Item No. 2

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD

Held in Committee Room 1, Sunderland Civic Centre on Friday 3 February 2012

MINUTES

Present:

Councillor Paul Watson (Chair)	-	Sunderland City Council
Councillor Dave Allan	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor Mel Speding	-	Sunderland City Council
Councillor John Wiper	-	Sunderland City Council
Neil Revely	-	Executive Director, Health, Housing and Adult Services
Ron Odunaiya	-	Executive Director, City Services
Keith Moore	-	Executive Director, Children's Services, Sunderland City Council
David Hambleton	-	Director of Commissioning and Development, Sunderland TPCT
Nonnie Crawford	-	Director of Public Health, Sunderland TPCT
Sue Winfield	-	Chair of Sunderland TPCT
Dr Ian Pattison	-	Chair of Sunderland Clinical Commissioning Group

In Attendance:

Sarah Reed	-	Office of the Chief Executive, Sunderland City Council
Rhiannon Hood	-	Commercial and Corporate Services, Sunderland City Council
Mike Frankland	-	Human Resources and Organisational Development, Sunderland City Council
Ralph Price	-	Sunderland LINk
Gillian Gibson	-	Sunderland TPCT
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Warnes	-	Governance Services, Sunderland City Council

HW27. Apologies

Apologies for absence were received from Dr Gerry McBride and Nichola Fairless.

HW28. Minutes

The minutes of the meeting held on 25 November 2011 were agreed as a correct record.

HW21. Development and Evaluation of the Health and Wellbeing Board

Karen Graham advised that it had been intended to bring a report back to the Board following discussions with the Community and Voluntary Sector, the Adults Partnership Board and Children's Trust on the proposed success criteria but this was now unnecessary as there had been no changes from the proposals presented at the last meeting.

HW24. HealthWatch Update

Sue Winfield reported that the commencement date for HealthWatch had been put back from October 2012 to March 2013.

HW29. Clinical Commissioning Group Commissioning Plan and ISOP Update

David Hambleton and Dr Pattison presented a report outlining the timetable and process for developing the Sunderland Clinical Commissioning Group (CCG) and Primary Care Trust (PCT) plans for 2012 to 2017 and presenting the initial draft version of the CCG Commissioning Plan.

David highlighted that 2012/2013 was a year of transition for the commissioning of health services and responsibility would be handed from the PCT to the Clinical Commissioning Group where appropriate. The PCT had been asked to produce an Integrated Strategic and Operational Plan (ISOP) and this had been developed with the CCG and the Council as they would be responsible for delivering elements of the plan once the PCT had ceased to exist.

The first draft of the ISOP had been submitted to the Strategic Health Authority on 20 January and the detailed commissioning intentions would be provided for the Board as soon as they were available. The PCT plans were high level and would be shaped by the CCG and the local authority.

Dr Pattison highlighted that the Commissioning Plan continued to be refined and drew the Board's attention to the 'Plan on a Page' which summarised the CCG's outline of the future provision of health and social care in Sunderland. The vision was still being developed but the values coming through were driving the CCG led initiatives for the next few months. The plan also showed CCG supported initiatives which would be where the group was supporting the PCT in its current plans.

An event was being held on 29 February 2012 to take this plan to GP practices and at the same time, the patient engagement process would be rolled out. The plan remained an ongoing and evolving document but gave a clear oversight of what the CCG would do and what issues it would lead on.

Ralph Price, representing Sunderland LINk, asked how 'better health for Sunderland' could be achieved, given the ageing population of the city. Dr Pattison responded that this was a national challenge but his major concern was that people in Sunderland did not live as long as others in the country and there were major quality of life issues which had to be addressed.

Keith Moore stated that it would be useful to know when a detailed conversation could take place regarding the children and young people element of the plan. Dr Pattison advised that this would be part of the journey and be built in to the organisational development programme which was ongoing at the moment. Neil Revely added that there had been discussions at the pathfinder group about taking forward the safeguarding agenda.

The Chairman commented that queries would be raised if the plan did not set down all aspects of health and social care and Neil Revely highlighted that the plan had already moved on from the version Members had in front of them and the development was not a linear process. The vision and priorities of the Health and Wellbeing Board were being considered and these would be complementary to and add value to the CCG's Commissioning Plan.

It was confirmed that the current end date for the plan was 20 March 2012 and the vision and initiatives were still in draft format and would be worked up before then.

The CCG were congratulated for summarising their vision in four words and the Board: -

RESOLVED that the draft Sunderland Clinical Commissioning Group Clear and Credible Plan and final Sunderland Commissioning intentions be noted.

HW30. Feedback from Advisory Boards

Adults Partnership Board

Councillor Speding reported that the main agenda items considered by the Adult Partnership Board at its meeting on 17 January 2012 had been: -

- Revisions to the Adults Partnership Board Terms of Reference and Work Programme
- Health impact of the Welfare Reforms
- Evaluation criteria for the Health and Wellbeing Board
- Whole Family Approach
- Personal Health Budgets and Links to Personal Care Budgets
- Learning Disability Partnership Board Update
- Local Accounts
- HealthWatch Update

Sue Winfield asked about 'Local Accounts' and Neil Revely advised that these would in effect replace the Care Quality Commission inspection of adult social care and were a way of being open and transparent about levels of performance. There would

be some core elements which all local authorities would consider and then a reflection on what the public wanted to see. It was the beginning of this process and the Partnership Board had shared a number of things which could appear in a Local Account and the discussion held there was seen as a way into the Health and Wellbeing Board.

Nonnie Crawford referred to the terms of reference and whilst the quality aspects of Public Health were covered, the improvement aspects were not and it would be beneficial for the Adults Partnership Board to reflect the Children's Trust in a focus on whole life and health improvement.

The Adults Partnership Board had also been keen to have a wider debate on capacity in the system for adult social care and potentially bring that to the Health and Wellbeing Board for consideration. These types of discussions were already taking place in the CCG and consideration had to be given to how this could be done at the Adults Partnership Board and how stakeholders could be engaged in this debate.

The Chairman stated that there was a system coming into place with the Health and Wellbeing Board and the two advisory boards and other elements needed to be able to fit into this structure. There was room within this to progress the already good models of working and to make the most of the opportunities available.

Children's Trust

Councillor Smith reported that the main agenda items considered by the Children's Trust at its meeting on 10 January 2012 had been: -

- Safeguarding Children Peer Challenge
- Early Intervention Offer
- Relationship with Schools
- Friends and Family Care policy
- Sunderland Safeguarding Children Board Update
- Health Improvement – An Overview of Current and Projected Performance
- Review of Children's Trust Governance Arrangements

Sue Winfield commented that it had been an important discussion on the performance of health improvement and to identify what still needed to be improved. Keith Moore added that there would be an opportunity to have a fresh look at some of these issues through the JSNA. The Trust had also talked a lot about early intervention and about the context of children's lives.

Dr Pattison stated that all of the issues which had been highlighted were of great importance to the CCG and Keith said that he would be happy to attend a future meeting of the CCG to discuss some of these matters.

The Chairman asked for more information about the Munro and Thresholds Task and Finish Group and Keith Moore advised that following the Safeguarding Peer Challenge, there was a view that there were too many referrals to safeguarding which then had no action taken or were referred back to CAF (Common Assessment

Framework). The Council was working with a number of agencies to ensure that they understood when children needed immediate safeguarding and were also investing in early intervention to try and avoid referrals at a later stage. Keith went on to describe changes in Police procedures which had also led to a reduction in safeguarding referrals.

With regard to the review of governance, the Board were informed that a Health and Wellbeing Sub Group had been established and had been tasked to look at the impact of the welfare reforms from a Children's Trust perspective.

RESOLVED that the information be noted.

HW31. Development Programme

The Chief Executive and Director of Human Resources and Organisational Development submitted a report on the development plan for the Health and Wellbeing Board.

Mike Frankland, Training Manager, presented the report and stated that the programme was intended to inform and develop members in a number of health related topics, to better equip them to make decisions on behalf of the city's residents.

The development plan had a logical path and feedback was welcomed so that it could continually improve. Each session would have clear development aims and focus on the expected outcomes with initial workshops being quite high level and then moving into more specific areas.

The pace of the workshop sessions could be determined by workload and the areas of interest of individual Board members. At the present the number of proposed sessions would take the Board well beyond its shadow year but it was suggested that an evaluation of the first two workshops could be carried out and the forward plan for development brought back to the Board for agreement.

Sue Winfield noted that the theme for the next development session was priority setting and queried how this could be progressed until all other areas had been examined. Neil Revely explained that this would be part of the discussion on the Health and Wellbeing Strategy. The strategy had to be published by October 2012 but it could be seen as interim and would set out the priorities as they were understood at the current time. In common with the Clear and Credible Plan, the strategy development would be an iterative process.

The Board: -

RESOLVED that: - (i) the thematic/problem solving topics identified in the plan be agreed;

(ii) the providers identified in the plan be agreed; and

(iii) supplementary health related topics that the Board feel would benefit understanding and involvement be established.

HW32. JSNA and Health and Wellbeing Strategy Update

Nonnie Crawford, Director of Public Health, presented a report which provided Board members with an update on the Joint Strategic Needs Assessment (JSNA) process.

The process of refreshing the JSNA had been ongoing for a number of months and good progress was being made on improving the equality impact assessment but further work was needed on the asset management element of the JSNA.

The early progress in the work undertaken to develop the JSNA had already significantly influenced the development of the CCG's Clear and Credible Plan and a clear prioritisation framework would need to be developed alongside the JSNA to underpin the Health and Wellbeing Strategy. The Board were also informed that the prioritisation processes being undertaken by the Safer Sunderland Partnership and its members could be considered as part of work programme.

Following consideration of the report, the Board: -

RESOLVED that: - (i) the JSNA process undertaken be approved;

(ii) publication of the profiles on the Sunderland City Council website be approved;

(iii) the Health and Wellbeing Strategy development process and timeline be noted;

(iv) the Safer Sunderland Partnership's prioritisation processes be considered within the Board Development Programme; and

(v) further work on prioritisation and equality impact assessment to underpin commissioning decision making during 2012 be reviewed.

HW33. The Human Impact of the Welfare Reforms

Fiona Brown, Head of Transactional Finance and Joan Reed, Strategic Change Manager, presented a report to Board which provided an update on the projected 'human impact' in Sunderland of the Government's Welfare Rights Reform Programme and details of the Council led response to date.

Fiona reported that the Welfare Reform Programme was the biggest change to the welfare system in the last 60 years and it was intended to save £18 billion pounds

per year by 2014-2015. The changes would mainly impact on people of working age and particularly on the sick or unemployed.

The programme also involved changes in responsibilities for administering benefits. Local councils would no longer be responsible for the housing benefit system but would take on responsibility for Council Tax Support and for providing support to vulnerable people in an emergency. The majority of the changes would happen in April or October 2013 but some had already come into place within the private rented sector.

The welfare reforms were not just an issue for the Council but the city as a whole and the potential impact would be mapped using the intelligence hub. The full effects would be come clear over time but it was apparent that the impact would be large and affect a large number of individuals.

Joan Reed stated that, whilst the Council could not prevent changes as a result of the welfare reforms, it was doing all it could to mitigate the impacts on families. It was clear that these impacts would be multiple, affecting areas such as health, education and childcare and there needed to be a whole city approach with partners to try and reduce the impact felt by families and individuals in Sunderland. Joan also highlighted that the focus was not just on the vulnerable people in the city, the fundamental changes to the welfare system would mean that even the most capable could require extra support.

Fiona drew the Board's attention to the workstreams which had been established under the Welfare Reform Project. These were: -

- Preparation for the Introduction of Universal Credit
- Policy Changes and Impact and Analysis
- Impact on Council Services Performance and Outcomes
- Working with Landlords
- Single Financial Assessment and Benefit take-up
- Community Care Grants and Crisis Loans
- Increased Demand for Work
- Independent Living Charging
- Design and Implementation of the Localisation of Council Tax
- Housing Policy and Alignment
- Assumed consent for school meals.

All of the workstreams were currently rated as 'green' and the plans would continue to be augmented as more work was done with partners. However, the end position was still unknown and there would be a difficult six month period between the housing benefit changes in April 2013 and the introduction of the universal credit in October 2013. It was anticipated that a regular highlight report from the Welfare Reform Project would be presented to the Heath and Wellbeing Board.

The Chairman commented that this was a change of a huge magnitude and was astounded that accessing benefits could be dependent on having internet access.

Councillor Wiper noted that the Government had indicated that local authorities would receive additional money to support people in difficulties.

The Board were told that the Council would work with its live caseload of benefit claimants to determine what help could be given. Assistance would also be available in Gentoo offices and from agencies such as the Salvation Army and Barnardos. The Council was also working with organisations such as MIND and Age UK so that they could pass on information to the public.

Dr Pattison commented that GPs were seeing a massive shift in those being affected by poverty and it was now becoming evident more and more with young people. This would lead to a knock on, clinical effect, within the system. From a clinician's perspective it was felt that this would only get worse. Neil Revely added that this would also have implications for mental health and people had to be trained to identify these issues. Keith Moore highlighted that the care system would also feel the impact as more children became looked after because of financial pressures on families.

Sue Winfield commended the work which had been done to mitigate the effects on individuals and it was for partners to determine how best they could support the authority in this work. Nonnie Crawford suggested that the report could be taken to the Clinical Commissioning Group and its localities. It was also important for partners to consider how they could help employees through the reforms.

Joan Reed advised that there would be a Welfare Reform webpage available from early March which partners could access for information.

RESOLVED that the report be noted and update reports be received at future meetings.

HW34. Transition from Early Implementer to Shadow Board

Sarah Reed presented a report setting out the next stages of the transition from an Early Implementer to a Shadow Board.

The Early Implementer Health and Wellbeing Board had been established in June 2011 to allow Sunderland to trial new working arrangements before the transition to the Shadow Board in April 2012 and to the formal Health and Wellbeing Board in 2013, subject to parliamentary approval.

In relation to the key terms of reference, work had begun based on the development of the board, the assessment of the needs analysis, the Health and Wellbeing Strategy and the development of HealthWatch. The interviews carried out by the NHS Institute for Innovation and Improvement, work undertaken by the North East Wellbeing and Health Leadership Academy and the input from the Adults Partnership Board and Children's Trust would also help shape the transition to Shadow Board status.

The Shadow Board would require a more formalised terms of reference and a draft version was presented to the Board. It was proposed that the terms of reference would be the subject of consultation with key stakeholders and would also be worked through at the next Board development session. A full report on the transition would then be considered by the Council's Cabinet in June 2012.

The draft membership of the Shadow Health and Wellbeing Board indicated a statutory place for HealthWatch as a representative of the patient and public voice. As the commencement date for HealthWatch had been put back to April 2013, consideration needed to be given to the patient and public representation on the Shadow Board in the interim period.

Sue Winfield asked that, however the issue was resolved, there be support available for the individual speaking for the patient and public as they could feel rather isolated amongst the professionals on the Board.

The Early Implementer Health and Wellbeing Board duly: -

RESOLVED: -

(i) that the proposals for transition be agreed and a report requesting formal approval prepared for the Cabinet meeting in June 2012; and

(ii) that nominations be made to a working group to finalise the Terms of Reference for the Board and advisory groups.

HW35. Update on Public Health Transition (including Draft Transition Plan)

Nonnie Crawford, Director of Public Health, submitted a report providing an update on recent publications by the Department of Health on health reform, the implications for the transition of public health in Sunderland, details of the outline timetable and the draft transition planning process.

There had been a duty on the Authority to have transition plans assured by the Strategic Health Authority (SHA) and this was done on 20 January 2012. The SHA were quite happy with the progress which had been made and enquired how vigorous the plans on the assurance checklist were. It was hoped to have a report to bring to the Council at a later date, but processes had been identified which, over the next six to nine months, would enable the PCT and the Council to reach a position where a smooth transition could occur. Unfortunately, the full detail could not be provided until key guidance was issued.

Nonnie drew attention to the Public Health Transition Planning Assurance chart and that a number of elements were rated as green, but there were also some amber and red actions.

Having considered the report, it was: -

RESOLVED: - (i) that the progress on transition of public health in Sunderland be noted; and

(ii) that it be agreed that formal reports on public health transition be taken to the PCT and Council decision-makers for sign off.

HW36. Any Other Business

Stop Smoking Services

Nonnie Crawford advised that the South of Tyne and Wear Stop Smoking Services were being re-commissioned and a function of this would be to deliver integrated service. Sunderland would be made aware of how this service would work for them.

The Chairman highlighted that the Health and Wellbeing Board would like to be involved in any future decisions on re-commissioning services that would become the responsibility of the Health and Wellbeing Board in 2013.

Item No. 3

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD **30 March 2012**

SUNDERLAND HEALTH AND WELLBEING STRATEGY AND PERFORMANCE MANAGEMENT UPDATE

Joint report of the Executive Director of Health Housing and Adult Services and the Head of Strategy, Policy and Performance Management

1. Purpose of Report

To update the Board on the process and timetable for the development of the Health and Wellbeing Strategy and to approve the vision and values, operating principles and structure.

To inform the process of developing the performance management framework the HWB Board will need to consider to support delivery of the strategy.

2. Background

The Health and Social Care Bill gives the local authority the responsibility for five key areas of development –

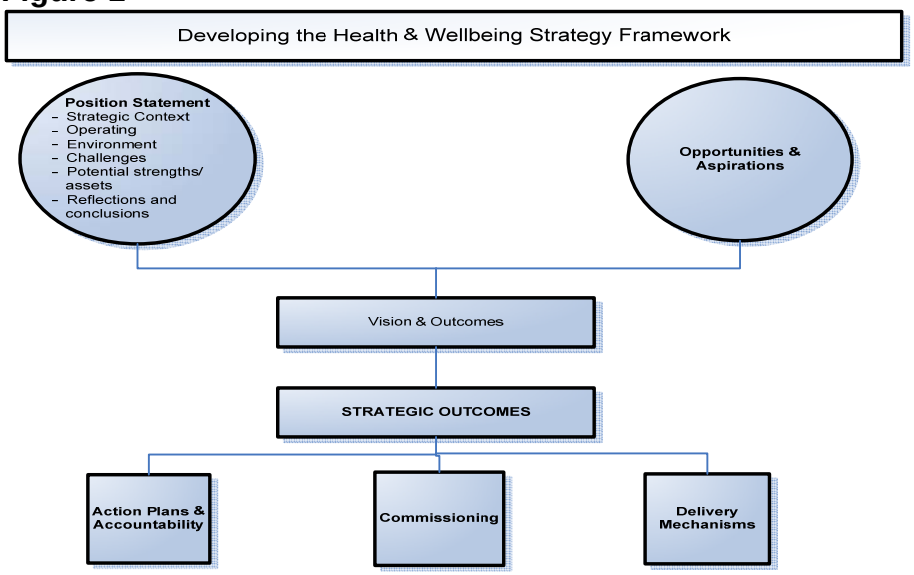
- To establish a Health and Wellbeing Board
- To complete a Joint Strategic Needs Assessment
- To produce a Joint Health and Wellbeing Strategy
- To set up a local Health Watch
- To transition public health responsibilities.

The Health and Wellbeing Strategy is to be completed by October 2012 and must be a joint high-level strategy that spans the NHS, social care, public health and the wider health determinants of health such as housing and child and community poverty.

3. Current Situation

The broad process for developing the Health and Wellbeing Strategy is highlighted in Figure 1 below.

Figure 1



The Board has committed to joint production of the strategy, broadly engaging a wide range of partners in its development and as such has developed a full engagement and consultation programme as set out in Figure 2. Although engagement windows are based around central consultation exercises, there is a commitment to engage with partners in a variety of methods which meet the needs of groups and individuals. Iterations of the strategy will be taken to statutory bodies and partnerships throughout the process for comment and amendment.

An officer working group has been established to oversee the drafting and editing of the strategy. Membership is open to interested parties and currently includes representatives from the local authority, Primary Care Trust (PCT), Clinical Commissioning Group (CCG), acute foundation trusts and Sunderland University. It is chaired by the Executive Director for Health Housing and Adult Services.

A position statement was established in a broad process that built on the revised JSNA and involved a wide range of partners in reviewing the strategic context, operating environment, challenges, strengths and assets, opportunities and aspirations. These partners included all the directorate management teams of the council, the PCT, CCG, Foundation Trusts, pharmaceutical, dental and medical committees and the University. The analysis was further developed at the first engagement event held at the Stadium of Light in January at which over 100 participants provided their views.

The second engagement event was held on the 8th March at the Quayside Exchange Buildings and the 40 participants focussed on validity checking of the vision and values, debating potential strategy formats and discussing ways of prioritising health and wellbeing issues through family and assets scenarios.

The Board itself has been engaged at 2 development sessions – the first looking at vision and values and the second at the principles of setting joint priorities.

In a parallel process, the Sunderland Clinical Commissioning Group has established outline vision and values through a process of development and consultation and for consistency across the City, the visions and values closely mirror each other.

The Board should note that the development process for both the Health and Wellbeing Strategy and the CCG Clear and Credible plan are both ongoing and that amendments to visions, values and principles are still possible.

4. Vision and Values

Vision

Further to the development process outlined above, the following is a proposed vision for the Health and Wellbeing Board that will form the basis of the development of the Health and Wellbeing Strategy.

"Better Health and Wellbeing for Sunderland"

By which we mean

- Improve the health and well being of all local people; to live longer, with a better quality of life and a reduction in health inequalities across the locality;
- Integrate services better across health and social care;
- Underpinned by evidence and the effective use of community insight and professional expertise.

This vision closely mirrors that of the Clinical Commissioning Group, but currently is not reflected in the Sunderland Partnership's Sunderland Operating Framework or the City Council's Corporate Operating Framework. It is proposed that this vision is used to update the Sunderland and Corporate operating frameworks.

Values

There are currently a number of approved value sets that are relevant to the Health and Wellbeing Strategy including:

- The Sunderland Council values of being Proud, Decent and Together
- The CCG values of open and honest, empowering, responsive, inclusive, integrity.
- The Sunderland Partnership values to - Put people first, Be fair and open, Act with integrity, Strive to be the best

The Board needs to discuss if it wants to undertake further work to develop independent values or adopt a version of the values above.

Principles
Proposed principles for the Health and Wellbeing Strategy are:

- Early intervention and prevention - seeking to identify and tackle issues before they become deeply engrained problems
- Equity – equality of provision and access to services
- Promoting independence and self care – enabling individuals to make effective choices
- Joint Working – delivering integrated services
- Marmott principles – best start in life, allowing all to maximise their capabilities, healthy standard of living for all, fair employment for all, healthy and sustainable communities and ill health prevention
- Lifecourse – ensuring appropriate action throughout an individuals life

5. The Strategy Structure

There are a number of potential ways to order the Health and Wellbeing Strategy

- By assets
- By the Marmott principles
- By lifecourse

The preferred approach as highlighted in the officer working group and at the 2nd engagement event on the 8th March was an assets based approach but under the understanding that it would be cut by the marmot principles and be presented in a way that made clear the impact throughout the lifecourse. It is suggested that Marmott principles and lifecourse become key values for the Board as highlighted in section 4 above.

An asset approach builds on a community's existing strengths and potential to help it address its own needs. It would identify those assets which enabled a healthy individual, family and community and the action that is necessary to firstly build on these assets and secondly develop them where they are missing. An example of how this approach might be developed is in the table below.

Assets	Actions that Follow
Strong and Stable Families	Family based intervention
Coast and Countryside and a passion for sport	Active city
Large employers	Employer-led campaigns
A vast number of contacts with residents	Every contact is a health contact
New technology leadership	Deliver services online (and make them more personal)
A range of local service providers and local network of facilities	Locally responsive provision

Following on from the Boards decision on structure, the next stage in the strategy development process is to develop strategic objectives and actions, linking the assets identified in the position statement to the needs as identified

in the joint strategic needs assessment. This will be the subject of further engagement and development sessions.

6. Developing a performance management framework

The Health and Well Being Board performs an important role in driving improvement of health and social care outcomes. Alongside the development of the strategy it is intended to develop performance management arrangements which will support the HWB board in this role.

The development of the performance management arrangements will need to reflect the vision and values and provide the opportunity to measure progress against achievement of outcomes. Increasingly key questions will be about how different parts of the system relate to each other and achievement of outcomes for service users rather than the outputs of individual services. The development of the HWB strategy provides the opportunity to develop a common performance management framework which it is intended will support a 'whole system view'.

Future performance management framework and performance reporting will be predicated on the following key principles

- Issues to be dealt with at the appropriate level i.e. operational, HWB board, Advisory Boards
- Opportunity to escalate broader issues 'upstream' e.g. from Advisory Board to HWBB
- Oversight of and draw attention consistently to the important issues
- Support delivery of the strategy and aligned to the vision and values with focus on how integration of services improves service user outcomes
- Include performance measures which provide 'whole system' view of performance
- Drive interventions by the HWB board for actions to be considered by other partnerships including advisory boards (Adults Partnership and Children's trust)
- Develop a common approach to 'performance' language across the agencies e.g. identifying areas of 'strength' and areas of 'underperformance'
- Support locality performance and focus on early intervention
- Be agile and identify issues for action to address underperformance

It is recognised that this approach will evolve and develop over the next few months aligned to the development of the strategy and the joint strategic needs assessment. It is the intention to develop interim performance reporting later in 2012 with full implementation in 2013

7. National Outcomes Frameworks

The local performance framework including measures will be developed in light of new national outcomes frameworks which have been launched over the last year. Whilst these have been published not all the information and

data is available and some of this will not be published until the autumn of 2012.

7.1. Public Health Outcomes Framework

This introduces the overarching vision for public health, the outcomes we want to achieve and the indicators that will help us understand how well we are improving and protecting health. It covers the broader social determinants of health, like poverty, education, housing, employment, crime and pollution. The framework focuses on two high level outcomes:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life with supporting performance indicators grouped into four domains:
  - improving the wider determinants of health
  - health improvement
  - health protection
  - healthcare public health and preventing premature mortality.

7.2. NHS Outcomes Framework:

The first NHS outcomes framework sets out the outcomes and corresponding indicators in the journey towards improving outcomes, and offers an opportunity for the NHS to begin to understand what an NHS focussed on outcomes means for individuals, organisations and health economies. The NHS Outcomes Framework contains five domains:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

7.3. Adult Social Care Outcomes Framework:

The purpose of the ASCOF is to:

- Nationally, give an indication of the strengths of social care and success in delivering better outcomes for people who use services.
- Locally, provide benchmarking and comparison between areas.

In addition to statistical returns that are already in place and used to count specific performance indicators the outcome framework looks at the service user experience within four domains:

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

7.4. Outcomes for Children

There is no national outcomes framework for Children's in place as yet and whilst the government recognise that within the Outcomes frameworks there are determinants of children's health and well being issues including poverty, school readiness, truancy and sexual health, there is a view that measuring health, public health and social care outcomes is too simplistic to understand the effectiveness of services to improve the health and wellbeing of children and young people. Healthcare can't be delivered to try to meet just these narrow and high-level indicators for children's health – it should look at the wider determinants of children's health. The development of the strategy and performance management arrangements provides opportunity for ensuring a strong emphasis on outcomes for children and young people in Sunderland.

8.

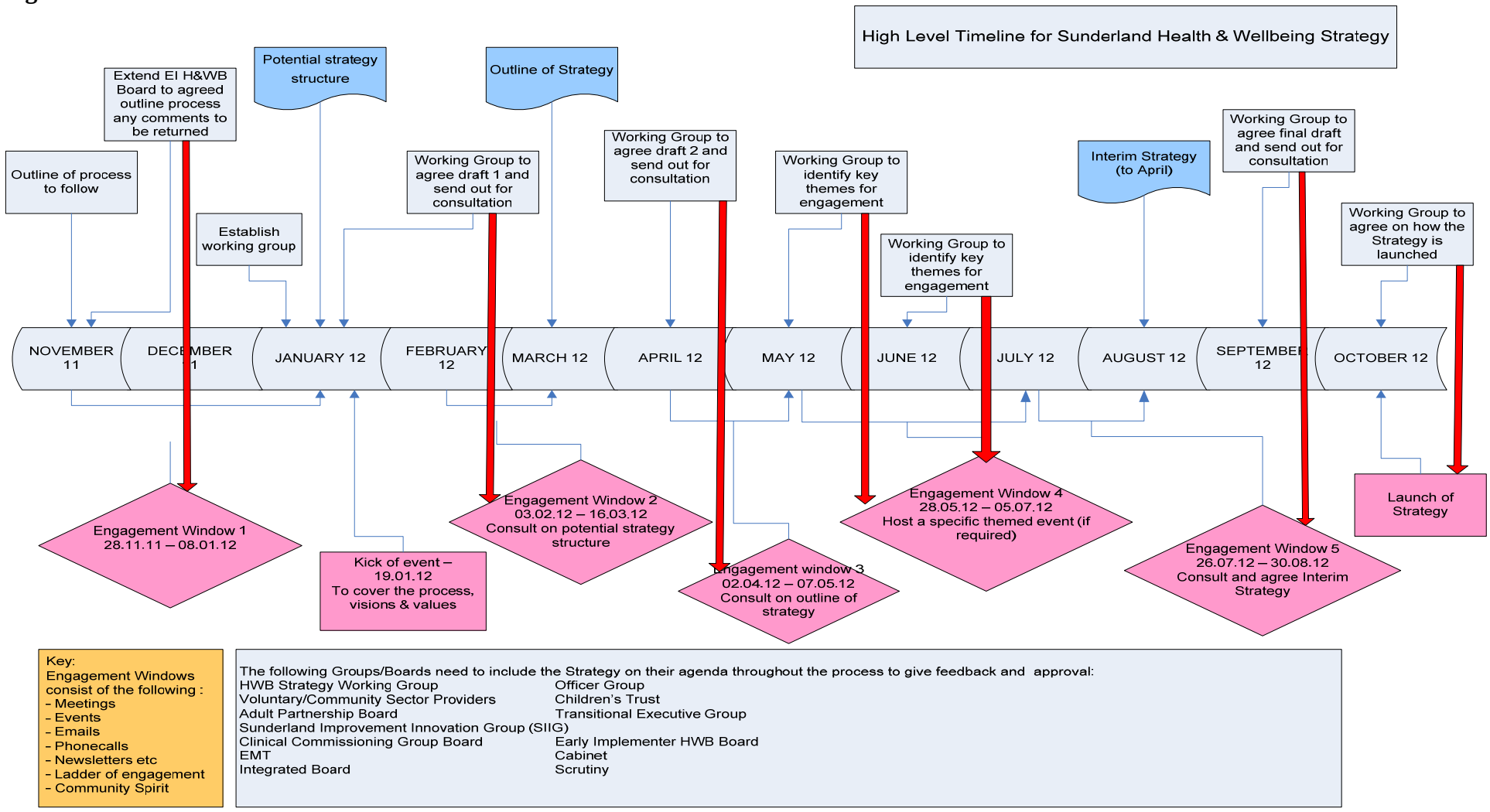
Further work will be undertaken on the development of the performance management framework and performance reporting through the Officer Group ensuring that appropriate officers from the key agencies are involved.

9. Recommendations

The Board is requested to:

- Note the Strategy development process
- Discuss and agree vision and values
- Discuss the proposed strategy structure
- Note the performance management framework development process

Figure 2


High Level Timeline for Sunderland Health & Wellbeing Strategy
Extend EI H&WB Board to agreed outline process any comments to be returned
Potential strategy structure
Outline of Strategy
Outline of process to follow
Establish working group
Working Group to agree draft 1 and send out for consultation
Working Group to agree draft 2 and send out for consultation
Working Group to identify key themes for engagement
Interim Strategy (to April)
Working Group to agree final draft and send out for consultation
Working Group to identify key themes for engagement
Working Group to agree on how the Strategy is launched
NOVEMBER 11
DECEMBER 11
JANUARY 12
FEBRUARY 12
MARCH 12
APRIL 12
MAY 12
JUNE 12
JULY 12
AUGUST 12
SEPTEMBER 12
OCTOBER 12
Engagement Window 1 28.11.11 – 08.01.12
Kick of event – 19.01.12 To cover the process, visions & values
Engagement Window 2 03.02.12 – 16.03.12 Consult on potential strategy structure
Engagement window 3 02.04.12 – 07.05.12 Consult on outline of strategy
Engagement Window 4 28.05.12 – 05.07.12 Host a specific themed event (if required)
Engagement Window 5 26.07.12 – 30.08.12 Consult and agree Interim Strategy
Launch of Strategy
Key:
Engagement Windows consist of the following :
- Meetings
- Events
- Emails
- Phonecalls
- Newsletters etc
- Ladder of engagement
- Community Spirit
The following Groups/Boards need to include the Strategy on their agenda throughout the process to give feedback and approval:
HWB Strategy Working Group
Voluntary/Community Sector Providers
Adult Partnership Board
Sunderland Improvement Innovation Group (SIIG)
Clinical Commissioning Group Board
EMT
Integrated Board
Officer Group
Children's Trust
Transitional Executive Group
Early Implementer HWB Board
Cabinet
Scrutiny

Item No. 5a

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD **30 March 2012**

FEEDBACK FROM SUNDERLAND ADULTS PARTNERSHIP BOARD - 13 March 2012

ITEM	ISSUES
Adults Partnership Board Terms of Reference and Work Programme	The Board discussed the changes to its terms of reference to reflect its role as advisory Board to the health and wellbeing board and also to incorporate the roles and responsibilities of the healthy cities group. It was agreed to extend membership to include the national housing federation, local medical, dental and pharmaceutical committees to improve input from health practitioners.
Health and Wellbeing Board - Agenda	Voice for carers expressed a concern about the CCG clear and credible plan that it didn't represent the positive story about relationships with carers that had been developed and were now a best practice project. The Adults board wanted to view all HWBB papers in advance to provide comment and guidance.
Development of Local Account - Update	The Board discussed the progress being made on ensuring that the local accounts would be accessible to all and work that was being completed with communications to ensure plain English was used throughout.
Carers' Strategy - Update	The timetable and progress on updating the carers strategy was presented highlighting the formal consultation process between April and June leading to approval in June and a launch in July. It was highlighted that agencies need to engage more in the process.
Adults Autism Strategy - Update	A local adults autism working group made up of representatives from the council, NHS, local providers, Job Centre plus, probation, parents and carers, supported by the councils SPPM service have been developing a strategy and action plan. The need to coordinate children's autism work and adults autism work was highlighted especially in relation to transition.

Transition of Public Health	An update paper was discussed and progress noted.
50+ Action and Ageing Well	A paper was discussed outlining the current 50+ action group and learning from the regional ageing well programme. It was felt that although the 50+ strategy was useful, that progress had not been documented and was therefore not visible. Good practice in terms of housing and planning was highlighted. Action agreed for the 50+ action group to determine where they would hope to have seen improvements and develop a checklist to ensure it had happened.

Item No. 5b

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD **30 March 2012**

SUNDERLAND CHILDREN TRUST BOARD - 6 MARCH 2012

Protecting Vulnerable People (PVP) in Northumbria

Detective Chief Inspector Gary Hetherington provided a brief overview presentation which set out the role of the newly created Protecting Vulnerable People Unit within Northumbria Police.

The unit will be formed into 3 distinct disciplines led by a dedicated Detective Inspector:

- Child Abuse and Vulnerable Adults Investigation
- Domestic Abuse and Rape Investigation
- Multi-Agency Protection Arrangements

There will be Dedicated referral team operating extended hours and at weekends.

The PVP Unit will investigate historic and current allegations of sexual and physical abuse, and neglect, against children under the age of 18 yrs in the following cases:

- Intra familial abuse (as opposed to stranger attack) which includes immediate family members, step / half relatives and members of the extended family;
- Extra-familial abuse where the offence is serious category crime and there are clear safeguarding issues
- Abuse committed by a carer or an employee of the care organisation (e.g. foster carer, or children's home employee)
- Sexual abuse where both victim and offender are children and exploitation is the determinate factor in offending
- Reports of Sudden Unexplained Death in Infancy (SUDI
- The PVP unit will take responsibility for Force contribution to Local Safeguarding Children's Boards and appropriate sub-groups including the Serious Case Review sub-group.

Early Inspection Outcomes Feedback

M Boustead provided the Board with a brief update regarding the progress of the Ofsted Inspection of Safeguarding and Looked After Children. A full report and action plan will be prepared and presented to the Board at its next meeting in May 2012.

Children and Young People's Plan Priorities

The second part of the meeting considered the progress on priorities within the Children and Young People's as part of an ongoing programme of confirm and challenge sessions to monitor progress and to discuss and agree the Children's Trust priorities for 2013-2016 (the second delivery plan arising from the Children and Young People's Strategy 2010-2025).

Priority Outcome 1: Reduce levels of childhood obesity so there are fewer overweight or obese children and young people

The indicators specific to reducing childhood obesity support the understanding of the population and targeted outcomes:

1. Fruit/vegetables intake (5 a day)
2. Physical activity conducted
3. BMI score
4. Child measurements (height / weight / circumference)
5. Breastfeeding rates
6. Equity of access to services
7. Access to advice and information

The plans in place to improve outcomes are as follows:

- Undertaking a range of promotional campaigns including media interventions to raise awareness of what constitutes a healthy diet and appropriate physical activity levels
- Creating health enabling environments
- Ensuring consistent availability of healthier food choices in public places
- Auditing and co-ordinating and/or commissioning more preventative activities across the life course including generic multi-disciplinary, holistic health improvement programmes.
- Establishing effective partnership working between all providers: public, private and third sector.
- Developing, commissioning and implementing a consistent, evidence based pathway of care for children, young people and families.
- Establishing and monitoring the prevalence of obesity amongst women who are pregnant and develop and provide specific interventions for women and their families.
- Focus on early years settings.
- Providing effective continuous professional develop and specific training to all staff delivering on the obesity agenda in order to better support behaviour change and healthy lifestyles.
- Ensuring equitable access for targeted groups such as BME, where necessary delivering services in local communities.
- Establishing an effective performance management and evaluation framework to inform future commissioning decisions.

Priority Outcome 2: Reduce levels of teenage pregnancy so there are fewer teenage conceptions

The indicators specific to reducing teenage pregnancy support the understanding of the population and targeted outcomes.

8. STI prevalence for young people
9. The number of teenage conceptions
10. Unintended pregnancies
11. The number of terminations
12. Subsequent pregnancies/terminations
13. Equity of access to services
14. Access to advice and information

The plans in place to improve outcomes are as follows:

- Establishing preventative services include new SRE offer being rolled out to all schools, C-Card being available in over 80 outlets across Sunderland, new Local Enhanced Service offered to primary care for the delivery of long acting reversible contraception.
- Well publicised and accessible sexual health services offering free contraception, advice and pregnancy options advice in each of the five areas of the city.
- Integrated healthcare packages of support to young parents and their children.
- Access to childcare to support engagement in education, employment and training and appropriate benefits through JobCentre Plus.
- A proactive approach to supporting young fathers.
- Provision of enhanced support to care leavers.
- Increase the participation of teenage parents in education, training and employment.

<u>Priority Outcomes 8: Improve attainment for all children and young people by achieving national average at all key stages.</u>

The indicators specific to this priority support the understanding of the population and targeted outcomes.

1. Early Years Foundation Stage Profile attainment
2. Key Stage 2 Attainment
3. Attainment of 5 GCSE A- C including English and Maths at Key Stage 4
4. Participation in STEM qualifications at KS4
5. Participation in STEM qualifications in Post-16 Education
6. Achievement of Level 2 at 19
7. Achievement of Level 3 at 19
8. Achievement of young people in receipt of Free School Meals at KS2 and KS4
9. Persistent absence at primary and secondary school

The plans in place to improve outcomes are as follows:

- Early Years Foundation: improve the quality of schools, settings and services by providing support and challenge on the environment, monitoring children's progress, developing partnerships with parents and professionals, and improving the quality of support to LA providers.
- Early Years Foundation: improve the ability of schools, settings and services 0-5 to identify and narrow the gap for lower achieving or disadvantaged children.
- Early Years Foundation: Developing specific projects to focus on areas that need significant improvement, for example, boys, BME, SEN, LAC and speaking and listening skills.
- Key Stage 2: The Improving Schools Programme is implemented in schools causing concern by subject Support and Intervention Officers.
- Key Stage 2: the CPD programme provided by or brokered by the LA will continue to promote the use of APP.
- Key Stage 2: 10 schools to engage with the Specialist Maths Teacher programme.

Priority Outcome 9: Improve attainment for all vulnerable and under performing groups of children and young people

The indicators specific to this priority support the understanding of the population and targeted outcomes.

- KS2 Attainment
- Attainment of 5 GCSE A - C at KS4
- Attainment of 5 GCSE A- C including English and Maths at KS4
- Participation in STEM qualifications at KS4
- Participation in STEM qualifications in Post-16 Education
- Achievement of Level 2 at 19
- Achievement of Level 3 at 19
- Achievement of young people in receipt of Free School Meals at KS4

The plans in place to improve outcomes are:

- The LACE team will support children in care with one-to-one sessions, especially targeting literacy and numeracy.
- The residential "Maths Supercamp" for children looked after in years 10 and 11 will be further developed.
- Children in their early years will be targeted, with the aim of supporting children as young as possible and then throughout their education career to improve their educational outcomes.

It is planned that the following priority outcomes will be discussed in detail at the next meeting of the Board in May:

- NEET
- Mental Health
- Substance Misuse
- Safeguarding priority to be determined.

Consultation on behalf of the Early Implementer Health and Well-being Board

The Children's Trust Board have been requested to provide comment on the following papers which are (or have been) presented to the Early Implementer Health and Well-being Board:

- The Human Impact of Welfare Reforms
- Health Visiting – Service Specifications and GP Practice Survey
- Health Impact of Crime and Disorder

Item No. 6

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD **30 March 2012**

COMMUNITY SAFETY AND HEALTH AND WELLBEING

Report of the Chief Executive

Purpose

1. The purpose of this report is to provide the Health and Wellbeing Board (HWBB) and its advisory bodies with an overview of the linkages between health and wellbeing and community safety through the work of the Safer Sunderland Partnership (SSP).

Background

2. The SSP includes six 'responsible authorities' which are Sunderland City Council, Sunderland Teaching Primary Care Trust (TPCT), Northumbria Probation Service, Northumbria Police, Northumbria Police Authority and Tyne and Wear Fire and Rescue Service. Each authority has a legal duty to work in partnership, to carry out an annual strategic assessment and implement a partnership plan to tackle crime, disorder, substance misuse and re-offending.

3. The SSP's role is to deliver added value partnership activity to support the Sunderland Strategy priority for Sunderland being "a city which is, and feels, safe and secure".

Current position

4. The Safer Sunderland Board have identified six strategic priorities to focus on during 2012/13 which are:

    1. Alcohol misuse and alcohol-related crime and disorder
    2. Drug misuse and drug related crime and disorder
    3. Domestic violence (including other violent crime)
    4. Anti-social behaviour
    5. Safety and feelings of safety for high risk victims/vulnerable groups
    6. Re-offending

5. The next section of this paper will highlight the key linkages between these priorities and their impact on health and wellbeing for residents of Sunderland, as well as highlighting current initiatives to address these joint issues. Further information on these priorities, the scope of the problem and what is in place to address them is included as appendix 1.

Health, Wellbeing, Alcohol Misuse and Alcohol Related Crime and Disorder

6. Tackling alcohol misuse is a considerable challenge and dealing with these problems is costing Sunderland up to £150.7m annually, with approximately £24.6m incurred by the NHS, £71.3m by the criminal justice system and local authorities dealing with crime and licensing and £54.9m to the workplace and wider economy. Many of Sunderland's residents experience alcohol-related health harms and as a result Sunderland performs poorly in relation to numerous health indicators in comparison to nation averages including alcohol related hospital admissions, alcohol related deaths, binge drinking rates and the levels of young people who drink alcohol.

7. Research with Sunderland residents shows they are more likely to agree that they drink alcohol to forget worries and concerns, that they drink alcohol to relieve boredom and are less likely to be influenced by information about the health risks of drinking too much alcohol. Sunderland also has high numbers of individuals claiming incapacity benefit whose main medical reason is alcoholism.

8. There is strong evidence that this trend in increasing ill-health is likely to continue to develop over the coming years with confirmed increases in alcohol-attributable conditions recorded for both males and females every year since 2005 including a 39% increase in Sunderland in male alcohol related hospital admissions during 2009/10. This is obviously a significant issue to address now but also indicates the forthcoming challenge not only on healthcare but also social care, the criminal justice system and communities.

9. Alcohol is now readily available and as of 2009/10 there are around 500 licensed premises in Sunderland. Alcohol is also considerably cheaper than ever before. Evidence has shown a man can consume his weekly recommended limits for just £2.52 (£1.68 for a woman). There have been a range of joint operations to challenge the inappropriate sales of alcohol between Sunderland City Council and Northumbria Police in both on and off licensed premises. There will be additional opportunities for health to influence licensing policy as PCTs are to be classed as a 'responsible authority' under the review of the Licensing Act 2003. This will carry an additional role for the Director of Public Health who will be expected to represent health concerns as part of the Licensing Committee.

10. There are a range of current interventions in place to address alcohol related crime and disorder and health related harms. This includes a comprehensive alcohol treatment system including an alcohol-specific hospital treatment service, in-patient and community based detoxification, recovery based interventions and residential rehabilitation placements.

Health, Wellbeing, Drug Misuse and Drug Related Crime and Disorder

11. There are significant overlaps between illicit drug misuse and health and wellbeing and to date, the SSP has led on the development of a drug treatment system to meet the needs of adults who misuse substances, including links into health interventions, employment, training and housing.

12. In 2010/11, Sunderland had 116 under 18s in drug treatment and the main substances used were alcohol and cannabis. There is an opportunity to better embed effective early interventions with young people in order to prevent them moving on to use other illicit drugs and this may be an opportunity the HWBB would wish to explore with the Early Intervention Board. In terms of adult drug treatment there were 1309 individuals in treatment during 10/11, of which 916 were misusing heroin and / or crack. Many service users are poly-drug users and use a number of substances, including heroin, cocaine, alcohol, cannabis benzodiazepines and crack. In addition to illicit substances the harm reduction service in Sunderland have reported a large upsurge in activity relating to the use of performance and image enhancing substances representing over 50% of the individuals accessing the harm reduction service. This activity is funded from mainstream PCT monies and the HWBB may wish to consider how this activity can be met after the move of public health to the local authority.

13. People who misuse drugs may makes themselves vulnerable to significant health risks, for example they are more likely to expose themselves to blood borne viruses, with many individuals refusing access to vaccinations or treatment. This leaves a significant risk to the individual and potentially to other family and community members. Also unfortunately some individuals ultimately die because of their drug use and local research, via information from Sunderland's coroners' inquests, shows 20 recorded drug related deaths in 2009 and 25 in 2010.

14. In addition to physical health issues, many drug users are identified as having co-morbidity issues with mental health concerns. Whilst there are current linkages in place with mental health services, consideration could be given to exploring joint commissioning opportunities between the SSP, HWBB and the Clinical Commissioning Group. The move of public health to the local authority may also allow opportunities regarding the accommodation of people who misuse drugs which is a contributing risk factor for a number of drug users.

15. There are a range of current interventions in place to address health and wellbeing for drug users which includes a comprehensive treatment system offering prescribed maintenance medication, in-patient and residential detoxification, psychosocial interventions, harm reduction advice and drug related criminal justice services from arrest and throughout the criminal justice system; a Carer network for those who provide support to people who misuse substances and websites providing information and advice on drugs.

Health, Wellbeing and Domestic Violence (and other violent crime)

16. Nationally the cost of providing public services including health, and social services to victims and the lost economic output of women affected runs to billions of pounds. An indicative figure for the minimum and overlapping cost of violence against women and girls is £36.7 billion annually (Home Office). The SSP uses the Government's definition of domestic violence and from the number of reported incidents to Northumbria Police it can be seen that domestic violence is a significant challenge in Sunderland. Figures for 10/11 show there were 6277 domestic violence incidents, with 720 of those classified as high risk cases in

Sunderland. Research suggests that less than half of domestic violence incidents are reported so the 'real' picture could be significantly higher.

17. There are very clear linkages between health and domestic violence as increasing numbers of victims present to services with a variety of complex needs ranging from alcohol and drugs misuse to mental and physical health problems. There is local concern about the significant rise in the number of reported alcohol-related domestic violence incidents in the last year. The emotional impact of domestic violence is also well documented and equally as damaging to the victim as physical violence. The very nature of such a hidden crime increases the social isolation of victims and their ability to approach services for help.

18. The far reaching effects of domestic violence are also recognised within the family unit and especially on children. Safeguarding Children has recently identified that up to 30% of the 16,000 social care services contacts in the last year (to September 2011) related to domestic violence and this proportion is rising. In two thirds of cases where a Child Protection Plan was needed, domestic violence also played a role in the abuse of children. The recent gathering of evidence for the Health Joint Strategic Needs Assessment (JSNA) also highlighted tackling domestic violence as an area for improvement for safeguarding children in Sunderland.

19. In the year up to the end of September 2011, 77% of families attending Initial Child Protection Conferences were displaying concerning behaviour in one or more of the vulnerable areas including domestic violence, mental health, and substance misuse. The proportion of Child Protection Plans where one of the Toxic Trio of domestic violence, substance misuse and parental health have been issues within the family has stayed relatively stable at 85%, although this is higher than the national average of 75%. Within individual concerns domestic violence is the most prevalent at 66%, and parental mental health affecting 46% of families. Although most families have at least one of these issues, 22% have all 3 of the toxic trio.

20. The Safer Sunderland Partnership has produced a local plan in response to the requirements from the Home Office's 'Violence Against Women and Girls Action Plan. This work has been joint with the Adult and Children's Safeguarding Boards. Action to support the plan includes further development of the Multi-Agency Risk Assessment Conferences (MARAC) to protect the health, well-being and safety of high risk victims and their children, research around the prevention of mental health impairment associated with exposure to violence, a review of NHS current responses into sexual assault, human trafficking and self-harming, improving the knowledge and identification of domestic violence through the role of Health visitors, improving the commissioning and provision of Sexual, Advice, Rape and Counselling Services and E-learning for GP's to improve the competency level around the impact of violence on victims and appropriate referral pathways for support.

21. There are also clear links between health and wellbeing and the wider violent crime agenda, for example in relation to violent assaults. There were a total of

3293 assaults reported to the Emergency Department of Sunderland Royal Hospital during the two-year period Oct '09 – Sept '11, with a high proportion linked to the night time economy. These assaults place a pressure on Sunderland Royal Hospital, GP surgeries and the Walk-In Centres, as well as agencies such as the Police and Victim Support.

Health, Wellbeing and Anti-Social Behaviour (ASB)

22. The issue of anti-social behaviour (ASB) remains a significant concern for the public and action to address ASB related issues are addressed at locality level though Local Multi-Agency Problem Solving Groups (LMAPS) which take a victim, offender, location approach to solving neighbourhood problems.
23. In light of the high profile Pilkington case in 2007 (Mrs Pilkington and her daughter were subjected to repeated incidents of ASB over a seven year period and subsequently committed suicide) agencies are now more alert to the devastating effects of ASB can have particularly on the health and well-being of vulnerable adults. The SSP and Safeguarding Adults Board have strengthened their relationship through a number of joint initiatives to protect those affected by crime, ASB, mental health and learning disability issues. Victims that are identified as high risk, perhaps due to additional vulnerabilities such as poor mental health or learning disability, are now prioritised by organisations including Northumbria Police through a risk assessment matrix. This process enables swift access into a range of appropriate support and aims to intervene at the earliest opportunity.

24. There are currently a range of health related interventions to address vulnerable victims affected by ASB which includes: a specialist ASB Victims Support Worker who is employed by Victim Support and based within the Council ASB Team; implementation of the Risk Assessment Matrix (RAM) which includes questions on physical and mental health; and extra-ordinary LMAPS to fast track vulnerable victims into health and social care services

Health, Wellbeing, Safety and Feelings of Safety for High Risk Victims and Vulnerable Groups

25. Sunderland has demonstrated positive reductions year on year in the number of victims of crime with over 1600 fewer victims of crime for the period 2010/11 (and a longer term trend of over 19,000 fewer victims since 2002/03). This is replicated for higher risk victims, for example repeat victimisation in relation to high risk domestic violence cases presenting at MARACs have also fallen from 34% to 16% in 2011/12 and there has been a 28% reduction in hate crime reported to the police (the majority of these still relate to race crime). However it is acknowledged that crime and perceptions of crime can have a significant impact on the health and well-being of communities especially individuals who feel victimised in relation to their age, ethnicity, faith, gender or disability. As a result the SSP has agreed addressing the needs of victims as a new headline strategic priority to 'improve the safety and feelings of safety of high risk victims and vulnerable groups'.

26. The quarterly Safer Communities Survey revealed whilst the majority of residents in Sunderland feel safe in their local neighbourhood (95%), fewer believe Sunderland as a whole is safe (77%) compared to the Northumbria Police Force average. Wider concerns around feelings of safety together with current initiatives and any gaps identified in provision will form the basis of local plans to address the needs of victims as part of a Victims Task and Finish Group.

27. There are a number of interventions that help improve feelings of safety and contribute to improved health and wellbeing such as: Sunderland Street Pastors who have supported hundreds of people who have been vulnerable and/or drunk after a night out in the city centre; a Safer Homes Initiative which has provided additional home security to victims of burglary, domestic violence, hate crime and ASB; and targeted approaches to youth related anti-social behaviour on Friday and Saturday nights. These initiatives have contributed to successful reductions in crime and improved feelings of safety across the city. However, reduced budgets and new commissioning arrangements regarding Police and Crime Commissioners will pose challenges in the future. As a direct result the SSP is currently re-assessing the support it provides to high risk victims of crime and those most vulnerable and with this there is an opportunity to review the impact on victim's health and wellbeing by working with the HWBB.

Health, Wellbeing and Re-Offending

28. Adults and young people who are in contact with the criminal justice system are often socially excluded, have a high proportion of health inequalities and are more likely to experience mental health problems, learning disabilities or to have difficulties with drugs and alcohol. For many offenders the criminal justice system leads to their first contact with health and social care professionals whose support is vital to addressing their needs demonstrating the need for joined up thinking and approaches to address re-offending.

29. In terms of drug use and offending behaviour there were 240 individuals who accessed the Drug Interventions Programme (DIP) in 10/11 and a further 44 on Alcohol Treatment Requirement Orders. These schemes operate under the Integrated Offender Management (IOM) Unit in Sunderland which is the overarching framework bringing together agencies to tackle offenders causing the greatest damage to communities and ensuring they are prioritised for appropriate interventions. This multi-disciplinary team brings together professionals from Northumbria Probation, the Prison Service, nursing staff, representatives from Job Centre Plus and drug and alcohol treatment services to meet the diverse needs of offenders to reduce the likelihood of offending and help keep communities safe.

30. Evidence suggests there are now more adults with mental health problems in prison than ever before. In some cases custody can exacerbate mental ill health, heighten vulnerability and increase the risk of self-harm and suicide. Women offenders in custody are more than five times more likely to have a mental health concern than women in the general population. As the IOM unit identifies people pre-release, there are opportunities to link in with mental health provision and at a strategic level there is a potential opportunity for the SSP, HWBB and the CCG to

work collectively to identify and commission appropriate mental health interventions to meet local need.

31. There are additional concerns for women who offend. Baroness Corston's report, 'Review of women with particular vulnerabilities in the criminal justice system', highlighted the health complexities of women offenders and the need to protect their children, given that a significant proportion in custody have children under the age of 5 years old. As a result, two additional areas have been introduced to the re-offending agenda and adopted locally by the SSP which are 'support for women who have been abused, raped or experienced domestic violence' and 'support for women who have been involved in prostitution'.

32. In Sunderland services are now being configured to address the needs of the 'whole family' and improve the transitions between the youth and adult justice system given the linkages between parental offending and intergenerational offending, with a particular focus on young males. Families can be an important factor in helping offenders to reduce their offending behaviour. Intensive family interventions that focus on improving relationships and parenting skills within the family have been found to reduce the chances of re-offending. There are opportunities to link the work of the SSP with the HWBB in contributing to the Strengthening Families work in Sunderland.

Current and Future Opportunities

33. There are a number of current key developments in the commissioning of community safety interventions. The commissioning of substance misuse services is now overseen by the SSP's Joint Commissioning Group (JCG). The Government's Drug Strategy 2010 identifies a clear aim to ensure treatment is delivered based on recovery outcomes such as reduced substance misuse/abstinence, improved health and wellbeing, successful treatment completions and sustained reductions in the number of individuals who re-present for treatment as well as reduced offending. In order to implement this approach in Sunderland, the SSP Board alongside the TPCT's Executive Board and with support from the CCG, have agreed a treatment system redesign for both drug and alcohol treatment. This is to allow the partnership to develop an outcomes-based model of treatment with recovery as the ultimate goal and greater financial flexibility. There is currently £6.5million invested in treatment in Sunderland and during 2011/12 nearly 1900 residents accessed the structured treatment provided and therefore this redesign will be a significant piece of work and is likely to take up to 12 months to complete. A new system is expected to be in place by April 2013. As the Director of Public Health will assume responsibilities for future commissioning of drugs and alcohol at that time, this will potentially have significant implications for the HWBB and as the process is developed by the TPCT and SSP there are opportunities to link in with this work in the interim.

34. Whilst there will be an element of ring fencing associated with drug treatment monies through Public Health England there will be greater flexibility on how this money can be spent and an opportunity to ensure the treatment system best

meets the needs of the people misusing substances at a local level. Investing in drug and alcohol treatment can be seen to have significant benefits in both the short and long term from both a patient and provider perspective. Research shows for every £1 invested in drug treatment £2.50 is saved on health, welfare and crime costs, and this rises to £5 for alcohol treatment. This invest-to-prevent approach is critical in Sunderland as part of the re-commissioning of the drug and alcohol treatment system. The CCG could also support this process by ensuring they consider drug, alcohol and offender health issues as part of their commissioning process, for example by commissioning mental health services to meet offenders needs or providing identification and brief advice in their surgeries to reduce the prevalence of alcohol misuse. Whilst the central financial investment will likely reduce in coming years, by continuing to invest in drug and alcohol treatment there is scope to improve the outcomes for individuals, families and communities. The SSP, HWBB and the CCG can all contribute towards this in helping ensure the re-commissioning is undertaken in a timely fashion and by continuing to prioritise tackling drug and alcohol misuse and the harms they cause. It is recommended the HWBB support the SSP to progress with the system redesign and the Board to receive progress reports as the system is developed. The HWBB may also wish to consider, alongside the SSP, how to develop closer links with the Early Intervention Board to ensure the needs of young drug and alcohol users are also met.

35. There is also an opportunity for the SSP, HWBB and CCG to help contribute towards the implementation of the national 'Troubled Families' scheme to help with Sunderland's 'Strengthening Families' approach. The Government estimate nationally £9 billion is being spent annually on the 120,000 most troubled families (based on government data collected in October and November 2011), equating to £75,000 per family per year. £8 billion of this is spent on reacting to the troubles of these families with just £1 billion being spent trying to turn around their lives in a targeted, positive way. Many of the criteria the government has included in this work has links to health and wellbeing including: at least one parent has a longstanding illness, disability or infirmity; mother has mental health problems; and an inability to afford a number of food or clothing items. There is an opportunity to help shape the criteria for identifying the families in Sunderland by overlaying additional criteria, such as parental substance misuse and / or domestic violence. By tackling these issues collectively it is hoped this will help improve outcomes for children, getting parents into work, improve family's health and reduce crime and anti-social behaviour. It is recommended the HWBB and SSP work collectively with the Strengthening Families and Safeguarding Boards to progress this work.

36. The Police Reform and Social Responsibility Act 2011 poses many challenges for Community Safety Partnerships (CSPs), especially from a funding and commissioning perspective. The new Police and Crime Commissioners (PCCs) will be elected on 15th November 2012 and the Home Office Community Safety Grant the Council receives on behalf of the SSP will ultimately be passported to the PCC from April 2013. It won't become clear until the Northumbria PCC is in post how they will re-allocate this funding. PCCs may commission all services themselves, offer grants to providers or pass funding back to CSPs to commission, which in turn could mean a new line of accountability for

partnerships. Initiatives currently funded will need to evidence delivery and quality if they stand any chance of being re-commissioned once PCCs are elected. It is possible some services could end up being merged for efficiency across boundaries.

37. There are a range of key interventions in Sunderland which this transfer of grant (following a 60% Home Office cut) to the PCC will affect: i.e. Safer Homes Initiative has ceased and a new approach is being developed to meet only the needs of the most high risk victims. This means previous provision for medium and standard risk victims, which increased feelings of safety, is now not possible. In addition, the Home Office financial contribution towards the IOM scheme will also be given over to the PCC. Given Department of Health monies also make up the funding of this scheme, which will become the responsibility of the HWBB from April 2013, it is recommended the HWBB link in with the SSP in the run up to the appointment of the PCC to produce any necessary evidence base and business case for the continuation of funding.

38. As previously mentioned, there will be additional opportunities to influence licensing policy as PCTs are to be classed as a responsible authority under the review of the Licensing Act 2003. Whilst the Government did not include the prevention of health harms as a licensing objective, there are additional powers that the SSP and the HWBB may like to progress with the Licensing Committee from this review including the use of a Late Night Levy or the introduction of an Early Morning Restriction Order which could contribute to improving the health and wellbeing or Sunderland residents or visitors to the city.
39. The Government's Call to end Violence against Women and Girls – Taking Action – the next chapter sets out the importance of Health and Wellbeing Boards are equipped with the right knowledge so they can work with communities, women sector, and victims themselves to ensure the right response is provided at a local level.

40. Underlying any joint working to tackle community safety and health and wellbeing priorities should be robust evidence and effective performance monitoring of existing and emerging issues. There are opportunities to better integrate the JSNA and SSP's PSIA process in order to demonstrate a robust evidence base for the review of current services and development of future initiatives.

Recommendations

41. The Health and Wellbeing Board are asked to:

    1. Note the contents of this report
    2. Highlight any areas which they feel they require further information on; and
    3. Support the key development opportunities identified within the report including the following recommendations;
        a) The HWBB to support the SSP to progress with the treatment system redesign and for the Board to receive progress reports

        b) The support the CCG in commissioning appropriate services to meet the needs of drug and alcohol users as well as offenders and vulnerable individuals in primary care

c) The HWBB and the SSP to consider developing closer links with the Early Intervention Board to ensure the needs of young drug and alcohol users are met

d) The HWBB and SSP work collectively with the Strengthening Families Board to progress the underlying linked community safety and health and wellbeing elements of this work

e) The HWBB to link in with the SSP before the appointment of the PCC to produce business case for the continuation of funding for existing schemes.

f) The HWBB and SSP to support the Licensing Committee to implement new powers to tackle alcohol related harms associated with the night time economy

g) The HWBB and SSP to work collectively to tackle violence against women and girls, in particular ensuring clear referral and needs assessment arrangements.

Leanne Davis – Associate Policy Lead for Community Safety
Susan Kellie – Safer Communities Officer

Appendix 1

This appendix provides an additional briefing note on Sunderland's current position in relation to crime, disorder, health and wellbeing and is to be used as a supplementary aid to the main paper.

The Safer Sunderland Partnership

The Safer Sunderland Partnership (SSP) brings together the public, private, community and voluntary sectors to deliver the Safer Sunderland Strategy. There are currently six 'responsible authorities' who form the SSP which are Sunderland City Council, Sunderland Teaching Primary Care Trust (TPCT), Northumbria Probation Service, Northumbria Police, Northumbria Police Authority and Tyne and Wear Fire and Rescue Service. Collectively each member has a legal duty to work in partnership, to carry out an annual strategic assessment and implement a partnership plan to tackle crime, disorder, substance misuse and re-offending.

The Partnership Strategic Intelligence Assessment (PSIA) process gathers, examines and analyses quantitative and qualitative data from a wide range of key agencies including data on victims, vulnerable groups, offenders, and hot spot locations. It also considers the findings from public consultations and resident surveys.

The SSP and links to the Sunderland Partnership and the historic links to the Healthy Delivery Theme

The SSP has responsibility for implementing the Safer Sunderland Strategy and ensuring the long-term outcome of people being and feeling safe and secure is delivered. This is supported by a number of other outcomes including being free from harm including, violence, alcohol, and substance misuse. The SSP is one of a number of significant partnerships under the Sunderland Partnership and manages the safe theme on their behalf. The SSP's role is to deliver added value partnership activity to support the Sunderland Strategy priority for Sunderland being "a city which is, and feels, safe and secure". In achieving this outcome the SSP contributes towards the Sunderland Partnership's intention to improve quality of life for Sunderland residents.

There are established links with other LSP delivery partnerships and the SSP, particularly with the Healthy Partnership. The Director of Public Health is the identified Alcohol Champion for the SSP and also a board member of the Healthy Partnership and is able to address alcohol related issues across the partnerships. This included the delivery of the old national indicator 39, alcohol harm related hospital admission rates. Whilst this indicator was overseen by the Healthy Partnership, the SSP was able to provide added value through it's working on reducing alcohol related harm.

Previous links between community safety and health and wellbeing
Sunderland TPCT is a statutory partner of the SSP and play a critical role in helping to reduce the health inequalities associated with crime and disorder, for example health services have a role in community safety in relation to;

- Tackling the misuse of alcohol and drugs though the commissioning and provision of appropriate health services (utilising world class principles)
- Providing health advice or treatment for people who put themselves or others at risk (i.e. drugs & alcohol)
- Identifying and providing advice and support for victims of domestic or sexual abuse
- Working with local partners to help prevent health related problems occurring in the first instance
- Sharing funding arrangements with the National Treatment Agency or pooled budgets to tackle health & community safety
- Producing Joint Strategic Needs Assessments (JSNA) with the Local Authority (taking into account those with additional vulnerabilities i.e. drug & alcohol problems, mental health issues, offenders or ex-offenders)

Health, Wellbeing, Alcohol Misuse and Alcohol Related Crime & Disorder
Alcohol misuse is a considerable challenge and dealing with these problems is costing Sunderland up to £150.7m annually and for the north east over all £1.29 billion on a yearly basis.

The Local Alcohol Profiles for England (LAPE) which compares areas on alcohol related measures, shows Sunderland is classed as 'significantly worse' than the national average in ten out of the twenty-four measures, with an additional nine areas classed as performing below the national average. The five remaining measures in which Sunderland is classed as better than the national average are generally crime related measures. However alcohol related health indicators for Sunderland are amongst the worst nationally; this includes being ranked;

- 9th worst nationally (from 151 PCTs) for males and 12th worst for females for direct alcohol related hospital admission rates during 2009/10,
- 13th worst nationally and 4th worst regionally, for admissions to hospital with alcohol attributable conditions (previously NI39) and has shown a growing year on year increase since 2005,
- 15th worst nationally and 3rd worst regionally for alcohol specific mortalities for males and 42nd worst nationally and 9th worst regionally for females (for an update from ONS figures please see below),
- 25th worst nationally (in the highest national quartile) and 6th worst regionally for males and 51st worst nationally and 8th worst regionally for females for mortalities caused by chronic liver disease.

The most recent alcohol-related death figures from the Office of National Statistics shows Sunderland had the highest rates nationally of alcohol-

related deaths with 36 deaths in 2010. Newspaper coverage of this issue is available at the following web links;

http://www.dailymail.co.uk/news/article-2114944/Britains-drink-death-capital-How-people-die-alcohol-Sunderland-else.html?ito=feeds-newsxml

http://www.thesun.co.uk/sol/homepage/news/4193030/Sunderland-worst-for-alcohol-deaths.html

http://www.sunderlandecho.com/news/local/sunderland-worst-for-booze-deaths-1-4345309

There is strong evidence that this trend in increasing ill-health is likely to continue to develop over the coming years with confirmed increases in alcohol-attributable conditions recorded for both males and females every year since 2005. Most alarmingly there was a 39% increase in Sunderland in male alcohol related hospital admissions during 2009/10. This is obviously a significant issue to address now but also indicates the forthcoming problems which could reveal themselves in the coming years, creating an excessive burden not only on healthcare but also social care, the criminal justice system and communities. Providing appropriate acute healthcare for individuals under the influence of alcohol is costly. For example, it is estimated that the average cost of a zero to one day admittance for City Hospital Sunderland is £750. The average cost of a standard attendance at the Emergency Department is £59. Additionally there are costs incurred by North East Ambulance Service and the Police and estimates of these are currently being calculated. In comparison investing in one full time alcohol worker will provide a net saving of £85,000 for an acute Trust (ERPHO, 2011).

There are clear links between alcohol use and wellbeing as demonstrated via Balance's North East Big Drink Debate which surveyed the levels and frequency of consumption of alcohol, motivations and attitudes to drink, experiences of risky situations as a result of drinking too much alcohol and social and personal concerns about alcohol. Sunderland residents stated they are more likely to agree that they drink alcohol to forget worries and concerns, more likely to agree that they drink alcohol to relieve boredom and are less likely to be influenced by information about the health risks of drinking too much alcohol. LAPE figures show Sunderland is ranked 24th worst nationally and 2nd worst regionally for the number of Incapacity Benefit (IB) Claimants whose main medical reason is alcoholism. This creates a challenge for Public Health interventions and the role of the HWBB in addressing these underlying issues of why people drink in Sunderland and how wellbeing can be improved through addressing alcohol misuse issues.

There are a range of alcohol interventions currently in place and 567 people were receiving structured alcohol treatment in Sunderland at the end of March 2011 with a cumulative year to date total of 1090 between April 2010 and March 2011. These figures show fairly consistent numbers in treatment at any one time during 2010-11 with an average caseload size of 532. Demand on

these services is significant and requires specialist workers to meet need and to move people towards alcohol free lifestyles.

Whilst the treatment of alcohol related conditions creates challenges so too does issues of prevention and early intervention. When considering young people's consumption of alcohol in Sunderland the National TellUs 4 Survey (2010), which surveyed young people between the ages of 10 and 15, found in Sunderland 18% of young people said they had been drunk at least once in the last 4 weeks, compared to 15% nationally. When asked if they had ever had an alcoholic drink, 52% of Sunderland respondents said they had compared with 42% nationally. The synthetic estimate of binge drinking by Sunderland residents aged 16 years are over shows the area has a very high level of binge drinking (29%) and is the 11th worst nationally and 8th worst regionally, demonstrating a need to provide effective early interventions to residents to prevent further problematic alcohol issues.

Alcohol is now readily available and as of 2009/10 there were more than 5,800 licensed premises in the North East and 169 24-hour licensed premises, many of them in Sunderland. The availability and affordability of alcohol means many individuals are able to consume alcohol at pocket money prices and as a consequence are sometimes in need of health interventions with acute or chronic conditions.

There have been a range of operations in place to challenge the inappropriate sales of alcohol between Sunderland City Council and Northumbria Police in both on and off licensed premises. However there will be additional opportunities for health to influence licensing policy as PCT's are to be classed as a responsible authority under the review of the Licensing Act 2003. This will carry an additional burden for the Director of Public Health who will be expected to represent health concerns as part of the Licensing Committee. The Government did not include the prevention of health harms as a licensing objective, however there are additional powers that the SSP and the HWBB may like to progress with the Licensing Committee from this review. This includes the use of a Late Night Levy in Sunderland which could be used to generate finances to meet the costs incurred as part of the night time economy or the introduction of an Early Morning Restriction Order which could limit the hours licensed premises serve alcohol and therefore potentially reduce the burden on health services.

There are a range of current interventions in place to address alcohol related crime and disorder and health related harms, these include;

- A comprehensive alcohol treatment system including an alcohol specific hospital treatment service, in-patient and community based detoxification programmes, improved access to recovery based services, alcohol treatment requirement orders (made available via the Courts) and residential rehabilitation placements
- An alcohol worker based within Wearside Women in Need Services to identify alcohol misuse issues linked to domestic violence

- A range of workers trained in Identification and Brief Advice who can offer an alcohol intervention as part of their core work, for example via nursing staff, GP's, Police, Housing Officers, etc
- An SOS place of safety scheme is also currently being developed by TPCT with support from the SSP. This scheme is intended to reduce the need for ambulance call outs, A&E attendances and police support for individuals who are drunk and / or vulnerable on a Friday or Saturday night
- Work with Balance, the North East Alcohol Office to raise the public's awareness of the risks of excessive alcohol consumption and to reduce the availability, affordability and accessibility of alcohol.

Health, Wellbeing, Drug Misuse and Drug Related Crime & Disorder

The Risk and Resilience Board has led on the development of substance misuse treatment for young people across the city. In 2010/11, Sunderland had 116 under 18s in drug treatment and the main substance used was alcohol at 52%, followed by cannabis misuse at 44%, there were also four amphetamine users and one cocaine user in treatment. From an adult's perspective between April 2010 and 2011, 1309 individuals who use illicit drugs accessed treatment for a period of twelve weeks or more, 916 of which were people who misuse heroin and / or crack, known as problematic drug users (PDUs). The main illicit drug used is heroin with approximately 50% of the treatment population using this substance, followed by cocaine, other opiates and cannabis. As well as accessing treatment for their primary drug use as detailed above, many service users are poly-drug users and use a number of substances, including alcohol, cannabis and crack. The SSP's PSIA demonstrated that generally heroin use had reduced slightly, however cocaine use had increased, in some regards these substances require a different approach in treatment and demonstrates the need to have a flexible and responsive treatment system to meet the different needs of illicit drug users.

People who misuse drugs may makes themselves vulnerable to significant health risks, for example they are more likely to expose themselves to blood borne viruses, for example 28% of clients in treatment in 2010/11 stated they had previously injected and 15% declared they were currently injecting. It is worth noting these statistics should be treated with some caution as individuals will often under report on their injecting activity and the behaviour may actually be higher than that which is reported. This presents a significant health challenge in reducing the levels of blood borne viruses such Hepatitis B and C. The most recent figures show that 41% of individuals who are offered hepatitis B vaccinations from their treatment providers refused them, similarly 62% offered treatment for Hepatitis C refuse treatment. This leaves a significant risk to the individual and potentially to other family and community members.

An analysis of drug related deaths was completed for all inquests held in 2009 and 2010 which found of the 340 inquests held in 2009, 20 (6%) were

the result of drug related deaths. From the 2010 inquests there were 25 recorded drug related deaths, 11 of these individuals were known drug users.

In addition to physical health issues, many drug users are identified as having co-morbidity issues with mental health concerns. Data for 2010/11 demonstrates 18% of those people who present for structured treatment also had mental health issues.

Many drug users also experience accommodation problems, with 5% of those in treatment defining themselves as having urgent housing needs and a further 12% describing their housing status as problematic. This indicates many individuals who present for treatment have a complexity of needs that they require support with in order to achieve the most effective outcomes and ultimately a reduction in substance misuse. The move of public health to the local authority may allow opportunities regarding the accommodation of people who misuse drugs.

There are a range of current interventions in place to address health and wellbeing for drug users which includes the following;

- A comprehensive treatment system offering prescribed maintenance medication, in-patient and residential detoxification, psychosocial interventions, harm reduction advice and drug related criminal justice services from arrest and throughout the criminal justice system
- A Carer network for those who provide support to people who misuse substances
- A website dedicated to providing up to date and accurate information on illicit drugs, healthy lifestyle choices and help available (www.hiwecanhelp.co.uk)
- A dedicated housing officer to provide support to drug users with accommodation issues

A high proportion of funding for drug treatment is made available to the SSP as part of the Adult Pooled Treatment Budget (PTB) via the National Treatment Agency (NTA). Currently the proportion of money awarded to each area is based on the number of individuals who are sustained in effective drug treatment however the NTA are currently overseeing the pilot of eight payment by result areas with the intention to have a full national roll out of the most effective model of payment by results. This model will embed an outcome based approach to delivery of treatment, with emphasis on the number of people successfully exiting treatment. There is also current ongoing consultation on the 'Building Recovery in Communities' (BRIC), which will replace the Models of Care for Treatment of Adult Drug Misusers, which will provide a framework for effective treatment and detail a performance monitoring framework, again all of which will be based on recovery.

The Government's Drug Strategy 2010 identifies a clear aim to ensure treatment is delivered based on recovery outcomes, which includes reduced substance misuse / abstinence, improved health and wellbeing, successful treatment completions and sustained reductions in the number of individuals

who re-present for treatment as well as reduced offending. In order to implement this approach in Sunderland with likely decreasing resources the Safer Sunderland Board, in conjunction with Sunderland TPCT's Executive Board and support from the Clinical Commissioning Group, have agreed a full treatment redesign for both drug and alcohol treatment. This is to allow the partnership to develop an outcomes based model of treatment with recovery as the ultimate outcome and greater financial flexibility to better meet any increasing or decreasing budget demands.

This is a significant piece of work and is likely to take 12 months to complete. A new system is expected to be in place by April 2013.

Health, Wellbeing and Domestic Violence (and other violent crime)

The Safer Sunderland Partnership uses the Government's definition of domestic violence which is 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality'. This also includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour killings'.

Work to address domestic violence in Sunderland is led by the Domestic Violence Partnership (comprising of a range of voluntary and statutory partners) overseen by the Safer Sunderland Partnership Board. Nationally the cost of providing public services including health, and social services to victims and the lost economic output of women affected runs to billions of pounds. An indicative figure for the minimum and overlapping cost of violence against women and girls is £36.7 billion annually (Home Office).

Domestic violence is a significant challenge in Sunderland in terms of the number of incidents reported to Northumbria Police. Figures for the period 2010/2011 for Sunderland show the number of domestic violence incidents as 6,227 with 720 of those classified as high risk cases. Research suggests that less than half of domestic violence incidents are reported so the 'real' picture could be significantly higher.

There are very clear linkages between health and domestic violence as increasing numbers of victims present to services with a variety of complex needs ranging from alcohol and drugs misuse to mental and physical health problems. Alcohol-related domestic violence has shown an increase in recent years with a rise of 17% or 46 incidents between 1/12/2010 and 30/11/2011 when compared to the previous 12 months. Between April and December 2011 almost 50% of DV perpetrators arrested were assessed as having an alcohol misuse need.

The emotional impact of domestic violence is also well documented and equally as damaging to the victim as physical violence. The very nature of such a hidden crime increases the social isolation of victims and their ability to approach services for help. As part of a consultation on preventing suicide,

NHS South of Tyne and Wear revealed that domestic violence victims and their children were at risk of suicide if the necessary support measures were not put in place for example psychological therapies and specialist counselling. As a result a series of recommendations have been suggested for multi-agency action and progress.

The far reaching effects of domestic violence are also recognised within the family unit and especially on children. Safeguarding Children have recently identified that up to 30% of the 16,000 social care services contacts in the last year (to September 2011) related to domestic violence and this proportion is rising. In two thirds of cases where a Child Protection Plan was needed, domestic violence also played a role in the abuse of children. The recent gathering of evidence for the Health Joint Strategic Needs Assessment (JSNA) also highlighted tackling domestic violence as an area for improvement for safeguarding children in Sunderland. In the year up to the end of September 2011, 77% of families attending Initial Child Protection Conferences were displaying concerning behaviour in one or more of the vulnerable areas including domestic violence, mental health, and substance misuse.

Sunderland Domestic Violence Partnership has produced a local multi-agency action plan in response to the recommendations from the Home Office's 'Violence Against Women and Girls Strategy, 2010'. As a result a number of initiatives have been highlighted to address the impact of domestic violence on health nationally with a view to partnerships progressing the issues at local level. These include the following;

- Multi-Agency Risk Assessment Conferences (MARAC) protecting the health, well-being and safety of high risk victims and their children,
- Further research around the prevention of mental health impairment associate with exposure to violence,
- Review of NHS current responses into sexual assault, human trafficking and self-harming,
- Improving the knowledge and identification of domestic violence through the role of Health visitors,
- Improving the commissioning and provision of Sexual, Advice, Rape and Counselling Services (SARC),
- E-learning for GP's to improve the competency level around the impact of violence on victims and appropriate referral pathways for support.

There are also clear links between health and wellbeing and the wider violent crime agenda, for example in relation to violent assaults. The 2011 PSIA highlighted there were a total of 3293 assaults reported via the Emergency Department of Sunderland Royal Hospital during the two-year period Oct '09 – Sept '11 with a peak time of presentation between 8pm and 4am. The main presenting conditions individuals presented with were head injuries, soft tissue injuries, fractures and lacerations. There is a strong link between these occurrences and alcohol, in fact 46% (1508 from 3293 attendances / admissions) of all assaults presenting to Emergency Department during 09-11 were linked to alcohol. Many of individuals presented over the weekend

(61%) and almost half of the patients were in the 16-25 year old age range, suggesting strong links between the night time economy and alcohol related violence.

These assaults place a pressure on Sunderland Royal Hospital and in terms of follow-on care can also have repercussions for GP surgeries and the Walk-In Centres. They also impact on other partners from a crime and disorder perspective, most obviously the police but also Victim Support.

Health, Wellbeing and Anti-Social Behaviour (ASB)

The issue of anti-social behaviour (ASB) remains a significant concern for the public and a strategic priority for the Safer Sunderland Partnership. Perceptions in relation to crime and disorder are gathered through the quarterly safer communities survey, which consistently reports concerns from the public in relation to young people drinking and causing anti-social behaviour. ASB encapsulates a wide range of behaviours and what can seem like a low level problem can have a major impact on the victim particularly if they have suffered repeat victimisation.

Action to address ASB related issues are addressed at locality level though Local Multi-Agency Problem Solving Groups (LMAPS) which take a victim, offender, location approach to solving neighbourhood problems. Victims that are identified as high risk, perhaps due to additional vulnerabilities such as poor mental health or learning disability, are now prioritised by organisations including Northumbria Police through a risk assessment matrix. Similar to domestic violence this process enables swift access into a range of appropriate support and aims to intervene at the earliest opportunity.

In light of the high profile Pilkington case in 2007 (where Mrs Pilkington and her daughter were subjected to repeated incidents of anti-social behaviour over a seven year period & subsequently committed suicide) agencies are now more alert to the devastating effects of ASB can have particularly on the health and well-being of vulnerable adults. The SSP and Safeguarding Adults Board have strengthened their relationship through a number of joint initiatives to protect those affected by crime, anti-social behaviour, mental health and learning disability issues.

There are currently a range of health related interventions to address vulnerable victims affected by ASB which include;

- A specialist ASB Victims Support Worker who is employed by Victim Support and based within the Council ASB Team
- Victim Focused interventions within Gentoo Housing (Registered Social Landlord)
- Implementation of the Risk Assessment Matrix (RAM) which includes questions on physical and mental health
- Extra-ordinary Local Multi-Agency Problem Solving Groups to fast track vulnerable victims into health and social care services

- Continued awareness campaigns on where to access support and how to report ASB related problems
- Targeted Police Operations focusing on hotspot areas
- Youth related support and resources to divert young people into positive activities and improve wider feelings of safety

Health, Wellbeing, Safety & Feelings of Safety for High Risk Groups & Vulnerable Victims

The SSP's PSIA breaks down community safety problems into the three key elements of offenders, victims and locations. This enables a holistic approach to not only address criminal activity & hotspots, but the safety and feelings of safety of victims and vulnerable groups. Crime and perceptions of crime can have a significant impact on the health and well-being of communities especially individuals who feel victimised in relation to their age, ethnicity, faith, gender or disability. As a result the SSP has agreed addressing the needs of victims as a new headline strategic priority.

There are a number of interventions that help improve feelings of safety and contribute to improved health and wellbeing which includes;

- Sunderland Street Pastors who have supported hundreds of people who have been vulnerable and / or drunk after a night out in the city centre,
- The Safer Homes Initiative which has provided additional home security to over around 7,000 victims of burglary, domestic violence, hate crime and ASB since 2007 and 97% of those receiving the service say they feel safer as a result of the scheme,
- Targeted approaches to youth related anti-social behaviour on Friday and Saturday nights.

The following initiatives have contributed to the above successful reductions in crime across the city but reduced budgets and new commissioning arrangements regarding Police and Crime Commissioners will pose challenges in the future. As a direct result the SSP will need to re-assess the support it provides to high risk victims of crime and those most vulnerable and there is an opportunity to review the impact on victim's health and wellbeing.

Health, Wellbeing and Re-Offending

Adults and young people who are socially excluded, have a high proportion of health inequalities and are in contact with the criminal justice system, are more likely to experience mental health problems, learning disabilities or to have difficulties with drugs and alcohol. For many offenders the criminal justice system leads to their first contact with health and social care professionals whose support is vital to addressing their needs demonstrating the need for joined up thinking and approaches to address re-offending.

The links between offending, re-offending and health are widely recognised and currently being reviewed as part of a national delivery plan overseen by

the Government's Health and Criminal Justice Board. This cross-government board was established to take responsibility for the overall development and implementation of a national approach to the health and social care needs of offenders. The delivery plan contributes to key Home Office initiatives and other reports (including the Bradley Report, 2009 review of people with mental health problems or learning disabilities in the criminal justice system) on protecting the public, reducing health inequalities, reducing re-offending and health improvement and protection.

Although health care in prisons is now a mainstream NHS service more work is still required to improve the pathways in accessing health provision both in the community and custody. Whilst Sunderland will not provide direct health interventions into any of the North East prisons there are a number of residents who will be imprisoned and released back to the local area. It is therefore critical that interventions such as the Integrated Offender Management (IOM) scheme take account of not only the individual's offending behaviour, but also the complexity of needs they may have, including improving their health and well being.

Evidence suggests that there are now more adults with mental health problems in prison than ever before. In some cases custody can exacerbate mental ill health, heighten vulnerability and increase the risk of self-harm and suicide. Again there is a potential opportunity to link this work to the Clinical Commissioning Group with their responsibilities for commissioning appropriate mental health interventions to meet local need.

Women offenders in custody are more than five times more likely to have a mental health concern than women in the general population. A study into women offenders undertaken by the Department of Public Health, University of Oxford revealed that 78% of women in custody exhibited some level of psychological disturbance and 75% had taken illicit drugs in the six months prior to prison. The Baroness Corston Report, 'Review of women with particular vulnerabilities in the criminal justice system', highlighted the health complexities of women offenders and the need to protect their children, given that a significant proportion in custody have children under the age of 5 years old. As a result two additional areas have been introduced to the re-offending agenda nationally and adopted locally by the SSP these include; support for women who have been abused, raped or experienced domestic violence and support for women who have been involved in prostitution.

Studies suggest that around three quarters of prisoners have taken illegal drugs before entering prison; of these more than one-half reported that they had committed offences connected to their drug taking. Schemes such as the Drug Interventions Programme (DIP) go some way to assisting offenders into treatment and keeping them there to recover. Alcohol misuse also has a significant impact on offending behaviour; findings from research carried out by Robin Moore University in 2007 revealed one in four offenders perceived alcohol to be a problem and linked to their offending. Tackling alcohol related offending is part of the SSP's broader approach to addressing the key problems linked to alcohol misuse building on the Government's 'Safe,

Sensible Social' Alcohol Strategy. The Integrated Offender Management Unit in Sunderland established in 2010 is the overarching framework or strategic umbrella that brings together agencies to tackle offenders causing the greatest damage to communities, ensuring that they are prioritised for appropriate interventions. This multi-disciplinary team brings together professionals from Northumbria Probation, the Prison Service and drug and alcohol treatment services to meet the diverse needs of offenders to reduce the likelihood of offending and keeping communities safe.

Effective interventions for children and young people at the earliest stage have the potential to impact positively on immediate offending and re-offending rates, but also to influence children and young people away from an adulthood of offending behaviour. Early intervention in the criminal justice process provides the best opportunity for improving how young people with mental health problems or learning disability are managed. In Sunderland services are now being configured to address the needs of the 'whole family' and improve the transitions between the youth and adult justice system given the linkages between parental offending and intergenerational offending, with a particular focus on young males. Families can also be an important factor in helping offenders to reduce their offending behaviour. Intensive family interventions that focus on improving relationships and parenting skills within the family have been found to reduce the chances of re-offending, there are opportunities to link the work of the SSP with the HWBB in contributing to the Strengthening Families work in Sunderland.

There are a number of current initiatives and well established projects driven by the SSP's Reducing Re-Offending Delivery Network to improve the overall health and well-being of offenders which include;

- Integrated Offender Management (IOM) Unit
- Integrated Drug Treatment Services (IDTS) delivered in prisons settings
- Drug Interventions Programme (DIP) which engages offenders in the community with the aim of reducing drug related crime
- Strengthening the pathways for offenders to access physical and mental health services
- Improving the overall transitions and access to services for young offenders in respect of mental health, learning disability, drugs and alcohol
- Strengthening access to substance misuse services within custody
- Working with the Prison Service to ensure offenders have comprehensive packages of support around health and social care needs when integrating back into the community
- Ensuring the needs of women offenders are considered as part of all pathways out of re-offending

The benefits of investing to prevent

Investing in drug and alcohol treatment can be seen to have significant benefits in both the short and long term from both a patient and provider perspective. As mentioned the number of individuals presenting with alcohol

related health concerns has increased and mirrors a national problem which has seen the number of hospital admissions due to alcohol misuse incur a 100% increase since 2002/03 up to 1.1 million in 2009/10. If the rise continues unchecked, by the end of the current Parliament, 1.5 million people will be admitted to hospital every year as a result of drinking (Alcohol Concern, 2011). Alcohol misuse is now estimated to cost the NHS £2.7 billion a year, almost twice the equivalent figure in 2001. Unlike most areas Sunderland's TPCT have invested in alcohol treatment and it can be observed from national research there are significant advantages in this approach, the National Treatment Agency found that for every £1 invested in specialist alcohol treatment £5 is saved on health, welfare and crime costs. Similarly for drug treatment, research recently published by the Home Office, the Drug Treatment Outcomes Research Study (DTORS) evaluated the long- term effectiveness and cost effectiveness of drug treatment. It concluded drug treatment reduces the harm caused to communities from drug addiction; is effective for the individual seeking treatment in improving their physical and mental health; and has around an 80% chance of being cost-effective for that individual. It also estimated the benefit: cost ratio for drug treatment at 2.5 to 1 meaning for every £1 spent on drug treatment society benefits to the value of £2.50.

The introduction of Clinical Commissioning Groups will also contribute to the effective delivery of community safety interventions linked to health. This includes the commissioning of mental health services for offenders and / or people who misuse substances to ensure their complexity of needs are addressed in order to reduce their offending and substance misuse. Additionally identification, brief advice and brief interventions are a vital source of quick wins in reducing the cost burden of alcohol to the NHS. Research from the Department of Health shows GPs tend to under-identify alcohol use disorders, finding and offering support to only one in 67 male and one in 82 female hazardous or harmful drinkers. Less than a third of GPs use an alcohol screening questionnaire, and those who do only did so for an average of 33 patients in the last year. However rigorous evidence shows that alcohol brief advice in primary care leads to one in eight people reducing their drinking to within sensible levels. There is an opportunity for the CCG to prioritise the commissioning of Identification and Brief Advice in order to reduce the levels of alcohol misuse throughout Sunderland.

Item No. 7

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD **30 March 2012**

NATIONAL LEARNING NETWORK FOR HEALTH AND WELLBEING BOARDS

Report of the Executive Director of Health, Housing and Adult Services

Purpose of the Report

To update the Board on the work of the National Learning Network for Health and Wellbeing Boards.

Background

The Health & Social Care Bill was published in January 2011 and set out proposed major reforms for Health and Care Services. The Bill is in its final stages and is due to complete the Parliamentary process during March. A key proposal in the Bill is the establishment of Health & Well Being Boards by Local Authorities in April 2013, with them operating in Shadow form during 2012/13. In preparation for their introduction, the Department of Health offered the opportunity for local Council's with their partners to establish Early Implementer Boards during 2011/12. The City Council approved the establishment of an Early Implementer Health and Well Being Board in July 2011.

In October 2011, as part of the commitment to the process of developing the new Boards, the Department of Health invited applications from Early Implementers to participate in Learning Sets. The intention of the sets is to gather and share learning from the Early Implementer phase to support Boards as they make their transition to Shadow status and subsequently take up the full statutory role.

A successful application was made by the Sunderland Board to participate in the programme, and we were allocated to the set which is considering how Boards can make the best use of collective resources.

National Learning Set Programme

The programme was launched in November 2011. More than 90 out of 152 emerging Health and Wellbeing Boards from across England are represented in the learning sets. The sets are focused on themes that early implementers have said are of most interest and importance to Health and Wellbeing Board members.

Each learning set comprises members from local government and NHS organisations, with a nominated policy lead from the Department of Health. The peer-to-peer learning approach encourages senior people to share

solutions that are already working, shape new solutions and influence national policy makers in the areas that matter to emerging boards and their constituent members.

There are seven Learning Set topics, which are:

- **Improving the health of the population**
  To develop the understanding of how health and wellbeing boards can drive effective action by the NHS, local government and wider partners across all domains of public health. The sets include a focus on the role of Boards in tackling health inequalities.

- **Bringing collaborative leadership to major service reconfiguration**
  To develop the understanding and the best practice in how health and wellbeing boards can ensure collective leadership across the NHS and local government where major service reconfiguration is potentially required.

- **Creating effective governance arrangements**
  To develop the understanding and the best practice of how Boards are run in a way which engages local stakeholders, enhances democratic legitimacy, and delivers their accountabilities. A particular area of focus will be the relationship between boards and scrutiny committees.

- **How do we "hard wire" public engagement into the work of the board?**
  To develop the understanding and the best practice about how health and wellbeing boards can embed engagement with the public, patients, carers and citizens as an integral part of their work. This learning set will work closely with the HealthWatch pathfinder programme.

- **Raising the bar on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies**
  To develop the understanding and the best practice about how to carry out a Joint Strategic Needs Assessment [JSNA] and how this informs the work of the board in developing the Joint Health and Wellbeing Strategy to shape commissioning plans across the NHS and local government.

- **Making the best use of collective resources.**
  To develop the understanding of how the role of health and wellbeing boards can drive the best use of resources across the NHS and local government.

- **Improving services through more effective joint working**
  To develop the understanding of how health and wellbeing boards can further improve service delivery and outcomes in specific services by ensuring greater integration between the NHS, local government and other partners. There are general sets for this theme and one specifically for children and families services.

Making Best Use of Collective Resources Learning Set

The learning set was established in December 2011. The Executive Director of Health, Housing and Adult Services from the City Council acts as the representative from the Sunderland Board. Set meetings are virtual rather than face to face, and there have been four such meetings. The meetings have been convened using 'WebEx' technology which provides live, web-based conferencing.

In addition to the virtual meetings there has been an event in London which brought together all learning sets and provided an opportunity to cross fertilise ideas and learning.

Membership of the set is drawn from across the country and includes a mix of Board level members from Local Government, PCTs and CCGs. The work of the set will produce a reference resource available to all Health & Wellbeing Boards that should assist Boards in providing the required leadership to get better use of the collective resources available to the whole system in their area.

The particular products in development include; a set of questions for Boards to prompt consideration of key issues, a series of 'tips' for Boards as they consider the use of collective resources, a list of the range of resources that may be available, and an explanation of terms regularly used by the various partner organisations. In addition the work will cross reference and link to case study examples of perceived good practice.

A draft of the work is due to be produced by 29 March and it is proposed to circulate it to members of the Board, the Children's Trust, and the Adult Partnership Board for comments which will be fed back for consideration as the process develops.

The work of all the Learning Sets will be submitted to the Department of Health during April after which it will be moulded into a single final product.

Recommendations

The Health & Wellbeing Board is recommended to

1. Note the content of the report.

2. Agree to circulate the draft product from the 'Making the Best Use of Collective Resources' to members of the Board and the Advisory Groups for comment.

3. Receive a future report following the completion of the work by the National Learning Network.

NHS
Sunderland Clinical Commissioning Group

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD **30 March 2012**

FUTURE DEVELOPMENT OF HEALTH VISITING SERVICE

Background

The Health Visitor Implementation Plan 2011-2015: A Call to Action (February 2011) set out a vision to expand and strengthen health visiting services. NHS SOTW is one of twenty earlier implementer sites across the country. As part of this work, a developmental specification for the Health Visiting Service has been developed regionally and this will be incrementally implemented during 2012/13. This is based on the new national health visitor model.

In 2013, responsibility for the commissioning of Health Visiting Services will pass to the National Commissioning Board on an interim basis. It is expected this responsibility will pass to the local authority in 2015.

A survey of staff in GP practices within Sunderland has indicated a number of concerns regarding the way the current service is provided, including concerns about potential risks to safeguarding and communication issues. SCCG also have some concerns regarding the proposed service specification. While the service specification is developmental, SCCG feel this is an important opportunity to influence the service specification to be implemented in 12/13 in order to address some of the issues before the responsibility for commissioning the service passes to the National Commissioning Board (and eventually the local authority), recognising the importance of a good start in life in laying the foundations for good health and well being in later life.

SCCG have tried to influence the regional work on development of the service specification, but have not received assurances that the final proposed specification will be shared with them prior to sign off.

The focus on the Healthy Child Programme nationally has been on engagement from Health Visitors, School Nurses and Children's services but it has missed communication and engagement from GPs and the primary care team. The work on the specification offers the opportunity to not only improve integrated working arrangements across primary care teams, health visitors and school nurses but to deliver improved outcomes for children's health and wellbeing.

Recommendation: That the Health and Wellbeing Board asks the Children's Trust to take forward working with all stakeholders to investigate the issue and provide a report back to the Health and Wellbeing board in six months time with recommendations to address concerns, mitigate risks and influence the future development of the service in order to improve outcomes for children.

Item No. 10

SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD **30 MARCH 2012**

BOARD DEVELOPMENT SESSION – INTEGRATED COMMISSIONING

1.0 PURPOSE OF THE REPORT

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

2.0 INTEGRATED COMMISSIONING SESSION

The Board has agreed that developing a joint approach to commissioning of services will be vital to the ongoing success of the Board and in ensuring that the Board is equipped to deal with the decisions regarding commissioning that will be its responsibility from April 2013.

As such the session on Monday 23 April 2012, 10.00am - 12.00noon has been set aside to discuss commissioning. The Aims and Objectives of the session are as follows.

Development Aims	Objectives/Outcomes
To develop an understanding of joint commissioning to include: o Current commissioning practice/models o Challenges o Benefits o Risks	o Understand joint commissioning and identify some joint commissioning opportunities o Understand joint commissioning models/practice o Commit to establishing a joint commissioning model for Sunderland between CCG & LA o Identify opportunities for investigation on wider commissioning prospects

The session will be facilitated by Professor Chris Drinkwater. Professor Drinkwater was an inner city GP in Newcastle for 23 years and he is now emeritus Professor of Primary Care Development at Northumbria University in Newcastle. He is the President and Public Health Lead for the NHS Alliance and a director and company secretary for HealthWORKS Newcastle.

3.0 RECOMMENDATIONS

The Board is recommended to note the session.