

SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 2) on Friday 22 March 2013 at 11.00am

NB: PLEASE NOTE THE EARLIER START TIME FOR THE MEETING

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

ITEM		PAGE
1.	Introductions and Apologies	
2.	Minutes of the Meeting of the Board held on 25 January 2013 (attached).	1
3.	Feedback from Advisory Boards <ul style="list-style-type: none">• Adults Partnership Board (verbal update).• Children's Trust (verbal update).	11
4.	Sunderland Clinical Commissioning Group Update Report attached.	17
5.	The Francis Report – Implications for the System Presentation	-
6.	NHS Institute – Update on Actions Report of the Executive Director of Health, Housing and Adult Services (attached).	21
7.	Transition from Shadow to Full Health and Wellbeing Board and Health and Wellbeing Strategy Joint report of the Executive Director of Health, Housing and Adult Services and Head of Strategy, Policy and Performance (attached).	33

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| 8. | Welfare Reform Act 2012 – Update | 55 |
| | Report of the Executive Director of Commercial and Corporate Services (attached). | |
| 9. | Public Health Update | - |
| | Verbal report. | |
| 10. | Public Health, Wellness and Culture Scrutiny Panel Policy Review – Roles, Relationships and Adding Value | 69 |
| | Report of the Head of Scrutiny and Area Arrangements (attached). | |
| 11. | Forward Plans – Health and Wellbeing Board Agenda and Development Sessions | 71 |
| | Report of the Head of Strategy, Policy and Performance (attached). | |
| 12. | Update on the Transition of Healthwatch Sunderland | 79 |
| | Report of Sue Winfield, Healthwatch Transition Lead (attached). | |
| 13. | Date and Time of the Next Meeting | |
| | The Board is asked to note the proposed schedule of meetings for 2013/2014: | |
| | Friday 24 May 2013 at 12.00noon | |
| | Friday 26 July 2013 at 12.00noon | |
| | Friday 20 September 2013 at 12.00noon | |
| | Friday 22 November 2013 at 12.00noon | |
| | Friday 24 January 2014 at 12.00noon | |
| | Friday 21 March 2014 at 12.00noon | |

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

14 March 2013

SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD

Held in Committee Room 1, Sunderland Civic Centre
on Friday 25 January 2013

MINUTES

Present: -

Councillor Mel Speding (in the Chair)	- Sunderland City Council
Councillor Graeme Miller	- Sunderland City Council
Councillor Pat Smith	- Sunderland City Council
	- Sunderland City Council
Councillor John Wiper	- Sunderland City Council
Neil Revely	- Executive Director, Health, Housing and Adult Services
Keith Moore	- Executive Director, Children's Services
Dave Gallagher	- Chief Officer, Sunderland CCG
Nonnie Crawford	- Director of Public Health
Sue Winfield	- Chair of Sunderland TPCT
Dr Ian Pattison	- Sunderland Clinical Commissioning Group

In Attendance:

Gillian Gibson	- Sunderland TPCT
Petrina Smith	- North East Ambulance Service
Mike Lowthian	- Sunderland LINK
Alan Patchett	- Age UK Sunderland
Eibhlin Inglesby	- Sunderland Carers' Centre
Caroline Gill	- Sunderland Carers' Centre
Aissa Rice	- Sunderland Carers' Centre
Julie Walker	- Gentoo
Lorraine Hughes	- Health Lead, Children's Services
Victoria French	- Assistant Head of Community Services, Sunderland City Council
Karen Graham	- Office of the Chief Executive, Sunderland City Council
Gillian Warnes	- Governance Services, Sunderland City Council

HW54. Apologies

Apologies for absence were received from Councillor Watson, Councillor Kelly, Dr McBride and Michael McNulty.

HW55. Minutes

The minutes of the meeting held on 16 November 2012 were agreed as a correct record.

HW43. Clinical Commissioning Update

The Sunderland CCG had been authorised as of this week. There was one outstanding condition with regard to the governing body of the CCG but this will be resolved once the successful candidate is in post.

HW44. Development of the Strategic Direction for Intermediate Care in Sunderland 2012-2015

It was noted that the Board had taken the opportunity to visit the Intermediate Care hub as part of their last development session and had viewed the rehab unit situated at the hub.

HW56. Sunderland Clinical Commissioning Group Commissioning Intentions 2013/2014

Dave Gallagher presented a report which detailed the current list of commissioning intentions to be circulated to providers, provided an overview of the commissioning intentions process, outlined the wider planning process and the next steps for the Sunderland Clinical Commissioning Group (CCG).

The report outlined the process, which built upon the draft commissioning intentions in the Five Year Commissioning Plan, for producing a final list of commissioning intentions for 2013/2014. The development of the commissioning intentions was the first step in the annual refresh of the five year Strategic Plan. There had been some public discussion on the plan and emerging ideas had been shared with a draft document having been provided to the NHS Commissioning Board.

The national planning guidance required CCGs to consider the key elements of transformational change, key risks and their obligations to meet the NHS Constitution. The CCG had determined its important principles in moving forward the commissioning intentions as: outcomes driven, deliverable, achievable, cost effective and equitable. Early priorities to consider had been identified as emergency readmissions within 30 days, prescribing spend by head of population and Chronic Obstructive Pulmonary Disease (COPD).

The next steps for the process were outlined as follows: -

- Assess the impact of any national 'must dos' for 2013/2014, communicated by the Department of Health;
- Circulate the intentions to Providers/Stakeholders early January with a covering letter explaining how their comments have been taken into account;

- Full impact assessments wherever possible of the final list of intentions to be undertaken considering finance and activity implications;
- Negotiate and conclude contracts by early March 2013 taking the above steps into account;
- Complete the final operational plan by 5 April 2013;
- Robust operational plans for 2013/2014 will be developed for each Work Programme;
- Agree a monitoring programme to ensure delivery is on track.

It was noted that, even at this early stage, there was a clear read through from the Health and Wellbeing Strategy to the commissioning intentions and there would be a further opportunities to join these up in the next year.

Neil Revely queried what framework was likely to be in place through the NHS Commissioning Board in the future and how they would influence or offer guidance. Dave Gallagher highlighted that there was a suite of guidance documents called 'Everything Counts' which could be made available to the Board but at this stage work was around understanding the direction and what the CCG wanted to achieve. The CCG would not commission all services and other organisations would be involved. This was a joined up approach which had to be done in the right way.

Keith Moore said that he would be interested to see how issues would be assessed using a family/community approach and was pleased to note the commitment to safeguarding. Sue Winfield added that from a public perspective, the commissioning intentions and priorities had been discussed in a range of settings and that rather than just being designed by the CCG, the intentions had been tested by citizens.

Having considered the report, the Board: -

RESOLVED that: -

- (i) the final list of Commissioning Intentions including the outcomes from further work with Localities be noted;
- (ii) the requirements for CCGs outlined within the national guidance 'Everyone Counts: Planning for Patients 2013/2014 be noted; and
- (iii) the CCG Planning Process be noted.

HW57. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 8 January 2013 and the main items considered had been: -

- Forward Plan update
- Public Health Outcome Framework
- Health and Wellbeing Strategy
- Local Account
- Learning Disability Partnership Board update
- Economic Leadership Group

Children's Trust

Councillor Smith reported that the Children's Trust had met on 10 January 2013 and the main items considered had been: -

- Combating Anti-Social Behaviour in Sunderland North
- Health and Wellbeing Strategy
- Sunderland Safeguarding Children Board
- Children's Services Announced inspection Update
- Children's Trust Advisory Network (CTAN)
- Reviewing our Approach to Child and Family Poverty

Karen Graham reported that the Health and Wellbeing Strategy had been presented to the Children's Trust Advisory Network for their views. It had been a very positive experience and a number of useful comments were received from the young people involved.

RESOLVED that the information be noted.

HW58. Director of Public Health Update

Nonnie Crawford, Director of Public Health, updated the Board on the progress of the transition of the Public Health function to the local authority.

Outside of the local authority, Public Health England (PHE) and Local Area Teams were appointing staff and PHE now had a regional director in place. There were still a few risk areas including emergency planning, risk and resilience and immunisations, vaccinations and screening.

With regard to the local transition, the shape of the staff structure was now known and it was hoped to have this in place for the week beginning 18 March 2013.

511 contracts had been reviewed before being handed over to the Commissioning Unit and quality and legacy handover documents had been drawn up to be passed to the local authority. A report on the transition had been prepared for the Council's Cabinet.

A baseline allocation of £20.6million had been made for 2013/2014, however this had been defined as being 30% over target and would be reduced after

two years. All local work on transition was going well and there was a lot of work being carried out with the CCG on the core offer.

Nonnie also advised that work would begin once again on the Joint Strategic Needs Assessment (JSNA) to refresh the document as a result of new data coming forward and to reflect more detailed equality impact assessments. The work would also look at specific areas, such as the prevalence of people aged over 18 with depression, in which Sunderland had the highest level in England.

Picking up on this issue, the Chair stated that it would be useful to see more information on this to try and identify reasons why Sunderland was so above average in this area. It was noted that, whilst mental health had to be considered as part of life course approach, the Adults Partnership Board would be able to support this work.

RESOLVED that the Public Health update be noted.

HW59. Systems and Risks for PCT Transfer

Dave Gallagher made a presentation to the Board on NHS Commissioning Responsibilities from 1 April 2013.

The presentation outlined what the system looked like at the present time, how the PCT functions had been disaggregated and what the responsibilities of the NHS Commissioning Board and Clinical Commissioning Groups would be.

Sue Winfield commented that she had found the presentation very helpful, particularly as someone involved in the process. She highlighted that from the next week, staff would begin moving to their new roles. Reporting structures were now being managed by the CCG and accountability structures would be managed through that body and the local area teams.

The statutory responsibilities would transfer from the PCT at midnight on 31 March 2013 and in the last working days there would be a final meeting of the PCT Board to approve the transfer documentation. This would have to be done in time for the Secretary of State to sign the documents and for the receiver organisations to hold meetings to formally adopt the responsibilities for the work.

Neil Revely stated that the diagrams within the presentation demonstrated that the system would become more complex and although the relevant arrangements were in place for the transfer on 1 April, there was a danger that things may get more difficult further down the line. The Health and Wellbeing Board was required to oversee this complex system.

RESOLVED that the presentation and the information be noted.

HW60. Transition from Shadow Health to Full Health and Wellbeing Board and Health and Wellbeing Strategy

The Board received a copy of a draft report to the Council's Cabinet setting out the steps necessary to transition the Shadow Health and Wellbeing Board from its current status to that of a Council Committee.

Neil Revely reported that it had been intended to take the report to the Cabinet in February but this had now been postponed to March due in part to final changes being made to the Health and Wellbeing Strategy but mainly because the regulations relating to Health and Wellbeing Boards had not yet been laid so the role and function of the Board could not be finalised. The draft report was still relevant and would be amended before being submitted to the Cabinet on 13 March 2013.

The Health and Wellbeing Strategy was currently going through its final round of iterations and was being taken to Area Committees and other partners for a final round of consultation.

Sue Winfield referred to the role and function of the Board as outlined in Appendix 2 to the report and suggested that the section on additional responsibilities should include leadership of the whole matter of the best possible health and wellbeing for Sunderland. Neil Revely stated that others were looking to the Health and Wellbeing Board to lead and he endorsed this proposal.

It was also highlighted that the delay in taking the report to Cabinet would allow for some amendments to the wording related the composition of the Board and Members were reminded that it had been agreed that the membership would be revised as the Board moved from shadow to statutory status.

Accordingly the Board RESOLVED that: -

- (i) the draft report on the transition from shadow to full Health and Wellbeing Board be noted; and
- (ii) the additional responsibilities of the Board be amended to include 'leadership' on the best possible health and wellbeing for Sunderland

HW61. Transforming Health and Wellbeing through Integrated Wellness Services

Gillian Gibson, Sunderland PCT and Victoria French, Community Services, Sunderland City Council, delivered a presentation to the Board on the developing workstream for integrating wellness services to transform health and wellbeing.

Health inequalities in Sunderland had been apparent for many years and despite investment in 'wellness' programmes, the inequalities have remained. It was accepted that individual circumstances had the most impact on health and there was a strong link between this and economic deprivation. Evidence also showed that many people had multiple lifestyle risk patterns with 27% of those living in the most disadvantaged communities exhibiting three or more unhealthy behaviours.

The transfer of responsibility for public health to the local authority provided new opportunities for service delivery and three elements to the integration of wellness services in Sunderland had been identified: -

- "One stop shops" with integrated pathways into more specialised services where required;
- Integration of wellness services with other services or developments, e.g. use of green space when tackling obesity;
- Integration of information, with appropriate governance, to enable improved evaluation of the impact of new approaches.

The integrated wellness model would initially aim to integrate those services which supported people in adopting healthier lifestyles such as stop smoking services, weight management, substance misuse and sexual health and would recognise the impact of wider health determinants such as housing, education and finance. This would be underpinned by the Health Trainer Service which currently had a holistic approach and Health Champions who offer brief advice and signposting for a range of issues.

The principles for integrating wellness were:

- Choice
- Needs led
- Targeted
- Joined up
- Shared information (with appropriate governance)
- Aims and outcome focused
- Life course
- Local area/community of interest based approach
- Cost effective
- High quality
- Shared goals for providers
- Diversity leading to new ways of engaging
- Transparent
- Fluidity of movement between services/interventions

Sunderland's Wellness Service was established in 2005 and provided opportunities for residents to be physically active and rather than focusing on ill health, encouraged people to make themselves 'well'. The Wellness Service works with both internal and external partners to ensure services are

integrated, accessible and appropriate to those in the greatest need of health improvements.

During 2012/2013, the service had worked with 5,000 people who had accessed services more than 44,000 times. Since the service had begun to operate it had been found that offering services Monday to Friday, 9.00am till 5.00pm did not work and also that people wished to receive services at venues other than traditional health and leisure facilities.

950 people were signed up to be health champions and 420 had completed training modules. There was a need to continue engaging with health champions and work with them in a meaningful way. This would link to the health trainers who were focused on working with people in their own environment and communities. It was necessary to get smarter in collating the information from these programmes to better assess their impact.

To move forward this work, a better understanding of the needs of local communities had to be developed through analysis of the Health and Lifestyle Survey, gaining knowledge from local people and elected Members and using the Place Boards to support this understanding. Engagement would continue as new pathways were built to take into account local needs and assets.

Once new services were implemented, they would have a responsibility to reach out into communities rather than merely responding to referrals. A number of risks had been identified with regard to the transformation of wellness services but it was felt that the model had been designed to minimise these risks. The position would be monitored as the approach was developed.

It was highlighted that there were not only health inequalities across the city but also within wards and neighbourhoods and that the Wellness Service had been designed for the whole city. Victoria French advised that there was now intelligence available which meant that as well as universal services, there was the ability to target specific work and it was hoped to refine this even further in the future.

Keith Moore commented that he was interested in the evidence arising from the service, particularly around early intervention. He emphasised the need for engagement with families and the community and an ability to measure outcomes. Sue Winfield endorsed this, noting that the strategic direction was right but querying how there could be measures of activity to confirm that the approach was working.

The Chair identified facilities such as parks as something which needed to be marketed with a clear link to prolonging life expectancy and stated that there needed to be evidence to show that the Council had enriched lives over a period of time.

Councillor Miller commended the report and commented that getting the message out was absolutely vital but also acknowledged that there was a long way to go in reaching the people in the most need.

The Shadow Health and Wellbeing Board RESOLVED that: -

- (i) the strategic direction and principles underpinning the development of integrated wellness services be endorsed; and
- (ii) the Board have oversight of the development of integrated wellness services with the potential to be supported by area arrangements as defined locally.

HW62. Health and Wellbeing Board Development Session – the Broader Determinants of Health

A report was submitted informing the Board of the scope of the next development session.

The session was due to be held on Thursday 7 February 2013 and would be hosted by Mike Grady, one of the Marmot research team, and would consider the broader social determinants of health and how partners could work together to improve life chances. Representatives from parallel partnerships would also be invited to the session.

RESOLVED that details of the development session be noted.

HW63. Date and Time of Next Meeting

The next meeting will be held on **Friday 22 March 2013 at 11.00am** in Committee Room 2, Sunderland Civic Centre.

**SUNDERLAND SHADOW
HEALTH AND WELLBEING BOARD**

22 March 2013

SUNDERLAND ADULTS PARTNERSHIP BOARD – UPDATE

The Adults Partnership Board met on the 5th March.

ITEM

3. Matters Arising

The scoping paper on the Urgent Care Task Group will be presented at the next meeting on 7th May, 2013 alongside a response to the Winterbourne View Report and Action Plan

4. Health and Wellbeing Board Agenda

The Francis Report to be additional item on the next agenda.

**6. Health & Adult Social Care Outcomes Frameworks
(including self regulation)**

Discussions were held covering the three domains and that the HWBB role would be to promote joint working but not to overshadow the locally agreed priorities. A quarterly performance report covering the domains will be produced in Quarter 1, 2013/2014.

7. Welfare Reform

Fiona Brown (FB) provided an update of the work complete and ongoing by the Council and its partners through the Welfare Reform Board, in respect of preparing the City for the impact of the Government's Welfare Reform Programme.

FB reported that letters have gone out to everyone explaining the changes and there is a dedicated campaign line. Gillian Gibson (GG) proposed offering training the Health Champions to help get the messages out to the communities.

8. Strengthening Families & Whole Family Approach

Jane Hibberd (JH) gave an overview of Sunderland's emerging approach to 'Strengthening Families, including the Family Focus Project which went live on 1st October, 2012.

In April 2012 a total of 1018 families were identified as meeting two or more of the criteria. The first 82 families that meet all of the above criteria have been identified. JH noted that the new Strengthening Families Co-ordinators started in post in January 2013 and their role is to drive the implementation of the Family Focus Delivery Model and a Workforce Development Plan has been drafted to ensure Family Focus workforce is appropriately skilled and will be in place by April 2013. JH reported that by the end of March the project will need to achieve results with 268 families to be on target to draw down the full performance reward monies. In year 2 the project will need to achieve results with an additional 416 families.

9. Joint Safeguarding – Children & Adults

Deferred to next meeting

10. Partnership Working and Partnership Arrangements for Mental Health Services in Sunderland

There was a presentation given by Caroline Wild (NTW), Pippa Corner (HHAS) and Wendy Kaizer (CCG). The presentation covered Commissioning, the Mental Health Model of Care, NTW Comprehensive Service and the NTW pilot Initial Response Team project.

Further discussions included the wider strategic approach and the transformation of the NTW. It was noted that this is an opportunity to think about the role of this Board and the HWBB.

12. Date and Time of Next Meeting

Tuesday 7th May, 2013

**SUNDERLAND SHADOW
HEALTH AND WELLBEING BOARD**

22 March 2013

SUNDERLAND CHILDREN TRUST BOARD – 28 FEBRUARY 2013

Local Healthwatch

Joanne Thynne and Pauline Forster, Commissioning Specialists from Health, Housing and Adult Services attended the Trust to provide an update on the arrangements being put in place with regard to Healthwatch Sunderland, including the vision, functions and the transition process.

The Trust were particularly interested in the consultation which had taken place with young people which was targeted through schools and the Children's Trust Advisory Network. Young people's views will be taken into consideration when the service specification is being developed.

It was proposed that Healthwatch Sunderland consider being part of the programme of inspections which will be carried out by Sunderland Young Inspectors.

It was also noted that although there was not remit for Healthwatch Sunderland to be able to undertake walk in and view inspections in children's homes, if an issue was raised by a young person living in a children's home, every effort would be made to accommodate an appropriate inspection.

Health and Wellbeing Board

Keith Moore (Executive Director Children's Services) provided the Trust with an update on items discussed at the Shadow Health and Well-being Board on 25 January 2013.

It was agreed that minutes from the meeting of 25 January would be shared with Trust members once approved.

Young Inspectors / Children's Trust Advisory Network (CTAN)

Agnes Rowntree (Business Relationship and Governance Officer) presented two reports for information on behalf of Jane Wheeler (Participation and Engagement Officer).

Young Inspectors

The Trust was informed that Sunderland's Young Inspectors had completed their training and from 1 March 2013 were available to inspect services. The Young Inspectors programme is a critical tool for commissioning agencies to check from the viewpoint of children and young people whether services are meeting their contracted objectives and providing quality services.

There are seven stages to the inspection:

- Recruit services – would you like to be inspected?
- Brief services – organisation being inspected understanding the commitment needed, the process and their responsibilities.
- Brief Inspectors – young inspectors understand the organisation, what is being inspected and key questions to be asked.
- Inspection visit – visit the organisation and speak with a wide range of staff, volunteers, stakeholders and users.
- Draft Report – develop a set of evidence based recommendations to identify how outcomes for young people could be improved.
- Dissemination of information – report passed to organisation and service users.
- Follow-up visit – return visit to see if recommendations have been implemented and made an impact.

If any partners on the Shadow Health and Well-being Board would like further information or to have an inspection carried out, please contact Jane Wheeler (Participation and Engagement Officer) jane.wheeler@sunderland.gov.uk or 0191 561 7430.

Children's Trust Advisory Network (CTAN)

The Trust received an update on recent and future activity to be undertaken by CTAN, including:

- Sunderland Library Service consulted to seek views and opinions on the future of libraries in Sunderland, in particular those services and activities relevant to their needs and interests. A feedback session has been arranged for September to discuss how CTAN proposals are being used to shape future delivery of library services.
- Scrutiny Panel's Children and Young People Policy Group met with CTAN to discuss participation and engagement of young people as part of their current Policy Review.
- In May, the lead officer from the Sunderland Music Hub will visit to discuss the development of a Sunderland Music Strategy and to get views from CTAN on the questions to be asked in a citywide questionnaire.

Looked After Commissioning Strategy

Meg Boustead (Head of Safeguarding) presented the Multi Agency Looked After Panel's (MALAP) Looked After Commissioning Strategy, to ask for the Trust's agreement to the strategy and receive further reports on its implementation, which was agreed.

The commissioning intentions are aligned with the objectives of the Children and Young People's Plan and the Strengthening Families Strategy and include:

- Invest in Early Intervention to identify families' issues at the earliest opportunity and provide them with the support they need to avert crises and prevent children coming into the looked after system.
- Promote the well-being of looked after children by providing them with stable homes where they feel safe and secure and can form healthy attachments with adults.
- Ensure every child in Sunderland who needs an adoption plan, has the opportunity to be adopted.
- Ensure all children in care are supported to be healthy.
- Provide good education services so that looked after children achieve good educational results and have a range of choices available to them after compulsory education.
- Support looked after children to make positive lifestyle choices.
- Protected looked after children and care leavers from sexual exploitation.
- Develop a lifespan service for disabled children, including those who are looked after.
- Ensure there are systematic processes in place so that looked after children have a voice, can participate in the design and development of services and their views are acted upon.

-

Disabled Children Update

Meg Boustead (Head of Safeguarding) provided an update on the issues relating to services for disabled children. This included information on:

- The Children and Families Bill - published on 4 February 2013 and includes a wide range of policy changes affecting adoption, looked after children and childcare, and includes the Government's plans for transforming provision for children with Special Educational Needs (SEN), which includes disabled children.
- Short Breaks for Disabled Children - covers a wide range of services designed to promote inclusion and enable disabled children and young people to have a positive experience doing purposeful, fun activities, whilst also giving their parent/carer a break. Short breaks are delivered after school and/or at weekends and school holidays. The Council is currently in the process of recommissioning short breaks, to run from September 2013.
- Lifespan Service - options for the development of a Lifespan Service are being considered. As part of moving towards this approach, the Children's Disability Team (social work service) and the Personalisation Service of HHAS have been co-located.
- Children and Young People's Continuing Care – Government published guidance on the Implementation of National Framework for Children and Young People's Continuing Care. Work is being carried out at Sea View Road to identify those children and young people who may be eligible to receive this funding.
- Individual Budgets – work is taking place to design an individual budget scheme for children and young people in Sunderland, which is consistent with the current adult scheme in order to facilitate transition to adulthood.

Adoption Inspection

Meg Boustead (Head of Safeguarding) informed the Trust that Children's Services had recently received an Ofsted Inspection of its Adoption Arrangements. The outcome will be shared with the Trust once the finalised report has been published.

Measles Vaccination Catch-up

Lorraine Hughes (Children's Health Improvement Lead) provided the Trust with an update on options which are currently being considered to mitigate against any possible measles outbreak.

Copies of associated reports for all of the above mentioned items are available from Agnes Rowntree (agnes.rowntree@sunderland.gov.uk or 0191 561 1482)

Sunderland CCG Planning Framework 2013/14

1. Purpose of the Report

- § To provide a further update on the CCG planning process for 2013/14;
- § To provide further detail in relation to the selection of 3 local priorities;
- § To set out next steps for Sunderland CCG.

2. Background

The vision for the NHS in England is to secure better outcomes for patients as defined by the 5 domains of the NHS Outcomes Framework and uphold the rights and pledges in the NHS Constitution.

As part of the national planning process, CCGs are required to describe how they will deliver the outcomes for their population in conjunction with a range of stakeholders from the health economy as defined through the delivery of system reform, quality, performance and financial metrics outlined in:

- § The Mandate for the NHS in England – the strategic framework for the discharge of NHS responsibilities, requiring the NHS to deliver improvements against the NHS Outcome Framework; ensure patients rights and pledges under the NHS Constitution are maintained within allocated resources and meet the QIPP challenge;
- § The NHS Outcomes Framework – the standards for the NHS to achieve to secure better outcomes;
- § The NHS Constitution – the rights of and pledges to patients to be upheld.

3. CCG Planning Update

As part of the national planning process, a first draft of the CCG refreshed Plan for 2013/14 was submitted to the NHS Commissioning Board (NHSCB) Area Team on the 25th January 2013. The requirements of which were detailed in the recent publication of the national planning guidance, 'Everyone Counts: Planning for patients 2013/14' and included the selection of 3 local priorities with a focus on local issues and priorities.

As part of the development of our 5 year commissioning plan we initially identified a number of outcome measures derived from the NHS Outcomes Framework which would best demonstrate delivery of our plan. Following the requirement to select 3

Sunderland CCG Planning Framework 2013/14

local priorities (outcome measures), we revisited these measures and found three of these were already included within the Quality Premium (*A premium intended to reward CCGs for improvements in the quality of the services that they commission*):

- § Potential years of life lost from causes amenable to healthcare;
- § Emergency admissions for acute conditions that should not usually require hospital admission;
- § Unplanned hospitalisation for chronic ambulatory care sensitive conditions.

Of the remaining measures initially identified as part of the development of the CCG plan a trajectory was already required for 'people with depression referred for psychological therapies receiving it' which supports delivery of our strategic objective to deliver an integrated tiered approach to Mental Health across the whole healthcare system' and so it was felt that we should use the opportunity to select local measures in addition to this which would support the delivery of our remaining strategic objectives.

Two CCG development sessions on 15th and 22nd January 2013 were allocated specifically to discuss and agree the 3 local measures. These sessions included the CCG Executive, Lead GPs, Locality Practice Managers and Nurses, Director of Public Health and representatives from Sunderland City Council.

The outcome of discussions within the 15th January session were then shared with the Local Engagement Board on 16th January 2013 which included members of the public, representatives from the voluntary sector and representatives from LiNKs (Healthwatch currently not in place). Feedback from the Local Engagement Board was then shared within the CCG Development Session on 22nd January where a final decision on the first submission of the 3 local outcome measures was agreed.

Of the remaining measures already identified through development of our plan, it was agreed that 'Emergency readmissions within 30 days of discharge from hospital' should be selected as one of our local measures as this would demonstrate delivery of our objectives' to deliver an integrated urgent care response, easily accessible at the appropriate level' and to 'improve the quality of care for long term conditions across the whole system'. This also links to the Health and Wellbeing Strategy objective to 'support individuals and their families to recover from ill-health and crisis'.

Sunderland CCG Planning Framework 2013/14

The second measure agreed 'People with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥ 3 referred to a pulmonary rehabilitation programme was selected as it was agreed that this would be a local measure which would positively impact under 75 mortality from respiratory disease and also demonstrate delivery of our strategic objective to 'improve the quality of care for long term conditions across the whole system'. This measure also links with the Health and Wellbeing Strategy objective to 'Support people with long term conditions and their carers'.

The third local measure agreed was again a measure which had already been identified as part of the development of our plan 'Prescribing costs per ASTRO PU'. The rationale being that this measure would demonstrate delivery of our cross cutting objective to 'support every practice to systematically improve the quality of prescribing adhering to evidence based guidelines'.

Following feedback from NHSCB Area Team, in relation to this prescribing measure and its appropriateness to measure improvements in quality, SCCG have worked with the NHSCB Area Team to identify an alternative measure of 'Repeat dispensing as a % of all items prescribed'.

A further more detailed planning submission was required on 22nd February 2013 where the following further detail was required:

- § Confirmation of three selected local indicators with baseline data and trajectories;
- § Rationale behind the IAPT and dementia trajectories;
- § Rationale behind activity trajectories;
- § Recovery plans for existing areas of underperformance;
- § Planning Narrative Assurance Document.

Next Steps

The next steps in the CCG planning process are outlined below:

1. Negotiation and conclusion of contracts by early March 2013;
2. Completion of final NHS CB Planning Submission on 5th April 2013;
3. Completion of the final planning submission on 5th April 2013;
4. Development of robust operational plans for 2013-14 for each Work Programme;
5. Development and agreement of robust monitoring programme to ensure delivery is on track.

Sunderland CCG Planning Framework 2013/14

Recommendations

The Health and Wellbeing Board is asked to:

- § Note the CCG Planning process including submission deadlines;
- § Note the 3 local priorities (Outcome measures).

27th February 2013

**SUNDERLAND SHADOW
HEALTH AND WELLBEING BOARD**

22 March 2013

**UPDATE ON ACTIONS FROM THE HEALTH AND SOCIAL CARE SYSTEMS
DIAGNOSTIC – NHS INSTITUTE****Report of the Executive Director of Health Housing and Adult Services****1. Purpose of the Report**

The report sets out the recommendations of the NHS Institute Diagnostic and the actions that followed. It updates the Board on the actions that have been completed and those outstanding. It also highlights those issues for which the Board is not required to complete and action but would benefit from an update from partners outside the Board,

2. Background

In the North East, the Strategic Health Authority have provided funding for the NHS Institute for Innovation and Improvement (the Institute) to work with all of the regions PCT clusters to assist in the change that is required to meet the emerging Health agenda with a particular focus on ensuring that Health and Wellbeing Boards could grow into their role of leading the strategic development of health and wellbeing policy and commissioning.

Sunderland Health and Wellbeing Board commissioned the NHS Institute to start the diagnostic tool in Sunderland in late 2011 and the report in July 2012. There have been 2 development sessions with the Institute looking at the recommendations of the report, one including provider representation.

This report describes the progress that has been made to date in the pursuance of the recommendations made by the Institute and also makes suggestions about how the Board may wish to pursue the recommendations further.

3. The Diagnostic Report

The NHS Institute made 24 recommendations for the HWBB to consider though some are the responsibility of other organisations to pursue, such as the CCG, NTW and the Ambulance Service. The recommendations are presented in Appendix 1 and show where:

- Action is required by the HWBB
- The Board may want to pursue actions with partners or request regular updates from partners where the Board is not a lead agent
- Action is required by other organisations.

	No. Actions	Definitions
Red	1	Where work is anticipated but not yet scheduled or underway
Amber	8	Where work has been started but not fully delivered
Green	8	Where action has been completed or is being carried out as business as usual

4. Recommendations

The Board is recommended to:

- Note the report
- Agree to receive update on actions in 6 months

Appendix 1

HEALTH AND SOCIAL CARE SYSTEMS DIAGNOSTIC – NHS INSTITUTE Progress to Feb 13

Recommendations	Proposed Action	Progress	Timescale	RAG
Recommendations where Board Action is needed				
<p>No.4 & No.7 The Health and Wellbeing Board should assure that its local authority contributors (councillors and officers) have sufficient advice and support to enable them to understand the new NHS Commissioning process, business models, working practices, drivers and accountabilities of primary and secondary care providers.</p> <p>Similarly, partners, and particularly the CCG and its advisors, should have sufficient advice to enable them to understand the business models, working practices, drivers and accountabilities of the local authority and other potential partners and providers in the health system locally.</p>	<p>Previous Board meetings have focused on the priorities of Board members including presentations on the Council directorate plans, the Childrens and Young Peoples plan and regular updates on the CCG plans and priorities.</p> <p>Future Boards could also include opportunities for members of the broader system including providers to enhance understanding.</p>	<p>18th October development session brought in the NHS Institute to discuss provider engagement in the HWBB system</p>	<p>Complete but will revisit in future Board agendas</p>	G
<p>No.5 The Health and Wellbeing Board should lead a piece of work to determine the best way of engaging all staff and volunteers in the health and social care sector to embrace the spirit of the health</p>	<p>As part of the public health transition project, the HR and OD workstream is looking at ways of engaging staff shaping the reforms and keeping them informed of the changes that</p>	<p>LINK now have a seat on the HWBB, transferring to HealthWatch on commissioning.</p>	<p>Complete and development session on engagement planned</p>	G

Recommendations	Proposed Action	Progress	Timescale	RAG
and social care reforms, and to work as integrated teams and become individual health and wellbeing champions.	will affect them. The engagement sessions being put forward as part of the Health and Wellbeing Strategy are opening up the debates on what changes are needed to respond to the health and social care reforms. This process is ongoing.	HealthWatch commissioning process has held public engagement meetings HWB Strategy engagement process has completed.		
No.8 & No.9 There is an opportunity to review the role and function of Public Health as it transfers across South of Tyne and Wear and how it integrates with the current Sunderland way of working.	The Public Health Transition Board and the workstreams underneath this are ensuring close working between the PCT and local authority to ensure transition is as smooth as possible, but also that the opportunity offered by the transition is maximised.	A series of transformation workshops looking at topics including area working and integrated wellness have been scheduled bimonthly until transition to enable exchange of best practice	Complete	G
No.17 As the development of integrated care is a broadly shared objective in Sunderland a common vision of what this will look like and will deliver in 3-5 years' time needs to be articulated. The vision needs to be framed in a way that connects with staff, motivates them to pursue the objectives and gives them scope to develop how they work	The emerging Health and Wellbeing Strategy and the Clinical Commissioning Group Clear and Credible Plan have a clearly articulated vision which has been developed in consultation with individuals and organisations throughout Sunderland. Additional work needs to be undertaken in	The drafting of the HWB strategy is at the high level actions stage. The Strategy has been taken to the Boards and management groups of the HWBB,	October 2013 High level vision and objectives have been set in the HWB Strategy Action planning to be completed by October	A

Recommendations	Proposed Action	Progress	Timescale	RAG
<p>together to deliver these at a local level. The Health and Wellbeing Board is well-placed to co-ordinate this work.</p>	<p>particular with organisations active in the Health and Social care system but not currently actively involved in the strategy development process. In particular the engagement of providers needs to be improved.</p>	<p>Children's Trust and Adults Partnership Board for sign off and discussion on action planning.</p>		
<p>No.19 The methodology for delivering change at scale and pace needs to be considered within Sunderland, including:</p> <ul style="list-style-type: none"> • the style of leadership required • the capability to deliver service change • the capacity within the system to deliver change and how this is used across organisations • how organisations will work together whilst retaining separate corporate entities • how objectives are set that reflect the joint nature of the change required • how people are held to account for delivery • how risk will be managed. 	<p>Forthcoming Board development sessions will be developed to incorporate change management into the programme.</p>	<p>5 representatives of the Health and Wellbeing System (including two Board members) are undertaking the national leading transformation for health and wellbeing course during 2012-13. The representatives are Cllr Paul Watson (HWBB Chair), Nonnie Crawford (HWBB member), Sarah Reed, Johannes Dalhuijsen and Karen Graham.</p> <p>The Board development programme is under review and will include a new module on</p>	<p>Complete Development session on accountability and change agreed</p>	G

Recommendations	Proposed Action	Progress	Timescale	RAG
		integrating & leading change in 2013		
<p>No. 23 That a comprehensive community engagement plan is created under the auspices of the Health and Wellbeing Board to build up capacity and support the community to engage with the delivery of health and social care services, and provide customer insight</p>	<p>Individual engagement plans have been drawn up under the auspices of the Health and Wellbeing Board, specifically around the development of HealthWatch, the JSNA redevelopment, Public Health Transition and the Health and Wellbeing Strategy. Work needs to be done to bring these individual components together into a comprehensive plan which is monitored and reviewed as part of ongoing development.</p>	<p>The People leads for communications have been engaged in the development of a communication strategy.</p> <p>Discussions are underway regarding improving customer insight through the area people boards, frontline staff in HHAS and through the council Customer service network.</p> <p>The health and wellbeing strategy has taken an assets based approach to developing community capacity,</p>	<p>Health Watch will lead a development session looking at engagement</p>	<p>A</p>
<p>No.24 Individual engagement plans have been drawn up under the auspices of the Health and Wellbeing Board, specifically around the development of HealthWatch, the JSNA redevelopment,</p>	<p>Representatives from individual organisations within the voluntary sector are included as core members of the advisory groups of the Childrens Trust and Adults</p>	<p>Meetings with communications have taken place and an action plan needs to be drawn up</p>	<p>Initial discussion on a communications plan have taken place. Update to the</p>	<p>A</p>

Recommendations	Proposed Action	Progress	Timescale	RAG
Public Health Transition and the Health and Wellbeing Strategy. Work needs to be done to bring these individual components together into a comprehensive plan which is monitored and reviewed as part of ongoing development	Partnership Board and as standing invitees to the Health and Wellbeing Strategy engagement events. Further work needs to be undertaken to capture input in terms of service redesign and in terms of including a broader range of VCS partners in the process.		Board planned for July 2013	
Recommendations where joint action is necessary				
No.3 That the three areas in SoTW have regard to the long term sustainability of their CCG arrangements and their mutual impact: <ul style="list-style-type: none"> • Sunderland CCG and the other two SoTW CCGs need to understand and manage the impact of any re-alignment of Gateshead CCG with Newcastle including the impact on wider risk-sharing arrangements on specialist services 	The Board's CCG membership will keep the Board up to date with any re-evaluation of the Sunderland/South Tyneside CCG relationship as recommended by the Institute - the Board is likely to want to understand the implications of any change.	None to report	ongoing	A
No. 11 In order to provide a more understanding, and potentially sympathetic, context for the discussions recommended in 10 above (in the light of the dissatisfaction caused in the GP community by the reforms of community	The Board's CCG membership will keep the Board up to date with progress on this recommendation	The Children's Trust sub group completed a 6 month review of Health Visiting services, feeding in GP views into contact	Complete The review has been completed and will report back in 6 months	G

Recommendations	Proposed Action	Progress	Timescale	RAG
<p>services in respect of district nursing and health visitors) CCG leads should be supported by independent advisors who are GPs, or are respected by GPs, to talk to their GP communities about how a transformative model of integrated care could work for their patients and their practices.</p>		<p>specification discussions. Updates will be brought to the Board on this impact of changes.</p>		
<p>No. 20 & 21 That the organisations in the system share information about their financial situation and objectives and how decisions by, and support from, others can impact on their financial futures.</p> <p>That, having shared their financial information, the organisations examine how joint working can assist in running more cost effectively with an open mind on all sides to new, potentially revolutionary approaches. One fundamental question being can the system sustain as many organisations as it has?</p>	<p>Financial planning and commissioning process should be reviewed annually as part of the commissioning cycle – this could be through a board development session</p>	<p>Board development session to be discussed in consideration of budgetary and commissioning cycles involving Chief Financial Officers</p>	<p>Nov 2013</p>	R
Recommendations where <u>no</u> action is necessary				
<p>No. 1 & 2 Consideration needs to be given to new strategic partnerships which may not have been possible with the current NHS Commissioning structures.</p>	<p>Board members to update the Board on any new partnerships it is aware of that would impact on the Board (either positively or negatively)</p>	<p>None to date</p>	<p>Ongoing</p>	A

Recommendations	Proposed Action	Progress	Timescale	RAG
<p>Partnership should be created where a common interest or priority exists. For certain NHS Health care reconfigurations new fora will need to be in place to allow Local Authorities across the North East to consider the impact of planned changes for their local population.</p> <p>Any strategic partnerships created as a result of the above recommendation should be action orientated and outcome driven and must recognise the capacity pressures on the system and the different members in establishing its working methods. It may be appropriate to allocate responsibility for ensuring progress on key themes to individual senior leaders.</p>				
<p>No. 10 In the light of widespread recognition of the importance of reform in community services to meet the stated, but as yet not clearly defined, objectives of integrated services moved out into the community STFT needs ensure the early and comprehensive engagement of the whole system (CCGs, HWBBs, LAs, acute FTs, NTW Trust and NE Ambulance Trust) in defining the</p>	<p>NO action is needed by the Board though the Board may wish to ask STFT to keep it informed of any developments so that it can consider the potential for impact on Sunderland.</p>	<p>The Children's trust review of community services has ensured the HWBB is engaged in this debate</p>	<p>Complete</p>	<p>G</p>

Recommendations	Proposed Action	Progress	Timescale	RAG
principles for the reform of community services.				
<p>No.12 The PCT and FTs should include other stakeholders in the accelerated work on the configuration of acute services (ABP) particularly the CCGs and LAs, and to include Newcastle and Durham. This work needs to be based on an assessment of the medium-term viability of different services so that there is a shared understanding of the changes required. This should include an assessment of the impact of changes in community provision on acute activity, cost, income and ultimately viability. It should link back to the HWBB and the methodology proposed in Recommendation 1 to inform the wider vision of service provision.</p>	<p>NO action is needed by the Board though the Board may wish to ask the ABP group to include it in the ABP discussions, thereby enabling the Board to consider the potential impact on Sunderland.</p>	<p>Updates have been received from City Hospitals on Accelerating the Bigger Picture and updates will be requested as the picture develops</p>	<p>Ongoing</p>	<p>A</p>
<p>No.13 To inform their discussions the new extended ABP group should commission a piece of work to model the possible end outcomes / scenarios of what acute services may look like in the wider area in 3 to 5 years – taking account of financial and clinical drivers, as well as the impact of shift into community services</p>	<p>NO action is needed by the Board though the Board may wish to ask the ABP group to keep it informed of any developments so that it can consider the potential for impact on Sunderland.</p>	<p>As above</p>	<p>Ongoing</p>	<p>A</p>

Recommendations	Proposed Action	Progress	Timescale	RAG
<p>No.14 That the NTW Trust needs to develop more strategic partnership mechanisms relating to the planning and delivery of its services acknowledging its partners aspirations and involving them in the service reconfiguration plans at an early stage of development.</p>	<p>NO action is needed by the Board though the Board may wish to ask NTW to keep it informed of any developments so that it can consider the potential for impact on Sunderland.</p>	<p>Board to schedule a report from NTW on partnership mechanisms Report received at the Adult Partnership Board (March 2013)</p>	<p>Complete NTW update received at Adult s Board</p>	<p>G</p>
<p>No.15 That the NTW Trust has regard to the comments about inaccessibility in the implementation of its service redesign and in future service planning and delivery.</p>	<p>NO action is needed by the Board. This recommendation is directed at NTW.</p>	<p>Request a report to the Board</p>	<p>Nov 2013</p>	<p>A</p>
<p>No.16 That the Ambulance Trust works with its partners across the system in Sunderland to establish the principles for the design of the new system of integrated services to which the area aspires.</p>	<p>The Ambulance Service is a member the Adults Partnership Board and through this membership is able to contribute to the development of health and social care services in the city.</p>	<p>Invitation reminders sent to NE Ambulance Trust</p>	<p>complete</p>	<p>G</p>

**SUNDERLAND SHADOW
HEALTH AND WELLBEING BOARD**

22 March 2013

TRANSITION TO FULL BOARD AND HWB STRATEGY – CABINET REPORT

**Report of the Executive Director of Health Housing and Adult Services and
Head of Strategy, Policy and Performance**

1. Purpose of the Report

To update the Board on the Cabinet and Full Council report on the transition of the Sunderland Shadow Health and Wellbeing Board from Shadow status, by establishing the Board as a Council Committee and to update on the Health and Wellbeing Strategy.

2. Background

The Board has previously received and approved the Health and Wellbeing Strategy and an earlier draft of this Cabinet and Council report and is aware of the need to amend the constitution of the Council to establish the Board as a full Council Committee by 1st April 2013.

3. Issues for Consideration

- 3.1 Since the last Board, the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations, made under the Health and Social Care Act have come into force. This has given some further clarity to the rules that bind the Health and Wellbeing Board and specifically how they differ from the running of a traditional Council Committee.

The most significant of these variations relates to the voting rights of members. Whereas the usual arrangement for Council Committees is that only elected members have voting rights (with the exception of arrangements to have some voting members of Overview and Scrutiny committees), the regulations now state that ALL members of the Health and Wellbeing Board shall have equal voting rights unless the Council (in consultation with the Health and Wellbeing Board) directs otherwise.

The report proposes that no such variation be made to the voting rights.

- 3.2 The Health and Wellbeing Strategy has been amended to reflect comments received through consultation. These do not materially change the strategic direction and relate to emphasis and wording.
- 3.3 The report has also been amended to include the necessary delegations and statutory functions of the Director of Public Health.

4. Recommendations

The Board is recommended to:

- Note the contents of the report

CABINET MEETING – 13 MARCH 2013

EXECUTIVE SUMMARY SHEET – PART I

Title of Report:

The Transition from Shadow to Full Health and Wellbeing Board and the Health and Wellbeing Strategy

Author(s): Report of the Executive Director of Health Housing and Adults Services

Purpose of Report: The purpose of the report is to set out the steps necessary to transition the Sunderland Shadow Health and Wellbeing Board from Shadow status, by establishing the Board as a Council Committee and to ask Cabinet to endorse the Health and Wellbeing Strategy.

Description of Decision:

Cabinet is recommended to;

1. Recommend Council to

- 1.1 establish the Health and Wellbeing Board as a Council Committee;
- 1.2 approve the terms of reference of the Health and Wellbeing Board;
- 1.3 approve the Health and Wellbeing Board Procedure Rules and
- 1.4 authorise the Head of Law and Governance to amend the constitution to provide for the proposed delegations to the Director of Public Health,
- 1.5 Endorse the Health and Wellbeing Strategy

as set out in the report

Is the decision consistent with the Budget/Policy Framework? Yes

If not, Council approval is required to change the Budget/Policy Framework

Suggested reason(s) for Decision:

- I. The establishment of the Health and Wellbeing Board as a Council Committee and the agreement of a Health and Wellbeing Strategy are requirements of the Health and Social Care Act.

Alternative options to be considered and recommended to be rejected:

There are no alternative options to be considered as this is a statutory responsibility.

Impacts considered and documented:

Equality Y Privacy Y Sustainability Y Crime and Disorder Y

Is this a “Key Decision” as defined in the Constitution? Yes

Scrutiny Committee

Is it included in the Forward Plan? Yes

REPORT OF THE EXECUTIVE DIRECTOR OF HEALTH, HOUSING AND ADULT SERVICES

The Transition from Shadow to Full Health and Wellbeing Board and the Health and Wellbeing Strategy

1.0 Purpose of the Report

1.1 The purpose of the report is to set out the steps necessary to transition the Sunderland Shadow Health and Wellbeing Board from Shadow status, by establishing the Board as a Council Committee, and to ask Cabinet to endorse the Health and Wellbeing Strategy.

2.0 Description of the Decision (Recommendations)

2.1 Cabinet is recommended to;

1. Recommend Council to

- 1.1 establish the Health and Wellbeing Board as a Council Committee;
- 1.2 approve the terms of reference of the Health and Wellbeing Board;
- 1.3 approve the Health and Wellbeing Board Procedure Rules and
- 1.4 authorise the Head of Law and Governance to amend the constitution to provide for the proposed delegations to the Director of Public Health,
- 1.5. Endorse the Health and Wellbeing Strategy

as set out in the report

3.0 Introduction/Background

3.1 The Health and Social Care Act gives the local authority responsibility for 5 key areas of development –

- To establish a Health and Wellbeing Board
- To complete a Joint Strategic Needs Assessment
- To produce a Joint Health and Wellbeing Strategy
- To set up a local Health Watch
- To transition public health responsibilities.

3.2 The Shadow Health and Wellbeing Board has overseen the production of a Joint Strategic Needs Assessment (JSNA) and draft Health and Wellbeing Strategy, has provided a forum for discussing integrating commissioning plans with the Clinical Commissioning Group and Health and Social Care providers, and has overseen the commissioning of the local HealthWatch. This provides sound foundations for the transition into full Board to meet the requirements of the Health and Social Care Act.

3.3 It is proposed that the principles of the terms of reference for the Shadow Health and Wellbeing Board are carried forward and become the terms of reference for the Full Board, through incorporation in the Council's constitution (as detailed in Appendix 1). It is further proposed that the operation of the board should be supported by the introduction of Health and Wellbeing Board Procedure Rules. The draft Rules are at Appendix 2. The proposals reflect the arrangements adopted for the operation of the Shadow Health and Wellbeing Board and its successful operation throughout the 2012-2013 civic year.

4.0 Establishing the Health and Wellbeing Board

4.1 The Health and Social Care Act states that each local authority must establish a Health and Wellbeing Board (HWBB) for its area by April 2013. The Act states that the HWBB will be a committee of the local authority. It has a statutory minimum membership which brings together key NHS, public health and social care leaders in each local authority area to work in partnership. In relation to a Health and Wellbeing Board, the requirement for political balance on local authority committees is disapplied by regulations.

4.2 In order to establish the Health and Wellbeing Board as a Council Committee, it is necessary to set out the Board's terms of reference and it is proposed that these are supplemented by rules of procedure in the Council Constitution to reflect the approach taken to Board business by the Shadow Board. It is proposed that an additional Article should be included in the constitution. This sets out the membership of the Board, and is at Appendix 1.

4.3 The position in relation to Board Members' voting rights is established by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The regulations were laid before Parliament on 8th February and come into force on 1st April. These provide that no Board Member is to be treated as a non-voting member of a Health and Wellbeing Board or sub-committee, unless the local authority which established the Board directs otherwise (ie that the particular Board member should not have voting rights). Before making such a direction the local authority must consult the Health and Wellbeing Board. It is proposed that all Board members should retain voting rights with the Chair having a casting vote.

4.4 The Health and Wellbeing Board will not have a scrutiny function. Responsibility for scrutiny of issues related to health and wellbeing will be retained by the Scrutiny Committee, supported by the work of relevant Scrutiny Panels. These will be primarily the Health Housing and Adult Services Panel, and the Health Wellness and Culture Panel, however all panels are likely to have a scrutiny input where cross-cutting themes are under consideration, reflecting the whole systems approach to health and wellbeing.

5.0 The Health and Wellbeing Strategy

- 5.1 The Health and Wellbeing Board is required to produce and adopt a joint Health and Wellbeing Strategy (HWBS) that covers NHS, social care, public health and potentially other wider health determinants such as housing by April 2013. In Sunderland the process of developing a HWBS was delegated by the Shadow Health and Wellbeing Board to a working group consisting of representatives across the Health and Social Care System and happened over a period of a year from January 2012.
- 5.2 The development of the HWBS comes in the context of large scale change to the way public services are being delivered and in an environment of reducing resources. Although a challenge, the changing environment also offers an opportunity to fundamentally review and improve the way agencies work with residents and communities in the future, and there is a growing recognition of existing but often untapped assets and potential within communities that can enhance and complement the public sector's offering. Consideration will need to be given to our relationship with communities and how services can be delivered in the future to make best use of all resources in order to achieve better outcomes.
- 5.3 In order to meet the challenges outlined above, the HWBS has been developed to take a whole systems and assets based approach to the improvement of health and wellbeing in Sunderland. The Strategic Objectives that have been set in the strategy are ambitious and challenging. To achieve them will require a considerable change in the way that services are developed, delivered and specifically how we engage with our communities to empower them to take control over the decisions affecting their health and wellbeing.
- 5.4 The HWBS (attached at Appendix 3) aims to describe the three main components of an assets based approach to health and wellbeing, namely:
- Design Principles – those ways of working which must underpin all commissioning decisions and ultimately ways of working for which the Board holds responsibility – including consideration of the Clinical Commissioning Group's commissioning plans
 - Assets – the core assets which can be built upon in Sunderland to impact on the health and wellbeing of residents
 - Strategic Objectives – the ultimate goals of the strategy which will focus the development of high level actions and commissioning plans that will follow.
- 5.5 To develop the broad acceptance of the strategy further into formal approval, the HWBS is being taken to the Boards and management organisations of partners throughout the whole health and social care system for review and for them to sign up to the three elements outlined above. Cabinet are recommended to endorse the Health and Wellbeing Strategy.

6.0 Director of Public Health

- 6.1 As a consequence of the transition of public health responsibilities into the Council, it is necessary to make provision in the council delegation scheme to reflect the statutory duties of the Director of Public Health. The proposed additional delegation is at Appendix 4.

7.0 Reasons for the Decision

- 7.1 The establishment of the Health and Wellbeing Board as a Council Committee and the agreement of a Health and Wellbeing Strategy are requirements of the Health and Social Care Act.

8.0 Alternative Options

- 8.1 There are no alternative options to be considered as this is a statutory responsibility.

9.0 Impact Analysis

Equalities – The establishment of a Health and Wellbeing Board and the approval of a HWBS will positively impact on the health and wellbeing of the residents in Sunderland as it moves to achieve the vision of Best Possible Health and Wellbeing for Sunderland....by which we mean a City where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities. It is also anticipated that equality analysis will be carried out at action planning stage and on all commissioning and decommissioning decisions.

Crime and Disorder – The successful implementation of the Health and wellbeing strategy will reduce the impact of bad health behaviours including drug and alcohol use which will have a significant impact on crime and disorder.

Privacy – Privacy considerations that have been identified have been taken into account when planning for the transfer of information and arrangements for access to data.

Sustainability – the implementation of the Health and Wellbeing strategy will provide long term and sustainable improvements around health for the people of Sunderland.

9.0 Relevant Considerations/Consultations

- 9.1 The shadow Health and Wellbeing Board and the Clinical Commissioning Group have both reviewed and approved the strategy as it stands.

10.0 Recommendations

- 10.1 Cabinet is recommended to;

1. Recommend Council to

- 1.1 establish the Health and Wellbeing Board as a Council Committee;
- 1.2 approve the terms of reference of the Health and Wellbeing Board;
- 1.3 approve the Health and Wellbeing Board Procedure Rules and
- 1.4 authorise the Head of Law and Governance to amend the constitution to provide for the proposed delegations to the Director of Public Health,
- 1.5 endorse the Health and Wellbeing Strategy

as set out in the report

11.0 Background Papers

Healthy lives, healthy people : our strategy for public health in England http://www.dh.gov.uk/health/2011/07/healthy-lives-healthy-people/	DH 2010
Health and Social Care Act 2012 http://www.dh.gov.uk/health/2012/06/act-explained/	DH 2012
Healthy lives, healthy people : improving outcomes and supporting transparency: A public health outcomes framework for England, 2013-2016 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358	DH 2012
Fair Society, Healthy Lives http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf	Professor Michael Marmot February 2010

12.0 List of Appendices

- **Appendix 1 – Amendments to the Council Constitution**
- **Appendix 2 – Sunderland Health and Wellbeing Board Procedure Rules**
- **Appendix 3 – Sunderland Health and Wellbeing Strategy**
- **Appendix 4 – Director of Public Health Delegations**

Appendix 1

Amendments to the Council Constitution

Article 12 – The Sunderland Health and Wellbeing Board

12.01 The Health and Wellbeing Board

The Council will appoint a Health and Wellbeing Board to be known as the Sunderland Health and Wellbeing Board to discharge the functions set out in Section 194 of the Health and Social Care Act 2012.

12.02 Composition

Membership of the Sunderland Health and Wellbeing Board will be:

Leader of the Council (Chair)
Cabinet Secretary (Vice Chair)
Health Housing and Adults Services Portfolio Holder
Public Health and Wellness Portfolio Holder
Childrens Services Portfolio Holder
Opposition Member
Executive Director of Health, Housing and Adults
Executive Director for Children's Services
Director of Public Health
Chief Officer – Clinical Commissioning Group
Chair Clinical Commissioning Group
Member Clinical Commissioning Group
HealthWatch representative (to be confirmed by HealthWatch on commissioning)
Chair – Sunderland Partnership
Chief Executive of the NHS CB Local Area Team (or representative)

12.03 Role of the Board

The Sunderland Health and Wellbeing Board ('the Board') will have the following statutory roles and functions under Section 194 of the Health and Social Care Act 2012:

- To assess the broad health and wellbeing needs of the local population and lead the statutory joint needs assessment (JSNA)
- To develop a joint high-level health and wellbeing strategy that spans NHS, social care, public health and potentially other wider health determinants such as housing
- To promote integration and partnership across areas through promoting joined up commissioning plans across the NHS, social care, public health and other local partners
- To support lead commissioning, integrated services and pooled budgets
- To ensure a comprehensive engagement voice is developed as part of the implementation of Health Watch.

The following will be the additional responsibilities of the board:

- To lead in the significant improvement in outcomes as a result of joint planning and commissioning of services across agencies.
- To provide a leadership role in the health and social care system whilst recognising that it is the responsibility of the Board's constituent bodies to ensure priorities are taken through their own governance arrangements.
- To prioritise and monitor implementation against the Objectives identified in the Health and Wellbeing Strategy and refresh as required;
- To request regular assessment of needs in the area, identify shared priorities for action and specific outcomes on the basis of those needs and to develop and comply with appropriate information sharing arrangements;
- To recommend the commissioning of services, resource allocation to achieve the outcomes and indicators the Board requires, through the prioritisation and recommendation of proposals in the constituent partners' budget setting rounds;
- To ensure that there is active user and public involvement in decision-making and developments of services;
- To ensure that all initiatives are carried out in a framework that promotes equalities and celebrates diversity;
- To ensure that activities promote a positive image of the City and the local community;
- To support and influence service developments and change that will enhance the general well being of the City

12.04 Specific functions

In carrying out its role the Board may

- Establish sub-committees and task groups
- Commission and receive reports from its sub-committees and task groups to take up additional work on research of policies, service improvement and local needs;
- Invite appropriate representatives and bodies to give evidence.

Appendix 2

Sunderland Health and Wellbeing Board Rules of Procedure

1. **Conduct.**

Members of the Board are expected to subscribe to and comply with any Code of Conduct applicable to them in respect of the role to which they are appointed or in which they are employed by their nominating organisation.

2. **Meetings of the Health and Wellbeing Board.**

The Board shall meet at least quarterly. Board meetings shall be advertised and held in public and be administered as a Council Committee in accordance with the Access to Information Procedure Rules, and, subject to the provisions of these Rules, which will prevail in the event of inconsistency, with the Council Procedure Rules.

3. **Public Participation.**

Apart from those meetings held in private session, a period of 15 minutes at the start of each meeting shall be set aside for members of the public to address the Board on matters within the purview of the Board.

4. **Special Meetings**

The Chair will be required to convene a special meeting of the Board if s/he is in receipt of a written requisition to do so signed by no less than three Members of the Board. Such requisition shall specify the business to be transacted and no other business shall be transacted at such meeting. The meeting must be held within seven working days of the Chair's receipt of the requisition.

5. **Chair.**

The Leader of the Council will chair the board.

6. **Absence of Members and of the Chair.**

If a member is unable to attend a meeting, then the relevant Constituent Member shall, arrange for the attendance of a representative on their behalf. Such representative shall not be entitled to vote.

7. **Quorum.** One quarter of the membership shall form a quorum for meetings of the Board. No business requiring a decision shall be transacted at any meeting of the Board which is inquorate. If it arises during the course of a meeting that a quorum is no longer present, the Chair shall either suspend business until a quorum is re-established or declare the meeting at an end. Remaining business shall be considered at the next meeting of the Board, or at an earlier special meeting convened for that purpose.

8. **Adjournments.** By the decision of the Chair of the Board, or by the decision of a majority of those present at a meeting of the Board, meetings of the Board may be adjourned at any time to be reconvened at any other day, hour and place, as the Board shall decide.

9. **Order at Meetings.** At all meetings of the Board it shall be the duty of the

Chair to preserve order and to ensure that all members are treated fairly. S/he shall decide all questions of order that may arise.

10. Suspension/disqualification of Members. At the discretion of the Board, any Constituent Member may be suspended from the Board or disqualified from taking part in any business of the Board if it:

a) Fails to provide a representative member to attend at least three meetings of the Board in any year, without leave of the Board or of the Chair;

b) Their representative(s) conducts her/himself in a manner prejudicial to the best interests of the Board and its objectives, and the Constituent Member refuses to appoint an alternate member to attend in her/her place.

11. Information and Advice.

The Board may seek any information it requires from any employee of a Constituent Member and all Constituent Members and members are required to co-operate with any reasonable request made by the Board.

The Board may obtain independent professional advice and secure the attendance of advisers with relevant experience and expertise if it considers this necessary. The costs, if any, of obtaining such third party advice shall be shared among the constituent organisations as agreed between them.

The Board shall receive written and oral evidence from senior staff, and other partners, as appropriate. The Board shall seek to ensure there is an acceptable balance between the value of the information it receives and the time and other costs it takes to acquire and process it.

12. Review.

The Board will annually review the operation of these Rules and the effective working of the Board. The Board may make recommendations to Council for amendments to these Rules where this is required to achieve most effective operation of the Board.

Appendix 3

SUNDERLAND'S JOINT HEALTH AND WELLBEING STRATEGY

VISION

Our vision is to have the:

Best possible health and wellbeing for Sunderland

....by which we mean a city where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities.

Faced with reducing public resources and increasing demand and expectations many current ways of delivering services are recognised as no longer appropriate. Large scale changes to the way public services are being delivered are well under way. Although challenging, the changing environment offers an opportunity to fundamentally review and improve the way agencies engage with residents and communities in the future. There is also growing recognition of existing but often untapped assets and potential within communities that can enhance and complement the public sector's offering.

Consideration will need to be given to relationships between agencies and the communities they serve and how services can be delivered in the future to make best use of all resources in order to achieve better health and wellbeing outcomes. Ultimately we want to enable and support individuals, families and communities in Sunderland to enjoy much better health and wellbeing, with less reliance on the public sector in the longer term. This involves recognising and being responsive not only to local needs but also to community strengths and exploring how these can be better harnessed to help address the challenges faced. By building on and utilising the resources and energy of our communities, we can support people to take greater control of their lives to bring about better health and wellbeing outcomes that matter to them, their families and communities.

The Health and Wellbeing Strategy, Community Resilience Plan and the Strengthening Families will come together to forge a new way of working for the benefit of the people of Sunderland.

DESIGN PRINCIPLES

We have established a set of design principles that will underpin our new approach to health and wellbeing and upon which action planning and ultimately commissioning throughout the health and social care system will be built. These design principles are:

- **Strengthening community assets**

By recognising everyone has a valuable contribution to make, we will empower individuals, families and communities, increasing their capacity to be involved, including in the co-production of services. This will enable residents to mobilise and build on existing community strengths and potential to help them address their own, their family's and their community's needs. This asset-based approach does not ignore needs – instead, it distinguishes between those needs that can best be met by families and friends, those best met by communities working in partnership with public services, and those that can only be met by public sector providers.

- **Prevention**

A greater emphasis will be placed on customer insight, local intelligence and experience to effectively identify risks to health and wellbeing and to work within communities to prevent people developing problems.

- **Early intervention – actively seeking to identify and tackle issues before they get worse**

We know that early intervention with children, young people, adults and carers can reduce more complex health issues in the longer term. Identifying and tackling issues at an early stage whenever they occur throughout an individual's life can prevent them escalating into more problematic and complex needs.

- **Equity – providing access to excellent services dependent on need and preferences, that are also based on evaluated models and quality standards**

The conditions in which people are born, grow, live, work and age are responsible for the avoidable differences in their health. Equity in health means everyone being able to achieve their full health potential regardless of their personal circumstances. To achieve this there needs to be fair distribution of resources and opportunities for health as well as fairness in the support offered to people when they are ill.

Health inequalities exist both within Sunderland's communities, and between Sunderland and England. These health inequalities are often related to obesity, alcohol related diseases and smoking rates. We know that we have particular communities where these health inequalities are most evident and we need to address this.

- **Promoting independence and self care – enabling individuals to make effective choices for themselves and their families**

The increasing emphasis on personalisation of services and of individual health and care budgets means that we must focus on creating alternative types of services that can be sustained within the community. We will continue to support our most vulnerable individuals, families and communities. Wherever possible and appropriate, our interventions will enable and re-able people to live their lives effectively without the need for recurring agency support.

- **Joint Working – shaping and managing cost effective interventions through integrated services**

Working together to make best use of our strengths and assets so that we can provide flexible and tailored services that respond to local conditions and focus on what matters to residents to achieve more for our communities.

- **Address the factors that have a wider impact on health – education, housing, employment, environment, and address these proportionately across the social gradient**

Differences in people’s health result from differences in the opportunities that people are able to take advantage of during their lives. A government commissioned independent review of health inequalities identified a number of social determinants which increase inequalities in life expectancy across the life course. The review identified six key objectives to reduce health inequalities caused by these determinants. These are:

- Give every child the best start in life
- Enable all children, young people and adults to maximize their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Prevent ill health
- Create and develop healthy and sustainable places and communities.

To see a sustainable improvement in life expectancy for all of the population, including a reduction in inequalities, the wider determinants of health need to be addressed – this includes a major focus on achieving the best start in life to break the cycle of health inequalities.

- **Lifecourse – ensuring appropriate action throughout an individual’s life with a focus on early years and families**

Intervention and support should be available throughout our lives, recognising that triggers for crisis can occur at different points in people’s lives (particularly at key transition points). It is important that we set in place the foundations in early years and encourage families to play a strong role in developing their own resilience whilst also recognising and responding to the changing needs of individuals as they age.

ASSETS

There are community and individual assets that we share and that need to be developed, nurtured and supported including:

- the practical skills, capacity and knowledge of local residents
- the passions and interests of local residents that give them energy for change

- the networks and connections – known as ‘social capital’ – in a community, including friendships and neighbourliness
- the effectiveness of local voluntary and community sector organisations
- the resources of all agencies to support a community, including public, private, voluntary and community sector organisations, local schools or faith groups.

There are interdependencies between these and a number of strategic assets which come together to make Sunderland unique – these should be built on where they exist and be improved and developed where they are weaker or missing. These are:

- **Strong and stable family and community relationships**

Sunderland is characterised by low movement of people – families and communities are relatively stable and as such there are opportunities to harness the involvement of the wider family, including older people, to provide support and promote healthier choices and healthy lifestyles

- **The coast and countryside and a passion for sport and activity**

Sunderland has an attractive coast and easy-to-reach countryside and urban green spaces that provide opportunities for promoting an active lifestyle. The city’s passion for sport and exercise should be nurtured and developed to ensure broader involvement with more wide reaching health impacts.

- **Employers providing access to a large proportion of the workforce and understanding of different communities**

The economy in Sunderland is characterised by a small number of large employers employing the majority of the workforce. By developing relationships with these employers we can tap into their understanding of the communities in which they operate and the people they employ to promote healthy workplaces and healthy lifestyles.

- **A vast number of contacts with residents through daily provision of a wide range of services**

Sunderland’s many businesses, organisations and support groups are in touch with residents across the whole range of service delivery. Integrating health improvement into these day-to-day contacts will reinforce and bring support to those people who need it so that every contact is a health contact.

- **At the leading edge of putting new technology to work in the public interest**

Sunderland is at the leading edge of using new technologies and making sure that the whole city can make best use of this resource. There is great potential to use new technologies to enable people to take more control over their own health and wellbeing through technological solutions and by improving information sharing.

- **A huge variety of local businesses, organisations, partnerships and networks with a strong track record of effective delivery and providing support to vulnerable people**

We are starting from a strong position whereby there has been a long history of joint working to deliver real changes. We will build on this to ensure that the achievement of better health outcomes involves individuals, communities and providers.

The following Strategic Objectives describe how we will achieve our vision for health and wellbeing. Detailed action plans will be developed for each. Each strategic objective utilises one or more of the assets and applies all of the design principles.

STRATEGIC OBJECTIVES

1. Promoting understanding between communities and organisations

- 1.1. Increasing awareness of the services and support available to people in their community and assisting them to access these**
- 1.2. Services are responsive to community needs and assets, becoming co-produced where possible.**

If the health of local people is to improve then we must all pull together and play our part. Relationships between agencies and local people, including patients and service users, need to be much more dynamic and enable local people to have a much greater influence on which services are provided, as well as how and when they are provided. Equally, individuals and communities need to develop an understanding of the strengths that they have and can draw upon collectively, enabling them to take control of their own health.

If we do these things then we will all have a much better understanding of our own health needs and how best we can address these, either through our own endeavours or with the help of others if we need it. This will give us confidence in ourselves and in the services that we rely upon in times of need.

2. Ensuring that children and young people have the best start in life

- 2.1. Encouraging parents and carers of children to access early years opportunities**
- 2.2. Supporting children and families throughout the whole of a child's journey, including the transition into adulthood.**

Many of us understand and acknowledge the influence (directly and indirectly) that families and schools have on the development and life chances of children and young people. These two important factors can have a huge impact upon the health, education and future employment opportunities of a child or young person.

To ensure a positive future for our children and young people there needs to be effective joint working across agencies and the wider family to encourage individuals and families to achieve their full potential by addressing their physical and emotional health issues. Schools in particular are in a position where they are able to support the physical and emotional development of their pupils and their immediate family.

3. Supporting and motivating everyone to take responsibility for their health and that of others

- 3.1. Increasing emotional health and resilience of individuals, families and communities**
- 3.2. Frontline workers, volunteers and community leaders becoming aware of the main social determinants of health as well as the risks and opportunities and when and how services can be accessed**
- 3.3. Supporting people to make sustainable changes throughout their lives that will improve their health, utilising new technologies and methods of engagement with communities**
- 3.4. People (including young people) are aware of the importance of accessing long-acting health protecting interventions such as immunisation and screening and early presentation following the development of signs and symptoms of ill-health**
- 3.5. Making the healthy choice the easier choice.**

The most powerful influences upon how we behave come from our family and friends. They shape our knowledge, perspectives, experiences and preferences and as a consequence can either encourage or discourage us to lead a healthy lifestyle. It is important that we realise this affect on ourselves as well as the effect we can have on those around us. However there are also a range of options open to agencies that can help to make a healthy lifestyle an easy option, for example this can be through health education, provision within schools, mentoring programmes, as well as providing good transport links and easy access to the city's natural assets such as open and green spaces. Our agencies also need to consider how they can encourage and sustain people's

interest in a healthy lifestyle through local and national events, cultural activities, and through Sunderland's major employers.

4. Supporting everyone to contribute

4.1. Understanding the health barriers to employment and training, and supporting people to overcome them

4.2. Working together to get people fit for work

4.3. Working with local businesses to ensure a healthy workforce

4.4. Supporting those who don't work to contribute in other ways.

Those of us that find ourselves unemployed will realise already the detrimental affect this can have on our health, indeed it is known that poorer health can be found amongst those who are unemployed for longest. The effects of poor health can be divided into the short-term (resulting from the immediate impact of unemployment) and the long-term more complex health impacts that can develop. The potential health and wellbeing impacts of unemployment are:

- Distress, anxiety and depression that may also impact upon other family members
- Worsening health behaviours in the form of increased smoking, increased alcohol consumption and a decrease in exercise.
- Financial problems that can reduce living standards, increase the likelihood of social isolation and lower self-esteem.

So it is important that agencies work together to build confidence and motivation and provide pathways into training and employment. But we must also work with employers so that they understand how the policies they implement can have a significant effect on both the health of their employees and their employee's families. Good health in this environment can be promoted through healthier working conditions and more flexible employment.

For those of us not in work there will be the opportunity to contribute to those communities that can benefit from our skills and talents. This will enable us to improve the lives of those around us and enable us to build community pride through a variety of volunteering opportunities.

5. Supporting people with long-term conditions and their carers:

5.1. Supporting self-management of long-term conditions

5.2. Providing excellent integrated services to support those with long-term conditions and their carers

5.3. Supporting a good death for everyone.

We realise that carers and people with long term conditions can be experts in their care because they understand better than others the problems they encounter on a daily basis. Our agencies need to reflect on how they can work together and redesign their service provision in order to incorporate the preferences of patients and service users, as well as self-management of their

condition where this is possible. We will ensure that this approach incorporates a range of services that are reliable, consistent and maximise the quality of life for those people with long-term conditions as well as their families and carers.

6. Supporting individuals and their families to recover from ill-health and crisis:

- 6.1. Supporting individuals and families to have emotional resilience and control over their life**
- 6.2. Providing excellent integrated services to support people to recover from ill health and crisis**
- 6.3. Winning the trust of individuals and families who require support.**

Any of us may find ourselves in need of support in a crisis situation. This may result from ill health or injury where we are suddenly unable to undertake everyday tasks, or where our main carer's own health and ability to carry on caring has suddenly broken down. Where this is the case our agencies will identify the best ways of facilitating rehabilitation by working together through a mixture of appropriate integrated services.

Appendix 4

Part 3 – Responsibility for Functions

5. Director of Public Health

- 5.1 To exercise the functions of Director of Public Health in accordance with section 73A of the National Health Service Act 2006 and section 30 of the Health and Social Care Act 2012, including responsibility for;
- Writing the annual report on the health of the local population, required to be published under section 73B (5) & (6) of the 2006 Act and Section 31 of the 2012 Act
 - Undertaking duties to take steps to improve public health as required under Section 73A(1) of the 2006 Act.
 - Undertaking such other public health protection or health improvement functions that the Secretary of State delegates to Local Authorities either by arrangement or under regulations
 - The provision of Healthy Start Vitamins (under the Healthy Start and Welfare Food Regulations 2005) for maternity or child health clinics
 - Consulting and making decisions on Fluoridation Schemes
 - To exercise the Council's functions in planning for, and responding to, emergencies that present a risk to public health
 - Discharge the Local Authority responsibilities in relation to communicable and infectious diseases, including healthcare acquired infections.
 - Under section 6C of the NHS Act 2006, for ensuring arrangements are in place for;
 - Ensuring appropriate access to sexual health services
 - The National Child Measurement Programme
 - The NHS Health Check Assessment
2. To be responsible for providing the Council's public health response to licensing applications, as a responsible authority under the Licensing Act 2003
3. To contribute to and influence the work of the NHS Commissioners, ensuring a whole system approach across the public sector and ensuring NHS commissioners receive the public health advice they need
4. To provide leadership, expertise and advice to Senior Officers and Elected Members on a range of issues from outbreaks of disease and emergency preparedness through to improving local peoples health concerns around access to health services.

**SUNDERLAND SHADOW
HEALTH AND WELLBEING BOARD**

22 March 2013

WELFARE REFORM ACT 2012 - UPDATE

Report of the Executive Director Commercial and Corporate Services

1 Purpose

To provide an update of the work complete and ongoing by the council and its partners, through the Welfare Reform Board, in respect of preparing the city for the impact of the Government's Welfare Reform Programme.

2 Background

As group members will recall, the Government's Welfare Reform Programme is the biggest change to the welfare system in at least 60 years. It is intended to save 18 billion pounds per year by 2014-2015 but the main stated aim is to reduce benefit dependency and 'to make work pay' for more people. The majority of changes therefore will impact on people of working age, and in particular those that are sick and the unemployed.

The programme also involves a major change in responsibilities in relation to administering benefits for those of working age, with councils losing responsibility for the current housing benefit system, but gaining responsibility for developing and implementing localised Council Tax Support and for providing support to vulnerable people in emergency situations (previously met by the Social Fund)

Appendix A to this report is a visual representation of how the work of the Welfare Reform Board is planned.

The aim of the welfare reform project is to prepare the council, its partners, employees and other stakeholders for the impending changes. The work of the project has been designed to identify specific responsibilities, cross-overs, links and dependencies to existing strategies and ongoing or planned work programmes. Parameters are also set for where activity needs to be jointly delivered or where it should be delivered discreetly, whilst also avoiding duplication and seeking minimisation of barriers to delivery.

3 Work undertaken

3.1 Working with GPs

During the period November 2012 to January 2013, a number of presentations were made to Northumberland, Tyne & Wear NHS Foundation Trust Ward Managers and Practice Managers to explain the changes and impacts of the governments' welfare reform programme and what Sunderland

City Council plans to put in place to mitigate against the impacts on our residents and how we may pool resources across the city.

As a consequence, a surgery has agreed to be the first GP pilot, to signpost and support their clients with the online tools that the council has developed or procured. To this end, the council is installing a PC in the waiting room in the surgery that may be used by patients to see how they can maximise their benefits, apply on-line for council benefits and also look to see what properties are available within their price range should they chose to move house rather than pay additional under occupancy charges from April 2013 (Bedroom Tax). These easy and free to use on-line tools are described below:

On-line benefit form.

Universal Credit will start to be rolled out in October 2013 and the government expects applicants to apply on-line. To prepare our residents for this we have developed a council benefit on-line application form (Appendix B), which has been used by over 90% of new applications in the first three months of its introduction. This success has been achieved by working closely with advocates across the city to help with self service/supported self service activity. This includes partners such as Gentoo and other Registered Social Landlords, Private Landlords, Citizens Advice Bureau and Age Concern etc.

Property Search Tool

The council has procured a property search tool, 'LetsHelpYou', designed for housing benefit tenants and which has the following key benefits:

- it provides listings that include property details
- rents are transparent so the customer knows if it is affordable.
- it is a free service for landlords and anyone searching for rental property, whether in receipt of Local Housing Allowance or not
- it aims to keep the rental market moving and reduce levels of empty properties and evictions
- it allows customers to move in their own immediate area

More information from LetsHelpYou is available at www.letshelpyou.co.uk. Please see Appendix C for further detail.

Single Financial Assessment and Benefit take-up

The council had procured a number of tools to help residents identify benefits they may be entitled to with the intention of supplying them both on line and via different organisations in the city. The tools enable residents to identify and maximise their current benefit entitlements and provide residents, and organisations working with them, with information on their future entitlements under Sunderland's new localised Council Tax Support Scheme and once Universal Credit is introduced

A number of these tools and e-learning modules have been made available to organisations across the city (including 1st tier advice providers and some registered social landlords) with appropriate disclaimers in place. The online means tested benefit calculator (that covers means tested benefits and tax

credit entitlements for most residents) and a non means tested benefit adviser (that covers potential entitlements to benefits such as Attendance Allowance and Disability Living Allowance) are accessible from the council's web pages. They both provide links to claim forms and other sources of help/information, and form part of the significantly improved welfare reform/welfare rights content on the council's site.

Appendix D shows two sample screen shots of the Benefits Calculator.

As the next section explains, the council has also developed a number of ways in which the changes have been, and will continue to be, communicated to residents and stakeholders, which includes the provision of posters and a video, which will be shown within the Pilot Surgery, council buildings and schools to ensure so far as possible that our residents have the opportunity to see how the changes may affect them.

3.2 Citywide Communication

This is integral to the whole project and the council's communications team is supporting the project and the following ways:

- Creation of an informative on-line portal, which also acts as a signpost facility for residents to direct them to the most appropriate agency.
- 'Stay informed, plan ahead' campaign launched June 2012 including the production and distribution a range of promotional materials e.g. via libraries, leisure centres, schools, GPs and electronic village halls. This included posters, banners, newspapers, radio and social media to direct those affected to the council's web pages www.sunderland.gov.uk/benefitchanges and helpline for advice and support 0191 520 5502
- Production of toolkit for Members, and development of information packs for Landlords and the city's employers.
- Production of a benefits fact sheet for use by Welfare Rights.
- Adaptation of a promotional video about welfare reform for use in Sunderland Customer Service Centres.
- Production of Community News and Workwise articles

3.3 Preparation for the Introduction of Universal Credit

The council's web pages have been enhanced to provide up to date web based advice and guidance, linking with other service providers, which explains how benefits are changing and what organisations and residents of the city can do to help themselves.

The DWP released the Local Support Services Framework in February 2013 for UC and work is ongoing to scope continuing activities.

3.4 Impacts and Analysis

The Council's Strategy, Policy and performance Management Service are designing a model for data collection and monitoring to identify any areas where further measures may be put in place to mitigate adverse impacts on particular communities and groups.

Data sharing policies are also being reviewed and developed to ensure the council can:

- continue to access existing data sources
- develop new data sharing arrangements as appropriate

3.5 Working with Landlords and Housing Policy & Alignment

We are continuing to work closely with Landlords to analyse the impacts and assist tenants impacted by:

- The single room rate change (under 35's).
- The Benefit Cap, which affects 79 of our households, with some losing £145 per week from Housing Benefit.
- Under Occupancy Charges (Bedroom Tax), which will affect over 5,000 Registered Social Landlord claims, of which approx 4,500 are Genu tenants and who will be between £10 and £15 per week worse off. The council is likely to provide support (as per government guidance) to those with disability adaptations, foster carers and others subject to means testing

3.6 Local Welfare Provision

From April 2013, the DWP is abolishing the Community Care Grant and Crisis Loan elements of the Social Fund. The budget for these services is transferring to LAs at the 2005/06 rate as 'Local Welfare Provision'. LAs then have the responsibility to support vulnerable people in financial crisis. The DWP are retaining responsibility for budgeting loans and short term advances.

The Council's new LWP service has carried forward the main aims of the DWP's Social Fund and designed two services as shown below for Sunderland residents on council benefits only. However, we will signpost those that do not qualify to other services for advice and assistance.

- **Community Care Scheme**
This service is to help families under exceptional pressure and to also help vulnerable people to enter the community (for example young people leaving care), re-enter the community, or remain in the community (for example to prevent serious deterioration of health within the home). We want to help all of our residents that need such support and our approach to this has been to work with our voluntary and community sector (VCS) to design a cashless support service that relies, in the main, on recycled and reconditioned furniture. Our approach also supports the ethos of having a community asset based approach to our service, believing we will be stronger together and therefore can provide a holistic support package, including advice and practical support to help people move forward.

Web based applications will be made to the council's benefit service and for those that are eligible we will provide a basic furniture pack as appropriate to the household and will include recycled furniture such as bed, sofa, chair, fridge and microwave, with new mattress and bedding. We are working with the voluntary sector and local businesses to maximise our offering as much as possible, taking into account care packages and creating synergy with our own complimentary services.

- **Crisis Support Scheme**

This service is accessed via phone to our Customer Services Network, and is designed to help people that are unable to meet their immediate short term needs either in an emergency (a situation which causes the applicant to have a pressing need, or an unforeseen circumstance which requires immediate action or remedy, which the applicant could not have taken reasonable steps to avoid), or as a consequence of a disaster (sudden calamitous event or misfortune causing loss of or damage to possessions or property – for example fire or flood resulting in a health and safety risk)

Items to be provided are a food parcel, prepaid energy top up cards for gas and/or electricity dependent upon the size of the household and the time of year and emergency travel in exceptional circumstances. Our main partner in this scheme is the Salvation Army, through Sunderland partnership and we are currently part of a working group aiming to develop the food parcel network across the city.

With regard to both schemes, one award will be made per year and additional awards only in exceptional circumstances. Other items may be provided at the council's discretion.

3.7 Localisation of Council Tax Support Scheme

The council's new Local Council Tax Support Scheme has been approved by Council from April 2013. As the council received reduced funding from government, the scheme has been designed to minimise the impact upon claimants, whilst asking everyone to pay something toward their council tax bill. For 15,000 of our claimants, this will come as a new responsibility. Key elements of the new scheme, which is favourable in comparison to other regional councils, are to:

- reduce council tax benefit by a maximum of 8.5% for those entitled to 100% council tax benefit
- abolish Second Adult Rebate
- amend non dependant deductions by a further £1 per week, within the limits of the 8.5% maximum

3.8 Free School Meals

Phase 1 is complete with regard to the involvement through this project, producing a major uptake of free school meals and therefore also helping to maximise of benefits. An exercise is currently ongoing to determine the potential impact of FSM being delivered through Universal Credit.

3.9 Working with JobcentrePlus/DWP

The Project team have fortnightly meetings with DWP representatives to understand emerging issues, joint working/impacts and how we are working together to minimise the impacts upon our residents, but at the same time help customers into work. DWP have agreed to provide funding for one year for Council staffing, training and equipment costs to support:

- the 79 households affected by the Benefits cap
- households affected by the bedroom tax and which may be entitled to support from DHP adaptations
- continuing support for residents on the use of the enabler tools – benefits maximiser and 'LetsHelpYou'

We are also working very closely with DWP partnership managers to understand how DWP processes, backlogs and sanctions will have an affect on our LWP services to find ways to work together to the benefit of our residents.

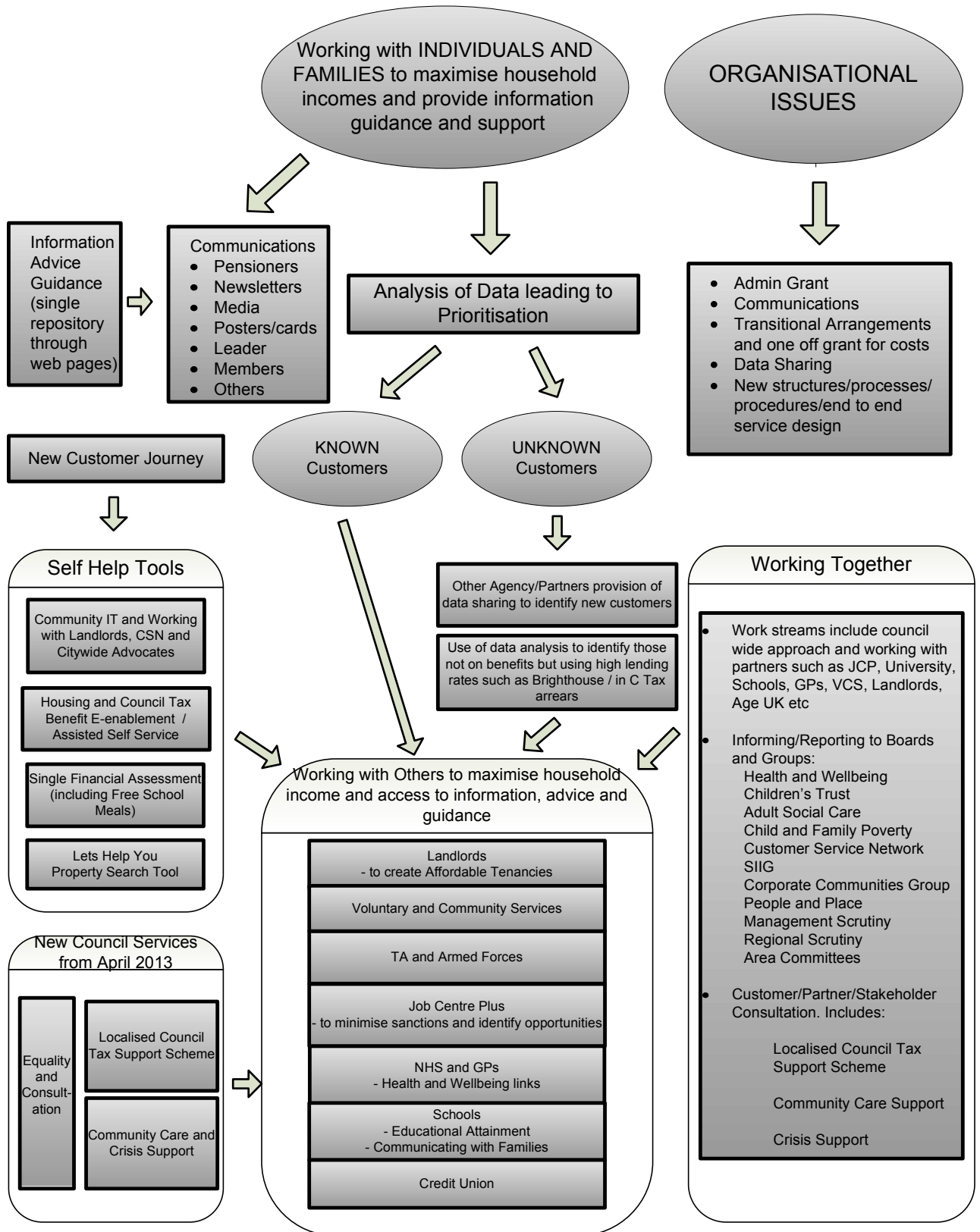
3.10 Working with Voluntary and Community Sector


In order to help mitigate the impacts of Welfare Reform it is essential that there is a collective responsibility throughout the city to help those in need. Key to this is the involvement of the VCS who have helped shape and design the new Local Welfare Provision service and with whom we are working to expand and enhance the service.

3.11 Working with the TA and Army

We are also working closely with the TA and Armed forces to understand the potential impacts that are specific to ex-armed forces, for which the community care support scheme may be heavily relied upon with regard to re-integration into the community. Continuing to work with TA and Armed Forces to develop signposting and advocacy support for their clients

Welfare Reform Project Preparing the City for Welfare Reform














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Housing benefit and council tax benefit claim

Contents

Tell us who you are

Reference number: SU55845468

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About you	
Other people	
Anything else	
Evidence	
Equalities	
Declaration	

Title: Mr *

Firstname: *

Surname: *

Are you male or female: Male *

Date of birth: *

Address line 1: *

Address line 2: *

Address line 3:

Address line 4:

Postcode:

National insurance number: *

Daytime telephone number:

Mobile telephone number:

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Letshelpyou

www.letshehelpyou.co.uk is a Department of Work and Pensions (DWP) led project specifically designed to alleviate the pressures faced by local authorities in dealing with recent changes in local housing allowance (LHA). Developed in conjunction with all five West Yorkshire councils - Kirklees Council, Wakefield Council, Calderdale Council, Bradford Metropolitan District Council, and Leeds City Council - this new online housing portal focuses on the affordable housing sector yet is open to all, and totally inclusive.

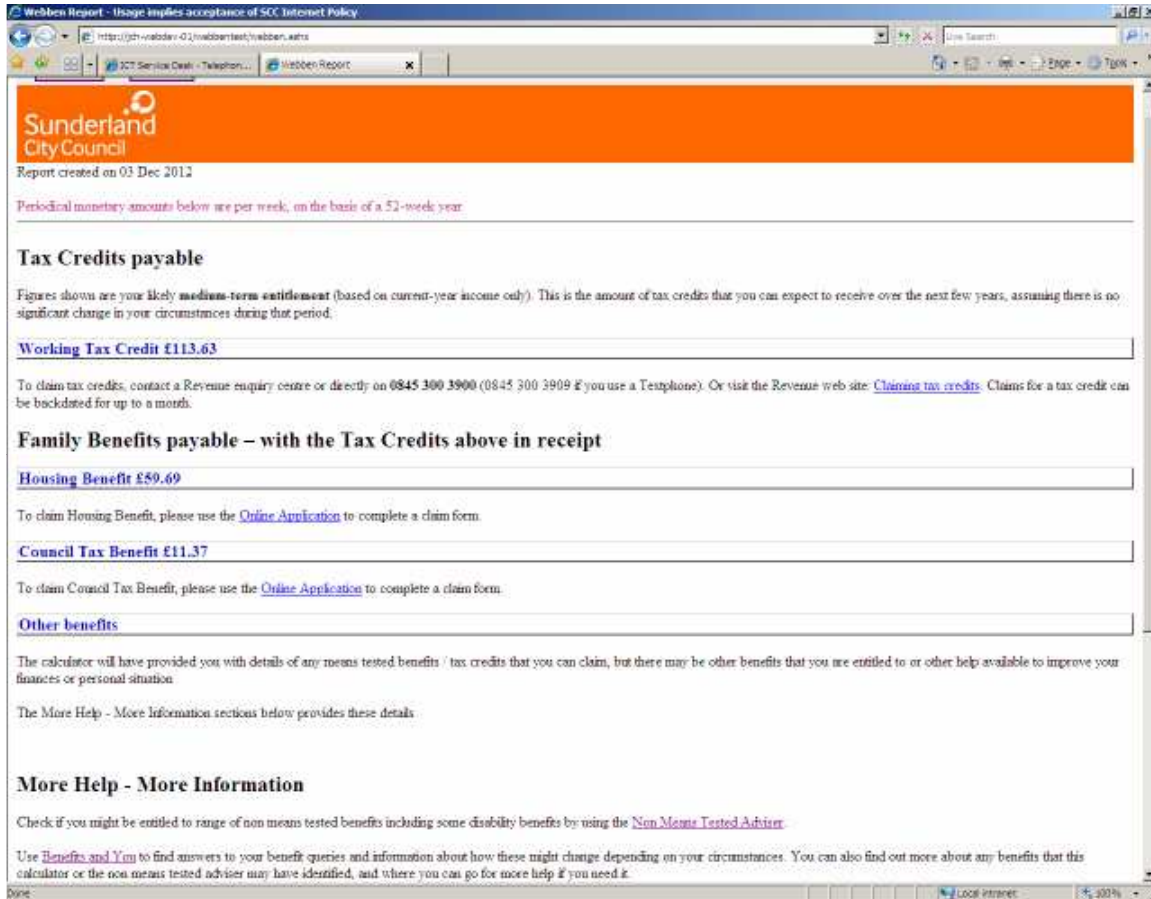
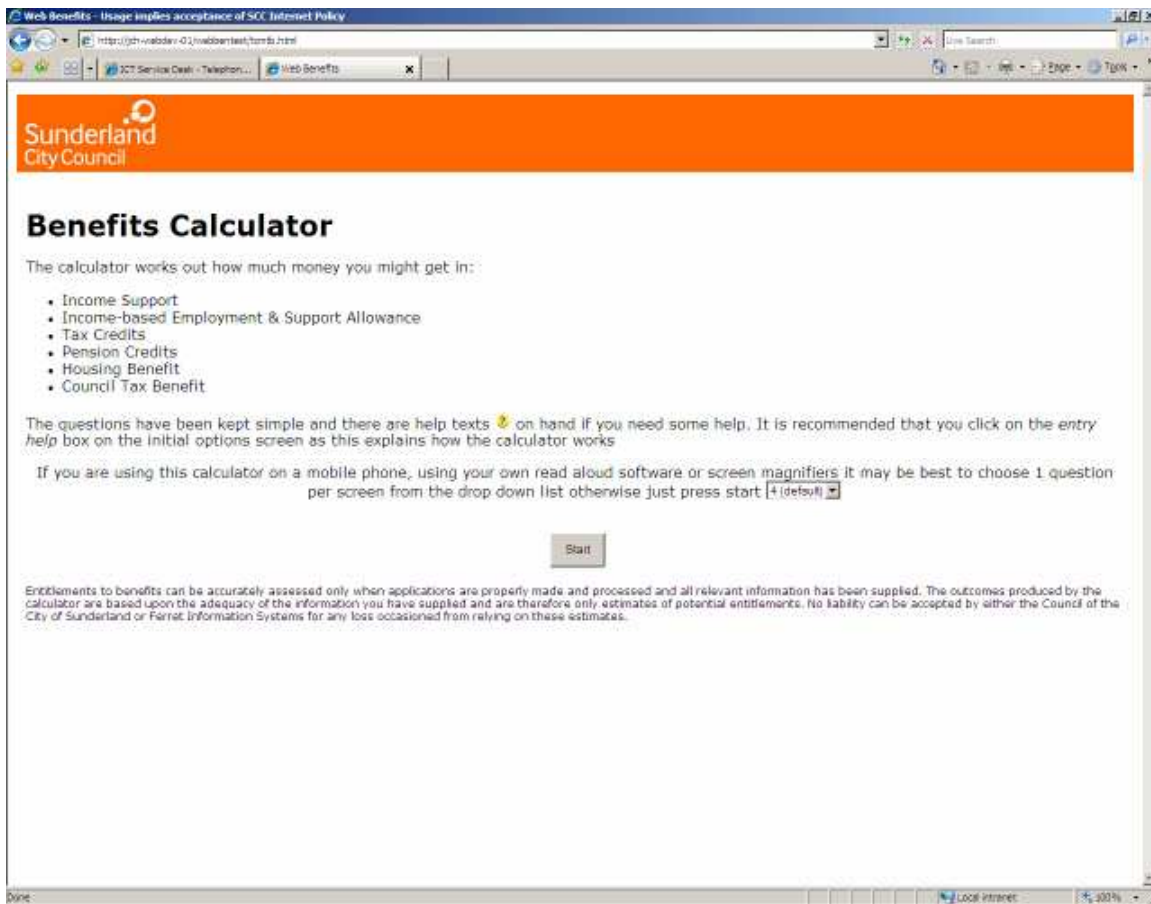
Letshehelpyou offers an exciting and innovative service to individuals and families affected by LHA changes in a viable and easy to follow self-service process, making any future accommodation changes as painless as possible.

Unique to the website is the LHA calculator showing tenants their likely housing allowance and related housing benefit in a specified area or post code (BRMA rate). This facility also allows Landlords to make informed decisions and comparisons when setting property rents.

An example of the product is shown below:-

The screenshot shows a web browser window displaying the Letshehelpyou website. The page title is "Flat 5 - Fairfax Court, Fairfax Road, Holbeck, Leeds, LS11 8ST". The main content area is divided into several sections:

- Details:**
 - Bed: One bedroom
 - Type: Flat
 - Rent: £385.00 per month (£88.54 per week)
 - Bond: £450.00
 - LHA: £99.00 per week
 - BRMA: Leeds
 - £10.46 below LHA rate
- Landlord info:**
 - Sign in to see landlord info
- Features:**
 - Central heating
 - Double glazed
 - Garden
 - Parking available
- Description:**
 - LS11 8ST
 - South Leeds, Holbeck, 5 Fairfax Court, Fairfax Road
 - A first floor purpose built one bedroom self contained flat. Gas central heating. Double glazing. Oven & hob. Built in wardrobes. Alarm system. Remote control entry gates to private parking. Includes water charges.
 - www.interscity-accommodation.co.uk
 - call 0113 2302303 or 2302304 to view



**SUNDERLAND SHADOW
HEALTH AND WELLBEING BOARD**

22 March 2013

**PUBLIC HEALTH, WELLNESS & CULTURE SCRUTINY PANEL
POLICY REVIEW – ROLES, RELATIONSHIPS AND ADDING VALUE**

Report of the Head of Scrutiny and Area Arrangements

1. Introduction

1.1 This report describes a proposal to carry out a review which will consider the roles and relationships of health bodies within the new structures.

2. Background

2.1 During 2012 the Scrutiny Committee commissioned the Public Health, Wellness and Culture Scrutiny Panel to carry out a review of the role of the local authority in health issues, primarily the transfer of public health into the local authority.

2.2 The evidence gathering for that review highlighted that the Department of Health's public health strategy emphasises that the shift to local authorities should increase accountability. This should incorporate existing governance structures, including the work of overview and scrutiny and also embrace new roles and relationships, particularly through the coordinating role of the health and wellbeing board.

2.3 One of the conclusions of that review was that a partnership protocol would help to provide clarity of roles and relationships and would assist new working arrangements.

2.4 The Scrutiny Committee endorsed a recommendation to Cabinet that a protocol be developed.

3. Focus of review

3.1 The objectives of the review are:

- (a) To understand the independent, but complementary, roles and responsibilities of local authority health scrutiny, local Healthwatch, health and wellbeing board, clinical commissioning group and NHS Commissioning Board.
- (b) To produce a partnership protocol in support of the new structure being effective, accountable, transparent and inclusive.

- 3.2 Key stakeholders include the Health and Wellbeing Board, Adult Partnership Board, Children's Trust, Clinical Commissioning Group, HealthWatch, NHS Partners, National Commissioning Board and the Scrutiny Committee.
- 3.3 The protocol could include information sharing, communication, engagement reporting mechanisms and organisational liaison.
- 3.4 The Centre for Public Scrutiny is encouraging local authorities to establish similar partnership agreements and a number of regional events are being held for scrutiny members to use their experience of policy development to carry out the relevant evidence gathering to contribute to the production of a protocol.

4. Delivering the Review

- 4.1 Scrutiny members will consider national policy context - structures, roles and responsibilities, Health Scrutiny Regulations and Guidance and governance arrangements and terms of reference for the various bodies.

5. Recommendations

- 5.1 Members of the Board are invited to give their views on
- the proposal to develop a partnership protocol and
 - to advise on how they may wish to be involved in the review.

**SUNDERLAND SHADOW
HEALTH AND WELLBEING BOARD**

22 March 2013

**HEALTH AND WELLBEING BOARD AGENDA AND DEVELOPMENT SESSIONS
FORWARD PLANS**

Report of the Head of Strategy, Policy and Performance

1. Purpose of the Report

The report details proposals for the agenda forward plan and development sessions forward plan for consideration by the Board.

2. Background

The forward plans have been developed in response to a number of recommendations for action from reviews of the HWBB including the NHS Institute review of the Health and Social Care System and the Scrutiny Review into Public Health transition, both carried out in 2012. A number of the development sessions and agenda items relate specifically to these reports alongside standing items and those requiring regular review.

The HWBB Agenda forward plan is also designed to enable the advisory groups to the Board to be more fully engaged in shaping the reports that come to the Board and in providing input at an earlier stage in the report development process that has been the case during the Early Implementer and Shadow stages.

The agendas are fluid, and should urgent or new matters become apparent then the schedule can be reorganised with the approval of the Chair.

3. Recommendations

The Board is recommended to

- Review the Board Agenda Forward Plan and Board Development forward plan
- Make any suggestions to amendments and/or additions

Health and Wellbeing Board Agenda - Forward Plan 2013 – 14			
	24 th May	26 th July	20 th September
Standing Items	<ul style="list-style-type: none"> • Update from Advisory Groups • CCG Update • DpH Update • Development Sessions Briefing 	<ul style="list-style-type: none"> • Update from Advisory Groups (to include CT update on Health Visitors review) • CCG Update • DpH Update • Development Sessions Briefing 	<ul style="list-style-type: none"> • Update from Advisory Groups (to include community services report) • CCG Update • DpH Update • Development Sessions Briefing
Joint Working	<ul style="list-style-type: none"> • HealthWatch in Sunderland • HWBB membership & operations of advisory groups • Public Health England North East • NE LAT – relationships and linkages • JSNA refresh – update • Response to economy, culture and environment regional advisory group • Joint response to the Francis report (CCG & LA) 	<ul style="list-style-type: none"> • Performance Reporting Update from Mike Lowe following the April development session • Risk and Resilience • Scrutiny – update on scrutiny review and protocol development • CCG relationships in the North East • Integrated commissioning – shared ownership of outcomes 	<ul style="list-style-type: none"> • Adults Board report into links between housing, welfare reform and health (too early) • Update on HWBS Action Planning • WHO Healthy Cities – report on current phase

Health and Wellbeing Board Agenda - Forward Plan 2013 – 14			
	24 th May	26 th July	20 th September
External Links	Links to Sunderland Partnership SOF	Update from Corporate communications on an integrated Board Comms plan	Update on area health pilots (to include men's cancer, green spaces and people boards pilots)

Health and Wellbeing Board Development Forward Plan 13-14				
Session	Date	Provider	Development Aims	Objectives & Products
Thematic workshop	Date tbc (April)	External facilitator (TBC)	<p>Developing the performance management arrangements for the Board</p> <ul style="list-style-type: none"> To define the success measures for the Board and the performance system which supports this To discuss leadership roles and accountability (including intra board challenge and support) To agree the framework for the development of the performance system 	<ul style="list-style-type: none"> A collective understanding of what success means for the board (as leaders) A clear accountability framework An agreed SMART way forward for developing a Board performance framework including performance requirements, reporting cycle and products
Problem Solving	Date tbc (May)	Specialist external facilitator – Asset Based Consulting – Trevor Hopkins	<p>How to deliver an assets based Health and wellbeing strategy</p> <ul style="list-style-type: none"> To explore assets based approaches in the context of Health and Wellbeing To identify the success factors in applying an assets based approach To apply these to delivering the health and wellbeing strategy Investigate whether council and partner commissioning (the commissioners and the commissioned) are ready to implement the assets approach to delivering services 	<ul style="list-style-type: none"> Understanding of an assets based approach and how this relates to Health and Wellbeing in Sunderland To approve a process for applying an assets based approach to delivering the Health and wellbeing Strategy Establish how the assets based approach can be incorporated into existing partner commissioning processes and techniques Understanding the differences in commissioning techniques across partners Establish how an integrated

Health and Wellbeing Board Development Forward Plan 13-14				
Session	Date	Provider	Development Aims	Objectives & Products
				commissioning plan may work across partners
Thematic workshop	Date tbc (July)	Tbc ? HW?	Engagement – Public and Patients <ul style="list-style-type: none"> To define what engagement means to the Board, (e.g. level of engagement - awareness, active involvement etc) To identify all the stakeholders that the board feel should be engaged. Identify methods of engagement & communication that the board want to see. 	<ul style="list-style-type: none"> Definition of what engagement is Identified stakeholders/access routes Established methods/levels of engagement & communication
Transformation	Date tbc (Sept)	tbc	Making the Links – Health and Place Responding to the Economy, culture and environment Regional Advisory Group Recommendations <ul style="list-style-type: none"> Active Travel Environment – Green space and Air quality Housing and Homelessness Fuel Poverty and Excess Winter Deaths Healthier workforce Culture & Arts 	<ul style="list-style-type: none"> Consider how the Board can influence the design of planning and housing developments in the city from a health perspective forward plan for evidencing the links between health and place

Health and Wellbeing Board Development Forward Plan 13-14				
Session	Date	Provider	Development Aims	Objectives & Products
			The National Planning Policy Framework 2012 (NPPF) requires planners to promote healthy communities, use evidence to assess health and wellbeing needs, and work with public health leads and organisations	
Problem Solving	Date tbc (Nov)	Specialist external facilitator	Personal Health Budgets/Personalisation budgets <ul style="list-style-type: none"> To understand personal health budgets To understand personalisation budgets To identify opportunities for aligning budgets Participate in a scenario sessions to support thinking on options of dealing with any issues and problems presented 	<ul style="list-style-type: none"> Understand Health Budgets/Personalisation budgets Understand impact on the residents/city Establish a way forward for dealing with potential Health budget issues
Problem Solving	Date tbc (Jan2014)	tbc	Integrating Impact Assessments <ul style="list-style-type: none"> Consider how the council's (and partners) existing / evolving plans and strategies are taking into account their impact upon residents health and life chances; are the social determinants of health being addressed and is this activity joined up. 	

**SUNDERLAND SHADOW
HEALTH AND WELLBEING BOARD**

22 March 2013

UPDATE ON THE TRANSITION OF HEALTHWATCH SUNDERLAND

Report of Sue Winfield, Healthwatch Transition Lead

1.0 PURPOSE OF THE REPORT

1.1 To provide an update on the transition of local Healthwatch Sunderland.

2.0 BACKGROUND TO HEALTHWATCH

2.1 The Health and Social Care Act 2012 sets out that local Healthwatch will be established from 1 April 2013. It will be funded by the local authority and held to account by them for their ability to operate effectively and be value for money. Local Healthwatch will replace the Local Involvement Network (LINK), but continue to carry out the statutory functions of the LINK, amongst others and build upon the achievements of the LINK.

2.2. In Sunderland, Local Healthwatch will act as a point of contact for individuals, community groups and voluntary organisations when dealing with health and social care. Sunderland Healthwatch will have a seat on the Sunderland Health and Wellbeing Board.

3.0 OVERVIEW OF TENDER PROCESS

3.1 The Council has undertaken a competitive open tender process in order to secure a suitable provider to deliver local Healthwatch, which will be known as Healthwatch Sunderland.

3.2 An open tender process was undertaken and three bids were received from:

- Pioneering Care Partnership, in partnership with Voluntary Community Action Sunderland (VCAS); Sunderland Citizens Advice Bureau and Groundwork North East
- Age UK Sunderland
- Carers Federation

3.3 The evaluation of the tenders was based on 85% quality and 15% price and there were three stages to the evaluation of the quality element – business questionnaire; written method statements and presentation.

- 3.4 The Carers Federation failed at the business questionnaire stage on the technical question regarding organisational safeguarding policies and procedures.
- 3.5 Age UK passed the business questionnaire and the written method statement stages but failed on their presentation. Even if Age UK had passed the presentation stages their overall score would not have been enough to win over PCP, who scored significantly higher.
- 3.6 PCP passed all three stages of the quality evaluation. They provided detailed descriptions and demonstrated a clear understanding of how they would creatively deliver an independent Healthwatch and also how they would work with key stakeholders and existing groups in the city to do this.
- 3.7 An indicative budget of £656,559 was disclosed at the point of tender.
- 3.8 The contract will run from the 1 April 2013 to 31 March 2016, with the option to extend for a further one year.

4.0 HEALTHWATCH PROVIDER

- 4.1 Pioneering Care Partnership (PCP), a leading third sector health improvement organisation, has been awarded the contract to manage local Healthwatch in Sunderland.
- 4.2 PCP is a charity based in Durham whose work aims to improve health, quality of life and reduce inequalities in health. They have been LINK Host in Durham for the last 5 years and have been successful in three other Healthwatch tenders in the Tees Valley Area which includes:
 - Middlesbrough
 - Redcar and Cleveland
 - Stockton
- 4.3 PCP is the lead for the consortium which has come together to deliver Healthwatch Sunderland. The partners are Voluntary Community Action Sunderland, Sunderland Citizens Advice Bureau and Groundwork North East.
- 4.5 Each of the consortium partners has clear areas of delivery:
 - VCAS who will take the lead on community engagement
 - Sunderland CAB who will lead on the provision of information and advice
 - Groundwork NE who will lead on engagement of children and young people
- 4.6 PCP, based in Newton Aycliffe, will begin operating the service in April.

5.0 TRANSITION PROCESS

- 5.1 To support the smooth transition of LINK to Healthwatch and to ensure the legacy of the Sunderland LINK is built upon a transition plan has been put in place to collate and transfer processes, policies, information and activity associated with the delivery of LINK functions that will form part of Healthwatch Sunderland functions from 1 April 2013.
- 5.2 A contract implementation set up plan has been put in place that outlines the actions expected of PCP to support the seamless transition from LINK and includes the induction of staff that will be TUPED to PCP, CRB checks, initial key policy training, securing of office accommodation, recruitment of the Healthwatch Chair and volunteers, networking and relationship building, and the handover of Healthwatch branding.
- 5.3 The Healthwatch Chair will take up the seat on the Sunderland Health and Wellbeing Board.

6.0 HEALTHWATCH TRANSITION WORKING GROUP

- 6.1 Sue Winfield, the Healthwatch Transition Lead, will be withdrawing from the Health and Well-being Board and the Healthwatch contract implementation process.
- 6.2 The Healthwatch transition working group set up to support the transition of LINK to Healthwatch in Sunderland and to maintain an oversight of strategic developments will now cease.
- 6.2 The final meeting of the group will include a presentation from PCP.

7.0 RECOMMENDATIONS

- 7.1 It is recommended that the Health and Well-being Board receive this report for information.

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