

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

**Meeting to be held in the Civic Centre (Committee Room No. 1) on
Wednesday 11th March, 2020 at 5.30 pm**

Membership

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

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

3rd March, 2020

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 5th FEBRUARY, 2020 at 5.30p.m.

Present:-

Councillor D. Dixon in the Chair

Councillors Cunningham, Davison, Heron, Leadbitter, N. MacKnight, Mann, McClennan and McDonough

Also in attendance:-

Mr. Mark Cotton – Assistant Director of Communications and Engagement, North East Ambulance Services

Ms. Deborah Cornell – Head of Corporate Affairs, Sunderland CCG

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

Ms. Ruth Frostwick – Locality Commissioning Manager, Sunderland CCG

Mr. David Gallagher – Chief Operating Officer, Sunderland CCG

Dr. Fadi Khalil – Medical Director, All Together Better

Ms. Helen Ray – Chief Executive, North East Ambulance Services

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

The Chairman opened the meeting and introductions were made.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Butler and O'Brien

Minutes of the last meeting of the Committee held on 8th January, 2020

Councillor McClennan referred to paragraph three of the minute for Managing the Market and stated that it did not fully reflect the comments she had made and that it should be duly amended to read:-

‘Councillor McClennan referred to recent, well publicised figures for male on male rape and sexual assault, which highlighted that 1 in 6 men would suffer in this way. She asked if the Council provided help for these victims under the domestic violence services or other services.’

And it was:-

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 8th January, 2020 (copy circulated) be confirmed and signed as a correct record subject to the amendment as set out.

Declarations of Interest (including Whipping Declarations)

Item 4 – Ambulance Performance Update

Councillor MacKnight made an open declaration in the above item as he was employed by one of the CCG organisations which commissioned services for the North East Ambulance Services.

Ambulance Performance Update

The Assistant Director of Communications and Engagement for North East Ambulance Service submitted a report which attached a presentation for Members information.

(for copy report – see original minutes)

The Chairman welcomed and introduced Mr Mark Cotton, Assistant Director of Communications, North East Ambulance Service (NEAS) who provided the Committee with a detailed presentation covering a wide range of issues including:

- Ambulance resources across the South Tyne area;
- How the service was performing;
- The key drivers on performance; and
- The national picture.

Mr Cotton also drew members attention to the updated figures in the presentation to that which was included in their agenda packs which gave a more up to date view of the current position.

(for copy presentation – see original minutes)

Councillor McDonough referred to the changes in vehicle numbers and asked if it was not counterproductive to reduce the number of rapid response vehicles which may be a more responsive, low resource vehicle than the two crew ambulances which were increasing in number. Ms. Ray advised that the operational thinking behind it was that when a rapid response vehicle was used it had been found that should the patient require moving then the ambulance would also need to be called out to transport them, which then saw double the resource being used. The service needs to ensure that they had the right level of vehicle suitable for the most patients. In the instance of low acuity, C3 and C4 patients could continue to use the rapid response vehicles. Ms. Ray advised that this was an area which was consistently refreshed and reviewed to ensure that the service met the need.

In response to a further question from Councillor McDonough as to why figures were not improving if there were more paramedics being recruited, Ms. Ray drew Members attention to the slide entitled 'improving overall response'; and explained that coming into the winter months the commissioners had supported the service with further investment; these funds had been invested into frontline staff support, mainly through third party providers, and the figures showed that when the services were resourced to the right level, they were able to respond to all patients in a timely

and efficient manner. There remained a staffing gap and they were aware that they needed to pitch to the commissioning teams that the extra resource was required but other areas of the health economy would also be making the same requests for extra funding in their area.

The Chairman commented that residents of the city saw that there had been an increase in resources for the service, more ambulances on the road and a brand new accident and emergency department but waiting times and turnaround times were not improving. He referred to NEAS having become the cheapest ambulance service in the country and asked why this was and stated that he was sure residents would much rather see the service spending more and being ranked the best. Ms. Ray advised that there was a gap of some £12million between NEAS and the next nearest ambulance trust so there was still a level of investment required. Commissioners advise that they have to work to get a real balance, for example, if turnaround times for ambulances were better it could see five more vehicles on the road regionally, but it was difficult as the hospital continues to face an ever increasing problem with an ageing and sicker population with lower life expectancy.

Councillor McDonough commented that the turnaround times for the ambulances was a key issue to address but not a new problem and asked what they were looking to do differently to see improvements. Ms. Ray advised that one of her roles was also Chairman of the Urgent and Emergency Care Network Group and that over the last three months they had refreshed all of their plans into a matrix framework. Members were advised that the problem arose once the patient arrived at the accident and emergency department and that the only hospitals in the area who did not suffer the same issues were Newcastle and North Tees. They were looking at best practice from other areas, whilst also looking at community models and initially expanding the provision of an emergency operation centre, getting clinicians to work in other ways, which in turn could free up ambulance crews; although there was some work to be undertaken to configure these services. Ms. Ray advised that hospitals were now also being challenged to raise the number of bed spaces available as it was recognised that they required more capacity in hospitals. These changes and more investment into adult social care services would help towards alleviating current pressures on services.

Councillor McClennan shared her concern that the presentation given to them had been based around spreadsheets, graphs and figures and commented that it should not be forgotten that they were referring to patients and people who were not just numbers.

Councillor Davison sought an explanation around the significant increase in vehicles and was advised by Mr. Cotton that the slides show that there will now be 112 two crew vehicles on the road where there had previously only been 74. In relation to Sunderland specifically, he advised that of the new two crew vehicles five would be in the Sunderland area, with one not working between the hours of 00:00 and 08:00am as there was not the demand for it. Ms. Ray explained that none of the vehicles were going out of commission but that they were looking to work different hours to better suit the needs of the area.

In response to a further question from Councillor Davison around the maintenance of vehicles and how often they were off road, Ms. Ray advised that there was a rolling stock of vehicles so that vehicles could be taken off road regularly for maintenance, repair and upgrade where necessary. Ms. Ray also advised that they had reserve

vehicles available so if a vehicle went out of commission whilst on shift the maintenance team could take a replacement vehicle to the crew so that they could carry on providing the service whilst the team dealt with the issues with the original vehicle.

When asked for an explanation of the conveyance rate, Ms. Ray advised that it was those times when a patient was transported by ambulance but not to hospital, so possibly to a GP, an urgent treatment centre or care home, etc.

Councillor Heron referred to turnaround times of ambulances and felt that it was ambitious for an ambulance crew to deliver a patient to accident and emergency and then restock and clean the vehicle in the thirty minute target. Ms. Ray advised that it was felt that this was more than enough time if the patient was able to be admitted to the emergency department but that this was where the hold up could be due to the pressures the department may already be under at that time. She told the Committee that the service were quite unique in that they never left a patient on the ambulance and that this was down to good relationships with the hospitals. Patients were kept within the emergency departments until they could be admitted so that they were always visible to staff and the hospitals were brilliant in supporting them with this.

When asked where the community paramedics would be located, Ms. Ray explained that they would rotate in a particular area. Berwick currently had a similar service and it was felt that it worked well in rural areas where staff could work between GP surgeries, the ambulance service, the patient's home, etc. It offered the staff better career opportunities and progressions and team work and they were keen to look at how to run a similar scheme in the urban environment.

In response to a question from Councillor Mann as to how categories were assigned to patients and what the key drivers for classification were, Ms. Ray explained that the majority of patients were assigned a category when they dialled into either 999 or the 111 service. NEAS had a co-located team so that all calls came into the same service and were given the same treatment through the same national triage system. The Committee were advised that the call handlers were not clinicians, although they were very highly trained, but they had access to clinical teams so that if they were unsure as to how to categorise a patient they could pass the call on to them for re-screening. If the response time was not going to be met by the ambulance and crew, call handlers were open and honest with the patient and they were provided with thirty minute call-backs to ensure that the patient did not deteriorate whilst waiting. If, for any reason the call-back was not answered then a patient would be automatically upgraded in category so that a team were dispatched to them sooner.

The Chairman referred to the demanding and high pressured work environment for staff and asked if there were high levels of absence rates, and if these had any impact on performance. Ms. Ray commented that they were aware of the high pressure environment that staff worked in, both ambulance personnel and call handlers and advised Members that they had good occupational health support for staff. They were currently running at 7% sickness rate with a target of 5% so it was higher than they were aiming for. The Committee were informed that they had worked on the sickness policy over the last few months and how better to manage sickness absence. It was felt that staff absences did not have a knock on effect on issues such as turnaround times as they looked to backfill posts to maintain staff

levels so that there were enough people available to cover some sickness, training / development days and/or annual leave.

There being no further questions or comments, the Chairman thanked Mr. Cotton and Ms Ray for their presentation, and it was:-

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

End of life Care – Update

The Sunderland Clinical Commissioning Group (SCCG) submitted a report to provide the Committee with an update on the SCCG End of Life Care Strategy.

(for copy report – see original minutes)

Dr. Khalil, Medical Director, All Together Better and Ms. Frostwick, Locality Commissioning Manager, Sunderland CCG, gave a presentation to the Committee which provided an update on the developments with regards to the end of life strategy which had been developed by the CCG in consultation with stakeholders.

The presentation provided an overview of end of life care in Sunderland and set out targets and outcomes, alongside what had been achieved to date and expectations for future work areas.

(for copy presentation – see original minutes)

In response to a query from Councillor MacKnight as to the work with care homes, following on from the vanguard areas which were introduced, Dr. Khalil advised that each care home was now aligned to their own GP service, who carried out regular visits within the care homes. Advance care plan practices had been introduced in the care homes and they were seeing evidence of improvements being made. There was an issue due to the turnover of staff within care homes but this would always be a challenge that had to be addressed due to the nature of the job.

With regards to training, the Committee were informed that trainers now went into the care homes to give staff presentations and homework and there were files kept for audit which held staff accreditations and details of any training members of staff had undertaken.

Councillor Heron referred to the links with GP's and care homes and stated that residents could also continue to access the work and support provided by Marie Curie and MacMillan nurses as they did in the Coalfields area. Ms. Frostwick agreed that they played a massive part in the support provided to residents in care homes and advised that they would be included in workstreams going forward.

Councillor McClennan referred to the palliative care register and asked how old a patient had to be to be added to the register and was informed that the register did not have age restrictions and that any patient who has a potentially terminal disease would be added to the register. In a follow up question, Councillor McClennan asked if a patient could request to be added to the register and was advised that they could not but that should their care plan indicate that they were receiving palliative care,

i.e. nearing the end of life, then they would be added to the register and rag rated in line with their diagnosis.

Councillor McClennan commented on the numbers of deaths which took place away from care homes, Sunderland being the lowest in the North East and lower than the national average, and asked if they had looked at the possible reasons for this, i.e. could it be due to the paperwork that care homes would have to complete in those instances or if it could be the potential damaging impact on a care home's reputation? She also referred to the Gold Standard Framework for care homes and asked if they had looked at offering a financial incentive to business owners to be accredited at gold standard and Dr. Khalil advised that there was one in place and that there were also incentives attached to some training standards. He advised the Committee that they had provided additional extra resources into care homes and now provided a more experienced nurse to carry out a weekly visit to oversee and support training as well as providing a nurse adjudicator role and it was about all parties working together. He explained that a lot of improvements had been made and they were continuing to see improvement in the sector.

Councillor Davison raised concerns over the choice that patients were given as to their place of death, and as to how patients die, especially when admitted to hospital where they could be deprived of some basic rights. She did not feel that how a patient died should be standardised and asked what choice a patient with a terminal illness had in how their end of life care was provided. Dr. Khalil explained that a standard would mean that every patient had an end of life care plan, not that one plan would be suitable for all patients, and that the weekly visit from the GP would help in establishing that plan. The patient's individual choices would all be included within their plan and would not be dictated to them by any clinician but they would need to know that the patient would have the relevant people around them at the time to support them.

Dr. Khalil went on to agree that hospital was not the place for patients to go to die but advised that it did happen and that at times patients and families may feel that they did not get the level of support that they needed at that time. He felt that this was not due to hospital staff not trying their best but that it was simply not the best place for their end of life care. Councillor Davison reiterated her grave concerns over the treatment she was aware some patients had received, whereby it had not been in line with the choices of the family or patient and commented that she had seen better practices in other neighbouring authorities.

In response to a query from Councillor Mann around the figures in relation to whether families had received different end of life experiences than what was the patients preferred options, Ms. Frostwick explained that this information had not previously been collected, although they were gathering the data now and advised that this could be analysed and further information provided once it was available.

Councillor Mann referred to patients that needed adaptations to be made to care homes before they could be transferred there from hospital and possible delays this may cause and was informed by Dr. Khalil that they did not find that this was as much of an issue as it may have been previously. He explained that there were separate assessment processes now, and that the trust assessment would ensure that any alterations that would need to be made to accommodate the patient were done without delay. He assured the Committee that if they did encounter delays nowadays that they were not of a magnitude to cause concern.

Councillor Dixon asked if the end of life strategy arose from the assessment of population need; which would include the ageing population, those with multiple conditions and those with dementia and queried how population need was measured. Dr. Khalil advised that they knew the demographics of the population and were aware of how palliative care was provided to patients, with most of the care being aged related, and advised that it was very much provided in a multitude of ways that best fit the specific patient. Advance care planning was working towards providing a more integrated service for the patient but there was still a lot of work to be done to continue seeing improvements. He commented that difficult discussions had to be had with patients and family members that they were not always happy with but these discussions needed to be open and frank so that the population begin to understand what the real issues were.

Councillor Cunningham referred to service users and carers and asked how they were involved in the planning, developing, monitoring and evaluation of end of life care services and was informed by Dr. Kahlil that there had been a tendency to focus on quantitative information in the past and they had not been as good as documenting the quality received but advised that there was some university research now being undertaken on the quality of end of life care. He advised Members that they did receive a lot of anecdotal information after a patient had passed away which was an almost informal, soft level of feedback but agreed that this was an area of information gathering which was missing at the moment.

In response to a query from Councillor Cunningham as to whether any consideration had been given to local public awareness plans or campaigns around the issues of death, dying and bereavement, Ms. Frostwick advised that there were national campaigns which the services promoted such as the Dying Matters awareness week whereby the issue of care plans and making wills were discussed but there was a need to provide more. Councillor MacKnight advised of a death café which he was aware was ran by palliative care nurses which helped patients think in a different way about end of life care and helped to share relevant information with them in a relaxed environment.

Councillor Leadbitter commented that she was pleased to hear that more help was going into helping residents stay in care homes and stated that a lot of residents saw the care home as their own home and would wish to stay there; but could understand how families and relatives may think otherwise in the patient's final days. Ms. Frostwick agreed and advised that they looked to provide care homes with as much support as they could and they could see that the attitude and approach in care homes and with staff was changing in light of this.

Councillor McDonough went on to comment that often families may feel that their relative would only get the care they needed in hospital and not in their care home or that patients had a sense of safety when admitted to hospital and it was about how to address those attitudes towards thinking differently. Ms. Frostwick commented that part of the discussions that were being had with patients when preparing their end of life care packages was around what could be offered to support them in feeling less scared and vulnerable and what care they could receive in the best environment for themselves.

The Chairman thanked Dr. Khalil and Ms. Frostwick for their report and informative presentation and asked if an example of an end of care plan could be shared with the Committee for their information and, it was:-

3. RESOLVED that the information provided in the presentation be received and noted.

Annual Work Programme 2019/20

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

(for copy report – see original minutes)

Councillor MacKnight referred to the Urgent Care item expected at the next meeting of the Committee and requested that some information be provided in relation to a couple of incidents he was aware of. Firstly, a family member had been offered to attend the centres at either Pallion or South Tyneside, when they lived 400 metres from the Hetton centre as there had been no minor illness or GP access slots available. He asked if information could be provided on the number of appointments that were available at centres and the percentage of service utilisation within his report. Mr. Gallagher advised that this information could be provided but commented that should there be specific incidents the Councillor wished to raise with him outside of the meeting he could look into those directly.

There being no further comments, it was:-

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

Notice of Key Decisions

The Strategic Director of People, Communications and Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 13 January, 2020.

(for copy report – see original minutes)

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

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

(Signed) D. DIXON,
Chairman.

Urgent Care Strategy Delivery Update

Report of the Chief Officer Sunderland CCG

1. Purpose of Report

- 1.1 The purpose of this report is to update Sunderland Health and Wellbeing Scrutiny Committee (OSC) on the progress of the delivery of the Urgent Care (UC) strategy/reform program in Sunderland.

2. Urgent Care Delivery Update

Recovery at Home (RaH) Service

- 2.1 From November 2018 the RaH service continues to provide a 24/7 Nurse and GP home visiting across the city with no significant issues reported. The service continues to provide patient care in their own home avoiding hospital admission.

Sunderland Extended Access Service (SEAS)

- 2.2 The full SEAS service has successfully been in place from the 1st August 2019 with the addition of minor injury provision within Houghton and Washington sites.
- 2.3 The service continues to work with local practices across the city to ensure a consistent offer of extended access appointments provided by practices to patients, as well as the 111 service.
- 2.4 Service utilisation rates are regularly monitored to review utilisation across the five hubs including minor injuries. A high-level summary of utilisation rates and those relating to injury are summarised below:

- **Service Utilisation;** The service is currently working towards offering 4,000 GP appointments per month. In January 2020 3,909 appointments were offered across the five locality hubs. From August 2019 the average utilisation of the service is 74%. This is higher on a weekday (89.2%) and lower at weekends (62%), with Sunday being the lowest utilised day. There continues to be issues regarding 'failed to attend' appointments within the service with an average of 250 appointments per month where patients are not attending their allotted appointment.
- **Injury Utilisation:** Between October 2019 and January 2020 SEAS has reported low levels of minor injury activity across both Houghton and Washington sites. Injuries can include conditions such as bite, sting, strain or sprains.

Based on X-ray utilisation there is an average of three X-rays per week taking place across both Houghton and Washington sites. Please note that on a number of occasions a person may have more than one X-ray at a time, therefore the numbers are potentially less for patient injury activity.

To support minor injury provision at Houghton and Washington hubs, radiographers have been available from August 2019 to support minor injury service provision on both sites. X-ray demand during this period has resulted in 80% underutilisation of radiology capacity at Houghton and 89% at Washington, therefore not the best use of radiology resource across the Sunderland system.

Radiology is a finite resource and based on these findings, Sunderland All Together Better (ATB) Urgent and Intermediate Care Program, approved for this resource to change from 1st March 2020. This underutilised resource will now be delivered across a number of services within the Sunderland system, whom are currently experiencing pressures.

From 2nd March 2020 SEAS will continue to see minor injury and illness patients; however, those requiring an X-ray following a 111 or GP practice assessment will be directed straight to the UTC, ED and or fracture clinic depending on the type of injury. For those patients whom may access SEAS with an injury that requires an X-ray following assessment, exceptional circumstance, patients will be offered a planned X-ray the next day via the GP radiology open access service or transported to the UTC, ED and or fracture clinic depending upon the type of injury

Urgent Care Centre Configuration

- 2.5 In line with the UC strategy Houghton and Washington Urgent Care Centers (UCCs) were safely and successfully changed in August 2019 and Bunny Hill on 29th November 2019 with no significant issues reported.

Urgent Treatment Centre (UTC) Implementation

- 2.6 Pallion UCC changed on 29th November 2019 with successful delivery of the UTC from 1st December 2019 with no significant issues.
- 2.7 The car park continues to provide improved access to patients and as expected initial teething issues have become less and less.
- 2.8 The patient 'walk around' identified positive feedback regarding amends to the building and will continuously be reviewed as the service embeds.
- 2.9 Assessment and treatment rooms were identified by patients to be a good size, well equipped and provide enough space for patients, including those with wheelchairs. An additional two rooms have been secured to support patient flow through the service.
- 2.10 The service currently performs at 96% to see, treat and manage patients within the four-hour standard. This has been a great achievement for the service to ensure successful mobilisation of the new service whilst ensuring patients are seen, treated and managed within the service quality standards.

System Minor Injury and Illness Activity

- 2.11 Following the change of Houghton and Washington UCCs on the 1st August 2019 and Bunny Hill on the 1st December, weekly activity reviews have been in place to monitor patient flow across the city. Activity to date, from 1st December 2019, as of 26th February 2020 has seen a reduction of minor illness and injury activity (type three) by 50% thus is on trajectory to deliver the predicted activity modelling

identified within the Urgent Care (UC) strategy business case. Notably, type one activity for adults in children over the same time period has shown a 4% reduction.

3. Next Steps for Urgent Care Transformation

- 3.1 Upon delivery of the UTC model on the 1st December 2019 at Pallion, the ATB via Program Four (Urgent and Intermediate Care) are working together to continuously improve the urgent and emergency care system across the city.

4. Recommendation

- 4.1 That the Health and Wellbeing Scrutiny Committee notes the update provided within the report and highlight any key areas for consideration within the final stages of the delivery of the Urgent Care strategy.

**Contact Officer: Natalie McClary - Program Manager ATB Program Four
 Sunderland CCG**

ANNUAL REPORT

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. Purpose of the Report

- 1.1 To approve the Health and Wellbeing Scrutiny Committee report as part of the overall scrutiny annual report 2019/20 that is to be presented to Council.

2. Background

- 2.1 As in the previous 2018/19 municipal year the annual report will be a single combined report of all seven scrutiny committees. The annual report will outline the development in the scrutiny function and provide snapshots of the outcomes achieved during the last 12 months.

3. Current position

- 3.1 The proposed Health and Wellbeing Scrutiny Committee report is attached at **appendix 1** for member's consideration. The report provides a very brief snapshot of some of the main work undertaken by the committee during 2018/19. It should be noted that the report is written from the perspective of the Chair of the Committee reflecting over the year.
- 3.2 Some of the main themes covered in the annual report revolve around the following issues:
- Oral Health
 - Maternity Services
 - All Together Better Alliance
 - GP Commissioning Strategy
 - Urgent Care Mobilisation.

4. Conclusion

- 4.1 The Committee has delivered another ambitious work programme in 2019/20, which is reflected in the annual report. The Health and Wellbeing Scrutiny Committee has worked well with Council Directorates, stakeholders and partner organisations to deliver the work programme and the committee has tackled a number of key issues throughout the year and looked to work with officers and stakeholders to provide solutions and improvements to services delivered across the city.

5 Recommendation

- 5.1 That Members approve the Health and Wellbeing Scrutiny Committee report for inclusion in the Scrutiny Annual Report 2019/20.

6. Glossary

n/a

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APPENDIX 1: ANNUAL REPORT

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Chair: Cllr Darryl Dixon

Vice-Chair: Cllr Jack Cunningham

Committee Members: Councillors Michael Butler, Ronny Davison, Michael Essl, Juliana Heron, Shirley Leadbitter, Neil MacKnight, Pam Mann, Barbara McClennan, Dominic McDonough and Stephen O'Brien.

I am very pleased to be able to report on the work of the Health and Wellbeing Scrutiny Committee following another very busy year. The Committee have delivered an ambitious work programme that has seen discussion and challenge on a range of topics and issues.

One of the major pieces of work undertaken by the Committee was in relation to oral health in Sunderland. The review aimed to look at the state of oral health in Sunderland and the current interventions available to improve oral health in the local population. The review was conducted over an extensive 6-month period and involved over 20 witnesses giving evidence to the committee. This included representatives from Public Health England, Health Education England, British Fluoridation Society, UK Freedom From Fluoride Alliance and local and regional dental professionals.

The Committee acknowledged that oral health was extremely important in terms of eating, talking and being an influencing factor in our social lives, careers and relationships. Members also identified poor oral health being linked to gum disease, heart disease, premature birth and even knee arthritis. Sunderland continues to perform poorly compared with neighbouring authority areas. The Committee's review recognised that an oral health strategy for the city was key in determining interventions and the promotion of clear and concise oral health messages.

As part of the review we looked at several interventions including water fluoridation, where there were arguments fully supporting the use of Community Water Fluoridation Schemes as a way of addressing the inequalities in oral health. The Committee also recognised a number of conflicting arguments against its use on grounds of safety and the removal of choice for the population.

The Committee have put forward a series of recommendations from this review that aim to help support the improvement and promotion of oral health across Sunderland.

Following the changes to maternity services at Sunderland Royal Hospital, as part of the Path to Excellence programme, Members were interested to see how services were being delivered since the implementation of the revised service model. The Committee invited staff from the obstetrics and gynaecology department of the South Tyneside and Sunderland NHS Foundation Trust to provide this update.

The committee heard that the scale of the change had been challenging but induction processes, staff forums and external assessments had helped staff adapt to the changes. Members also looked at birth rates in both hospitals and the benefits of the new maternity hub. An important aspect of the scrutiny function is its monitoring role on service developments, particularly those that they have been actively involved in scrutinising. The Committee are clear on the importance of the continued monitoring of revised services to ensure that services changes are performing as expected and any issues are being addressed.

The Committee has continued to receive regular progress updates on the care and support provider market, providing a clear picture of current and on-going issues within the care home market in Sunderland. Members have discussed issues ranging from domestic abuse services, future service demands and independent advocacy service. As Members, we continue to build our knowledge and understanding of the key issues facing the sector and continue to seek assurances on how the Council works with partners and providers to tackle key challenges.

The previous annual report centred on the revision of urgent care services and the committee have continued to monitor the mobilisation phase throughout the year. Members have received updates on the recovery at home service, the extended access service and the urgent treatment centre implementation. Members raised issues around car parking, travel and transport and the operation of the 111 service. In particular, concerns were raised around minor illness and GP slots not being made available at Houghton and that patients were being referred elsewhere. The Committee is waiting for an update on urgent care services where this issue will be addressed in detail.

With any service reconfiguration or development that scrutiny becomes involved with it is a vital aspect that Members remain committed to the monitoring of the implementation of the proposed changes. The Health and Wellbeing Scrutiny Committee has a history of providing robust monitoring and providing the requisite challenge where appropriate to ensure that services are delivered as expected. Urgent care will remain a focus of the committee's work programme as we move forward into 2020/21.

The All Together Better Alliance remains a key focus for the Committee since coming into operation on 1 April 2019. While this alliance is not an organisation, but a new way of working together and is responsible for Sunderland Clinical Commissioning Groups (CCG) £240 million 'Out of Hospital' contracts. Members raised questions on a number of issues including access to mental health services, pharmacy access, medical optimisation and the recruitment and retention of GPs. The Committee continues to monitor the performance of the All Together Better Alliance as part of its ongoing work programme arrangements.

Sunderland CCG also refreshed their General Practice Commissioning Strategy during the year this was to reflect changes both locally and nationally in the healthcare system. Members discussed the recruitment and retention of GP's in Sunderland and the relative success of the 'Golden Hello' package. Members also acknowledged the improvement in patient satisfaction levels in relation to getting appointments and the overall patient experience. Initiatives such as Primary Care Networks and social prescribing were also identified as important in helping to relieve the pressure on GP practices. Members of the Committee welcomed the refresh to the GP Commissioning Strategy and its importance to maintaining and developing General Practice within Sunderland.

The variety of the Health and Wellbeing Scrutiny Committee work programme has again been evident through this report. Further challenges lie ahead and the impacts of Integrated Care Systems, Integrated Care Partnerships and the Path to Excellence Phase 2 means that change and service development will continue to be at the forefront of the Committee's work.

The Health and Wellbeing Scrutiny Committee is committed to developing relationships and working in collaboration with all major health partners across the region. I would like to take the opportunity to thank all the members, officers and partners who have contributed to the work of the committee over the year. It is only

through this continued commitment that the Committee can look at issues in such detail, and the Committee will ensure that this is maintained in the coming year.

Councillor Darryl Dixon
Chair of the Health and Wellbeing Scrutiny Committee

DRAFT

ANNUAL WORK PROGRAMME 2019-20

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. PURPOSE OF THE REPORT

- 1.1 The report attaches, for Members' information, the current work programme for the Committee's work during the 2019-20 Council year.
- 1.2 In delivering its work programme the committee will support the council in achieving its Corporate Outcomes.

2. Background

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

3. Current position

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

4. Conclusion

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

5 Recommendation

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

6. Glossary

n/a

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

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2019-20

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

Items to be scheduled

Joint Engagement Strategy (Sunderland CCG)

NOTICE OF KEY DECISIONS

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 24 February 2020.

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 24 February 2020 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 24 February 2020 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
0191 561 1006
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
190813/380	To seek approval to progressing our Community Wealth Building agenda to support the development of more resilient communities.	Cabinet	Y	During the period 11 February to 30 March 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
170927/212	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	During the period 24 March to 30 April 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181024/312	To receive an update report on the Regional Adoption Agency proposals and to agree the next steps	Cabinet	Y	During the period from 11 February to 31 March 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190906/402	To consider expansion proposals by an existing Council tenant in respect of a strategic property and the associated capital funding and revised lease term proposals.	Cabinet	Y	During the period from 11 February to 31 March 2020.	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190823/385	To approve the proposed Governance Arrangements for the Centre of Excellence for Sustainable Advanced Manufacturing (CESAM) and related matters.	Cabinet	Y	During the period from 11 February to 30 April 2020	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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
191213/439	To approve the updated business plan for Siglion LLP and related matters.	Cabinet	Y	During the period from 11 February to 30 March 2020.	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
191105/421	To approve Sunderland's Empty Homes Strategy.	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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191220/441	To approve Five Neighbourhood Investment Plans.	Cabinet	Y	24 March 2020	N	Not applicable	Cabinet report Investment Plans	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200107/442	To consider the continuation of integrated delivery of vision screening for children aged 4-5 year alongside the local delivery of ophthalmology services.	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200110/447	To authorise Sunderland City Council's participation in the ERDF North East Business and Innovation Growth Fund project led by Gateshead Council. This will involve obtaining Cabinet approval to enter into a Funding / Partnership Agreement with Gateshead Council should the ERDF grant be secured.	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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200122/448	To seek approval to procure and award contracts for feasibility and design works for a number of capital schemes.	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200128/449	To consider the variation of a contract for the Sunderland Strategic Transport Corridor Phase 3 (SSTC3) to include ducting works to support 5G installation.	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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200203/450	To consider the disposal of land at North Moor Lane.	Cabinet	Y	24 March 2020	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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200210/452	To consider the strategic acquisition of property interests at High Street West, Sunderland.	Cabinet	Y	24 March 2020	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200212/453	To seek agreement with Siglion for the development of new car park on Dykelands Road	Cabinet	Y	24 March 2020	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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200213/454	To consider a proposal to enlarge Willow Fields Primary School from a capacity of 140 places to a capacity of 315 places	School Organisation Committee of Cabinet	Y	24 March 2020 (published on a separate notice on 14 February 2020).	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200213/455	To consider a proposal to enlarge St Paul's CE VC Primary School from a capacity of 210 places to a capacity of 315 places	School Organisation Committee of Cabinet	Y	24 March 2020 (published on a separate notice on 14 February 2020).	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200213/456	To seek approval to the planned Highway Maintenance (including Bridges) and Integrated Transport Programme for 2020-2021 and approve amendments (additions/deferrals) to the 2019-2020 Programme.	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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200217/457	To seek approval for the proposed maintained school admission arrangements for the academic year September 2020-21 and to describe proposed amendments to published admission numbers (PANs) for the academic year 2019/20, where it is necessary to provide additional places.	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200217/458	To authorise the Executive Director of Neighbourhoods to procure and appoint an architect-led design team to develop a masterplan for Sunderland Museum and Winter Garden.	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200217/459	To vary contract for management of Household Waste and Recycling Centre	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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200217/460	To seek approval for the annual procurement process by which funding from the Education and Skills Funding Agency (ESFA) will be awarded to providers for the delivery of Family, Adult and Community Learning (FACL) training courses in the academic year 2020 – 2021 to support the city's strategic priorities	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200220/461	To approve the development of a potential Community Shop delivery model for Sunderland	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200220/462	To seek approval of a Procurement Strategy	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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200205/451	To seek approval for policies with the Housing Services Policy Framework	Cabinet	Y	16 to 30 June 2020	N	Not applicable.	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 Graeme Miller – Leader; Councillor Michael Mordey – Deputy Leader; Councillor Paul Stewart – Cabinet Secretary; Councillor Louise Farthing – Children, Learning and Skills; Councillor Geoffrey Walker – Health and Social Care; Councillor John Kelly – Communities and Culture; Councillor Amy Wilson – Environment and Transport; Councillor Rebecca Atkinson – Housing and Regeneration.

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

Elaine Waugh,
Assistant Director of Law and Governance

24 February 2020