

## HEALTH AND WELLBEING SCRUTINY COMMITTEE

### AGENDA

**Meeting to be held in the Civic Centre (Committee Room No. 1) on  
Wednesday 30<sup>th</sup> October, 2019 at 5.30 pm**

#### Membership

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

ITEM		PAGE
1.	<b>Apologies for Absence</b>	-
2	<b>Minutes of the meeting of the Committee held on 2<sup>nd</sup> October, 2019 (copy attached)</b>	1
3.	<b>Declarations of Interest (including Whipping Declarations)</b>	-
	<b>Part A – Cabinet Referrals and Responses</b>	
	No Items	
	<b>Part B – Scrutiny Business</b>	
4.	<b>All Together Better Update</b>	7
	Report of the Managing Director of All Together Better (copy attached)	
5.	<b>Urgent Care Strategy Delivery Update</b>	31
	Report of the Chief Officer Sunderland CCG (copy attached)	

Contact: Joanne Stewart Principal Governance Services Officer Tel: 561 1059  
Email: [joanne.stewart@sunderland.gov.uk](mailto:joanne.stewart@sunderland.gov.uk)

Information contained in this agenda can be made available in other languages and formats on request

6.	<b>Oral Health in Sunderland : Progress Report</b>	33
	Report of Executive Director of Corporate Services (copy attached)	
7.	<b>Annual Work Programme 2019/2020</b>	39
	Report of the Strategic Director of People, Communications and Partnerships (copy attached).	
8.	<b>Notice of Key Decisions</b>	41
	Report of the Strategic Director of People, Communications and Partnerships (copy attached).	
	<b>Part C – Health Substantial Variations to Service</b>	-
	No Items	
	<b>Part D – CCFA/Members Items/Petitions</b>	-
	No Items	

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

22<sup>nd</sup> October, 2019

**At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 2<sup>nd</sup> OCTOBER, 2019 at 5.30p.m.**

**Present:-**

Councillor D. Dixon in the Chair

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

**Also in attendance:-**

Mr Nigel Cummings – Scrutiny Officer, Sunderland City Council  
Ms. Ann Dingwall – Commissioning Manager, Sunderland City Council  
Ms Gillian Robinson – Scrutiny Officer, Sunderland City Council  
Ms Joanne Stewart – Principal Governance Services, 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 McClennan and O'Brien

**Minutes of the last meeting of the Committee held on 4<sup>th</sup> September, 2019**

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 4<sup>th</sup> September, 2019 (copy circulated) be confirmed and signed as a correct record, subject to Councillor MacKnight's apologies being added and Ms. Gillian Robinson being removed from being in attendance.

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

There were no declarations of interest made.

**Managing the Market**

The Executive Director of People Services submitted a report (copy circulated) which provided information relating to the care and support provider market in Sunderland.

(for copy report – see original minutes)

Ms. Ann Dingwall, Commissioning Manager, took the Committee through the report informing Members that it included 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 matter. The report was one of a series of regular updates to the Scrutiny Committee.

In response to a question from Councillor Butler as to the reasoning behind their being thirteen home care providers, Ms. Dingwall advised that the model was divided into zones around the city, with two providers per zone, to reduce the risk, should there be a failure in one of the providers. Looking at the current market, both regional and national providers, Ms. Dingwall advised that the number felt just right and that there were good relations between them and the local authority which further helped to reduce the level of risk.

Councillor Butler referred to the ten beds available for victims of domestic violence and asked if it was felt that this was adequate, Ms. Dingwall advised that those ten beds were always in use but added that there were also places in refuges outside of the city or alternative provision available if these were deemed to be the safest option for the victim.

Councillor Heron commented that she was please to see the approach taken with adult social care, public health and together for children services working together to help with families who have suffered through domestic violence and hoped that this joined up approach would continue.

Councillor MacKnight asked if there were any programmes or intervention schemes in place or being developed to work with the perpetrators of domestic violence, and was informed by Ms. Dingwall that she was aware that Northumbria Police did have some intervention strategies but they would be separate to anything the local authority may offer through the safeguarding service. She would look to ask the relevant teams what, if anything, the local authority had in place and provide the information to Committee Members.

In a follow up question, Councillor MacKnight, asked if there was a similar bed provision for male victims of domestic violence and Members were advised that the ten bed provision was a suitable facility for both men and women but if this was not appropriate there was still outreach and alternative provisions available in the same way it was provided for females.

Councillor Davison referred to the finances of victims of domestic violence and asked if there was a provision to help victims arrange this. Ms. Dingwall advised that the contract provider had good relations with the DWP and Housing Benefit and would work with the victims to ensure they were in receipt of their entitlement(s) and work through the best solution for their particular situation. Members were informed that by the time individuals left the refuge or provision they would not be financially disadvantaged and that this was something the team worked hard to get in place for them.

In relation to the CQC inspection of Sunderland Care and Support Ltd., Members raised concerns as to how the service had not adhered to the the principles of the Mental Capacity Act 2005; asking how such a fundamental area could have been missed? Ms. Dingwall advised that staff had thought that they were carrying out assessments in the right manner but that when CQC had carried out their inspection it had been found that supporting documentation completed by staff was not robust enough. An action plan had been immediately developed to address the issues of concern and was implemented, with updates being sought from the Council on the improvements being made. Members were informed that at times it could take an inspection visit to tighten up processes but that this did not mean that service users were not safe.

Councillor Mann commented on the Short Break Services, stating that there was not a lot of detail within the report and requesting more information as to whether there was enough provision to cover demand in the city. Ms. Dingwall advised that each individual was assessed to ensure that their level of need could be met in their preferred short break venue but that they were seeing some individuals with a level of need which was over and above what the short break service could provide, particularly in relation to mental health. They were working on ways to address this and initial discussions had been held with Sunderland Care and Support and she would look to provide more detailed information in future reports to the Committee.

Councillor McDonough referred to the number of families with multiple and complex needs that the service were working with, and how this figure had not changed since the last report and asked if there was anything further that could be done to move families on, if appropriate, or how families staying in these properties was affecting the waiting list. Ms. Dingwall advised that turnaround times for families were typically between six and twelve months but explained that this was dependent upon a multi-stakeholder buy in of all parties involved with the family having been able to work together. Members were informed that the provision was a short term accommodation service and partners would start an exit plan to get families the support they need to move on but that it could take some time to get all of the services lined up.

In relation to waiting lists, the Committee were advised that there were always families waiting to access the provision and the main way for referrals to the service was through the housing options team. If the service was full then Officers would look to find alternative provision for the family but obviously they had usually been referred as it was felt they needed that level of wraparound support that the service provided so it was important to monitor that partners were engaging with families.

Councillor Cunningham referred to paragraph 4.4.2 of the report which highlighted the new contract with the care home sector and asked if this contract would be mandatory for all care homes and how once agreed the new standards would be monitored. Ms. Dingwall advised that the contract had been issued to providers and if there were some that were not willing to sign up to it then they would need to take a view of what the risks would then be. She commented that having worked with providers she did not believe that any would not sign up to the contract, they had looked to provide clarity and lessen any ambiguity with anything that may have been causing providers any problems so she was confident that they would continue to sign up to the contract without having to be heavy handed or make any contract mandatory to agree to.

Ms. Dingwall went on to advise that Officers were out, visiting service providers on a weekly basis and they would look to monitor standard levels as part of these visits. There would also be formal management meetings which would be set out as necessary and formal contract meetings where standards would be monitored on a regular basis.

In response to a question from Councillor Cunningham as to whether there were any reasons for the increased volume of safeguarding concerns and whether this had been following the Panorama tv programme, Ms. Dingwall advised that Panorama had brought the issue to the forefront and they had encouraged staff to watch the programme if they had not already, so that they were aware of what public perceptions may be. Members were informed that an incident like this would

heighten awareness and have an impact on the number of reports being made but staff had received training and could answer questions when asked about safeguarding concerns. Ms. Dingwall advised the Committee that they felt that an increase in the number of safeguarding concerns being made was a positive sign as it meant more people were aware of how and when to raise concerns and explained that a large majority of those raised had been stopped at the concern stage and did not progress any further.

Councillor Dixon asked what work was being undertaken to prepare for the implementation of the Liberty Protection Safeguards, which he welcomed as it looked to include services which may have previously been excluded, and Ms. Dingwall advised that it was too early to say what impact, if any, it would have; but that at present there were different processes in place for those individuals who were cared for in their own home to those that were in a care home and that this would go some way to addressing that. Discussions had been held with partners and through regional meetings and services they felt that they were prepared as they could be for the changes but that ultimately they would have some impact until the new procedures were embedded with staff and those who had previously not been involved, such as governing bodies.

In relation to the care home which had received a 'requires improvement' rating following the CQC inspection in February, 2019 Councillor Dixon asked why the drop in standards had happened and queried how self-aware providers were that the services were below inspection standards and how receptive they were to the action plans and interventions to be made. Ms. Dingwall advised that Officers had visited the home in January / February and had found no issues or areas for concern so the inspection rating had come as somewhat of a shock. Ms. Dingwall stated that historically, their own inspections and monitoring had run alongside those outcomes of the CQC inspectors and that it had been rare to have discrepancies between the two and they had found themselves questioning if they had missed something in previous visits.

Officers had revisited what they had undertaken with the service, as they did not want to become complacent, but had come to the decision that they had not missed anything and that the issues had been as a result of a rapid decline which had tied in with the CQC inspection visit. Members were advised that the provider was welcoming of and requesting support to make the improvements necessary and they were confident that it would be just as speedy a return in getting them back up to where they need to be.

Councillor Cunningham referred to the paragraphs around EU Exit Planning and asked if there was a particular reason as to why providers felt there would be less disruption to services and workforce than there may be in other areas and was advised that a lot of service employees in the city were Sunderland born residents and therefore there was not the dependency on the EU market for staff as other providers may have. Ms. Dingwall advised that they would continue to monitor the market as there may be a pull for staff to move away from Sunderland for higher paid, similar jobs in other areas of the country that were affected but they would remain mindful of this over the coming months.

In response to a further question regarding medications being provided following the exit from the EU, Ms. Dingwall explained that they relied on colleagues in the CCG to have this in hand and she understood that contingency works had been undertaken.

There were implications on some particular medicines but she was aware that this was more around brands of than the actual medication itself.

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

2. RESOLVED that the information within the report be received and noted and the Committee agree to received regular updates from the Commissioning Tema in relation to the market position.

### **Oral Health in Sunderland : Progress Report**

The Executive Director of Corporate Services submitted a report (copy circulated) which provided Members with an ongoing progress report in relation to the review into oral health in Sunderland.

(for copy report – see original minutes)

Mr. Nigel Cummings, Scrutiny Officer, presented the report advising that Members had met on two occasions; firstly, to set the context for future review activities and then to meet with a number of oral health professionals, which provided an informative and interactive discussions to add to the review's evidence base.

Members were advised of three further planned activities for the review and advised that the review remained on course for completion by December, 2019. Mr. Cummings advised that it would be necessary to convene an extraordinary meeting of the Committee to formally agree the final report prior to it being submitted to Cabinet in January, 2020.

Members having considered the report, it was:-

3. RESOLVED that the progress in relation to the policy review 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)

Mr. Cummings presented the report to the Committee advising that the Care and Support Annual Report scheduled for 30<sup>th</sup> October, 2019 meeting would be moved to 27<sup>th</sup> November, 2019; and 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 16 September, 2019.

(for copy report – see original minutes)

Councillor Cunningham requested further information be provided on item no. 190906/404 – 'to reprocur "Building Public Health Capacity" contracts; and it was:-

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.



**ALL TOGETHER BETTER - UPDATE**

**Report of the Managing Director of All Together Better**

**1. Purpose of Report**

- 1.1 To provide the Committee with an update and overview of the All Together Better (ATB) Alliance in Sunderland.

**2. Background**

- 2.1 ATB is an alliance of provider and commissioning organisations that work closely together to plan, deliver and improve the health and care services in communities across Sunderland.
- 2.2 The ATB came into operation on 1 April 2019 and builds upon the success of the 'out of hospital' NHS vanguard programme by improving the health of local people, providing better care as well as ensuring clinically and financially services.

**3. Current Position**

- 3.1 The attached presentation, at **appendix 1** of this report, provides an overview and update on the All Together Better Alliance and includes:
- Vision and Objectives
  - Care Model and Operating Model
  - Progress.
- 3.2 Also attached at **appendix 2** of this report is the All Together Better operational plan for Members information.

**4. Recommendation**

- 4.1 The Health and Wellbeing Scrutiny Committee is recommended to consider and comment on the information provided in the presentation.

---

**Contact Officer: Philip Foster – Managing Director  
All Together Better**

# All Together Better

October 2019

Health and Wellbeing Scrutiny

# All Together Better

- All Together Better (ATB) is made up of an alliance of provider and commissioning organisations working closely together to plan, deliver and improve health and care services in the community across Sunderland.
- All Together Better (ATB) came into operation as of 1st of April 2019
- ATB is not an organisation – but is a new way of working together supported by a formal alliance arrangement and set of clear expectations which all partners are signed up to
- ATB is responsible for the CCGs **£240 Million** ‘Out of Hospital’ contracts
- ATB presents an exciting opportunity to transform ‘out of hospital’ care and smooth out/dissolve interfaces between care sectors by creating a new Integrated Neighbourhood Operating Model for Sunderland
- ATB has a real shared sense of purpose from all partners to work better as a system and strengthen, build and transform how we deliver services

# Who is part of the Alliance

All Together Better is made up of the following Provider and Commissioning organisations :-

- Strong GP and Clinical Leadership on Board
- Sunderland General Practice Alliance (SGPA)
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)
- South Tyneside and Sunderland NHS Foundation Trust (STSFT)
- Sunderland City Council
- Sunderland Clinical Commissioning Group (SCCG)
- Sunderland Care and Support (SCAS)
- All other providers and Voluntary Sector organisations currently commissioned by SCCG

# All Together Better- Purpose

## Our Vision

- **Better Health and Care for Sunderland**

## ATB overall objectives

- **A Healthy City** – more people living healthier longer lives
- **Outstanding Care-** every time for everyone and reducing inequality
- **Delivery of High Quality services-** through effective partnerships
- **System efficiency** – deliver innovative, financially and clinically sustainable services

ATB has three Key objectives for our first year – with 20 key Projects

# Care Model

## All Together Better - Care Model

Our vision: Better Health and Care for Sunderland

Our health and care services will:

Deliver more personalised, pro-active and joined up care.

Improve peoples' experiences of using health and care services and their health outcomes.

Support people to live longer with a better quality of life.



# Progress so far.....

- Formed at ATB Executive Group- System leadership
- Invested significant time and effort in developing a cohesive out of hospital 'system operating plan' for 2019-20, which aims to tackle our quality, operational and financial performance in collaboration
- A range of other transformation projects underway with business cases in development
- Focus on transforming our place-based model of care– using data and other intelligence about the health and wellbeing of people in Sunderland, so that we can improve day-to-day physical and mental health and reduce health inequalities
- Taking a shared responsibility for how we use our collective resources to improve health results and quality of care, including agreed cross-system spending totals



# Business Model

## Sunderland All Together Better Model





# Integrated Neighbourhood Operating Model

- ATB offers us all a fantastic opportunity to collaborate together to improve the overall health and wellbeing of the people of Sunderland
- We want to build on the fantastic work already done in Sunderland and the development of PCNs to make us a top performing integrated Health and Care system – showing others the way
- ATB is keen to develop a shared vision for our Integrated Neighbourhood Operating Model, which will complement PCNs, support the Clinical Directors in their role, and align Health and Social care services, housing, voluntary sector, etc around neighbourhoods – going further than what the government expects and really making a difference to the lives of the people of Sunderland

# Our operational plan



**All Together  
Better**

Health and care partners  
working together in Sunderland

# Contents

Welcome to All Together Better's first operational plan	03
Introduction	04
Our vision	06
Our values	07
National vision for the NHS	08
Our neighbourhood model	09
Collaborating across all partners	12
Operational plan 2019/20	14
Our operational plan at a glance	24
Enablers to support delivery	26
Measuring success	27



## Welcome to All Together Better's first operational plan

All Together Better (ATB) is made up of an alliance of provider and commissioning organisations working closely together to plan, deliver and improve health and care services in the community across Sunderland.

Formally coming into operation on 1 April 2019, ATB aims to build upon the success of the 'out of hospital' NHS vanguard programme by improving the health of local people, providing better care and ensuring clinically and financially sustainable services.

Since being awarded 'vanguard' status in 2015, Sunderland has been at the forefront of developing new models of care and a significant amount of work has taken place to integrate services and improve the way care is delivered. As we have done so, our partnership has grown and matured. We have refined and further developed our transformation priorities into clear plans for delivery and we have developed governance and partnership arrangements that facilitate both closer working at a local neighbourhood level and across the wider City of Sunderland.

It is a privilege to have been formally appointed to the role of chair of All Together Better. As a frontline GP in Sunderland, I see every day the fantastic range of health and social care services we have in Sunderland and the hard work and commitment of our workforce.

I also see the reality of the impact of health inequalities and poor health on people and the growing demand and financial pressures faced by services.

All Together Better offers a unique opportunity to build on the strong foundations we have put in place and to provide truly joined up care and support in people's homes, GP surgeries and in the community, helping people to remain independent for as long as possible and reducing the need for hospital stays.

Our one year operational plan for 2019/20 sets out how we will start to deliver high quality and sustainable services into the future and lays the groundwork for the transformation of how we deliver health and social care in neighbourhoods across Sunderland.

This means working in all our communities to tackle health inequalities and the root cause of the issues – whether loneliness, poverty, complex health care needs or disjointed and complicated services.

We will do this by working together and doing things differently to improve care outside of hospital, provide better value for money and make a real difference to the health, wellbeing and every day lives of the people of Sunderland.



Dr Martin Weatherhead, Chair of ATB

## Introduction

All Together Better (ATB) is an alliance of commissioners and providers working together across organisational boundaries to better join up health and care services and improve health outcomes for people living in Sunderland.

**The purpose of ATB is to maximise people's independence, good health and wellbeing across all of our communities in Sunderland. Our key partner organisations include:**

- Sunderland Care and Support (SCAS)
- Sunderland City Council
- Sunderland Clinical Commissioning Group (CCG)
- Sunderland General Practice Alliance (SGPA)
- South Tyneside and Sunderland NHS Foundation Trust (STSFT)
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (NTW)
- All other providers and voluntary sector organisations currently commissioned by Sunderland Clinical Commissioning Group

Our aim is to work with local communities to support people to live a long, healthy and fulfilling life. Through this work, we want to empower people to be able to make healthier choices and ensure that those people living with an existing disability or long-term condition are able to live as well as possible through access to the right advice, treatment, care and support.

Across Sunderland we have so much to be proud of, but we also need to address some significant health challenges and inequalities.

Sunderland in general has poorer health outcomes than the rest of the country with significant pockets of deprivation and is in the top 20% of the most deprived areas in England. Life expectancy for both men and women is lower than the England average and estimated levels of adult obesity, smoking and physical activity are also worse than the England average.

Around 79,000 people in the City of Sunderland have at least one long-term condition and one in four adults also report some form of long-term illness, health problem or disability.

The financial challenge we face is the biggest in a generation. Demands on our resources are growing faster than those available and, as a result, the local health and social care system is under increasing financial pressure.



“We all agree that working more closely together is the only way we can tackle these challenges and achieve our ambitions.”

We all agree that working more closely together is the only way we can tackle these challenges and achieve our ambitions. It is the only way we can genuinely put people, rather than organisations, at the centre of what we do. It is also an approach which can maximise the benefit of sharing the expertise and resources we have, including money, buildings and staff, to achieve a greater focus on preventing ill health and reducing health inequalities.

Our operational plan for 2019/20 sets out our key priorities on how we will start to significantly improve health and social care outcomes and reduce the number of people attending hospital by delivering more care closer to home.

This means supporting people in community settings such as their own homes and making more services available in local communities. It also means having health and social care staff working more closely together, with other primary care colleagues, to support people; developing better integration of physical and mental health services; and refocusing our investment so that we are putting our available resources to their best possible use.

## Our vision

Better health and care for Sunderland

---

Our mission:

**A healthy city - more people  
living healthier longer lives**

**Outstanding care - every time, for  
everyone and reducing inequality**

**Delivery of high-quality services  
- through effective partnerships**

**System efficiency - deliver  
innovative, financially and  
clinically sustainable services**

## Our values

---



### People-centred

- Care and support organised around the person
- Outstanding, safe and compassionate care
- High quality, responsive and effective community services



### Collaborative

- Working together as one team dedicated to meeting peoples' needs
- Clinical leadership guides our thinking
- Listening and learning from each other



### Integrity

- Acting with honesty and transparency
- Deliver what we said we will deliver
- Respect and embrace difference



### Quality and safety

Quality and safety are implicit in our vision and values and our underpinning governance framework will enable quality and safety to be at the heart of everything we do.

## National vision for the NHS

The NHS Long-term Plan was published in January 2019 and sets out a number of key ambitions, over the next 10 years, to create a health and care system which is fit for the future by:

- Increasing focus on population health and taking more action on prevention
- Transforming 'out of hospital' care to build fully integrated community-based services
- Improving the quality of care provided and the health outcomes achieved for local people by reducing variation and improving productivity

### Our approach to improving care in Sunderland

In line with the vision outlined in the NHS Long-Term Plan, we firmly believe in the principle that services should be delivered as close as possible to people in their own homes and communities, where this is safe and effective. Only when the safety, quality and cost effectiveness of care are improved by providing it at a greater scale should services be delivered elsewhere.

Our care model in Sunderland (see pages 10 and 11), will be built around geographical neighbourhoods which reflect locality areas and the new 'primary care networks' in Sunderland in which local GPs and health and social care will work together to proactively care for populations of around 30,000 to 50,000 people.

We are already well advanced in developing this place-based or neighbourhood model thanks to the work already undertaken in 2015 as part of the NHS vanguard programme. This means we already have the important building blocks in place across the City to support care for everyone registered with a Sunderland GP, as well as those who are not registered with a GP but live in Sunderland.

Our six integrated neighbourhood teams will cover the following localities:

- Sunderland Coalfields
- Sunderland Washington
- Sunderland East
- Sunderland North
- Sunderland West One and Sunderland West Two

ATB will implement a new integrated neighbourhood operating model. This new neighbourhood operating model will seek to fundamentally reshape mainstream delivery, bringing together the skills, knowledge and experience needed to deal effectively with demand in a specific neighbourhood, ensuring services and staff in that neighbourhood share a common purpose and work in an holistic way with people and communities. The integrated neighbourhood operating model will encompass primary care, social care, mental health, community nursing care, social prescribing and drug and alcohol services and seek to interact and interface with policing, fire service, housing, the voluntary sector and other community services.

## Our neighbourhood model





## All Together Better - Care Model

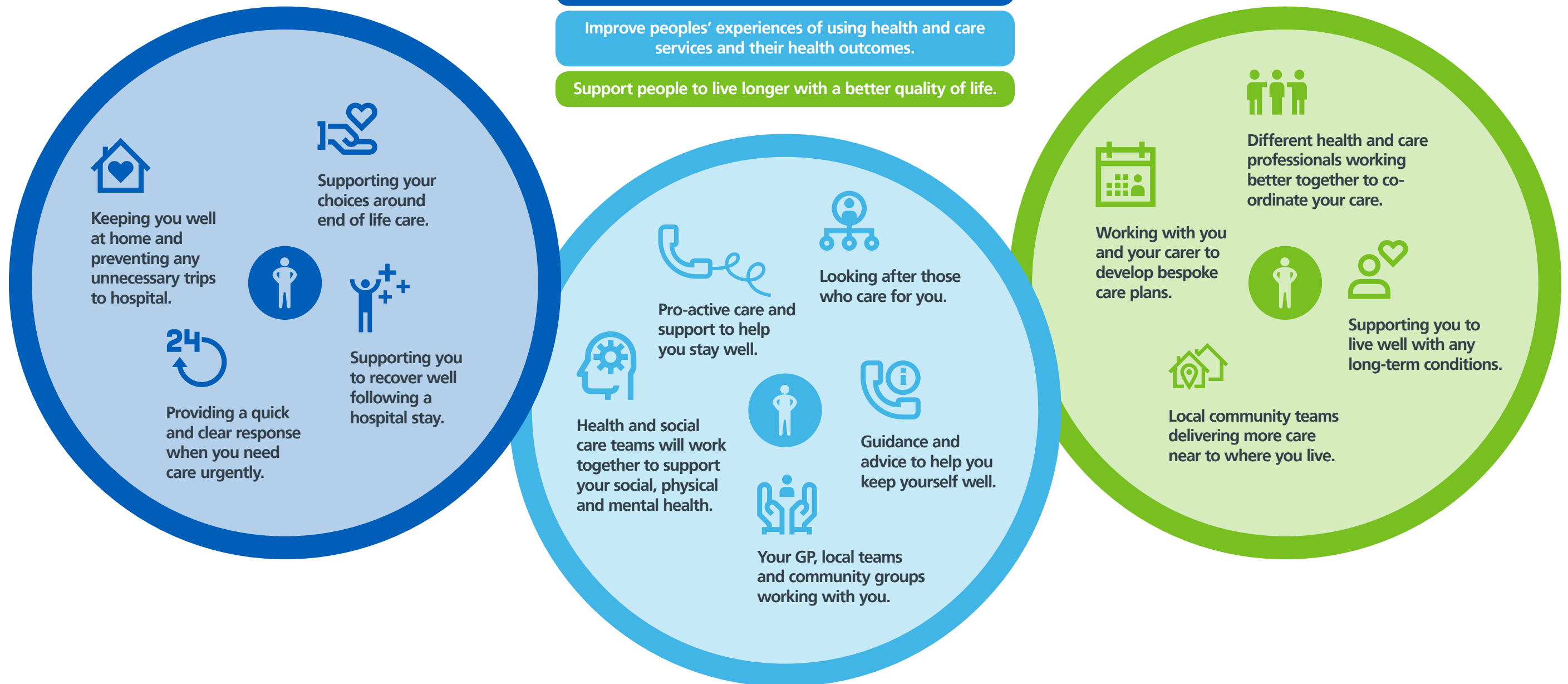
Our vision: Better Health and Care for Sunderland

Our health and care services will:

Deliver more personalised, pro-active and joined up care.

Improve peoples' experiences of using health and care services and their health outcomes.

Support people to live longer with a better quality of life.



## Collaborating across all partners

Achieving our collective vision for improving care across Sunderland is supported by a collaborative way of working agreed across all ATB partner organisations. This is shown in our 'business model' diagram below and sets out the four key programmes of ATB work which are designed to transform the way care is delivered across Sunderland.

### Sunderland All Together Better Business Model





## Operational plan 2019/20



Sustainability is a cross cutting theme in our operational plan and its significance is wider than just long-term financial sustainability.

It is also about increasing productivity, ensuring services provided in the community are good value for money and encouraging the workforce to continually adapt and evolve our services to meet the needs of local communities.

Our operational plan has been informed by the CCG's operational plan 2019/20, Sunderland City Council's City Plan, the NHS Operational Planning and Contracting Guidance 2019/20, the recently published NHS Long-term Plan and the Joint Strategic Needs Assessment for Sunderland.

It sets out three key transformational priorities for the year ahead and 20 projects within these:

01. Improving health outcomes and reducing inequality

02. Enhanced integrated primary care services

03. The transformation of care and support services

## The difference ATB will start to make in 2019/20

As our collaborative work gathers more pace in 2019/20, we hope to see these three core transformational priorities resulting in:

01. A strengthening of general practice by enhancing community integrated teams and services built around local neighbourhoods and 'primary care networks'
02. An even greater focus on supporting people to keep healthy and independent, addressing health inequalities by developing active communities and greater social prescribing which means GPs, nurses and other primary care professionals will be able to refer people to a range of local, non-clinical services
03. People with long-term conditions – whether those are physical health, mental health or learning disability related – starting to see more joined up care and support in their own homes, GP surgery and community
04. Implementation of an urgent health care system that provides timely care in a crisis and delivers the best specialist care possible
05. A greater emphasis on recovery and rehabilitation and people being supported to live independently in the community for as long as possible
06. Supporting people in their choices around end of life care, resulting in people dying in their preferred place of care
07. Staff finding it easier to work with colleagues from other organisations to support shared health and social care priorities and remove duplication
08. Measurable improvements in population health and reduced inequalities
09. Greater value in driving improvement across the whole health and care system by taking a more holistic view of resources across all partners and better aligning assets, budgets and staffing resources
10. A comprehensive system leadership approach to improving health and care services and providing high quality integrated services in the community for people across Sunderland

16.

17.



Our three key  
transformational  
priorities for  
**2019/20**

# 01. Improving health outcomes and reducing inequality

Reducing health inequalities, preventing ill health and improving people’s wellbeing is at the heart of our approach and a theme that runs through all of our priorities.

Fundamentally, we know that across Sunderland significant inequalities exist and people are living longer in ill health. By preventing physical and mental ill health, and getting to grips with issues before they become bigger problems, people will lead happier, healthier lives.

To start to achieve this ‘step change’, our efforts will be focussed on social prescribing and a range of projects to enhance recovery and rehabilitation services with the purpose of avoiding long-term treatment and lifelong service dependency.

## Project 1

### Social prescribing

#### General practice (Programme one)

Social prescribing is a means of enabling GPs, nurses and other health and social care professionals to refer people to a range of local, non-clinical services. Recognising that peoples’ health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address peoples’ needs in a holistic way. It also aims to support individuals to take greater control of their own health. This project will design a city wide social prescribing model which will support people with a wide range of social, emotional or practical needs and will focus on improving mental health and physical wellbeing.

## Project 2

### Promoting employment, education, training and meaningful activities for people with mental health needs, autism or a learning disability

#### Mental health, learning disability and autism (Programme two)

This project will develop work, education or training opportunities that will contribute to peoples’ recovery and wellbeing, supporting people to recognise their own talent and resourcefulness in order to become experts in their own self-management, make informed choices and achieve the things they want to in life.

## Project 3

### Development of a frailty model

#### Enhanced primary and community care (Programme three)

Frailty is a term used by professionals to describe the loss of body resilience, which means that in the case of a physical or mental illness, an accident or other stressful event, people living with frailty will not bounce back quickly. Frailty is related to the ageing process however not all older people are frail and not everyone living with frailty is older. This project will develop an integrated frailty model to cover both community and acute hospital services as well as looking at our strategy and approach to prevent falls.

## Project 6

### High intensity users

#### Intermediate and urgent care (Programme four)

A relatively small percentage of patients are known to generate a disproportionately high percentage of emergency department attendances and unplanned hospital admissions. This project will develop a new service model to support people in Sunderland to reduce their need to use unscheduled care, freeing up front line resources and reducing admissions into hospital.

## Project 7

### Review of recovery at home service

#### Intermediate and urgent care (Programme four)

This project will review the current citywide recovery at home service with the aim of maximising independence, improving quality, using resources more effectively to get best value for money whilst improving and simplifying the system for patients and health and social care professionals.

## Project 4

### Redesign of podiatry services

#### Enhanced primary and community care (Programme three)

This project will review the current podiatry model with an aim to prioritise patients with high clinical needs, avoid more costly interventions which carry greater risks and give patients a better quality of life for a longer period of time.

## Project 5

### Respiratory service review

#### Enhanced primary and community care (Programme three)

This project will review the approach to supporting people with respiratory (breathing) problems with the aim of improving health outcomes and optimising the length and quality of life for people with and at risk of respiratory disease.



## 02. Enhanced integrated primary care services

Enhancing primary care is a key priority so that community-based health and social care services are more joined up.

Through the development of our six new integrated neighbourhood teams across Sunderland, our aim is to sustain and transform GP services to ensure that local people have access to high quality primary medical care and a range of community services around which out of hospital care will be organised.

Our efforts will be focussed on providing more personalised, proactive care which is accessible locally and better coordinated with a range of health and care professionals working more closely together in local communities.

### Project 8

#### Delivery of the general practice strategy

##### General practice (Programme one)

GPs play a pivotal role in community health services and this project will implement the requirements set out in the national GP Forward View, NHS Long Term Plan and Sunderland CCG's general practice strategy.

### Project 9

#### Support the development of primary care networks

##### General practice (Programme one)

Primary care networks (PCNs) aim to bring together health and care professionals in local neighbourhoods to improve integrated ways of working, provide more joined up experiences of care for local people and embed population health approaches. This project will support the development of PCNs in Sunderland and continue to enhance local services outside of hospital by working closely with GPs and community integrated teams.

### Project 10

#### Medicines optimisation and pharmacy services

##### General practice (Programme one)

Medicines optimisation is about enabling prescribers and patients to make the most appropriate, agreed treatment choices together. This project will seek to enable high quality, patient centred access to medicines across health and social care and integrate pharmacy services to engage with and support the new 'primary care networks'.

### Project 12

#### Enhanced health in care homes

##### Enhanced primary and community care (Programme three)

This project will seek to develop a clear vision for working with care homes across Sunderland to provide more joined up support and care to residents of care and nursing homes. The aim is to improve and empower the ability of the care home sector to support residents and reduce unnecessary admission into hospital, via a range of 'in-reach' services.

### Project 11

#### Development of an integrated neighbourhood operating model

##### Enhanced primary and community care (Programme three)

ATB will implement a new integrated neighbourhood operating model. This new neighbourhood operating model will seek to fundamentally reshape mainstream delivery, bringing together the skills, knowledge and experience needed to deal effectively with demand in a specific neighbourhood, ensuring services and staff in that neighbourhood share a common purpose and work in a holistic way with people and communities. The integrated neighbourhood operating model will aim to wrap care around a person and their family, tailoring services to different community requirements across Sunderland.

### Project 13

#### Urgent care strategy implementation

##### Intermediate and urgent care (Programme four)

This project will implement the agreed urgent care strategy enabling the residents of Sunderland to access urgent care which meets their needs in the right place and at the right time.

## 03. The transformation of care and support services

We need to rethink and improve how health and care services are delivered in line with the expectations of the people of Sunderland.

We want to provide more care in the right place, at the right time and by the most appropriate healthcare professionals within our local communities. To do this, our aim is to develop new innovative ways of working and embrace new technology where appropriate.

### Project 14

#### Delivery of the mental health strategy

Mental health, learning disability and autism (Programme two)

This project will implement the requirements set out in the national Mental Health Five Year Forward View (MHFYFV) now in its fourth year of implementation and the NHS Long Term Plan which reaffirms a national commitment to transform mental health services and put mental health care on a level footing with physical health services.

### Project 15

#### Review of Section 117 aftercare support care packages

Mental health, learning disability and autism (Programme two)

This project will review the Section 117 aftercare policy operating in Sunderland with the aim of ensuring financial suitability and to ensure Section 117 aftercare plans are designed and developed with promoting service users' independence and recovery in mind.

### Project 16

#### Alternatives to hospital care for older people with mental health needs

Mental health, learning disability and autism (Programme two)

This project will develop alternative options to hospital care for older people with mental health needs and dementia. Our aim is to ensure appropriate services are in place to account for the expected increase in demand on these services, as well as developing alternative non-medical models to support greater control, self-management and autonomy.

### Project 17

#### Care packages

Enhanced primary and community care (Programme three)

This project aims to review the approach for NHS Continuing Healthcare (CHC) assessment in order to reduce variation, deliver improved performance and patient experience and ensure a financially sustainable model through an integrated approach to funding of complex care packages.

### Project 18

#### Review of community acquired brain injury service (CABIS)

Enhanced primary and community care (Programme three)

This project will develop cost effective specialist community rehabilitation services for people with a mild, moderate or complex acquired brain injury. Our aim is to support people through local services to improve their long-term potential.

### Project 19

#### Alternatives to detention

Mental health, learning disability and autism (Programme two)

This project aims to develop a much clearer understanding of the use of the Mental Health Act in detentions across Sunderland in order to ensure a least restrictive approach is applied across health and care services. The aim is to reduce the number of detentions from the community and ensure the Mental Health Act is used appropriately.

### Project 20

#### Transforming community equipment services

Enhanced primary and community care (Programme three)

This project aims to ensure the delivery of sustainable care equipment services, including wheelchairs, to order to improve access and meet national waiting time standards.

# Our operational plan at a glance

Our vision:	Better health and care for Sunderland		
Delivered by:	Improving health outcomes and reducing inequality	Enhanced integrated primary care services	Transforming care and support services
Measured by:	All Together Better outcomes		
Underpinned by our values:	People centred	Collaborative	Integrity

Improving health outcomes and reducing inequalities		
Transformation projects	Programme	Objective
1. Social prescribing	One	Design a city wide social prescribing model to support people to improve their physical and mental wellbeing
2. Promoting employment education, training and meaningful activities	Two	Support the recovery and wellbeing of people with mental heath, learning disabilities and autism
3. Development of a frailty model	Three	Develop an integrated frailty model covering acute and community services
4. Podiatry	Three	Review current model of podiatry to support and improve patients quality of life
5. Respiratory	Three	Improve health outcomes and optimise the length and quality of life for people with and at risk of respiratory disease including care at end of life
6. High intensity users	Four	Support people to reduce their over dependence on unscheduled care and reduce admissions to hospital
7. Recovery at home service	Four	Review current service to maximise independence and improve quality, integration, and sustainability

Enhanced integrated primary care services		
Transformation projects	Programme	Objective
8. Delivery of general practice strategy	One	Delivery of the CCG general practice strategy, increasing workforce and sustainability
9. Primary care networks (PCNs)	One	Development of PCNs, improving integrated working, joined up pathways and population health approaches
10. Medicines optimisation and pharmacy services	One	Enable high quality, person-centred access to medicines across health and care, integrated with PCNs
11. Development of integrated neighbourhood operating model	Three	Cross cutting project across all ATB Programmes. Promoting a model of integration that is truly preventative, proactive and person-centred
12. Enhanced care in care homes	Three	Provide joined up health and care to residents of care homes via a range of in-reach services
13. Urgent care strategy	Four	Access to urgent care that meets the needs of local people in the right place and at the right time

The transformation of care and support services		
Transformation projects	Programme	Objective
14. Delivery of the mental health strategy	Two	Implement the requirements set out in the NHS Long term Plan and Mental Health Forward view
15. Review of Section 117 packages of care	Two	Review policy to ensure plans promote service users independence, recovery and contribute to sustainability
16. Alternatives to hospital care for older people with mental health needs	Two	Ensure appropriate services are in place to support people with dementia and or functional illnesses
17. Care packages	Three	Improve patient experience and performance of NHS Continuing Healthcare (CHC) assessment and decision making process
18. CABIS review	Three	Develop a cost effective specialist community rehabilitation service for people with acquired brain injury
19. Alternatives to detention	Two	Ensure appropriate use of the Mental Health Act in detentions
20. Transforming community equipment services	Three	Ensure the delivery of sustainable care equipment services including wheelchairs

Enabled by:			
Integrated commissioning	Digital and technology	Estates	Quality
Communications and engagement	Finance	Business intelligence and performance	Transformation and reform

## Enablers to support delivery

To support delivery of our operational plan there are a number of important transformational enablers including:

### Workforce and organisational development

Our workforce is our most important asset and we recognise staff have a wealth of experience, knowledge and often the best ideas to make positive change happen. The views of staff are essential to our plans and we will involve them throughout our work, ensuring clinical leadership and expertise are the driving force for the way we do business and transform services in the community. A workforce group has been established with key objectives to:

- promote the development of a system leadership culture and place-based integrated working
- develop workforce plans to include recruitment and retention, introduction of new roles, upskilling of existing roles and opportunities for improved productivity
- ensure the delivery of national workforce priorities
- promote and provide an excellent learning environment and create a reputation where Sunderland is recognised as a great place to work aiding recruitment and retention

### Digital and technology

At every opportunity we will consider how digital advances can support our transformation plans and, in particular, how technology can better empower people to stay in control of their care, treatment and overall health and wellbeing.

We want to maximise digital opportunities to enable greater choice on how people access help and support whilst still maintaining equality for those not ready or able to take advantage of these new methods. We also want to drive forward ambitious plans to enable more vital information sharing across different providers to support improved clinical decision making within a robust information governance environment.

### Communication and engagement

We are committed to meaningful engagement and timely involvement of staff and key stakeholders. We recognise we need to empower people in Sunderland to better manage their own health and support our health and care staff to have conversations that help people to make decisions that are right for them.

Providing our local communities with timely and accurate information and involving them in discussions about developments in their services will ultimately help us achieve our vision of 'Better health and care for Sunderland'.

To achieve this, a comprehensive communication and engagement strategy has been developed to help us reshape care by listening to how we can improve services to better meet the needs of our local population.

## Measuring success



Patients and the public are entitled to know how ATB is performing and we are fully committed to transparency and regular reporting.

During 2019/20 we will introduce a robust outcomes framework to measure our progress and performance against key priorities and the agreed ambitions which we have set ourselves as a health and care system. The two key measures which will act as the touchstones of success across all ATB partners are:

- direct feedback from patients and their families
- feedback from our wider workforce and stakeholders.





The priorities outlined in this operational plan are the first key steps for ATB in creating truly person-centred, proactive and co-ordinated community care across the City of Sunderland. We look forward to updating all stakeholders as we embark on this journey together, as a collective health and care system, to embed our new approach and ways of working to transform out of hospital services.

## Health and care partners working together.

Sunderland Care and Support (SCAS) // Sunderland City Council //  
Sunderland Clinical Commissioning Group (CCG) // Sunderland General Practice Alliance (SGPA) //  
South Tyneside and Sunderland NHS Foundation Trust (STSFT) //  
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (NTW) //  
All other providers and voluntary sector organisations currently  
commissioned by Sunderland Clinical Commissioning Group



[www.atbsunderland.org.uk](http://www.atbsunderland.org.uk)

 AllTogetherBetter  
 ATBSunderland



## **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 continue to provide a 24/7 Nurse and GP home visiting service across the city with no significant issues reported. This service continues to provide patient care in their own homes avoiding hospital admission.

##### **Sunderland Extended Access Service (SEAS)**

- 2.2 The full SEAS model has been in place from 1 August 2019 with the addition of minor injury provision within Houghton and Washington sites. Fortnightly service monitoring is in place reporting no significant issues with service delivery.
- 2.3 The service continues to work with local practices across the city to ensure a consistent offer of extended access appointments are provided by practices to patients, as well as the 111 service.
- 2.4 Service reviews are planned between October 2019 and March 2020 to review utilisation across the five hubs including minor injuries. The service is currently reporting low utilisation rates on Saturday and Sundays (mainly Sundays) with low levels of minor injury activity with one patient per day reported across both Houghton and Washington sites. Further clarification of the range of injuries within this reported figure is currently being sought i.e. bite, sting, strain or sprain.

##### **Urgent Care Centre Configuration**

- 2.5 Houghton and Washington Urgent Care Centres (UCCs) were safely and successfully changed in line with our Urgent Care Strategy on 1 August 2019. Bunny Hill currently continues to deliver the existing service with no significant issues. A demobilisation plan is in place for the end of November 2019.

##### **Urgent Treatment Centre (UTC) Implementation**

- 2.6 The Pallion building and car park works have been completed with a significant improvement identified within car park facilities i.e. more availability of spaces for patients. Although there have been some teething issues with the car park system in place, this is becoming less and less as the parking system embeds.
- 2.7 A public 'walk around' took place on 24 September 2019 with positive feedback regarding the amends made to the building as follows:

- Waiting area is much improved (more space), especially with regards to the separate paediatric waiting area;
  - Assessment and treatment rooms are a good size, well equipped and provide enough space for patients, including those with wheelchairs.
- 2.8 There were recommendations relating to the following and will be addressed by the UTC service:
- External signage (pictorial as well as written);
  - Dementia friendly aspects i.e. carpet colours;
  - More guide rails within the waiting area;
  - Processes for wheelchair access to the building when patients arrive alone.
- 2.9 In line with implementation of the Urgent Care Strategy the change of our system of Bunny Hill UCC and SEAS moving in, as well as the mobilisation of the UTC model at Pallion is on track for implementation for 1 December 2019.

#### **System Minor Injury and Illness Activity**

- 2.10 Following the change of Houghton and Washington UCCs, weekly activity reviews have been in place to monitor patient flow across the city. Activity to date, as of 17 October 2019, has seen a reduction of minor illness and injury by 22% and is on trajectory to deliver the predicted activity modelling identified within the Urgent Care Strategy business case (50%) upon closure of the Bunny Hill service.

### **3. Next Steps for Urgent Care Transformation**

- 3.1 Upon delivery of the UTC model on 1 December 2019 at Pallion, the All Together Better (ATB) Alliance via Program Four (Urgent and Intermediate Care) will work 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**

**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 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.
- 2.2 A further session was 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.

**3. Progress on the Policy Review**

- 3.1 The committee have undertaken further evidence gathering sessions in October including with John Morris from the University of Birmingham, David Landes from Public Health England and Alice Wiseman from Gateshead Council. A brief summary of the key points is attached at **Appendix 1** of this report.
- 3.2 The Committee has also visited a water treatment plant in the North East to discuss how water is treated, the distribution network and what is involved in fluoridating the water from a technical perspective. A brief summary of the key points from this visit are attached at **Appendix 2** of this report.
- 3.3 Members of the Committee should also note the following planned activities for the review into oral health:
- Monday 11 October @ 1pm in Committee Room 5 – evidence session
- Tuesday 12 October @ 1pm in Committee Room 1 – 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 Following this there will be a session arranged to discuss the evidence that has been gathered and to look at the draft report, the findings and to look at potential

recommendations as a result. 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.

---

**Contact Officer: Nigel Cummings (0191 561 1006)**  
**nigel.cummings@sunderland.gov.uk**

## Health and Wellbeing Scrutiny Committee

### Policy Review: Evidence Gathering Session 3

#### WATER FLUORIDATION

**Meeting Objectives:** To understand what a fluoridated water scheme is, its health benefits to the population and the legal/procedural processes of such a scheme.

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

Lynne Bennet (Governance Law Specialist – Sunderland City Council), David Landes (Consultant Public Health England), John Morris (University of Birmingham – School of Dentistry) and Alice Wiseman (Director of Public of Health – Gateshead Council).

**Apologies:** Cllrs Cunningham, Butler, Leadbitter and McDonough

The main points arising from the session were as follows:

- There is an evidence base of 50+ years of fluoridated water in the North East providing examples of the benefits to populations over that period.
- Fluorine is the 13<sup>th</sup> most abundant element in the earth's crust and exists in trace amounts in virtually all ground waters throughout the world. It is also naturally present in many foodstuffs, especially tea.
- Water fluoridation in the UK uses either Disodium Hexafluorsilicate ( $\text{Na}_2(\text{SiF}_6)$ ) or Hexafluorosilicic Acid ( $(\text{H}_3\text{O})_2\text{SiF}_6$ ).
- Two known harms/unwanted effects from chronic exposure to fluoride are skeletal fluorosis and dental fluorosis. Both can occur irrespective of the source of the fluoride. In terms of dental fluorosis there are only very mild cases reported via the referral centre in Newcastle.
- It is very difficult to ingest enough fluoride to cause acute toxicity, the science around fluoride safety was noted as being robust.
- The upper limit for public and private water supplies in England is 1.5mg per litre of water (1.5mg/l). Interestingly the upper limit for bottled mineral water in England is 5mg/l (due to coming under food regulations rather than water regulations) and a cup of tea also contains approx. 5mg/l.
- By way of comparison toothpaste contains up to 1,500 mg/l or 1,500 ppm.
- There is a strong evidence base for the effectiveness of Community Water Fluoridation (CWF) Scheme including 9 evidence reviews since 2000 also

PHE monitoring reports in 2014 and 2018 show contemporary reductions in decay levels between fluoridated and non-fluoridated communities.

- It was noted that much of the evidence base was around 5 year-olds but it was recognised that CWF benefits all levels of the population. Although the impacts on adolescents and adults was less known due to fewer studies having been conducted.
- There has been a huge shift in the oral health of adults resulting in a decline in the number of adults with complete dentures. However, tooth retention in older people does mean the dental profession are encountering new dental issues in the older generation.
- Numerous evidence reviews since 2000 have reported that there is no evidence of harm to health from fluoridated water. Public Health England reports also show no harm to health. Also in the USA the CDC (Centres for Disease Control and Prevention) have published a new statement (2018) expressing the fact that there is no convincing scientific evidence to any potential adverse effects of CWF schemes.
- It is almost impossible to scientifically prove that something is safe, instead scientists and policy-makers continue to look for evidence of harm, and this is ongoing since 1940's.
- Gateshead has operated a CWF scheme since 1960's and was, acknowledged by the Director of Public Health as, the most cost-effective way to reach the population. Also, in terms of the ethical considerations it provides the best benefit to the most disadvantaged communities.
- A number of extension schemes failed to happen due to a number of re-organisations across Public Health and Primary Care Trusts (NHS) throughout the 1980's-90's. Getting traction on any extension scheme was extremely difficult.
- The legal provisions for the introduction of a CWF scheme are very prescriptive and enshrined in legislation. Water Industry Act 1991 (as amended by the Water Act 2003 and the Health and Social Care Act 2012) and the Water Fluoridation (Proposals and Consultation) (England) Regulations 2013.

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

## **Health and Wellbeing Scrutiny Committee**

### **Policy Review: Evidence Gathering Session 4**

#### **WATER TREATMENT WORKS VISIT**

**Meeting Objectives:** To look at a water treatment plant and understand the process for artificially fluoridating the water supply.

**In attendance:** Cllrs Dixon (Chair), Davison, Leadbitter and Cunningham.

Lynne Bennet (Governance Law Specialist – Sunderland City Council), Kathryn Bailey (Public Health Specialist), Ben Seale (Public Health Lead) and Nigel Cummings (Scrutiny Officer).

**Apologies:** Cllrs Mann, Butler and McDonough

The main points arising from the visit were as follows:

- It was noted that typical shelf life of a water fluoridation plant was approximately 20 years. Public Health England cover the capital costs for any scheme with local authorities covering the revenue costs for a CWF Scheme.
- Raw material comes in a liquid form and the site is manned 24 hrs/day.
- Safety features include a trip point at 1.4mg/l from the normal dosage of 1.0mg/l. This was monitored by analyser equipment as well as a chemical flow meter to ascertain the true value.
- In terms of the Sunderland water distribution system there are three water treatment plants with a further eight groundwater stations (GWS). The water from these stations is abstracted from the Durham Magnesian Limestone Aquifer whose water is naturally fluoridated. In some cases, this water is fluoridated to 1.1 ppm in others it is as low as 0.3 ppm.
- It was noted that the simplest and most cost effective option to provide a CWF scheme would be to install fluoridation plants at the three major treatment works, this would provide coverage to all areas of the City of Sunderland.
- Members were informed that the conventional treatment method for water purification is a complex, multistage process that generally consists of five primary steps. Following treatment, the water is available to the distribution system via service reservoirs.
- It was also noted that demand for water is often in spikes through the day with early morning and early evening being the key pressure times of the day.

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

---

**Contact Officer:** Nigel Cummings, Scrutiny Officer  
[nigel.cummings@sunderland.gov.uk](mailto: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 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
<b>Policy Framework / Cabinet Referrals and Responses</b>		Scoping Report (N Cummings)		Policy Review Update (N Cummings)	Policy Review Update (N Cummings)					
<b>Scrutiny Business</b>	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)	End of Life Care (Sunderland CCG)  Maternity Services (City Hospitals)  Care and Support Annual Report (Sunderland Care and Support)	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)
<b>Performance / Service Improvement</b>										
<b>Consultation/ Information &amp; Awareness Raising</b>	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 21 October 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 21 October 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 21 October 2019 at the Scrutiny Committee meeting.

#### **5. BACKGROUND PAPERS**

- Cabinet Agenda

---

Contact Officer : Nigel Cummings, Scrutiny Officer  
0191 561 1006  
[Nigel.cummings@sunderland.gov.uk](mailto: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
191009/410	Following conclusion of the statutory representation period, to consider the proposal to amalgamate Pennywell Early Years Centre and Academy 360.	School Organisation Committee of Cabinet (SOCOC)*	Y	7 November 2019 (previously published on a separate notice dated 9 October 2019).	N	Not applicable	SOCOC Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
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 19 November to 31 December 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
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 19 November to 31 December 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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
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 19 November 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  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190823/385	Proposed Governance Arrangements for the Centre of Excellence for Sustainable Advanced Manufacturing (CESAM) and related matters.	Cabinet	Y	During the period from 19 November 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  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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	During the period from 19 November 2019 to 14 January 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190905/400	To agree to procure a partner to support the development of a sustainable, affordable credit solution for council staff and city residents.	Cabinet	Y	During the period from 19 November 2019 to 14 January 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
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 19 November 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  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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
190906/403	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	19 November 2019.	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
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	During the period 19 November 2019 to 11 February 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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
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	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190925/406	To recommend to Council that the proposed changes to polling districts and polling places are agreed.	Cabinet	Y	19 November 2019.	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>



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
190925/407	To consider the disposal of land for residential development North of Burdon Lane Road.	Cabinet	Y	During the period 19 November to 31 January 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  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
191001/408	To authorise the Executive Director of City Development to deliver the Coastal Communities Round 5 project.	Cabinet	Y	19 November 2019.	N	Not applicable	Cabinet	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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
191009/411	To seek approval for the Council to become involved in the direct provision of new affordable homes and supported accommodation as a Registered Provider of Social Housing.	Cabinet	Y	19 November 2019.	N	Not applicable	Cabinet	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
191009/412	To approve the funding for specialist and move on accommodation for people with mental health needs with Home Group.	Cabinet	Y	During the period from 19 November 2019 to 14 January 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	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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
190114/325	To procure a contractor to undertake works at Jacky Whites Market.	Cabinet	Y	10 December 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
191015/413	To consider and approve of the Sunderland Smart City Outline Business case and the recommended next steps.	Cabinet	Y	During the period 19 November 2019 to 14 January 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 Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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
191015/414	To consider proposals regarding the management of the Council's cultural venues.	Cabinet	Y	During the period 19 November to 10 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 Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
191018/416	To review the operating model of the Council's Business Centres and assessment of the potential to partner with an external provider.	Cabinet	Yes	During the period 19 <sup>th</sup> November to 10 <sup>th</sup> December 2019.	N		Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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
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  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
191008/409	Disposal of the former Gillbridge Police Station, Sunderland	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  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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
191017/415	To seek Cabinet approval for procurement and appointment of a consultant / consortium of consultants to progress Detailed Project Development and Business Case for the outline design and delivery of a strategic heat network	Cabinet	Y	10 December 2019.	N	Not applicable	Cabinet	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190910/405	To approve revisions to the city's Unauthorised Encampment Policy 2018.	Cabinet	Y	14 January 2020.	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

**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](mailto: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.

\* School Organisation Committee of Cabinet: - Councillor Graeme Miller – Leader; Councillor Paul Stewart – Cabinet Secretary; Councillor Louise Farthing – Children, Learning and Skills; Councillor John Kelly – Communities and Culture; and Councillor Geoffrey Walker – Health and Social Care.

This is the membership of the School Organisation Committee 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

21 October 2019