

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

**Meeting to be held in the Civic Centre (Committee Room No. 1) on
Wednesday 2nd October, 2019 at 5.30 pm**

Membership

Cllrs Butler, Cunningham, Davison, D. Dixon, 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.

24th September, 2019

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 4th SEPTEMBER, 2019 at 5.30p.m.

Present:-

Councillor D. Dixon in the Chair

Councillors Butler, Cunningham, Davison, Heron, Leadbitter, McDonough and Mann

Also in attendance:-

Ms Debbie Cornell – Head of Corporate Affairs, Sunderland CCG
Mr Nigel Cummings – Scrutiny Officer, Sunderland City Council
Mr. John Dean – Chairman of Sunderland Healthwatch
Sir Paul Ennals – Independent Chairman of the Adult Safeguarding Board
Mr David Gallagher – Chief Officer, Sunderland CCG
Ms Gillian Robinson – Scrutiny Officer, Sunderland City Council
Ms Joanne Stewart – Principal Governance Services, Sunderland City Council
Ms. Wendy Thompson – GP Commissioning Lead

The Chairman opened the meeting and introductions were made.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Essl and McClennan

Minutes of the last meeting of the Committee held on 3rd July, 2019

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 3rd July, 2019 (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

At this juncture the Chairman advised that they would be considering Item 6 – Refresh of GP Commissioning Strategy first on the agenda so that the Officer attending could leave to attend another commitment.

Refresh of General Practice Commissioning Strategy

The Chief Officer of Sunderland Clinical Commissioning Group (CCG) submitted a report (copy circulated) which provided the Committee with an update regarding the refresh of Sunderland CCG's General Practice Commissioning Strategy.

(for copy report – see original minutes)

Ms. Wendy Thompson, GP Commissioning Lead, Sunderland CCG, took the Committee through the report advising that since the publication of the first strategy in 2016 there had been several changes within the NHS, both locally and nationally, and it therefore became apparent that the CCG needed to review and refresh the existing strategy to ensure it included key developments within General Practice and the wider healthcare system.

Councillor Heron referred to the recruitment of GP's and commented that in her own practice she felt that there was a high turnover of GP's and a number that only work part-time and asked if the situation was seen to be improving or whether this was going to be a long term problem. Ms. Thompson advised that the situation was improving but that there was a national crisis in terms of recruitment and retention of GP's and that they needed to look at professionals with different skill mixes who could provide some of those services currently being provided by a GP. New roles allowing professionals to see patients and provide services to them would release pressures put upon GP's. They realised that they had to look at a more holistic approach and direct patients to alternative forms of care or arrangements to help them to look after their own conditions without always being reliant upon visiting their GP.

In relation to the recruitment of GP's in Sunderland, Ms. Thompson reminded Members of the Committee that there were programmes and initiatives in place, such as the 'Golden Hello' package for new GP's, but that they recognised that they needed to continue to look at regional and national practices that were working well to better support GP's. Ms. Thompson explained that the new system would have a clinical pharmacist employed, who would be part of a network of professionals, and they would work in neighbourhood practices or from a centrally based hub that patients could attend.

In response to a question from Councillor Davison as to what the main achievements were considered to be in relation to the five objectives, Ms. Thompson advised that the key initiatives which had been implemented were set out within appendix 1 of the report but commented that recruitment and retention of GP's had improved and that a lot of work had been undertaken to improve access to services.

When asked how access to GP services had improved, Ms. Thompson explained that there was an annual GP patient survey undertaken that provided information but explained that it was difficult to compare this year's to previous years as the questions had changed. Data did advise that they had seen an increase in patient satisfaction levels in their ability to get a GP appointment in person or over the phone and in their patient experiences once appointments had been attended. Ms. Thompson advised the Committee that there were also more initiatives in place to improve access to services which included mapping out the extended hours availability and a report about the implementation of that service would be available in the near future.

Councillor Mann referred to the Patient Access Database System and commented that a number of prescriptions or medications were not included on the database and therefore when they were being delivered it was making the process more difficult for patients as they then had to source the remainder of the prescription separately. Ms. Thompson advised that it was a national system that was being rolled out across the

country and commented that she was aware that some medications may not be included on the system for particular reasons, such as GP's not wanting those medications to be used repetitively or that they could simply be bought over the counter. She informed Members that she would take the comments back to the Head of Medicine who would be able to provide a full response. Councillor Mann commented that her main concern was that patients were not made aware that these medications were not available through the system until they were either delivered or they went to the pharmacy to pick them up and that this was then making the process more difficult for the patient rather than easier.

Councillor McDonough referred to the thirty four GP's that had benefitted from the 'Golden Hello' scheme and asked how this compared with other local authorities and was informed by Ms. Thompson that there were no other similar schemes in the region but that they were the happy with the number of GP's that the scheme had attracted to date.

In response to a further query regarding any issues around international recruitment following the referendum results on Brexit, Ms. Thompson advised that it may have complicated the situation but explained that since 2016/17 they had found that a number of applicants from other countries had been unsuccessful in their applications as they had not met specific speech and language requirements.

With regards to comments from Councillor McDonough about access to mental health and suicide prevention services being a 'GP lottery', Ms. Thompson advised that the issue was a priority and key objective and explained that she had recently spoken with colleagues in mental health services around what support they could get into GP surgeries to help further. They were hopeful that getting links to external support for patients into GP surgeries would help improve access to the services which were available.

Councillor Butler asked if by creating vast amounts of GP appointments through new recruitment, etc. were they not concerned that patients would continue to attend the GP practice for every ailment and was informed that there was a lot of work ongoing to signpost patients to the most relevant treatment and GP receptionists had been trained to help patients with that by asking them questions at the first point of contact. The Primary Care Network (PCN) and the onset of social subscribers would continue to help in relieving the pressure places on GP's. The aim was to ensure that patients were given as much information as possible so that they were not making GP appointments where not necessary.

In relation to a question from Councillor Butler around initiatives to promote good self care and management, Ms. Thompson commented that there were a lot of initiatives currently being promoted, such as apps to help support patients in self management of conditions and the plethora of information that was available to signpost patients. Ms. Thompson advised that they were also looking at other professionals working in the primary care networks and other community based services to help support the wider needs of their patients.

When asked by Councillor Leadbitter how many medical students were on roll at the new medical school, Ms. Thompson advised that courses were all fully subscribed and they would continue to work with regional universities to get as many students

interested at the pre-registration stage as possible to keep enrolment numbers rising year on year as the school develops.

In response to a comment from Councillor Davison around using paramedics and linking them to GP practices to take the pressure from GP's, Ms. Thompson advised that only one practice that she was aware of had taken this up through employing a paramedic as a member of staff. Paramedic students tended to leave their course and go directly into the ambulance service.

Councillor Butler referred to a scheme he was aware of in Scotland, whereby other health professionals could chose to convert to study medicine with the premise that they would stay to work. Ms. Thompson advised that NHS Scotland had very different rules than to that of NHS England, though she was aware of some undergraduate courses where students could convert to study medicine.

When asked if the medical school would be opening up to accept students on their course not just through the A Level entry route, Ms. Thompson advised that that would probably be a question best asked of the University of Sunderland, although she was aware that there were very strict requirements to study medicine.

Councillor Dixon asked if the strategy had been shared with all GP practices in the city and was informed that it had been developed in conjunction with GP practices and that they had all been provided with a draft copy of the strategy and given the opportunity to comment before the final version had been prepared, so that they were fully on board.

The Chairman having thanked Ms. Thompson for her attendance, it was:-

3. RESOLVED that the information within the GP Commissioning Strategy be received and noted.

Sunderland Safeguarding Adults Board Annual Report

The Sunderland Safeguarding Adults Board (SSAB) submitted a report (copy circulated) which provided the Committee with their annual report for Member's information which highlighted the current work of the SSAB during the 2018-19 year.

(for copy report – see original minutes)

Sir Paul Ennals, Independent Chairman of the Sunderland Safeguarding Adults Board, took Members through the annual report advising that it was a Care Act requirement to provide an annual account of the work of the Board. The Committee were informed that the work of the SSAB focussed on four strategic priorities as identified in its Strategic Delivery Plan 2019-2024, which informed the Board's local actions to safeguard adults in Sunderland and were underpinned by the Care Act's six key principles of adult safeguarding.

Councillor Dixon commented that he was delighted to see the frequency levels of the inspections that had been put in place and asked how robust they would be and how they were then monitored. The Committee were informed that they were making really progress in developing a multi agency safeguarding hub and the Board were driving the work forward around this and seeing good progress in bringing partners

together as well as information sharing protocols which were moving forward and the themed periodic audits which were programmed on a cycle.

Councillor Butler commented that it was an encouraging report and referred to self-neglect and asked if people were at risk of not being able to look after themselves. Sir Paul Ennals commented that the issue they faced was that people would turn down care and support themselves when it would be apparent to others that they may need some help. It was a big decision to override an individual's decision and they would not want to force services upon someone who didn't feel that they needed it. It was an issue that would never be completely cracked but it was more about making access to those services available to them and also looking at the prevention agenda rather than treatment.

Councillor Davison referred to the pictograph of 2018-19 in figures and commented that it was shocking that the main location of abuse was 40% in residential / nursing homes. Members were informed that it would be of more concern if there were none and that in comparisons it was always one of the highest categories as the practitioner had to indicate a location. The figure did not refer to hundreds of incidents so it had to be taken in context. The raising of concerns in residential / nursing homes means that residents are confident to raise the voice and does not necessarily mean that there has been any level of abuse but that they would like it investigating.

In relation to a query from Councillor Mann around training, Members were advised that since new arrangements had been introduced every member of staff had received training. He explained that new legislation had been introduced so all staff had been retrained and the previous year a key conclusion from the safeguarding training had been that practitioners felt more confident in handling cases having undertaken the training.

Councillor Dixon commented that the report highlighted that the membership of the board had been reviewed and asked what the reasoning behind that was and if it was felt that it had improved the operation of the board and was informed that when he had become Chairman, Sir Paul Ennals had felt that there were too many meetings, so he had streamlined the number of meetings and requested sharper reports with tighter recommendations and to date it was working well. The Children's Safeguarding Board had seen changes in new legislation which, if it worked, could have an impact on the Adults Safeguarding Board so it was important that best practice was shared.

The Chairman having thanked Sir Ennals for his report and attendance, it was:-

4. RESOLVED that the progress and achievements within the annual report be received and noted, whilst acknowledging the ongoing challenges which face adult safeguarding.

Healthwatch Sunderland Annual Report 2018-19

Healthwatch Sunderland submitted a report (copy circulated) which set out for Members information the annual report, highlighting the current work of Healthwatch Sunderland during the year 2018/19.

(for copy report – see original minutes)

Mr. John Dean, Chairman of Healthwatch Sunderland, presented the report advising that after almost two years as Vice Chairman, he looked forward to continuing the excellent initiatives that had been started since 2017. He expected timescales which the Committee would work towards. As a result of major changes being planned for health and social care services he expected the next year to be very challenging but informed Members that they would be helped by the contribution of two new board members and the continued enthusiasm of dedicated staff members and volunteers.

Councillor Davison welcomed the comments on the issues with travel and transport, advising that Members had raised this on several occasions, and asked what Healthwatch were hoping to gain in the future to address these concerns. Mr. Dean commented that they would like to see a shuttle bus service hitting the communities and outskirts of the city, possibly running through hub points to then pass by the hospitals or a routine service that ran a circular route. He commented that a lot of users were elderly and they needed to have a more direct transport route to and from services as it could be difficult for them to get there otherwise.

Mr. Dean advised that he was aware that there was a transport group established but he had not seen any concrete action to have come from them. The transport group were sympathetic to the public's needs but he understood that many of the transport providers were private companies and that it would ultimately come down to finances and resources. It was an area that they would have to continue to push forward in the hope that a satisfactory resolution could be found.

Councillor Davison went on to ask if many of the people they came into contact with were aware of the extended GP service and was informed that when given the opportunity, volunteers from Healthwatch would look to give out leaflets and communicate changes to the public to ensure that they were kept as up to date as possible but he felt that more could be done.

Councillor Mann referred to the 49% of people contacting Healthwatch in relation to local authority and social care support and commented that she knew they were working to access care homes and GP surgeries, etc. but asked what more could be done to get access to those who were socially isolated and hard to reach groups. Mr. Dean advised that they were working to get in to forums with social workers and care workers and advised that they gathered the views of family and friends of those who may be socially isolated to learn how they could best engage with the more hard to reach groups.

Councillor Cunningham commented that obviously volunteers were an integral part of Healthwatch and asked how they recruited new volunteers and was informed that new volunteers were usually recruited via word of mouth and through former board members on other groups which Healthwatch may have been involved with. He advised that they were always open to recruiting more members and to do this they ensured that they had a visual impact in and around the city, sharing information and providing advice.

In response to a question from Councillor Cunningham who asked how the Healthwatch priorities were determined and what they were moving forward, Mr. Dean advised that they were keen to have more involvement and give better support

to the Health and Wellbeing Board Projects now that the numbers of board members had increased. He commented that they were careful to remain independent and saw their role in the future to continue to support services but they did see a lot more challenges facing them to continue to improve patient inclusion.

Mr. Dean went on to comment that they had a lot of engagement with patients through GP surgeries and hospital waiting rooms and moving forward they would continue to work on communications; getting information from NHS services and the CCG out to the public and community.

Councillor McDonough commented that he would be interested to see a breakdown of the people that Healthwatch came into contact with such as by age, background, etc. and was informed that younger people were harder to contact but they did engage with some young people through colleges and the young carer's and they asked them their views on how best they could look to have access with more.

In closing, Mr. Dean advised that their biggest concern was in relation to mental health services and access to them and they were hopeful they could play a part in signposting people to services. He advised that Healthwatch did not, historically, reach many 17-23 year olds but they were always happy to reach out to colleges and other establishments to go along and give information or a presentation should that level of interest be there.

Members having no further questions or comments, it was:-

5. RESOLVED that the Committee received and note the work of Healthwatch Sunderland as outlined in the Annual Report.

Sunderland Clinical Commissioning Group Improvement and Assessment Framework

The Chief Officer, Sunderland Clinical Commissioning Group (CCG) submitted a report (copy circulated) which provided the Committee with performance information for Sunderland CCG, including national comparisons and indicators of a regional and national interest.

(for copy report – see original minutes)

Mr. David Gallagher, Chief Officer, Sunderland CCG, presented the report advising that the CCG Improvement and Assessment Framework (IAF) became effective from 1st April, 2016 and had four domains:-

- Better Health;
- Better Care;
- Sustainability; and
- Leadership.

Performance was rated against each standard/indicator in the domains, ratings in the six clinical priority areas and currently Sunderland CCG was rated as Outstanding.

In response to a question from Councillor Dixon around what plans were in place to address the lack of capacity of consultants, Mr. Gallagher advised that the issue

they had was that more members of staff were becoming trained in specialist areas, which was good as patients were receiving better care in those areas but it meant there were fewer people to deal with the generalities of medicine. He went on to advise that the newly formed Medical School would help but that this would be five to eight years in the future. There was a number of other initiatives being put in place to help address the issue such as having skilled up other professionals to help ease the pressure placed on medical staff and also the works around improving the recruitment and retention of staff which had previously been discussed.

Councillor Dixon referred to end of life care and still being in the bottom quartile for England and asked when improvements could be expected to be seen. Mr. Gallagher commented that the assessment framework was almost like an MOT for a car whereby it pinpointed a moment in time. He advised that most end of life care was provided in the community and that gradual improvements had been seen but advised that he could look to bring a report back to a future meeting of the committee to allow Members to deep dive in to that particular service area.

Councillor Heron commented on the ambulance service and asked what recruitment of paramedics was like, commenting that they were a vital service but feeling that they may be looked on as a poor relation sometimes. Mr. Gallagher advised that there had been a number of newly qualified paramedics recently taken on by the ambulance service and that they should see improvements in the service as this cohort are brought on board. He explained that handover delays were a particular issue which had been highlighted and handovers were usually made up of a fifteen minute handover of the patient and then fifteen minutes to be ready for the vehicle to be back on the road but suitable breaks needed to be rostered in to the staff day before moving on to the next callout as soon as possible.

Councillor Cunningham asked if Mr. Gallagher was able to provide any further information as to why ambulance response times were particularly poor in Sunderland and was advised that recruitment of staff had played a part but also that the way in which ambulance response times were now recorded had changed. Mr. Gallagher advised that the new system would record when a patient was taken by the ambulance crew to hospital and not when the first responder had reached the patient. The service were also looking to ensure that they had the right fleet of vehicles for the areas they served and they would continue to try and support the service to ensure improvements were made and that performance was good across the board.

Councillor Dixon referred to the accident and emergency four hour wait and commented that whilst it was good to note that performance is better than the national picture, he asked if there were any reasons as to why Sunderland performance was one of the lowest in the region. Mr. Gallagher advised that they were working to raise awareness with the public as to when it was more relevant for them to attend the accident and emergency room, rather than using it as a default when faced with delays at their GP practice. He informed Members that although patients were waiting longer, data told them that they were not coming to harm as a result of their wait. The service were looking towards a number of interventions to direct people away from attending accident and emergency but Mr. Gallagher commented that this was very much a cultural issue and it was evident that the work to get people to consider suitable alternatives first was key.

Members having no further questions or comments, it was:-

6. RESOLVED that the Committee would like to acknowledge the areas of good performance that are outlined in the report and recognise that this was down to the hard work of staff across the CCG and health services. The Committee also noted that there were clear areas for improvement and progress that were highlighted within the report.

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 Heron requested that an update on maternity services in Sunderland and South Tyneside be provided to a future meeting of the Committee and added in to the work programme accordingly.

Councillor Davison requested that an item be included on the work programme to discuss the provision of the school nursing service now and in the future.

7. RESOLVED that the work programme for 2019/20 be received and noted and the items as set out above be included.

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 19 August, 2019.

(for copy report – see original minutes)

8. 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.

MANAGING THE MARKET**REPORT OF THE EXECUTIVE DIRECTOR PEOPLE SERVICES****1. Purpose of the Report**

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

2. Current Position

- 2.1 The Council currently operates a range of commissioning arrangements for the provision of adult care and support services. The Council's preferred method of securing services is via a formal procurement process whereby the Council enters into a contractual arrangement with care and support providers. There are services that are commissioned that sit outside of a formal contracted arrangement whereby services have been arranged on an individual basis. Individuals are also able to commission services directly with providers via Direct Payment arrangements.
- 2.2 The Commissioning Team is responsible for facilitating market development, management of demand and supply, and ensuring the quality of services provided by the market are of a high standard, appropriate and flexible to the needs of the individuals being supported.
- 2.3 Within Sunderland there are different provider markets which support the health and social care agenda. These can be broken down into the following:
- I. **Accommodation based services for older people** – Residential and Nursing Care; Extra Care Accommodation
 - II. **Accommodation based services for people with disabilities** – Residential Care; Independent Supported Schemes; Core and Cluster Schemes.
 - III. **Accommodation based services for people with mental health needs** – Residential Care; Independent Supported Living Schemes; Core and Cluster Schemes.
 - IV. **Community services** – Care and Support into people's homes; Day Care/Opportunities; Preventative Services.

3. Market Facilitation and Development

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

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

4. Current Position

4.1 OP Care homes

There are 47 older person's care homes in the city that deliver a mixture of general and dementia residential care, general and dementia nursing care, support for younger people with dementia and people with enduring mental health needs. In terms of beds, based on information gathered from the care homes, there are 1,986 beds available across all homes with an average occupancy of 88% (1,812 beds occupied). Eleven homes are operating 100% occupancy. The overall average occupancy level represents the ideal balance in terms of viability of homes and placements being available to support new demand and customer choice.

4.2 Care Homes Based on Locality

Locality	Total number of homes	Total number of beds	Residential Care Only	Nursing Care Only	Dual Registered Residential and Nursing
Coalfields	11	410	6	0	5
Sunderland East	8	272	4	1	3
Sunderland North	11	498	4	1	6
Sunderland West	12	572	6	0	6
Washington	5	260	3	0	2

4.3 CQC Ratings and Inspections

4.3.1 Of the 47 homes currently operating in Sunderland, there are 39 (83%) homes with an overall rating of Good; 6 (13%) rated as Requires Improvement (RI); and 2 (4%) home which has a rating of Outstanding.

4.3.2 Since the last update report, 6 homes were inspected (and reports have been published) by the Care Quality Commission (CQC). 1 home was rated Outstanding; 4 homes were rated Good and 1 was Requires Improvement.

4.3.3 The home that was rating as Outstanding received an outstanding rating in the two domains Caring and Responsive. The report highlighted:

- **Caring:** the service involved people and treated them with compassion, kindness, dignity and respect. People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.
- **Responsive:** the service met people's needs. Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

4.3.4 The home which was rated as Requires Improvement was found to have breached a number of regulations:

- **Regulation 12 Safe Care and Treatment:** some aspects of the service were not always safe and there was limited assurance about safety. Medicines were not managed safely and the service failed to identify and respond to risk.
- **Regulation 14 Nutrition and Hydration:** the service was found to be ineffective in meeting people's nutritional and hydration needs. There were widespread and significant shortfalls in people's care, support and outcomes.
- **Regulation 11 Need for Consent:** The service failed to adhere to the principles of the Mental Capacity Act as information and documentation relating to capacity and decision making was lacking.
- **Regulation 9 Person Centred Care:** assessment and care planning documentation was incomplete or lacking in detail.
- **Regulation 17 Good Governance:** Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. The manager

did not have robust oversight of the delivery of care and support provided by the service.

- 4.3.5 The Council have met jointly with CQC and the Provider and an action plan has been developed to address the issues of concern. The updated action plan is shared with the Council and CQC on a fortnightly basis to monitor progress and Council validation of the plan is in progress and there is evidence to demonstrate that improvements are being made. The providers own internal quality assurance systems have also demonstrated improvement from 37% compliance in February to 71% compliance in June with the company's own quality standards.

4.4 Current or ongoing points to note:

- 4.4.1 Further to the update provided in the last report regarding Four Seasons Health Care (FSHC), the Council (and as part of the Association of Directors of Adult Social Services ADASS) has been advised that the sale of FSHC is being undertaken in a measured and controlled way with business as usual continuing whilst the sales process is underway with an expected completion date of end September. There are four homes in Sunderland that are operated by Four Seasons Health Care and the Council will have plans in place to ensure the continuity of care for the residents of each home. The Council will continue to link closely with ADASS as developments continue.
- 4.4.2 Following extensive consultation with the market, the Council are in the process of implementing a new contract with the care home sector, setting out clear expectations of service provision and responsibilities of service providers.

4.5 Care and Support at Home

- 4.5.1 The Council currently has a framework contract in place with 13 care providers who are commissioned to provide care and support at home to all service user groups including adults with complex needs and there are 3 non-contracted providers who are frequently utilised as a back-up to the contracted providers.

4.6 CQC Ratings/Inspections

- 4.6.1 Of the 16 providers, 13 (81%) providers are rated as Good, 1 (6%) is rated as Requires Improvement and 2 (13%) have not yet been inspected. Since the last update report, there have been no services inspected and where reports have been published by CQC.

4.7 Current or ongoing points to note:

- 4.7.1 The Council are currently out to tender for care and support at home services for a new contract that will commence in January 2020.

4.8 Extra Care

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

4.8.1 Extra Care Schemes based on Locality

Locality	Total number of schemes	Total number of apartments
Coalfields	2	95
Sunderland East	3	165
Sunderland North	2	183
Sunderland West	3	290
Washington	2	118
Total	12	851

4.8.2 CQC Ratings/Inspections

Overall, 1 scheme (8%) has been rated as Outstanding; 8 Schemes (67%) have been rated as Good; 2 (17%) rated as Requires Improvement (RI) and 1 (8%) which has not yet been inspected.

Since the last update report, there has been 1 scheme inspected (and reports have been published) by the Care Quality Commission (CQC) and which received an overall rating of Outstanding.

The scheme that was rated as Outstanding received an outstanding rating in the two domains Caring and Well-led. The report highlighted:

- Caring: people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.
- Well-led: service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

4.8.3 Current or ongoing points to note:

There are currently no concerns with the extra care market.

Care at Home were successful in their bid to become the new care provider in Seafarers Way at the end of May. The transition from Housing 21 went smoothly with no issues to note.

4.9 Domestic Abuse Services

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

4.9.2 Adult Social Care, Public Health, Together for Children and the Clinical Commissioning Group have begun joint working to scope future service requirements for domestic abuse services, including the potential of joint commissioning services.

4.9.3 Funded by the Department for Homes, Community and Local Government (DHCLG) and the Council, Changing Lives working with Wearside Women in Need have developed a project providing safe houses across the city. The service is aimed at supporting complex victims of domestic abuse who face multiple exclusions. Sanctum was developed to complement existing domestic abuse provision and support a cohort of people for which refuge provision was not suitable, by supporting gaps in services and working in partnership with existing agencies.

4.9.4 The project commenced in April and will run until March 2020. It currently provides 10 properties and to date there have been 28 referrals to the service.

The service is reporting positive outcomes for people including:

- 14 people have been accommodated by the service (including those moved on)
- 13 out of the 14 people have not returned to an abusive partner, have not entered a further abusive relationship and have not been re-referred/referred to MARAC.
- There have been a number of positive move ons and move on destination
- 9 individuals have been supported to engage with drug and alcohol treatment services
- 11 individuals have been supported to register and engage with GP's
- 6 individuals have been supported to engage effectively with Probation

- 9 individuals have been supported to reduce their offending behaviour
- 5 individuals have been supported to access community mental health teams
- 4 individuals have engaged with a Changing Lives Counsellor
- 3 referrals were supported to access a refuge out of area
- 2 individuals have been supported to access training and education in the community

4.10 Independent Advocacy

4.10.1 The Independent Advocacy Service was provided under a contract with a consortium of Voiceability and Mental Health Matters under the service name Total Voice Sunderland (TVS). The service is no longer being delivered through a consortium arrangement and is now solely provided by Voiceability. This follows a business decision taken by Mental Health Matters who no longer see advocacy provision as part of their core business.

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

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

4.10.4 For the period April 2019 - June 2019, there were 278 new referrals to the service, which is a slight increase from the previous period January 2019 - March 2019 where there was 271.

The total number of clients on the advocacy waiting list covering all 5 categories of advocacy at the end of the period from January 19 to March 2019 was 28 which are broken down as follows:

- Relevant Person's Representative (RPR) – 16
- Independent Mental Capacity Act Advocacy (IMCAs) – 8
- Independent Mental Health Advocacy (IMHA) – 3
- Care Act Advocacy – 1

4.10.5 This was the same number reported during the previous period January 2019 – March 2019 where there was 28 on the waiting list.

4.10.6 Due to the demand for the service, complexity of the cases and people being on Advocate caseloads for longer periods a waiting list continues to be in operation. 2 members of staff have been recruited to replace the 2 staff who left, again this impacted on the waiting list.

4.10.7 At the end of June (the last reporting period) there were 28 people on the waiting list. Those on the waiting list were still awaiting contact from the service although contact had been made with the referrers to advise of the current situation.

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

4.10.9 Advocate caseloads are managed daily and there were 284 cases closed in the reporting period. Total advocacy hours being delivered at the end of the period was 3699.

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

4.11 Current or ongoing points to note:

4.11.1 There are Government plans to replace the Deprivation of Liberty Safeguards (DoLS) with the Liberty Protection Safeguards (LPS) with the Mental Capacity (Amendment) Act 2018 receiving Royal Assent on 16 May 2019. There is no date yet for implementation but indications are Spring 2020. The amendments will:

- Extend Liberty Protection Safeguards to include 16 and 17 year olds, and those in settings beyond care homes and hospitals, and will include supported living, private and domestic settings which previously fell outside DoLS and required applications to the Court of Protection to authorise any DoL
- Replace 'supervisory bodies' or 'managing authorities' with the 'responsible body', which would be NHS Trusts (for people in hospital), CCGs (for people in receipt of CHC funding) and local authorities (for all other cases, including self-funders).

4.12 Accommodation for families with multiple and complex needs

4.12.1 The Council commissions a wraparound service to families with multiple and complex needs and is delivered from a building with 8 core self-contained units. There are a further 6 satellite properties within this service that provides a pathway for families moving from the Core services into these satellite properties, where staff maintain an outreach support function and support families to move through the pathway and into their own tenancy.

4.12.2 The Service is working with families to achieve positive outcomes and is supporting a number of families to move onto general accommodation. The support provided includes;

- Guidance with managing finances, such as budgeting, debt and rent management.
- Support with tenancy sustainment
- Supporting families with children to attend school
- Working closely with other involved agencies that currently work with the families i.e. together For Children

4.12.3 The Service is currently supporting 14 families, including 41 children which is the same as the last update report. This is due to the complexity of the needs of the families being supported, meaning the support provided has been more intensive and longer term.

4.13 Care and Support Services (Sunderland Care and Support Ltd)

4.13.1 The Services Agreement with Sunderland Care and Support (SCAS) is in place up until 30 November 2020, however an extension to the arrangements to intended to be sought.

4.12 CQC Inspections/Ratings

4.12.1 The report for the CQC inspection of the Community Support Service which was carried out in February was published in April and a rating of Requires Improvement was given due to:

- Effective: The service did not always work within the principles of the Mental Capacity Act 2005 (MCA). Regulations may or may not have been met.
- Well-led: Quality audits were not always effective in identifying issues. Regulations may or may not have been met.

4.12.2 An action plan was immediately developed by the service to address the issues of concern. This is being implemented and updates will be sought from the Council on the improvements being made.

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

4.13 Current/ongoing points to note:

4.13.1 The Council continues to have management and leadership responsibility for Sunderland Care and Support to ensure the continued operation of the company at a strategic and operational service level.

4.13.2 The Council and SCAS have recently begun a programme of joint quality monitoring visits across SCAS supported living service and these are ongoing. Where improvements in services are identified a service improvement plan will be issued to the service for action.

4.14 Accommodation for People with Learning Disabilities/Mental Health Needs

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

4.14.2 The demand for accommodation care and support for individuals continues to be monitored via the Council's internal Supported Accommodation Partnership, which includes the Commissioning Team and Adult Social Care working together to monitor demand and determine future need for accommodation based services.

4.14.3 An ongoing programme of scoping continues to be taken forward across all learning disability and mental health service areas involving the Commissioning Team and Adult Social Care to explore alternative models of care and support that are cost effective and that supports individuals to maximise independence. This will be supported by the use of up to date assistive technology solutions where appropriate.

4.15 CQC Inspections/Ratings

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

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

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

4.16 Current/ongoing points to note:

- 4.16.1 As a result of the abuse that was exposed as happening at Whorlton Hall, an independent community hospital provision in Durham supporting people with learning disabilities, the Commissioning Team has reviewed its governance processes for accommodation-based services in Sunderland. This is in particular those services which are located within the Sunderland Local Authority area, but that are not supporting people commissioned by Sunderland Local Authority, rather people whose placement has been arranged by another local authority or Clinical Commissioning Group (CCG).
- 4.16.2 The outcome is that there will be an increase in the governance arrangements of these services, which has initially included seeking information from service providers about the services they are operating in Sunderland, how many people are being supported and details about who their funding authority/CCG is. The Commissioning Team are in the process of arranging regular meetings with each of the providers to maintain a closer oversight of their services and to build and maintain relationships with all service providers.

4.17 Short Break Services

4.17.1 From April 2019 to June 2019 there were:

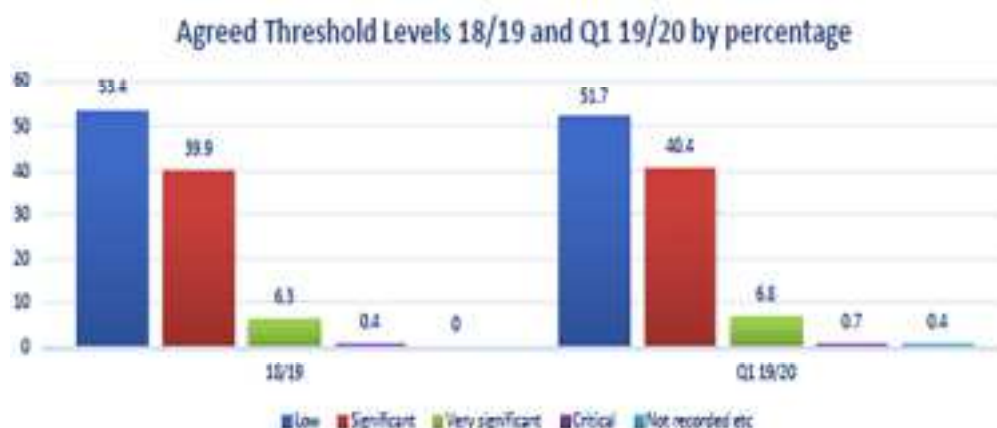
- 136 weeks of short breaks were provided by 13 providers to 117 people aged 18-64 years
- 131 weeks of short breaks provided by 28 providers to 62 people who were aged 65 years and over

4.17.2 There have been no quality concerns reported to the Council about any of the short break providers.

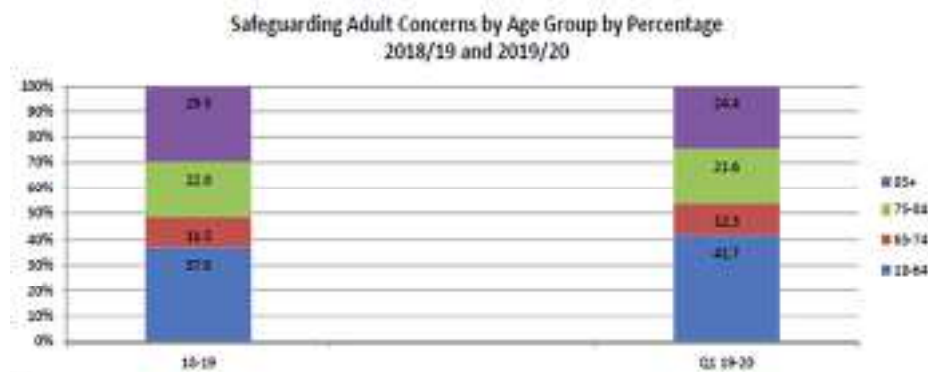
5. Safeguarding Activity

- 5.1 The volume of Safeguarding Concerns has increased although still below the regional average. In 2017/18 the regional average of safeguarding concerns received was 2,816 compared to 2,655 received in Sunderland. The number of concerns received in Quarter 1 2019/20 is 775 an increase of 17% compared to quarter 1 2018/19. The majority of concerns are referred in by Care Homes across the city at 26%.
- 5.2 46% of concerns in quarter 1 do not progress to enquiry and remain as a safeguarding concern, this is a reduction from 53% in 2018/19.

- 5.3 Thresholds identified by the person raising the concern following action taken are now positively closer in line with those agreed with Operational Safeguarding at 74% in quarter 1. Agreed levels of all thresholds are as follows for quarter 1:



- 5.4 Concerns relating to females over the age of 75 continue to account for the highest volume of concerns raised. The % of concerns received for individuals aged 18-64 have increased in quarter 1 to 42% from 37% in 2018/19 with referrals for males accounting for the greatest increase in this age group.



- 5.5 Physical abuse and neglect and acts of omission continue to account for the highest categories of alleged abuse in quarter 1 2019/20, with physical abuse being the highest at 25% (30% in 2018/19) and neglect at 20% (21% in 2018/19). Nationally and regionally the trend is the same in terms of the top 2 highest alleged abuse categories however in both cases the highest is neglect and acts of omission followed by physical abuse.
- 5.6 In terms of other categories there has been increases in the categories of Financial/Material 12% (11% 2018/9), DV 7% (5% in 2018/19) and Organisational Abuse 5% (3% 2018/19).

- 5.7 Sunderland continues to perform well in relation to the Making Safeguarding Personal initiative. In quarter 1 2019/20 99.5% of completed cases had the risk reduced or removed an improvement against the rate of 95.3% in 2018/19 and better than the 2017/18 rates nationally at 90% and regionally at 88%.
- 5.8 In quarter 1 85% of completed cases clients were asked their desired outcomes an increase against the 84% seen at in 2018/19. In 2017/18 nationally 75% of completed cases were asked their desired outcomes and regionally 74% were asked.
- 5.9 In quarter 1 98.6% of those asked their desired outcomes 97% were achieved or partially achieved an increase against the 97% in 2018/19.

5.10 Self Neglect Training

- 5.10.1 On behalf of Sunderland Safeguarding Adults Board (SSAB) the Learning and Improvement in Practice (LIIP) sub-committee oversees Safeguarding Adult Review (SAR) functions and ensures the safeguarding adults training provision SSAB offers to partners reflects best practice and incorporates learning from reviews undertaken in Sunderland.
- 5.10.2 Following discussion at the LIIP sub-committee regarding cases of self-neglect in Sunderland and South Tyneside, as well as a themed learning review carried out by the sub-committee with frontline workers, the issue of self-neglect was noted to be a particularly complex and difficult area for workers to navigate and support customers. As a result SSAB commissioned time-limited self-neglect training. Nine training sessions were held between March 2017 and April 2018, with 151 delegates attending from the following settings:
- Gentoo
 - Independent Care Sector
 - Sunderland City Council
 - Voluntary Sector
 - NHS
- 5.10.3 The training has been evaluated positively, with delegates stating that their level of understanding of self-neglect had increased and they had been given tools that could be applied in frontline practice.
- 5.10.4 Self-neglect remains a strategic priority area for SSAB and the SSAB Self-Neglect Guidance is currently being refreshed with plans in place to launch it during National Safeguarding Adults Week taking place 18th – 22nd November 2019.

6. EU Exit Planning (Brexit)

- 6.1 The Commissioning Team has been discussing with care providers the impact of Brexit on their services and the contingency arrangements that are being put in place, for areas including workforce; medication and increase in operating costs.
- 6.2 Providers have developed business continuity plans and are indicating that it is unlikely that there will be any disruption to their services or to their workforce but acknowledge that an increase in operating costs would be a concern. Medication is highlighted as an area of concern, however mitigating actions for the risk of a shortage of medications would need to be developed in accordance with any national guidance that is given.
- 6.3 Information has been shared with providers about the Department of Health and Social Care update service so that they can sign up and stay up to date with the most recent guidance. The Association of Directors of Adult Social Services is planning a provider day where discussions will take place and guidance will be shared on contingency planning.

7. Recommendations

- 7.1 Scrutiny Committee is requested to receive this report for information.
- 7.2 Scrutiny Committee to agree to receive regular updates from the Commissioning Team in relation to the market position.

Appendix 1

CQC Inspection and Ratings

Services where inspection reports have been published between April and August 2019

Older Persons Care Homes

Service	Report published	Location of Service	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
Highcliffe Care Centre	May	North	Good	Good	Good	Good	Good	Good
Springfield House Care Home	May	Coalfields	Good	Good	Good	Good	Good	Good
Hylton View	May	North	Good	Good	Good	Good	Good	Good
Washington Manor Care Home	May	Washington	Requires Improvement (RI)	RI	Inadequate	RI	RI	RI
Falstone Court	May	North	Outstanding	Good	Good	Outstanding	Outstanding	Good
Paddock Stile Manor	July	Coalfields	Good	RI	Good	Good	Good	Good
The Laurels	August	Coalfields	Good	Good	Good	Good	Good	Good

Care and Support at Home Services

No reports published.

Care and Support in Extra Care Accommodation

Provider	Reported publication date	Overall rating	Safe	Effective	Caring	Responsive	Well-led
Housing 21 Dovecote Meadow	August	Outstanding	Good	Good	Outstanding	Good	Outstanding

Care and Support Services: Sunderland Care and Support Ltd

Provider	Reported publication date	Overall rating	Safe	Effective	Caring	Responsive	Well-led
Sunderland Care and Support Community Support Service	April	Requires Improvement (RI)	Good	RI	Good	Good	RI

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

No reports published.

ORAL HEALTH IN SUNDERLAND : PROGRESS REPORT

Report of the Executive Director of Corporate Services

1. Purpose of Report

- 1.1 The purpose of this report is to provide members with an ongoing progress report in relation to the review into oral health in Sunderland.

2. Background

- 2.1 At its meeting on 3 July 2019 following discussions at the recent Scrutiny workshop the Committee considered a review into oral health. The committee were presented with a detailed scoping document providing the overall aim of the review, proposed terms of reference, scope of the review and timescales.
- 2.2 The title of the review was agreed as Oral Health in Sunderland.

3. Progress on the Policy Review

- 3.1 The first session for the review took place on 28 August 2019 and was an introductory session to set the context for future review activities. The session focused on defining oral health, the key challenges for the city, the current oral health policy, what is currently in place and interventions to improve oral health.
- 3.2 A further session has been held with a number of oral health professionals on 11 September 2019 where Members discussed a number of issues including education, dental health promotion, interventions, dental access in Sunderland, tooth decay and community water fluoridation schemes. The session provided an informative and fully interactive discussion adding to the reviews evidence base. The key points from the discussion are attached at **Appendix 1** of this report.
- 3.3 Members of the Committee should also note the following planned activities for the review into oral health:

Tuesday 8 October @ 3pm in Committee Room 3 – evidence session

Wednesday 9 October @ 8:45am - visit to water treatment works

Tuesday 22 October @ 3pm in Committee Room 3 – evidence session

- 3.4 The evidence gathering sessions will again feature expert witnesses with particular specialities that will help the committee and members in their research and evidence gathering.
- 3.5 Members should also note that the visit and tour of a water treatment plant will provide an overview of the Sunderland water distribution network and the complexities of the system zone. There will also be a technical discussion on water

fluoridation. Transportation will be provided from the civic centre on the day of the visit, this will be funded from the dedicated scrutiny budget, and meeting invitations have been circulated.

- 3.6 There are one or two evidence sessions still to be arranged and as soon as they are organised this information will be circulated to the committee. The review remains on course for completion by December 2019.

4. Recommendation

- 4.1 That members note and comment on the progress in relation to the policy review.

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Health and Wellbeing Scrutiny Committee

Policy Review: Evidence Gathering Session 2

ORAL HEALTH AND INTERVENTIONS

Meeting Objectives: To understand the effects of good and bad oral health and the actions available to improve oral health and reduce the risks of dental caries and poor oral health.

In attendance: Cllrs Dixon (Chair), Davison, Mann, McClennan and McDonough

Dr Simon Taylor (Chair of the Local Dental Network, Northumberland Tyne and Wear), Dr Peter Knops (Chair of Sunderland Local Dental Committee), Pauline Fletcher (Local Lead NHS Commissioner for Dental Services), Rachel Fitzsimmons (Health Education England -North East), Malcolm Smith (Post Graduate Dental Dean Health Education England), Tom Robson (Chair of Local Dental Network), David Landes (Consultant Public Health England).

Apologies: Cllrs Cunningham, Butler and Leadbitter

The main points arising from the session were as follows:

- ☐ Current NHS dental contracts prevent dentists from concentrating on more preventative types of work, and there is an evolving process (National Dental Contract Reform Programme) moving towards a new contract framework to address this.
- ☐ Oral health is linked to many factors including self-worth, nutrition there are also direct links to lung and cardiovascular disease. Poor oral health usually equates to poor general health.
- ☐ The cost of dental treatment was noted as a potential barrier to access and treatment.
- ☐ Comparisons between 5-year-old children with dental disease in Sunderland and Hartlepool shows that Hartlepool has much better outcomes than Sunderland.
- ☐ In terms of an intervention for vulnerable children it was noted that water fluoridation can fundamentally change their outcomes.
- ☐ Water fluoridation can benefit families, in particular, where lifestyles are chaotic, oral health knowledge is poor and issues are ignored.
- ☐ Members heard from dentists that they were desperate for help in Sunderland as they are potentially fighting a losing battle against tooth decay.

- The committee were informed that it was important to promote dental health and ensure that all children had a dental check by the age of one. Dentists also provide information sheets to families explaining many of the hidden sugars in family diets.
- Fluoride varnish was also used as an effective intervention in high risk patients.
- In anecdotal evidence it was reported that dentists in Sunderland were seeing more tooth decay and this was predominantly from those in lower socio-economic groups.
- It was highlighted to the committee that Community Water Fluoridation Schemes could not be discounted. It was regarded as the single most important cost-effective intervention and was strongly advocated as a way forward by those present.
- Hartlepool was cited as evidence of community water fluoridation scheme in action with lower rates of dental decay in 5-year-olds.
- In terms of dental fluorosis, it was reported that the overall risks increase from 1.6% (where there is no CWF) to 3.5% when 1 ppm (part per million) of fluoride is added to the water supply.
- Despite millions of people drinking fluoridated water in England there have been no significant health issues reported. It was also noted that until totally disproved or debunked there will always remain a challenge to any CWF schemes.
- The committee were reminded that it was important to decide what would most benefit the population of Sunderland and in particular those most disadvantaged communities.

The Chair thanked everyone for their attendance and contribution. All the comments would be noted and these would contribute to the final report.

ANNUAL WORK PROGRAMME 2019-20

**REPORT OF THE STRATEGIC DIRECTOR OF PEOPLE,
COMMUNICATIONS AND PARTNERSHIPS**

1. PURPOSE OF THE REPORT

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

2. Background

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

3. Current position

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

4. Conclusion

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

5 Recommendation

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

6. Glossary

n/a

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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2019-20

REASON FOR INCLUSION	5 JUNE 19 D/L:28 May 19	3 JULY 19 D/L:21 June 19	4 SEPTEMBER 19 D/L:23 August 19	2 OCTOBER 19 D/L:20 Sept 19	30 OCTOBER 19 D/L:18 Oct 19	27 NOVEMBER 19 D/L:15 Nov 19	8 JANUARY 20 D/L:23 Dec 20	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)					
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)	Care and Support Annual Report (Sunderland Care and Support) All Together Better Alliance (Sunderland CCG) Urgent Care Mobilisation Update (Sunderland CCG)	End of Life Care (Sunderland CCG) Maternity Services (City Hospitals)	Managing the Market (G King) Integrated Care System/Partnership Update (Sunderland CCG)	North East Ambulance Service (M Cotton)	Annual Report (N Cummings) Urgent Care Mobilisation Update (Sunderland CCG) Joint Engagement Strategy (Sunderland CCG)	Managing the Market (G King)
Performance / Service Improvement										
Consultation/ Information & Awareness Raising	Notice of Key Decisions	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20

Items to be scheduled

NOTICE OF KEY DECISIONS

REPORT OF THE STRATEGIC DIRECTOR OF PEOPLE, COMMUNICATIONS AND PARTNERSHIPS

1. PURPOSE OF THE REPORT

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

2. BACKGROUND INFORMATION

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Notice of Key Decisions) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions for the 28-day period from 16 September 2019 is attached marked **Appendix 1**.

3. CURRENT POSITION

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

4. RECOMMENDATION

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

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
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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
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 from 15 October to 31 December 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190819/384	To seek approval to a contract variation and an extension to the Direct Payment Employment Support Service Contract from 14th November 2019 to the 31st March 2020.	Cabinet	Y	During the period from 15 October to 31 December 2019.	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
181024/312	To approve the Final Business Case in relation to the development of a Regional Adoption Agency and agree next steps leading up to the establishment of the Regional Adoption Agency.	Cabinet	Y	During the period from 15 October to 31 December 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190522/360	To consider a proposal to recommend Council to agree an amendment to the Budget and Policy Framework to enter into a potential financial arrangement with a local organisation.	Cabinet	Y	During the period from 15 October to 31 December 2019.	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190823/385	Proposed Governance Arrangements for the Centre of Excellence for Sustainable Advanced Manufacturing (CESAM) and related matters	Cabinet	Y	During the period from 15 October to 31 December 2019.	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
190813/380	To seek approval to develop a strategic framework and action plan to enable the development of more resilient communities, including a more vibrant Social Enterprise sector.	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190114/325	To procure a contractor to undertake works at Jacky Whites Market.	Cabinet	Y	15 October 2019	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
190813/381	To seek Cabinet agreement for the level of investment and neighbourhood delivery model for first tier welfare rights advice provision for the period 1 April 2020 to 31 March 2023.	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190829/386	To approve the Second Capital Review 2019-2020 (including Treasury Management).	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190829/387	To approve the Second Revenue Review 2019-2020.	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190829/388	To approve the Budget Planning Framework 2020/2021 and Medium Term Financial Strategy 2020/21 to 2023/24.	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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190829/389	To approve the Capital Programme Planning 2020/2021 to 2023/2024 and Capital Strategy	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190905/399	To approve the joint commissioning of accommodation for homeless young people by Together for Children and the Council's Housing Services.	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190905/400	To agree to procure a dynamic partner to support the development of a sustainable, affordable credit solution for council staff and city residents	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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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	15 October 2019	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
190906/403	To extend contracting arrangements for core services supporting people affected by Domestic Abuse for the period 1 April 2020 to 31 March 2021 to enable the development of a joint commissioning plan for service delivery from 1 April 2021.	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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190906/404	<p>To re-procure "Building Public Health Capacity" contracts including:</p> <ul style="list-style-type: none"> • Healthy Workplace Service • Health Champions Programme <p>for the period 2020-2024.</p>	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet Report	<p>Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN</p> <p>committees@sunderland.gov.uk</p>
190905/401	To approve the disposal of land for residential development at North Moor Lane, Sunderland	Cabinet	Y	19 November 2019	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	<p>Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN</p> <p>committees@sunderland.gov.uk</p>

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190521/358	To approve and make a capital contribution to Phase 4 of the Bridges comprising the redevelopment of the former Crowtree Ice Rink building to provide a new leisure use.	Cabinet	Y	10 December 2019	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
190910/405	To approve revisions to the city's Unauthorised Encampment Policy 2018	Cabinet	Y	10 December 2019	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

16 September 2019