

At a meeting of the ADULT SOCIAL CARE PARTNERSHIP BOARD held in the CIVIC CENTRE (COMMITTEE ROOM NO. 1), SUNDERLAND on TUESDAY 15 MARCH 2011 at 2.30 pm.

Present:-

Councillor Mel Speding (Chairman)	- Sunderland City Council
Councillor Pat Smith	- Sunderland City Council
Councillor John Walton	- Sunderland City Council
Neil Revely	- Health, Housing and Adult Services
Nicola Morrow	- Health, Housing and Adult Services
Graham King	- Health, Housing and Adult Services
Ailsa Martin	- Voice for Carers
David Fraser	Health, Housing and Adult Services
Carol Harries	- City Hospitals Sunderland NHS Foundation Trust
Graham Burt	- City Services
Gill Charman	- Disabilities Alliance, Sunderland
Don Stronach	- Northumberland Tyne and Wear NHS Foundation Trust
Colin Morris	- Independent Chair, Safeguarding Adult Board
Stuart Cuthbertson	- Chief Executive's
Victoria French	- City Services
Jean Carter	- Health, Housing and Adult Services
Gill Lawson	- Health, Housing and Adult Services
Debbie Wilkinson	- Health, Housing and Adult Services
Tricia Doyle	- Headlight

Apologies for Absence

Apologies for absence were received from Councillor F. Anderson, Carol Harries, Sandra Mitchell, Gillian Gibson, Alan Patchett, Phillipa Corner and Martin Barry.

Minutes

32. RESOLVED that the minutes of the meeting held on 18 January 2011 be confirmed and signed as a correct record.

Review of Adult Social Care Partnership Board

The Board considered a report by the Executive Director of Health, Housing and Adult Services to review its ways of working for 2011/2012.

Mr Neil Revely, Executive Director of Health, Housing and Adult Services advised that with the formation of the coalition government a series of government reforms had been produced in the last couple of months. In light of the changes the ASCPB must be able to be flexible to ensure that practice in social care is consistent with the White Papers:

- Public Health White Paper
- Law Commission report on Adult Social Care Legislation
- Commission on the Funding of Care and Support report
- Care and Support White Paper
- Social Care Reform Bill

In light of the changes that have occurred, at the final meeting of the 2010/2011 year the board would need to:

- Review its membership (Current membership appendix a)
- Review the Terms of Reference (Current TOR appendix b)
- Agree targets for delivery (Current performance measures appendix c)
- Review its key priorities for forthcoming year e.g. reablement, hospital discharge etc (Current Work plan appendix d)

With the changes taking place to the NHS commissioning landscape and changes locally across health and social care with regard to the LSP and emerging G.P. consortium it was important to seek all partners' views.

The Health and Well Being Boards will encourage people who arrange for the provision of any health or social care services in that area to work in an integrated manner.

Whatever the recommendation for the working format it was important that all partners in Sunderland were consulted on what the work programme might be.

Ailsa Martin requested that Voice for Carers were informed as soon as appropriate when there was more detail with regard to Sunderland Health and Well Being Board.

Nicola Morrow facilitated the review which consisted of two tasks:-

Task 1

ASCPB- last 2 years

Looking at the original aims and objectives set for the Adults Social Care Partnership Board and the terms of reference that were originally set in place can you consider the following questions?

- Has the board in its current format met the aims and objectives originally set?
- What has the board achieved?
- What opportunities have been missed by the board?
 - Why were the opportunities missed?
- Has the membership for the board been appropriate?
 - Are any members/orgs missing? If so, what role would they play?
- Do board members understand their responsibilities?

Work Programme

Throughout the board a work programme has been used to coordinate themes of work and to record progress of delivery. Thinking of the work programme can you consider the following questions?

- Does our work programme reflect the Terms of Reference set out?
- Should the board agree some 'difficult issues' at start of year to focus on?
 - If so, what should these be? For example, is it issues that only need to be delivered in partnership?
- How should the board take forward work programme activities?
 - The board have used task and finish approaches in the past; are they an appropriate method?

Ailsa Martin, on behalf of Voice for Carers felt extremely positive about the role they had played. She advised that through their representation on the Board, Voice had reached a broader spectrum of people and were able to understand the broader policy issues.

In conjunction with Councillor Smith, the Board had linked in with young carers and had engaged in much better joint and proactive working.

Neil Revely advised that the Board had fulfilled its achievements and that of the Directorate. It had shared policy issues and had responded to a number of consultation papers. However he advised that there had been a missed opportunity with regard to robustly holding other Boards to account.

Ailsa Martin advised that she felt that Voices had lacked the courage to bring the Carer's Strategy to the Board's attention; this was due to a lack of feel for timing.

The Chairman advised that as it was formally constructed, the Board had the qualification to be authentic.

Graham King advised that the membership would have to be looked at in future.

With regard to the PCT, Jean Carter advised that it would exist as NHS SOTW until the G.P. Consortia took over.

Ailsa Martin advised that older people's mental health issues were represented by the Alzheimer's Society and they had not chosen to engage with local policy issues other than on a regional basis. They had been reconstructed at a national level and did not have a local officer when invited to join Voice. The policy decisions were taken nationally by the Alzheimer's Society and it needed to be tailored for local use. Therefore it was important that the user group list was looked at and it was ensured that the Sunderland perspective was represented.

Tricia Doyle advised that Headlight found the Board extremely helpful and feedback from the meetings went to the provider forums which included Washington Mind etc.

Ailsa Martin felt that opportunities had been missed with regard to engaging with GP's and holding them to account, however she was unclear how this could be resolved.

Victoria French advised that with the introduction of the Dementia Strategy there would be a shift with specialist interest older people's GP's. Accordingly if there were some champion older people GPs they might have an interest in sitting on the ASCP Board.

Task 2

Accountability Role

The board is currently responsible for a number of groups / boards:

- 50+ Action (OPPAG)
- Carers Strategy
- Carers Demonstrator Site
- Learning Disability partnership
- Safeguarding partnership
- Working Neighbourhood Fund
- WHO Healthy Cities

Considering the accountability role of the board and the above groups can you consider the following questions?

- Is it still appropriate that the Adults Board is responsible for monitoring / driving the groups/boards listed?
- What do you feel the boards influencing role has been?
 - Has this been appropriate?

Health and Wellbeing Boards

The policy framework within the city will change with the proposal and implementation of Health and Wellbeing Boards, considering the proposed changes

and how they will impact upon the board's role can you consider the following questions?

- Is this board still relevant within this context?
- If so should the monitoring / driving of the groups/board continue in light of emerging Health and Wellbeing Board?
- How does the board need to engage with Sunderland Partnership, Health and Wellbeing Board etc?

Neil Revely advised that there were various models emerging for the Health and Well Being Boards. In the first phase the network of early implementers would be supported by the Department of Health to share experience and expertise. The outputs of this work will be shared with other councils and the GP consortia. The second phase of implementation will be the establishment of 'shadow' Health and Well Being Boards in every upper-tier authority by the end of 2011. The final phase will be in April 2013 onwards when statutory duties and powers would take full effect.

Mr Revely advised that the Adult Social Care Partnership Board could advise other statutory bodies such as the Children's Trust.

Discussion ensued on the function of the ASCPB in relation to the new Boards. Neil Revely advised that it seemed appropriate for this Board to retain its function and be an advisory body to the Health and Well Being Board. Indeed some of the functions of the Healthy City Board, for example, could be merged.

Ailsa Martin felt that an advisory group model was appropriate and it was important it was inclusive.

Neil Revely concluded by stating that the further comments would be requested from other partners and the Chairman advised that the Board was still the accountable body for a number of strategies that would directly link into the Health and Well Being Board.

Graham King suggested that a conversation was held with the Healthy City Group to gain a mutual understanding of what each is proposing.

Signed M. SPEDING,
Chairman.

