

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

Meeting to be held on Wednesday, 3rd November, 2021 at 5.30 pm in the Council Chamber, Sunderland Civic Centre, Burdon Road.

Membership

Cllrs Burnicle, Butler (Vice-Chairman), Essl, Haswell, Heron, Leadbitter, N. MacKnight (Chairman), McClennan, McDonough, Potts, Speding and M. Walker

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

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	No Items	

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

26th October, 2021

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the Council Chamber of the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 6th OCTOBER, 2021 at 5.30p.m.

Present:-

Councillor N. MacKnight in the Chair

Councillors Haswell, Leadbitter, McClennan, McDonough and Speding

Also in attendance:-

Dr. Carol Aitken – General Practitioner

Dr. James Bell – Chairman, Sunderland GP Alliance

Mr. David Chandler – Chief Officer and Chief Finance Officer, Sunderland Clinical Commissioning Group

Ms. Debbie Cornell – Head of Corporate Affairs, Sunderland Clinical Commissioning Group

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

Ms. Liz Davies – Director of Communications, South Tyneside and Sunderland NHS Foundation Trust

Mr. Philip Foster – Managing Director, All Together Better Alliance

Dr. Emily Hadaway – Head of GP Clinical Services, Sunderland GP Alliance

Dr. Tracy Lucas – Senior Responsible Clinician, All Together Better

Ms. Gillian Robinson – Scrutiny, Mayoral and Member Support, Sunderland City Council

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

Ms. Gerry Taylor – Executive Director of Public Health and Integrated Commissioning, Sunderland City Council

Ms. Judith Taylor – Head of General Practice Services, Sunderland GP Alliance

Ms. Tracey Teasdale – Head of Federated Clinical Services, Sunderland GP Alliance

Mr. Matthew Thubron – Head of Contracting and Performance, Sunderland Clinical Commissioning Group

Mr. Jon Twelves – Chief Executive, Sunderland GP Alliance

Apologies for Absence

Apologies for absence were given on behalf of Councillors Burnicle, Butler, Heron, Potts and M. Walker

Minutes of the last meeting of the Committee held on 8th September, 2021

Councillor Haswell referred to the issue of face-to-face GP appointments and the Scrutiny Officer advised that this would be further discussed under the Work Programme item later on the agenda.

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 8th September, 2021 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Item 4 – CoVid19 in Sunderland – Update

Councillor MacKnight made an open declaration in the above item as he had a professional interest in the report from the Executive Director of Public Health.

CoVid-19 in Sunderland – Update

The Executive Director of Public Health and Integrated Commissioning, Sunderland Clinical Commissioning Group (SCCG) and South Tyneside and Sunderland NHS Foundation Trust submitted a joint report which provided the Health and Wellbeing Scrutiny Committee with an update on the Covid-19 situation, including recovery, in Sunderland.

(for copy report – see original minutes)

The Committee were provided with a comprehensive update and taken through the presentation by Ms. Gerry Taylor, Director of Public Health and Integrated Commissioning, which set out the latest public health developments in relation to CoVid-19 across the city, including details on:-

- Key facts and figures in relation to the current situation and Sunderland's experience of the pandemic;
- The autumn and winter plan;
- Public Health advice
- The vaccination programme;
- The Local Outbreak Management Plan; and
- Testing strategy and contact tracing.

Mr. Matthew Thubron, Head of Contracting and Performance, Sunderland CCG, Mr. Philip Foster, Managing Director, All Together Better Alliance and Ms. Tracey Teasdale, Head of Federated Clinical Services, GP Alliance, provided the Committee with joint presentations which gave updates in relation to performance standards, the All Together Better Alliance key winter schemes and the latest position of the CoVid-19 Primary Care Vaccine Programme and ward summary.

(for copy presentations – see original minutes)

Councillor MacKnight thanked everyone for their presentations and invited questions and comments from the Committee.

Councillor McDonough referred to the very high rates of infection in children and asked if this was resulting in serious illness or a rise in hospital admissions for those age groups and was informed by Ms. Taylor that it was particularly secondary aged

children that they were seeing a rise in infections but that this was not resulting in hospital admissions which continued to be generally adults.

In response to a further question regarding what could be done working with schools as children returned to schools and the number of cases increased, Ms. Taylor advised that they were giving advice on the additional steps that schools could take such as reintroducing face coverings if they were experiencing an outbreak. She explained that in the Government's autumn/winter plan there were extra restrictions which could be introduced nationally if they deemed it was necessary.

Councillor McDonough asked if it was expected that there would be any further funding from central government to deal with future local outbreaks and if there were any local restrictions being planned as part of the outbreak management plan; and was informed that the city had been an area of enhanced response whereby extra support had been given to encourage the uptake of vaccinations and that this, along with support for testing and vaccinations, were the areas they could ask for further assistance. Ms. Taylor also advised Members that she was not aware of any additional funding that was being made available to support the local outbreak plan.

In response to a query regarding face-to-face appointments with GP's, Mr. Chandler advised that every surgery should be offering face to face appointments but quite commonly there may be a triage process first. It was difficult for GP's to see patients face to face, as they had to go through thorough cleaning processes in between patients, but should the GP need to see the patient then they would be invited in for that appointment. It may be difficult for residents to access as it was an extremely busy service but every GP surgery should be offering appointments. Mr. Chandler asked Members of the Committee to email him if they were made aware of any practices that were not offering the service and he could follow this up.

Councillor McDonough asked if there was any intention to reinstate arrangements with private hospitals to help with the backlog of patients waiting for treatment and was informed that they would continue to utilise these services, maximising as much capacity as possible to help in getting waiting times for patients reduced.

With regards to the reduction in cancer referrals, Councillor McDonough asked if there was a worry that people weren't coming forward and what could be done to address the issue. Mr. Chandler advised that they were worried that referrals were lower than two years ago and explained that there were action plans and a number of campaigns coming forward encouraging people to visit a practitioner if they had any concerns with regards to their health and they would continue to address this issue.

Waiting times for children's mental health had been described as positive and Councillor McDonough sought clarification as to what they defined 'being positive' as, and what prevention work was being undertaken? Mr. Chandler advised that children's waiting times for mental health services were still much better than they were eighteen months ago and that this was due to additional capacity and resources being brought in to improve the service. Children were expected to be seen within eighteen weeks for assessment and were regularly seen much sooner than this, based on clinical need. They were working with mental health providers, who had been trying to recruit additional staff, and there was a meeting to be held to

discuss recruiting staff on permanent contracts to make sure they could deal with any backlog as quickly as possible.

Mr. Chandler went on to advise that in relation to prevention work, they had been working with Together for Children and there were a number of schemes continuing, working closely with the local authority and schools, and they were able to put more resources into further schemes if necessary. Ms. Taylor also advised that they had invested additional funding through the Public Health grant for the children's community services to ensure they pick up any issues which had arose in relation to the pandemic.

In response to comments from Councillor Speding regarding the current narrative around the responsibility on the community, rather than the NHS, as the first port of call for health and social care, especially given the pressures going forward, Mr. Chandler advised that there were limited resources across the emergency care network and it was a way of encouraging people to know what their first port of call should be. For example, patients who could be dealt with by a pharmacist should not be using the 999 service. Mr. Chandler advised that it was going to be a really tough winter for all and the overall approach was to try and keep lines of entry as clear as possible and make the best use of services collectively.

Councillor Speding asked at what point vaccinations could become mandatory for frontline staff and was informed that there were already mandatory dictates for care home staff to be vaccinated but there was no requirement for health care staff and that would be in the hands of central government to introduce.

Councillor Haswell asked what support was in place for health care staff who were absent from work due to the impact of CoVid, either through mental health concerns or 'burnout', to try and help them recover and bring them back into work and also asked if they had a current shrinkage rate figure? Mr. Chandler advised that they had heard from colleagues that they were reporting high levels of staff absence for these reasons and he was reassured from them that they were doing all they could to support their staff through what had been a very difficult and challenging eighteen months. He would look to be able to provide further information around figures, etc. through the local foundation trust as it was not something he would have available to him.

Councillor Haswell also asked what engagement was being undertaken with Better Health at Work North East to encourage employers to offer services to their workforce for more minor concerns and Ms. Taylor advised that they did work with a number of employers around achieving the Better Health at Work awards, of which there were varying levels. They looked to share good practice as to how they could support their employees for both physical and emotional wellbeing. Mr. Chandler added that they were making good progress in this field with more employers in the region continuing to sign up to and offer support.

Dr. Lucas also advised the Committee that there was specific mental health support available for all frontline doctor's and that there was the Practitioner Health programme which had been running for a number of years, which any qualified doctor, from any speciality, could access.

Councillor MacKnight also asked if the Scrutiny Officer could liaise with the Director of Communications to provide further information and assurances as to what was offered and available to frontline workers.

In response to a query regarding any correlation between the uptake in schools around the Hendon and Millfield wards, given that they had the lowest uptake in the city, Mr. Chandler commented that it was still early days in getting numbers but that those two wards were areas they would continue to keep an eye on and work with in a proactive manner to try and get those numbers up. Dr. Aitken advised that schools were expecting around 50% take up at present but explained that there had been some issue as to whether parental consent was required to vaccinate a young person. Systems would also need to be put in place to offer mop up sessions for those young people who had not been vaccinated in the first round.

Councillor Haswell asked if further updates could be provided on the roll out of vaccinations given to young people moving forward.

In response to a query from Councillor Leadbitter regarding residents being offered separate appointments for their CoVid booster and flu jabs, Ms. Teasdale advised that this could be offered. They were trying to be as efficient as possible in the roll out to give both vaccinations to residents in care homes where possible, but it would not be forced, and they could have them on separate days if they requested this.

The Chairman thanked all attendees for their presentations and information provided, and it was:-

2. RESOLVED that:-

- i) the updates provided within the report and presentations be received and noted;
- ii) further updates be included on the rollout of the CoVid vaccination in school age children in future reports to the Committee; and
- iii) further information be provided to the Committee on what support was being offered to frontline workers as requested above.

Future of Monument Surgeries in Pennywell

The Sunderland GP Alliance submitted a report which provided the Health and Wellbeing Scrutiny Committee with an overview of the future of Monument Surgeries in Pennywell.

(for copy report – see original minutes)

Mr. Jon Twelves, Chief Executive, Sunderland GP Alliance took Members through a presentation explaining the background to Sunderland GP Alliance and the formation of Monument Surgeries which encompassed Pennywell, Barmston and The Galleries Health Centres as part of a single APMS contract.

The presentation also set out the workforce challenges and patient experiences at Pennywell Medical Centre and what other options had been explored. The Committee were advised that a patient consultation would run from 4th October to

26th November, 2021 with a meeting to be held early in 2022 with NHS Sunderland CCG to decide the next steps.

(for copy presentation – see original minutes)

The Chairman thanked Mr. Twelves for his presentation and invited questions from the Committee.

Councillor McDonough commented on the failure of management to recruit to the GP position at Pennywell Medical Centre and felt that the plans were short-sighted given the number of housing developments planned for the area, bringing in even more residents, and questioned if there would be concerns for GP provision in the area in the future. Mr. Twelves disagreed that the decision was just what was best for the organisation and reiterated that they were clinically run and aimed to do what was best for their patients. The organisation was non-profit and the decision would be taken purely on what was clinically safe and provided the best services for the residents of Pennywell.

With regards to housing developments in the area, Mr. Twelves advised that residents moving into the area would have an option as to which practice they joined, and there was no basis to believe they would join the Pennywell practice. They would also need to see a sufficient number of patients join the Pennywell practice to require two GP's, to overcome the professional isolation issue that had been outlined within the presentation.

In response to further comments from Councillor McDonough regarding the majority of current users moving to their next nearest surgery and if that surgery, i.e. South Hylton, would have the capacity to deal with the number of patients, Mr. Twelves advised that South Hylton surgery had more capacity at the moment and it was felt that they could comfortably accommodate the transition of patients from Pennywell Medical Centre.

Dr. Hadaway advised that during her twelve months in post one of her main roles had been to try and recruit to the organisation to try and stabilise the practices and they had been really successful in appointing to a number of posts to support the GP's. Unfortunately, none of those recruited would be wanting to work in isolation in Pennywell without GP support available to them and overwhelmingly the reasons that had been given for not wanting to appoint to the post in Pennywell was the issue of isolation and being spread across the three practices.

Members were informed that a mapping exercise had been undertaken on the postcode of patients registered at the Pennywell surgery and it was found that most residents lived an equal distance to South Hylton surgery with a huge proportion living closer, so there was not much physical distance between them.

In response to a query from Councillor MacKnight regarding the 2,700 patients registered at Pennywell Medical Centre, Mr. Twelves confirmed that there was capacity at South Hylton Surgery, but it was down to patient choice which surgery they decided to move to.

Mr. Chandler advised that the decision-making rests with the CCG so it did not matter what the GP practice thought would be best in their regard, the CCG would

only decide what was in the right interest of the patients, and there would be professional support given to the Committee following the end of the consultation for them to come to that decision.

He also advised that there were issues nationally in recruiting GP's but they had done a lot in Sunderland over the last five years to try and address those challenges, through the GP strategy and various projects, such as the career start scheme, as to how to attract and retain GP's and without that work he felt that there could have been a real problem in Sunderland.

Councillor Speding commented that the recruitment and retention of GP's was not a new problem and had been discussed in many other forums over the years and people were happy to travel to visit GP's surgeries if that was where they felt more comfortable. He felt that the fail safes and policies were in place to support the decision that had to be made and the consultation process would allow patients to be provided with all of the options available to them.

Councillor McClennan commented on the reason some patients may not use the GP services most local to them and suggested this could be for familial reasons, as they had used those services from being young and carried on, which had to be taken into account. She also referred to the geographical difficulties some residents may have in accessing the South Hylton surgery as the village was quite isolated and at the bottom of a quite steep bank, which may limit access for some of the older, less mobile patients.

Mr. Twelves commented that they were conscious of the travel issues to the South Hylton surgery and added that he was aware that there was public transport available and they would have to look if this would need to be adapted to change the timings or route once the decision was made. He would welcome the support of the local authority and Councillors about how they may encourage providers to review those services at that time.

In response to a query from Councillor McClennan as to why contracts could not be revisited between the surgeries of South Hylton and Pennywell, the Committee were informed that it would require primary legislation in Parliament and could not just be resolved with solicitors and would be outside the remit of the Committee.

Councillor Speding recommended that the issue of community travel be referred to the relevant Scrutiny Committee for their consideration following the decision having been made, and the Chairman supported that proposal.

The Chairman thanked Officers for their presentation and input, and it was:-

3. RESOLVED that the update and information provided be received and noted and that further updates be submitted to future meetings of the Committee as appropriate.

Urgent and Intermediate Care

All Together Better and Sunderland Clinical Commissioning Group submitted a joint report which provided and updated the Health and Wellbeing Scrutiny Committee on

the progress of the embedding of the Sunderland Urgent Care Strategy (2019) and the planning for the next phase of urgent care provision in Sunderland for 2021/22.

(for copy report – see original minutes)

Mr. Foster, Managing Director, All Together Better Alliance, took Members through the report which set out the current position in relation to the urgent treatment centre, recovery at home and the Sunderland GP extended access service, advising that the ongoing transformation work identified within the update would take place via ATB and further engagement and updates would be provided to the Committee in due course.

In response to Councillor Haswell's questions regarding signage and consultation around the moving of the Pallion Urgent Treatment Centre into the footprint of the hospital, Ms. Davies advised that work was planned over the new few weeks to have conversations with current service users to understand their experiences and to allow feedback to be gathered on any improvements that may need to be made in relation to the move. In terms of signage, once a go live date had been arranged they would need to plan to advise patients as to when changes would be happening and the different access point they would need to use but this would be drip fed in the lead up to the actual move.

Ms. Davies explained that another of the major benefits and improvements to the service would be the marrying up of IT systems, which was not possible whilst they were in their current sites, and would allow for an overall better patient experience.

Mr. Foster also advised that they had been working very closely with Healthwatch who they would use to engage with patients to ensure messages were shared and that through the 111 service they could advise patients of the change of location.

With regards to a further question from Councillor Haswell regarding the future of the building, Mr. Foster advised that practices were already looking at alternative uses for the space so he was confident it would be used to enhance the area, with the potential to support the vaccination programme in the first instance.

Councillor Haswell referred to the disabled parking bays outside of the current centre and commented that this may be a downside of the move as patients would need to use the accident and emergency entrance which would usually be busy with ambulances. Ms. Davies advised that this was an issue they would work through as part of the implementation process but there were drop off spaces currently alongside where the ambulances accessed the site.

With regards to further queries regarding signage from Councillor Haswell, Ms. Davies agreed that it was necessary that signage was placed at all entrances and key points around the site and not just at the Hylton Road entrance. They would also ensure that the needs of different patients were also taken into account, such as the partially sighted, and ensure they were thinking through how they could proactively advise service users.

Councillor McClennan referred to a letter received from Keep Our NHS Public Sunderland and District Branch and referred to a complaint that had been made by a patient, and subsequently upheld, in relation to difficulties they had experienced at

the Pallion UTC through the extended hours service in relation to blood tests and asked for assurances that improvements had been made in terms of the issues that had been raised and that procedures were in place to stop this from happening again.

Councillor McClennan further referred to the letter received and asked if the Trust were monitoring and recording the transfer of Children from South Tyneside to Sunderland Hospital and requested assurances for the Committee on this aspect of the service. Mr. Chandler commented that nearly always the patient transferring would be from South Tyneside to Sunderland and on that basis he would expect it be more appropriate for South Tyneside CCG and Scrutiny Committee to look into any matters rather than Sunderland.

Mr. Foster advised that if the Scrutiny Officer could forward the letter referred to on to him he could look to provide a response to the Committee on those matters.

Councillor MacKnight referred to the reconfiguration of the services in Sunderland and commented that there had been concerns from colleagues and residents in relation to the Houghton Primary Care Centre and asked if there had been any feedback received on the service? Dr. Lucas commented that the extended access service had ran from Houghton for two years now and one of the main concerns had been the delivery of minor injury services which they had agreed to provide a degree of from the site. During that time they had no reports of users not being able to access appropriate care throughout that time.

The Chairman thanked Officers for their presentation and input, and it was:-

4. RESOLVED that the update and information provided be received and noted and further updates be submitted to future meetings of the Committee.

Build Back Better : Our Plan for Health and Social Care

The Scrutiny and Members' Support Coordinator submitted a report which provided the Committee with an overview of the recently publish Government plan for Health and Social Care.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer took Members through the report advising that on 7 September, 2021 the government had published it's plan for tackling the backlog in the NHS and providing sustainability in going forward. The plan set out details for adult social care in England and the wider support that would be provided for the social care system, explaining the plan to introduce a new Health and Social Care Levy.

Mr. Cummings advised that it would be important to ensure that as further detail and information was published around health and social care reforms the Committee were kept aware of these and what it may mean for Sunderland; and proposed that they continue to monitor the issue and receive relevant updates as and when appropriate.

The Chairman thanked Mr. Cummings for the report, and it was:-

5. RESOLVED that the information provided be received and noted and the Committee continue to receive relevant updates as and when appropriate.

Work Programme 2021/2022

The Scrutiny and Members' Support Coordinator submitted a report (copy circulated) which provided a range of topics and issues to consider in the development of the work programme for the municipal year ahead.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, presented the report and referred to the topic of GP Access in Sunderland, advising that the CCG were to undertake a review on the issue and informed the Committee that there was the opportunity for a Member of the Committee to be included on the project group if they wished. Any Member who would like to be considered could forward any concerns regarding days, times of meetings to himself and Mr. Chandler advised these could look to be worked around as all meetings were currently being held via Teams.

Councillor McDonough referred to the Adult Mental Health Provision item being submitted to the Committee in February and asked if it would be possible to include children's mental health as an item at a future meeting, although he was aware this was also under the remit of the Children, Education and Skills Scrutiny Committee. The Scrutiny Officer agreed to tie this in as part of the report in February.

Members having considered the report, it was:-

6. RESOLVED that the work programme be received and noted.

Notice of Key Decisions

The Strategic Director of People, Communications and Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 13 September, 2021.

(for copy report – see original minutes)

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

7. RESOLVED that a briefing note be requested as set out above and the Notice of Key Decisions be received and noted.

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

(Signed) N. MACKNIGHT,
Chairman.

COVID-19 IN SUNDERLAND - UPDATE

**REPORT OF EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND INTEGRATED
COMMISSIONING AND SUNDERLAND CLINICAL COMMISSIONING GROUP**

1. PURPOSE OF THE REPORT

- 1.1 To provide the Health and Wellbeing Scrutiny Committee with the latest update on Covid-19, including recovery, in Sunderland.

2. BACKGROUND

- 2.1 A number of key health partners and officers have throughout 2020/2021 provided the committee with an ongoing update of the latest position and information related to the risks and recovery from the Covid-19 pandemic in Sunderland.
- 2.2 This has been a key focus for the Health and Wellbeing Scrutiny Committee and will continue to feature as part of the committee's work programme as Sunderland, and England as a whole, moves to a more open society and we head into the winter period.

3. CURRENT POSITION

- 3.1 The Covid-19 pandemic continues to create challenges across all health and social care services and remains a constantly changing situation. The latest updates will provide Members with up-to-date information on infection rates, the vaccination programme, hospital numbers and the roadmap to recovery.

- 3.2 The update is extremely comprehensive and will be provided as follows:

Public Health (Executive Director of Public Health & Integrated Commissioning) – an update on the latest public health developments in relation to Covid-19 across the City.

Sunderland CCG Update – the latest information from the Clinical Commissioning Group in relation to the vaccine programme, booster jabs and other current Covid-19 activity and recovery.

- 3.3 Due to the ongoing and constantly evolving nature of the Covid-19 situation Members should be aware that a number of the updates will be verbal with presentations forwarded to Members nearer to the time of the meeting to ensure the information provided reflects the latest position in terms of the pandemic.

4. RECOMMENDATION

- 4.1 The Health and Wellbeing Scrutiny Committee is recommended to receive the verbal update and reports on the Covid-19 pandemic and comment on the information provided.

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

OPERATIONAL RECOVERY – NHS FOUNDATION TRUST

REPORT OF SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST

1. PURPOSE OF THE REPORT

- 1.1 To provide the Health and Wellbeing Scrutiny Committee with an overview of South Tyneside and Sunderland NHS FT's work around operational recovery of the Trust.

2. BACKGROUND

- 2.1 NHS Trusts across the country had to suspend much of their elective care in the pandemic to help ensure critical care provision. Also key staff, were transferred to critical care during the height of the pandemic. Hospital capacity was also put under pressure due to social distancing, infection prevention and control, cleaning measures, use of personal protective equipment and enhanced testing.
- 2.2 The Health and Wellbeing Scrutiny Committee requested further information from the Foundation Trust on the work being done to address a number of issues resulting from the impacts of the Covid-19 pandemic.

3. CURRENT POSITION

- 3.1 A presentation is attached at **appendix one** of this report and covers a number of key issues including:
- Focus of Current Guidance;
 - Internal Governance and External Drivers;
 - Cancer Care and Performance; and
 - Waiting Times.
- 3.2 Representation from the Foundation Trust will be in attendance at the meeting to provide an overview of the situation and answer any questions that Members of the Committee may have.

4 RECOMMENDATION

- 4.1 The Health and Wellbeing Scrutiny Committee are asked to note and comment on the presentation.

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

Operational Recovery

Sean Fenwick
Director of Operations
Consultant Nephrologist

An Overview of Operational Recovery

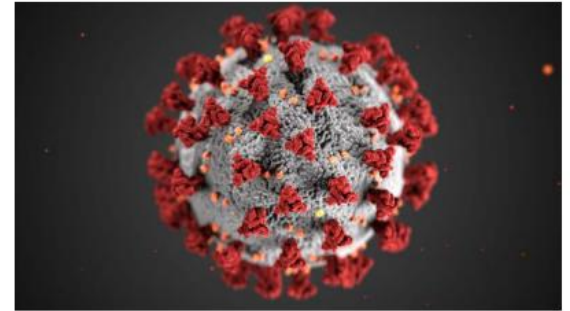
Important Dates



- Jan 30th 2020 - Level 4 National Incident
- Apr 15th 2020 - Elective Programme Suspended for at least 3 months (Excludes Cancer and Urgent Cases)
- Nov 5th 2020 - EPPR back to level 4 (No suspension but Critical Care priority and Circuit Break)
- Mar 25th 2021 - National Operational Guidance
- Sep 30th 2021 - Updated Guidance

Focus of Current Guidance

- Health and Wellbeing of Staff
- COVID Vaccination
- Transformation of Elective Services
- Recovery and Restoration of Elective and Cancer Care
- Address Health Inequalities
- Transformation of Community and Urgent Care
- System Collaboration and Delivery



Modified Royal College of Surgeons

Clinical Prioritisation



Royal College
of Surgeons
of England

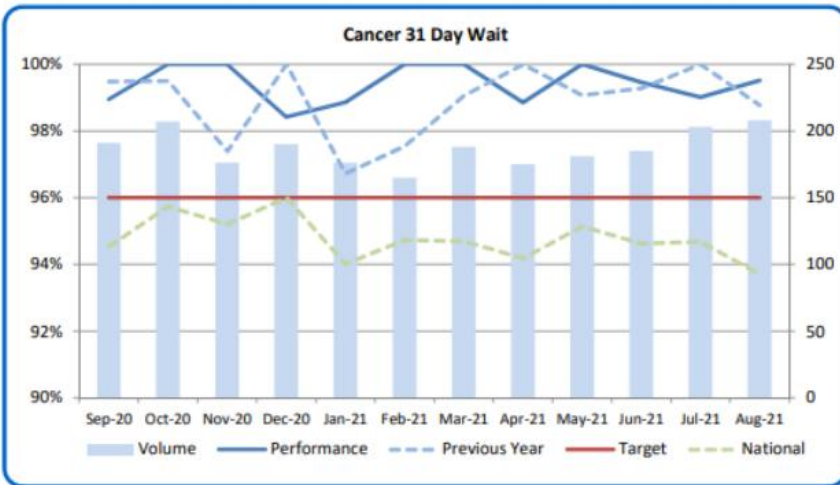
- Priority level 1a Emergency – operation needed within 24 hours
- Priority level 1b Urgent – operation needed within 72 hours
- Priority level 2 – Surgery that can be deferred for up to 4 weeks
- **Priority level 3a – Surgery that can be delayed for up to 2 months**
- Priority level 3b – Surgery that can be delayed for up to 3 months
- Priority level 4 – Surgery that can be delayed for more than 3 months.
- **Priority 5 – Defer due to COVID**
- **Priority 6 – Defer due to Other Reasons**

Internal Governance and External Drivers

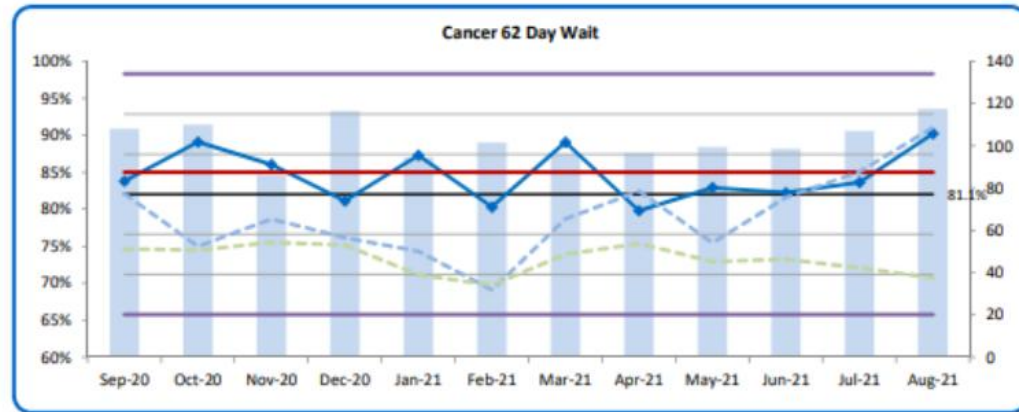
- Command and Control
- Operational Recovery Group
- ERF and TIF



Cancer Care and Performance

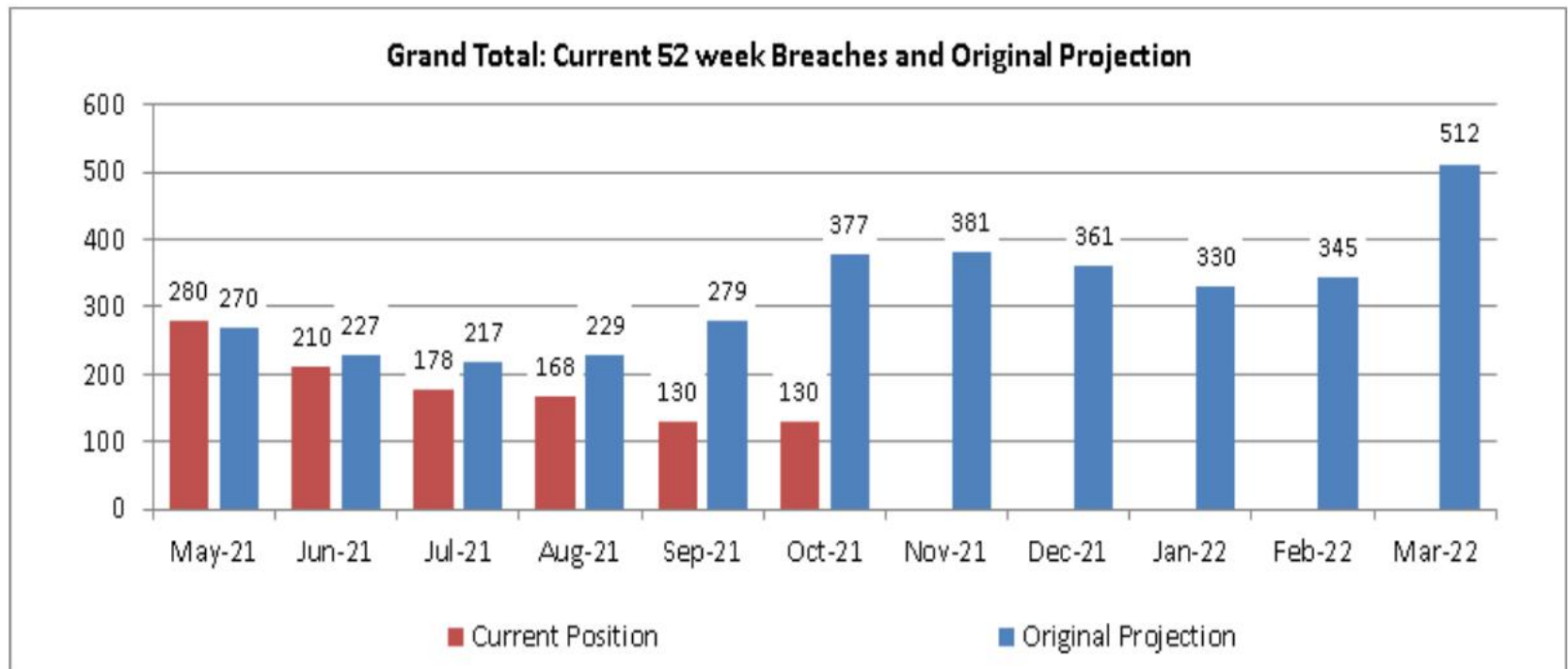


National Position 93%
Target 96%



National Position 71%
Target 85%

Waiting Times



Questions



**MONKWEARMOUTH HOSPITALS AND COMMUNITY MENTAL HEALTH
SERVICES**

**REPORT OF CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS
FOUNDATION TRUST**

1. PURPOSE OF THE REPORT

- 1.1 To provide the Health and Wellbeing Scrutiny Committee with an overview of the proposed developments at the Monkwearmouth Hospital site.

2. BACKGROUND

- 2.1 The Monkwearmouth Hospital site is made up the main hospital building as well as smaller wards and clinics too, including the purpose-built Cleadon ward for older people with mental health difficulties.
- 2.2 Monkwearmouth Hospital provides a range of clinical services which include:
- Adult Services
 - Learning Disability Services
 - Older People's Continuing Care Services
 - Adult Rehabilitation Services.
- 2.3 The hospital is also home to the Sunderland Psychological Wellbeing Service. This is a city-wide team that provides quick access to assessment and treatment for people with common, low to moderate mental health problems.

3. CURRENT POSITION

- 3.1 A presentation is attached at **appendix one** of this report and covers a number of key issues including:
- Current Issues;
 - Proposals;
 - Current and Proposed views of the works.
- 3.2 Representation from the Foundation Trust will be in attendance at the meeting to provide an overview of the issue and answer any questions that Members of the Committee may have.

4 RECOMMENDATION

- 4.1 The Health and Wellbeing Scrutiny Committee are asked to note and comment on the presentation and proposals.

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Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Monkwearmouth Hospitals & Community Mental Health Services

Current Issues at Monkwearmouth Hospital

Children's and Young Peoples Service (CYPS) need more space to expand

Older Peoples Services need more space to expand

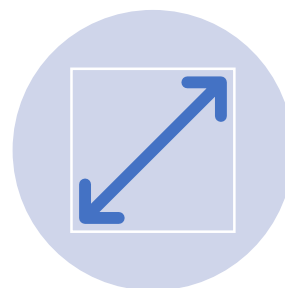
Older Peoples Service for South Tyneside is currently based at Monkwearmouth

A number of the buildings are in poor condition, are not functionally suitable and need significant investment or demolition

Proposals



Build new accommodation on Boldon Lane Clinic site to move South Tyneside OPS off Monkwearmouth.



Utilise and refurbish the space this creates to allow CYPs and Sunderland OPS to expand.



Re provide clinical staff accommodation with demolition of buildings not fit for purpose



Move car parking to the back of the site to create a welcoming and inclusive environment to the main entrance





Existing View from neighbouring street



Proposed View from neighbouring street

**DRAFT SUNDERLAND DOMESTIC ABUSE SAFE ACCOMMODATION AND
SUPPORT SERVICES STRATEGY**

Report of Executive Director of Public Health and Integrated Commissioning

1.0 Purpose of the Report

- 1.1 To set the context for the statutory duty on local authorities to assess the need for accommodation-based support for adult and child survivors of domestic abuse and to put in place a strategy to meet the needs identified.
- 1.2 To provide an opportunity to seek views on the appended draft Domestic Abuse Safe Accommodation and Support Services Strategy ('the Strategy') and the four priorities in particular.

2.0 Background

- 2.1 This report seeks to inform the Health and Wellbeing Scrutiny Committee of a new duty placed on Sunderland City Council to develop, publish and put in place a strategy to provide accommodation-based support to meet the needs of adult and child survivors of domestic abuse, as set out in Part 4 of the Domestic Abuse Act 2021.
- 2.2 Domestic abuse and violence against women and girls (VAWG) have been key priorities for the city for many years. Domestic abuse in Sunderland has historically been led by the Safer Sunderland Partnership. It has also been a priority for other key strategic partnerships in the city including the Health and Wellbeing Board and Safeguarding Boards.
- 2.3 Domestic abuse in Sunderland

- Residents of Sunderland experience high levels of domestic abuse incidents and crimes compared to other nearby areas, and other areas of the country. During 2020/21, there were a total of 4,841 victims of domestic abuse, representing a rate of 23.7 victims per 1,000 residents. This was the highest rate across the Northumbria Police force area and represented an increase compared to 2019/20.
- Most commonly victims were female and between the ages of 18 and 55. Comparatively high rates of cases were referred to Multi-Agency Risk Assessment Conferences (MARAC) due to the level of risks to safety identified.
- In line with nationally observed trends, the period of the Covid-19 pandemic appears to have seen increased demand for support services for survivors,

particularly in the period immediately following the initial wave (Office for National Statistics, 2020).

2.4 Provision of Accommodation-Based Support for Survivors of Domestic Abuse in Sunderland

- Sunderland has a range of safe accommodation-based support available for survivors of domestic abuse. This consists of a blend of 'traditional' refuge, a recovery unit for women with additional needs, dispersed accommodation, support for survivors to remain safely in their own homes and a range of therapeutic interventions. Survivors who access these services are primarily resident in Sunderland.
- Wearside Women in Need (WWIN) is currently the primary provider of safe accommodation and support in Sunderland which is commissioned by the Council.
- Alongside this, there is other provision using dispersed accommodation and behaviour change support for perpetrators of domestic abuse. As such, the range of services in Sunderland are broadly in line with models prevailing in the UK and elsewhere.
- Users of local services recognise them as delivering good quality support and emphasise the need for holistic support, provided in a flexible range of safe environments that are tailored to their individual circumstances.
- In common with similar services in other parts of the country, accommodation-based support services in Sunderland experience significant levels of demand. This has been particularly marked since the initial phases of the ongoing pandemic. As such, there is pressure on capacity across the services offered.

3.0 **The Domestic Abuse Act**

3.1 Introduction

The Domestic Abuse Act 2021 ('the 2021 Act') received Royal assent in April 2021. It provides improved protection for the many victims of domestic abuse (DA) as well as strengthened measures to tackle perpetrators. An overview of the 2021 Act is provided in the [Domestic Abuse Act 2021: overarching factsheet](#).

3.2 New Duty on Tier One Local Authorities

Part 4 of the 2021 Act aims to ensure all survivors of domestic abuse have access to the right support within safe accommodation. The 2021 Act places a duty on Sunderland City Council, as a Tier One local authority in England, to appoint a multi-agency Local Partnership Board which it must consult as it carries out specified functions (below, i - v):

- Assess the need for accommodation-based domestic abuse support** for all survivors, and their children, including those who come from outside of their area.

- ii. **Prepare and publish a strategy for the provision of support** to cover the locality having regard to the needs assessment.
- iii. **Give effect to the strategy** by making commissioning / decommissioning decisions to meet the support needs of adult and child survivors.
- iv. **Monitor and evaluate local delivery** of the strategy.
- v. **Report back** annually to **Central Government**.

3.3 Progress to date

- Domestic abuse local partnership board - Cabinet approved the appointment of a Sunderland Domestic Abuse and Violence against Women and Girls Executive Board in line with the 2021 Act (section 3.2 above) on 14 September 2021. In accordance with the 2021 Act, the Council has consulted with the Board on the appended draft strategy at the Board's meeting on 24 September 2021.
- Needs assessment for accommodation-based domestic abuse support – this has been developed in-house working with partner organisations including the Northumbria Police force, functions within the Council (Housing, Adult Social Care, Children's Social Care), health and local specialist domestic abuse service providers. A brief desktop review of local and national literature was also undertaken to contextualise the work to support identification of key areas which should inform the Strategy.

As part of the needs assessment, and to inform the strategy, the Council undertook an engagement exercise during July and August 2021 with survivors with lived experience of accessing local safe accommodation and support services. Key messages, based on the feedback from survivors, are summarised in the appended strategy.

The Council also engaged with a range of stakeholders, including staff members from local providers, from statutory and non-statutory agencies including commissioners, and members of the recently appointed Sunderland Domestic Abuse and Violence Against Women and Girls Executive Board ('the Board') as part of this engagement work to inform the strategy development.

In total, 17 survivors were consulted, 20 staff members from local providers and 32 staff from partner agencies including commissioners. Thematic analysis of all interviews was conducted to identify key messages. The needs assessment and engagement highlight the following areas to address through the strategy:

- a. Evidence that the level of demand for safe accommodation exceeds the bed/units available in Sunderland with a lack of capacity in sustainable forms of accommodation.
- b. Need for evidence-based clinical support for survivors-victims, particularly relating to mental health and substance misuse.

- c. Appropriate and culturally competent services for survivors-victims with protected characteristics, notably black and minoritised women and LGBT+ survivors.
- d. Provision of specialist support able to accommodate survivors with complex needs, otherwise prevented from accessing services because of the complexity of presenting needs.
- e. Learning from pilot projects in London and North Yorkshire, to understand how accommodation pathways for perpetrators could support survivors to engage with specialist support services and contribute to their recovery.

The recommendations from the needs assessment and the engagement inform the Strategy's approach to seek to address the gaps identified and to deliver a more robust offer to support victims-survivors in safe accommodation in Sunderland.

3.4 A draft Domestic Abuse Sunderland Safe Accommodation and Support Services Strategy- Sunderland City Council has a legal duty to publish its strategy before 5 January 2022 and to publish a draft of the strategy ten weeks prior (by 26 October 2021).

- The draft Strategy has been considered by and received support from:
 - Sunderland's Domestic Abuse and Violence against Women and Girls Executive Board on 24 September 2021.
 - Council Cabinet on 12 October 2021.
- The draft Strategy has been shared with the Sunderland's Safeguarding Children's Partnership, Sunderland's Safeguarding Adults Board and the Safer Sunderland Partnership to seek views on the strategic priorities.
- Having engaged with survivors, staff and other stakeholders (section 3.3) on 'what good looks like' in respect of support in safe accommodation, we are now seeking their views on the four strategic priorities to refine and finalise the Strategy.

The final Strategy will be submitted to Cabinet for approval in December 2021, ahead of submission to the DLUHC before 05 January 2022.

3.5 Safe Accommodation Funding

The Department of Levelling Up, Housing and Communities (previously the Ministry of Housing, Communities and Local Government) issued a section 31 grant to Sunderland City Council which provides additional funding to support the Council to meet its statutory duty to provide support to survivors of domestic abuse and their children residing in safe accommodation. The funding allocation of £666,874 is confirmed for 2020/2021 only by the DLUHC. Future funding allocations would form part of the local government finance settlement and at this stage there is no indication as to the funding levels for 2022/23.

4.0 Sunderland's Draft Safe Accommodation and Support Services Strategy

4.1 The appended draft Strategy sets out four strategic priorities for 2021 to 2024:

1. Ensure that what we do is underpinned by a robust needs assessment: to improve our knowledge of demand and capacity and to better understand and evidence the levels of unmet need (including needs of male victims-survivors) and the barriers that prevent victims-survivors with diverse and additional needs from accessing support.
2. Deliver quality service interventions which contribute to improving outcomes for survivors and children: to commission outcome-based services to meet needs identified giving priority to support services which address mental health and substance misuse and services which work directly with children.
3. Increase safe accommodation provision: to ensure victims and survivors achieve stable and secure accommodation with a minimum of moves which contributes to their recovery and ability to engage with specialist support services, including how pathways into accommodation for perpetrators could be developed.
4. Strengthen our approach in hearing the voice of survivors, and children and young people, including those with protected characteristics, to ensure their views are heard and influence what we do: to involve survivors-victims in commissioning processes to ensure support services are accessible, equitable and inclusive and outcomes for victims-survivors are understood.

4.2 The draft Strategy also sets out a high-level action plan for the delivery of the priorities, including measures to use to monitor and evaluate success. The financial implications for the provision of support in line with the draft Strategy, and having regard to the need assessment, will be considered at the appropriate time prior to commissioning the relevant activity or service.

4.3 The Strategy does not cover the wider issues and responses to domestic abuse (for example, prevention, holistic response across statutory agencies in the life journey of survivors and their children) as this would be addressed in a violence against women and girls' strategy of which this Strategy would be an integral part contributing to the Council and partners' response to violence against women and girls.

4.4 Health and equality have been considered in the development of the Strategy. In line with public sector equality duties an equality analysis has been completed has been undertaken.

5.0 Recommendation

5.1 That Members of the Health and Wellbeing Scrutiny Committee provide comment on the strategic priorities of the draft Safe Accommodation and Support Services Strategy.

6.0 Appendices

Appendix 1 – Draft Domestic Abuse Safe Accommodation and Support Services Strategy

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DRAFT

Sunderland's Domestic Abuse Safe Accommodation and Support Services Strategy

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Foreword

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Part one

1. Introduction

Purpose and scope

- 1.1. The Domestic Abuse Act 2021 aims to respond to domestic abuse in England by,
 - Strengthening the support available to victims through statutory agencies,
 - Improving the effectiveness of the criminal justice system in protecting victims and bringing perpetrators to justice
 - Raising awareness of the impacts of domestic abuse.
 - Addressing the inconsistent approach to the commissioning and delivery of support within safe accommodation.
 - Reducing fragmentation of services and a postcode lottery which may determine whether survivors and their children receive help
 - The introduction of a statutory duty on local authorities to provide support that meets the diverse needs of victims of domestic abuse and their children, ensuring they have access to provision that is right for them.
- 1.2. The Act places a statutory duty on Tier One¹ local authorities in England to assess the need for accommodation-based support for victims of domestic abuse in their areas, to put in place a strategy to meet the needs identified and to monitor and evaluate the effectiveness of the strategy.
- 1.3. Accommodation-based support is defined as “...support, in relation to domestic abuse, provided to victims of domestic abuse, or their children, who reside in relevant accommodation”²
- 1.4. There is a requirement that domestic abuse support will include:³
 - Advocacy support – development of personal safety plans, liaison with other services (for example, GPs and social workers, welfare benefit providers);
 - Domestic abuse-prevention advice – support to assist victims to recognise the signs of abusive relationships, to help them remain safe (including online) and to prevent re-victimisation;
 - Specialist support for victims with relevant protected characteristics and / or complex needs, for example, interpreters, faith services, mental health advice and support, drug and alcohol advice and support, and immigration advice;

¹ Tier one authorities are county and unitary councils (other than London Boroughs), the Greater London Authority and the Isles of Scilly Council)

² Relevant accommodation is defined as, refuge accommodation, dispersed accommodation; second stage accommodation, or other accommodation designated by the local housing authority, registered social landlord or registered charity as domestic abuse emergency accommodation. All accommodation must provide specialist domestic abuse support.

³ HM Government advice 2021

- Children's support – including play therapy and child advocacy;
 - Housing-related support – providing housing-related advice and support, for example, securing a permanent home and advice on how to live safely and independently; and
 - Counselling and therapy for both adults and children.
- 1.5. The requirement of the Act makes it clear that the act of decommissioning and commissioning of services will be a key component in the delivery of the strategy to ensure needs are met and positive outcomes achieved. Current guidance dictates that the strategy should influence the commissioning and decommissioning of services in relation to safe accommodation.
 - 1.6. This document sets out Sunderland City Council and its partners, response to the statutory requirements under Part IV of the Domestic Abuse Act 2021 as it relates to safe accommodation and specialist support services.
 - 1.7. The strategy does not cover the wider issues and responses to domestic abuse (e.g. prevention, Holistic response across key statutory and non-statutory agencies e.g. police, education, and health etc.in the life journey of survivors and their children) this is will be addressed in the VAWG strategy.
 - 1.8. The Safe Accommodation and Specialist Support Services Strategy will be an integral part of the VAWG strategy and contributes to the Sunderland City Council and Partner response to VAWG
 - 1.9. This strategy will form the basis by which Sunderland City Council and partner agencies will meet demand, based on the current needs analysis, survivor voice and specialist expert domestic abuse insight from research and specialist providers.

2. Definitions

- 2.1. For the purpose of this document, the following government definitions will be adopted:
- 2.2. It defines domestic abuse as any pattern of abusive behaviour by a person toward another where both are over the age of 16 and are personally connected⁴. Abuse can be perpetrated through the following types of behaviours:
 - Physical or sexual;
 - Violent or threatening;
 - Controlling or coercive;
 - Economic;
 - Psychological or emotional.

⁴ 'Personally connected' is defined as intimate partners, ex-partners, family members or individuals who share parental responsibility for a child. There is no requirement for the victim and perpetrator to live in the same household.

2.3. The definitions below define abuse behaviours

- **Domestic Abuse** - “any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse”.
- **Controlling Behaviour** - “a range of acts designed to make a person subordinate and / or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour”.
- **Coercive Behaviour** “an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim”.
- **Economic abuse** “Economic abuse involves behaviours that interfere with an individual’s ability to acquire, use and maintain economic resources such as money, transportation and utilities. It can be controlling or coercive. It can make the individual economically dependent on the abuser, thereby limiting their ability to escape and access safety.
Examples of economic abuse include:
 - having sole control of the family income;
 - preventing a victim from claiming welfare benefits;
 - interfering with a victim’s education, training, or employment;
 - not allowing or controlling a victim’s access to mobile phone/transport/utilities/food;
 - damage to a victim’s property

2.4. These definitions equally apply to those married, cohabiting and partners not living together.

2.5. The definition is broad in scope and includes issues such as Female Genital Mutilation, honour based violence, child on parent or sibling violence and elder abuse.

2.6. Part 1 of the Act provides that a child who sees or hears, or experiences the effects of, domestic abuse and is related to the person being abused or the perpetrator is also to be regarded as a victim of domestic abuse. This will help to ensure that locally commissioned services consider and address the needs of children affected by domestic abuse.

2.7. One of the key functions of the Domestic Abuse Commissioner will be to encourage good practice in the identification of children affected by domestic abuse and the provision of protection and support for these children.

3. National context

3.1. Between April 2019 and the end of March 2020 it is estimated that 2.3 million adults (aged 16 to 74) in England and Wales had recently experienced domestic abuse. This is the equivalent of over 5% of the adult population.

Records of domestic-abuse related crimes increased by 9% in this period compared to the previous year. Additionally, data from the early months of the coronavirus pandemic indicate that this increase continued, resulting in greater demand for domestic abuse support services⁵.

- 3.2. Domestic abuse affects women significantly more than men. 7.3% of women are estimated to have been recent victims, compared to 3.6% of men. Younger women (aged 16 to 19) are at greater risk than those in older age groups, as well as those that are separated or divorced, those that have a disability and those that are unemployed or on long term/temporary sick leave⁶
- 3.3. We know that certain groups are more likely to be victims of domestic abuse and crimes of violence against women and girls. The Crime Survey for England and Wales (CSEW) showed that amongst adults aged 16 to 74 in the year ending March 2020; disabled people were more than twice more likely to have been victims of domestic abuse, stalking or rape than people without a disability.⁷
- 3.4. In addition, when considering sexual orientation, gay, lesbian or bisexual people were more likely to be victims of domestic abuse than heterosexual people. This was also the case for stalking, sexual violence and rape.⁸
- 3.5. There is also concern that migrant women with no recourse to public funds are particularly vulnerable and high risk.⁹

4. Local context

Sunderland prevalence and Impact

- 4.1. Sunderland currently has an estimated population of 277,846¹⁰. Prevalence of domestic abuse is comparatively high in the city, with a number of key contributory characteristics. For example, residents experience significant levels of deprivation. Around 27% of the population live in areas that are amongst the 10% most deprived in England.
- 4.2. Local analysis of domestic abuse crimes¹¹ which took place between January 2017 and August 2021 show high levels of domestic abuse crimes in areas of high deprivation in Sunderland. Hendon ward is ranked within the most deprived quintile according to the Index of Multiple Deprivation and has the highest recorded rate of domestic abuse - 169.2 per 1,000 of population. Hendon is followed closely by a further 11 wards that are within quintile 1 with rates between 81.4 and 139.4. Together this group of wards accounted for around 65% of domestic abuse crimes, whilst the 8 least deprived wards in Sunderland, only accounted for just under 20% (shown in Appendix 1)

⁵ Office for National Statistics 2020

⁶ Office for National Statistics (ONS) 2021

⁷ Tackling violence against women and girls. HM Government July 2021

⁸ Ibid

⁹ Ibid

¹⁰ ONS 2021

¹¹ Crime data from the Sunderland Safe accommodation and specialist support needs assessment

- 4.3. There is a strong correlation between poverty and those who experience domestic abuse.¹² In addition alcohol consumption and the incidence of abuse. Alcohol is estimated to be a factor in a third of all incidents of domestic violence, with many perpetrators consuming alcohol prior to the assault¹³. Victims of domestic violence may also use alcohol as a coping mechanism and, in some cases; this may be used by perpetrators as an excuse for continued abuse.
- 4.4. Harmful and precarious alcohol consumption is common in Sunderland, with a number of indicators showing that alcohol-related hospital admissions are amongst the highest in the North East and significantly higher than England as a whole¹⁴

Incidence of Domestic Abuse in Sunderland

- 4.5. We know that nationally and locally domestic abuse is a significantly underreported crime, with shame, stigma and fear often preventing reporting.
- 4.6. During 2019/20, Northumbria Police¹⁵ recorded a combined rate of 34.9 domestic-abuse related incidents and crimes per 1,000 members of the population. This compares to a rate of 28.0 for England as a whole and places the force area amongst those most significantly affected in England and Wales.
- 4.7. In Sunderland, a total of 7970 reported domestic abuse related incidents were recorded in this period. (2019/20) This is equivalent to a rate of 38.9 incidents per 1,000 people. The number of incidents increased by around 6% to 8434 in 2020/21; a rate of 41.2 incidents per 1,000 people. Sunderland has the highest rate of incidents in the Northumbria police force area. Neighbouring South Tyneside and Gateshead are both similar with respective rates of 40.9 and 39.3 incidents per 1,000 people in 2020/21
- 4.8. Demand for local domestic abuse support services in Sunderland increased quickly as initial lockdown arrangements eased in the summer of 2020 with over 1,500 referrals received during the 5 months from June to October in that year.
- 4.9. Domestic abuse incidents taking place in Sunderland in 2020/21 concerned a total of 4,841 victims. This is the highest recorded number of incidents in the force area and represents a rate of 23.7 victims per 1,000 people. Of these victims, 43% (2,057) had been subject to previous incidents; a rate of 10.1 per 1,000 people. This placed Sunderland at a comparatively high rate of repeat incidence within the Northumbria Police area.

¹² Evidence and policy review :Domestic Violence and Poverty :A Research Report for the Joseph Rowntree Foundation By Eldin Fahmy, Emma Williamson and Christina Pantazis, University of Bristol School for Policy Studies 2018

¹³ Walby S and Allen J. 2004. Domestic violence, sexual assault and stalking: findings from the British Crime Survey. Home Office Research Study 276. London: Home Office / World Health Organisation 2020

¹⁴ Public Health England 2021

¹⁵Northumbria Police Force Area. - Sunderland, South Tyneside, Gateshead, North Tyneside, Newcastle, Northumberland

	Repeat Victims			
	2019/20		2020/21	
	Number	Rate	Number	Rate
Sunderland	1931	9.4	2057	10.1
South Tyneside	1179	10.7	1121	10.2
Gateshead	1318	8.9	1379	9.3
North Tyneside	1288	8.5	1266	8.3
Newcastle	1860	6.6	1885	6.6
Northumberland	1481	6.3	1575	6.7

- 4.10. Of the total number of victims in Sunderland, 73% were female; 86% of victims were between the ages of 18 and 55, 12% were over 55 and just over 1% were aged 16 or 17. Rates per 1,000 in each age group were generally comparable with other parts of the Northumbria Police area.
- 4.11. The proportion of victims that were identified as being from Black, Asian and Minority Ethnic (BAME) groups was relatively low in Sunderland at around 3%. This is consistent with the population as a whole in Sunderland which has around 4% of the population estimated to be from BAME groups (Office for National Statistics, 2021). It was also similar to the proportion seen in most of the rest of the Northumbria Police area, with the exception of Newcastle upon Tyne, where 12% of victims were from BAME groups.
- 4.12. Perpetrators are also known to commonly commit multiple offences. Thirty known perpetrators were linked to over 20 domestic abuse crimes each. Within this cohort 39% of perpetrators were identified as having alcohol misuse behaviours.¹⁶
- 4.13. Since the introduction of Domestic Homicide Reviews (DHR), in April 2011, Sunderland has convened 8 reviews, in the period 2013-2020. While each of the reviews have been different, they have highlighted specific complexities and issues, which included, greater awareness of elder abuse, suicide, victim response to abuse and triggers which suggest potential significant harm to the abuser and the impact of abuse on children.¹⁷
- 4.14. **MARAC.** Local rates of active MARACs are 6th highest in England and Wales at 60 cases per 10,000 adult females
- 4.15. In Sunderland during 2020/21, 686 MARACs took place; this represents a reduction of 13% compared to 2019/20 when there were 789 MARACs. 96% of victims were female; this is equivalent to a rate of 63 conferences per 10,000 adult females, and is similar to the rate for the wider Northumbria Police area. Additionally, on average, these cases involved 1-2 children in the associated households, which is similar to the previous year.
- 4.16. 30 (4%) of the MARACs in the period concerned male victims. The proportion of MARAC victims that are male was significantly lower than the

¹⁶ Northumbria Police 2021

¹⁷ Domestic homicide accounts for around a fifth of all homicides Home Office, Homicide Index. Homicide in England and Wales - Office for National Statistics (ons.gov.uk)

overall proportion of victims reported by Northumbria Police as male (27%); this would suggest that although a substantial proportion of incidents involve a male victim, the likelihood of males being identified as at high risk is significantly lower than females.

- 4.17. MARAC cases during 2020/21 involved only a small number of people from BAME backgrounds (around 1%). When compared to the number of BAME victims in the period, the group that became MARAC cases represents around 6% of all victims from these ethnic groups. This is lower than the proportion becoming MARAC cases for the overall population which is estimated at around 14%. This may suggest that BAME victims are less likely to be identified as high risk.
- 4.18. A consultation piece (commissioned by Sunderland City council and Sunderland CCG) undertaken by Imkaan (November 2018 – March 2019) with survivors of violence against women and girls (VAWG) and key stakeholders in Sunderland noted that Black and minoritised women were likely to be identified as being at lower risk.¹⁸.
- 4.19. Agencies referring cases to the MARAC in 2021 were identified as the police (78%), Independent Domestic Violence Advisers (7%), Children's Social Care (4%), Health Services (4%) and Housing Services (4%). Other sources collectively referred 3% of cases. Overall, this means that around 20% of cases are identified through routes other than incidents dealt with by the police and demonstrates the need for frontline staff ¹⁹who come into contact with victims of abuse to be able to identify signs of domestic abuse and respond appropriately.
- 4.20. **Housing services**, in Sunderland have seen a general increase in demand from those affected by domestic abuse in recent years with around 45% more people accessing the services in 2020/21 totalling 557 compared to 2018/19.
- 4.21. The following data refers to those accessing the services in 2020/21. During this period, 82% of clients were aged between 19 and 44 with the highest levels of demand from resident aged 25-34.
- 4.22. 70% of cases were female; this is similar to the gender profile of victims identified above via incident data. Sexual identity is recorded for most clients of housing services in the period and where present it indicates that 93% were heterosexual/straight, around 2% were gay/lesbian and around 3% identified as another sexual identity.
- 4.23. Where data was present, the proportion of clients from BAME backgrounds was around 5%, with the remainder identified as from white backgrounds. This is a slightly higher representation from BAME communities than in the wider population.
- 4.24. Information about the marital status of the clients was present in around 70% of cases. Where it was recorded, 82% were identified as single with around 10% identified as either separated or divorced. Alongside this, 60% of clients who approached housing services were recorded as living in a one-person

¹⁸ "Everybody has the right to be safe" Consultation with stakeholders and survivors of violence against women and girls in Sunderland Imkaan May 2019.

¹⁹ This should include voluntary sector agencies, who are more likely to be in contact with those with protected characteristics, who are particularly vulnerable.

household. Lone female parents living with dependent children also made up a further 30% of clients.

- 4.25. 70% of those who approached housing services were recorded as either unemployed or unable to work due to long term sickness or disability. Additionally, around 8% were working less than 30 hours per week.
- 4.26. Survivors exhibited a wide range of co-existing risks and complex additional needs in addition to domestic abuse. Almost 92% were recorded as having a history of mental ill health problems, 82% were recorded as experiencing physical ill health and/or disability, 76% were affected by alcohol dependency and 76% by drug dependency.
- 4.27. Housing placements associated with survivors accessing the services in 2020/21 were most commonly within privately managed Bed and Breakfast hotels (66%) or Hostels (20%). Notably, only around 3% of placements were identified as specifically within facilities providing safe accommodation in relation to domestic abuse²⁰.
- 4.28. **Adult Social Care** (ASC) has seen increasing levels of activity relating to domestic abuse in recent years, with 43% more contacts recorded in 2020/21 compared to 2018/19. Additionally, 81% of these contacts went on to lead to new safeguarding adult's cases or to be linked to existing cases. For the period 2020/21 ASC saw a wide distribution of cases across all age ranges covered by the service, however a significant proportion (over 30%) were above the age of 64.
- 4.29. 73% of clients affected by DA were female. Marital status was not available in a large number of cases (44%), where it was present it showed 31% were married and this was notably higher than any other cohort (i.e. those presenting at housing, reporting abuse to the police etc.)
- 4.30. Fewer than 3% of contacts were identified as coming from BAME backgrounds, similarly to the wider population in Sunderland.
- 4.31. The most common presenting needs associated with clients included personal care (28%), support relating to mental health (15%) and support relating to learning disabilities (8%).
- 4.32. **Children's Social Care** (CSC) in Sunderland is provided by Together for Children. Between 2018/19 and 2019/20, the proportion of children's social care assessments in which a concern regarding domestic abuse against a parent was present has risen from 35.5% to 38.1%, indicating a similar trend to other data sources concerned with adults; whilst this is slightly lower than the wider North East (39.1%), it is significantly higher than England (32.5%).
- 4.33. Assessments identifying where a concern relating to a child being the victim of domestic abuse represented 12.5% during 2019/20, which was a decrease compared to the previous year. However, it remained higher than both the North East (11.5%) and England (12.3%) in the same period.
- 4.34. Concerns identified about other household member reduced from 5.4% in 2018/19 to 4.3% in 2019/20; this was lower than the North East (5.4%) and England (6.0%).

²⁰ Sunderland city council

- 4.35. Domestic abuse is a significant safeguarding issue within Sunderland and we recognise the impact domestic abuse has for children. Children exposed to domestic abuse can experience trauma which can have a long lasting negative effect, developmentally, emotionally and in their ability to achieve.
- 4.36. In addition this has to take into account that we know an overwhelming number of children subject to a child protection plan and those who may become subject to care plans, have lived with domestic abuse accompanied by substance abuse and parental mental ill health, which has impacted adversely on their lives and their ability to develop healthy relationships, positive self-esteem and resilience.

5 Safe accommodation and specialist domestic abuse provision in Sunderland

- 5.1 Sunderland has a range of safe accommodation-based support available for survivors of domestic abuse. This consists of a blend of 'traditional' refuge, a recovery unit for women with additional needs, dispersed accommodation and sanctuary scheme. Survivors who access these services are primarily resident in Sunderland
- 5.2 Wearside Women in Need is currently the primary provider of safe accommodation and support in Sunderland which is commissioned by the LA.
- 5.3 Appendix 2 illustrates safe accommodation and specialist support in Sunderland.

6 Summary of usage and demand

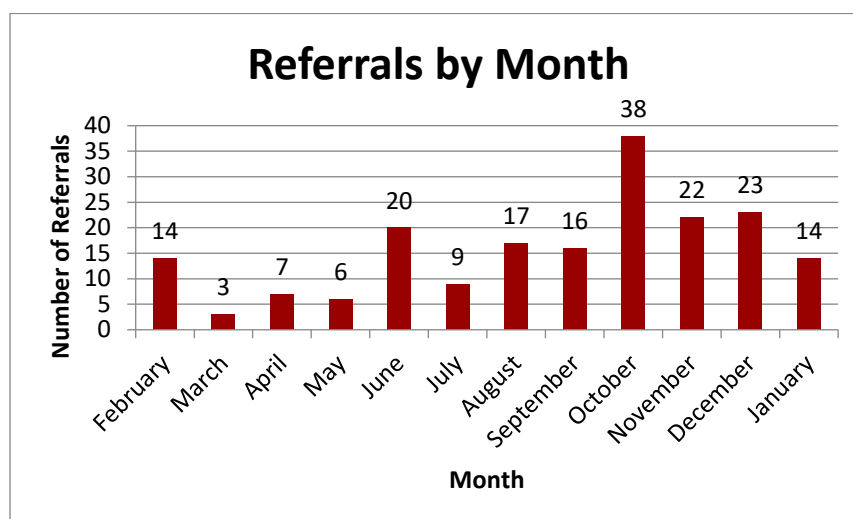
- 6.1 It has not been possible to provide detailed information on usage and demand for all services providing safe accommodation and support in Sunderland, particularly where services have not been directly commissioned Sunderland city council or CCG.
- 6.2 Relevant information available is set out below.

Wearside Women in Need – Refuge

- 6.3 WWiN provide refuge accommodation in Sunderland. In total, 28 units are available. These are supported by specialist workers that provide one-to-one casework and therapeutic group work.
- 6.4 During the period February 2020 – February 2021. A total of 189 referrals were received for 'traditional' refuge services provided by WWiN. Housing services were the most common referral source (25%), followed by self-referrals (19%), other domestic abuse services (15%), children's social care (14%) and the police (11%). Others came from sources including substance misuse services, adult social care and health providers. It is estimated that on average, residents stay for between 6

and 7 months in refuge spaces in Sunderland, which is broadly comparable to England as a whole²¹

6.5 On average, around 16 referrals were received per month. It is noted that there was a drop in referrals during the first wave of the pandemic and, as with other areas of provision, activity increased as restrictions were eased in the summer months, with an average of 20 referrals per month between June and October 2020.



Source WWiN (period February 2020- January 2021)

6.6 26% of referrals received were accepted. The majority of referrals which were not accepted 48% related to a lack of capacity, and 11% to needs relating to substance misuse and mental ill health.

6.7 Of those referrals that were accepted, the majority were aged between 21 and 40 (80%). Around 10% of those accessing the services were pregnant at the time.

6.8 The table below shows breakdown of ethnicity of residents during the period February 20/January 21. 20% of residents in the refuge reported non-English language as their spoken language

Refuge Ethnicity of Accepted referrals	
White	%
British	71.43
Eastern European	6.12
Any other White background, please describe	2.04
Mixed / Multiple Ethnic Background	%
White and Asian	4.08
Asian / Asian British	%
Pakistani	4.08
Chinese	2.04
Any other Asian background, please describe	2.04
Black / African / Caribbean / Black British	%
African	4.08
Other Ethnic Group	%

²¹ Sunderland: profile of domestic abuse provision Women's Aid, 2021

Arab	2.04
Not Asked	2.04

Source WWiN

6.9 Safe Lives reports²² that “BAME women are less likely than white women to access a community based service and are represented at much higher rates in refuge.” This would be the case when looking at representation of BAME survivors across provision with the exception of services offered by the Angelou Centre.

6.10 Almost 37% of residents were non – Sunderland residents. These were almost exclusively from the North East region with a very small number from elsewhere in England.

Local Authority of Residence	%
County Durham	12.24
Hackney	2.04
Hartlepool	2.04
Mansfield	2.04
Newcastle upon Tyne	4.08
North Tyneside	6.12
Northumberland	2.04
South Tyneside	6.12
Sunderland	63.27

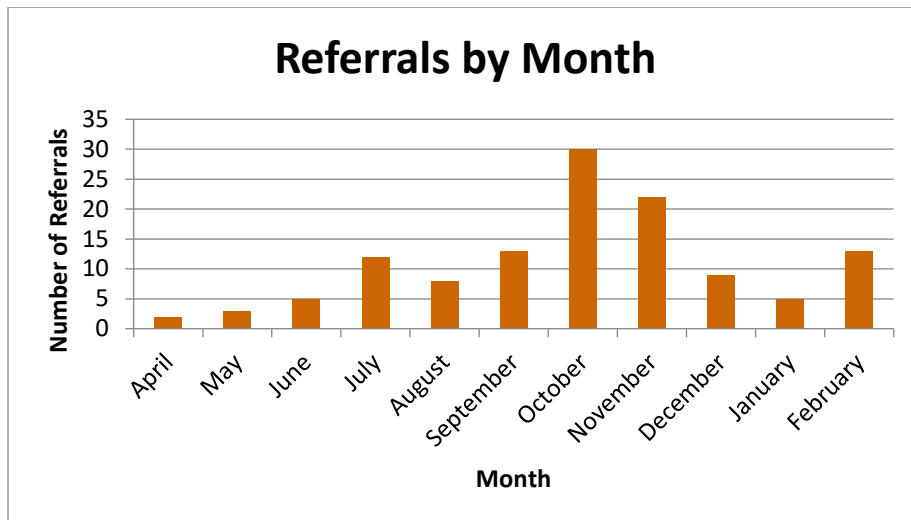
Source WWiN

Wearside Women in Need - Recovery Unit

6.11 The Recovery Unit which aims to address the needs of women who are unsuitable for traditional refuge accommodation and may have difficulties engaging with other services. It provides support to those with complex needs such as mental health and/or substance misuse issues and those engaged in high-risk behaviours such as sex work. The project consists of 8 unit

6.12 For the period April 2020 to February 2021, a total of 122 referrals were received. Referrals received came from housing services (23%), domestic abuse services from other areas (20%) and self-referrals (14%). Other referrers included mental health services, adult social care, substance misuse services and the probation service.

²² Safe lives reference



Source WWiN (period April 2020- February 2021)

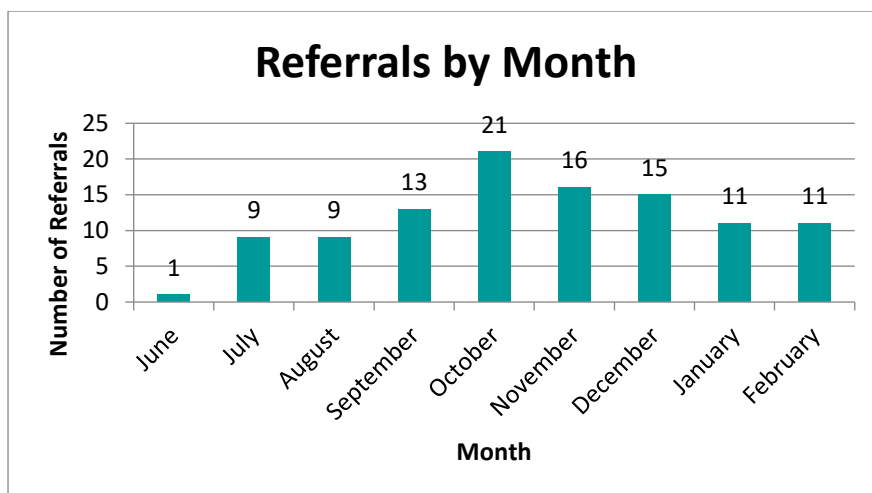
6.13 Just over a quarter of referrals to the Recovery Unit were accepted. Around 18% could not be accommodated due to capacity issues. Additionally, smaller proportions of referrals were rejected due the service being unable to meet needs relating to substance misuse and some women were “not ready” to engage with services and declined any offer of support.

6.14 Survivors who accessed the Recovery Unit were almost exclusively aged between 21 and 40 (93%). Around 7% of those accessing the services were pregnant at the time of admission. The vast majority of service users identified themselves as heterosexual, with only around 4% identifying as pansexual. Those accessing the service were almost exclusively identified as White British, with only 4% from other backgrounds. The majority of those accessing the service were from Sunderland (82%), with the remainder from elsewhere in the North East region.

Wearside Women in Need - Sanctuary provision

6.15 The Sanctuary provision provides a multi-agency victim centred service which aims to enable households at risk of violence to remain in their own homes and reduce repeat victimisation through the provision of enhanced security measures and specialist support. A risk assessment will determine whether it is safe for the victim to remain in their own home and a safety plan is developed.

6.16 For the period from June 2020 to February 2021, 106 referrals were received, these were primarily made by Independent Domestic Violence Advisers (IDVA's) and other parts of WWiN provision (82%). Other referrers include housing services, the police and children's social care. Referrals were relatively stable over time, though as with other services October 2020 saw the highest levels, with a total of 21 received



Source WWiN (period June 2020 – February 2021)

Wearside Women in Need - Group work and counselling provision.

6.17 WWiN offer a range of group work opportunities for survivors. These include the following programmes:

6.18 Power to Change

6.19 You and Me, Mum

6.20 Domestic Abuse Recovering Together

6.21 Additional group work is carried out in the Recovery Unit, covering domestic abuse, recovery, life skills and arts and crafts.

6.22 All survivors accessing safe accommodation are offered counselling and therapeutic programmes.

6.23 42 % of referrals made during the period February 2020- February 2021 were placed on a waiting list due to lack of capacity.

Changing lives sanctum project

6.24 Provides safe accommodation for survivors with additional needs who do not wish to live in shared temporary accommodation. Properties are available to both male and female survivors.

Angelou centre

6.25 The Angelou Centre provides specialist advocacy, outreach, therapeutic support and recovery programmes for women from black and minoritised ethnic backgrounds.

6.26 It is led by women from BAME communities and supports women from across the North East as well as outside the region. Typically, it supports around 700 BAME survivors of domestic abuse per year through its range of interventions, with capacity to accommodate 29 residents in its refuge provision.

6.27 Between March 2020 and April 2021, 32 referrals from Sunderland were made into the Angelou Centre VAWG Advocacy Service.

- Ethnicity Breakdown: 65.6% Bangladeshi Women, 21.9% African Women and 12.5% Pakistani women.
- Immigration Breakdown: 28% are Asylum Seekers, 9% with indefinite leave to remain (ILR), 44% on Spouse Visas and 19% with no recourse to public funds (NRPF).

7 Women with lived experience

7.1 During July and August 2021 Sunderland City Council undertook an independent engagement exercise with women with lived experience of domestic abuse and accessing local support services.²³ This included representation from women who were receiving services from WWIN and The Angelou Centre. Interventions received included outreach support, refuge accommodation, and residential recovery support.

7.2 Women were asked to give their views on what they felt good safe accommodation and support services would look like. In general, the women used the services they received from WWIN and The Angelou centre as a benchmark and reported that they experienced them as setting good standards. Some of the repeated comments made include:

- “I get the support and therapy I need ... I have experienced a lot of trauma, I am still scared to travel outside alone staff recognise this, and have helped me”
- “The rooms are nice I have my own bathroom ... we have communal rooms and communal kitchen, there are rooms where I can sit and be myself and have quiet time”
- “Sometimes it feels like hard work ... we have to do various sessions and I feel like there is nothing for me ... It would be nice to do fun activities go to the beach, kayak”
- “More specialist support should be available if you have substance misuse and mental health related problems, staff do what they can, but they are not specialists”
- “I came here frightened and terrified with nothing ... I feel safe here”
- “I now understand that I was in an abusive relationship ... I am getting the support I need to know what a healthy relationship is”
- “Children need support and therapy ... my little girl is scared and anxious around men”

7.3 Key messages arising from women’s expressions regarding “what good looks like” include:

- Alternative accommodation should be made available for the perpetrator. Women and their children should not have to leave their home. Women perceived this as disruptive for them and their children and unnecessary if safety plans can be put in place to protect themselves and their children. Women identified a key factor for their recovery would be provision of alternative accommodation for the perpetrator. All too often their experience was that the perpetrator would return to the family home and put pressure on the women to “take him back”.
- Women and their children should not have to leave their home. This is disruptive if you have children and unnecessary if safety plans can be put in place to protect the victim. They identified a key factor for their recovery would be provision of alternative

²³ Stakeholder and engagement report attached as an appendix

accommodation for the perpetrator. All too often their experience was that the perpetrator would return to the family home and put pressure on the women to “take him back”.

- Trauma informed therapy and support with substance misuse and mental health issues are key requirements of specialist support.
- BAME women specifically valued support on immigration issues and benefit entitlement. Fundamental to their abuse was coercive control, the threat of deportation and an inability to provide for basic needs such as food and shelter. In addition, they expressed a need to be somewhere safe where staff understand and are able to act on the linguistic, cultural and generational complexities rooted in their abuse. This would help remove barriers in seeking help
- Support needs to be holistic and not just about trauma. It also needs to provide women with life skills and build confidence.
- Self-contained units with wrap around support are preferred. However, there is recognition that this may not be suitable for all.

8 Gaps in provision and or lack of capacity

8.1 Key areas identified where there are potential gaps in provision and or a lack of capacity include

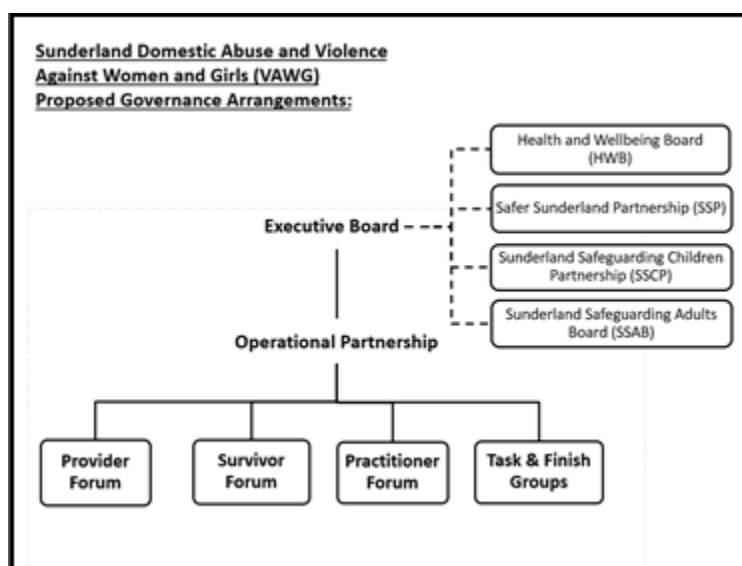
- Direct therapeutic work with children
- Capacity issues are evident re counselling and group work programmes given the need for waiting lists.
- The level of demand re safe accommodation exceeds the available bed space/units available within Sunderland
- If there is an increase in the number of units / properties made available to offer safe accommodation this may require an increase in resources providing specialist outreach support.
- Specialist clinical support for survivors with mental ill health and or active substance abuse behaviours
- Appropriate and culturally informed services for survivors with protected characteristics notably black and minoritised women, LGBT+ survivors.
- Limited safe accommodation with wheelchair access and adaptations for survivors and or children with limited mobility
- Provision able to accommodate survivors who are actively engaged in risky behaviour which puts them at immediate risk and those around them e.g. significant substance abuse and continued relationships with perpetrators to support their risky behaviour
- Pathways of accommodation for the removal of perpetrators from households which would enable survivors to secure sanctuary services, and engage with specialist support services which aid recovery for survivors and their children

Part Two

9 Aims and Principles

9.1 In accordance with the requirements of the Domestic Abuse Act 2021, a Domestic Abuse and Violence Against Women and Girls Executive Board was established in

June 2021. The governance structure is illustrated below.(further details can be found in Appendix 3)



9.2 The Sunderland Domestic abuse and Violence Against Women and Girls Executive Board has agreed the following key principles which will underpin multi agency approach on domestic violence ;

- Address prevention, early intervention, crisis, and long-term recovery and safety working with a wide range of services, pathways and systems to improve outcomes for children, adults and their families affected by domestic abuse and wider forms of VAWG in Sunderland.
- Build on best practice taking a Coordinated Community Response (CCR) and in doing so ensure domestic abuse and VAWG is everyone's business.
- Deliver locally developed, locally owned; solutions which engenders a shared responsibility across agencies, with effective coordination and good governance.
- Delivering more than a crisis response, by focusing equally on prevention and early intervention; and trauma informed responses
- Take an inclusive approach, ensuring the needs of the survivors (including multiple forms of difference and intersectional needs) are central to service criteria and recognise the diversity of survivor experience, including the voices of children.
- Take a whole system response to a whole person, shifting responsibility for safety away from individual survivors to the community and services existing to support them.

9.3 Sunderland City Council and partners seek to ensure that commissioned services for safe accommodation and specialist support;

- Demonstrate and deliver a joined up approach of commissioned specialist services, where the pathways are clear and survivors and their children are referred into and between services based on their level of need.
- Deliver improved safety leading to a reduction in repeat victimisation,
- Help survivors to recognise and avoid future abusers (stopping the cycle of abuse), empowering them to build safe, happy, productive lives for themselves and their children, and increase levels of independence
- The ability to secure a reduction in child protection concerns

- Contribute to Sunderland's ability to secure longer-term reduction in health inequalities and improvements in the wider determinants of health.

9.4 The result being Sunderland City Council and partners are better able to direct resources where a) need and unmet need is evident, and b) service intervention improves the quality of life for survivors and their children. In addition in the long term reduce the amount of public money spent addressing the harmful and debilitating consequences of abuse.²⁴

10 Our strategic priorities

10.1 Our strategic priorities are based on what the needs assessment and stakeholder engagement has told us, in particular the voice of women with lived experience.

10.2 Our strategic priorities for 2021- 2024

1. Ensure that what we do is underpinned by a robust needs assessment.
2. Deliver quality services which contribute to improving outcomes for survivors and children.
3. Increase our safe accommodation provision
4. Strengthen our approach in hearing the voice of survivors, and children and young people, including those with protected characteristics, to ensure their views are heard and influence what we do

10.3 The table below sets our actions for the delivery of our priorities and measures used to monitor and evaluate success.

²⁴ Due to its high prevalence and prolonged period of abuse, the total socio-economic costs of domestic abuse were estimated at £66 billion for the 1,946,000 estimated number of victims identified in England and Wales within 2016/17 (about £74 billion in today's prices)

11 Our actions to support delivery and measures used to monitor and evaluate success

Strategic priority	What we will do	Key Out Puts	Key Outcomes
Ensure that what we do is underpinned by a robust needs assessment	<p>We will improve our knowledge of need within Sunderland, regionally and nationally to better understand</p> <p>a)The levels of need and demand, through the acquisition of robust data from local and regional partners, national specialist organisations and nationally held data sets</p> <p>b)Barriers that prevent victims and survivors with diverse needs from accessing support within safe accommodation</p> <p>c)The increase in unregulated accommodation and usage</p> <p>Engage with regional and national networks to facilitate the sharing of information. (To include networks initiated by local authorities and networks led by specialist DV organisations)</p> <p>Work with providers to better understand capacity, levels of demand and agree core data requirements which provide insight</p>	<p>Core data requirements agreed with relevant partner agencies to inform annual review of needs assessment</p> <p>Consistent collection of data across all commissioned service areas.</p> <p>Able to identify gaps in provision and put in place plans/strategies to meet those gaps.</p>	<p>Local commissioning and decommissioning is informed by intelligent commissioning.</p> <p>There is clear evidence of actual and unmet need locally and regionally, to inform and deliver on local and joint regional commissioning opportunities</p>
Deliver quality service interventions which contribute to improving outcomes for survivors and children	<ul style="list-style-type: none"> Commission services which are evidence based, and can demonstrate impact through an evidence based outcome / progression tool e.g. outcome star, strengths and difficulties questionnaire (SDQ) or other recognised tools methodologies, to capture related data on outcomes for survivors and children, Commission services which meet needs identified by women with lived experience, giving priority to support services which address mental ill health, substance abuse and direct work with children Through our contract monitoring process put in place clearly defined outcomes to be achieved by services, and KPI's which support the measurement of impact against outcomes 	<p>Service providers are able to evidence improved circumstance of survivors and their children</p>	<p>Children and adults experience improved physical, mental and emotional health and wellbeing.</p> <p>Increased resilience of survivors to prevent further experiences of DA. Improved ability to cope and recover.</p> <p>Increased financial stability and independence</p> <p>Survivors experience strong and resilient support networks</p> <p>Survivors/children have hope and goals for the future</p> <p>Improved attachment / relationships with children and young people</p>

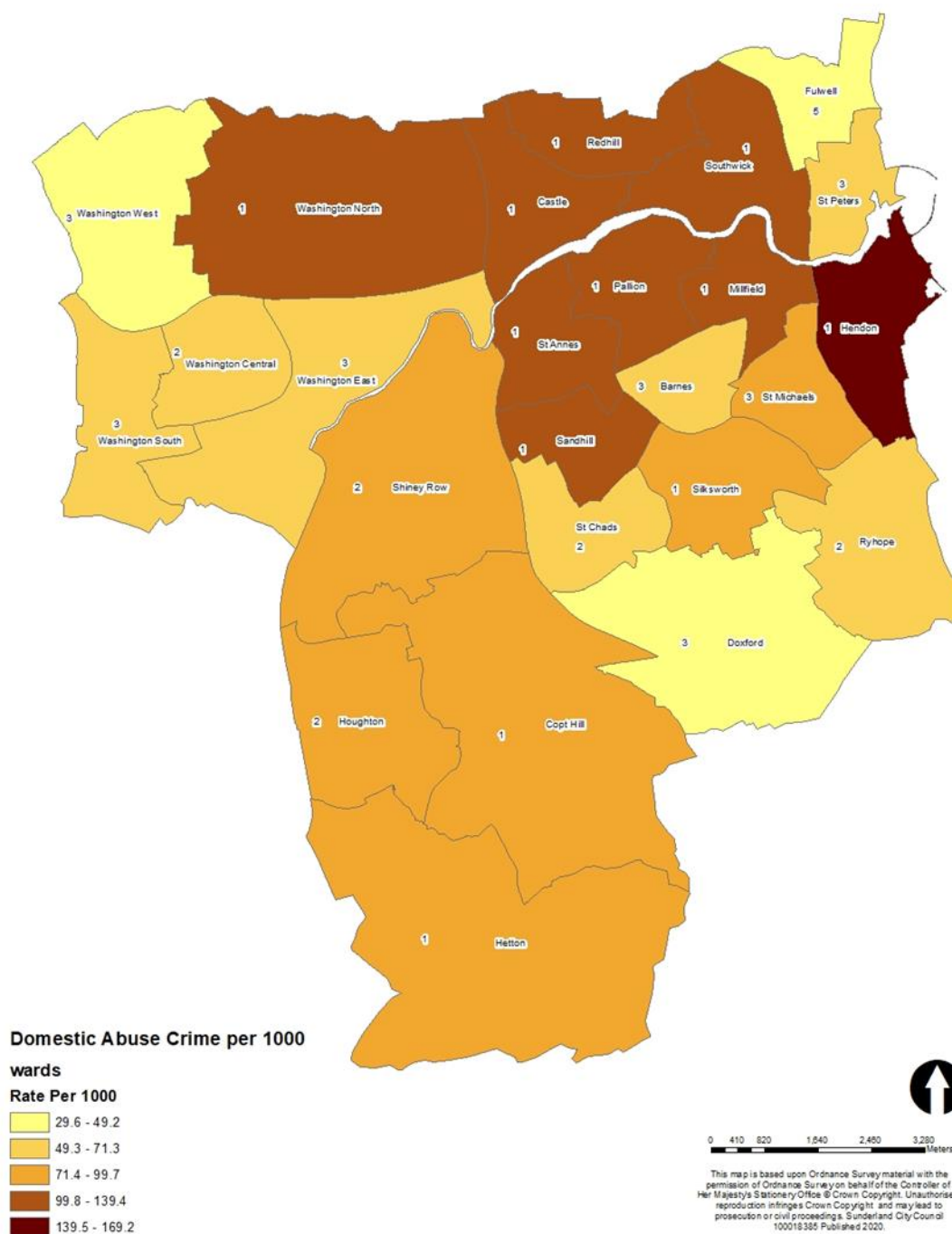
Strategic priority	What we will do	Key Out Put	Key Outcomes
Increase our safe accommodation provision	<p>Through our operational group develop and implement an action plan which will increase the availability of dispersed safe accommodation based on our needs assessment, regional and national intelligence</p> <p>Increase provision for protected characteristic groups including male victims and perpetrators²⁵</p> <p>We will work with Safe Lives and partners to understand how accommodation pathways for perpetrators can be developed in Sunderland and learn from the current pilot project implemented through MOPAC²⁶ across 5 London boroughs and the Making Safe Scheme in North Yorkshire ²⁷</p>	<p>Survivors and their children experience limited accommodation moves</p> <p>A percentage reduction in the numbers of victims and survivors who are accessing unregistered accommodation which does not provide safe, secure, accommodation with specialist support.</p> <p>Proposal for pathways into accommodation for perpetrators developed and opportunity to engage in pilot project sought</p>	<p>There is evidence of increased capacity in meeting the demand of all survivors, in particular those who have protected characteristics, are male victims and perpetrators. Survivors who have teenage sons and survivors with additional needs</p> <p>Survivors achieve stable and secure accommodation with a minimum of moves, which contributes towards their recovery and ability to engage with specialist support services</p>
Strengthen our approach in hearing the voice of survivors, children and young people, including those with protected characteristics, to ensure their views are heard and influence what we do	<p>We will work with survivors, experts in the field of DA and service user participation and engagement, and co-production to develop and implement a range of methodologies of engagement and participation, which work</p> <p>Establish a survivors forum , and a forum for children and young people</p> <p>Establish survivor representation in commissioning processes</p> <p>Identify and implement ways by which survivors can be engaged in the contract monitoring of services</p>	<p>We are able to evidence engagement with survivors and children</p> <p>We are able to evidence how those engagement activities have influenced what we do. (e.g. you said , we did)</p>	<p>Our offer of safe accommodation and specialist support services are equitable, accessible, and non-discriminatory.</p> <p>Survivors who access services report that their voices have been heard and barriers to accessing services addressed.</p>

²⁵ Nationally, there is a shift to enable victim/survivors to stay in their own home , with perpetrators moving into alternative provision

²⁶ Mayor's Office for Policing and crime

²⁷ This project supports pathways into accommodation for perpetrators enabling women and children to remain in their homes.

Domestic Abuse Crimes by Ward and IMD Quintile **01 January 2017 - 16 August 2021**

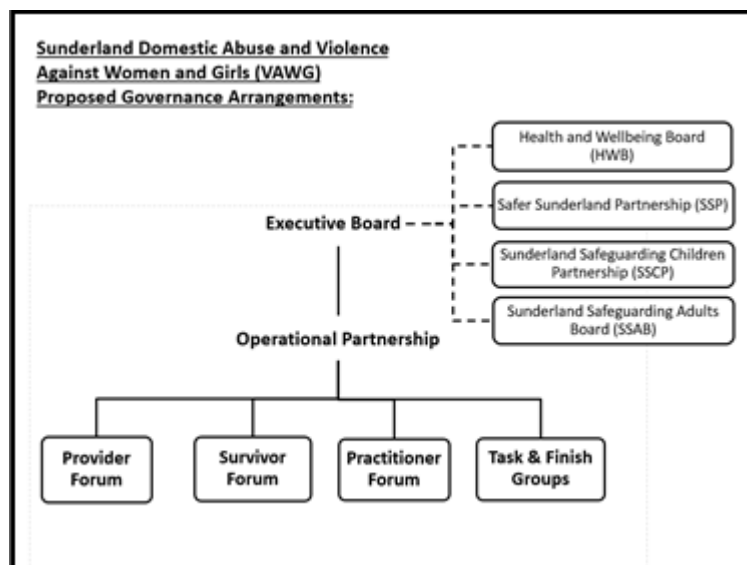


Appendix 2 Safe accommodation and support services in Sunderland.

Provision	Current provider	Capacity	
Crisis Refuge Accommodation, Specialist Domestic Abuse Outreach Support	WWIN	28 units spread across 3 buildings 4FTE IDVA's 9 outreach workers 2 group workers	Provides safe accommodation for women fleeing domestic violence Offers Support groups and group work programmes and individual casework. Outreach resettlement support
Crash Pad and Complex Needs Outreach.	WWIN		Offering one to one support to victims of domestic abuse, and safe accommodation for women in crisis (short term)
Trauma informed Recovery Unit	WWIN	8 Units	A residential project which provides safe accommodation and trauma informed counselling for women who are unable to access traditional refuge accommodation, due to additional mental health and substance abuse needs
Dispersed accommodation Complex Needs Provision Sanctum project	Changing Lives -	8 self-contained properties	Provides safe accommodation for survivors with additional needs who do not wish to live in shared temporary accommodation. Properties are available to both male and female survivors. The service is responsive to supporting survivors who are ineligible for housing benefit, have teenage sons or pets or people in gender transition or who define themselves as non-binary. The scheme aims to offer access for individuals for 6-9 months and delivers intensive supported via a dedicated team with a view to enabling residents to take a holistic approach to their own recovery. 8 properties are available in Sunderland.

Sanctuary Scheme	WWiN	Covers 70 properties	Provides a multi-agency victim centred service which aims to enable households at risk of violence to remain in their own homes and reduce repeat victimisation through the provision of enhanced security measures (target hardening) and specialist support. A risk assessment will determine whether it is safe for the victim to remain in their own home and a safety plan is developed.
Accredited Group Work	WWiN		Freedom Programme 26 week programme for female survivors of domestic abuse
Perpetrator Programme (Impact Family Services)	Impact family services		A voluntary behaviour change programme consisting of 26 weekly group work sessions aiming to help perpetrators to recognise where they have been abusive and develop ways to ensure they are not abusive in the future.
Refuge and advocacy service	The Angelou Centre	29 units	Provides refuge accommodation, specialist advocacy, outreach, therapeutic support and recovery programmes for women from black and minoritised ethnic backgrounds. Not commissioned by Sunderland City council or partners .charity based in Newcastle Upon Tyne

Appendix 3 Governance Arrangements



The Operational Partnership will advise and support the work of the Board by driving forward business and operational matters requiring focus, attention and development.

A Provider Forum – this will provide a regular formal forum for commissioned and non-commissioned providers working in and around this field of work to consult and be consulted on local, regional and national initiatives and developments. There would be representatives from the Provider Forum on the Operational Partnership.

A Survivors' Forum – this will provide a forum for survivors of domestic abuse and wider forms of VAWG over the age of 18 years to have a space for safe discussions and dialogue, where they can:

- Share their thoughts, feelings and experiences, feel connected, empowered, uplifted and decrease isolation;
- Give opinions about services based on experience;
- Help identify any gaps or barriers to accessing support services;

- Ensure the services are coordinated;
- Influence service development and practice; and
- Highlight, promote and celebrate good practice in the city.

The forum will acknowledge that domestic abuse can affect anyone regardless of sex, gender identity, sexual orientation, race, age, disability or socio-economic background, therefore the membership of the forum should reflect that. However, there will be topics that may require targeted invitations to a specific meeting. The prerequisite for membership is that individuals have been (or are currently) affected by domestic abuse or wider forms of VAWG. Members do not have to have had experience of being a service user.

A Practitioner Forum - open to all professionals who have a relevant interest. The Forum will encourage links between people working in education, early years, youth offending, youth work, social services, police, probation, health, housing, policy and commissioning, CAMHS, CAFCASS, and people working as refuge staff, family nurses, health visitors, school nurses, teenage pregnancy coordinators, IDVAs and more.

Task and Finish Groups. Established to support the delivery of the Board's priorities.

The Board may wish to consider holding an annual Joint Development Session involving representation from the Operational Partnership, the Provider Forum, the Survivor Forum, the Practitioner Forum, the four strategic partnerships and any Task and Finish Groups under the umbrella of the Boards wider governance arrangements. The annual event would provide a forum to hear the voices of victims and come together to tackle the complex issues of domestic abuse and VAWG in partnership.

WORK PROGRAMME 2021/22

**REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT
COORDINATOR**

1. Purpose of the Report

- 1.1 The report attaches, for Members' information, the current work programme for the Committee's work during the 2021-22 Council year.
- 1.2 The report also provides an update on a number of potential topics as raised by Members, for the Committee's consideration.

2. Background

- 2.1 The work programme is a living document which Committee can develop throughout the year. As a living document the work programme allows Members and Officers to maintain an overview of work planned and undertaken during the Council year.
- 2.2 In order to ensure that the Committee is able to undertake all of its business and respond to emerging issues, there will be scope for additional meetings or visits not detailed in the work programme.
- 2.3 The work programme should reflect the remit of the Committee and the need to balance its responsibility for undertaking scrutiny, performance management and policy review (where necessary).

3. WORK PROGRAMME UPDATE

- 3.1 The Health and Wellbeing Scrutiny Committee raised a number of issues at its work programme development session and a number of these issues have now been programmed into the Committee's work programme for 2021/22.
- 3.2 A number of topics were considered for review and an update on each of these has been provided below for information and further discussion:

Current position on work programme items	
Accessibility across the city	A report is scheduled to come to the Committee in December 21.
Impact of Decent Homes Standard	The Committee is to receive an update/overview on the work taking place across the sector on this issue and in particular around the health impacts from housing conditions.

GP Access in Sunderland	<p>Sunderland CCG are to undertake a similar review and would mean duplicating work already taking place. However, there are opportunities to be involved in this piece of work including;</p> <p>Membership on the CCG's Project Group;</p> <p>Workshop with the Committee as part of the review;</p> <p>Updates and outcomes of the review will be presented at future committee meetings.</p>
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4. Recommendations

4.1 That the Health and Wellbeing Scrutiny Committee:

- (a) notes and comments on the work programme of the committee, including amendments: and
- (b) notes the update on topics for review during 2021/22.

5. Background Papers

5.1 Scrutiny Agendas and Minutes

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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2021-22

REASON FOR INCLUSION	9 JUNE 21 D/L: 28 MAY 21	7 JULY 21 D/L:25 JUNE 21	8 SEPTEMBER 21 D/L:27 AUGUST 21	6 OCTOBER 21 D/L: 24 SEPT 21	3 NOVEMBER 21 D/L: 22 OCT 21	1 DECEMBER 21 D/L: 19 NOV 21	5 JANUARY 22 D/L: 23 DEC 21	2 FEBRUARY 22 D/L: 21 JAN 22	9 MARCH 22 D/L: 25 FEB 22	6 APRIL 22 D/L: 25 MAR 22
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business	<p>Covid-19 – Update (Gerry Taylor, CCG, Graham King)</p> <p>Path to Excellence Phase 2 Update (Nigel Cummings)</p> <p>Work Programme Overview (Nigel Cummings)</p>	<p>Covid-19 Update (Gerry Taylor, CCG, Graham King)</p> <p>Sunderland Eye Infirmary – update</p> <p>NHS Dentists Sunderland (NHS Improvement)</p> <p>Path to Excellence Phase II Update (N Cummings)</p>	<p>Covid-19 Recovery Update (Gerry Taylor, CCG, NHS FT)</p> <p>Diagnostic Centre (NHS FT)</p> <p>SSAB Annual Report (Sunderland Safeguarding Adults Board)</p>	<p>Covid-19 Recovery Update (Various)</p> <p>Winter Planning (Sunderland CCG)</p> <p>Urgent Care Update (Sunderland CCG)</p> <p>Future of Monument Practice (Sunderland GP Alliance)</p>	<p>Covid-19 Recovery Update (Various)</p> <p>Monkwearmouth Hospital (NTW)</p> <p>Waiting Lists, times and access – Recovery from the Pandemic (NHS FT)</p> <p>Domestic Abuse Strategy (Public Health)</p>	<p>Covid -19 Update (Various)</p> <p>Better Health at Work (Public Health)</p> <p>Assistive Technology (G King)</p> <p>Accessibility Across the City (Mark Jackson/Andrew Short)</p>	<p>ICS-CCG Transition (Sunderland CCG)</p> <p>Patient Engagement (Sunderland CCG)</p>	<p>North East Ambulance Service Update (Mark Cotton)</p> <p>Adult MH Provision (Sunderland CCG)</p>	<p>Sexual Health Provision (Public Health/NHS FT)</p> <p>Annual Report (Nigel Cummings)</p>	<p>Inequalities – Impact of the Pandemic (Public Health)</p> <p>Health Protection Arrangements (Public Health)</p>
Performance / Service Improvement										
Consultation/ Information & Awareness Raising	<p>Notice of Key Decisions</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>

NOTICE OF KEY DECISIONS

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 18 October 2021.

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 18 October 2021 is attached marked **Appendix 1**.

3. CURRENT POSITION

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

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 18 October 2021 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

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

28 day notice
Notice issued 18 October 2021

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
210505/587	To approve the procurement of a Contractor for the Repair Works at Hendon Foreshore Barrier, Port of Sunderland.	Cabinet	Y	16 November 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210419/577	To approve the dilapidation settlement figure and the procurement of the dilapidation works in respect of the CESAM building.	Cabinet	Y	16 November 2021	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
210528/601	To consider the establishment of a Bus Enhanced Partnership.	Cabinet	Y	16 November 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210607/608	To seek approval to proposed funding arrangements with Siglion Investments LLP.	Cabinet	Y	16 November 2021	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210623/610	In respect of the Gambling Act 2005, to review of Statement of Principles.	Cabinet	Y	16 November 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
210709/612	To authorise the Executive Director of City Development to deliver the Washington F-Pit Museum Heritage Visitor Centre and Albany Park Improvement project, including to procuring of consultants and contractors.	Cabinet	Y	16 November 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210729/617	To approve the International Advanced Manufacturing Park (IAMP) Interim Planning Policy Statement for adoption.	Cabinet	Y	16 November 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210920/640	To agree to make acquisitions within the Riverside Sunderland area.	Cabinet	Y	16 November 2021	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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211005/641	To agree the proposed development strategy of Northern Spire Park and appropriate delegation to officers.	Cabinet	Y	16 November 2021	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
211006/642	To approve the Capital Programme Planning 2022/2023 to 2025/2026.	Cabinet	Y	16 November 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
211007/644	In respect of the Gambling Act 2005 - To Review Statement of Principles	Cabinet	Y	16 November 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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211007/645	Procurement of Care and Support within a new build Supported Living scheme at Cork Street	Cabinet	Y	16 November 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
211011/647	To consider the Local Carbon Progress Report.	Cabinet	Y	16 November 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
211011/648	To consider the details of the City Plan 2019-2030 assurance process.	Cabinet	Y	16 November 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
211011/649	Subject to consultation being undertaken, to adopt the powers for moving traffic contraventions to give the Council the ability to adopt the powers and therefore the means to enforce specific moving traffic contraventions which are listed under schedule 7 of the Traffic Management Act 2004.	Cabinet	Y	16 November 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
170927/212	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	During the period 16 November to 31 st December 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
210510/588	To approve the receipt of external funding for the public sector decarbonisation scheme and green homes grant local programme and the procurement of the necessary contractors to deliver the schemes.	Cabinet	Y	During the period 16 November to 31 st December 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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210728/613	To seek approval for strategic land acquisitions in Sunnyside, Sunderland.	Cabinet	Y	During the period 16 November to 31 st December 2021	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200813/494	To approve funding mechanisms for the acquisition of residential properties.	Cabinet	Y	During the period 16 November to 31 st December 2021	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
211006/643	To approve the Budget Planning Framework and Medium Term Financial Plan 2022/23 to 2025/26.	Cabinet	Y	During the period 16 November 2021 to 31 December 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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211018/650	To authorise the Executive Director of City Development to deliver the Levelling Up Fund Programme	Cabinet	Y	During the period 7 December 2021 to 28 February 2022.	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure. Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

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

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

Who will decide;

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

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

Elaine Waugh,
Assistant Director of Law and Governance

18 October 2021