

SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 21 March 2014 at 12.00noon

A buffet lunch will be available at the start of the meeting.

ITEM	PAGE
1. Apologies for Absence	
2. Declarations of Interest	
3. Minutes of the Meeting of the Board held on 24 January 2014 (attached).	1
4. Feedback from Advisory Boards	
• Adults Partnership Board (copy attached).	9
• Children's Trust (copy attached).	11
• NHS Provider Forum (copy attached).	13
5. Update from the Integration and Transformation Board	-
Verbal report.	
6. Update of the Scrutiny Function: Policy Review Recommendations 2013/2014 and Setting the Scrutiny Work Programme for 2014/2015	15
Report of the Head of Scrutiny and Area Arrangements (copy attached).	
7. Draft Children and Young People's Plan	21
Report of the Head of Strategy and Policy (People and Neighbourhoods) (copy attached).	

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Information contained within this agenda can be made available in other languages and formats.

8. Health and Wellbeing Board Development Session and Forward Plan 51

Report of the Head of Strategy, Policy and Performance Management (copy attached).

9. Clinical Commissioning Group Three Year Operational Plan -

Presentation.

10. Date and Time of the Next Meeting

The Board is asked to note the proposed schedule of meetings for 2014/2015:

Friday 16 May 2014 at 12noon

Friday 25 July 2014 at 12noon

Friday 19 September 2014 at 12noon

Friday 28 November 2014 at 12noon

Friday 23 January 2015 at 12noon

Friday 20 March 2015 at 12noon

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

13 March 2014

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 24 January 2014

MINUTES

Present: -

Councillor Paul Watson (in the Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor John Wiper	-	Sunderland City Council
Neil Revely	-	Executive Director of People Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Dr Ian Pattison	-	Sunderland Clinical Commissioning Group
Ken Bremner	-	Sunderland Partnership

In Attendance:

Councillor Christine Shattock	-	Sunderland City Council
Sarah Reed	-	Assistant Chief Executive, Sunderland City Council
Sonia Tognarelli	-	Head of Financial Resources, Sunderland City Council
Pauline Forster	-	People Services, Sunderland City Council
Gillian Gibson	-	Consultant in Public Health
Petrina Smith	-	North East Ambulance Service
Graham Burt	-	Carers' Centre
Andrew Swain	-	
Andrew Riley	-	
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Emma Hindmarsh	-	Governance Services, Sunderland City Council

HW43. Apologies

Apologies for absence were received from Councillors Smith, Speding and Kelly and Nonnie Crawford, Gerry McBride, Christine Keen and Kevin Morris.

HW44. Declarations of Interest

There were no declarations of interest.

HW45. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 22 November 2013 were agreed as a correct record.

HW46. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 5 January 2014 and the main issues considered had been: -

- Coalfield Care Homes Pilot
- Telecare Annual Report
- Health and Social Care Integration Update
- Sunderland World Mental Health Day Update

With reference to the Telecare report, Neil Revely advised that Telehealth had also been discussed. Telehealth was being promoted nationally and Carol Harries reminded the Board of partnership working that had occurred in Sunderland to achieve real benefits for both the patient and the clinician. The individual patient had more control and understanding of their long term health condition and clinicians who are utilising Telehealth as part of a care pathway can ensure that they are proactively involved in the ongoing wellbeing of their patient, managing timely interventions and helping to improve their patient's quality of life. It was important that this was expanded into the Telecare process.

The Chair enquired whether there had been any impact following the introduction of financial contributions for all Telecare customers and was advised by Neil Revely that the charges had meant that kit that was no longer required could be removed from people's homes and utilised elsewhere. This would ensure that the right people were in receipt of equipment. Although there were now fewer systems in operation the number of people using the service had not changed.

The Executive Director of People Services also informed the Board that the Telecare service had hosted a visit from Sheffield City Council. A large number of authorities charged for the equipment but Sunderland did not do this, charging for the responder service instead. The Telecare service had massively reduced the number of hospital admissions and this was a success story which would continue to be monitored.

Children's Trust

The Children's Trust had met on 9 January 2014 and the main issues considered had been: -

- The Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA)
- Ofsted Inspection of Children in Need
- Implementing the Reforms for Special Educational Needs and Disability
- Sexual Health Review

- Strengthening Families Network

The Board RESOLVED that the information be noted.

HW47. Integration Updates

Integration – Governance Issues and Progress

The Board were informed of the proposal to establish a Health and Social Care Integration Programme Board and where this would sit in relation to the Council and CCG structures. The proposed membership of the Programme Board was the Executive Director of People Services, the Chief Officer of the CCG, the Assistant Chief Executive of Sunderland City Council, the Director of Public Health and the Director of Commissioning, Planning and Reform at the CCG.

Neil Revely advised that partners had wanted strong governance for the Board and would expect to receive clear performance reports on a regular basis. The Chair commented that this was about doing things more efficiently and effectively but would only work if stakeholders had the necessary input.

Sarah Reed highlighted that this was a whole systems approach and significant efficiencies were to be taken out of the system, so key financial people would be involved in the Board at an early stage. Ken Bremner noted that this should be enshrined within the terms of reference for the Programme Board.

The Chair proposed that 'Integration' should be a standing item on the agenda for all future meetings to ensure that the Health and Wellbeing Board remained informed of all progress and developments.

Better Care Fund - Progress

The Board received a presentation on 'Integration and the Better Care Fund'.

The Better Care Fund (formerly the Integration Transformation Fund) had been introduced as part of the drive to provide better local efficiencies across services and to create a more coordinated experience of care for patients and carers. The Fund would also support the integration of Health and Social Care services locally.

The Better Care Fund was aligned to the NHS Strategic and Operational Planning process and Local Government planning, with the draft plan submitted by 14 February 2014 and the final version being delivered by 4 April 2014.

The Health and Wellbeing Board had received a report at the November meeting setting out the ambition for the Better Care Fund in Sunderland. The vision would be built around bringing together social care and primary/community health resources into co-located, community focused, multi-disciplinary teams, linking seamlessly into hospital based services. The Sunderland priority outcomes were: -

- Supporting people to live at home
- Reduced number of people admitted to long term care

- Improved services for people with dementia
- Improved services for people with depression
- Reduced admissions to hospital
- Reduced re-admissions to hospital
- Reduced waiting times for A&E
- Improved quality of life for vulnerable families

The minimum size of the Better Care Fund for 2015/2016 was £24.7m. This had to include a number of elements such as CCG Carers Breaks funding and the local authority Disabled Facilities Capital Grant. It was also proposed to include: -

- The CCG component of existing pooled budgets
- Additional current CCG carers spend
- CCG Re-admissions spending
- Current CCG monies transferred to local authorities in respect of mental health and dementia
- Identified CCG growth monies

There was an option to make the fund the total health spend on community services and local authority spend on adult social care which could be to the value of £150-200m. This could be further expanded to include elements of Public Health budgets and children's budgets and work continued to consider options for the scale of expansion required to deliver the vision.

The next steps were outlined and would include assurance that funded initiatives would have the required impact on performance indicators and linking these indicators to financial efficiencies. Agreement was also to be reached on the 'local' performance indicators. There would continue to be robust engagement with all stakeholders and providers and there would need to be agreement on the scale of expansions and the process for sign off and submission.

The Executive Director of People Services reminded the Board that there was £3.4billion allocated nationally to the Better Care Fund with the first two years already defined as part of the five year strategic plans submitted by CCGs.

Regarding the payment by performance element of the fund which would be begin in 2015/2016, it was confirmed that this would be based on data from 2014/2015. Neil Revely advised that some metrics would run from September to September and others from April to April and that these would be national measures. Ken Bremner commented that that it was necessary to let the fund deliver before satisfaction could be measured.

Gillian Gibson asked if the plan was about the better management of people, moving towards better prevention or if the two strands would be running concurrently. Neil advised that this would not be a linear process and there would be a strong focus on better managed patient pathways. In terms of what would come first, better management or better pathways, it was necessary to ask the right questions initially. Better Telehealth services were just one way of making better use of existing intelligence and both preventive and predictive tools would be utilised.

In respect of Public Health generally, this would be an opportunity to determine what Sunderland wanted to do under this heading and there needed to be confidence about cause and effect.

Councillor Miller stated that £24.7m was not providing a strategic fund to work with and to allow plans to be radical or effective. The Chair highlighted that this was the only way to have a coherent strategy and that there was a need to continue to look at new interventions.

The draft Better Care Fund plan would be circulated to all Board Members following the meeting.

RESOLVED that the Integration updates be noted.

HW48. Public Health England Autism Self Assessment

The Board received a report informing them of the process followed in completing the Public Health England Autism self-assessment.

Pauline Forster, Commissioning Specialist in People Services, Sunderland City Council presented the report. Pauline advised that the Department of Health had published 'Fulfilling and reward lives: a strategy for adults with autism in England' in March 2010 which set out a number of key actions and recommendations for local authorities and their partners. In Sunderland, a multi agency Local Autism Working Group (LAWG) meets on a bi-monthly basis to support the implementation of the strategy recommendations.

The National Autism Strategy was currently under review and would be revised by March 2014. As part of this, local authority areas had been asked to complete a self assessment exercise to monitor progress made against the strategy. The self assessment had to be submitted to Public Health England by 30 September 2013 and presented to the Health and Wellbeing Board for discussion by the end of January 2014.

The LAWG had formally agreed the ratings and evidence used in the self assessment at a workshop held on 12 September 2013 and a number of clear priorities emerged from this work, including: -

- Collection of data on the number of people with a diagnosis of autism and information sharing between health and social care organisations;
- Engagement of people with autism and their carers in the work of the LAWG;
- Autism training for health and social care staff;
- Improving the support available after diagnosis; and
- Helping adults with autism into work.

The ratings which had been given by the LAWG as part of the self assessment were required to be validated by people with autism and an exercise was carried out on 7 November which was attended by carers for people with autism,. This exercise

highlighted the need to improve engagement and consultation with people with autism and their carers and this had been identified as a priority for the LAWG in 2014. Additional priorities which had emerged as a result of the self assessment would be taken forward as part of a revised action plan.

It had also been agreed that LAWG members would be identified to join the sub-groups of the Learning Disability Partnership Board to take forward actions in relation to the Autism Strategy and the LAWG would continue to monitor progress against the action plan. It was suggested that the Health and Wellbeing Board could also receive a progress update on the action plan every six months.

Dr Pattison asked about the referral pathways for adults and flagged up that there had been difficulties with this in the past. Pauline advised that the NTW diagnostic pathway was used for adults and that a recent report had identified a 12 week gap between referral and diagnosis.

It was queried if there was any estimate of the number of undiagnosed adults in Sunderland and Pauline advised that GPs recorded these patients differently due to the spectrum of disorders and it was difficult to get a formal diagnosis. Gillian Gibson that data from GPs suggested that the diagnosis process for young people was good but not so for adults. She asked about the facilities which were available within the city for people with autism and Pauline stated that she would bring that information back to Members.

Gillian went on to say that information about autism should be included within equality and diversity training and highlighted that work was ongoing with employers to develop a workplace health alliance.

It was commented that vulnerable groups may not necessarily look for opportunities to access supportive workplaces and Neil Revely said that this may be a perception but was not always the reality. Education and Services for People with Autism (ESPA) had been positive about some workplace experiences for service users. Neil added that it would have been useful for Members to have had sight of the self assessment document as this illustrated some very good feedback on existing practice.

Upon consideration of the report, the Board:-

RESOLVED that the report be received and noted.

HW49. Strengthening Families Framework

The Children's Trust submitted a report to the Board which provided an overview of Sunderland's Strengthening Families Framework which had been formally adopted as a strategic framework for the Sunderland Children's Trust on 9 January 2014.

Jane Hibberd outlined some of the background to the Strengthening Families Framework which had been produced to lay the foundations for a consistent and integrated approach to working with families across Sunderland. This framework was

to recognised and build on existing good practice and to establish clear, coordinated and integrated support pathways across all levels of need and was also a challenge to commissioners and service providers to consider how local provision might be configured to make better use of all resources.

The Strengthening Families Framework sets out a vision for the city, an inclusive definition of family, the strengths which the framework seeks to develop in families and the strategic outcomes it wishes to achieve. In order to achieve the desired outcomes, the Framework sets out the following strategic priorities: -

- Priority 1: Empowering families to do more for themselves
- Priority 2: Encouraging the community to do more for families
- Priority 3: investing in prevention and early action
- Priority 4: Providing integrated whole family services

The Strengthening Families Framework would also be presented to the Strengthening Families Board and the Safeguarding Children Board for information. Outcome measures and action planning would be discussed at a future meeting of the Children's Trust.

Jane commented that one of the questions raised at the Children's Trust had been whether students living in one property could be considered as a family and it was felt that it was very much up to the individuals involved but the framework was intended to cover a wide range of 'family' groups. Gillian Gibson added that partners needed to be sensitive to the way people lived their lives, including those who were not in families.

RESOLVED that the approval of the Children's Trust for the Strengthening Families Framework be endorsed.

HW50. Local Government Association Health and Wellbeing Peer Challenge

The Assistant Chief Executive submitted a report advising the Board of the progress which had been made in relation to the Local Government Association Health and Wellbeing Peer Challenge.

The Peer Challenge was intended to support councils, their health and wellbeing boards and health partners in implementing their new statutory responsibilities in relation to health, by way of a systematic challenge through sector peers in order to improve local practice.

The Peer Challenge would involve a team of peers spending time in the city, reflecting back and challenging the practice of the council in order to help it to reflect on and improve the way it works. The process would involve a wide range of people working with the Council in both statutory and partnership roles and focus on the elements of establishment of effective Health and Wellbeing Boards, the operation of the public health function to councils and the establishment of an effective local Healthwatch organisation.

The Peer Challenge would take place in Sunderland between 11 and 14 February 2014 and work was ongoing to produce a position statement and timetable of observations, site visits and discussions. The support of the Board and their respective organisations would be essential to the success of the Peer Challenge.

Councillor Miller commented that this Peer Challenge was well timed and the Chair agreed that this would be something to learn from.

RESOLVED that the report be noted and the Board continue to provide support to the Peer Challenge.

HW51. Health and Wellbeing Board Development Session – 14 February 2014 and Forward Plan

The Head of Strategy and Performance submitted a report informing the Board of the detail and scope of the next development session, providing an update on the closed Board sessions and updating the Board on the forward plan.

Following on from discussions earlier in the meeting, it was noted that 'Integration' would be a standing agenda item for future meetings.

The development session on 14 February 2014 would run through the final submission for the Better Care Fund and would require the Board to review and sign off the application.

Ken Bremner highlighted that it was important that the final submission be circulated to all Board members after it was considered at the development session. He also suggested that a meeting of the NHS Provider Forum needed to be convened and Karen Graham undertook to arrange this.

The Board RESOLVED that: -

- (i) details of the next development session be noted; and
- (ii) the Forward Plan be noted.

HW52. Date and Time of Next Meeting

The next meeting would take place on Friday 21 March 2014 at 12.00noon.

(Signed) P WATSON
Chair

SUNDERLAND HEALTH AND WELLBEING BOARD

21 March 2014

FEEDBACK FROM THE ADULTS PARTNERSHIP BOARD

Report of the Chair of the Adults Partnership Board

The Adults Partnership Board met on Tuesday 4th March, 2014.

Matters Arising

Karen Graham (KG) noted NHS England have apologised for the delay in getting back to the group regarding Sunderland and Newcastle Pharmacy discrepancies. Following discussions within the group it was agreed to raise the matter at the next Health & Wellbeing Board.

Warm Up North

Alan Caddick (AC) presented a report giving details on the problem of fuel poverty in Sunderland with over 25,000 people living in fuel poverty and 130 excess winter deaths.

The Warm Up North project commenced in September 2013 and will run for 5 years focusing on the Energy Company Obligation and Green Deal. There is the potential for 5,000 homes to benefit from energy efficient works. There are 9 north east authorities working in partnership with British Gas.

AC noted to help the project succeed there had to be a whole system approach with joined up intervention by social care, health and community services.

The board agreed to become the accountable body for a new multi-agency Affordable Warmth working group and to receive updates.

Older People's Action Group – Verbal Update

Alan Patchett (AP) provided an update on the Older People's Action Group and how it is working within Sunderland. The submission to WHO of the age friendly city action plan was discussed and that there had been delays to taking the plan to area people boards to sense check and identify gaps. It was hoped this would progress soon. AP suggested links to the Dementia pilot scheme currently underway in Houghton should be made.

Role of the VCS – Discussion Item

Graham Burt (GB) provided an update on the role of the VCS and the importance it plays in the City. GB highlighted the integral way of co-ordinating services for vulnerable people in the City and how important it is for the services to survive and flourish.

GB also noted the launch of the VCS Consortium.

It was felt that the key priorities of commissioners were not being communicated effectively to all VCS partners.

KG highlighted that one of the roles of the APB and the Childrens Trust was to have broader representation and to be used as an opportunity for information sharing. It was agreed that the membership of the APB should be reviewed to ensure membership was up to date.

BCF Update

Ian Holliday (IH) provided an update on the Better Care Fund (BCF). IH reported the draft proposal was submitted on the 14th February and as yet were still awaiting feedback. A further draft would be submitted on the 14th March with the final draft the first week of April. IH noted that there would be a pooling of resources with a minimum value of £24m but that to really effect service change, the figure should be nearer £169m and would include adult social care budgets, non-hospital based clinical services and potentially some public health budgets.

Transforming Care : A National Response to Winterbourne View Hospital Update

Alan Cormack (AC) provided an update on the current position for Sunderland following the Winterbourne View Report. AC reported that there are no longer any Sunderland people inappropriately placed in specialist hospitals.

The Board agreed with the recommendation that the CCG and Sunderland City Council should sign up to the Driving Quality Care Code.

Discussion Topic for Six Month Review & Forward Plan

The Board reviewed potential topics for its next 6 month review Welfare Reform, Healthy Ageing and the links between Housing and health. Following the previous discussions on fuel poverty and its health impacts, it was agreed Affordable Warmth and Fuel Poverty should be the focus for the next six months.

It was agreed to draw together the Forward Plan for the next year.

Date and Time of Next Meeting

The provisional date for the next meeting is the 6th May 2014.

SUNDERLAND HEALTH AND WELLBEING BOARD

21 March 2014

SUNDERLAND CHILDREN TRUST BOARD – 11 MARCH 2014

Report of the Chair of the Children's Trust

Integrated Wellness Model for Children and Young People:

Gillian Gibson provided an update for the board to set out proposals to develop an integrated wellness model for children and young people, this would be based on the Adult model already developed.

Gillian also mentioned the Young People's Health Champions Pilot which is running in six schools and support delivery of the model.

Following a positive discussion, it was proposed that Gillian contact the Participation and Engagement Officer for children to look at ways of widening the network of young people engaged in this pilot.

Children and Young People's Plan Refresh:

Jane Hibberd provided the latest draft of the CYPP Refresh and set out the principles, strategic objectives and priorities. The Board asked that alongside the refresh of the Plan, the governance model to support the delivery of outcomes is also refreshed to give assurance that there are groups and strategies in place to support better outcomes for children and their families, this includes links with the SSCB and with Health and Wellbeing Board priorities.

It was proposed that as part of the consultation process, the CYPP as part of the agenda for People Boards.

It was also agreed that the Board would submit a response to the Child Poverty Consultation.

Sunderland Safeguarding Children Board:

The Chair of the SSCB provided an update to the Board, covering SSCB activity, their Annual Report and their Business Plan. He asked the Board to note that the SSCB were in the process of preparing the next annual report.

It was also noted that Ofsted have published a framework for Inspecting Local Safeguarding Children Board, which would take place alongside the Inspection of Safeguarding Services.

The Health and Wellbeing Board is asked to receive the SSCB Annual Report and invite the Chair to present the report, as set out in *Working Together to Safeguard Children, 2013*.

Mental Health and Emotional Wellbeing Strategy for Children and Young People
2012-2015:

Michelle Turner and Rachel Lumsden from the CCG attended and presented the strategy, which the Board approved, after agreement that the timeframe would run 2014 to 2017.

SUNDERLAND HEALTH AND WELLBEING BOARD

21 March 2014

FEEDBACK FROM THE NHS PROVIDER FORUM

Report of the Chair of the Provider Forum

The Sunderland NHS Provider Forum met on 7 February 2014. The Forum had 2 agenda items – the role and function of the group and the Better Care Fund.

1. Role and Function of the Group

The terms of reference were circulated. /The differing role of the Local Medical Committee was highlighted and the Terms of Reference will be amended to reflect this.

It was agreed that Neil Revely should be replaced by Fiona Brown as the representative of the council as a provider of services.

In terms of wider representation, there are a large number of providers throughout the health and social care system, but that was outside the normal remit of the group. It was agreed that a 6 monthly broader session be held where VCS providers and other care providers be invited to raise issues and ask for specific topics to be considered.

The group agreed to have the Better Care Fund as a standing item for update and to use this group to provide a provider consensus on the bid and its progression.

2. The Better Care Fund

A discussion was held regarding the Better Care Fund draft submission form, noting that the metrics appendices were not available and would need separate discussions.

Wouldn't be happy with a move entirely from hospital to community services – there needs to be a recognition that this is a direction of travel and there is a joint role not one or the other.

7 day working is still a major issue for GPs – the new GP provider group in the City is starting to look at how GPs can deliver this.

It was highlighted that the locally determined metric for Sunderland would be the rate of diagnosis for dementia. It was agreed that there was good data there and systems set up to capture this, but queried how this was linked to cost saving, especially as some performance related pay is linked to diagnosis rates.

There is a need to look at how to release staff to enable service improvement – could there be a regional consortium where there are common issues, then modelled in Sunderland.

There might be different priorities in each of the 5 localities depending on facilities but the design principles would be the same. Co-location would be a principle rather

than a physical location – could be every GP surgery, community centre or whatever works.

Next meeting

The next meeting would be scheduled in advance of the 4th April deadline for resubmission to discuss finance and metrics.

HEALTH AND WELLBEING BOARD

21 MARCH 2014

**UPDATE OF THE SCRUTINY FUNCTION: POLICY REVIEW
RECOMMENDATIONS 2013/14 AND SETTING THE SCRUTINY WORK
PROGRAMME FOR 2014/15**

REPORT OF THE HEAD OF SCRUTINY AND AREA ARRANGEMENTS

1. PURPOSE OF THE REPORT

- 1.1 To provide the Health and Wellbeing Board with an update in regard to the key issues and developments within the council's Scrutiny Function.

2. BACKGROUND

- 2.1 This report seeks to outline progress on the work of the Scrutiny Function for the Municipal Year 2013/14 to date.
- 2.2 On 26 July 2013, a report was presented to the Health and Wellbeing Board detailing the policy reviews to be undertaken by the six Scrutiny Panels. In the interim months the reviews have progressed and are now in the final stages of completion.

3. SCRUTINY RECOMMENDATIONS 2012/13

- 3.1 Progress against each of the scrutiny reviews is detailed below. **Appendix 1** provides the recommendations of the Child Obesity and Alcohol and Licensing Policy reviews undertaken by the Children's Services and City Services Scrutiny Panel respectively. These reviews will be considered by Cabinet at its meeting of 16 April 2014.
- 3.2 The Patient Engagement review undertaken by the Public Health, Wellness and Culture Scrutiny Panel will make recommendations to the Health and Wellbeing Board and is listed as a separate item elsewhere on this agenda.
- 3.3 The remaining four policy reviews are nearing completion as follows:

Scrutiny Panel	Policy Review Topic
City Services	Flood Risk Management
Health Housing and Adult Services	Supporting Carers in Sunderland
Responsive Services and Customer Care	Volunteering: Increasing Community Capacity
Skills, Economy and Regeneration	The Growth and Diversification of the Local Economy

These policy reviews will be presented to Cabinet in June 2014.

4. SETTING THE SCRUTINY WORK PROGRAMME FOR 2014/15

- 4.1 At this point in the municipal year the Scrutiny Function invites council directorates and partners to identify key issues or topics worthy of being the focus of a scrutiny policy review.
- 4.2 As a decision maker the Health and Wellbeing Board may wish to refer issues to scrutiny in order for those issues to be fully investigated, and to provide recommendations for improvement.
- 4.3 The issues and topics put forward will inform the discussions at the Annual Scrutiny Debate to be held on 24 June 2014. Following the Debate, the Scrutiny Team will work with Lead Scrutiny Members, their Panels and relevant officers to finalise the draft Work Programme for consideration and endorsement by the Scrutiny Committee early in the new Municipal Year.
- 4.4 Potential questions to consider when determining potential topics for consideration by the Scrutiny Committee and its supporting Scrutiny Panels are:
 1. Will the issue be one in which a scrutiny review could have a real influence and impact?
 2. How would a scrutiny review of the issue assist you in the development / delivery of the service or policy?
 3. Is the issue one of public concern and will a review promote community well-being and improve the lives of residents?
 4. What might be the outcome of a review of the issue?

To assist, a list of the Scrutiny Panels and their remits can be found at **Appendix 2**.

5. RECOMMENDATION

- 5.1 The Board is requested to:-
 - i. To consider the recommendations of the Childrens Services and City Services Scrutiny Panels;
 - ii. To receive an information item detailing the recommendations of the remaining five policy reviews; and
 - iii. To consider and suggest potential topics or issues worthy of a scrutiny policy review in 2014/15.

Contact Officer: Contact Officer: Helen Lancaster, Scrutiny Coordinator

Helen.lancaster@sunderland.gov.uk

Appendix 1:

Children's Services Scrutiny Panel; Child Obesity

The Scrutiny Panel recommends:

- (a) That Public Health Strategy looks to monitor the implementation and impact of the School Food Plan reforms on local schools and that this is complimented by an enquiry to the Secretary of State for Education as to how this will be undertaken at a national level;
- (b) That Public Health and Planning teams within the local authority look to conduct joint training sessions related to Health Impact Assessments (HIA) considering the practicalities to incorporating HIAs within the planning process;
- (c) That data gathered from the National Childhood Measurement Programme (NCMP) along with intelligence gathered from the impact of other obesity and lifestyle programmes, including LAF Programmes and community based or led services across Sunderland, is utilised to model and target intervention resources effectively;
- (d) That Public Health Strategy explore and consider ensuring that key policy documents including the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy, other local needs assessments and strategies, and where appropriate local area committees and frontline councillors consider and take into account realistic opportunities to increase active travel.

City Services Scrutiny Panel; Alcohol and Licensing in Sunderland

The Scrutiny Panel recommends:

- (a) That further work be undertaken to assess evidence from Accident and Emergency in order to identify any areas of the city that may demonstrate a link between the level of crime and disorder and the number of licenced premises;
- (b) That the Council, in consultation with partners, considers whether there is any evidence of a need for a Cumulative Impact Policy in any part of the city;
- (c) That the Council investigates the activities of premises selling takeaway food in relation to the delivery of alcohol with a view to obtaining evidence which may inform future licensing decisions;
- (d) That the Council, at the next revision of the Licensing Policy Statement, includes a model condition which would require an alcohol licensee to be a member of a relevant Pubwatch Scheme;

- (e) That the introduction of a voluntary agreement with licensed premises for a suitable closing hour be explored firstly with partners and then, if necessary, with the relevant Pubwatch scheme in any appropriate areas of the City;
- (f) that the Council lobbies central government to introduce measures to tackle the low unit cost of alcohol sold in many supermarkets and other off licensed premises, which can lead to the excessive consumption of alcohol and associated harm to health, and the disparity in cost with alcohol sold at on-licensed premises where alcohol consumption occurs in a regulated environment;
- (g) That the Place Boards receive information on licensing law in order to facilitate the assistance of residents in pursuing their rights to apply for the review by the Council of the licences of premises that they feel create problems for the community .

Scrutiny Panel remits

Health, Housing & Adult Services	Responsive Services & Customer Care	City Services
<ul style="list-style-type: none"> • Adult Social Care Services • Mental Health Commissioning • Supporting People including people with Disabilities • Supporting Carers • Promotion of Decent Homes and • Good Housing Standards in Private Sector Housing • Specialist Housing Support Services and Provision • Housing Renewal • Strategic Relationships with Registered Social Landlords and Private Sector Housing Providers • Homelessness and Housing Advice 	<ul style="list-style-type: none"> • Overview of Locality Working Initiatives • Responsive Local Service Initiatives • Area Committees, Partnerships and Area Boards • Local Area Plans • Area Budgets including the Community Chest • Customer Care Policy and Practice • Improving the Responsiveness of Neighbourhood Services and Facilities to Local Circumstances and Customer Feedback • Improving the Responsiveness of Personal Services to Customer Feedback • Contact Centre and Customer Services Network including Customer Services Centres • Community Development • Adult and Community Learning • Section 17 Responsibilities • Safer Sunderland Partnership • Anti-Social Behaviour • Drugs Awareness, Prevention and Treatment • Local Multi-Agency Problem-Solving 	<ul style="list-style-type: none"> • Management of place • Neighbourhood • Environmental Services and Street Scene • Highways, Traffic and Transportation • Highways Maintenance • Strategic Transport • Parking and Road Safety • Facilities Management • Registrars, Cemeteries and Crematoria • Play Provision • Grounds and Buildings Maintenance • Waste Management including Strategy, Refuse Collection and Recycling • Coastal Protection/Flood Risk Management • Seafront Management • Licensing, Licensing Regulation and Controlled Drinking Zones • Trading Standards • Public and Environmental Health

	<p>Groups (LMAPS)</p> <ul style="list-style-type: none"> • Community Resilience 	
<p>Public Health, Wellness & Culture</p> <ul style="list-style-type: none"> • Strategic partnership with the health community of Sunderland • promotion of Public Health and Wellness • Effective transition of public health responsibilities to the City Council • Transformational approach to the achievement of improved health and well being outcomes • WHO Euro Healthy City Network • Health Awareness • Healthy Lifestyles • Healthy Environment • Sports and Wellness Initiatives and Facilities 	<p>Children's Services</p> <ul style="list-style-type: none"> • Children's Trust • Corporate Parenting • Protecting Children and Young People from Harm • Promoting Good Health and Health Awareness in Children and Young People • Reduction of Child Poverty • Safeguarding and Securing the Well-Being of Children and Young People • School Renewal and Improvement Programmes • Developing the Potential of Children and Young People through • Education, Training, Personal Development and Preparation for Working Life • Promoting the Development of Skills and Capacity which will enable Children and Young People to support and benefit from the City's continuing economic development 	<p>Skills, Economy & Regeneration</p> <ul style="list-style-type: none"> • Prosperous city • Partnership working to promote the skills of the residents • Economic prosperity • Inward Investment & business support • Regeneration • Improved employability • Boosting the skills and knowledge of the workforce • Prosperous city centre • Tourism, resorts & events

DRAFT CHILDREN AND YOUNG PEOPLE'S PLAN (CYPP)

Report of the Head of Strategy and Policy (People and Neighbourhoods)

1. Purpose of the report

- 1.1 The purpose of this report is to present to the Health and Wellbeing Board the latest draft of the Children and Young People's Plan (CYPP) and associated 3 year delivery plan for consultation.

2. Background

- 2.1 The Health and Wellbeing Board will be aware that the Children's Trust is in the process of refreshing its CYPP. The Trust has agreed to create a slimmed down strategy, with a reduced number of strategic objectives and a delivery plan which has also been rationalised to allow the Children's Trust to focus on four areas where it believes it can add value to the outcomes for children, young people and their families.

3. Current position

- 3.1 The vision for the refreshed CYPP remains the same:

'Working together to improve life chances and raise aspirations for each child and young person in Sunderland, and to narrow the gap in outcomes for our most vulnerable groups and families'

- 3.2 The four strategic objectives have been agreed as:

1. Improving the overall Health and Wellbeing of children, young people and families
2. Reducing the number of families with children living in poverty in the city
3. Improving educational outcomes and strengthening whole family learning
4. Improving safeguarding outcomes for children, young people and families.

- 3.3 The Children's Trust will performance manage these four objectives, receiving regular progress reports and providing appropriate support and challenge in order to meet the vision.

- 3.4 The Children's Trust has also identified four priority areas for its 2014-17 delivery plan and work has progressed to develop the actions around that plan. They are:

- Child and Family Poverty
- Best Start in Life
- Child Obesity
- Sexual Health (including teenage pregnancy).

3.2 Information on each of the priority areas is presented here as part of the plan. In addition, there is a section summarising how young people's views have been taken into account in developing the plan, as well as information relating to governance arrangements and performance management processes.

3.3 Further work is required on the priority areas to ensure that the information within them, particularly in relation to the needs assessment, is proportionate across the four reports. The governance arrangements are being developed to ensure that all relevant partnerships and their relationship to the Children's Trust are clear.

4. Next steps

4.1 The next steps are to consult with:

- Sunderland Safeguarding Children Board
- Scrutiny Committee
- Children's Trust Advisory Network.

4.2 The final CYPP and associated delivery plan will be presented to the Children's Trust for sign off at its meeting on 8 May 2014.

5. Recommendations

5.1 The Health and Wellbeing Board is requested to:

- critically assess the four delivery plans (Child and Family Poverty, Best Start in Life, Child Obesity and Sexual Health) to ensure that the health impacts are maximised in each
- receive a final copy of the Children and Young People's Plan when it is agreed by the Children's Trust.

2010 – 2025 (Refreshed March 2014)

We are pleased to present this refreshed Children and Young People's Plan (CYPP), covering the period to 2025. Unprecedented economic changes since the initial strategy was agreed in 2010, means that transformational change is required both within organisations and communities to meet the needs of citizens in different ways in the future. The role of local authorities and their partners is necessarily shifting towards a new focus of enabling rather than always delivering.

A key development since the CYPP was originally agreed is the introduction of Health and Wellbeing Boards. In 2012 Sunderland's Children's Trust became an Advisory Board to the city's Health and Wellbeing Board and is directly responsible for delivering Objective 2 of the Joint Health and Wellbeing Strategy, *"Ensuring children and young people have the best start in life."*, as well as contributing to others. In addition, the Children's Trust has formally adopted strategic responsibility for Child and Family Poverty in the city. Other policy shifts, both locally and nationally, are set out in Appendix 1.

Our **vision** for children and young people continues to be:

'Working together to improve life chances and raise aspirations for each child and young person in Sunderland, and to narrow the gap in outcomes for our most vulnerable groups and families'.

To provide a clearer focus for the Children's Trust, the refreshed CYPP has been rationalised and contains just four strategic priorities which the Trust will performance manage in order to maintain an overview of the key outcome areas relating to children and young people. The CYPP also continues to be supported by a three year delivery plan, the first covered the period 2010-13, the second being a high level delivery plan for the period 2014-17. This second delivery plan – like the strategy – is also more streamlined, focusing on four priority areas which the Children's Trust believes it can add real value and improve outcomes for children and young people.

DESIGN PRINCIPLES

We have refreshed our design principles to reflect those of the agreed Health and Wellbeing Strategy and other emerging strategies in the city. These design principles will guide our approach to action planning, commissioning and delivering services for children, young people and their families. These design principles are:

Strengthening family and community assets

By recognising everyone has a valuable contribution to make, we will empower children, young people, their families and communities to be involved in the things that are important to them. Understanding the capabilities, skills and assets of children and young people, their families, their peers and their communities will form the starting point for any intervention. We will support children, young people and

families to help themselves and develop solutions that prevent, reduce or delay the need for public sector interventions and give them control over their own lives. We will listen to and respect children, young people and families and build services around their needs, making decisions based on sound intelligence and evidence of what works.

Prevention

We will place a greater emphasis on the insight of children, young people and their families, using local intelligence and experience to effectively identify and to work with families and communities to prevent children, young people and families developing problems.

Early Intervention

We know that early intervention with children, young people and their families can reduce more complex issues in the longer term. We will actively seek to identify and tackle issues at an early stage whenever they occur to prevent them escalating into more problematic and complex needs.

Collaborative Working

We will work together to make best use of our strengths and assets so that we can provide flexible and tailored services that are responsive to local conditions and focus on what matters to children, young people and their families.

Participation and Engagement

We will ensure that children, young people and their families have a voice and are involved in decisions that affect their lives. They will be empowered to contribute to the redesign of services which are relevant to them. We will enable positive activities for children and young people to participate in, so they can develop their skills and self-esteem to take them through to adulthood.

Equity

We know that the conditions in which people are born, grow, live, work and age are responsible for the avoidable differences in people's life chances. Inequalities exist both within Sunderland's communities, and between Sunderland and regional and national comparators. We will focus on those children, young people and families more at risk of developing adverse outcomes.

STRATEGIC OBJECTIVES

Our four strategic objectives provide the focus of our efforts to achieve our vision.

1. Improving the overall Health and Wellbeing of children, young people and families
2. Reducing the number of families with children living in poverty in the city
3. Improving educational outcomes and strengthening whole family learning
4. Improving safeguarding outcomes for children, young people and families.

These strategic objectives have been developed by reviewing the priorities in the previous CYPP Delivery Plan (2010-13) and where they fit in the recent policy

developments both locally and nationally. Young people's views have also been taken into account and a summary of these can be found at Appendix 2. During the life of the CYPP the Children's Trust will performance manage the four strategic objectives to ensure it has an overview of children and young people's outcomes measures. The former priorities of the CYPP will largely be monitored through these strategic objectives, though the detail will be delivered by the relevant services and partnerships and their associated strategies. Appendix 3 of this document sets out the governance structure for the Children's Trust and the expectations of the Trust when receiving progress updates from the relevant services and partnerships.

CHILDREN AND YOUNG PEOPLE'S PLAN 2014-17 HIGH LEVEL DELIVERY PLAN

This is the second delivery plan of the Children and Young People's Plan and covers the period 2014-17. Like the strategy, the delivery plan has been rationalised and includes four priority areas where the Children's Trust believes it can add value to the work that is already being undertaken.

The four priority areas are:

- Child and Family Poverty
- Best Start in Life
- Child Obesity
- Sexual Health (including teenage pregnancy).

CHILD AND FAMILY POVERTY

Why it matters

There can be no doubt about the devastating effect that poverty has on the lives of children, young people and their families. Poverty permeates every aspect of a child's life – from their access to material resources, to their social and emotional development, physical health, and ability to learn. Despite the best efforts of the Council and its partners, too many children in our city continue to live in poverty, and child poverty levels in Sunderland remain significantly higher than the national average – 25 per cent compared to 20 per cent in England¹. There is an urgent need for change; it is time for a new approach.

Some of the factors that influence a family's ability to move themselves out of poverty fall within the remit of central government and are beyond our control, but there is still much that we can do at a local level to address the root causes of poverty and mitigate its impact. As the city's Children's Trust, we are calling for concerted action, based on a new approach where poverty reduction is not only everyone's business, but also everyone's responsibility.

Why we need a new approach

At a national level all political parties are committed to achieving the goal of ending child poverty by 2020. However, it must be recognised that this will be a very difficult target to meet given the current economic situation, difficult labour market conditions and the approach to reform of the welfare system. In fact, a report by the Institute of Fiscal Studies² set out that child and working-age poverty was set to rise by 2013/14, and that poverty will continue to be affected beyond that time as the impact of the Government's welfare reforms take effect. It is also recognised that the nature of poverty itself is changing: in-work poverty is on the increase and families can no longer rely on income from the state to supplement earnings, or indeed provide them with a decent standard of living.

Nevertheless, the commitment to ending child poverty is given credibility through the Child Poverty Act 2010, by giving it its place in law. The Act makes child poverty everybody's business by placing a duty on local authorities and other delivery partners work together to tackle child poverty and publish a strategy on how this will be done. This Children and Young People's Plan incorporates the Child Poverty Strategy to meet those legislative requirements.

In Sunderland around one in four children are living in poverty. However poverty is not spread equally across the city with some areas suffering significantly higher levels of deprivation than others. Eleven out of the 25 wards in the city have a greater proportion of children living in poverty than the city average.

¹HMRC, September 2013.

² (Child and Working-Age Poverty from 2010 to 2020, IFS Commentary C121)

Our new approach to addressing child and family poverty will:

- Take a strengthening families perspective (focus on families' strengths in order to improve their outcomes) Give people the tools they need to lift themselves permanently out of poverty (focus on empowering the child and family)
- Create the right conditions that enable people to lift themselves permanently out of poverty (focus on the structural/institutional barriers)
- Take concerted action (work together as a city, with everyone playing their part).

What we have in place

As well as identifying Child and Family Poverty as an area for focus over the next three years, the Children's Trust, through its Children and Young People's Plan, deals with many of the impacts of poverty, both in the areas it monitors and its principles. It continues to monitor outcomes such as educational attainment, NEET, youth offending and has prioritised Best Start in Life for children and young people, Childhood Obesity and Sexual Health as areas for the Trust to focus on - all of which have either an indirect impact on poverty or are potential impacts of living in poverty. In addition, the design principles in the Plan of early intervention and prevention, strengthening families and equity (i.e. narrowing the gap) are imperative to achieving our goals and ensuring that this generation of children and young people does not become the next generation of poor adults.

There are also a number of recent local policy developments that seek to transform the way agencies work with individuals, families and communities, as well as each other. These are largely partnership strategies, which require the collaboration of a range of agencies, and which focus on asset-based ways of working so families themselves can maximise their potential and work towards improving their own health, family outcomes, prosperity etc., with support from their community. The change in approach to this way of working is entirely appropriate in achieving the longer-term goal, where families are more resilient, have improved life chances and are less reliant on support from organisations.

The design principles of this CYPP are intentionally aligned with these complementary strategies, namely the Health and Wellbeing Strategy, Strengthening Families Strategy and the Community Resilience Plan:

- **Health and Wellbeing Strategy**, identifies giving children the **best start in life** as one of its priorities
- **Strengthening Families Strategy** (incorporating **Family Focus**, which is Sunderland's contribution to the national 'Troubled Families' programme). Strengthening Families takes an **early intervention** approach to working with families, **building on their strengths** in order to achieve their desired outcomes
- The **Community Resilience Plan** sets out how partners across the public and voluntary sector in the city will work together to improve the quality of life in our communities and create conditions in which people can thrive. This includes a key objective to "**Help households to maximise their income**".

Sunderland published its first Child and Family Poverty Strategy in 2009 which was focussed on making child and family poverty everybody's business and developing integrated neighbourhood models of service delivery. Since then, much has been achieved and some examples of current practice across the city to help mitigate the impact of child and family poverty are set out below:

- **Poverty-proofing** is integral to the Council's equality impact assessment process, with our Equality Analyses considering poverty in addition to the nine 'protected characteristics'. There is also a named Lead Equality Champion for Poverty in the Council whose role is to act as a leader for diversity and equality and champion positive behaviour and good practice.
- **Joint working** between agencies to support households affected by welfare reform –examples include the provision of **Benefit Cap Advisors** funded via JobCentre Plus and working closely with the Council to assist identified families in obtaining employment, negotiating lower rent payments or finding alternative accommodation where needed; Council provision of training for front line staff in partner organisations to improve their understanding of the changes, where to signpost people for relevant help, and how households can maximise their income; and joint commissioning of welfare rights advice.
- Children living in households in receipt of qualifying benefits are automatically registered for **Free School Meals**, with families now having to 'opt-out' (rather than 'opt-in'). The Council is extending this concept to **Council Tax support** during January/February 2014 to further maximise household income.
- Implementing a locality based model through **Improving Futures** – a four year initiative funded by the Big Lottery and led by SAFC Foundation of Light. It works with one or two primary schools in each locality and aims to support families with children aged 5–11 who are living in disadvantaged communities and experiencing multiple and complex needs including poverty and financial difficulties. The project adopts a key worker approach, helping families to identify a 'neighbourhood friend' who will receive training and supervision to support and assist the family through an action plan.
- More **active engagement with the Voluntary and Community Sector** including **Food Parcel Network ('One for the Basket')** led by Sunderland Partnership's Faith Forum and **'One for the Wardrobe'** – primary school uniform recycling events organised by the Sunderland Partnership.
- **Local solutions to benefit local areas** - Washington Area Committee commissioned Sunderland North Community Business Centre to deliver a **Youth Opportunities Project (YOP)** to work intensively with young people in that area who were not in education, employment or training (NEET) and support them in to work, either paid or voluntary. Due to the success of this project, it was expanded in 2013 to include the **School Opportunities Project (SOP)**, to engage with young people of school age who are identified as being at risk of, and prevent them from becoming NEET. Three secondary schools in the area are actively signed up to this project

What more do we need to do?

These are just some examples of how we are trying to mitigate the impacts of child and family poverty. However, more needs to be done to better understand the

activity that is making an impact and to ensure we have a joined up approach to addressing child and family poverty. To that end, it is vital that the Children's Trust establishes firm links with a number of other existing strategic and local partnerships. This will support the city's understanding of the impacts of welfare reform, the scale of continuing poverty, the activity that is making a difference to families' lives and where opportunities exist to work together to end the poverty blight. Partnerships such as the Health and Wellbeing Board, the Economic Leadership Board, the Educational Leadership Board and Council's Area Committees and Welfare Reform Board each have a significant part to play in addressing child and family poverty in the city.

To improve this co-ordination and understanding, the Children's Trust will:

- 1) Champion the issue of child and family poverty within individual members' organisations and the partnerships they participate in.
- 2) Establish an Anti-Poverty Task Group which will take its membership from the Children's Trust, Adults Partnership Board and other relevant strategic partnerships. That Group will develop an Anti-Poverty Action Plan identifying priority actions for the Children's Trust and other strategic partnerships over the next three years, which will add value to existing activity and make a visible difference to the lives of children, young people and families living in poverty. This will include identifying lead agencies to drive the actions and co-ordinate partners' efforts.
- 3) Influence change - partners from the public, voluntary and private sector partners will be involved, and will include those local to Sunderland, as well as from the wider North East region.
- 4) Be intelligence-led. Actions will be developed through analysis of good practice, quality data, evidence based assessments (what services are available in the city, which ones are working well and where are the gaps) and will be influenced by customer insight (what families' say about living in poverty, as well as regional and national research into the issue).

The Children's Trust will:

- Strategically lead the development of these actions through XXXXXX
- Receive six-monthly updates in progress, providing appropriate challenge and support.

BEST START IN LIFE

Why it matters

In Sunderland we are united in our belief that early support for families is one of the most important investments for the future and that children who grow up in a loving, nurturing environment have the best chance of achieving their potential throughout their lives. The majority of children and young people do grow up in stable environments, but too many grow up in households where there is poverty, worklessness, substance misuse, domestic violence and poor mental health. To improve the life chances for these young people we must build the capacity and resilience of parents, carers and whole families, and address the interconnected issues, where they exist.

To support this belief, the city's Health and Wellbeing Board have agreed that ***'Ensuring that children and young people have the best possible start in life'*** is a key objective in their joint strategy. The Children's Trust will strategically lead this objective, ensuring the following high level actions are delivered:

- Encouraging parents and carers of children to access early years opportunities
- Acknowledging the whole of a child's journey, including the transition into adulthood.

Why we need a new approach

Sunderland's Children's Trust has long been committed to being more responsive to local needs, and focussing on an approach of early intervention and prevention as much as possible.

We now also want to develop more asset-based ways of working. This means helping families to build on their own existing strengths and help them to develop family capacity and resilience. We truly believe that this will have the greatest impact on their ability to competently deal with any future pressures they are faced with, without the need for intervention from public services.

We also need to change the way in which we work with families. It can sometimes be the case that families are reluctant to engage with public sector organisations and there is an opportunity to harness the skills of voluntary and community sector (VCS) organisations and the wider community to deliver support to families. VCS organisations and communities can bring fresh ideas with new and innovative ways of engaging families and can therefore have greater success in helping them to achieve better outcomes.

What we have in place

Sunderland has recently developed the "strengthening families" partnership model. This model takes a whole family approach to ensure that all factors that influence a child and families' outcomes are taken into consideration. A Strengthening Families Board is in place to drive forward implementation of this approach across the city,

and the Children's Trust will establish firm links with that Board to ensure that priorities and actions of the two groups complement each other.

In addition, to effectively help those families who need support, the City Council has reconfigured its services around the family with the **Early Intervention and Locality Teams** now well established, incorporating Children's Centres, Early Years and Childcare, Attendance, Educational Psychology, Risk and Resilience, Connexions, and Youth services.

Sunderland also has benefited from an expansion of its Health Visiting workforce, which continues to deliver the universal Healthy Child Programme. Health visiting teams work with families during the first five years of their child's life, providing health and development reviews, health promotion, parenting support, and screening and immunisation programmes. The aim is to identify and treat problems early, help parents to care well for their children, change health behaviours and protect against preventable diseases.

While health visiting services are available to all families, Sunderland's Family Nurse Partnership programme offers more targeted support for the most disadvantaged young families. This is a nurse-led, intensive home-visiting programme that begins in early pregnancy and continues until the child is two years old. It recognises the importance of pregnancy and the first years of life in influencing children's life chances, and is offered to first-time at-risk parents under the age of 20.

Finally, a wide range of family services and activities for children and young people are provided by voluntary and community sector organisations in the city. Many of these are preventative in nature, meaning that potentially vulnerable families never come into contact with statutory services. Examples include programmes that promote healthy eating, outdoor play and physical activity, or positive parenting skills while providing access to peer support and engaging families in their communities.

What more do we need to do?

A considerable challenge still remains and there is a need for greater intensity and targeting of support to affect change in areas such as the home learning environment. We recognise the need to improve our understanding of families in our most disadvantaged communities and the barriers they face so that resources can be better targeted towards addressing risk factors at the earliest opportunity. Where there is evidence that targeted support is having a positive impact, these initiatives need to be scaled up to increase accessibility and coverage.

We also recognise that cultural change is needed if we are to achieve the desired outcomes for children and young people, noting that family and community have a significant influence on parenting and we need to work with the wider community to secure change.

Actions to deliver these changes are included in Priority 2 of the Health and Wellbeing Strategy and include:

- Increasing volunteering/voluntary and community sector engagement, with volunteers trained to deliver evidence-based support
- Development and introduction of a Children's Centre Champion model
- Promoting change through a series of "key messages" to change and challenge deep-rooted social/cultural influences on parenting
- Introduce more effective ways of engaging and sharing messages including via social media.

The Children's Trust will:

- Strategically lead the development of these actions through the Head of Community and Family Wellbeing
- Receive six monthly updates on progress, providing appropriate challenge and support.

CHILD OBESITY

Why it matters

It is widely acknowledged that obesity can lead to a range of medical problems in adults, both chronic and severe, including a greatly increased risk of coronary heart disease, some cancers and type 2 diabetes. However, there is increasing evidence to show that various diseases and conditions may be associated with child obesity, particularly type 2 diabetes. There has been an alarming increase in the diagnosis of this disease in children and young people, some as young as 7 years of age, over the last decade.

Being overweight or obese in childhood and adolescence has serious consequences for health in both the short term and longer term. National data shows key risk factors for cardiovascular disease, are present in at least one quarter of obese adolescents, and conditions not previously seen in children, such as fatty liver disease, are now evident. Other conditions associated with obesity in childhood include asthma, sleep-disordered breathing and musculoskeletal conditions. Overweight and obese children are also more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood.

Obesity in childhood has wider repercussions beyond just physical health, however. It has also been shown to impact negatively on children's psychological health, including low self-esteem and even depression, particularly in adolescence. Children who are overweight or obese are also likely to experience bullying and stigma, further impacting on self-esteem. It is also worth considering the impact of this health burden on the future adult workforce, and the impact this could have on the local and national economy.

Why we need a new approach

The World Health Organisation regards childhood obesity as one of the most serious global public health challenges for the 21st century. In England, around one third children aged between 2 and 15 years were either overweight or obese in 2012. Although the proportion of children who are overweight has remained largely unchanged since the mid-1990s, a worrying trend is that the proportion of those who are obese has increased by around 1% every 2 years until 2007.

The National Child Measurement Programme (NCMP), which measures Body Mass Index (BMI), shows that levels of obesity in Sunderland remain persistently above national levels, with higher prevalence in some areas of the city compared to others. For instance, in 2012/13:

- 24% of children in Reception (aged 4-5) and 35.5% of children in Year 6 (aged 10-11) were overweight or obese, compared to the national average of 22.2% and 33.3% respectively;
- Prevalence of obesity at Reception was 10.6% – this is similar to the regional level (10.3%) and continues to show a slow decline from earlier levels, but it

remains higher than the national average of 9.3%. In some areas of the city, the prevalence of obesity at Reception is between 13% and 17%.

- Prevalence of obesity at Year 6 was 21.3%, declining from a peak in 2011/12 – this is now close to the regional average (20.9%) and appears to be levelling off, but it too remains persistently above national levels (18.9%). Furthermore there are areas in the city where the local prevalence of obesity at Year 6 is between 26% and 34%.

At a national level, data demonstrates a strong positive relationship between deprivation and obesity in each school year. The Index of Multiple Deprivation shows the proportion of children who are obese is almost twice that for Reception and Year 6 in the 10% most deprived areas compared to the 10% least deprived. More worryingly the inequalities gap in childhood obesity is widening, with rates declining among the least deprived children in Reception, whilst there is no sign of a decline amongst the most deprived children in Reception over the 6 years of the NCMP. At Year 6 levels of obesity are remaining the same for the least deprived, but increasing amongst the most deprived.

As the evidence of the impact of child obesity on health and individuals continues to emerge it is clear that this is an issue which cannot be ignored. Obesity is particularly difficult to treat once established, so prevention and early intervention are key – especially as it has been acknowledged that up to 79% of children who are obese in their early teens are likely to remain obese as adults, with the associated increased health risks and costs to services. Early childhood is a critical time for obesity prevention as many lifestyle habits around diet and physical activity are established in the first years of life. There is a need to focus on both universal and targeted prevention across a range of settings, with action being taken as early as possible – and with the whole family – when risks are identified.

Universal prevention includes interventions such as providing walking and cycling routes, safe areas for play and improving food choices available in a range of settings, while targeted interventions might include communications campaigns directed to certain groups at risk of child obesity. In terms of early intervention, recent NICE guidance highlights the role of lifestyle weight management services to address excess weight and obesity in childhood, recommending a life course, family focused approach tailored to local needs.

There are also some emerging examples of areas using planning regulations to manage the provision of fast food outlets in close proximity to schools, although it is too early to know if this will prove effective in tackling childhood obesity.

What we have in place

Sunderland City Council commissions a healthy lifestyle and weight management service for children, young people and their families through public health funding, locally referred to as the Lifestyle, Activity and Food (LAF) programme. It is delivered by the council's Wellness Service with support from City Hospitals Sunderland and has been in place since April 2010. LAF delivers a comprehensive prevention and promotion programme as well as targeted support to overweight and

obese children aged 5-15 years. The targeted programme works with whole families through a series of healthy lifestyle activity and education sessions to encourage behaviour change and supports them to eat well, move more, and live longer.

Public Health funding is also used to commission a maternity public health programme provided by City Hospitals Sunderland which has a remit for increasing the initiation and continuation of breastfeeding. There is a strong body of evidence to demonstrate many benefits of breastfeeding for both child and mother, including a general reduced risk of obesity into childhood and adulthood.

There are also a range of activities in place locally including the GIGGLES programme which works with preschool children who are overweight and cookery sessions available through children centres.

The Children's Services Scrutiny Panel, commissioned by the Scrutiny Committee, has undertaken a spotlight review around the issue of child obesity in Sunderland. It will be important for the Children's Trust to consider the recommendations that emerge from this review, to determine which are within their scope to influence or monitor.

What more do we need to do?

As Child Obesity is a growing issue, we need to build on the good work that has already been done across the city and work with families as early as possible to encourage healthy behaviours in children and create an environment conducive to healthy choices. This will require involvement from a range of partners including local authorities, childcare providers and schools, businesses, voluntary and community sector organisations, as well as families and communities. There is a need to better understand the different barriers to positive change and how children and their families can be supported and encouraged to overcome these.

XXXXXX will strategically lead improvements and actions to deliver these will include:

- Engaging with childcare providers and schools as key settings for delivering universal preventative programmes to children and their families
- Harnessing the ability of voluntary and community sector organisations and volunteers to creatively engage with children and their families while delivering important health messages and encouraging positive behaviour change
- Working together to make better use of community assets, such as buildings and green space, to promote healthy eating and exercise
- Providing more opportunities for the whole family to participate in physical activity and healthy cooking sessions, particularly in deprived areas of the city
- Increasing awareness of, and referrals into, local lifestyle weight management services.

The Children's Trust will:

- Promote the use of Health Impact Assessments to all partners within its membership to ensure issues such as obesity are considered within the scope of core policy and decision making.
- Receive six monthly reporting on progress, providing appropriate support and challenge.

SEXUAL HEALTH

Why it matters

Sexual health is a key public health issue, impacting on both individuals and communities. The consequences of sexual ill health can be far reaching, resulting in unintended pregnancies, abortion or sexually transmitted infections (STIs). Whilst good sexual health is important at a population level, the sexual health needs of individuals vary according to factors such as age, gender, sexuality and ethnicity, which can result in some groups being at increased risk of experiencing sexual ill health. Those at highest risk include young people, gay and bisexual men and some black and ethnic minority groups.

The priority given to sexual health nationally as a key public health issue is evidenced in the inclusion of three sexual health indicators in the Public Health Outcomes Framework (2012), which Local Authorities are responsible for delivering against. These are:

- Under 18 conceptions
- Chlamydia diagnoses in the 15–24 age group
- Late diagnosis of HIV.

To improve sexual health across the city, a preventative approach is needed to ensure young people have the necessary information so they understand how to keep themselves sexually healthy and to avoid unwanted pregnancies, and be empowered to make informed and responsible decisions, particularly in relation to consent, positive relationships and the risks of unprotected sex.

Why we need a new approach

Despite the best efforts of organisations to promote good sexual health, the data shows that there is still some way to go, both in terms of STIs and teenage pregnancy.

Sexually Transmitted Infections

Young people between the ages of 16 and 24 represent 12% of the population, yet they account for nearly half of all STIs (excluding HIV) diagnosed in Genito-Urinary Medicine (GUM) clinics. The high rates of STIs amongst young people are an indication of increased levels of unsafe sexual behaviour.

Sunderland is ranked 78 out of 326 local authorities in England³ (Rank 1 being high) for rates of acute STIs in 2012, with 2,222 diagnoses, of which 67% were in young people aged 15-24 years.

Reinfection with an STI is a marker of persistent risky behaviour. Comparison of national and local data for all ages shows that men are more likely to become

³Sunderland Local Authority Sexually Transmitted Infections and HIV Epidemiology Report (Public Health England, 2013b)

reinfecting with an acute STI within twelve months and rates of reinfection for women and men are slightly higher in Sunderland than nationally.

In Sunderland, during the 4-year period 2009-12, the re-infection rate in young people aged 15-19 was 11.2% for females and 11.1% for males. Teenagers may be at risk of reinfection because they lack the skills and confidence to negotiate safer sex or due to treatment compliance.

It is also worth noting that the Index of Multiple Deprivation shows a strong correlation between deprivation and rates of acute STIs and across England; this trend is reflected in data for Sunderland.

Teenage Pregnancy

Encouragingly, recent data shows that teenage pregnancy rates in England have fallen to their lowest levels since records began, although rates continue to be higher than in most other European countries. Therefore reducing rates of teenage pregnancy continues to be a priority, as there is irrefutable evidence that children born to teenagers are more likely to experience a range of negative outcomes and the impact for teenage mothers is also significant, as they are at greater risk of living in poverty, suffering from post-natal depression or being without employment. The potential far reaching impacts of teenage pregnancy for mother and child are illustrated below.

- Of all young people not in education, training or employment, 15% are teenage mothers or pregnant teenagers
- Teenage parents are 20% more likely to have no qualifications at age 30
- Teenage mothers are 22% more likely to be living in poverty at 30, and much less likely to be employed or living with a partner
- Teenage mothers have three times the rate of postnatal depression and a higher risk of poor mental health for three years after the birth
- Children of teenage mothers have a 63% increased risk of being born into poverty and are more likely to have accidents and behavioural problems
- The infant mortality rate for babies born to teenage mothers is 60% higher
- Teenage mothers are three times more likely to smoke throughout their pregnancy and 50% less likely to breastfeed, with negative health consequences for the child.

Reducing rates of teenage pregnancy can be achieved through ensuring young people receive high quality education about relationships and sex and have good quality access to effective contraception, which they use effectively.

Young people in or leaving care, daughters of teenage mothers, young people excluded or truanting from school or underperforming at school, and young people involved in crime are at increased risk of becoming teenage parents.

The teenage pregnancy rate (all conceptions in women aged under 18, per 1,000 women aged 15 to 17) in Sunderland has been consistently and significantly higher than the England rate for a number of years. In the most recent full year for which data is available (2011), the teenage pregnancy rate in Sunderland was 42.9 per 1,000 women aged 15 to 17, compared to a rate of 30.7 in England. Although the

rate in Sunderland remains significantly higher than the England rate, both have reduced markedly over the period 1998 to 2011.

Ward level data, based on 2001 ward boundaries, shows that for 2008-10, 12 of the 25 wards in Sunderland had significantly higher teenage pregnancy rates than the England average, and two wards were significantly lower.

In addition to data, the local authority (following the transfer of public health responsibilities from the NHS in April 2013) is mandated to provide open access sexual health services covering free STI testing and treatment and notification of sexual partners of infected persons and free contraception and reasonable access to all methods of contraception.

In order to improve sexual health outcomes for young people there needs to be comprehensive sexual health services promoting consistent messages regarding how young people can keep themselves healthy. They need to be supported to make informed and responsible decisions – this can be achieved through helping them to understand issues in relation to consent, positive relationships and the risks of unprotected sex; providing access to comprehensive sexual health services which are young people friendly and meet their needs; consistently promoting the safe sex messages of always using a condom correctly when having sex with casual or new partners, until partners have had a sexual health screen; and reducing their number of sexual partners and avoiding overlapping sexual relationships.

It is also acknowledged that there are clear links between the use of alcohol and drugs and engagement in risky sexual health behaviours, thereby increasing the risk of teenage pregnancy and STIs. Consumption of alcohol can lower inhibitions and lead to poor decision making regarding sexual activity and / or use of contraception. There is also an increased likelihood that use of alcohol can lead to young people having sex at a younger age, having a greater number of sexual partners, be more likely to be coerced into engaging in sex and be at greater risk of being sexually exploited. Although it should be noted that sexual health is about choices and sexual exploitation is abuse. Therefore, any efforts to improve the sexual health outcomes of young people should be considered within the wider context of the alcohol prevention agenda.

What we have in place

Local access to sexual health services is available through the specialist services provided by City Hospitals Sunderland (GUM and Contraceptive and Sexual Health Services), which includes provision of a specialist young person's contraceptive nurse, an options adviser who supports young people in their choices when faced with an unplanned pregnancy, as well as promoting positive choices for future contraceptive use. The Chlamydia Screening Programme (under 25s) and the C-Card Scheme (under 25s) are also provided across a range of settings and venues in Sunderland. Efforts have also been made to improve access to a range of contraceptive choices through increasing the provision of access to Long Acting Reversible Contraception in primary care and Emergency Hormonal Contraception in pharmacy.

A Sex, Relationships and Education (SRE) offer is also in place through the Risk and Resilience Team at Sunderland Council, with the aim of supporting primary and secondary schools to provide high quality education about sex and relationships and raises awareness of the dangers of sexual exploitation with young people. However, the provision of a consistent offer of SRE to all young people in Sunderland is variable. The SRE offer is enhanced through a broader programme of work, including substance misuse prevention and the provision of Speakeasy Training for parents. Support to young mums to be and young parents is provided through Bumps to Babies (B2B).

The Integrated Wellness Model will incorporate non-specialist sexual health provision to ensure a more personalised approach to sexual health that is targeted at communities of greatest need.

What more do we need to do?

The local authority (Public Health) has the strategic lead for delivering and commissioning sexual health services. However, like many services, a partnership approach is required to ensure that the best outcomes are achieved for children and young people. Despite the best efforts of organisations to promote good sexual health, and recent improvements in teenage pregnancy rates, too many young women are becoming pregnant and sexually transmitted infections are too high.

XXXX will be responsible for leading improvements, with support from other partners across the Children's Trust as necessary. Further actions are identified as:

- challenge all schools to promote the delivery of at least the minimum standard of Sex and Relationship Education
- increase the number and range of outlets distributing condoms via the c-card
- ensure consistent messages regarding the easy access to sexual health services are promoted.

The Children's Trust will:

- ensure all partners within its membership are championing sexual health in their own settings as part of an integrated approach to mental and physical wellbeing
- receive six monthly updates on progress, providing appropriate challenge and support.

POLICY CONTEXT – A National and Local Picture

Changes to Children's Trusts

In October 2010, the Coalition Government withdrew the statutory obligation to have a stand-alone Children's Trust, however the 'duty to co-operate' remains, with local flexibility on how to manage this. Trusts have the autonomy and flexibility in the way they work. For example:

- There are no guidelines setting out how often the Board should meet and operate.
- There is no prescription on the name of the Board or that it should have a clear and separate identity within the wider cooperation arrangements.
- There is no need to for a separate representative for each relevant partner. The local authority and the other relevant partners can agree that one person or body can represent others.

Local areas are therefore free to ensure the Children's Trust Board fits within newly emerging structures in ways that best reflect and meet local needs.

With so much transformational change Sunderland has taken the stance that the Children's Trust should continue to provide the strategic leadership as the partnership group with sole responsibility for championing the needs of children and young people. There have been some changes to the Trust: it is now one an advisory boards to the Health and Wellbeing Board on matters relating to children and young people, and has also adopted strategic responsibility for Child and Family Poverty across the city.

Child Poverty Act 2010 and national Child Poverty Strategy

The Child Poverty Act 2010 places a duty on local authorities in England to cooperate to reduce, and mitigate the effects of, child poverty in their local areas; to prepare and publish local child poverty needs assessments; and to consult children, parents and organisations representing them when preparing their strategy. The expectation is that areas will have their needs assessments and strategies in place from 2011 onwards to drive their priorities on addressing child poverty.

In addition, the Coalition has published its first national Child Poverty Strategy which places strengthening families at its heart, encouraging responsibility, promoting work, guaranteeing fairness and providing support to the most vulnerable. It requires a radical reform of the welfare state, increasing children's life chances, a greater emphasis on early intervention, and a concentration on whole-family and whole-life measures.

Locally, the Children's Trust has adopted the responsibility for co-ordinating the work around Child and Family Poverty in the city. The Children and Young People's Plan fulfils the statutory duty of preparing a Child Poverty Strategy.

Joint Health and Wellbeing Strategy

This strategy – developed by the Health and Wellbeing Board – aims to enable and support people to enjoy much better health and wellbeing with less reliance on the public sector in the longer term. It will do this by reviewing the way agencies interact with communities, being responsive to local needs, but also to community strengths, recognising and enhancing their untapped potential which could complement the public sector's offering.

The Strategy identifies six strategic objectives to achieve its vision of the 'best possible health and wellbeing for Sunderland'. They are:

1. Promoting understanding between communities
- 2. Ensuring that children and young people have the best start in life**
3. Supporting and motivating everyone to take responsibility for their health and that of others
4. Supporting everyone to contribute
5. Supporting people with long-term conditions and their carers
6. Supporting individuals and their families to recover from ill health and crisis.

As advisory group to the Health and Wellbeing Board, the Children's Trust is responsible for delivering strategic objective 2 of the Health and Wellbeing Strategy.

To further support transformational change in Sunderland there are a number of other plans which the Children's Trust will give due regard to, these are:

Community Resilience Plan

The Community Resilience Plan recognises that individual, family and community resilience are intrinsically linked. Resilient individuals have certain skills and qualities that enable them to adapt well in the face of adversity and access the resources and support they need to succeed. However, it also recognises that external pressures (i.e. financial), poor physical and mental health and low self-esteem can make it especially difficult for an individual to cope with a challenge or take advantage of opportunities to improve their circumstances.

The Community Resilience Plan has nine strategic objectives which complement the whole ethos of the Children's Trusts. They are:

- Help households to maximise their income
- Ensure all residents have access to a decent and affordable place to live that meets the needs of their household
- Motivate and support people to take responsibility for their own health and wellbeing, and the health and wellbeing of others
- Support local people to maintain a community that is, and feels, safe and secure

- Encourage residents to take care of, and take pride in, their neighbourhood and its environment
- Ensure people have access to appropriate services and support that enable them to meet their changing needs
- Empower people to influence decisions and take control of changes that affect them and the community they live in
- Promote a sense of community belonging for people of all ages and backgrounds
- Facilitate the growth of mutual support and self-help activity in communities

Strengthening Families Framework

This framework recognises that families are the cornerstone of society and families who enjoy good health and wellbeing are less likely to require intervention.

The framework sets out our commitment to safeguarding and promoting the welfare of those who are vulnerable or potentially vulnerable by working with them at the earliest opportunity and making the best use of all resources available. It also seeks to ensure that families in Sunderland can easily access the right support, at the right time and in the right way to enable them to meet their needs and realise their aspirations. Integral to this approach is identifying and building on families' strengths, helping them to recognise and fulfil their potential and make a positive contribution to their community.

The desired outcomes from the framework are:

- **Improved quality of life for vulnerable families and their communities** through, for example, increased confidence and self-esteem; improved health and wellbeing throughout the lifecourse; and stronger, more resilient communities
- **Reduced demand on services**, as a result of, for instance, families having the capacity to solve their own problems; or communities playing a stronger role in supporting individuals
- **More effective and efficient use of resources**, by early intervention when problems arise, greater locality working and evidence based approaches
- **Greater trust in and satisfaction with the public sector and service providers** as a result of integrated and seamless service delivery.

SUMMARY OF THE VIEWS OF CHILDREN AND YOUNG PEOPLE

The refresh of the CYPP has been informed by the views of young people from three separate events, namely:

- Children's Trust Advisory Network (CTAN) 'confirm and challenge' exercise
- State of the City Debate
- Direct consultation on the proposed CYPP with CTAN.

CTAN confirm and challenge exercise

In May 2012, CTAN undertook a 'confirm and challenge' exercise of the priorities in the CYPP Delivery Plan 2010-13 to determine whether these were still relevant and important to young people. The network members worked with their peers who they represent to complete the consultation.

A total of 578 young people took part in the challenge. Young people were asked to state whether they thought a priority was relevant or not and explain the reasons for this.

The majority of young people felt that all the issues were still important and that is why the Children's Trust will retain a strategic overview of these areas. A small number of priorities are no longer being considered by the Children's Trust. Those priorities and the reasons why they are being no longer being considered by the Children's Trust are set out below:

- **Improve the public perception of young people** – this priority will be embedded into the principle of participation and engagement.
- **Improve accessibility and affordability of public transport** – the cost of transport is set regionally and so the Children's Trust is not able to influence this.
- **Improve the environment** – whilst the Children's Trust understands the importance of the environment, it is an issue which the whole population benefits from – adults and children. Therefore, this priority is best dealt with by existing services, such as the Council's Streetscene Team and its partners.

The remainder of the 2010-13 priorities are built into the four new strategic objectives. The Children's Trust will monitor these through the CYPP delivery plan 2014-17 or through the wider performance management arrangements.

Young People's State of the City Debate

The subjects debated in this year's young people's State of the City Debate in October 2013 were:

- Transport
- Student Rights
- Anti-social behaviour
- Sex education
- Discrimination.

These are issues debated and determined by young people themselves and so are clearly important to them. In support of these topics, the CYPP directly deals with Sex Education issues through the sexual health priority, and with Discrimination through the Equity design principle.

Consultation with CTAN

In November 2013, officers met with young people from CTAN to discuss the draft strategic objectives and priority areas for the refreshed CYPP. Detailed discussion took place about the different elements of the proposals, for example ways to improve health and wellbeing and the importance of educational attainment. By and large, the young people were happy with the proposals and did not feel that anything additional needed to be included in this plan.

GOVERNANCE AND PERFORMANCE MANAGEMENT ARRANGEMENTS

Governance

In order to ensure we have a joined up approach to driving improvements in the identified priority areas, the Children's Trust will and must engage with other partnerships and agencies. For example, the Economic Leadership Board and the Welfare Reform Board will be vital partners – though not the only partners – in devising a co-ordinated approach towards child and family poverty across the city, and the city's Area Committees will be crucial in supporting the Children's Trust's work by developing local solutions to the identified priority areas that are responsive to children, young people and families.

The diagram below shows those groups where formal and informal relationships have already been established and who the Children's Trust will work with to improve outcomes. The partnerships listed are not exhaustive, however, and the Children's Trust will engage with other partners and agencies, both those within its membership and wider, to achieve its goals.

Performance Management

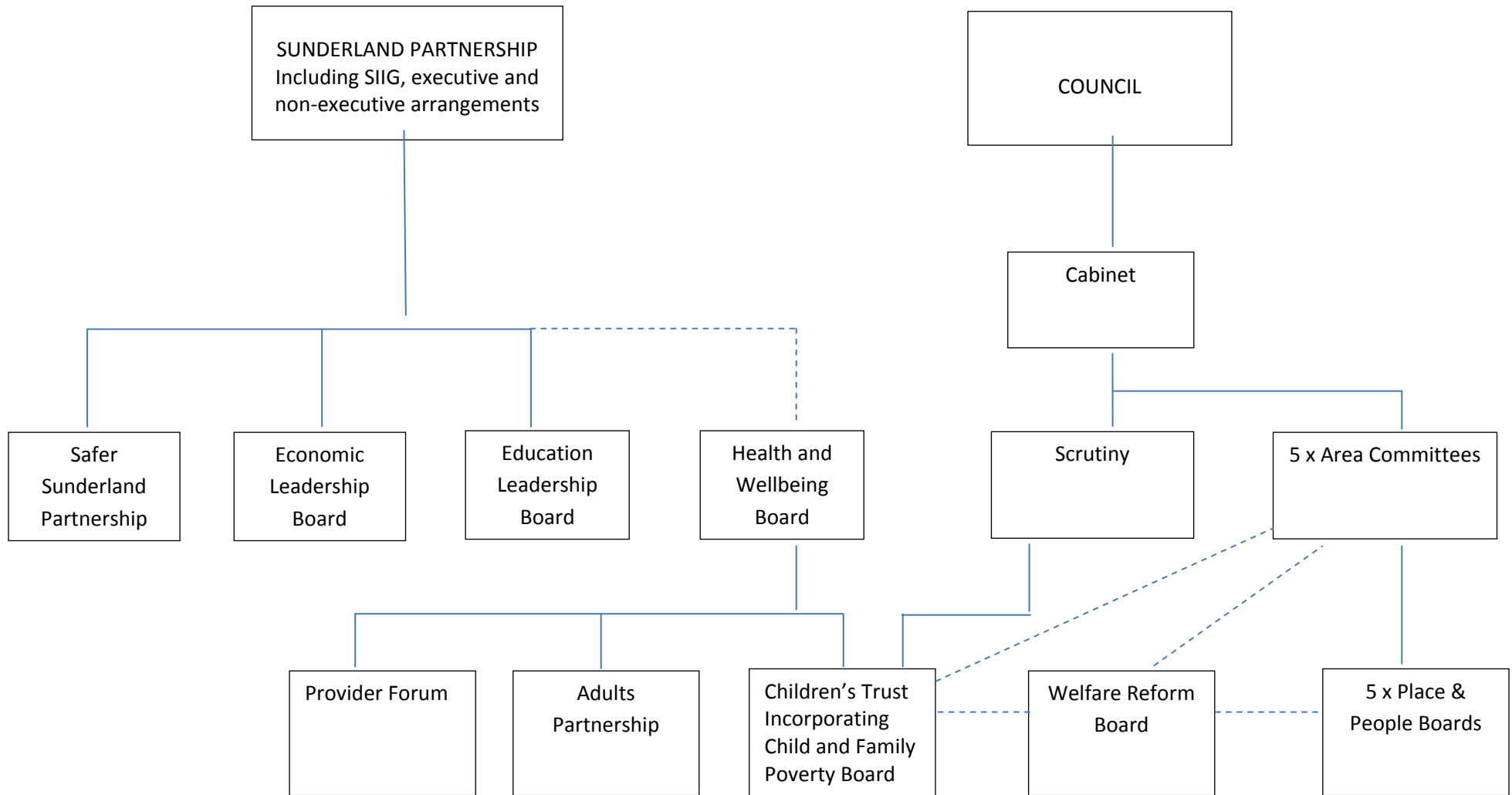
The Children's Trust will performance manage the four strategic objectives of the Children and Young People's Plan through the Council's People Services. It will receive six monthly progress reports in the relevant area and will provide appropriate challenge and support.

In terms of the priority areas, the Children's Trust will also receive six monthly progress reports.

The Children's Trust will expect to see in the reports that it receives:

- What progress is being made
- Where there are difficulties in achieving targets/goals and what the barriers are
- What the Children's Trust can do to support services in breaking down barriers.

CHILDREN'S TRUST GOVERNANCE ARRANGEMENTS, MARCH 2014



————— = denotes agreed governance arrangements
 - - - - - = denotes relationship between groups

NB. The Children's Trust is reviewing its governance arrangements to ensure that all relevant partnerships, and the appropriate relationship status, are shown in this diagram. Additional partnerships will include, for example, Sunderland Safeguarding Children Board, Strengthening Families, CAMHS Partnership, Looked After Children, Disabled Children, etc.

SUNDERLAND HEALTH AND WELLBEING BOARD

21 March 2014

HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION AND FORWARD PLAN**Report of the Head of Strategy, Policy and Performance Management****1. Purpose of the Report**

To inform the Board of the date and scope of the next development session and the forward plan.

2. Making the Links – Health and Housing

The development session is to be held in June 2014.

The session will look at the links between housing and health and the opportunities for closer and more integration working on areas of joint importance.

It will be facilitated by the national housing federation.

The Aims and Objectives of the session are as follows.

Aims	Objectives
To bring together partners to agree a way forward around activity to link health and housing	1. To explore the key joint topics 2. To agree actions to be taken forward by all partners

3. Forward Plan

Health and Wellbeing Board Agenda - Forward Plan 2013 – 14		
	21st March	May (tbc)
Standing Items	Update from Advisory Groups	Update from Advisory Groups
	Development Sessions Briefing	Development Sessions Briefing
	Integration and Transformation Board	Integration and Transformation Board

Joint Working	HWB Forward Plan and Items for Advisory groups	HWBB Peer Review Feedback & Action Plan HealthWatch Update H&WB Strategy – Action Plan DPH Annual Report – Healthy City – Healthy Economy Health Impact Assessment – the Core Strategy
External Links	Consultation on CYPP Scrutiny Review Recommendations	Pharmacy and Links to HWBB Tobacco Alliance Peer Review

4. RECOMMENDATIONS

The Board is recommended to

- note the next development session
- note the forward plan and suggest any additional topics