers appropriate from time to time. The Committees will then be responsible for overseeing, reviewing and scrutinising the Council's functions and responsibilities, including those delivered in partnership with other agencies and organisations, as set out in Article 6.

The Scrutiny Committees may appoint sub-committees. Overview and Scrutiny Sub-Committees may be appointed for a fixed period, on the expiry of which they shall cease to exist.

2. Who may sit on overview and scrutiny?

All councillors except members of the executive and cabinet policy members and Area Committee chairs and vice chairs are eligible to be members of an overview and scrutiny committee. However, no member may be involved in scrutinising a decision in which he/she has been directly involved.

The Council, at its Annual Meeting, will appoint the Chair and Vice Chair of the Overview and Scrutiny Committees.

3. Co-optees

The Overview and Scrutiny Committees shall be entitled to recommend to Council the appointment of a number of people as non-voting co-optees.

4. Education representatives

The Children, Education and Skills Scrutiny Committee shall include in its membership the following voting representatives who shall be entitled to vote only on matters relating wholly or partly to any education functions which are the responsibility of the Executive:

- (a) 1 Church of England diocese representative;
- (b) 1 Roman Catholic diocese representative; and
- (c) 2 parent governor representatives.

In addition to the above voting representatives the Committee may include in its membership such other non-voting representatives of those with interests in education as it shall from time to time recommend under paragraph 3 above, and/or invite such representatives to assist the work of the committee.

5. Meetings of the overview and scrutiny committees

There shall be at least 10 ordinary meetings of each of the Scrutiny Committees in each year. In addition, extraordinary meetings may be called from time to time as and when appropriate. A Scrutiny Committee meeting may be called by the chair of the committee, by 1/3 of the members of the committee or by the Head of Paid Service if he/she considers it necessary or appropriate.

6. Quorum

The quorum for a meeting of a Scrutiny Committee shall be one quarter of the whole number of members.

7. Work programme

The Scrutiny Committees will be responsible for setting their own work programme and in doing so they shall take into account the wishes of members on that committee who are not members of the largest political group on the Council.

8. Agenda items

- (a) Any member of a Scrutiny Committee or sub-committee shall be entitled to give notice to the proper officer that he/she wishes an item relevant to the functions of the committee or sub-committee to be included on the agenda for discussion at the next available meeting. On receipt of such a request the proper officer will ensure that it is included on the next available agenda.
- (b) In addition, any member of the Council shall be entitled to give written notice to the proper officer that they wish an item relevant to the functions of the committee, that is not an excluded matter, to be included on the agenda of a relevant overview and scrutiny committee. Excluded matters include a local crime and disorder matter, and any other matter specified by the Secretary of State. On receipt of such a request, the proper officer will ensure that it is included on the next available agenda. The Committee will provide the member with a copy of the report or recommendations which it makes to the Council or to the Executive. If the Committee decides not to exercise its powers, it will notify the member of its decision and the reasons for it.
- (c) The Scrutiny Committees shall respond, as soon as their work programme permits, to requests from the Council and, if it considers it appropriate, the executive, to review particular areas of Council activity. Where they do so, the Scrutiny Committee shall report their findings and any recommendations back to the executive and/or Council. The Council and/or the executive shall consider the report of the Scrutiny Committee within two months of receiving it.

- (d) Any member of the Council shall be entitled to give notice to the proper officer that he/she wishes an item relating to a Councillor Call for Action to be included on the agenda for discussion at the next available meeting of the Committee. On receipt of such a request the proper officer will ensure that it is included on the next available agenda of the Scrutiny Committee.

9. Policy review and development

- (a) The role of the Scrutiny Coordinating Committee in relation to the development of the Council's budget and policy framework is set out in detail in the Budget and Policy Framework Procedure Rules.
- (b) In relation to the development of the Council's approach to other matters not forming part of its policy and budget framework, a Scrutiny Committee may make proposals to the executive for developments.
- (c) A Scrutiny Committee may hold enquiries and investigate the available options for future direction in policy development and may appoint panels, advisers and assessors to assist it in this process. A Committee, and those assisting it, may go on site visits, conduct public surveys, hold public meetings, commission research and do all other things that they reasonably consider necessary to inform their deliberations. They may ask witnesses to attend to address them on any matter under consideration and may pay to any advisers, assessors and witnesses a reasonable fee and expenses for doing so. Provided that all of the foregoing shall be contained within the budget made available to the Scrutiny Coordinating Committee.

10. Co-ordination

The Scrutiny Coordinating Committee will lead and co-ordinate the work of the Scrutiny Committees and will have the following additional terms of reference:

- (a) To approve an annual overview and scrutiny work programme to ensure that there is efficient use of the Committees' time and resources, and that the potential for duplication of effort is minimised.
- (b) Where matters fall within the remit of more than one Overview and Scrutiny Committee, or where the issue to be scrutinised does not fall plainly within the terms of reference of one of those committees to determine which of them will assume responsibility for any particular issue.
- (c) To report to the executive and/or the full Council on matters considered by the Scrutiny Committees.
- (d) To put in place and maintain a system to ensure that referrals from a Scrutiny Committee to the Executive, either by way of

report or for reconsideration are managed efficiently and do not exceed the limits set out in this Constitution.

- (e) At the request of the Executive, to make decisions about the priority of referrals made in the event of reports to the executive exceeding limits in this Constitution, or if the volume of such reports creates difficulty for the management of executive business or jeopardises the efficient running of Council business.

11. Reports from the Scrutiny Committee

- (a) Once it has formed recommendations on proposals for development, a Scrutiny Committee will prepare a formal report to the Scrutiny Coordinating Committee. The Scrutiny Coordinating Committee will consider the proposals and submit its recommendations to the proper officer for consideration by the executive (if the proposals are consistent with the existing budgetary and policy framework), or to the council as appropriate (e.g. if the recommendation would require a departure from or a change to the agreed budget and policy framework).
- (b) If the Scrutiny Coordinating Committee cannot agree on one single final report to the Council or executive as appropriate, then up to one minority report may be prepared and submitted for consideration by the Council or executive with the majority report.
- (c) The Council or executive shall consider the report of the Scrutiny Coordinating Committee within three months of it being submitted to the proper officer.

12. Making sure that overview and scrutiny reports are considered by the executive

- (a) The agenda for executive meetings shall include an item entitled 'Issues arising from Overview and Scrutiny'. The reports of the Scrutiny Coordinating Committee referred to the executive shall be included at this point in the agenda (unless they have been considered in the context of the executive's deliberations on a substantive item on the agenda) within three months of the Scrutiny Coordinating Committee completing its report/recommendations.
- (b) The Scrutiny Coordinating Committee will give notice to the Council or the Executive requiring them, within two months of the date of receipt of the notice, to
 - Consider the report or recommendations
 - Respond to the Scrutiny Coordinating Committee indicating what (if any) action they propose to take
 - If the Scrutiny Coordinating Committee has published the report or recommendation, to publish the response

- Provide a copy of the response to a member who is not a member of the Scrutiny Coordinating Committee, and at whose request the matter was placed on the Scrutiny Coordinating Committee agenda.
- (c) Where the Scrutiny Coordinating Committee makes a report or recommendations to the Council or to the Executive, other than in respect of those crime and disorder matters that are excluded, it may, subject to excluding exempt and confidential information, publish the report or recommendations.
- (d) Overview and scrutiny committees will in any event have access to the executive's forward plan and timetable for decisions and intentions for consultation. Even where an item is not the subject of detailed proposals from a Scrutiny Committee following a consideration of possible policy/service developments, the committee will be able to respond in the course of the executive's consultation process in relation to any key decision.

13. Making sure that overview and scrutiny reports are considered by partner organisations

- (a) Where the Scrutiny Coordinating Committee makes a report of recommendations to the Council or to the Executive, other than in respect of those crime and disorder matters that are excluded, and the report or any recommendations relates to functions of a relevant partner authority so far as exercisable in relation to the Council's area, or inhabitants of the area, the Committee may give written notice to the relevant partner authority requiring that authority to have regard to the report or recommendations in exercising its functions.
- (b) The notice must be accompanied by a copy of the report or recommendations.
- (c) It is the duty of the relevant partner authority to comply with the requirement specified in the notice.
- (d) Relevant partner authorities are those (other than the chief officer of police) that are listed at section 104 of the Local Government and Public Involvement in Health Act 2007.

14. Rights of Scrutiny Committee members to documents

- (a) In addition to their rights as councillors, members of a Scrutiny Committee have the additional right to documents, and to notice of meetings as set out in the Access to Information Procedure Rules in Part 4 of this Constitution.
- (b) Nothing in this paragraph prevents more detailed liaison between the Executive and the Committee as appropriate depending on the particular matter under consideration.

15. Members and officers giving account

- (a) A Scrutiny Committee may scrutinise and review decisions made or actions taken in connection with the discharge of any Council functions. As well as reviewing documentation, in fulfilling the scrutiny role, it may require the Leader, any other member of the executive, the head of paid service and/or any senior officer to attend before it to explain in relation to matters within their remit:
 - (i) any particular decision or series of decisions;
 - (ii) the extent to which the actions taken implement Council policy; and/or
 - (iii) their performance,and it is the duty of those persons to attend if so required.
- (b) For this purpose, senior officer includes any chief officer, head of service, third tier officer and other appropriate senior officer. Where there are concerns about the appropriateness of the officer who should attend, the relevant chief officer shall consult with the Chairman or Vice Chairman of the Scrutiny Committee with a view to agreeing which officer should attend.
- (c) Where any member or officer is required to attend a Scrutiny Committee under this provision, the Chairman will inform the proper officer. The proper officer shall inform the member or officer in writing giving at least 10 working days' notice of the meeting at which he/she is required to attend. The notice will state the nature of the item on which he/she is required to attend to give account and whether any papers are required to be produced for the committee. Where the account to be given to the committee will require the production of a report, then the member or officer concerned will be given sufficient notice to allow for preparation of that documentation.
- (d) Where, in exceptional circumstances, the member or officer is unable to attend on the required date, then the overview and scrutiny committee shall in consultation with the member or officer arrange an alternative date for attendance.

16. Attendance by others

A Scrutiny Committee may invite people other than those people referred to in paragraph 15 above to address it, discuss issues of local concern and/or answer questions. It may for example wish to hear from residents, stakeholders and members and officers in other parts of the public sector and shall invite such people to attend.

17. Call-in

The Scrutiny Coordinating Committee has the power to call-in executive decisions made but not yet implemented. The purpose is to

consider whether to recommend that a decision be reviewed by the Executive. Call-in should only be used in exceptional circumstances. These are where members of the Committee have evidence which suggests that the decision was not taken in accordance with the principles set out in Article 13 (Decision Making). It cannot be used in respect of day-to-day management and operational decisions.

- (a) When a decision is made by the executive, an individual member of the executive or a committee of the executive, or a key decision is made by an officer with delegated authority from the executive, or an area committee or under joint arrangements, the decision shall be published, including where possible by electronic means, and shall be available at the main offices of the Council normally within two working days of being made. Chairs and members of the Committee will be sent copies of the records of all such decisions within the same timescale, by the person responsible for publishing the decision.
- (b) That notice will bear the date on which it is published and will specify that the decision will come into force, and may then be implemented, on the expiry of five working days after the publication of the decision, unless the Committee objects to it and calls it in.
- (c) During that period, the proper officer shall call-in a decision for scrutiny by the Committee if so requested by the chairman or any seven members of Council, and shall then notify the decision-taker of the call-in. He/she shall call a meeting of the committee on such date as he/she may determine, where possible after consultation with the Chair of the Committee, and in any case within five working days of the decision to call-in.
- (d) If, having considered the decision, the Committee is still concerned about it, then it may refer it back to the decision making person or body for reconsideration, setting out in writing the nature of its concerns or refer the matter to full Council. If referred to the decision maker they shall then reconsider within a further 20 working days, amending the decision or not, before adopting a final decision.
- (e) If following an objection to the decision, the Committee does not meet in the period set out above, or does meet but does not refer the matter back to the decision making person or body, the decision shall take effect on the date of the meeting of the Committee, or the expiry of that further five working day period, whichever is the earlier.
- (f) If the matter was referred to full Council and the Council does not object to a decision which has been made, then no further action is necessary and the decision will be effective in accordance with the provision below. However, if the Council does object, it has no locus to make decisions in respect of an executive decision unless it is contrary to the policy framework, or contrary to or not wholly consistent with the budget. Unless

that is the case, the Council will refer any decision to which it objects back to the decision making person or body, together with the Council's views on the decision. That decision making body or person shall choose whether to amend the decision or not before reaching a final decision and implementing it. Where the decision was taken by the Executive as a whole or a Committee of it, a meeting will be convened to reconsider within ten working days of the Council request. Where the decision was made by an individual, the individual will reconsider within five working days of the Council request.

- (g) If the Council does not meet, or if it does but does not refer the decision back to the decision making body or person, the decision will become effective on the date of the Council meeting or expiry of the period in which the Council meeting should have been held, whichever is the earlier.
- (h) Where an Executive decision has been taken by an Area Committee then the right of call-in shall extend to any other Area Committee which resolves to refer a decision which has been made but not implemented to the appropriate Scrutiny Committee for consideration in accordance with these provisions. An Area Committee may only request the proper officer to call in the decision if it is of the opinion that the decision will have an adverse effect on the area to which it relates. All other provisions relating to call in shall apply as if the call in had been exercised by members of a Scrutiny Committee.

Exceptions

- (i) In order to ensure that call-in is not abused, nor causes unreasonable delay, certain limitations are to be placed on its use. These are:
 - (i) that a Scrutiny Committee may only call-in four decisions per year;
 - (ii) only key decisions may be called in other than those policy and budget proposals being referred to Council for decision;
 - (iii) once a member has signed a request for call-in under paragraph 18 (call-in) above, he/she may not do so again until a period of three months has expired.

Call-in and Urgency

- (j) The call-in procedure set out above shall not apply where the decision being taken by the executive is urgent. A decision will be urgent if any delay likely to be caused by the call in process would seriously prejudice the Council's or the public's interests. The record of the decision, and notice by which it is made public, shall state whether in the opinion of the decision making person or body, the decision is an urgent one, and therefore not

subject to call-in. The chairman of the relevant Scrutiny Committee must agree both that the decision proposed is reasonable in all the circumstances and to it being treated as a matter of urgency. In the absence of the chair, the vice-chair's consent shall be required. In the absence of both, the head of paid service or his/her nominee's consent shall be required.

- (k) The operation of the provisions relating to call-in and urgency shall be monitored annually, and a report submitted to Council with proposals for review if necessary.

18. The party whip

- (a) When considering any matter in respect of which a member of a Scrutiny Committee is subject to a party whip the member must declare the existence of the whip and the nature of it before the commencement of the committee's deliberations on the matter. The declaration, and the detail of the whipping arrangements, shall be recorded in the minutes of the meeting.
- (b) For the purposes of this rule the phrase party whip shall be taken to mean:
"Any instruction given by or on behalf of a political group to any councillor who is a member of that group as to how that councillor shall speak or vote on any matter before the Council or any committee or sub-committee, or the application or threat to apply any sanction by the group in respect of that councillor should he/she speak or vote in any particular manner".

19. Procedure at Scrutiny Committee meetings

- (a) The Scrutiny Committees shall consider the following business:
 - (i) minutes of the last meeting;
 - (ii) declarations of interest (including whipping declarations);
 - (iii) consideration of any matter referred to the Committee for a decision in relation to call in of a decision;
 - (iv) responses of the executive to reports of the Committee; and
 - (v) the business otherwise set out on the agenda for the meeting.
- (b) Where the Scrutiny Committee conducts investigations (e.g. with a view to policy development), the committee may also ask people to attend to give evidence at meetings of the committee or its panels which are to be conducted in accordance with the following principles:

- (i) that the investigation be conducted fairly and all members of the committee be given the opportunity to ask questions of attendees, and to contribute and speak;
 - (ii) that those assisting the Committee by giving evidence be treated with respect and courtesy; and
 - (iii) that the investigation be conducted so as to maximise the efficiency of the investigation or analysis;
- (c) Following any investigation or review, the Committee shall prepare a report, for submission to the executive and/or Council as appropriate and shall make its report and findings public.

20. Proper Officer

Unless otherwise specified the “proper officer” for the purposes of the rules shall be the Head of Law and Governance.

APPENDIX 2

Scrutiny Coordinating Committee		
<p>To review and scrutinise the functions of the Council relating in particular to:</p> <ul style="list-style-type: none"> • The Budget • Corporate Plan • External assessments • Performance monitoring, quality standards and value for money • Property and facilities management • Information Technology • Organisational development • Workforce strategy • Governance • Customer service and communications. <p>To act as the designated scrutiny committee for statutory purposes for crime and disorder and flood risk.</p> <p>Where matters fall within the remit of more than one thematic scrutiny committee, to determine where the issue should be allocated.</p>		
Health & Wellbeing	Children, Education & Skills	Economic Prosperity
<p>To review and scrutinise:</p> <p>Any matter relating to the service performance, service provision and the commissioning of health services for adults and children including</p> <ul style="list-style-type: none"> • Adult social care • Mental health services • Public Health • Wellness • Decent Homes <p>To act as the designated scrutiny committee for statutory purposes for health</p>	<p>To review and scrutinise:</p> <p>Any matter relating to the service performance and commissioning for children, young people and their families including</p> <ul style="list-style-type: none"> • Safeguarding and child protection • Family support and children's social care • Corporate parenting • Educational attainment and skills • Relationship with schools • Youth Services 	<p>To review and scrutinise:</p> <p>Any matter relating to the economic prosperity of the city and the performance of services to support that including</p> <ul style="list-style-type: none"> • Physical Infrastructure • Sector Growth & Skills • Economic Vibrancy • Safer Sunderland • Licensing & Trading Standards • Strategic Transport • Environmental services • Libraries, heritage and tourism

WESTMINSTER BRIEFING: THE FUTURE OF HEALTH & WELLBEING BOARDS**REPORT OF THE HEAD OF SCRUTINY AND AREA ARRANGEMENTS****1. PURPOSE OF THE REPORT**

- 1.1 To provide an overview of the recent Westminster Briefing on the future of health and wellbeing boards held on 23 February 2016.

2. BACKGROUND

- 2.1 The Chair and Lead Member for Health, Housing and Adult Services, accompanied by a Scrutiny Officer, attended the Westminster Briefing on Tuesday 23 February 2016.

3. THE FUTURE OF HEALTH AND WELLBEING BOARDS: OVERVIEW

- 3.1 The Westminster Briefing focused on the future of Health and Wellbeing Boards (HWBs) which have become central to local health systems since their introduction but now face considerable challenges in the coming years. The briefing aimed to look at what can be done to develop local leadership, partnership working and community engagement that will ultimately improve health outcomes for everyone. The event panel were all highly experienced figures involved with many aspects of HWBs and included Professor Aliko Ahmed (Director – East of England, Public Health England), Cllr Daniel Yates (Chair, Brighton and Hove Health and Wellbeing Board), Anna Lynch (Director of Public Health, Durham County Council) and Dr Ian Orpen (Co-Chair, Bath and North East Somerset Health and Wellbeing Board).
- 3.2 Professor Aliko Ahmed represented Public Health England and provided a personal viewpoint on the future of HWBs. He gave a very brief recap of how HWBs had been established through legislation, the Health and Social Care Act 2012, and the general progress to date. At the crux of his presentation were 2 new policy drivers for HWBs in the shape of devolution and STPs (Sustainability and Transformation Plans) and what this meant for local HWBs. Professor Ahmed highlighted that devolution was generally based on local democratic leadership and accountability while STPs were place based plans built around the needs of the local population. It would be important for democratic leadership to have the legitimacy, executive leadership to have the feasibility and professionals to ensure credibility which would go to ensuring acceptability by the public and residents.

- 3.3 Cllr Jonathan McShane, Cabinet Member for Health, Social Care and Culture – London Borough of Hackney, explained as Chair of the HWB his experiences in Hackney. Cllr McShane highlighted the key components to an effective HWB which included committed leaders, shared purpose and tight focus, high quality support and a geography that works with a focus on place. In relation to the tight focus it was also noted that Hackney's HWB had reduced its main priorities to 4 issues namely dementia, obesity, mental health and smoking. Cllr McShane's presentation also acknowledged that there were a number of things that could get in the way including national initiatives that are not a priority locally, parallel power structures and regular changes in personnel. Cllr McShane did also recognise that an independent chair can help to create stability in the HWB. It was also noted that to create equality and inclusiveness each HWB meeting began with a briefing from Healthwatch.
- 3.4 Cllr Caroline Cooper-Marbiah, Cabinet Member for Adult Social Care and Health and also Chair of HWB – Merton Council, provided a presentation on tackling health inequalities and delivering prevention in challenging times. Some interesting points were raised around all members of the HWB being champions for the aspirations of the board and ensuring a wide 'buy-in' to the HWBs priorities. The importance of effective and on-going dialogue with local communities and people and the possibilities around social enterprises bridging some of the funding gaps were also highlighted.
- 3.5 There were a number of questions arising from the morning session and one of the key issues was around the challenge of getting other departments within a local authority to think about health and health outcomes. The importance of building bridges throughout an organisation to think about health and developing a health promoting council ethos were discussed.
- 3.6 There was also discussion around the fragmentation and lack of coordination, which had been witnessed by some present, within HWBs. This also raised the issue of the relationship between HWBs and Overview and Scrutiny functions. It certainly appeared that there was very little engagement between scrutiny and HWBs in many local authorities judged by the limited responses. Although it was acknowledged that some HWBs did appear at scrutiny committees on a six monthly basis, to provide an update on their work.
- 3.7 The afternoon session began with a presentation from Cllr Daniel Yates, Chair of Brighton and Hove Health and Wellbeing Board, which highlighted many of the positives about the HWB and also around the challenges that still remain. Cllr Yates made the point that HWBs had to be the public face of the health and care system and to support this Brighton and Hove HWB held a 30 minute question time at the beginning of each meeting to encourage and stimulate public involvement. It was also noted that one of the challenges that still remained was around the relationship between the HWB and the Overview and Scrutiny function. Brighton and Hove have

also amalgamated the Adult Social Care Committee into the HWB which means that there is a much broader agenda to facilitate.

- 3.8 Anna Lynch, Director of Public Health – County Durham, discussed how Durham had engaged with its local communities to improve local strategies. The HWB has a whole systems approach with the joint Health and Wellbeing Strategy being owned and valued by partners. Anna Lynch also commented that the HWB had a clear governance arrangement with Overview and Scrutiny through a memorandum of understanding. Also notable was the investment that had been made into children's engagement events to have the 'voice of the child' as an influence on the Health and Wellbeing agenda. There was also a clear voluntary and community sector involvement through the Community Wellbeing Partnership.
- 3.9 The final presentation of the day was from Dr Ian Orpen, Co-Chair - Bath and North East Somerset Health and Wellbeing Board, about the HWB experience in Bath and North East Somerset. Dr Orpen explained that relationships were fundamental to the successful operation of HWBs through the development of trust, communication and a shared vision. Progress in the HWB had seen the creation of Sirona Care and Health a community interest company providing community health and adult social care services. The HWB also had developed a comprehensive understanding of local need along with recognition of health and wellbeing as a core theme of the economic strategy. Dr Orpen also highlighted the Banes Wellbeing College a web based organisation providing information about, and delivering courses and activities to improve people's knowledge and assist in self-managing their health and wellbeing.

4. CONCLUSIONS

- 4.1 The variety of speakers from across the HWB landscape provided some interesting points and issues around the establishment, progress and future of HWBs. It was evident from many of the speakers that a clear commitment from both democratic and organisational leaders was a key aspect of any successful HWB. As well as this there was also a common thread of the importance of understanding the local need and ensuring the involvement of local communities and groups wherever possible. This has many benefits including promoting the HWB, developing relationships to assist in understanding that local need and providing an opportunity for local people to become involved in the health and wellbeing of their area.
- 4.2 The relationship between HWBs and Overview and Scrutiny functions varied greatly with some HWBs still struggling to understand the nature of the relationship. Noticeably throughout the day there was a clear recognition of the importance of overview and scrutiny and a willingness to engage but in many cases this was as far as it had gone. It should be noted that similar to Durham's memorandum of understanding, a health protocol was developed by scrutiny in Sunderland for engagement with HWBs.

- 4.3 Clearly there are still many challenges that face HWBs including the uncertainty of funding and the continued spending reductions faced by many public bodies. The importance of HWBs understanding their locality, engaging with local communities and being that public face of health and wellbeing will be at the very centre of any future development of HWBs.

5. RECOMMENDATIONS

- 5.1 It is recommended that the Scrutiny Committee notes the feedback from the Westminster Briefing.

6. BACKGROUND PAPERS

Westminster Briefing Paper February 2016

Contact Officer: Nigel Cummings, Scrutiny Officer
0191 561 1006
Nigel.cummings@sunderland.goc.uk

NOTICE OF KEY DECISIONS

**REPORT OF THE HEAD OF SCRUTINY AND AREA
ARRANGEMENTS**

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 23 February 2016.

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 23 February 2016 is attached marked **Appendix 1**.

3. CURRENT POSITION

- 3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee or relevant Scrutiny Panel could make a contribution which would add value prior to the decision being taken.
- 3.2 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions for the 28 day period from 23 February 2016.

5. BACKGROUND PAPERS

- Cabinet Agenda

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

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
160215/51	To seek approval to review school places for pupils with autism.	Cabinet	Y	23 March 2016	N	Not Applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
160215/52	To seek approval to procure Family, Adult & Community Learning provision for 2016/17.	Cabinet	Y	23 March 2016	N	Not Applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
160215/53	To agree proposals to set up a cultural company between Sunderland City Council, Sunderland University and Sunderland Music, Arts and Culture (MAC) Trust.	Cabinet	Y	23 March 2016	N	Not Applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
160215/54	To seek approval for admissions arrangements for schools for the academic year 2017/18.	Cabinet	Y	23 March 2016	N	Not Applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
160215/55	To seek approval for the revised Discretionary Housing Payments Policy and Scheme.	Cabinet	Y	23 March 2016	N	Not Applicable	Cabinet Report and associated appendices	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
160215/56	To seek approval for the revised Local Welfare Policy and scheme changes for 2016/17.	Cabinet	Y	23 March 2016	N	Not Applicable	Cabinet Report and associated appendices	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
160210/57	To seek approval of Sunderland Local Plan: Core Strategy - Growth Options for public consultation.	Cabinet	Y	23 March 2016	N	Not Applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
160211/58	To consider the implications of the The Energy Performance of Buildings (England and Wales) (Amendment) (No.2) Regulations 2015.	Cabinet	N	23 March 2016	N	Not Applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
160222/60	To consider the devolution proposals for the North East Combined Authority (NECA) and the establishment of the NECA as a Mayoral Combined Authority.	Cabinet	Y	23 March 2016	N	Not Applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
160104/48	Freehold Acquisition of 2 properties to provide children's services accommodation.	Cabinet	Y	20 April 2016	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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

Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

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

Who will decide;

Cabinet; Councillor Paul Watson - Leader; Councillor Henry Trueman – Deputy Leader; Councillor Mel Speding – Cabinet Secretary; Councillor Pat Smith – Children’s Services; Councillor Graeme Miller – Health, Housing and Adult Services; Councillor John Kelly – Public Health, Wellness and Culture; Councillor Michael Mordey – City Services; Councillor Cecilia Gofton – Responsive Services and Customer Care

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

Elaine Waugh
Head of Law and Governance

23 February 2016

SCRUTINY COMMITTEES WORK PROGRAMMES FOR 2015-16

REPORT OF THE HEAD OF SCRUTINY AND AREA ARRANGEMENTS

1. PURPOSE OF THE REPORT

- 1.1 The report attaches, for Members' information, the variations to the shadow Scrutiny Committee work programmes for 2015/16 and provides an opportunity to review the Committee's own work programme for 2015/16.
- 1.2 In delivering its work programme, the Scrutiny Committee will support the council in achieving its Corporate Outcomes.

2. BACKGROUND

- 2.1 The role of the Scrutiny Committee is two-fold, firstly it has a role in co-ordinating efficient business across the shadow Scrutiny Committees and manage the overall Scrutiny Work Programme and secondly to consider the Council's corporate policies, performance and financial issues.
- 2.2 The aim of its co-ordinating role is to avoid duplication, make best use of resources and to provide a corporate overview of the scrutiny function. As such the remainder of this report outlines the current work programmes of the shadow Scrutiny Committees.

3. SHADOW SCRUTINY COMMITTEE WORK PROGRAMMES

- 3.1 **Appendix 1** sets out the shadow Scrutiny Committee work programmes. Each shadow Scrutiny Committee now receives its own work programme in full each month in order to review progress.

4. SCRUTINY COMMITTEE'S WORK PROGRAMME

- 4.1 **Appendix 2** outlines this Committee's full work programme for the year, updated to reflect new additions and amendments requested by Committee as the year has progressed.

5. RECOMMENDATION

- 5.1 That the Committee notes the variations to the shadow Scrutiny Committee Work Programmes for 2015-16 and to its own work programme.

Contact Officer: Nigel Cummings, Scrutiny Officer
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REASON FOR INCLUSION	JANUARY	FEBRUARY	MARCH	APRIL	RECESS	JUNE	JULY	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Policy Review & Development	Key Cities (JD/Andrew Perkin)	Key Cities Workshop (Andrew Perkin/Nicola Morrow)	Policy Reviews								
Performance / Service Improvement			Business Improvement District (Ken Dunbar)	Tall Ships Race 2018 - Preparations							
Policy Framework											
Consultation	Local Flood Risk Management Strategy Paul Armin)										
Information / Awareness Raising	Background and Remit of New Committee (JD) Work Programme	Forward Plan Work Programme	Forward Plan Annual Report Work Programme	Forward Plan							
Members' items											
Call in											

REASON FOR INCLUSION	21 ST JANUARY ¹	25 TH FEBRUARY	17 TH MARCH	28 TH APRIL	RECESS	JUNE	JULY	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Policy Review & Development			Children & Young People's Mental Health (KB)	Child Poverty (KB)							
Sunderland Safeguarding	Improvement & Learning Plan Monitoring Progress (SW)	Improvement & Learning Plan Monitoring Progress (AG)	Improvement & Learning Plan Monitoring Progress (AG)	Improvement & Learning Plan Monitoring Progress (AG)							
Performance / Service Improvement			SEND Implementation (AP)	Children's Services Complaints (MD)		Children's Services Complaints (MD)	Corporate Parenting Annual Report (MB)	Children's Services Complaints (MD)			
Schools' Performance		Schools Final Results (BS)									
Policy Framework				Education & Skills Strategy		Youth Justice Plan (AC)	Children & Young People's Partnership Plan (PS)	Education & Skills Strategy			
Consultation											
Information / Awareness Raising	Remit of Committee (KB) Councillors role in children's scrutiny (SW)										
Members' items											
Call in											

¹ Membership for informal meetings Cllrs Darryl Dixon (Chair), Debra Waller, Anthony Farr, Bob Francis, Karen Waters, Victoria O'Neil, Doris MacKnight, Jacqui Gallagher, Philip Tye

REASON FOR INCLUSION	20 JANUARY DL 11 JAN	25 FEBRUARY DL 16 FEB	24 MARCH DL 15 MAR	25 APRIL DL 14 APR	RECESS	JUNE	JULY	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Cabinet Referrals and Responses											
Scrutiny Business	Progress on Review Breast Services Update (CCG) Notice of Key Decisions	Final Evidence Gathering Notice of Key Decisions	School Nursing Suicide/Self-harm Healthwatch Draft Final Report Notice of Key Decisions	Notice of Key Decisions		Extra Care Housing – Update Notice of Key Decisions	CCG Operational Plan 16/17 Notice of Key Decisions	Notice of Key Decisions	Care and Support Annual Update Notice of Key Decisions	Notice of Key Decisions	Safer Sunderland Partnership Annual Report Notice of Key Decisions
Performance / Service Improvement											
Policy Framework											
Consultation											
Information / Awareness Raising	Remit of the Health and Wellbeing Scrutiny Committee		Conference Feedback								
Members' items	Work Programme 15-16	Work Programme 15-16	Work Programme 15-16	Work Programme 15-16		Work Programme 15-16	Work Programme 15-16	Work Programme 15-16	Work Programme 15-16	Work Programme 15-16	Work Programme 15-16
Call in											

REASON FOR INCLUSION	25 JUNE D/L 16.06.15	16 JULY D/L 07.07.15	10 SEPTEMBER D/L 01.09.15	8 OCTOBER D/L 29.09.15	5 NOVEMBER D/L 27.10.15	3 DECEMBER D/L 24.11.15	14 JANUARY D/L 05.01.16	11 FEBRUARY D/L 02.02.16	10 MARCH D/L 02.03.16	14 APRIL D/L 05.04.16
Cabinet Referrals and Responses	Youth Justice Plan 2015/16 Revenue Budget Outturn for 2014/2015 and First Revenue Review 2015/2016 Capital Programme Outturn 2014/2015 and First Capital Review 2015/2016 including Treasury Management	Portfolio Holder Response to Policy Reviews 2014/15	Portfolio Holder Response to Policy Reviews 2014/15		Proposal for Budget Consultation 2016/17 Budget Planning Framework 2016/2017 and Medium Term Financial Strategy 2016/2017 – 2018/2019 Capital Programme Second Review 2015/16 Revenue Budget Second Review 2015/2016 Gambling Act 2005 Licensing Act 2003		Annual Audit Letter Revenue Budget 2016/17 Proposals Revenue Budget Third Review 2015/16 Capital Programme - Third Capital Review 2015/2016, Provisional Resources 2016/2017 And Treasury Management Review 2015/2016 SSGA Draft Supplementary Planning Doc & SSGA Delivery Plan	Collection Fund 2015/16 Capital Programme 2016/2017 and Treasury Management Policy and Strategy 2016/2017 Revenue Budget and Proposed Council Tax for 2016/2017 and Medium Term Financial Strategy 2016/2017 to 2018/2019		
Scrutiny Business	Extra Care Housing Membership of Scrutiny Panels Commissioning the Annual Scrutiny Work Programme 2015/16 CIPS Annual Conference Feedback Notice of Key Decisions	Corporate Parenting Annual Report CCG Operational Plan 15/16 Commissioning the Scrutiny Panels 2015/16 Notice of Key Decisions Scrutiny Work Programme 2015/16	Sunderland Safeguarding Update CQC GP Practice Visits (CCG) CYP Community Services – Update (CCG) Notice of Key Decisions Scrutiny Work Programme 2015/16	Sunderland APMS Procurement (CCG) Care and Support - Annual Update Extra Care Housing Notice of Key Decisions Scrutiny Work Programme 2015/16	Notice of Key Decisions Scrutiny Work Programme 2015/16	Review of Scrutiny Safer Sunderland Partnership Annual Report CQC GP Practice Visits (CCG) Monitoring the Delivery of Scrutiny Recommendations Notice of Key Decisions Scrutiny Work Programme 2015/16 Scrutiny Member Development	Council Annual Complaints Report School Performance (Provisional Results) Breast Services Update (CCG) Notice of Key Decisions Scrutiny Work Programme 2015/16	NECA – Proposed Devolution Agreement & Elected Regional Mayor Notice of Key Decisions Scrutiny Work Programmes 2015/16	The Prevent Duty Quality Improvement Framework & Care Home Market Update Sunderland Care and Support - Update Constitutional Changes - Scrutiny Notice of Key Decisions Scrutiny Work Programmes 2015/16	Annual Monitoring the Delivery of Agreed Scrutiny Recommendations Draft Final Policy Review Reports Scrutiny Annual Report Notice of Key Decisions Scrutiny Work Programmes 2015/16
Lead Scrutiny Member Update		Lead Scrutiny Member Update	Lead Scrutiny Member Update	Lead Scrutiny Member Update	Lead Scrutiny Member Update	Lead Scrutiny Member Update	Lead Scrutiny Member Update			
Substantial Variations to Service - Health										

CCFA/Members items/Petitions										
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