SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 20 November 2015 at 12.00noon

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

For further information and assistance, please contact:

Gillian Kelly, Principal Governance Services Officer Tel: 0191 561 1041
gillian.kelly@sunderland.gov.uk

9. **Safeguarding Sunderland**

(i) **Sunderland Safeguarding Children Board – Annual Report** 71

Report of the Independent Chair of the SSCB (attached).

(ii) **Sunderland Safeguarding Adults Board – Annual Report** 157

Report of the Independent Chair of the SSAB (attached).

10. **Transforming Care for People with Learning Disabilities and/or Autism** 235

Report of the Chief Officer, Sunderland Clinical Commissioning Group (attached).

11. **Active Sunderland Board** 259

Presentation attached.

12. **Health and Wellbeing Board Forward Plan and Board Timetable** 269

Report of the Head of Strategy and Policy (attached).

13. **Date and Time of the Next Meeting** -

The next meeting of the Board will be held on Friday 15 January 2016 at 12noon.

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

12 November 2015

Item No. 3

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 18 September 2015

MINUTES

Present: -

Councillor Paul Watson (in the Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor Mel Speding	-	Sunderland City Council
Dave Gallagher	-	Chief Officer, Sunderland CCG
Kevin Morris	-	Healthwatch Sunderland
Gillian Gibson	-	Acting Director of Public Health
Dr Ian Pattison	-	Chair, Sunderland CCG

In Attendance:

Colin Morris	-	Chair, Sunderland Safeguarding Children and Sunderland Safeguarding Adults Board
Fiona Brown	-	Chief Operating Officer, People Services
Michelle Turnbull	-	NHS Sunderland CCG
Janette Sherratt	-	NHS Sunderland CCG
Adam Wuni	-	NHS Sunderland CCG
Councillor Ronny Davison	-	Sunderland City Council
Petrina Smith	-	NEAS
Lindsay Gibbins	-	Gentoo Group
Liz Highmore	-	DIAG
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW25. Apologies

Apologies for absence were received from Councillor Leadbitter, Neil Revely and Ken Bremner.

HW26. Declarations of Interest

There were no declarations of interest.

HW27. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 24 July 2015 were agreed as a correct record.

HW28. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 8 September 2015 and the main issues considered had been: -

- Health and Wellbeing Board Agenda
- Launch of Age Friendly City
- VCS Provider Event
- Terms of Reference and Core Purpose

The Chair asked if there had been any discussion at the Partnership Board about the increase in the national minimum wage and the impact this would have on the sector. Providers would be unable to pay staff at that rate without increasing the cost to service users and it could reach a stage where homes would close because operators could not afford to run them.

Councillor Miller stated that there was lobbying taking place to try to have care home services accepted as new businesses and this was a technical argument with the Treasury.

Colin Morris commented that in Sunderland there were successful monitoring arrangements for care homes and good working relationships with providers. He was confident that the Council would work closely with homes if they were at risk.

It was noted that in recent years a care provider in the city had folded and there had been capacity to take service users into alternative settings at the time. This had happened with 28 days' notice and Councillor Miller commented that unless problems were being flagged up with the Council, then they would not be aware that they existed until a provider was a month away from closure.

Fiona Brown advised that officers in People Services made sure that they were up to date with all Care Quality Commission (CQC) reports so that they had intelligence about the care homes in the city. The service tried hard to ensure that there was enough supply of places but also that people were placed in homes at an appropriate point in their lives. The Recovery at Home Service would bring together Sunderland Care and Support, district nurses and out of hours GP services and was aimed at supporting people to wellness at home and reducing the demand for places in care homes.

RESOLVED that the update be noted.

NHS Provider Forum

Ken Bremner informed the Board that the NHS Provider Forum had met to consider a presentation on the role of Health Prevention.

Gillian Gibson stated that the presentation had looked at what could be done in relation to the workforce as the poor health of the population also had a negative impact on the recruitment and productivity of the local workforce. The Provider Forum was considering how best to approach the prevention agenda and would report any resulting recommendations to the Health and Wellbeing Board.

RESOLVED that the update be noted.

Children's Trust

Councillor Smith reported that a workshop had been held on 6 August 2015 to discuss the future arrangements for the Children and Families advisory group of the Health and Wellbeing Board and a further meeting would be held at the end of October to progress the priority setting process.

RESOLVED that the update be noted.

HW29. Update from the Health and Social Care Integration Board

Dr Pattison advised that the Health and Social Care Integration Board had met on 25 June, 23 July and 10 September 2015 and he stated that there was a sense of the Board 'coming together' and starting to firm things up. He highlighted that the Board had resolved some virement issues and had discussed the financial challenges ahead and the plans to address these. The real benefits of the Better Care Fund would be seen within the integrated teams and services such as Recovery at Home.

It was queried at what stage public engagement would be undertaken and Dave Gallagher commented that the Integration Board was overseeing the Better Care Fund but with regard to matters such as the integrated teams, there had been conversations with the public and stakeholders and engagement sessions had been held at the Stadium of Light. Partners were at the stage of trying to set the system up and were listening to advice from the public and patients; the first element of this would be the launch of the single contact number. Dr Pattison acknowledged that it was important to send a message to the public that there was an Integration Board and what its role was in the new ways of working.

The Chair commented that it was important to move forward on this agenda. He referred to the ongoing discussions around regional devolution and that leaders had steered away from devolving health services as it had been noted that the Manchester deal had reduced the funding available for health activity.

Dave Gallagher stated that the Better Care Fund had always been about bringing services together and avoiding duplication and that people would start to see a difference when everything went live. He noted that the advantage of having Vanguard status was that the city was being shown as having some of the answers to national problems.

Gillian Gibson asked if there would be any benefit in thinking about the rationalisation of hospitals as in the past, this would have been managed regionally. Dave replied that it would be sensible to manage some things on a scale basis but if devolution was to include health then there would have to be a way of keeping focus on the right things at the right level.

Dr Pattison highlighted that there was a considerable transformation going on and it may seem that things were more complicated and difficult initially but partners were aware of this and hoped that people would be patient while issues were worked through. People would be familiar with navigating through an existing service and the new systems would be different.

The Chair noted that it was important that the changes were monitored over time to identify trends developing but added that clinicians had been asked to work differently and these new approaches were the best way of achieving the aims for health and wellbeing in the city.

Kevin Morris enquired how the changes and the launch of the single number were being communicated and Dr Pattison said that there was a full engagement plan for patients, families and carers. He undertook to provide this document for Kevin.

Accordingly, the Health and Wellbeing Board NOTED the update from the Health and Social Care Integration Board.

HW30. Ofsted Inspection

The Local Authority Perspective

Fiona Brown, Chief Operating Officer, People Services, delivered a presentation to the Board providing an improvement update on Children's Safeguarding Services.

Fiona outlined the background to the current position of the Children's Safeguarding Service, explaining that an improvement plan had been produced in July/August 2014 to address issues identified by an external review of the service. Improvement activity had been ongoing from that time, however an Ofsted inspection between May and June 2015 had found Children's Services in Sunderland to be inadequate.

The Minister for Children had placed Sunderland Children's Services in intervention and Nick Whitfield had been appointed as Commissioner for Children's Services in the city. Following the Ofsted report, £6m of additional funding was to be invested in the service over 2015/2016 and an additional 16 managers and 93 social workers were in post by 2 September 2015.

The role of an interim Director of Children's Services had been proposed and would be presented to the Council meeting on 23 September 2015 for ratification. The Council had negotiated the secondment of Steve Walker from Leeds City Council to fulfil this role and there was a clear commitment by the Council to ensure that children and young people in Sunderland were safe.

Ofsted had identified a number of significant concerns and made 27 recommendations. A draft single improvement plan had been developed to address these recommendations and would be shared with key partners at the first meeting of the Improvement Board on 6 October 2015. Nick Whitfield would act as Chair of this Board.

Ofsted had referred 21 cases back to the Council through 'Annexe H' which was used when the inspection team had serious issues of concern. Fiona advised that Children's Services undertook an immediate review of all of these cases and identified a clear set of actions for each of them. Appropriate arrangements were now in place for all 21 cases.

The Board received a summary of the issues which had been raised in relation to the Multi Agency Safeguarding Hub, Child Protection Processes, Recording and Performance Management and Looked After Children and Care Leavers and were advised of the immediate actions which had been taken to address these concerns.

Dr Pattison noted that workforce issues were a problem across all sectors and asked if the staff who had been recruited were permanent or through locum arrangements. The Chair commented that it seemed to be better financially for social workers to work for an agency and they did not always have the same public service ethos as permanent members of staff. He understood that there were some workers employed on a temporary basis to address backlogs.

Fiona Brown confirmed that it had been the case that agency workers had been moved in to deal with the backlog in the system, however two to three permanent social work staff were being recruited each month. The Council was talking to longstanding agency workers about moving towards permanent positions and 15 newly qualified social workers had been recruited over and above the current establishment. The Chair noted that lessons had been learned from the Strengthening Families approach and that dealing holistically with a family was much more effective.

Dave Gallagher commented that the presentation described a bad place but it was positive that there was now clarity about what was not working and what needed to be fixed and all partners would have a role to play. The Chair added that the presentation did not convey was the breath-taking pace at which the action had been taken.

The increase in staffing was welcomed but it was queried if this would have any impact on the staff available for adults in the city. Fiona Brown advised that officers were looking at the pressures being faced in relation to deprivation of liberty and were discussing the resource implications with the Head of Personalisation.

The Chair stated that the case was being made to Government that it was impossible to manage with the level of resources available. Pressures and problems on the ground had not always been accepted higher up the chain but professionals had to speak up and highlight these issues.

Gillian Gibson echoed the Chair's comments and said that partners needed to look further at prevention, how good parenting could be encouraged and how certain approaches could be taken to stop issues escalating.

Councillor Miller commented that the authority needed to be prepared to deal with the impacts arising from the introduction of Universal Credit and changes to Working Families Tax Credit. The Chair stated that he would like to have information come back to the Board about the capacity in the community to manage benefit claims online as he had noted the large numbers of people queuing to use public computers to complete forms for Job Seekers Allowance.

It was suggested that Sarah Reed could be approached to identify a contact from the Department for Work and Pensions who might be able to provide information to the Board. The Chair highlighted that partners need to have the full information on what was available and the city was giving the impression that it could cope but it was unclear whether this was actually the case.

With regard to social workers, Councillor Davison asked if the need for the current level of support for them had always been there. Fiona Brown stated that this support had been patchy and managers were now able to provide appropriate supervision, whilst other staff were responsible for driving forward frontline practice.

Update from the Sunderland Safeguarding Children Board

The Board received a report from the Colin Morris, Chair of the Sunderland Safeguarding Children Board on the review of the effectiveness of the Local Safeguarding Children Board which was undertaken at the same time as the Ofsted inspection of Children's Services.

The previous inspection which had taken place in April 2012 had found the range of inspection services to be good, however the judgement delivered in July 2015 deemed services, including the Safeguarding Board, to be inadequate. There were seven specific recommendations identified for the Local Safeguarding Children Board: -

- Ensure full Board approval of agreed priorities and action planning
- Ensure that the Board is able to effectively monitor the quality and impact of services for children across the Partnership
- Accelerate implementation of an early help strategy, ensuring that it was consistent with the 'multi-agency threshold guidance' document and then monitor its effectiveness
- Review multi-agency training to ensure it supports and promotes front line practice and is able to respond to demand following imminent publication of a high number of Serious Case Reviews (SCRs); then ensure lessons are learnt and improvements embedded
- Agree with partner local authorities on Child Death Overview Panel (CDOP), a coordinated response to the high number of SCRs awaiting publication
- Ensure that multi-agency arrangements for the oversight of children missing and at risk of sexual exploitation or trafficking are driven by effective information sharing, performance monitoring, action planning and are strategically coordinated and monitored by the Board

- Review the resources available to undertake the governance of Multi-Agency Looked After Partnerships (MALAP) to ensure a sufficient focus

The Sunderland Safeguarding Children Board had recognised that there were issues in relation to the Board's effectiveness and had acted upon a number of recommendations arising from a development event held in September 2014. Ofsted had acknowledged that a great deal of progress had been made but felt it was too early to judge if these changes had achieved the desired impact.

Following the receipt of Ofsted's recommendations, a Recovery Plan was developed and was attached as an appendix to the report. A number of actions had already been progressed including the Early Help Strategy which the Safeguarding Board was responsible for making sure was effective. There was now a clear arrangement for the sub-committees to monitor the recommendations from Serious Case Reviews and the training that followed would evidence if improvements were being made.

The Safeguarding Board had been aware that child sexual exploitation would be an issue and this was a police led process which was now back on track and moving to a position of strength.

The MALAP had been taken on by the Safeguarding Board to try and keep it going but this had now gone back to the local authority and a new appointment would take the lead on this.

The Safeguarding Board was planning to publish six Serious Case Reviews before Christmas. Colin advised that the criteria for calling a Serious Case Review had recently changed and care had to be taken to classify the cases which would benefit from a Serious Case Review without dampening down the process.

The Chair said that he understood the Serious Case Reviews to be about learning in relation to the circumstances of the case and Colin highlighted that it was also about learning in relation to a spectrum of issues and not about holding people to account. He added that other local authorities in the region were also seeing an increase in the number of Serious Case Reviews, however Sunderland had been very transparent about which cases should be subjected to a review.

The Chair thanked Fiona and Colin for the comprehensive report and stated that the Council had written to the Commissioner for Children's Services to outline the progress which had been made. Fiona confirmed that the Council was awaiting feedback from the Commissioner and noted that the authority had prioritised the most urgent issues. A great deal of improvement had been made, although it was accepted that some areas were not as advanced as officers would have liked, the focus remained on ensuring that all children in the system were safe.

The Board RESOLVED that: -

(i) the contents of the presentation and the report be noted;

(ii) the good progress already made in terms of addressing the recommendations from the Ofsted inspection be acknowledged; and

(iii) further reports be received outlining progress in the implementation of the recommendations.

HW31. General Practice Strategy for Sunderland

The Clinical Commissioning Group submitted a report providing an update in relation to the development of a Strategy for General Practice across Sunderland.

Dave Gallagher advised that the report outlined the process which was being undertaken to describe what GP services would look like in the next few years. Feedback from an event held in June 2015 had been shared with all GP practices along with an online survey to confirm if the key themes identified were an accurate reflection of the discussions on the day.

Work had been commissioned for engagement with the public and engagement with stakeholders had been carried out through the Transformation Board and open events. The first draft of the strategy was scheduled to be developed by 30 September 2015 and would be considered by the Governing Body and Executive Committee during October and reported back to the Health and Wellbeing Board in November.

Councillor Smith asked about the initiative for the Development of Self Care awareness, including school children, and Dave stated that this would be picked up as the process moved to the next stage, as the focus had so far been on GP hospital led care. Gillian Gibson was leading on this piece of work and she added that at the recent Public Health England Conference, there had been discussions about meeting need through involving volunteers in GP practices.

Dr Pattison emphasised the need to get the strategy right as there were some practices under immense strain and there were real challenges ahead for GPs. He drew the Board's attention to the fact the GP training scheme was only 50% full this year and of those who completed the course, 60% emigrated within one year. Nursing provision had been greatly enhanced over recent years but this had reached capacity. Dr Pattison expressed the wish to see more local doctors and nurses coming through the system and highlighted that the strategy could only be based on what could be done in Sunderland.

It was highlighted that the wait for an appointment with a nurse could be longer than the wait to see a GP and there were still issues in some practices in relation to accessibility and the lack of a Patient Participation Group.

Dr Pattison stated that, whilst practices were not contracted to have a Patient Participation Group, he found it surprising that some did not. The Board were informed that Healthwatch had carried out some research around these groups and that the report arising from that work could promote the participation groups. Kevin Morris added that the research was aimed at identifying good practice and the scope for sharing this.

Dr Pattison said that there was an expectation of how you GP practices would engage set out by the Care Quality Commission and this could form part of the GP Strategy if it was deemed to be a significant matter.

It was RESOLVED that: -

(i) the progress on developing the General Practice Strategy be noted; and

(ii) further update reports be received.

HW32. Child and Adolescent Mental Health Services

The Chief Officer, Sunderland CCG, submitted a report setting out guidance on the development of Local Transformational Plans to support improvements in children and young people's mental health and wellbeing, setting out the current position, self-assessment and proposed areas for development and seeking member support for the CCG approach to developing the plan.

The NHS England guidance described an integrated systems approach to driving improvements in children and young people's mental health outcomes with the NHS, public health, voluntary and community, local authority children's services, education and youth justice sectors all working together to achieve them.

Janette Sherratt advised that all local areas had been asked to produce transformational plans and the Children and Adolescent Mental Health Services (CAMHS) Transformation self-assessment had been completed by partner organisations. The draft self-assessment would be taken to the CAMHS Partnership, Mental Health Programme Board and the Scrutiny Committee and the transformational plan would be submitted to NHS England on 16 October 2015. The Health and Wellbeing Board were asked to consider the main priorities from the self-assessment.

The report outlined the existing services available and also identified where there were gaps and Michelle Turnbull advised that it needed to be determined how these could be addressed in partnership with others to enhance the universal services offer and to enable children and young people and their families to build up resistance to self-manage their circumstances. There had been a 50% increase in CAMHS activity and a skilled workforce was required to deliver these services.

If the transformation plan was agreed, the CCG would be notified in early November and if the plan met the assurance criteria in full, £600,000 would be provided to support the plan year on year.

Councillor Smith commended the report and the Chair asked how much confidence there was in the self-assessment providing a true picture. Janette stated that commissioned services were closely monitored and the CAMHS Partnership had been active for ten years and worked well together. Michelle added that the CCG was always working to ensure that the right people were part of that group and the self-assessment had gone back to the CAMHS Partnership for any further

amendments. The transformation plan would be continuously developed and would be a living document.

It was also highlighted that there was already a pooled budget for CAMHS and transparency on spending but there would be some difficulties in capturing the contribution of universal services such as schools and health visiting. The Chair commented that young people's lives continued to be more difficult than they had ever been and there was a need to boost these mental health services, with the earlier issues were being captured, the better. He hoped that all parties were determined to embed this plan in their work.

Dave Gallagher stated that partners were a lot of the way there but the plan would take things even further. He advised that the Board would have to authorise him to sign off the Transformation Plan in order for it to be submitted by the set deadline.

Kevin Morris highlighted that with regard to the discrimination against mental health patients, there was a parallel workstream looking at the public perception of mental health. Janette reported that there was a national plan for a major 'Stigma Campaign' which would be developed locally with MIND. Gillian Gibson noted that by emphasising prevention, this reduced the stigma and said that it would be helpful for Public Health to have an involvement with the CAMHS Partnership.

Having considered the report, the Board RESOLVED that: -

(i) the contents of the report be noted;

(ii) the proposed process to produce the CAMHS Transformation Plan detailed in Section 3.2.2 of the report be approved;

(iii) the Chief Operating Officer of the CCG be authorised to sign off the Transformational Plan on behalf of the Health and Wellbeing Board by 30 September 2015; and

(iv) regular progress updates be received.

HW33. Smoke Free Play Areas

The Sunderland Tobacco Alliance submitted a report providing an update on smoke free play areas in Sunderland and presenting members with the rationale for proposed changes and feedback from a consultation exercise.

Gillian Gibson advised that there continued to be a high prevalence of smoking in the city and it was planned to request people not to smoke in and around children's play areas. The scheme would bring about several benefits:

- Decrease the opportunity for children to see adults smoking around them
- Creating an environment in which smoking is not seen as the norm thus potentially motivating smokers to cut down or to quit
- Protecting the environment and saving local authorities money by reducing tobacco related litter

- Offering further protection from the harmful effects of second hand smoke.

The Locality Public Health Team had surveyed 347 local people in parks during August 2013 and 98% had been in favour of the banning of smoking in outdoor children's play areas.

Councillor Speding expressed the view that banning smoking in play areas may not achieve the required outcome and suggested that the aim should be the prevention of smoking in all areas of the park. Other Board Members were in agreement that the entire park should be classified as a 'Smoke Free Zone'.

Gillian Gibson advised that although this could not be enforced, it could be promoted and park employees asked to point out relevant signage, encouraging users of the parks not to smoke.

Accordingly, the Board RESOLVED that they support the voluntary code to make Sunderland's parks Smoke Free.

HW34. Health and Wellbeing Forward Plan and Board Timetable

The Head of Strategy and Performance submitted a report presenting the Board forward plan for 2015/2016.

Karen Graham requested that Board Members let her know if they had any items for future meetings or suggestions for in depth closed partnership sessions.

Fiona Brown suggested that the Board may like to receive a report on the city's plans to support any refuges from the conflict in Syria should they be placed in Sunderland as part of the Government's dispersal programme.

The Board RESOLVED that: -

(i) consideration be given to topics for in depth closed partnership sessions for 2015/2016; and

(ii) the forward plan be noted and requests for any additional topics be passed to Karen Graham.

HW35. Date and Time of Next Meeting

The next meeting of the Board will be held on Friday 20 November 2015 at 12noon

(Signed) P WATSON
Chair

Item No. 4a

SUNDERLAND HEALTH AND WELLBEING BOARD 20 November 2015

FEEDBACK FROM THE ADULTS PARTNERSHIP BOARD

Report of the Chair of the Adults Partnership Board

The Adults Partnership Board met on Tuesday 10th November, 2015.

5. Review of Terms of Reference – Adults Partnership Board

KG reported at the last meeting it had been agreed to look at the focus of the group and membership. KG noted the Adults Partnership sits alongside the Children's Trust, the Provider Forum and the Integration Board as formal advisory groups to the Health & Wellbeing Board (HWBB). KG highlighted the need for a more focused session to look at providing guidance to the HWBB to deliver on key priorities but also to define a role providing assistance to all the City's strategic partnerships. NR noted the need to ensure a richer mix of members and to establish where this board fits with other groups. GM agreed the audience should be broadened and suggested an invite should be circulated.

The HWBB is requested to:

- **Note the development meeting**
- **Provide views to be fed back to the APB on how it would like the Board to fulfil its advisory board function**

7. NASCIS Final Data – Carers Survey

The survey showed that 42.9% of the carers in Sunderland are overall satisfied with the service and are very well supported in Sunderland.
GM highlighted the need for a collated Sunderland document showing the Sunderland stats from the overall report including the views of carers and local satisfaction levels.
Action: The Carers Centre and People Services will pull this together

9. Age Friendly Event Update

The Board welcomed the news that Sunderland has been designated with World Health Organisation Age Friendly City status. It was noted that over 70 people had attended the Age Friendly launch event with Age UK on 19th October. The morning session had included presentations and the context for the day with workshops and feedback sessions on the afternoon. SC noted there would be a three year action plan produced when the baseline information has been finalised. SC reported there would be a high level strategy group developed to help make the links with the City's 3 Leadership Boards.

The HWBB is recommended to:

- **Note the new WHO Age Friendly designation**
- **Suggest members to be part of the high level strategy group**

10. Dementia Friendly Communities – Discussion

The Board discussed the Prime Minister's Dementia 2020 challenge, a multi-agency dementia event in March looking at national dementia strategy priorities and groups to take this forward and a regional exercise to map dementia friendly activity.
It was felt that there was a need for a collated Sunderland picture of activity plus a single action plan. This needs to be brought to a later Board.
Public Health highlighted the need for more early awareness of the condition, at the moment it is included in the Healthcheck programme but from 65+ but recommend this changes to increase awareness from 40+.
There is an opportunity to link dementia friendly communities with all age friendly communities.

Date and Time of Next Meeting
Tuesday 5th January, 2016 at 2.30pm in the Civic Centre.

Item No. 5

SUNDERLAND HEALTH AND WELLBEING BOARD 20 November 2015

FEEDBACK FROM THE HEALTH AND SOCIAL CARE INTEGRATION BOARD

Report of the Chair of the Health and Social Care Integration Board

1. The Health and Social Care Integration Board has continued to meet under the new arrangements established by Health and Wellbeing Board to oversee the delivery of health and social care integration and this report outlines the issues considered at the meeting held on 10 September 2015.

2. **Action Points from the last meeting**

2.1 The Action List arising from the meeting held on 23 July 2015 was considered the following actions agreed as being complete: -

- People Services Structure Chart to be revised to show the names of the individuals in each post.
- Provider Board to be requested to submit a "high level" action report
- Record of Declarations of Interest for Board members to be established and agenda structured so that it is clear which reports are for decision and which are for information.
- Detail of the value proposition for funding to support the delivery of the Vanguard programme to be circulated.
- Better Care Fund Assurance Submission to be circulated electronically to Members and submitted with the caveat that the final figures would be subject to Cabinet approval.

2.2 With regard to the longer term costs of the Care Act being considered by the Board, Graham King reported that some of the new regulations had been put back to 2020 and he proposed that a paper on the high-level implications be brought to the next meeting. Members were informed that new burdens funding had been allocated to support the implementation of the Care Act and correspondence had been received from the Government to ask what had been committed against this funding as it was understood that they were seeking to claw back some money due to the regulations being delayed.

2.3 The Board had also agreed an action to review the meeting schedule so that it was in line with the Q4 report submission dates, however it was noted that this would only work once the schedule had been set nationally. Dave Gallagher advised that he was lobbying on this issue and the documentation to be completed had been confirmed for the next few months but submission dates remained unconfirmed. He would pass the available information to Karen Graham to help align the schedules.

3. Better Care Fund Financial Report for the Period to 31 July 2015

3.1 Sonia Tognarelli presented the Better Care Fund Financial Report for the period to 31 July 2015 (Month 4) to the Board.

3.2 Sonia informed the Board that there was currently a forecast overspend of £8.898m for the Better Care Fund at the year end. The overspend was primarily in the Packages and Learning Disability Service schemes and represented some of the increased costs involved in keeping people in their own homes.

3.3 The Board considered the year end forecast position in relation to each pool and it was noted that further analysis was being carried out to fully understand the reasons behind the overspend and this detail would be presented to a future Board meeting.

3.4 A detailed discussion took place in relation to the process for identifying savings and reviewing customer needs in each pool. The full minute of the discussion is available on request.

3.5 It was felt that it was still early days in the transition to an integrated approach but it was noted that work was taking place over the next few months to try and understand the difference which was being made as a result of the new way of working. The Board did feel that some areas needed to be more 'joined up' and work continued towards achieving effective integration.

3.6 There was a clear commitment from the Board to move quickly to identify in year efficiencies and mitigation actions towards the project overspend. Continuing care had been identified as a pool experiencing particular pressures and a time limited review group was to be established to explore the issues in this area.

3.7 The Board was also required to consider the following budget virements: -

- Virement 9 – Correction of CGG contribution to the Community Integrated Teams and Recovery at home Services Pool which had been overstated by £132,486
- Virement 10 – Payment to Sunderland Care and Support Limited increased by £115,444 as a result of various contract variations

3.8 Upon detailed consideration of the report, the Board RESOLVED that: -

(i) the summary financial performance to 31 July 2015 detailed in section 2 of the report be noted;

(ii) the updated financial efficiency requirements for the Better Care Fund, detailed in section 3 of the report be noted;

(iii) virements 9 and 10 detailed in section 4 of the report be approved; and

(iv) the potential additional financial risks detailed in section 5 of the report be noted.

4. NHS England Better Care Fund 2015/2016 Quarter 1 Return

4.1 The Board considered the Better Care Fund 2015/2016 Quarter 1 return and noted that this had been approved by the Chair of the Board for submission on 28 August 2015 as time scales had meant that it was not possible for this to be brought to a full Board meeting prior to submission. The return for Quarter 1 covered the following: -

- Budget arrangements
- Compliance with national conditions for the Better Care Fund
- Non elective activity and payment for performance calculations
- Income and expenditure reported plan, forecast and actuals
- Local metric reported plan and actuals
- Any required support needs
- Narrative on overall progress on delivering the Better Care Fund plan

4.2 The submission document also identified risks which included the delivery of non-elective activity being adverse against the plan by 2.2%. With regard to local metrics, the dementia diagnosis metric was ahead of plan and the local defined patient experience metric was in development stage. The narrative section of the submission referred to the development of the logic model which would match outcomes against service reforms.

4.3 Dave Chandler advised that the Quarter 2 submission was due on 22 November and would be brought to the Board meeting on 12 November 2015.

4.3 The Board RESOLVED that: -

(i) the content of the Better Care Fund 2015/2016 Quarter 1 Return be noted; and

(ii) the approval by Chair's action of the Better Care Fund 2015/2016 Quarter 1 Return be ratified.

5. Funding Opportunities for Health and Wellbeing

5.1 The Board received a presentation from James Garland, Senior Funding and Commercial Officer, Sunderland City Council, on funding opportunities for health and social care projects. James referred to funding available through the European Structural and Investment Fund (ESIF) and that the Employability and Social Inclusion and Skills themes may provide specific avenues for health related projects

5.2 Discussion ensued about how the health and social care partners in Sunderland could take advantage of the available funding opportunities and it was agreed that a small group including Sarah Reed, Gillian Gibson and

Graham King meet with James Garland to look at funding opportunities in more detail.

6. Items for the Next Agenda and Forward Plan

6.1 Future items of business were identified as follows: -

- Implications of the Care Act – Graham King
- Quarter 2 Better Care Fund Submission – November meeting
- EU Funding

7. Recommendation

7.1 The Health and Wellbeing Board is asked to note the update from the Health and Social Care Integration Board.

Item No. 7

SUNDERLAND HEALTH AND WELLBEING BOARD 20 NOVEMBER 2015

BEHAVIOUR CHANGE PILOTS

Report of the Head of Strategy and Performance

1. PURPOSE OF THE REPORT

The purpose of the report is to provide an update to the Board on the Behaviour Change pilot which has been commissioned by the council to improve specific areas of health and wellbeing across the city.

2. BACKGROUND

The Health and Wellbeing Board hosted a behaviour change workshop in October 2014 where members of the Board and the strategic leads for the Health and Wellbeing Strategy heard from Warren Hatter, a specialist in behavioural insights who devised 'With the Grain,' a tool which enables commissioners to *use insights from behavioural sciences.*

Following the October event the Council has commissioned Warren (*a former Design Council associate who has worked with the Cabinet Offices' Behavioural Insights Team)* to provide specialist consultancy support in relation to the development and testing of a behavioural insights approach to key priorities in the city.

3. THE PILOTS

In May 2015, 3 pilot projects began in the following areas:

- Increasing take up of early education for disadvantaged two-year olds
- Physical Inactivity
- Reducing smoking in pregnancy

A fourth pilot project relating to Carbon Management is being developed.

The pilots have been chosen based on two key criteria:

1. That they impact on one of the key priorities of the HWBB
2. That they address an area of underperformance

Whilst all the pilot projects contribute in some way to the city's ambition for Health and Wellbeing these pilots have also been chosen as a means of engaging the Education and Skills Board (free early education take-up) and Economic Leadership Board (Carbon Management) in pilot activity. The intention is to test the methodology and then refine the tools and techniques that can support the Council and partners to utilise behavioural insights to reframe services.

3.1 Early education for disadvantaged two year olds

Take up of nursery places by eligible two year olds has been low compared to other local authorities but is improving. From an initial rate of 59% in January 2015, there has been an increase in the summer term to 71%. This is still, however, significantly lower than some of our regional counterparts.

Take up has been consistently low in the West of the city, and it was agreed to focus on this area as a pilot. Learning from this trial will be used and tools and techniques adapted before extended roll out across the city.

There are two distinct parts to the pilot, namely:

- Focus on systems and processes
- Behaviour change techniques.

Systems and processes
By different services and agencies coming together there have been number of improvements, these include:

- Improved awareness of issues faced by Early Intervention Family Workers (EIFWs)
- Improved awareness of actual take up of offer compared to perceived take up
- Improved collaboration and understanding between health visitors and EIFWs
- Planned improvements to data gathering to improve intelligence
- Learning from other regional authorities leading to changes in the way we target families.

Behaviour change
Health Visitors and EIFWs were identified as the best placed frontline professionals to reach families with two-year olds. Through partnership working, they have co-produced a range of tools and techniques to help them to change their approach to help parents realise the benefits of the offer much more readily. These will be launched at a training session for all health visitors and EIFWs early December. The tools include:

- Postcards which adopt a personal approach by telling parents that they are eligible for a place for their children where information tells us this is the case
- A second postcard design which tell parents they might be eligible based on local data
- Visual tool – to include pictures and contact details of nurseries and childminders
- Scripts for each group of professionals to use as a guide for providing information about the offer to parents, using behaviour change techniques and language
- Frequently asked questions by parents for EIFWs and Health Visitors to familiarise themselves with.

Full roll out of behaviour change techniques will happen in the West area after the training session in December.

3.2 Being More Active

This piece of work is focussed on encouraging people in the city to be more active. In order to baseline activity to help measure impact we have agreed a pilot. The specific scope of the pilot is to increase levels of physical activity in children and young people in two schools in North Washington, with a focus on childhood obesity.

Using data from Public Health to identify current rates of childhood obesity at a local level, and intelligence around existing community initiatives, it was agreed to focus efforts on Marlborough and Usworth Colliery Primary Schools. As well as having relatively high childhood obesity levels, these schools are also in an area served by the Washington Way, a recent initiative to improve walking routes and cycle paths. The pilot will particularly focus on increasing the number of children who walk to school.

The focus on being more active in Washington has been discussed at the Washington People Board to ensure local councillors had an opportunity early on to understand and be involved in this work. Whilst this work with the schools has been slow to get underway due to a number of issues linked to the data, these have now been resolved and good progress has been made since September. Officers will begin observations of how families travel to school before the end of term in December.

3.3 Smoking in pregnancy

An examination of the evidence in relation to smoking in pregnancy rates showed that the rates of women smoking in pregnancy was high and consistently above the national and regional averages.

In Sunderland in 2014/15 there were 2739 maternities, of which 531 were identified as smoking at time of delivery (the national indicator).

In the same year a total of 144 pregnant women who smoked accessed the Stop Smoking Services. Of these 49 successfully quit, representing a quit rate of 34%, with 95 women (66%) being unsuccessful in their quit attempt.

Based on the number of women identified as smoking at time of delivery (531) the data illustrates that at least 67%* of pregnant women who smoke do not set a quit date with the Stop Smoking Service at any point of pregnancy.

There are opportunities to improve engagement and support with the significant numbers of pregnant women who smoke but do not access support to quit, and those who access support but are unsuccessful in their quit attempts.

* Some pregnant women who are recorded as smoking at the booking appointment will quit independently so are not reflected in these figures.

Due to these high figures it was agreed that smoking in pregnancy would be a key topic for testing behavioural approaches and that this pilot would focus on those women that fail to quit smoking and those that choose not to attempt to quit.

The first step has been to bring together relevant partners including:

- Live Life Well Service
- Health Care Assistants
- Health Visitors
- Children's Centres
- Midwives
- GP Practices.

A process map (as attached) has been produced showing the pathway for a woman from finding out she is pregnant to delivery. This identifies the times when a stop smoking message is being delivered, where it could be delivered and the potential points where a behavioural approach could be implemented.

The next stage which will start in January and will bring together frontline staff to co-produce the approaches to key intervention points including text messages, telephone conversations and letters. The theme of the work is "making difficult conversations easier".

Key messages to date:

- Bringing together key partners and looking at the pathway has in itself been a positive process, leading to the streamlining and improvement of the current process
- The sharing of data is always a key issue and could work better between organisations.

4. NEXT STEPS

The next phase for the development of the pilot projects is to develop and implement the behavioural insights approaches that have been developed and then to evaluate the impact both in terms of change to key outcome indicators and in terms of changes to ways of working. The evaluation will focus on lessons learned and broader applicability.

5. RECOMMENDATIONS

The Board is recommended to receive further update reports on the outcomes of the pilots will be shared with the Health and Wellbeing Board in due course.

Item No. 8

SUNDERLAND HEALTH AND WELLBEING BOARD 20 November 2015

COMMISSIONING STRATEGY FOR GENERAL PRACTICE 2016-2021

Report of the Chief Officer Sunderland CCG

1.0 Purpose of the Report

The purpose of this report is to update the Health and Wellbeing Board on NHS Sunderland Clinical Commissioning Group's five year commissioning strategy for general practice.

2.0 Background

2.1 The opportunity for Clinical Commissioning Groups (CCGs) to co commission primary care was introduced in 2014, although the scope is limited to general practice services.

2.2 We took on delegated commissioning in April 2015 which means that NHS England (NHSE) delegated responsibility to us for contractual GP performance and budget management. In line with our full delegated responsibility we have established a Primary Care Commissioning Committee, a sub-committee of the CCG's Governing Body, to carry out functions relating to the commissioning of primary medical care services.

2.3 We believe that co-commissioning provides an opportunity to further integrate the health and social care system in Sunderland enabling greater local influence over a wider range of services for the benefit of the people of Sunderland.

2.4 Nationally and locally it is well documented that general practice is under pressure. Workload is cited by GPs as the top factor that impacts their commitment to their work. At the same time the workforce is changing; experienced GPs are nearing retirement and there are recruitment difficulties. Prior to the development of this strategy we had already started work on the development of the general practice workforce in Sunderland because historically our practices have had difficulty in attracting and recruiting to vacancies.

2.5 This strategy is the outcome of a 6 month period of engagement and it aims to **sustain** and **transform** general practice services as well as contribute to the delivery of our Vision of **Better Health for Sunderland.**

3.0 Commissioning strategy development

3.1 Our approach has been both top down and bottom up. Top down recognises that as commissioner and a system leader we have influenced the strategy and our Governing Body has had a lead role in its development. The bottom up

element is the comprehensive programme of engagement with our 51 practices, practice representatives, patients, general public, partners and providers to co-produce the strategy. The outcomes of this engagement are set out in detail in section 5 of the strategy.

3.2 It is clear that our member practices feel that general practice is under stress and are particularly concerned about capacity now and in the future. However, practices also recognize the need for change in order to survive and be able to deliver current and future expectations from the public, government, national and local commissioners.

3.3 It is also clear that patients value general practice. There was a clear distinction between what older patients and those with long term conditions need from practices compared to younger people with occasional health needs.

3.4 Stakeholders also recognized the part practices play in the whole system of health and social care in the city. The Local Medical Committee in particular has noted the need for further investment into general practice, focusing first on core general practice to ensure its sustainability.

3.5 The aim and five key objectives of the strategy are the outputs of this engagement process. Section 6 sets out the strategy in detail.

4.0 Executive summary

4.1 Section 1 is a summary of the strategy with its overarching aim to be delivered through five strategic objectives:

We aim **to sustain and transform general practice to ensure the provision of high quality primary medical care delivering improved health outcomes for local people, now and in the future.**

Objective 1	**Supporting general practice to increase capacity and build the workforce**
Objective 2	**Improving patient access**
Objective 3	**Ensuring the central, co-ordinating role of general practice in delivering out of hospital care**
Objective 4	**Supporting better health through prevention and increasing patients' capacity for self-care**
Objective 5	**Encouraging new working arrangements between practices**

4.2 **Objective 1** is about sustaining general practice by:

- increasing capacity by increasing the capabilities of the general practice teams;

- reducing the administrative burden on GPs and nurses to focus on clinical care;
- increasing retention and supporting continuous improvement in the quality of care through structured training; and
- recruiting to the workforce.

4.3 **Objective 2**: We know that access is important to patients and is an area where there is variation across practices. We will improve urgent and non-urgent access, which will also support system wide resilience. We will also ensure that practices offer longer consultation times, when required, to support a proactive approach to care.

4.4 **Objective 3** recognises general practice's central role in the delivery of **out of hospital care** and its importance in managing people with long term conditions. We will work with our practices to co-design the 'primary care plus' model of care for people with long term conditions who are not currently at high risk of admission in order to prevent and/or delay further deterioration and support self-management.

4.5 **Objective 4** seeks to start to shift the focus in general practice to well-being, prevention and empowering patients to take greater responsibility for their health and making necessary changes to their lifestyle. We have examples already within our localities where general practice, in partnership with the community, is supporting people to self-care. We will share and capitalise on the learning from these initiatives, including using new technologies wherever possible.

4.6 **Objective 5** recognises that to be sustainable practices need to work together and work differently, but we accept that they are best placed to determine how to do this ensuring individual practice identity is maintained wherever possible.

4.7 We have identified a number of priorities within each key objective for the first two years of this five year plan acknowledging that some initiatives are already in progress for example implementing the outcome of the APMS review. It should be noted that a number of the priorities will contribute to the delivery of more than one strategic objective. The order in which priorities will be implemented will be influenced by our organisational operational plan for 2016/17 and a five year strategic plan due in summer 2016.

5.0 Next steps

5.1 Having engaged widely, we will circulate the strategy and the Executive Summary to those involved in the engagement process, noting the priorities will be subject to further engagement and comment.

5.2 Our Governing Body has approved the establishment of a time limited Implementation Group to oversee the development of delivery plans for the strategic objectives. This group will be accountable to the CCG's Primary Care Commissioning Committee.

6.0 Recommendations

6.1 The Health and Wellbeing Board is asked to note:

- This strategy aims to ensure the sustainability of general practice in light of the challenges and to position general practice services at the same time alongside other CCG priorities, acknowledging that a number of the CCG priorities will rely on a sustainable and transformed general practice community in the city.

Glossary of Terms

CCG – Clinical Commissioning Group
NHSE – NHS England

NHS
Sunderland
Clinical Commissioning Group

Commissioning Strategy for General Practice 2016-2021

Foreword

NHS Sunderland Clinical Commissioning Group aims to ensure **Better Health for Sunderland,** and that the local NHS improves health and wellbeing in the city, supports us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives.[1]

General practice is often described as the cornerstone of the NHS with roughly a million people visiting their general practice every day.

However, as a clinically led commissioning organisation, we know from our 51 member practices across Sunderland, that they are facing significant challenges (changes in workforce; workload; ageing population with complex medical needs; expectations to deliver more out of hospital care) in the delivery of core primary medical care to patients.

This strategy aims to ensure the sustainability of general practice in Sunderland in light of the challenges, building on existing strengths and ensuring safe, effective and high quality care. Our new responsibility for commissioning general practice services gives us an opportunity to integrate general practice into the wider health and social care system in Sunderland to give greater flexibility and influence at a local level over the way in which services are delivered to patients.

Delivery of this five year strategy will contribute to our strategic objective to transform the way care is delivered out of hospital in Sunderland.

Dr Ian Pattison
Clinical Chair

David Gallagher
Chief Officer

[1] The NHS Constitution, July 2015

Section 1 Executive summary of the general practice strategy for Sunderland

This section sets out the overarching aim of our strategy for General Practice and five important changes to ensure delivery. Further detail is provided in section 6.

We aim **to sustain and transform general practice to ensure the provision of high quality primary medical care delivering improved health outcomes for local people, now and in the future.**

This strategy supports our Vision of **Better Health for Sunderland** and the delivery of our strategic objectives: transforming out of hospital care; transforming in hospital care; and enabling self-care and sustainability.

To realise our aim for general practice, we believe that five changes need to happen.

Objective 1	**Supporting general practice to increase capacity and build the workforce**
Objective 2	**Improving patient access**
Objective 3	**Ensuring the central, co-ordinating role of general practice in delivering out of hospital care**
Objective 4	**Supporting better health through prevention and increasing patients' capacity for self-care**
Objective 5	**Encouraging new working arrangements between practices**

We have identified a number of priorities within each objective for the first two years of the five year strategy, acknowledging however that some initiatives are already in progress. Despite being aligned to one of the five objectives, a number of the priorities will contribute to the delivery of more than one objective. The order in which priorities will be implemented will be influenced by our organisational Operational Plan and the transformational change programmes within this for 2016/17 onward.

	STRATEGIC OBJECTIVES	PRIORITIES FOR 2016/17 – 2017/18
1	**Supporting general practice to increase capacity and build the workforce**	• Review all enhanced services, in conjunction with a review of QoF, to develop and implement a local outcome based Quality Premium • Implement the outcome of the APMS review • Alongside the existing GMS/PMS/APMS contract and funding model, develop a quality and assurance framework for general practice • Review existing roles and skill mix to address capacity, including practice based pharmacy • Evaluate the time limited Career Start and Healthcare Assistant schemes to inform longer term plans • Develop a city wide training and development programme for all staff, with supporting budget
2	**Improving patient access**	• Implement the outcomes of the extended access locality pilots in line with developing an Urgent Care Strategy • Implement any recommendations from the Strategic Estates Plan in respect of general practice estate
3	**Ensuring the central, co-ordinating role of general practice in delivering out of hospital care**	• Continue to improve the Recovery at Home and Community Integrated Teams developments • Design a model of enhanced primary care (primary care 'plus') for people with long term conditions • Develop and implement a multi-agency informatics strategy for a single patient record accessible by all relevant partners
4	**Supporting better health through prevention and increasing patients' capacity for self-care**	• Support practices to provide a structured self-care programme • Promote healthy living through the five localities working with their communities and Public Health
5	**Encouraging new working arrangements between practices**	• Agree a two year plan with GP federations • Review and revise the plan after year 1 in light of learning

Expected benefits

We recognise the five objectives are interdependent and the priorities collectively have the potential to deliver the following benefits:

- Increased capacity (by increasing the capabilities of general practice teams to support GPs, Practice Nurses and Nurse Practitioners in their clinical work);
- Improved patient access to routine and urgent GP appointments. (Patients can be seen by other healthcare professionals and supported by multi-disciplinary teams);
- Patients are engaged in making decisions about their health and are confident to care for themselves;
- Longer consultation time (to support a holistic and pro-active approach to care);
- Increased GP and nurse workforce in Sunderland;
- Increased retention and continuous improvement in the quality of care (through structured training);
- More focus on clinical care through reduced administrative burden on GPs and nurses to enable them to focus on clinical care; and
- Shared information (across all main services to support the provision of high quality care).

To understand whether the strategy is delivering the anticipated benefits a number of metrics will be used as *indicators of success*, which will be refined and revised through implementation as well as taking any national metrics into account that are being developed.

	Outcome	Measure
1	Improved access	• National GP patient survey • Routine and urgent appointments available in general practices within localities every day with a range of health care professionals • % of appointments of longer duration • % reduction in A&E attendances for primary care problems
2	Increased workforce	• No. of Career Start GPs/Nurses/Health Care Assistants • All GP (HC & FTE) in Sunderland – compared to baseline • Population per GP - compared to baseline • All Nurse (HC & FTE) in Sunderland - compared to baseline • Population per nurse - compared to baseline
3	Increased capacity	• Initiatives to upskill workforce and take up
4	Better Health	• Reduced emergency admissions • Life expectancy at 75 • Under 75 mortality rate from cancer • Under 75 mortality rate from cardiovascular disease • Under 75 mortality rate from liver disease • Under 75 mortality rate from respiratory disease

Section 2 Introduction

This section sets this commissioning strategy in context and gives an overview of how the strategy has been developed.

2.1 General Practice under pressure

General Practice, both nationally and locally, is under pressure due to rising demand for GP appointments, growing complexity of need, changing patients' expectations, high expectations of policy makers and politicians and constrained financial resources.

When asked to rank the top factors that negatively impact on their personal commitment to a career in general practice, the answers selected most frequently by 15,560 respondents to the British Medical Association[2] (BMA) national survey of GPs in 2015 were:

Factors	North of England	England (overall)
Workload	71%	71%
Inappropriate and unresourced transfer of work into general practice	52%	52%
Insufficient time with each patient	41%	42%

Table 1

At the same time the GP workforce is changing; experienced GPs are nearing retirement and there are difficulties with recruitment. A third (34%) of GPs indicated in the BMA survey that they hope to retire from general practice. Unsurprisingly, this figure is significantly higher amongst those who have been GPs for more than 20 years where nearly two thirds (63%) say they hope to retire in the next five years. 17 per cent of GPs hope to move to part-time working.

Historically, GP practices in Sunderland have had difficulty in attracting and recruiting to vacancies. More than half the GPs who responded to a recent survey, undertaken by Sunderland Local Medical Committee (LMC) in 2014, have considered retiring early citing excessive workload as the main factor influencing this decision.

[2] British Medical Association (2015), National Survey of GPs, The future of General Practice 2015, Second extract of findings (December – February 2015)

2.2 Primary care co-commissioning

The opportunity for Clinical Commissioning Groups to co-commission primary care was introduced in 2014, although the scope is limited to general practice services in 2015/16. Co-commissioning is seen as an enabler in developing seamless, integrated out of hospital services based around the diverse needs of local populations.

We welcomed the offer from NHS England to take on an increased role and in April 2015 we assumed full responsibility for the commissioning of general practice services in Sunderland. We believe that co-commissioning provides an opportunity to further develop an integrated health and social care system in Sunderland by enabling greater local influence over a wider range of services for the benefit of the people of Sunderland. This also brings the potential for greater flexibility with finances and resources and greater determination, at a local level, on how these could be used

We believe co-commissioning will help not only to deliver our overall Vision of Better Health for Sunderland and our three key strategic objectives (section 3.2.1) but also ensure the sustainability and transformation of General Practice.

2.3. Improving the quality of care in general practice

Clinical Commissioning Groups (CCGs) have responsibility to ensure continual improvement in the quality of NHS services for everyone, now and in the future. Quality is at the centre of our Vision and values and we are committed to ensuring that the services that we commission on behalf of the residents of Sunderland are of the highest quality.

As clinical commissioners, our 51 practices are also responsible for ensuring primary medical services are safe and of the quality required for good patient care, as set out in the General Medical Council guidance. Our Quality, Safety and Risk Committee (QSRC) ensures processes are in place to commission, monitor and ensure the delivery of high quality safe patient care in commissioned services and will now be accountable, as part of co-commissioning responsibilities to support, facilitate, monitor and ensure quality improvement in general medical practice.

Quality in general practice is currently measured through a number of indicators (Quality and Outcomes Framework; GP survey; GP practice Friends and Family test; and latterly outcome and ratings from CQC inspections). We now need to develop and agree the key

measures that we will use to monitor quality in primary care and ensure they are robust, relevant and, where possible, evidence based.

2.4 Strategy development

The approach to develop this strategy has been top down and bottom up. Top down recognises that the strategy has been influenced by Sunderland Clinical Commissioning Group (SCCG) as the commissioner of general practice services and as system leader. The bottom up element is the programme of work we have undertaken to develop this strategy. We have adopted an integrated approach of co-production, engaging with our 51 practices, patients, the general public, GP practice representatives, partners and providers (section 5).

Section 3 Setting the Scene

This section describes the national and local context within which this strategy has been developed. It outlines that fundamental change is needed.

It is important to be aware of the external context against which our strategy has been developed.

3. 1 National context

3.1. 1 NHS England's Five Year Forward View

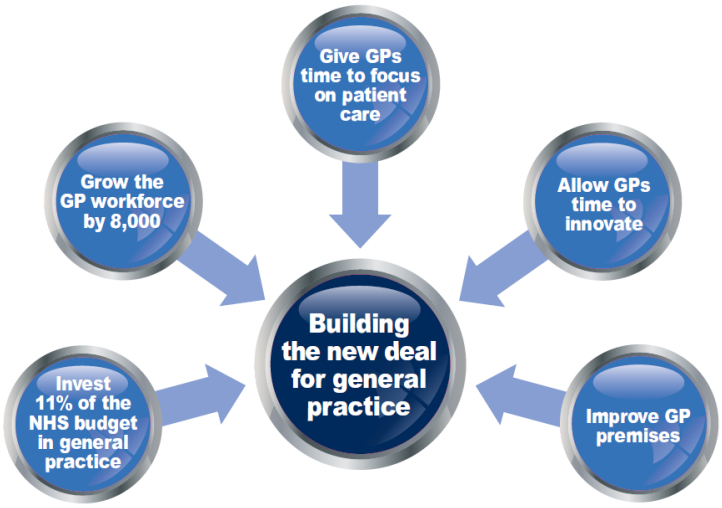
Published in October 2014, NHS England has set out a 'Five Year Forward View' (FYFV) for the NHS. This plan highlights the need to develop primary care, with a particular focus on general practice.

The FYFV puts general practice at the heart of out of hospital care and whilst new care models will be developed and supported, it states that the foundation of NHS care will remain list-based primary care. The FYFV acknowledges the severe strain on general practice and promises to "stabilise core funding for general practice nationally over the next two years" and offers a 'new deal' for general practice including addressing workload pressures.

The FYFV outlines the following expectations of primary care:

- Proactive and personalised care for the most complex patients
- Extended hours/7 days
- Integrated primary care (with secondary care providers) to enable more community based care
- Reduced variation in quality and cost of primary care;
- Investment in the workforce;
- Alignment of IT systems across primary and secondary care;
- Consideration of pooling / federating of GP practice resources;
- Contractual obligations e.g. named and accountable GP for all patients.

Our strategy for general practice will lay the foundations to strengthen general practice services in Sunderland taking account of national policy and the advice of the Royal College of General Practitioners (RCGP).



Source: 'A blueprint for building the new deal for general practice in England'

The RCGP outlines five actions that need to be taken by government in order to deliver better patient care – all of which will support the vision set out in the FYFV and strengthen the NHS for the future.

3.1.2 Primary care co-commissioning

CCGs were invited in 2014 to take on increased responsibility for the commissioning of primary medical care services. The intention was to enable CCGs to improve primary care services locally and create a joined up, clinically-led commissioning system. Some of the potential benefits of co-commissioning to CCGs include:

- Make commissioning of primary medical care more locally sensitive;
- Support integration of care across pathways;
- Support improvement in quality;
- Support the alignment of primary care commissioning with the health and social integration agenda; and
- Reduce inequalities in health provision across localities.

There are three co-commissioning models CCGs could take forward:

1. Greater involvement in primary care decision making
2. Joint commissioning arrangements
3. Delegated commissioning arrangements

We took on delegated commissioning which means that NHS England (NHSE) have delegated responsibility to the CCG for contractual GP performance and budget management. However it is important to make clear that this excludes individual GP

performance management and nationally determined elements of contracts as set out in respective regulations and directives.

3.1.3 System Resilience – 8 High Impact Interventions

The planning guidance for 2015/16 was clear that CCGs needed to include year round resilience planning, with a specific focus on winter, as part of CCGs' operational plans. The national tripartite - NHSE, Monitor and the Trust Development Authority (TDA) - wrote to CCG Clinical Leaders, CCG Accountable Officers and System Resilience Group (SRG) chairs in April 2015 to advise of the requirement to address '8 high impact interventions' within the operational resilience elements of 15/16 Operational Plans. The first high impact intervention relates to **access to general practices services** when patients have an **urgent need:**

'*No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out of hours services'*.

3.2 Local context

This strategy has been developed taking account of our overall five year Strategic Plan.

3.2.1 Our Vision and strategic objectives

Our Vision is to achieve **Better Health for Sunderland.** We aim to deliver this through:

- **Transforming out of hospital care** (through integration and 7 day working)
- **Transforming in hospital care**, specifically urgent and emergency care (including 7 day working)
- **Enabling self-care and sustainability**

Our model for transforming out of hospital care

In March 2015, SCCG was chosen as one of 11 first wave Vanguard sites to take the lead on the development of the new 'multi-speciality community provider' care model and act as a blueprint for the NHS moving forward. We will test this care model through our programme to transform out of hospital care. There are 3 key work streams:

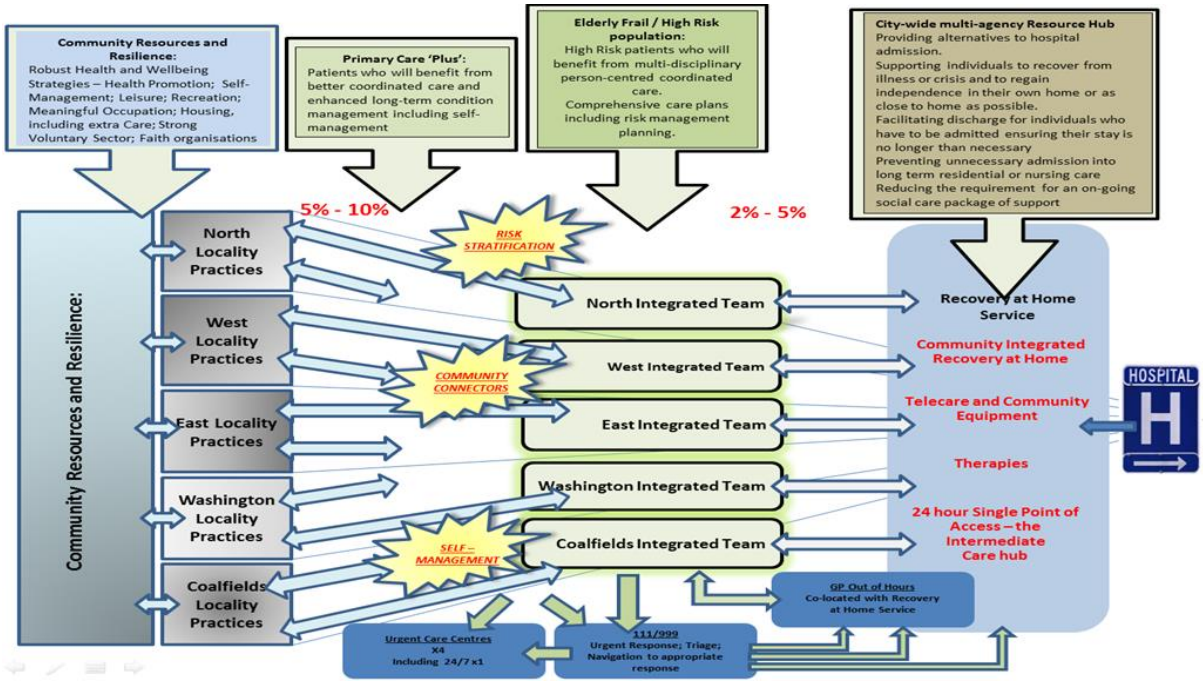
1. Enhanced primary care
2. Integrated community teams
3. Recovery at home

The 3 work streams are at different stages of development with work stream 2 and 3 delivered in 2015/16 with a focus on the top 3% of patients most at risk and spending 50% of our health and social care resources. The enhanced primary care work stream is in the early stages and will need to be designed later this year for implementation over 16/17 to 17/18. The GP strategy will support the delivery of all of the out of hospital transformation, recognising the key role of general practice in the community.

Diagram 1 outlines the desired future state for out of hospital care in Sunderland. Patients who will benefit from 'Primary Care Plus' (enhanced primary care) are those with a long term condition and who can self-care most of the time but would benefit from prevention and care interventions as required in the community. The aim is to reduce the likelihood of these patients becoming high risk of frequent, but avoidable, emergency admissions. This group represent 12% of our population.

Developing and implementing a general practice strategy across the city is one of the transformation changes for 2015/16 required to deliver our Vision and the strategic objectives.

Diagram 1



In hospital care

With the national drive for seven day services and in the face of increasing A&E attendances, timeliness in how and when general practice services are accessed is becoming crucial in managing demand for urgent and emergency care.

Access is an area where there is variation across practices. We commission practices to extend opening hours however sign up is voluntary which means that some patients benefit and others don't. In addition there is no consistent approach to how these additional hours are utilised, i.e. for urgent or routine appointments.

However, we have also commissioned extended access pilots across three localities in Sunderland (North, East and West). The models implemented in the localities differ but we are evaluating these pilots to inform the next steps in seeking to increase access to general practice services to support system wide resilience.

The urgent care system in Sunderland has seen some major transformation over the last 2 years, for example a new GP Out of Hours Service and 4 GP led Urgent Care Centres. The outcomes of the pilot evaluation will need to inform the Urgent Care Strategy for the next few years.

3.2.2 Our Quality Strategy 2014-2017

Our **Vision** for quality is that our patients should:

- receive clinically **effective care** and treatments that deliver the best outcomes for them;
- have a **positive experience** of their treatment and care which meets their expectations; and
- be **safe** and the most vulnerable protected.

We recognise that to be successful in delivering the aims of our quality strategy and effective in improving the quality of care, we must take a whole system approach to quality. Delegated responsibility for general practice services enables us to do this and lead improvement in quality in primary medical care in Sunderland in partnership with our practices.

3.2.3 Meeting the needs of local people – big challenges for Sunderland

This strategy needs to be understood in the context of the challenges facing the NHS in Sunderland and the role and contribution of general practice in addressing these. These

challenges are described in detail in our current five year strategic plan, 2014 – 2019 and our operational plan, 2014 – 2016. A summary is set out below:

- A growing population of elderly people with increased care needs and increasing prevalence of disease, who need to be supported to live independently;
- Health is generally worse than the rest of England;
- Average life expectancy in Sunderland is consistently poorer than the national average;
- Excess deaths particularly from cancer, respiratory and circulatory disease;
- Over-reliance on hospital care.

3.2.4 General Practice in Sunderland

There are currently 51 practices in Sunderland. Up until March 2015, 34 practices held PMS (personal medical services) contracts which are locally agreed contracts. 14 held GMS contracts (nationally negotiated general medical services contracts) and 3 have APMS contracts (alternative provider medical services).

The total actual list size in Sunderland is 283,434 and the total weighted list size is 315,210. Generally, list sizes for each practice across the city range from 1,909 to 14,008 with over half less than 5,000 patients. Smaller practices may lack resources and capacity to flex their workforce in the same way as larger ones and therefore may be less able to take on additional services.

As a result of the review of PMS contracts initiated by NHSE, all 34 practices opted to revert to GMS equivalent funding with a 7 year pace of change (funding deducted over 5 years commencing April 2016). The level of individual practice income will be impacted and we campaigned along with the LMC for the current funding allocated to practices in total to remain within Sunderland. The funding that is released will be reinvested across general practice across Sunderland in line with the aim and objectives of this Strategy.

Alternative provider medical services (APMS) review

The first major commissioning task for the CCG, having assumed delegated responsibility in April 2015, was a review of three APMS contracts which are due to come to an end on the 30 September 2016 after a number of contract extensions.

After careful consideration, we propose to procure a single APMS contract (providing the same primary medical services as any other practice in the city), instead of the current three contracts, to cover a minimum of five years. This contractual change is likely to make the tender more attractive to bidders and therefore ensure the services are more sustainable for patients in the future. As with PMS, there is a national steer to ensure equitable funding amongst practices. All practices, irrespective of the contract that they hold, are to receive the same fee per patient for providing the same core service. This procurement will deliver this requirement and will release financial resources that will be reinvested back into general practice in Sunderland.

Enhanced services

We commission a range of enhanced services across general practice in Sunderland. Delivery of enhanced services is voluntary; practices can opt to provide any of the 20 national enhanced services and any of the 9 local enhanced services. The difficulty involved in commissioning an array of services across 51 practices means that often contract management focuses on activity rather than outcomes.

3.2.5 National GP survey

The GP Patient Survey is an independent survey, run by Ipsos MORI on behalf of NHS England. The survey measures patients' experiences across a range of areas, including making appointments; waiting times; perception of care; practice opening hours; and out-of-hours services.

Our GP practices collectively were above the national results on all questions answered by the 5,588 respondents in Sunderland (response rate of 31%). That said, there has been a slight deterioration in scores comparing July 2015 to July 2014.

Overall experience

Diagram 2 below shows the results in relation to the overall experience of GP Surgery. In July 2015, 88% of people in Sunderland would describe their experience of their GP surgery as good, in comparison to 89% the previous year. This is compared with 85% nationally.

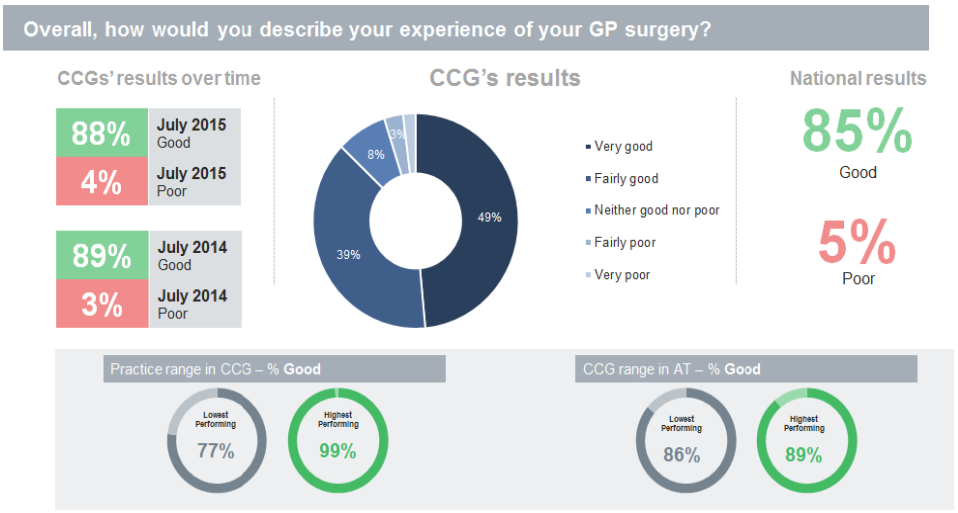


Diagram 2

Perceptions of care

In terms of quality of care, 94% of people did have confidence and trust in the GP they saw or spoke to and 90% had confidence and trust in the nurse (see diagrams 3 and 4 below):

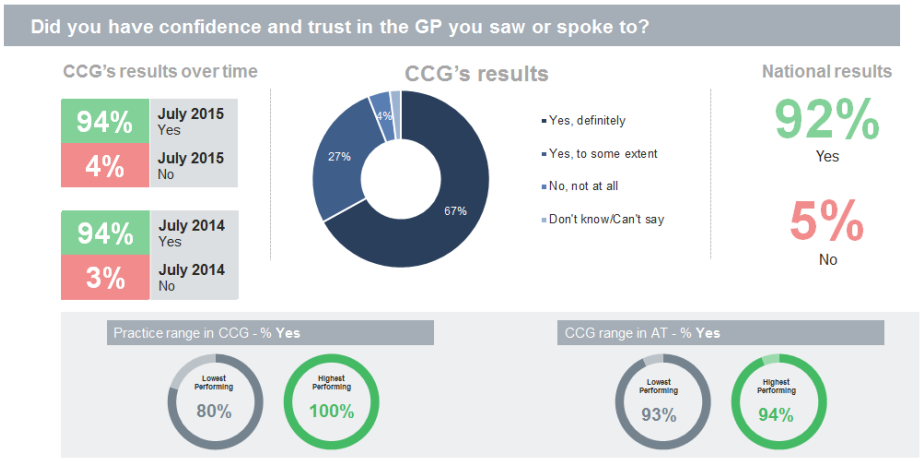


Diagram 3

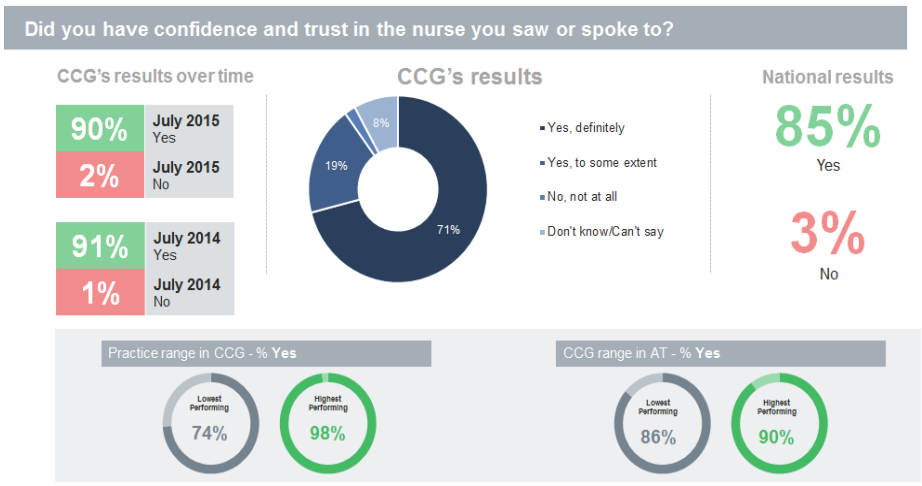


Diagram 4

Making an appointment and waiting times

Diagrams 5 and 6 summarise patients' views on ease of getting an appointment and how long they have to wait.

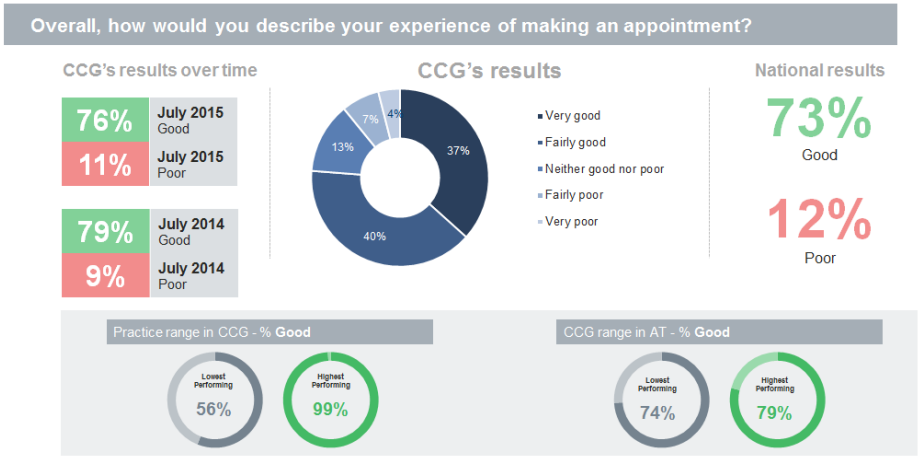


Diagram 5

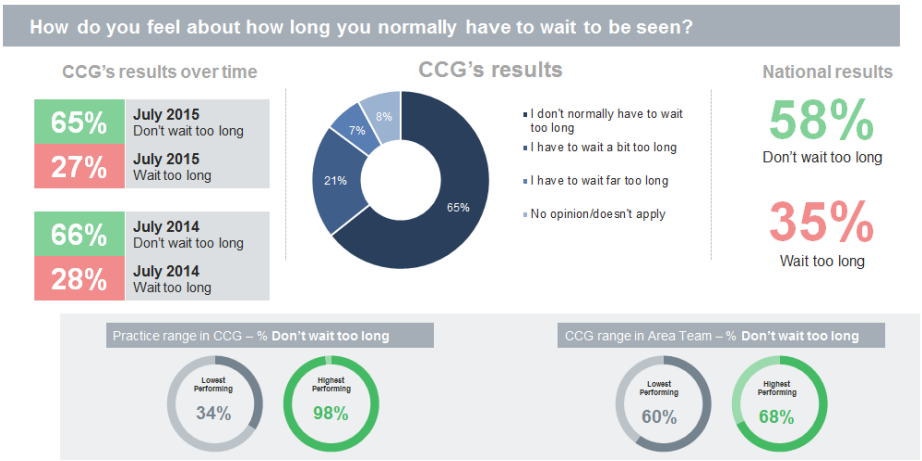


Diagram 6

3.2.6 General Practice Workforce

Tables 2 to 5, based on the September 2014 census and population at that time, (available on the Health and Social Care Information website[3]) illustrate the issues facing general practice services in Sunderland:

- Shrinking GP workforce in the face of a growing and ageing population with increasingly complex health needs and a government ambition to increase access to general practice services 7 days a week.
- Workforce demography – almost 27% of our GP workforce are aged over 55. We also know from the local LMC survey that 19% of the respondents (forecast to be approximately 35 GPs) have set a retirement date within the next 3 years. As well as putting plans in place to proactively recruit new GPs, we need to seek to retain these experienced GPs.
- There seems to be less of an issue in terms of the numbers of nurses in general practice compared to other areas.
- 19.2% of our practices (n=10 out of 51) are single handed.

GPs

	Staff In Post				Population	Population per GP			
	GPs (All)		GPs (excluding registrars and retainers)			GPs (All)		GPs (excluding registrars and retainers)	
	HC[4]	FTE	HC	FTE		HC	FTE[5]	HC	FTE
England	40,584	36,920	35,819	32,628	56,469,999	1,391.44	1,529.52	1,576.53	1,727.86
CNTW	1,644	1,559	1,463	1,398	1,997,605	1,215.08	1,281	1,365.41	1,429
NHS Sunderland	190	186	172	170	283,081	1,489.9	1,521.94	1,645.81	1,665
NHS Gateshead	186	180	164	160	205,822	1,106.56	1,143.45	1,2550	1,286.38
NHS South Tyneside	120	119	110	110	154,941	1291.18	1302.03	1,408.55	1,408.55

Table 2

[3] http://www.hscic.gov.uk/workforce

[4] Headcount is the simple count of actual people/staff working within a practice regardless of the hours they may work

[5] Full time equivalent (FTE) is a standardised measure of the workload of an employed person.

Area	All patients	Patients per GP*	All GPs* headcount per 100,000 population
England	56,469,999	1,577	66.5
CNTW	1,997,605	1,365	75.7
NHS Sunderland	283,081	1,646	62.3
NHS Gateshead	205,822	1,255	82.0
NHS South Tyneside	154,941	1,409	74.1

* excluding retainers and registrars

Table 3

Area	All GPs *	% under 30	% under 35	% 55 and over
England	32,628	1.3	13.3	22.0
CNTW	1,398	2.2	13.1	18.5
NHS Sunderland	170	1.2	9.5	26.7
NHS Gateshead	160	2.5	18.1	15.8
NHS South Tyneside	110	5.5	19.1	21.1

* excluding retainers and registrars

Table 4

Nurses

	Advanced Nurse		Practice Nurse		All nurses		Average No. patients
	HC	FTE	HC	FTE	HC	FTE	Per HC Nurse
England	4,734	3,507	14,423	8,592	23,832	15,062	2,370
CNTW	173	104	542	353	847	578	2,358
NHS Gateshead	13	10	48	33	77	55	2,673
NHS South Tyneside	11	10	47	31	60	43	2.582
NHS Sunderland	27	23	72	51	113	84	2,505

Table 5

Prior to the development of this strategy, work had already started on the development of the general practice workforce in Sunderland as we recognised its importance to the development of a strong future model for general practice. A Workforce Steering Group has been established to focus attention on workforce planning for Sunderland, specifically recruitment and retention and succession planning in light of pending retirement for some GPs.

Investment of £1.8m has been made into a GP Career Start Programme over 2 years which has resulted in the recruitment of an additional 8 GPs. £278,000 has been invested in a Nursing Assistant Career Start Programme resulting in the recruitment of 9 apprentice Nurse Assistants placed in GP practices in Sunderland. We have also committed to match funding pilot practice based pharmacy bids to the national pilot and are awaiting the outcome.
A Career Start scheme to improve the recruitment and retention of Practice Nursing staff is also in development in partnership with Sunderland University. A support service provided through Northumberland, Tyne and Wear NHS Foundation Trust for GPs with significant mental health and addiction problems is also now in place. A range of support services are also in development including:

- a childcare co-ordinator service for GPs - 42% (n 84 out of the 190) of Sunderland GPs (including retainers and registrars) are female[6]
- a step down/retirement support programme to help retain clinical skills within the GP workforce and allow for succession planning.
- financial support to maintain and increase the number of training practices

3.2.6 Financial Context

We are currently deemed to be 12% over funded compared to the fair share of the total NHS allocation which we should receive i.e. we receive £46m per annum in excess of our fair share of the NHS funding in England. NHS England has expressed a clear intention to move CCGs that are more than 5% over funded closer to their fair share of the total NHS allocation at a fast pace of change. It is anticipated this pace of change will be no longer than five years.

Historically we, and the Primary Care Trust before us, have benefited from this 'over funded' position, in terms of providing opportunities for additional recurrent and non-recurrent investment into services in Sunderland. The Pace of Change Policy adopted by NHS England will present challenges in terms of identifying additional transformation programmes to release efficiencies and limitations on the availability of resources.

We have identified that in order to successfully manage the Pace of Change Policy there will be a need to identify and implement efficiencies across services in order to live within our means. Hence any additional investments will need, in effect, to be at least self-funding.

[6] based on the September 2014 census available on the HSIC website

There is also a separate allocation process, which is currently being developed by NHS England, for general practice services which will inform future growth funding on delegated budgets. In 2015/16 we approved £7.7m of additional investments into out of hospital care (primary and community services) in Sunderland mainly into Community Integrated Teams and Recovery at Home Services including £1.1m for GP input into the services. An additional £500k has also been identified to support the extended access pilots.

Table 6 below shows the primary care delegated budget for NHS Sunderland CCG and the spend per 100,000 population compared regionally and with two local CCGs.

Area	All Patients	Primary Care Delegated Budget £000's	Funding per 100,000 population £000's
England	56,469,999		
CNTW	1,997,605	258,864	12,959
NHS Sunderland	283,081	38,152	13,477
NHS Gateshead	205,822	26,349	12,802
NHS South Tyneside	154,941	19,908	12,849

Table 6

Section 4 The case for change

A key objective of this section is to set out the drivers for change and explains why we need to take a different approach in the future to address the challenges.

4.1 Why does general practice need to change?

- **To meet the changing needs of our population, improve health outcomes and tackle inequalities**

The big challenges for Sunderland are summarised in section 3.2.3.

- **To meet increasing demand and patients' expectations**

Out of hospital care needs to be a larger part of what the NHS does and this has been an ambition for almost 10 years, with the publication of the Government's White Paper for health in 2006. However, investment in primary care has fallen behind investment in hospitals, despite increasing expectations of the work that should be done in primary care.

Demand is increasing particularly for people with multiple complex problems. Workload projections suggest that older people with multiple long term conditions, including people with frailty, will be a major source of increasing work for general practice in coming years. However, section 3.2.5 shows that workforce trends do not support this shift. Workload was ranked top of the list of factors that negatively impact the commitment of seven in ten GPs (71%)[7]. in the North of England on their career. We will aim to address these issues through our strategy.

- **To secure the future of general practice in Sunderland**

The FYFV recommends that the number of GPs in training should be expanded and NHSE, Health Education England (HEE), the Royal College of General Practitioners (RCGP) and the BMA have agreed to a 'ten-point plan' to address the shortage nationally.

Section 3.2.5 presents the local picture in Sunderland compared to England, Cumbria, Northumberland, Tyne and Wear and 2 local CCGs in respect of workforce. When benchmarked nationally, regionally and to other local CCGs, we are under-doctored and need to succession plan due to the demographic structure of the workforce. We have started

[7] National Survey of GPs: The future of General Practice 2015, BMA

to address these issues but we acknowledge that there is much more work to do in collaboration with our partners and practices.

- **To support the achievement of our Vision**

If general practice is to support the delivery of our Vision and the three strategic objectives discussed in section 3.2.1 it needs to transform and this strategy focuses on how to facilitate change and improvement.

Section 5 Developing our strategy

This section describes the programme of engagement that we have undertaken to inform and develop the strategy. It describes our top down and bottom up approach to determining the strategic direction for general practice.

5.1 Engagement: Listening and Feedback

Extensive engagement has been undertaken to inform the content of this strategy and there will be continuous engagement through the implementation.

5.1.1 SCCG Governing Body

Our Governing Body has had a lead role in the development of this commissioning strategy for general practice. During a development session in April 2015 about developing a general practice strategy, the Governing Body identified 6 key components to help define the strategy:

- Sustainable;
- Appropriate skill mix;
- Appropriate access;
- Consistent high quality;
- Self-care; and
- Whole system.

Following this initial session the group identified the next step to be to engage with our member practices, as it was recognised the practices needed to influence and own the strategy and its implementation moving forward. It was agreed that the Time In Time Out (TITO) event in June, attended by all Practices, would be the key method to engage with practices.

A second session was held with the Governing Body on 06 October following the engagement with practices, the general public, patients, partners and practice representative groups. The focus was to share the insights from the engagement and test the proposed aim and strategic objectives, developed through the programme of engagement, against the 6 key components.

The aim and 5 strategic objectives in the Executive Summary in section 1 represent the outcomes from this further challenge session.

4.2.2 Response from our member practices

Ensuring the involvement of member practices in shaping our strategy has been fundamental to ensure the successful implementation of our strategy moving forward.

The table below outlines the key themes identified from our engagement with practices:

Key Themes	Feedback
Workforce	▪ Lack of capacity is a barrier to change; ▪ Recruitment and retention of staff is key; ▪ A review of existing roles within general practice is needed including the standardisation of pay, skill mix etc.
Ways of Working	▪ Maintaining individual practice identity is important; ▪ Continuity of care is important; ▪ The majority of practices recognise that status quo is not an option and are willing to change; ▪ Longer consultation times are needed in order for general practice to have a proactive and holistic approach; ▪ Most would be happy to consider the sharing of back office functions; ▪ Most prefer 'joint working' rather than 'merging'; ▪ There is very little understanding of what 'primary care at scale' means; ▪ Improved integration with community and secondary care is needed; ▪ Improved integration / closer working with pharmacy / pharmacists is needed; ▪ Immediate access to diagnostic services in the community is needed; ▪ A review of existing secondary care services to identify those which could be delivered in general practice should be undertaken.
IT Infrastructure	▪ One IT system, to hold patient information, which all services can access is needed.
Prevention & Self Care	▪ Lifestyle and self-care education across Sunderland is needed.
Premises	▪ A review of existing premises considering future ways of working is needed.
Contractual / Financial arrangements	▪ Consideration of a local QoF would be welcomed; ▪ A review of existing enhanced services would be welcomed; ▪ Too much of 'tick box exercises' which takes away from caring.

Caught on the treadmill trying to meet current pressures (rising patient expectations; rising prevalence of chronic disease; workforce pressures; constrained growth) practices are aware that more of the same is not the answer but they don't have the time to reflect on how the future could be different for the delivery of care as well as for the working lives of practice teams.

A recurrent theme was the lack of professional development opportunities for practice staff with the effect of staff feeling de-skilled, demotivated and lacking a clear sense of career development. The terms and conditions of staff working in general practice was also highlighted as an issue.

Another theme was the limited investment in general practice in contrast to other parts of the system, e.g. secondary care.

Recruitment and retention were also highlighted as issues and a number of suggestions were put forward to recruit to Sunderland as well as make general practice a more appealing career choice for medical students.

The following list of potential initiatives was identified from the feedback, grouped thematically under 6 work streams:

Work stream	Key Elements
Workforce	Standardisation of roles
	Standardisation of pay
	Staff Development including succession planning
	Development of city wide training programme for all staff
	Review of capacity in primary care
	Review of existing roles including GP, Nurse Practitioners
Ways of Working	Shared back office functions including HR, IT, Business Planning, Payroll, Payments etc.
	Explore options for joint working ensuring Practices maintain their identity
	Consider options to improve access
	Improve consultation times to enable a holistic and pro-active approach

	Undertake review of secondary care services which could be delivered in primary care
	Improve integration with community services and secondary care – seamless
	Direct access to diagnostics
	Explore options to work closer with pharmacy
IT Infrastructure	One system
	Shared records across all main services
	One Sunderland website rather than 51 individual practices intranet and internet – All health information in one place
	Explore alternative methods of communication with both patients and partners i.e.: video conferencing, Skype, email.
Premises	Undertake review of existing premises considering future ways of working
Prevention and Self Care	Work with public health to review existing lifestyle services
	Review with public health existing disease prevention services
	Development of a Self-Care awareness programme including the education of school children
Contractual / Financial	Consider implementing a local QoF
	Review of all enhanced services
	Review core contract – consider increased funding rather than existing additional funding options
	Consider activity based rather than list based contracts
	Consider inclusion of budgets for staff development

The above long list was prioritised by the General Practice Group (GPG), under the Vanguard programme; the GPG comprises a GP, Practice Nurse and Practice Manager from each of the five localities. They evaluated each on how **do-able** the initiative is and its **impact**. The table below shows the outcome of this prioritisation process. The 16 initiatives in the white boxes below were identified as the priorities through the process and these were shared with practices for comment.

Summary of Prioritised Initiatives	Do-ability	Impact
Consider inclusion of budgets for staff development	9	36
Review of all enhanced services	6	33
Staff Development including succession planning	7	31
Development of city wide training programme for all staff	6	31
Improve consultation times to enable a holistic and pro-active approach	6	31
Improve integration with community services and secondary care – seamless	6	30
Consider implementing a local QoF	5	30
Explore options to work closer with pharmacy	7	29
Review of capacity in primary care	7	29
Undertake review of secondary care services which could be delivered in primary care	5	29
Consider options to improve access	5	28
Review of existing roles including GP, Nurse Practitioners	7	27
Shared records across all main services	8	26
Development of a Self-Care awareness programme including the education of school children	6	26
Direct access to diagnostics	6	25
Work with public health to review existing lifestyle services	6	25
Review with public health existing disease prevention services	5	25
One system	7	24
Review core contract – consider increased funding rather than existing additional funding options	6	24
Explore options for joint working ensuring Practices maintain their identity	6	23
Standardisation of roles	4	32
Explore alternative methods of communication with both patients and partners i.e.: video conferencing, Skype, email.	4	23
Undertake review of existing premises considering future ways of working	4	22
Consider activity based rather than list based contracts	7	20

One Sunderland website rather than 51 individual practices intranet and internet – All health information in one place	7	18
Shared back office functions including HR, IT, Business Planning, Payroll, Payments etc.	7	12
Standardisation of pay	3	10

At a second TITO event in September 2015 practices were asked to consider the 16 priorities in light of feedback from patients, the general public, partners and general practice representatives and come to a view as to whether there were any changes needed or anything missing. 2 of the 16 were rejected: direct access to diagnostics and undertake review of secondary care services which could be delivered in primary care

4.2.3 Response from patients and the general public

We undertook a piece of market research to build on the national, regional and local data available to inform and develop the general practice strategy.

The methodology used to engage with residents living in Sunderland, included:

- On-street survey with 401 members of the general public; quota sampling was used to map the participant profile to that of Sunderland to ensure the sample is statistically representative of the population of Sunderland.
- An online survey with 32 members of Patient Participation Groups (PPGs).
- Focus groups to provide an opportunity to ask very specific questions and explore responses in much more detail.
- Discussion with patients at Sunderland Health Forum.

Drawing on **past and current perceptions** of General Practice services, Sunderland residents were asked specifically ***how they feel*** about the following areas in General Practice:

- Access and waiting times:
- How and where improvements can be made

Perceived issues

- shortage of doctors and nurses and other healthcare staff;
- high turnover of GPs;
- high use of locums;
- difficulty in making appointments at the GP practice, e.g. unable to book in advance or getting through on the phone;

- waiting times for urgent and non-urgent appointments are too long; and
- the limited opening hours of practice (i.e. the lack of appointments available outside of normal working hours).

Perception of GP practices over the last 5 years

A much greater proportion of participants from PPGs perceived that their GP practice had improved over the last five years compared to the general public (63% and 19% respectively). Most common suggestions for service improvements were:

- Longer opening hours.
- Reduce the length of time patients have to wait for an appointment.
- Greater availability of appointments.
- More GP practices/doctors to cope with demand.
- Less reliance on locum doctors.
- Greater consistency of care.
- Improved attitude of GPs and reception staff.

Most important for the future

In terms of future GP services, **being able to see a doctor** emerged as **the most important factor** in terms of accessing services (91% of the general public & 89% of members of Patient Participant Groups).

4.2.4 Response from practice representatives

Whilst engaging directly with our member practices we have also engaged with practice representative groups including the Local Medical Committee (LMC), Washington Community Health Care, a collaboration of local primary care practices, and the Sunderland GP Alliance. The feedback generally fell into the following themes:

Key Themes	Feedback
Workforce	▪ The single most important thing for general practice is to stabilise the current core function.
Ways of Working	▪ Development of 5 locality groups would be the preferred approach. ▪ A local approach would reflect local differences in patient types, flows and practical issues such as premises, whilst providing a scalable focus for clinicians and others in primary and community care. ▪ GPs need to federate and work collaboratively as advocates for their community. ▪ Primary Care at Home model is a preferred model ▪ Development of locality based commissioning

Contracting / Financial arrangements	▪ The development of a local QoF will cause significant concern.

4.2.5 Partners

We asked our partners to consider what General Practice could do to contribute to **Better Health for Sunderland** over the next five years and how they could support General Practice moving forward as well as how general practice could support them. The feedback generally fell into the following four themes:

Key Themes	Feedback
Workforce	▪ Capacity issues in general practice cannot be ignored ▪ We need to be clear on the skill mix of the workforce required to achieve our five year vision in order that we can start work on developing training now. ▪ Promote benefits of working in Sunderland
Ways of Working	▪ Sharing back office systems would simplify the general practice system ▪ The whole health and care system, not just general practice, needs to be seven days a week ▪ Other services working closely with general practice i.e.: mental health supporting GPs to ensure a clear shared care arrangements. ▪ Organisational boundaries – acute staff may not be acute focused in the future which will ensure continuity of care and reduce handoffs. ▪ Each organization needs to commit to change to wrap services around general practice ▪ Closer working with pharmacists
IT Infrastructure	▪ There is a need to transform to a health and care single data set / shared system – everyone needs to have the same information in order to be responsive ▪ Shared information systems for mental health and physical health
Prevention & Self Care	▪ General practice needs to ensure a focus on prevention and early intervention ▪ GP Champion of public health and early intervention who can support national policy changes ▪ Focus on maximising every health contact ▪ Build on the principles of Live Life Well and address holistic needs

Section 6: Our strategy: to sustain and transform general practice

This section describes what we will do to ensure the future of general practice in Sunderland including any key design principle which will influence what is commissioned.

To realise our aim, to **sustain and transform general practice to ensure the provision of high quality primary medical care delivering improved health outcomes for local people, now and in the future**, we believe that five changes need to happen.

OBJECTIVE 1: Supporting general practice to increase capacity and build the workforce

We recognise that to sustain general practice we need sufficient staff with appropriate skills and access to training to do the work needed. Practices will need to see their workforce evolve to embrace a wider skill mix out of necessity.

Although we have a number of initiatives in place already, as workforce is a significant issue for Sunderland, we will continue to work with the LMC, federations, HENE and Sunderland University to support the recruitment and retention of the clinical and management workforce in Sunderland. Although making general practice a more appealing career of choice for medical students and student nurses is beyond our scope, we will continue to work with partners to address this longer term goal within the context of the RCGP, BMA, NHSE and HEE 'Ten Point Plan' to build the general practice workforce – 'New Deal for General Practice'. In addition, we believe that a stronger focus is also needed on primary care nursing and better support is needed for the professional development of the existing nurses working in general practice including extending their clinical, leadership and management skills.

We will give priority to structured training and professional development for staff in general practice both in terms of continuous professional development and supporting them to develop new roles in order to ensure continuous improvement in the quality of care, support staff retention and address workload and capacity.

We understand that the current combination of national and local enhanced services, and incentive schemes overwhelm GPs in their day to day job as well as limiting their ability to

engage to achieve sustainable, transformational change. Delegated co-commissioning provides the opportunity to reduce bureaucracy and duplication for practices involved in the provision of enhanced services. We will review the enhanced services and learn from national examples of CCGs developing and designing local schemes as an alternative to both the Quality and Outcomes Framework and Directed (and local) Enhanced Services. This would allow a focus on a smaller number of key outcomes rather than practices have to deliver lots of detailed outputs, whilst giving Practices more flexibility to decide how to achieve the outcomes, often needing to work with other practices in a locality.

There is also the opportunity for pharmacists to increase their contribution to general practice services especially if training is provided to enable them to extend their role as part of the general practice team.

Design Principles

- The General Practice – 1st point of contact for patients
- Whole practice, not just the GP, supporting **Better Health**

What does this mean for patients?

- Patients will be seen by the right professional, with the skills related to their need, whilst recognising for some patients continuity of care is crucial.
- Other primary care professionals (e.g. Practice Nurse; Pharmacist) are involved in the delivery of care where appropriate

What does this mean for general practice?

- Continuous professional development and opportunities to up-skill
- New roles developed in general practices.
- Reduced administrative burden and duplication
- More time spent with those patients that have complex and continuing needs

How will we measure success?

- No. of Career Start GPs/Nurses/HCAs appointed and retained
- GP workforce stabilised
- Survey of general practice staff in respect of career intentions, workload
- Number and range of skill based training and leadership courses available and accessed

OBJECTIVE 2: Improving patient access

Access is important for patients and is an area currently where there is variation across practices. Waiting times to access general practice services is important to patients and it is becoming increasingly important when managing system wide resilience. In addition, time is important when engaging with people in managing their care given complexity of needs. Longer face to face consultations are included in access. Greater use of technology could also be part of the solution to improved access.

We will evaluate the outcomes of the extended access locality pilots to inform how we best commission extended general practice outside of core hours as part of an Urgent Care strategy for the whole system.

As outlined under objective 1, delegated co-commissioning will help us to support improvement in this area, e.g. by adapting traditional funding and contracting approaches to support the development of a local solution.

Design Principles:

- Urgent and non-urgent access
- Agreed standards in relation to access
- Patient education regarding accessing NHS services
- Shared records/information

What does this mean for patients?

- Patients can book routine appointments in advance as well on the same day if they have an urgent clinical need
- Patients will be able to access general practice services within a locality
- Patients will understand how, when and who to access in primary care
- Patients will be confident that professionals who have access to their relevant information will comply with Information Governance statutory guidance

What does this mean for general practice?

- Clinicians and healthcare professionals may contribute to the provision of extended general practice within localities and/or as part of an urgent care system within Sunderland
- Medical records will be shared within a defined governance arrangement so that

clinicians and healthcare professionals have access to the right information

- Providers will have a safe, effective system to prioritise patients according to clinical need

How will we measure success?

- 80% of respondents in the annual GP patient survey are very or fairly satisfied with making an appointment with their general practice
- Patients with most complex needs report an improvement in access
- Reduction in attendances at A&E for primary care conditions

OBJECTIVE 3: Ensuring the central, co-ordinating role of general practice in delivering out of hospital care

General practice remains the key co-ordinator of care for the vast majority of patients. This objective recognises general practice's central role in the delivery of **out of hospital care.** In particular the importance of the registered list and the GP (and Nurse Practitioner) assessment and diagnostic skills and the skill set of Practice Nurses in managing people with long term conditions. These clinical and medical skills are key components in the 5 community integrated teams wrapped around practices and the city wider Recovery at Home service both providing person centred co-ordinated care for the most complex patients.

Further work needs to take place to transform the care of people with a long term condition who at not currently at high risk of admission, preventing and/or delaying further deterioration and supporting self- management. This is a key opportunity for Practices to co design how they can enhance the care offered to this group of patients (30,000) in the city.

Having mobilised 2 of the 3 work streams (Recovery at Home and Community Integrated Teams), we will proactively establish and share the learning from these programmes to inform how we improve patient care out of hospital delivered by general practice.
We will build on the on-going work in respect of sharing data across health and social care systems in the context of the Vanguard programme.

We will work with our practices to co-design the "Primary care 'plus'" model of care for people with long term conditions.

Design Principles:

- Reduced waste
- Shared governance, not just 'handover'

What does this mean for patients?

- Patients with long term conditions will have access to enhanced local health services to ensure their care remains within primary and community care wherever appropriate.
- Patients will, where clinically appropriate and evidenced, have the opportunity to self-care with support from professionals including via telehealth and telecare.
- Improved experience and outcomes from improved communication and support in relation to their health and care.

What does this mean for general practice?

- Where another organisation (e.g. acute hospital, mental health organisation, community services) is dealing with the patient's problem, the patient's GP practice will remain pro-actively involved, seeking information and assurance that the patient is receiving high quality care
- Practices proactively manage patients with LTCs which could include patient education programmes; medicines management advice and support; use of telecare and telehealth to aid self-monitoring
- Practices identify the most at risk patients who would benefit from co-ordinated care and proactively review them
- Proactive support from a multi-disciplinary team in their locality, and a city wide rapid response service, to manage the care needs, reducing the time needed from the GP following assessment and diagnosis.
- Sharing resources and skills across practices enabling better outcomes for patients and efficiencies for practices.

How will we measure success?

- Reduced emergency admissions for patients with long term conditions
- Reduced or delayed admissions to care homes
- Improved quality of patient experience of their care out of hospital
- Improved quality of life for people with LTCs
- Information sharing agreements with practices and partners in place
- More people able to stay at home longer following discharge from hospital

OBJECTIVE 4: Supporting better health through prevention and increasing patients' capacity for self-care

The majority of illnesses the NHS treats are caused by obesity, smoking or alcohol and many of these illnesses (such as heart disease or diabetes) are preventable. General practice has a role within the wider health and social care system in developing the health literacy of patients.

We will aim to start to shift the focus in general practice to well-being and prevention and empowering patients to take greater responsibility for their health and to make necessary changes in their lifestyle. Both clinicians and patients have a lot to gain from patients being informed and sharing in the decision making. Developing a new way of working together should improve care and could reduce workload.

New technologies, supported by an evidence base, would also offer opportunities to help patients to manage their own health and would be covered in this objective.

We have examples already within our localities where general practice, in partnership with the wider community, is supporting people to self-care. We will share and capitalise on the learning from such initiatives.

Design Principles:

- Compact between the patient and GP
- Technology
- Locality/community

What does this mean for patients?

- Patients will have information to prevent ill health and manage their condition
- Patients are asked about their wellbeing and their capacity and goals for improving health
- Patients will understand their own contribution to their health and use of health services

What does this mean for general practice?

- All clinicians and healthcare professionals in general practice will promote good health and prevention as part of every contact
- General practice will work with partners and public health in the community to develop assets and resources that will help people to remain healthy and

connected in their community.

How will we measure success?

- % patients who feel confident to self-care and manage their conditions

OBJECTIVE 5: Encouraging new working arrangements between practices

This objective embodies both the need to sustain general practice moving forward and support it to transform. However, we recognise that new ways of working between practices to survive in light of the pressures and transform to meet local and national challenges must be led by them; we do not prescribe or advocate one approach over another. The only design principles would be about locality delivery, whilst recognising city wide/at scale may often need to be the organising principle supporting locality delivery when resources are limited. Equally, that the personal and local nature of general practice is safeguarded.

We will support the federations to develop ways of working to improve health outcomes, address capacity and access issues.

Design Principles:

- Locality structure as a minimum

What does this mean for patients?

- Improved access
- Access to additional services
- Sustainable Sunderland general practices services

What does this mean for general practice?

- Opportunity to reduce pressure on the workforce
- Minimising duplication of processes
- Reduced cost
- Increased level of peer support and shared learning from each other
- Opportunity to reduce administrative burden
- Support and promote initiatives to share skills across practices
- Achieve primary care assurance and CQC standards

How will we measure success?

- Reduced variation across practices, e.g. access standards and delivery of enhanced services
- Support the development of new roles

- Increase in good/outstanding scores from CQC inspections and the Primary Care Assurance ratings

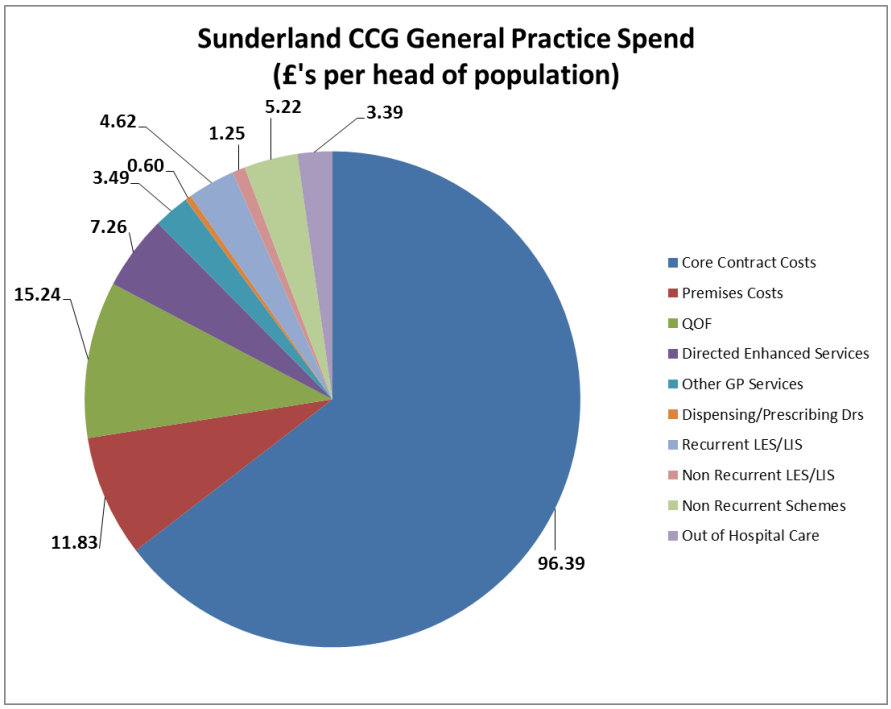
6.2 Enablers

To support change and delivery of our general practice strategy we have identified the following enablers.

6.2.1 Co-commissioning budgets

We now have delegated budgetary responsibility for general practice commissioning and we currently allocate 9% of our total expenditure on general practice services.

The current breakdown of expenditure on general practice services per head of population is outlined in the pie chart below. This incorporates the areas which compromise delegated budgets from NHS England which is core contract costs, premises costs, QOF, Directed Enhanced Services, other GP services and Dispensing / prescribing doctors. In addition we have put in place recurrent investment into out of hospital care, recurrent and non-recurrent funding into Local Enhanced Services and Local Incentives Services as well as non-recurrent investments in areas such as GP Career Start, Extended Hours Pilots and Locality Innovation Schemes.



It is anticipated that there will be significant efficiencies released from the PMS review which has taken place (circa £2m) over the next 5 financial years and the re-procurement of APMS contracts (circa £960k per year) over the next 5 financial years. We will ring fence these efficiencies for reinvestment into general practices services in line with allocation policies developed by NHS England.

Our aim will be to ensure the financial sustainability of general practice for the future. This will be as a minimum through effective commissioning of general practice, for example reviewing the approach to enhanced services, and where possible through additional investment subject to our overall strategic and financial plans for the next few years. These are due to be developed following the issuing of national planning guidance and financial allocations to the CCG early 2016.

6.2.2 Estates

We will ensure our future strategic estates plan (SEP), which is in development, is aligned to this strategy to enable and support delivery. The aim of the SEP is to get the right services in the right place and make best use of the estate over the next 5 years. However, this must support the delivery of our transformation programmes, including this strategy.

6.2.3 Informatics

We recognise the importance of information and information technology to improve: patient care; access to care; patient experience; delivery of clinical outcomes; and health record keeping.

The ability to share data across health and social care will be critical to the successful delivery of **out of hospital care**, of which general practice services are a key part. In conjunction with on-going work in relation to Community Integrated Teams and Recovery at Home and the extended access locality pilots, we will work with partners to develop and implement an informatics strategy to enable sharing of information, supported by robust governance processes, to support clinicians to provide high quality care.

6.2.4 CCG Support

We understand that we will need to:

- Be configured to take up the opportunities presented by co-commissioning;

- support the development of workforce planning;
- streamline practice provision of enhanced services to reduce bureaucracy;
- support practices to consider alternative approaches to working together;
- take on professional leadership for quality improvement in general practice through the development of a new quality framework as well as a contracting and funding model, alongside the existing GMS/PMS/APMS contracts, to commission differently, e.g. commission for outcome;
- continue to invest in the clinical education via the Time In and Time Out programme (currently £90k a year) which is highly valued by member practices; and
- promote and assist with healthcare research to improve the health of patients and engender a culture of quality improvement.

6.2.5 Organisational development

We recognise that to be sustainable practices need to work together and work differently but we accept that they are best placed, supported by federations, to determine how to do this ensuring individual practice identity is maintained wherever possible.

We will work with federations to consider a programme of organisational change support.

Section 7 – Taking the strategic direction forward

This section describes the next steps to making change happen – how we move from strategy to implementation.

7.1 Governance

To ensure that the CCG and its Board are delivering on its strategic objectives, a committee structure has been developed to provide assurance on the key aspects of plans under the Governing Body.

In line with our full delegated responsibility for general practice commissioning we have established a Primary Care Commissioning committee (PCCc) to maintain oversight of this function and demonstrate accountability that the CCG will be able to meet its delegated responsibilities. This committee is a formal sub-committee of the Governing Body and its purpose is to enable the members to make collective decisions on the review, planning and procurement of primary medical care services in Sunderland. The role of the committee is to carry out the functions relating to the commissioning of primary medical care services under section 83 of the NHS Act.

The development of the strategy has been overseen by SCCG's Governing Body and has been approved by this group prior to wider circulation. The Governing Body have agreed that the implementation of this strategy be overseen by the PCCc.

7.2 Implementation

Having engaged widely with our practices, patients, the general public, partners and practice representatives in the development of this strategy, the next phase is the delivery.

We will establish an Implementation Group to oversee the development of implementation plans for the 5 strategic objectives reporting to the PCCc. Although the membership and Terms of Reference are to be determined, it is anticipated that this group would comprise commissioners, representatives from the GP federations and HealthWatch.

A Workforce Steering Group and the General Practice Group (GPG), of the Vanguard Programme (responsible for developing enhanced primary care), already exist and the work programmes of these groups would need to be reviewed and informed by this strategy and the 5 priority areas of focus.

Appendix 1 Glossary

Acronym	Meaning
APMS	Alternative Provider Medical Services
BMA	British Medical Association
CCG	Clinical Commissioning Group
CNTW	Cumbria, Northumberland, Tyne & Wear
FTE	Full time equivalent
FYFV	Five Year Forward View
GMS	General medical services
GPG	General Practice Group
HC	Head Count
HEE	Health Education England
HENE	Health Education North East
LMC	Local Medical Committee
NHSE	NHS England
PCT	Primary Care Trust
PMS	Primary medical services
PCCc	Primary Care Commissioning Committee
RCGP	Royal College of General Practitioners
SCCG	Sunderland Clinical Commissioning Group
SEP	Strategic Estates Plan
SRG	System Resilience Group
TDA	Trust Development Authority

Sunderland Safeguarding Children Board

Title of Report: **SSCB Annual Report to Sunderland Health and Wellbeing Board**

Author Name and Designation: **Colin Morris, SSCB Independent Chair**

Report Meeting is going to: **Sunderland Health and Wellbeing Board**

Meeting Date:

1. Purpose of the report

1.1 The purpose of this report is to present the Sunderland Safeguarding Children Board (SSCB) Annual Report to members of the Health and Wellbeing Board.

2. Background

2.1 SSCB is the key statutory mechanism for agreeing how relevant organisations will co-operate to safeguard and promote the welfare of children and young people living in Sunderland. The Board has a written Constitution that outlines governance arrangements, role of Board members and structure about which further information can be found at www.sunderlandscb.com.

2.2 The SSCB has worked with other local boards and partnerships in 2014/15 to ensure that issues of safeguarding children and child protection are appropriately considered and afforded appropriate priority by the partners and to ensure that work is co-ordinated and efficient.

2.3 These partners include the Children's Trust Board, the Health and Wellbeing Board, Safeguarding Adults Board and Safer Sunderland Partnership. The Sunderland Children and Young People's Plan sets out the strategy of the Children's Trust Board, members will be aware that work is currently underway to review and refocus the work of the Children's Trust. The SSCB Performance Report is used to monitor the actions taken to address the priorities and the outcomes for children and young people in Sunderland and hold partners to account for their various contributions to these processes.

2.4 Working Together 2015[1] states that the Local Safeguarding Children Board Chair must publish an Annual Report on the effectiveness of child safeguarding and promoting the welfare of children in the local area; and that this annual report should be submitted to the Chief Executive, Leader of the Council, the Police and Crime Commissioner and the Chair of the Health and Well-Being Board.

3. Body of Report

3.1 Sunderland is a large city in the North-East of England with a population of 276,110 of which 61,540 are children and young people aged 0-19. Children and young people represent approximately 22% of the overall population. 26% of children and young people in Sunderland are defined as living in poverty. The number of children subject to a Child Protection Plan at Quarter 4 2014/15 was equal to 56.2 children per 10,000 in the general population of Sunderland which is similar to the 2012/13 outturn of 56.0 per 10,000. The 2014/15 figure placed Sunderland above the England average of 42.1% and below the North East average of 59.3%.

3.2 The Annual Report details that the SSCB has undertaken a number of actions within its Business Plan in 2014/15 including the development of multi-agency audit tools and the recruitment of multi-agency auditors, who have reviewed and updated relevant safeguarding children procedures and developed a Quality Assurance and Performance Framework.

3.3 The SSCB has also undertaken significant challenge to partner agencies, in particular Children's Safeguarding. These challenges have included safeguarding issues which have arisen during Serious Case Review (SCR) activity, varying degrees of quality of reports submitted in respect of learning and improvement activity derived from SCRs and concerns around the ability to transfer learning and some concerns around the overall commitment to the work of the SSCB.

3.4 The SSCB Learning and Improvement in Practice Sub-committee initiated five Serious Case Reviews during the time period and will report on the learning from these cases in due course. In addition, a number of management reviews and audits have also been undertaken.

3.5 The overall budget position for the SSCB for 2014/15 is a balanced budget which includes appropriations from the SSCB Reserves. The impact of efficiency savings in agencies, particularly in the Council and Children's Safeguarding continues to have an impact on the safeguarding infrastructure.

3.6 Members will be aware that the Director of People Services commissioned an independent review (Core Assets) of Children's Safeguarding to examine the nature, quality, and robustness of the Council's Safeguarding Services and which subsequently identified areas in need of improvement. A Local Government Association Peer Review also took place in

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

November 2014 which reasserted the findings of the Core Assets Review and concluded that improvements were not progressing with sufficient pace.

3.7 Members will also be aware Ofsted inspected Sunderland's safeguarding arrangements, including the workings of the SSCB in May 2015 and confirmed that the safeguarding system in Sunderland is not sufficiently robust and that urgent improvement activity was required in order to demonstrate impact in 2015/16. In conjunction with the robust commitment, scrutiny and challenge from partners, the SSCB is confident that the necessary improvements will be progressed in order to ensure children and young people in Sunderland are safeguarded.

4. Recommendations

4.1 The Health and Wellbeing Board are asked to note the contents of the SSCB Annual Report 2014/15.

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Sunderland Safeguarding Children Board

Sunderland Safeguarding Children Board (SSCB) Annual Report

The Effectiveness of Safeguarding Children Arrangements in Sunderland

1st April 2014 – 31st March 2015

CONTENTS

This report is available on the SSCB website www.sunderlandscb.com

Section 1 – FOREWORD by Sunderland Safeguarding Children Board (SSCB) Independent Chair

There is no doubt in my mind that 'safeguarding' those most vulnerable in our society, be they children, young people, or adults is one of the greatest responsibilities and challenges for those working in this most demanding area of public service work .

In the many instances that this responsibility is discharged positively there is hardly a flicker of recognition or acknowledgement - it's just something that the public expect. However, get it wrong and the impact and implications can be almost immeasurable, condemning children, young people, or adults to a life of misery – or much worse! Recent history is stacked high with reminders with public scandals centring around Winterbourne View, Harold Shipman, Rolf Harris, and the organised abuse activity headlined in Oxfordshire, Rochdale, Rotherham and far too many other place, which should all act as stern reminders about just how vulnerable a small but crucially important minority section of our population really are.

This is precisely why the work of Local Children Safeguarding Boards (LSCBs) is so important in that they are required to provide that crucial oversight of the work delivered by the multi-agency safeguarding Partnership to ensure that everything possible is done to help and protect those who are most in need of safeguarding. This means that the LSCB needs to be ever vigilant in order to recognise when the 'system' is under pressure and be ready to take steps to effect a remedy before failings occur. In order to be successful, effective monitoring, scrutiny and challenge across all members of the safeguarding partnership is a fundamental requirement.

Understanding how well the system is working and performing is crucially fundamental, requiring scrutiny of important areas of activity, the numbers of children and young people entering and exiting the Looked After system , the numbers of children and young people being considered or subject to child protection investigation and intervention and understanding whether the quality of such interventions has delivered positive outcomes, are all examples of the range of responsibilities performed by the LSCB – there are many more!

Regrettably, some of these important tasks and responsibilities of the LSCB have not always been discharged to the appropriate standard. During 2014/15 the LSCB became distracted by an unusually high number of Serious Case Reviews (SCRs) meaning that a number of its core duties and responsibilities dropped off the LSCB's 'radar'. During the second part of this year the Board recognised this to be the case and focussed quickly on a remedial plan to address this. As the 12 month period pertinent to this report (2014/15) drew to a close, significant rapid progress had been made in terms of remedy. Early into the new financial year (2015/16) Ofsted inspected Children's Services in Sunderland, including assessing the effectiveness of the LSCB. Whilst recognising that the LSCB had already commenced its own 'recovery plan' Ofsted considered it too early to judge whether such change would deliver positive outcomes for Sunderland's children and young people and in consequence set out seven specific recommendations for the LSCB. These recommendations have already been turned in to an Action Plan with a significant number of the deficits on a completion trajectory.

I referred earlier to the large number of SCR's commissioned by the LSCB. At the time of publication of this Annual Report this totals 10. Of that some have already entered the public domain and been published, another four are working their way through the quality assurance process and will soon be published. Of the remaining number, progress is being hampered by external factors (such as criminal enquiries and court processes) and the time commitments required to complete what can be extremely complex matters. The purpose for undertaking a

SCR is to learn lessons and understand where improvements (if any) can be made. The evidence from this learning will be clearly set out in the 2015/16 Annual Report.

Finally, there have been a number of membership and governance changes made at the LSCB in 2014/15. It is important that I recognise the significant commitment, dedication, and contributions made by all those across the Partnership. The period covered by this Report has been challenging and at times traumatic for those associated with the LSCB and its supporting work infrastructure. I would like to place on record my thanks to everyone for their hard work at all levels- safeguarding is perhaps the most challenging, unforgiving of all public service, and yet when we get it right it becomes a highly rewarding area of work and without such commitment many more vulnerable children, young people, and adults would find themselves very much at personal risk.

Our 'recovery' is not yet complete but we are certainly heading in the right direction.

I hope that you will find the 2014/15 Annual Report a helpful and informative read and look forward to reporting continued progress in 2015/16.

Colin Morris
SSCB Independent Chair

Section 2 – EXECUTIVE SUMMARY

Sunderland Safeguarding Children Board (SSCB) is the key statutory mechanism for agreeing how relevant organisations will co-operate to safeguard and promote the welfare of children in Sunderland. The Board has a written Constitution that outlines governance arrangements, role of Board members, structure etc and further information can be found at www.sunderlandscb.com

The Board has worked with other local boards and partnerships in 2014-2015 to ensure issues of safeguarding children and child protection are appropriately considered by the partners and to ensure that work is co-ordinated and efficient.

These partners include the Children's Trust Board, the Health and Wellbeing Board, Safeguarding Adults Board and Safer Sunderland Partnership. Sunderland Children and Young People's Plan sets out the strategy of the Children's Trust Board. The SSCB Performance Report is used to monitor the actions taken to address the priorities and the outcomes for children and young people in Sunderland.

Sunderland is a large city in the North-East of England with a population of 276,110 of which 61,540 are children and young people aged 0-19. Children and young people represent approximately 22% of the overall population. 26% of children and young people in Sunderland are defined as living in poverty. The number of children subject to a Child Protection Plan at Quarter 4 2014/15 was equal to 56.2 children per 10,000 in the general population of Sunderland which is similar to the 2012/13 outturn of 56.0 per 10,000. The 2014/15 figure placed Sunderland above the England average of 42.1% and below the North East average of 59.3%.

The Board has undertaken a number of actions within its SSCB Business Plan in 2014-2015 including the development of multi-agency audit tools and the recruitment of multi-agency auditors, we have reviewed and updated relevant safeguarding children procedures and developed a Quality Assurance and Performance Framework.

The Board has provided a significant amount of challenge to partner agencies, in particular Children's Safeguarding. These challenges have included safeguarding issues which have arisen during SCR activity, poor quality of reports submitted in respect of learning and improvement activity, ability to learn lessons and commitment to the work of the SSCB.

The SSCB Learning and Improvement in Practice Sub-committee initiated five Serious Case Reviews in this time period and will report on the learning from these cases in due course. In addition, a number of management reviews and audits have been undertaken and the learning from these is attached at Appendix 3.

Information regarding the type of SSCB training and the attendance figures for 2014-2015 is contained in the SSCB Training Annual Report which can be found at www.sunderlandscb.com.

Section 11 Audits were issued to agencies in March 2015 with the purpose being to assess partner agency compliance with Section 11 Children Act 2004.

The overall budget position for the SSCB for 2014-2015 is a balanced budget which includes appropriations from the SSCB Reserves. The financial climate is challenging and will continue to be so for some considerable time. The impact of efficiency savings in agencies, particularly in the Council and Children's Safeguarding continues to have an impact on the safeguarding infrastructure.

Within 2014-2015 the SSCB commissioned five Serious Case Reviews which have highlighted some concerns regarding multi-agency practice. In addition they have highlighted that lessons learned from the learning and improvement work from previous reviews, has not been robustly embedded into multi-agency practice.

The Director of People Service commissioned an independent review (Core Assets) of Children's Safeguarding to examine the nature of the Safeguarding Service and identify areas in need of improvement. A Local Government Association Peer Review also took place in November 2014 which reasserted the findings of the Core Assets Review and concluded that improvements are not fast enough and there is a lack of impact evidenced.

The safeguarding system in Sunderland is not sufficiently robust and improvement work will need to gain pace and start to demonstrate impact in 2015-2016. In conjunction with the robust commitment, scrutiny and challenge from partners the SSCB is confident that the necessary improvements will be made to ensure children and young people in Sunderland are safeguarded.

Section 3 – SAFEGUARDING IN SUNDERLAND

The City of Sunderland

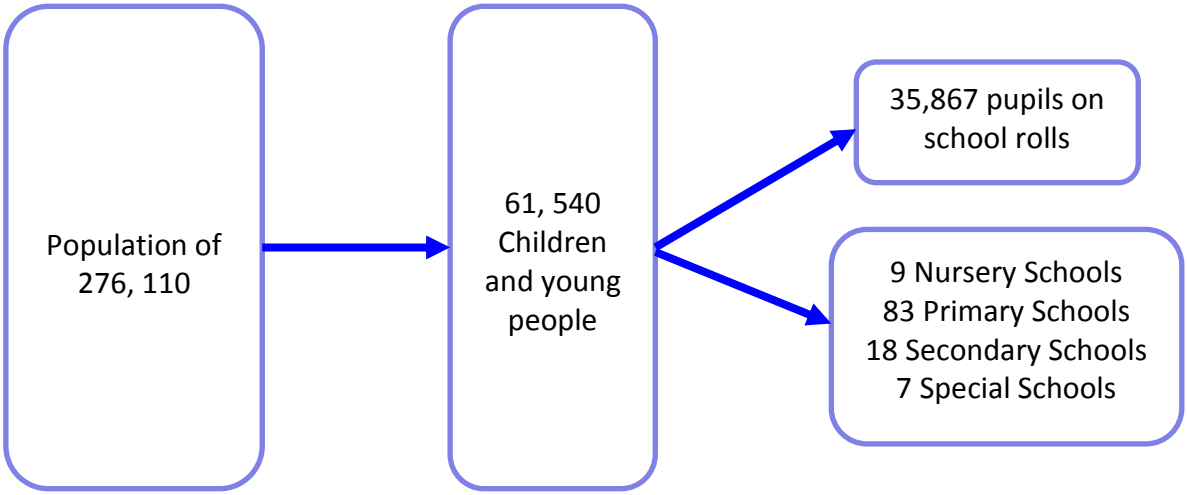
Sunderland is a large city in the North-East of England with a population of 276,110 of which 61,540 are children and young people aged 0–19. Children are therefore 22.3% of the overall population[1] in Sunderland.

There has been a reduction of 1.3% in the population of children in Sunderland since 2011. However there are differences across the age groups with an increase of 4% in the number of children aged 1–9 years and a reduction of 5.3% of children under 1 years old and over 10 years old.

Sunderland is the 41st most deprived Local Authority area in England[2] and 26% of children and young people in Sunderland are defined as living in poverty. The level of child poverty in Sunderland is worse than the England average. Approximately 13,000 of Sunderland's children and young people will need additional support from targeted and specialist children's services during their childhoods[3].

In the Academic year 2014/15 there were 35,867 pupils in Sunderland on schools rolls. Sunderland has 9 nursery schools, 83 primary schools of which 19 are Academies and one is a Free School. There are 18 secondary schools of which 12 are Academies and one is a Free School. In addition there are seven schools for pupils with special educational needs of which five are Academies. There are also Pupil Referral Units at Nursery/Key Stage 1 Behaviour Team (ages 4-7yrs), Key Stage 2 and 3 (ages 7-14ys, and at Key Stage 4 (ages 11-16yrs). Sunderland also has two Private Schools.

In summary



[1] 2013 mid-year population estimates (Office of National Statistics)
[2] Index of Multiple Deprivation (IMD) 2010
[3] The Child and Family Poverty Needs Assessment

Section 4 – ROLE AND FUNCTION OF SUNDERLAND SAFEGUARDING CHILDREN BOARD

SSCB arrangements

Section 14 of the Children Act 2004 requires all Local Authorities to have a LSCB in place fulfilling the main objectives which are described as:

(a) To co-ordinate what is done by each person of body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
(b) To ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the LSCB Regulations 2006 sets out the functions and directions relevant to LSCB's. A copy f this Regulation can be found at http://www.legislation.gov.uk/uksi/2006/90/contents/made.

Chairing Arrangements

Following the planned retirement of the previous SSCB Chair in June 2015 a new SSCB Chair was appointed in July 2014. The new SSCB Chair is also the Independent Chair of the Safeguarding Adult Board in Sunderland.

Review of SSCB arrangement 2014-2015

A full review was undertaken of the SSCB arrangements in 2014-2015. An SSCB development event on 10th September 2014 identified a range of 'must do' issues to ensure that the SSCB was fit for purpose to meet future challenges. It was agreed that the SSCB had to refocus on meeting its core strategic responsibilities and the Board membership was changed to reflect this

The following tasks were identified as part of this work:

- A review of Board membership
- A review of the Business Planning Group functionality
- A review of the Sub-committee membership
- Development of a performance scorecard
- A review of the role and functionality of business support to the SSCB

As part of this work a review of the Sub-committees supporting both the SSCB and SSAB was undertaken which found that most chairs and representative of Sub-committees perceived the merged Sub-committees to be functioning well and that these should continue. Reservations were noted from the non-merged Quality Assurance Sub-committees and the Learning and Improvement in Practice Sub-committees that their volume of work, and specific focus means that they are not currently in a position to merge. The review indicated that the work of the joint Communication and Marketing Sub-committee should be strengthend and the Sub-committee re named the joint Engagement and Participation Sub-committee. At the same time as the SSCB review, a full review was undertaken of the SSAB and changes across the SSCB were mirrored across the SSAB.

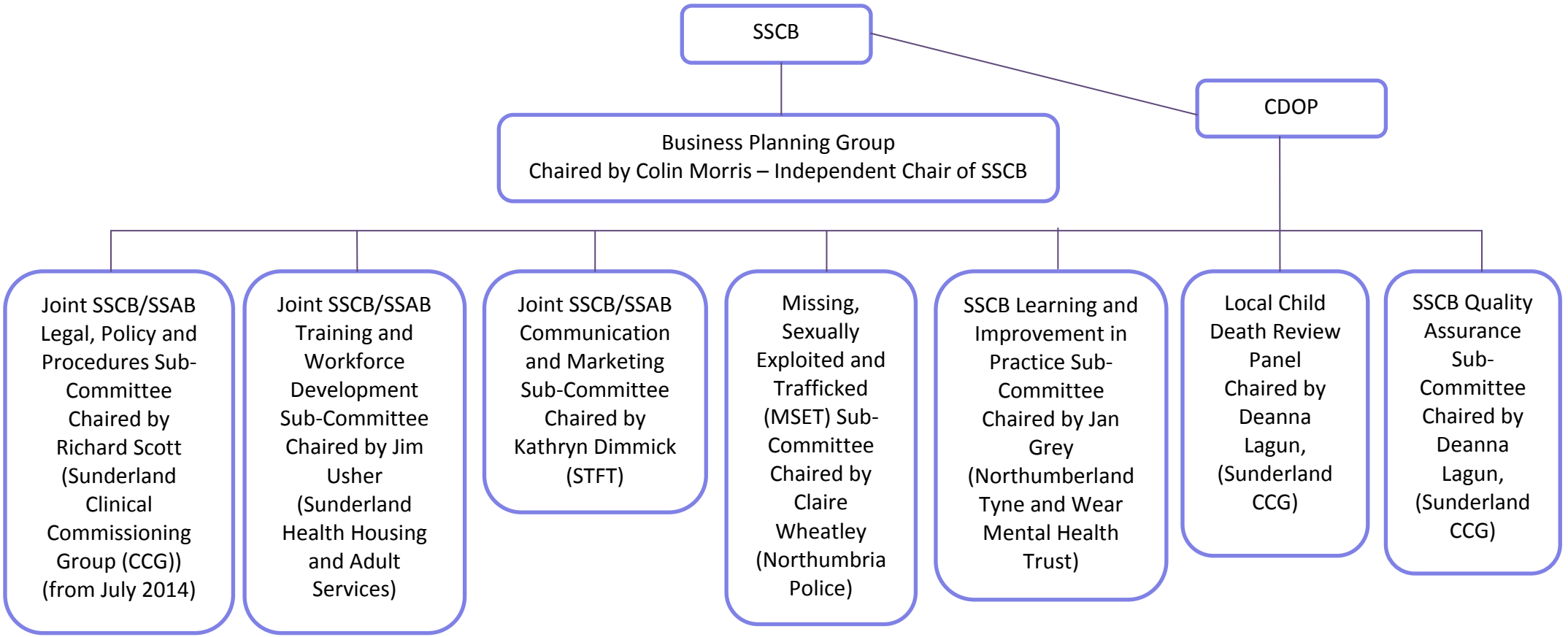
The review also recognised that the SSCB was experiencing significant pressures particularly in respect of the unprecedented numbers of Serious Case Reviews commissioned.

Reviewing and remodeling membership at Board level to ensure a forward looking strategic focus is crucial. Similarly, ensuring that the operational work of the Board receives sufficient time and focus is also crucial. Thus the proposed changes to both SSCB and SSCB Executive (formerly known as the Business Planning Group) were proposed as a way of making the required improvements.

The following was proposed and agreed at the SSCB in December 2014:

- The proposed changes to the membership of the SSCB – establishing membership at Chief Executive or equivalent
- The SSCB will meet on four occasions per year, of which one should be jointly with the SSAB
- The creation of the SSCB Executive and the subsequent deletion of the current Business Planning Group – Chaired by the SSCB Chair and having a key focus on the operational agenda for the safeguarding system
- The proposed membership of the SSCB Executive – to include previous members of the Board
- The changes identified by the Sub-committee review, including the proposed membership
- The proposed changes relating to the business support supporting both SSCB and SSAB – the plan being to move to one unit supporting the function of both Boards to streamline processes and minimise duplication

SCOPE
Sunderland Safeguarding Children Board (SSCB) is the key statutory focus and mechanism for agreeing how relevant organisations will co-operate to safeguard and promote the welfare of children in Sunderland.



For further information on the function, structure and responsibilities of the Board please go to the SSCB website at www.sunderlandscb.com

Section 5 - GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

SSCB Constitution

The Board has a written Constitution detailing the governance arrangements, role of Board members, SSCB structure, terms of reference and membership. This can be found at www.sunderlandscb.com.

Relationship with Key Partnerships

Our SSCB works closely with other partnerships in Sunderland including:

Sunderland Health and Wellbeing Board (HWBB) - The HWBB Board is responsible for producing both the Joint Strategic Needs Assessment (JSNA) and the HWBB Strategy. Following the formal establishment of the Health and Wellbeing Board, the governance arrangements between the Children's Trust and SSCB were reviewed to define the role and remit of each Board and their interrelationship with one another. Work is underway on developing a 'Framework of Co-operation' for the HWBB, SSCB and SSAB.

The Children's Trust Board (which replaced the Children's Trust in 2012) - Safeguarding and promoting the welfare of children is part of the wider context of the work of the Sunderland Children's Trust and the work of the SSCB contributes to the wider goals of improving the well-being of all children in Sunderland. Work has included reporting to the Children's Trust on the activities of the Board.

Safer Sunderland Partnership (SSP) - Joint work in relation to Domestic Violence, Violence against Women and Girls (VAWG) and Child Sexual Exploitation.

Risk and Resilience Board - The SSCB works closely with the Risk and Resilience Board in terms of key activity such as tackling child sexual exploitation

Sunderland Safeguarding Adult Board (SSAB) – The SSCB and SSAB have had the same Independent Chair from July 2014 following the planned retirement of the previous SSCB Independent Chair in June 2014. The purpose of appointing the same Independent Chair for both Boards was to strengthen the interface between safeguarding children and adults and to promote a 'Whole Family' approach to safeguarding. Further information on SSAB can be found at www.sunderland.gov.uk-SAB.

Children and Young People's Plan - The Children and Young People's Plan is the joint, strategic, overarching plan for all partners within the Children's Trust and the services they provide for children and young people. It describes how partners work together to improve outcomes for our children and young people, setting out the long term vision for improving their health and wellbeing.

The strategic objectives as outlined in the Children and Young Peoples Plan are:

- Improving the overall health and wellbeing of children, young people and families
- Reducing the number of families with children living in poverty in the City
- Improving educational outcomes and strengthening whole family learning
- Improving safeguarding outcomes for children, young people and families

The Trust has also agreed four priority areas for its second delivery plan covering the period 2014-17. These are:

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

Section 6 – WORK OF THE SSCB AND ITS SUB-COMMITTEES 2014-2015

SSCB – Activity and Impact

Action	Impact
SSCB held six meetings and signed off two SCRS	• Membership at the most senior level to improve accountability and ownership across the partnership • Arrangements in place to progress strategic and operational priorities • Robust assessment of effectiveness of the safeguarding systems • Identified priorities for SSCB Business Plan 2014 -2017 • Statutory requirement met
Review of Board Governance • Survey on the functioning of Sub-committees • New Membership at Chief Executive level • Establishment of SSCB Executive Group	
SSCB Challenges made to Children's Safeguarding Services	• Core Assets Review commissioned by Sunderland Local Authority (see Appendix 3) • Local Government Association Peer Review (see Appendix 3) • Voluntary Improvement Board established and independently chaired • Children's Services Improvement and Delivery Plans developed

Business Planning Group – Activity and Impact

Action	Impact
Group met 12 times	• Received presentations on suicide prevention • Progressed review and implementation of SSCB Governance arrangements • Monitored and challenged MASH performance intelligence • Monitoring and Progression of the SSCB Business Plan
Engaged with the ChildLine Schools Service (see below)	• 68% of children knew a lot more about abuse • 1,866 of school children who received the service felt they were much more likely to talk to someone if they felt unsafe

Partnership with the NSPCC ChildLine School Service

The Business Planning Group supported the ChildLine Schools Service to reach all schools in Sunderland. ChildLine information highlights that the majority of children who contact ChildLine for advice, information and support are over 11 years old.

In response to this, ChildLine developed a free service to support all 9 to 11 year old children to have an understanding of abuse, how to protect themselves and how to get help when needed. The aim of the service is to visit every primary school in the UK every two years by 2016. The objectives are:

- To ensure children have an understanding of abuse in all its forms, including bullying, and an ability to recognise the signs of abuse
- To ensure children know how to protect themselves from all forms of abuse
- To make them aware of how to get help and sources of help (including ChildLine)

There are two stages

- A half hour interactive assembly which covers definitions of abuse and an introduction to ChildLine
- Approximately 1-2 weeks later, there is an hour long interactive classroom-based workshop, which explores further issues of sexual abuse, neglect and sources of support in a safe and participatory way

Work so far across Sunderland

- A team of 35 volunteers were recruited and trained. There is an Area Co-Ordinator and Schools Manager

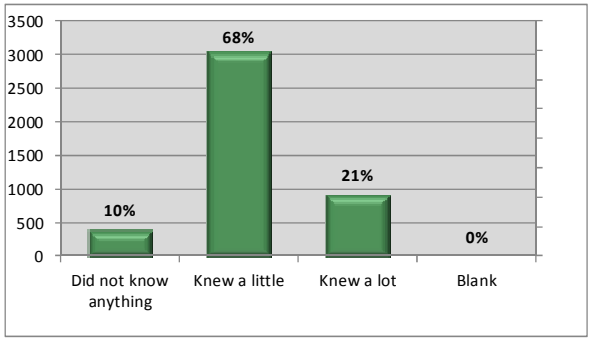
Next steps

- The Business Planning Group agreed that the SSCB endorses the ChildLine Schools Service and recommend that all schools engage with the service
- The SSCB Chair attended a ChildLine Schools Service delivered in a Primary School

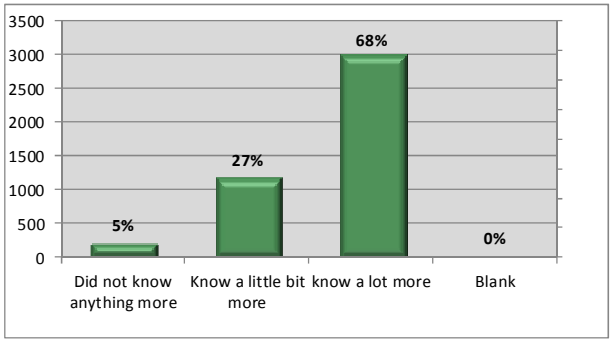
The Schools Service provided the following information about the impact of the service:

How do Children understand child abuse?

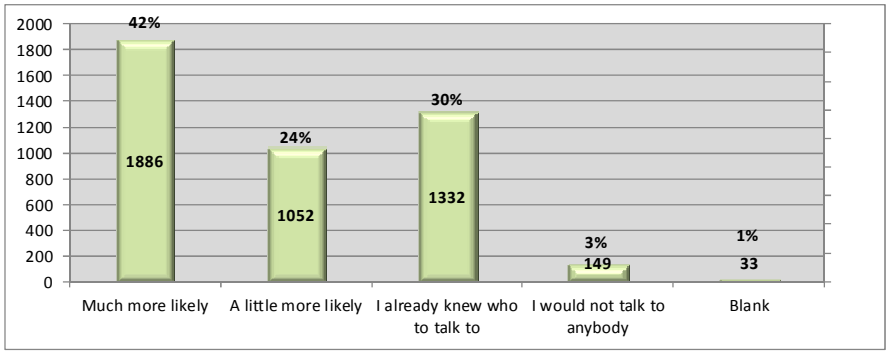
What did you know about abuse before the ChildLine Schools Service came to your school?



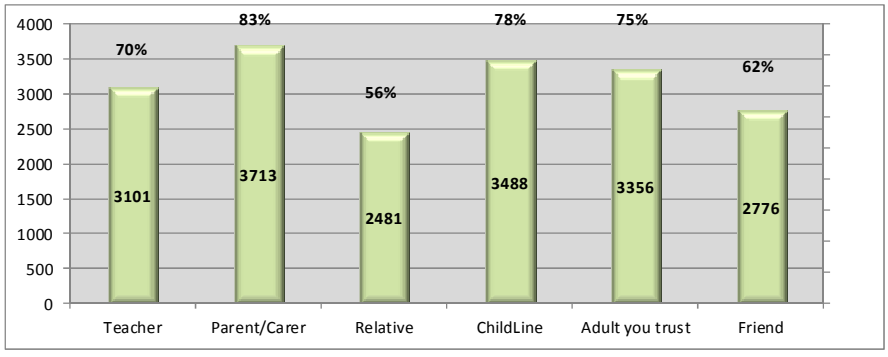
What do you now know about abuse after the ChildLine School visited your school?



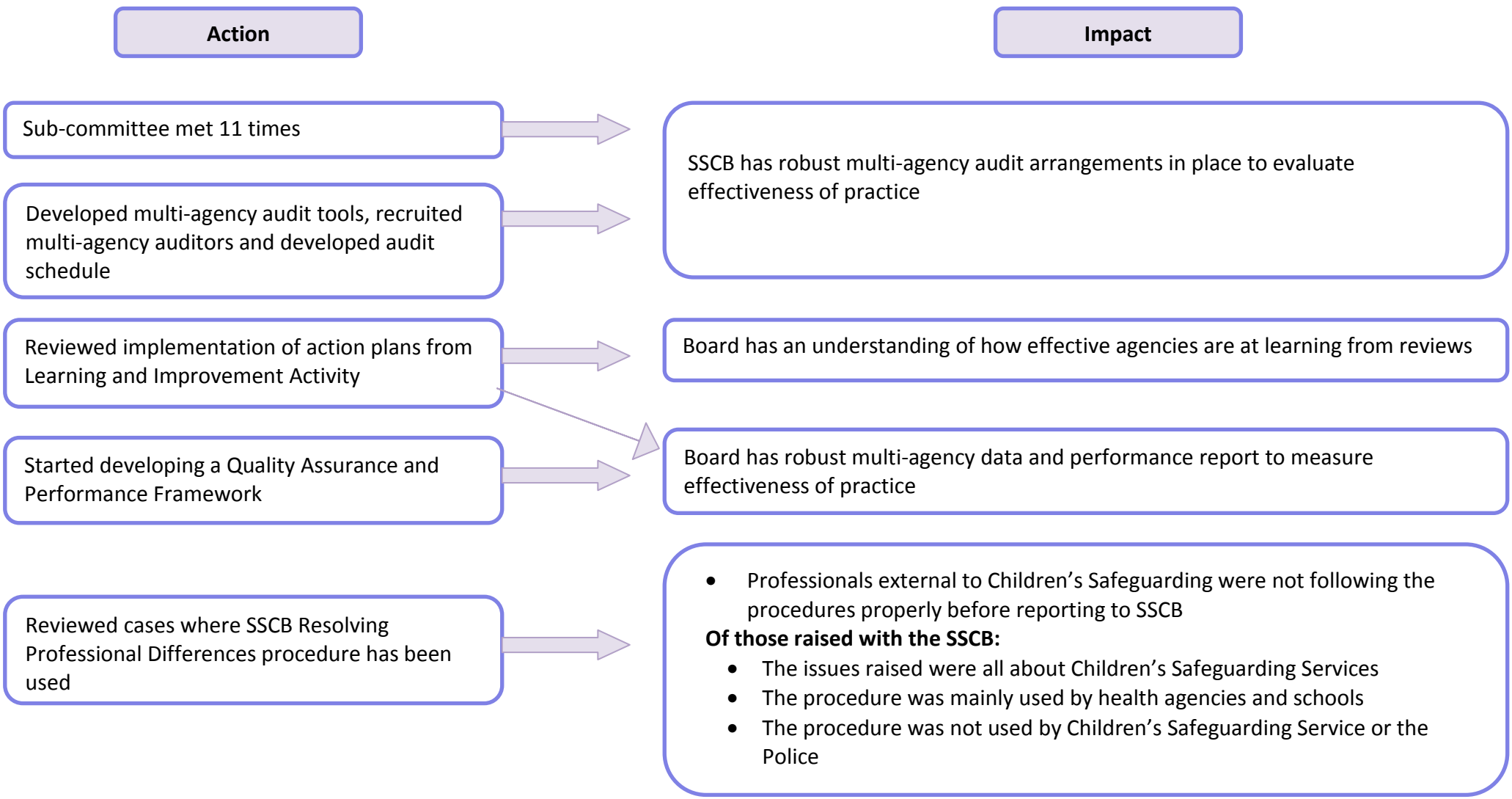
After the visit from the ChildLine Schools Service, would you say that you are more likely to talk to someone if you felt unsafe?



Which of these people would you talk to if you did feel unsafe? (Choose as many as you like)



Quality Assurance Sub-committee – Activity and Impact

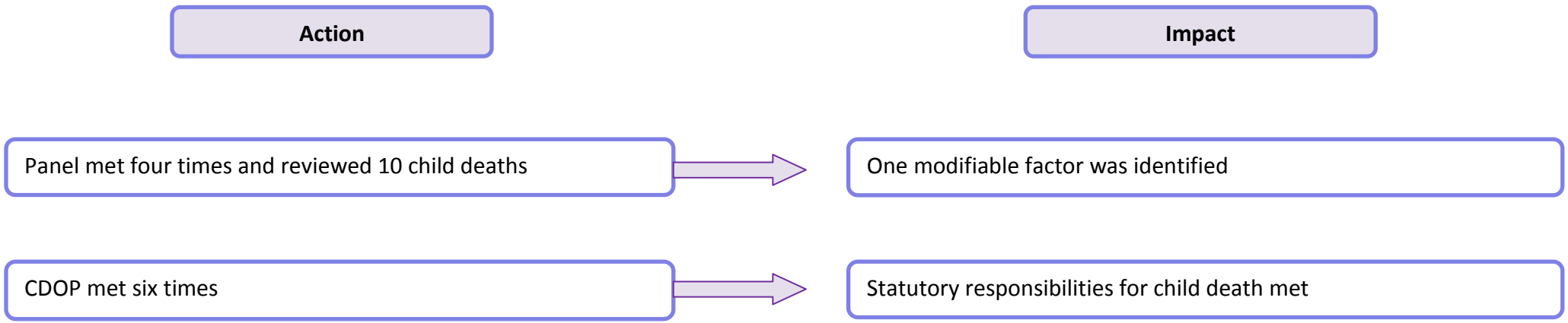


SSCB Learning and Improvement Sub-committee Activity 2014-15

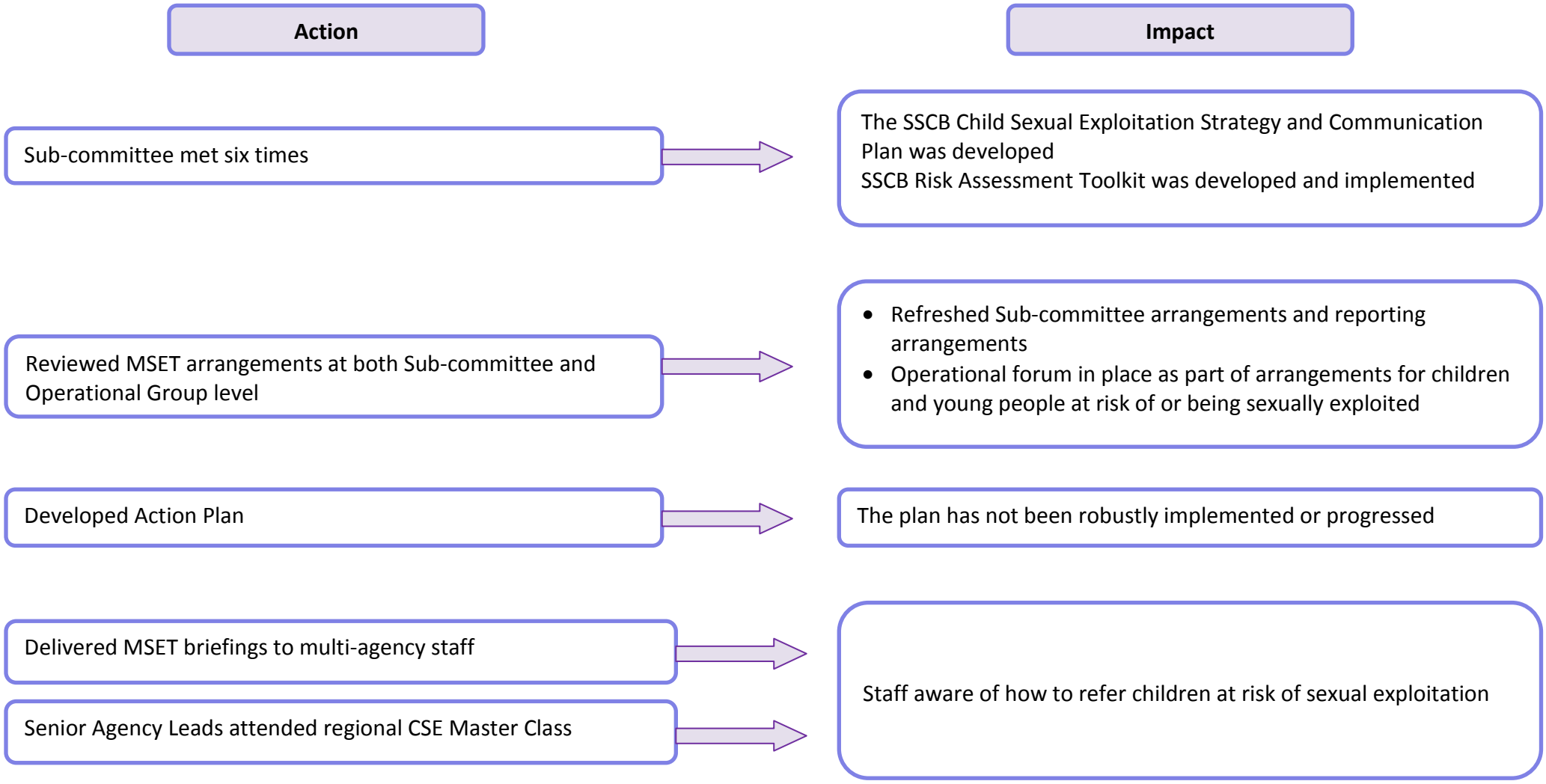
Learning and Improvement Framework – Our SSCB has a Learning and Improvement Framework as required in Working Together 2015. The learning from this activity is available at Appendix 3

Serious Case Reviews	Impact
Initiated five Serious Case Reviews in April 2014 – March 2015	SSCB met Statutory Requirements
Published the Baby A and Child C Serious Case Review in November 2014	SSCB is open, transparent and demonstrates a learning culture
Utilising different models of Serious Case Review such as Significant Incident Learning Process (SILP) and Hybrid versions of the Social Care Institute for Excellence (SCIE) model. The models have a specific focus on the involvement of practitioners and managers involved in the case	SSCB understands strengths and challenges of different models
Developed SSCB Serious Case Review model	SSCB has robust, streamlined process and manages Serious Case Review process to high standard

Local Child Death Review Panel – Activity and Impact



Missing, Sexually Exploited and Trafficked (MSET) Sub-committee – Activity and Impact



Joint Communication and Marketing Sub-committee – Activity and Impact

Action

- Sub-committee met seven times
- No meetings cancelled

Action Plan developed that links directly to both SSCB and SSAB Delivery Plans. Meetings are also a forum to discuss and agree items for the LSCB News Bulletin which is widely circulated

Whole Family Conference Task and Finish Group established from several Sub-committee members

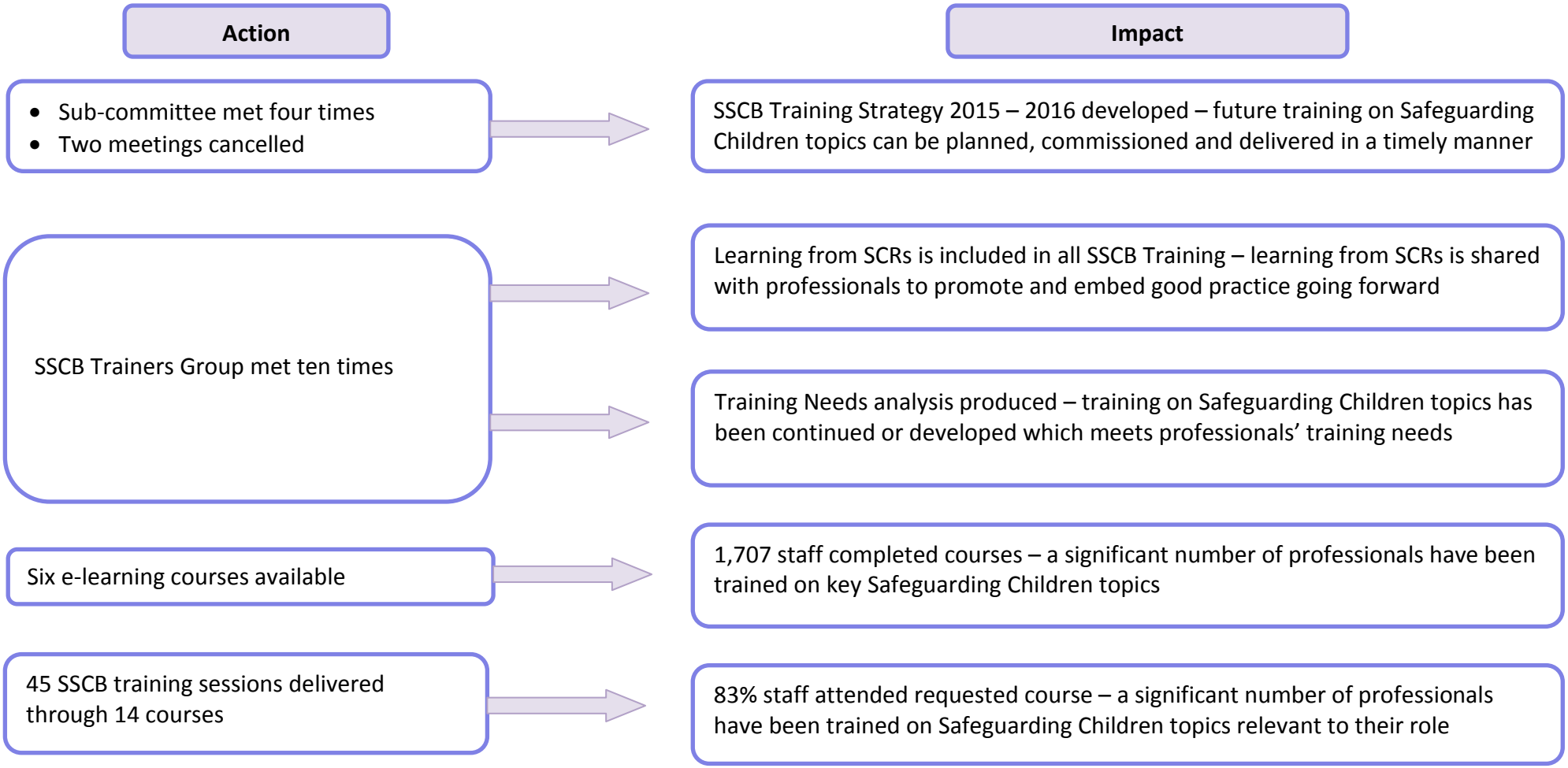
Whole Family Conference planned and held 20th May 2014

Impact

- Actions carried out by the Sub-committee progressed the SSCB Delivery Plan
- Safeguarding Children issues and events were highlighted through the News Bulletin

- Professionals informed about current safeguarding issues and also have key networking opportunities with other organisations' staff who have a responsibility for safeguarding within their organisation
- Topics covered at the Conference linked directly with SSCB priorities
- Learning from Serious Case Reviews was shared

Joint SSCB/SSAB Training and Workforce Development Sub-committee – Activity and Impact



Joint SSCB/SSAB Training and Workforce Development Sub-committee – Reported Impact via post SSCB Course Evaluations

In Sunderland the SSCB does deliver multi-agency training. The SSCB Training Annual Report for 2014-2015 outlines all training delivered and is available at www.sunderlandscb.com

The following comments are from staff when they evaluate SSCB Courses

Importance of challenging professionals of decisions that I don't agree with

Wider definition of trafficking e.g. can actually mean a young person being taken from one place to another by taxi or car

Always put the needs of the child first

To ensure that there are clear and timely action plans when part of a core group to prevent drift and escalate safeguarding

The importance of good communication skills. Having the confidence to challenge other professionals. The importance of regular, frequent, thorough and detailed supervisions

We will ensure father's of children are highlighted on our system even if child not registered at practice

Joint Legal, Policy and Procedures Sub-committee – Activity and Impact

Action	Impact
• Sub Committee met six times • One meeting cancelled	New procedures developed to take account of local and national requirements, and learning from SCRs, e.g. Unborn Baby procedures and Bruising in Non-Mobile Babies protocol
	New procedures become part of the overall Multi-Agency Safeguarding Children Procedures and strengthen the advice available to professionals and members of the public
LSCB Multi-Agency Safeguarding Children Procedures updated as scheduled, and cross-referenced with LSAB Safeguarding Adults Multi-Agency Procedures to ensure consistency and links between them	• Professionals can view the Safeguarding Children Procedures and use them to inform their practice • Members of the public can view the Safeguarding Children Procedures and be aware of the process in place to safeguard children in Sunderland, and how to report a concern
Individual agencies' Safeguarding Children policies checked against a 'minimum standard' and ratified as 'fit for purpose'	Assurance to the LSCB that agencies have robust Safeguarding Children policies in place

SSCB Challenge Function

A key part of the role of the SSCB is to have a robust challenge and escalataion process in place and the SSCB has made a number of SSCB Challenges to agencies during April 2014 – March 2015

SSCB Challenges April 2014 - March 2015

Issue/Concern	Date	Agency challenge made to	Action taken	Intended Outcome	Actual Outcome
September 2014 North Tyneside Children's Services unable to make contact with Social Worker in Sunderland to discuss case transfer of two siblings to North Tyneside CS from Sunderland CS. North Tyneside CS requesting SSCB support to address this. Issues raised are: • Sunderland CS involved with 2 children who were subject to a protection plan until July 2014 • Children moved to North Tyneside with Dad subject to a Family Assistance Order, mother to have contact under a Family Assistance Order to be reviewed by North Tyneside • North Tyneside not informed	September 2014	Sunderland Children's Safeguarding Services	Challenge sent to Responsible Senior Manager - Manager off ill	North Tyneside Council to receive full history of case and court order so they can undertake appropriate work and comply with court order Children are appropriately safeguarded following transfer to North Tyneside	October 2014 Sunderland Strategic Service Manager) – resolved outstanding areas of conflict via direct discussion Operation Manager at North Tyneside Case is being transferred – impact was delay in responding to family needs Learning - *CS to review how leave cover arrangements* *Transfer information should have been more explicit in the referral* *Review and improve use of our telephone system including auditing response times and ability to get to a person*

Issue/Concern	Date	Agency challenge made to	Action taken	Intended Outcome	Actual Outcome
by Sunderland CS until August 2014 • North Tyneside Social worker rang to speak to allocated social worker three times and left a number of messages – no success • North Tyneside requested a copy of court order in August 2014. September 2014, allocated social worker advised North Tyneside social worker children made allegation against father • No further contact from allocated social worker until late afternoon her manager said that North Tyneside Council had to do the visit. North Tyneside Council worker saw children who they had never met, had very little information about and no opportunity to consider the history • North Tyneside Council had					

Issue/Concern	Date	Agency challenge made to	Action taken	Intended Outcome	Actual Outcome
been trying since August 2014 to organise a transfer of this case but have not received any additional information or a copy of the court order. It was only when a crisis arose regarding urgent work to be undertaken was North Tyneside contacted September 2014 Further request from North Tyneside Children's Services as still no response from Sunderland Children's Services			September 2014 - case still not resolved September 2014 – SSCB Business Manager advised SSCB Chair and agreed SSCB Challenge process to be followed Responsible manager on sick leave so SSCB Challenge sent to alternative senior manager and copied to Interim Head of Safeguarding and Chief Operating Officer		

Issue/Concern	Date	Agency challenge made to	Action taken	Intended Outcome	Actual Outcome
North Tyneside Children's Services unable to make contact with Social Worker in Sunderland to discuss case transfer of a child to North Tyneside CS from Sunderland CS. North Tyneside CS requesting SSCB support to address this. Main issues are: • Request for this to be transferred in August 2014 No further information is provided so North Tyneside follow up with telephone calls • Eventually get a phone call from the social worker- who is not very informative and a little bit dismissive there is no evidence that mother is living in North Tyneside and Mother's whereabouts are unknown • The child is in North Tyneside and it is unclear why she is not being treated as Looked After • The plan for this child is not	September 2014	Sunderland Children's Safeguarding Services	September 2014 - SSCB Business Manager held discussion with SSCB Chair. Agreed SSCB Challenge process to be followed – papers to Senior Manager and cc to Interim Head of Safeguarding and Chief Operating Officer September 2014 - Challenge Form sent to different Strategic Manager and copied to Interim Head of Safeguarding and Chief Operating Officer for information.	Case transfer to be achieved asap Child to be safeguarded following transfer	October 2014 – Sunderland CS Response

Issue/Concern	Date	Agency challenge made to	Action taken	Intended Outcome	Actual Outcome
clear • There are outstanding assessments • North Tyneside will accept this case if it is confirmed that Mother has a permanent address in our area and the plan is clarified					
Issue arose at a SCR session for a young person subject to an SCR in Sunderland that the Board needs to satisfy itself as the safety and wellbeing of the young person's sibling	October 2014	Sunderland Children's Safeguarding Services	Verbal request made on October 2014 and November 2014 by SSCB Business Manager Written request made by SSCB Business Manager on 10.11.14 and written response received on 19.11.14	Sibling is safeguarded appropriately	There remains on-going involvement under Child in Need (CIN) procedures and on-going assessment of parents. Parent's engagement with this process is very limited and superficial. A legal meeting is arranged and a multi-agency strategy discussion is also planned due to the concerns regarding sibling's school attendance and parent's lack of engagement with the CIN plan
Issue arose at a SCR session for a young person subject to an SCR in Sunderland that the Board needs to satisfy itself as the safety and	October 2014	Sunderland Children's Safeguarding Services	Verbal request made on October 2014 and November 2014 by SSCB Business Manager	Sibling is safeguarded appropriately	Support continued under CIN procedures. Professionals involved with sibling do not highlight any significant

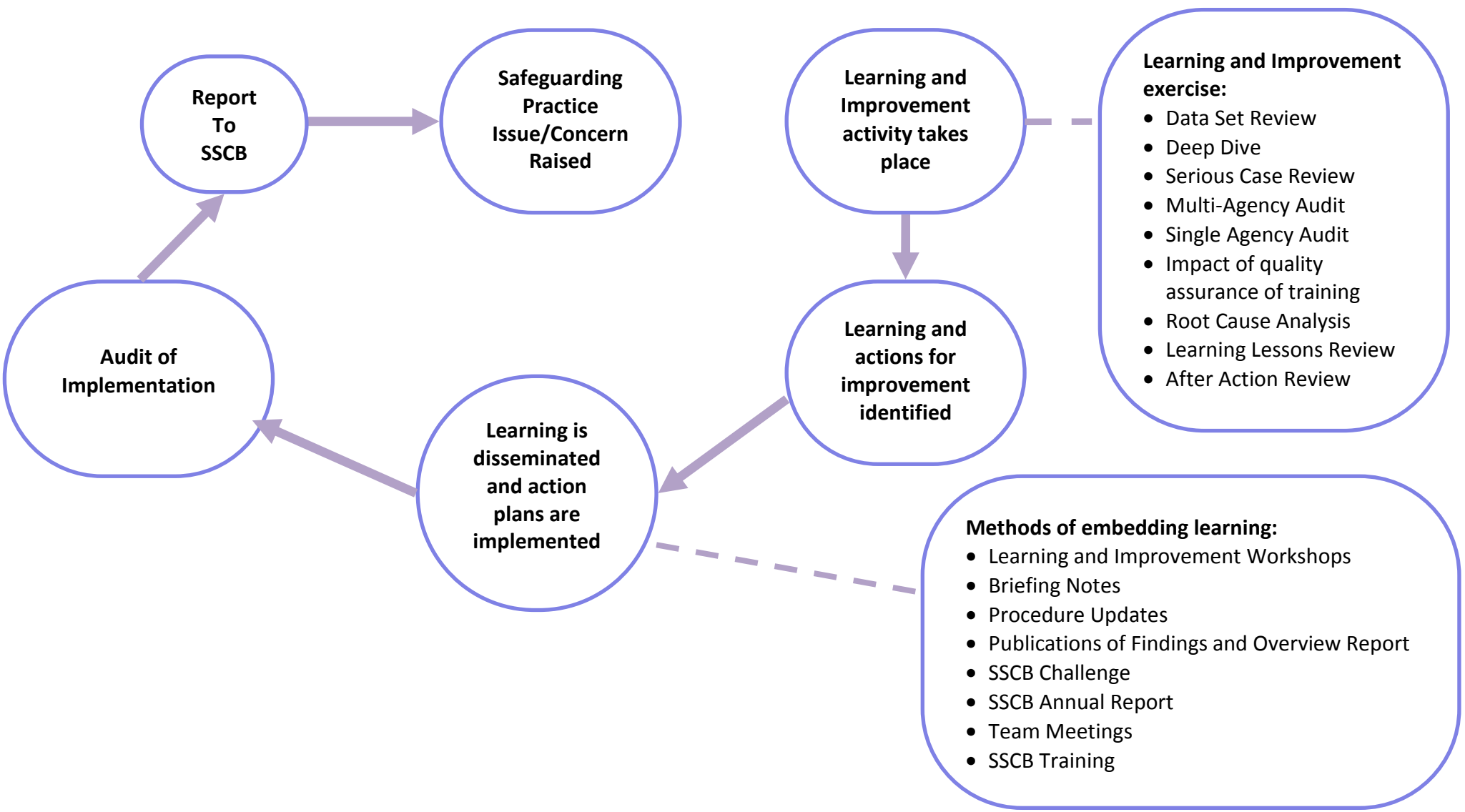
Issue/Concern	Date	Agency challenge made to	Action taken	Intended Outcome	Actual Outcome
wellbeing of the young person's sibling.			Written request made by SSCB Business Manager on November 2014 and written response received on November 2014		concerns for well-being. There is a recent issue regarding weight loss which is to be explored to determine if there are any other services that need to be implemented for the sibling
Scoping meeting held on Baby Mark. The Children's Safeguarding representative who attended the meeting was unable to advise on the safeguarding arrangements for these children. Assurance required from the Board that the children are appropriately safeguarded	November 2014	Sunderland Children's Safeguarding Services	Letter sent to Executive Director of Peoples Services to seek assurance that the siblings of the baby reviewed are currently appropriately safeguarded and was asked to make you aware that I would be contacting you about this. Also requested that an audit is undertaken of all pre-birth cases and babies up to two years active to Children's Safeguarding, in order to assure the Board members that each of	Baby Mark, his siblings are safeguarded and all pre-birth cases and babies up to two years active to Children's Safeguarding are appropriately safeguarded	Findings of the audit awaited

Issue/Concern	Date	Agency challenge made to	Action taken	Intended Outcome	Actual Outcome
			these children have a robust assessment and plan in place and are appropriately safeguarded		
Case Referred by Manager of Sunderland Youth Offending Service regarding a young person they are working with. The young person was offered a placement which was subsequently withdrawn. The young person is vulnerable as a result of the placement being withdrawn the young person has gone missing. Advice was sought by the referrer from the interim Head of Safeguarding and the referrer's own line manager and no response was received. The young person had previously been cared for at this placement and was keen to go again and the foster carer was keen to care for her again	March 2015	Sunderland Children's Safeguarding Services	March 2015 SSCB Business Manager discussed case with SSCB Chair and agreed that the Resolution of Professional Differences Procedure does not apply in this situation. March 2015 Letter sent to referrer to request that the case is raised with Sunderland Chief Operating Officer so the practice can be reviewed. Chief Operating Officer copied in to the letter. Also requested that referrer keep the SSCB Business Manager	To ensure that we get the best possible outcome for the young person and that she is appropriately safeguarded	May 2015 Update on situation received from YOS following the retraction of the placement in the young person was reported missing on daily basis from her out of area placement in North Tyneside. Young person moved to a Children's Home in Sunderland but went missing repeatedly and has resumed a relationship which is violent. Young Person lost her placement in Sunderland and is now living outside of Sunderland. Legal options have been explored

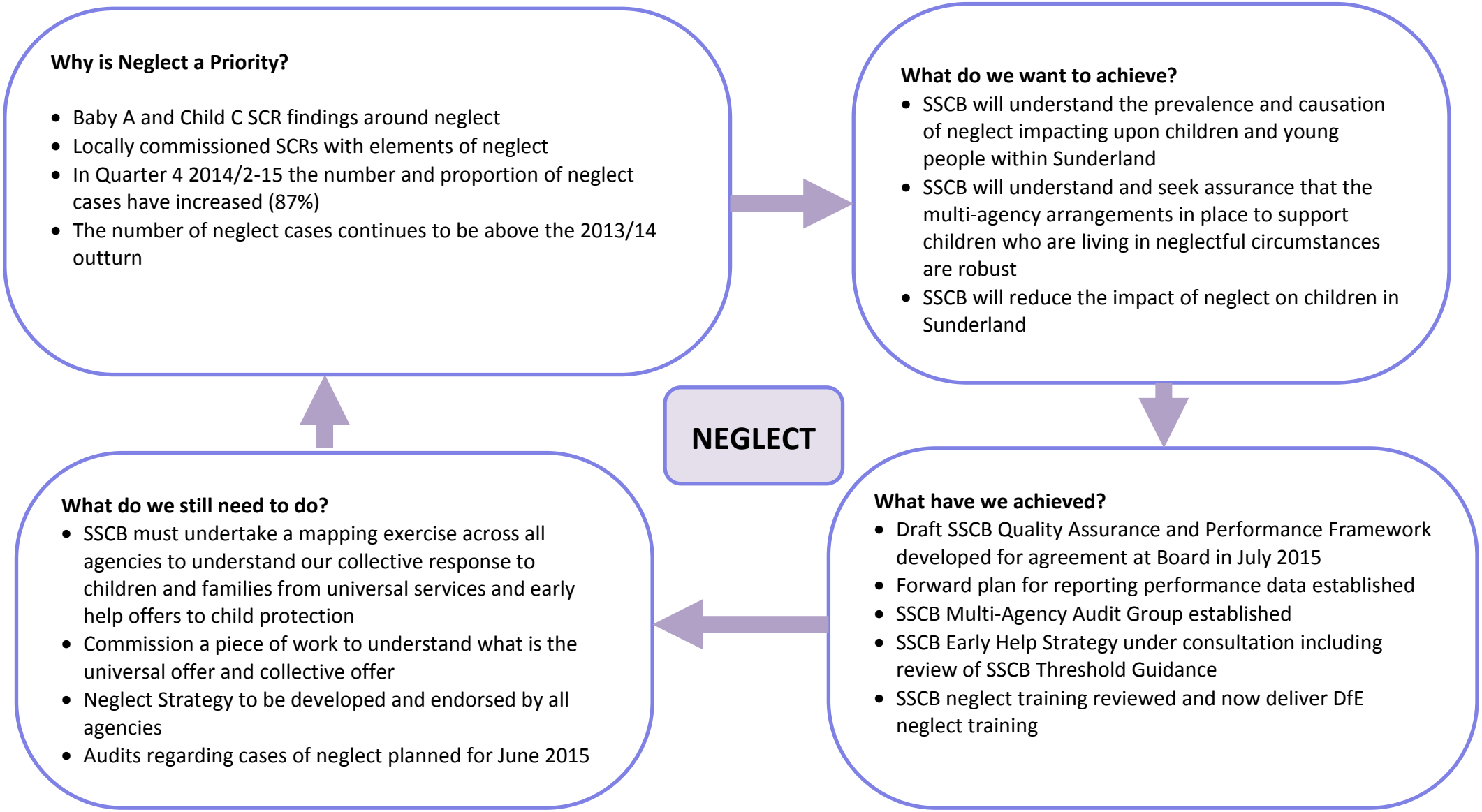
Issue/Concern	Date	Agency challenge made to	Action taken	Intended Outcome	Actual Outcome
			informed of what happens		
March 2015 Case raised with SSCB Business Manager using the SSCB Resolving Professional Differences Procedure but the issues should have been raised by the SSCB Challenge Function Procedure Serious concerns about lack of engagement from Children's Services and immediate risk to all of the children but additional risks for the girls identified in Police reports. • Since case conference there have been no home visits • Parents did not attend case conference • Parents unaware of core group meeting • Lack of communication with new social worker • In my opinion, parents are unaware of the seriousness of what a CP involves	March 2015	Sunderland Children's Safeguarding Services	March 2015 SSCB Business Manager informed SSCB Quality Assurance Sub-committee of Professional Disagreement and advised that in light of the information in the template this was not the correct process to follow. March 2015 SSCB Business Manager sent letter to Referrer advising of process to be followed and completed necessary paperwork for referrer to agree. Letter copied to Fiona Brown, Chief Operating Officer and responsible Operation Manager for immediate action to be taken.	Child to be appropriately safeguarded via the following: • Ensure parental understanding of CP process and serious issues identified • Full risk assessment for all of the children and young people involved to ensure not in immediate danger • Clear protection plan in place as soon as possible • Parenting assessment to	Awaiting feedback from referrer/recipient – email sent to both on May 2015 requesting update on issues

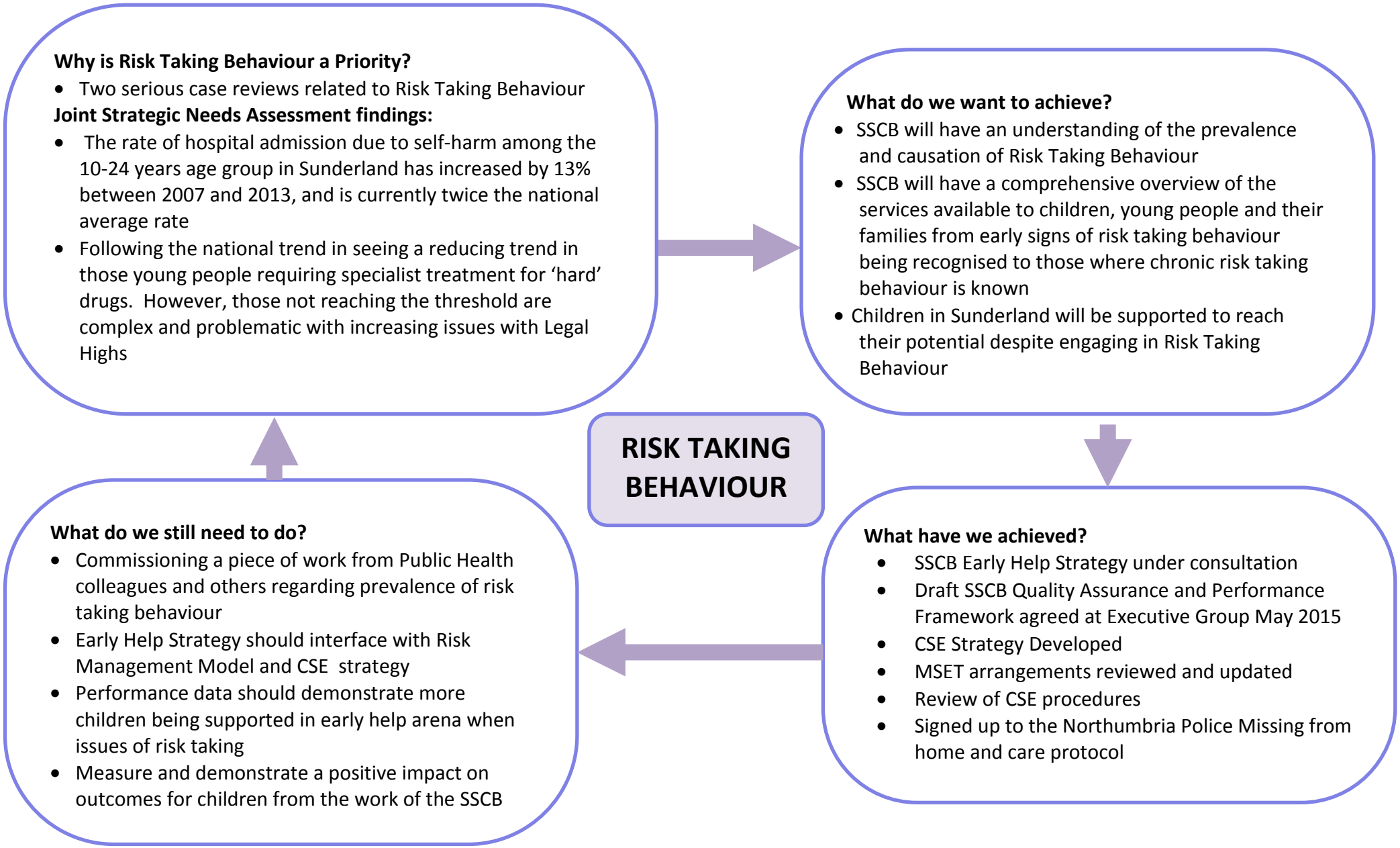
Issue/Concern	Date	Agency challenge made to	Action taken	Intended Outcome	Actual Outcome
• Time scale: mid-March 2015is the last day to meet deadlines of core group meeting • 45 minutes' notice of cancellation of core group, room had been pre-booked and refreshments made, my teaching time had been rearranged to fit in with timing of core group, hastily rearranged core group for March 2015– again with disruption to school re teaching commitments				be completed • Children's views to be obtained • Need confirmation of named SW for the child	
Delay in School Representation on newly configured Sunderland Safeguarding Children Board (SSCB) – request for report to Board on April 2015 outlining how schools will be represented on SSCB	March 2015	Sunderland Schools	March 2015 Letter sent to Head of Educational Achievement and Lifelong Learning	Robust school representation on the SSCB to ensure strengthened links between schools and the Board	April 2015 Report presented and schools to be represented on SSCB by Safeguarding First (private organisation). Head teacher representation from 2 primary schools and special schools on SSCB Executive Group

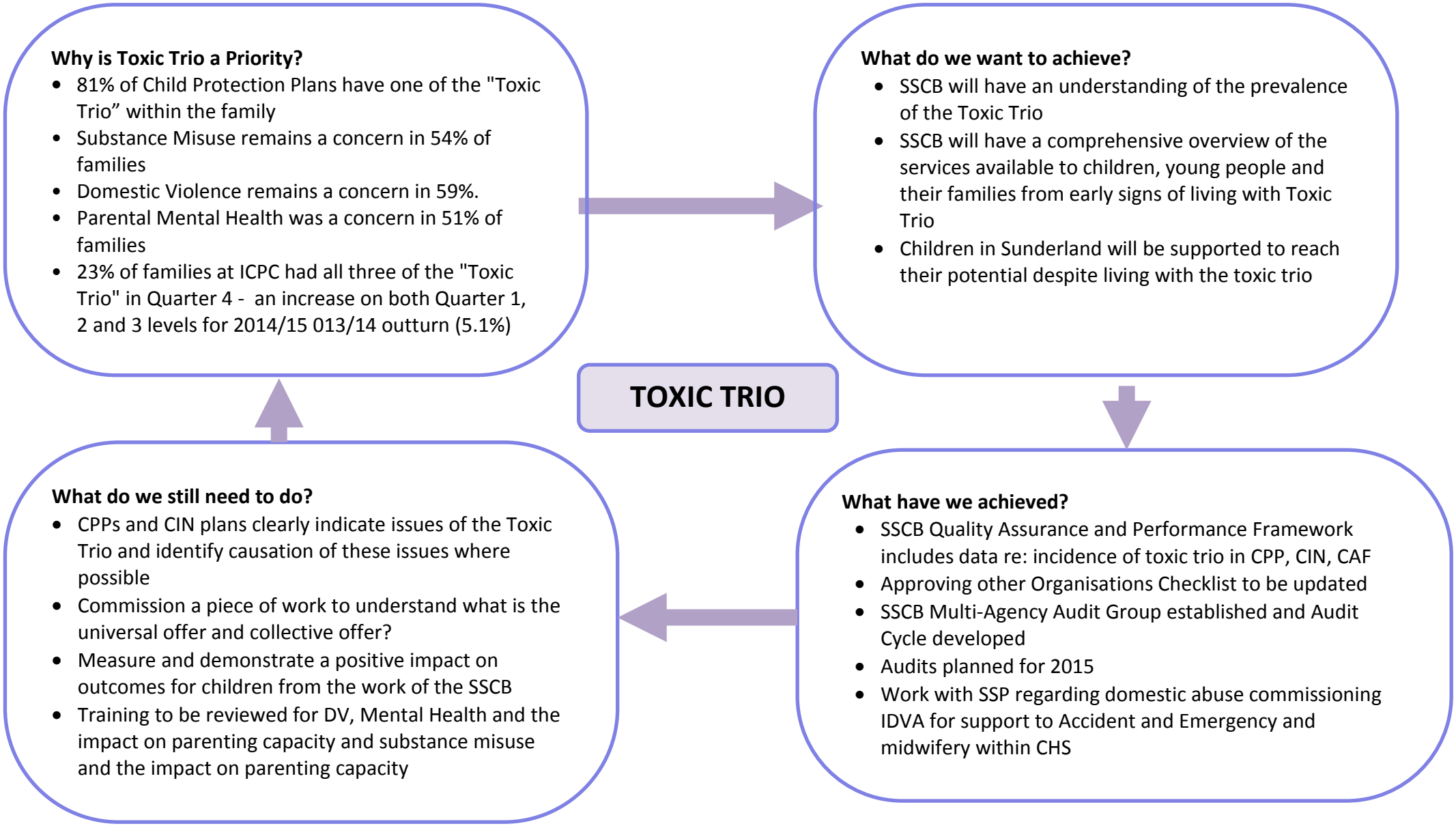
SSCB Learning and Improvement Cycle



Section 7 – SSCB PRIORITIES




Why is Risk Taking Behaviour a Priority?
• Two serious case reviews related to Risk Taking Behaviour
Joint Strategic Needs Assessment findings:
• The rate of hospital admission due to self-harm among the 10-24 years age group in Sunderland has increased by 13% between 2007 and 2013, and is currently twice the national average rate
• Following the national trend in seeing a reducing trend in those young people requiring specialist treatment for 'hard' drugs. However, those not reaching the threshold are complex and problematic with increasing issues with Legal Highs
What do we want to achieve?
• SSCB will have an understanding of the prevalence and causation of Risk Taking Behaviour
• SSCB will have a comprehensive overview of the services available to children, young people and their families from early signs of risk taking behaviour being recognised to those where chronic risk taking behaviour is known
• Children in Sunderland will be supported to reach their potential despite engaging in Risk Taking Behaviour
RISK TAKING BEHAVIOUR
What have we achieved?
• SSCB Early Help Strategy under consultation
• Draft SSCB Quality Assurance and Performance Framework agreed at Executive Group May 2015
• CSE Strategy Developed
• MSET arrangements reviewed and updated
• Review of CSE procedures
• Signed up to the Northumbria Police Missing from home and care protocol
What do we still need to do?
• Commissioning a piece of work from Public Health colleagues and others regarding prevalence of risk taking behaviour
• Early Help Strategy should interface with Risk Management Model and CSE strategy
• Performance data should demonstrate more children being supported in early help arena when issues of risk taking
• Measure and demonstrate a positive impact on outcomes for children from the work of the SSCB


Why is Toxic Trio a Priority?
81% of Child Protection Plans have one of the "Toxic Trio" within the family
Substance Misuse remains a concern in 54% of families
Domestic Violence remains a concern in 59%.
Parental Mental Health was a concern in 51% of families
23% of families at ICPC had all three of the "Toxic Trio" in Quarter 4 - an increase on both Quarter 1, 2 and 3 levels for 2014/15 013/14 outturn (5.1%)
What do we want to achieve?
SSCB will have an understanding of the prevalence of the Toxic Trio
SSCB will have a comprehensive overview of the services available to children, young people and their families from early signs of living with Toxic Trio
Children in Sunderland will be supported to reach their potential despite living with the toxic trio
TOXIC TRIO
What have we achieved?
SSCB Quality Assurance and Performance Framework includes data re: incidence of toxic trio in CPP, CIN, CAF
Approving other Organisations Checklist to be updated
SSCB Multi-Agency Audit Group established and Audit Cycle developed
Audits planned for 2015
Work with SSP regarding domestic abuse commissioning IDVA for support to Accident and Emergency and midwifery within CHS
What do we still need to do?
CPPs and CIN plans clearly indicate issues of the Toxic Trio and identify causation of these issues where possible
Commission a piece of work to understand what is the universal offer and collective offer?
Measure and demonstrate a positive impact on outcomes for children from the work of the SSCB
Training to be reviewed for DV, Mental Health and the impact on parenting capacity and substance misuse and the impact on parenting capacity

SECTION 8 - OVERVIEW FROM THE SSCB LAY MEMBER – HAZEL McGREGOR

A year in the life of a SSCB Lay Member

I've gained much experience and confidence in my four years as a Lay Member. My current role comprises membership of the Board, and the Learning and Improvement in Practice Sub-committee. I will become a member of the SSCB Executive Group from April 2015 when the new governance arrangements come into place.

The last year has been particularly challenging in terms of volume of work particularly Serious Case Reviews, ongoing change and the impact of budget savings in partner agencies and the Board itself.

A major challenge to any partner including myself is the sheer volume of paperwork to read, understand and challenge if necessary. Reading papers for meetings is vital, particularly for Serious Case Reviews as the information and subsequent report reflect episodes in the lives of children where experiences have not been good and we owe it to them to clearly understand the events and actions to learn, improve and keep them safe. Two 'pinch points' have occurred during the year when the number of Serious Case Reviewing has meant that the Sub-committee has needed to meet up to three days in one working week. It represents a huge challenge in terms of time away from the 'day job' for agency members, the content also tests emotional resilience.

Challenges made throughout the year, including questioning the work of others has tested my abilities to reflect, make judgements and be accountable with the Board for the actions we have taken. Poor quality reports from Serious Case Review authors and poor working practices in partner agencies have needed to be challenged fairly but firmly no matter what difficulties may result. One example is the number of changes in Children's Safeguarding Service, following Board challenges which has led to many changes of personnel. The changes have undoubtedly slowed the impact of our working together towards improvement as effective, honest, working relationships take time to build.

There have been a number of challenges in this year which include instability in Children's Safeguarding Service has meant different and inconsistent engagement and attendance. This impacts on progress, lessons from previous Reviews not being embedded in frontline practice as they appear again in later Reviews. Lots of work and initiatives are going on but there is little time because of workload, to ensure that the Board is satisfied that the safeguarding work done in Sunderland is effectively tackling the local challenges that endanger our children and is actually making their lives safer and better.

There have been a number of positives this year. A methodology for working through Serious Case Reviews has been agreed which is more streamlined. The new Serious Case Review model features individual conversations between a Reviewer and Practitioner and learning events involving all practitioners involved in the case. My experiences of 'conversations' has been of great value in gaining an understanding of our community and how agencies work individually and together. Some practice has needed improvement but I have found people eager to develop. I have also encountered excellent practice which is very heartening.

There is an emerging level of openness and honesty between agencies and the Board, some of what we hear is a 'tough listen' but I am energised by the attitude of 'this is how it is, let's take responsibility and work together to make it better'.

Performance data and support to explain and understand it has recently been reintroduced. This is so very welcome as it is crucial to see exactly how we are doing and will help us to target areas of concern, plan in the longer term and contribute to measuring our progress.

We have a new Board structure and a new Chair. Plans for the future work of the Executive Group are to be generated and agreed at a development day in the near future. I am hopeful that this Group can create a way of working that gets through the workload but creates time for checking, auditing, testing our effectiveness and the difference we make to Sunderland children.

Section 11 of the Children Act 2004 Audits

Section 11 Audits were issued to agencies in March 2015 for submission to the SSCB Business Unit by mid May 2015. The Board devleoped the Index of Exellence in 2013 and pilotted across the Youth Offending Service and the Clinical Commissioning Group in 2014 as reported in last year's annual Report. Further work was sundertaken in 2014 to evaluate the use of the Index of Excellence against the requirements in Section 11 and the method the Board has used to evaluate agency compliance with requirements. The Board concluded that whilst the Index of Excellence was a robust Business Improvement Tool which provided more intelligence on how it is on the front line the process required considerable resouces that were not available to the SSCB at this time. The Quality Assurance Sub Committee will evalute compliance as demonstrated in the Section 11 Audit tool and report to the SSCB in July 2015. The Sub Committee will then undertake sample audits on the evidence of compliance as outlined by each agency.

Core Assets Review (See Appendix 3)

In 2013-2014 there were a number of concerns highlighted by the SSCB and it's partner agencies regarding the practice of the Children's Safeguarding Service. The SCR for Baby A and Child C (published in May 2014) had highlighted a significant shortfalls in the Service's practice in the case and also about the level of engagement by the service in the SCR itself. The Children's Safeguarding Service Individual Management Review did not answer the 'Why Questions' in which led to the then SSCB Chair asking the Executive Director of People's Services to undertake an independent review to answer the 'Why questions' and this review report would be published alongside the SCR Overview Report.

The Core Assets Independent Review of Safeguarding was commissioned by the Executive Director for People's Services in 2014 to examine the nature of the Council's Safeguarding Service and identify areas in need of improvement. The answers to the 'Why questions' was included in the report. This review found:

- Fragmented pathway arrangements between Early Intervention and Preventative Services/Strengthening Families and Children's safeguarding, with some duplication of service provision in some areas and scarcity of provision in others and issues around the lack of consistent application of agreed processes
- Limited ability to demonstrate improved practice following recommendations arising from the Ofsted Inspections 2012 and 2013 (Adoption Inspection)
- Rising numbers of children entering the Looked After System and escalating costs of external placements
- The City has high levels of social and economic deprivation
- Residents experience high levels of depression and mental ill health
- Impact of wider determinants of health, housing, education, employment opportunities
- Impact of social and economic inequalities
- The City Council has experienced reducing resources as a result of national government policy change
- Requirement to make more effective use of local information in order to optimally address need and support effective commissioning through enhanced evidence base
- The Local Children Safeguarding Board faces challenges around its effectiveness

The Review made a number of recommendations which led to the development of a service wide improvement plan, which identified improvements at a strategic level in the following areas:

- Leadership and Management
- Partnership working
- Thresholds, Referrals and Support Pathways

Local Government Association (LGA) Peer Review November 2014 (See Appendix 3)

The Executive Director of People Services and the SSCB Independent Chair commissioned a LGA peer Review which took place in the week beginning 28.11.2015. this was seen as the second phased of a drive for improvement with a focus on wider partnership effectiveness.

The Safeguarding Review focussed on five key themes:

- Effective practice, service delivery and voice of the child
- Outcomes, impact and performance management
- Working together (including Health and Wellbeing Board)
- Capacity and managing resources
- Vision, strategy and leadership

Within these areas the following issues were explored:

- Early Intervention, Help, Support
- Sunderland Safeguarding Children Board
- Children's Services improvement activity
- The quality and effectiveness of Multi-Agency Safeguarding Hub

The Peer Review found:

- There has been a thorough ongoing review of frontline safeguarding in Sunderland during the past year, driven directly from the top of the City Council
- Partners' concerns are being addressed
- In the past, partners have felt that the partnership was 'the Council and its partners'. Partners acknowledge their respective roles in allowing this situation to develop without challenge
- The voluntary Improvement Board has the highest possible levels of representation and engagement
- The SSCB has a new Independent Chair, with challenge, refreshed governance and accountability strengthened on the Board and within partners' own organisations
- Proposals for further development of the Board are both ambitious and appropriate
- The relationship between the various strategic fora across the partnership is being reviewed and reconfigured
- The Children's Social Care workforce is under considerable pressure because of high workloads with some turnover issues in relation to agency staff. Other agencies also report that staff are pressured due to high workloads and feeling that they need to manage risk themselves
- The Peer Review found some evidence of very good frontline practice but also a similar inconsistency of social work practice as highlighted in the Core Assets Report
- There is a high proportion of interim managers in senior positions in Children's Social Care and this could be a risk to progress
- There is strong political and executive commitment achieve rapid improvements within Children's Social Care and additional resources have been allocated to

- Early Help provision seemed widespread and good but as there an absence of a fully defined Early Help Strategy, it is not clear how this provision can impact positively on child protection
- The Multi-Agency Safeguarding Hub has been reviewed and is being reconfigured
- Staff across the partnership reported positively on CAF and Strengthening Families
- Performance management is largely under developed across the whole of the Children's Services partnership and work is identified to improve this area
- Senior managers are not visible enough with staff, and need to communicate better how the improvement journey will be taken forward
- There is a real sense that the 'we're all in it together' culture to which everyone aspires can be realised with tremendous commitment to local communities and to the children and families of Sunderland

SSCB Performance Report

See SSCB Performance Report at Appendix 1.

Engagement with work of the SSCB

Attendance at Board level is generally of a high level however engagement by agencies in the work of the Board and the sub-committess is variable. See Appendix 4 for attendance at the Board and Sub-committees by agency.

SSCB Budget 2014-2015

See Appendix 2 for SSCB Budget Statement.

Sunderland Clinical Commissioning Group (CCG) – Activity

- The Designated Professionals within Sunderland Clinical Commissioning Group (CCG) provide leadership across the local health economy assuring and developing the role of health providers in safeguarding children and ensuring that the health needs of Looked After Children (LAC) are met
- SCCG has a range of strategic documents outlining their vision and commitment to safeguarding children and vulnerable adults. The Safeguarding Strategy and associated policy documents acknowledge that safeguarding children and adults is a complex and multi-factorial activity and can only be achieved through genuine and effective multiagency approaches
- SCCG have a team of Safeguarding professionals to provide strategic leadership and day-to- day support and advice on safeguarding issues:
  - Head of Safeguarding – Deanna Lagun
  - Designated Nurse Safeguarding Adults – Richard Scott
  - Safeguarding Children Lead Nurse and Designated Nurse Safeguarding Children – Anne Brock
  - The Designated Doctor Safeguarding Children – Dr Kim Barrett
  - The Designated Doctor Looked After Children – Dr Kim Barrett
  - The Designated Doctor for Child Death – Dr Carl Harvey
  - The Named GP – Safeguarding Children – Dr Sian Firth
  - The Named GP – Safeguarding Adults – Dr Jane Halpin
- All safeguarding staff meet regularly with the Head of Safeguarding to establish, review and monitor comprehensive work plans. In September 2014 the CCG appointed an additional senior nurse to the large number of Serious Case Reviews being commissioned by the SSCB.
- The CCG Safeguarding Children Lead Nurse provides support to the Head of Safeguarding and the Named GP Safeguarding Children. She is supporting a range of SSCB sub-committees and has also taken on the role of Designated Nurse Looked After Children, leading the health sub-committee of the Multi-Agency Looked After Children Partnership. All Designated and Named Health Professionals within the CCG provide training and supervision to a range of health staff, including GPs
- The CCG has provided continued support to the SSCB by:
  - Chairing of the Quality Assurance and Legal, Policy & Procedures Sub Committee, Local Child Death Panel and the South of Tyne Child Death Overview Panel (from early 2015) on an interim basis
  - Representation on all sub-committees and sub groups
  - Administrative support for minute taking and chronology production
  - Providing financial support to the SSCB
  - Given additional monies for authors to write Serious Case Review Reports
  - NHS England provided monies to the CCG to enable commissioning of a Named GP author to support Serious Case Review activity

Sunderland Children's Safeguarding Service – Child Protection Volunteers Activity

- The aim of the project is to deliver support to parents where children are subject to Plan, primarily for neglect and to support young people leaving care to develop life skills
- The volunteer works with one parent for at least three months and visits their home at least once a week
- The impact has been:
  - Parents have grown in confidence with their parenting role e.g., sustaining routines and boundaries, enrolling in activities etc.
  - A care leaver has been able to gain a place working on the tall ships race this summer improving self-esteem and confidence

Child Protection Volunteers Activity Impact – Feedback from Families

Parents report that they have grown in confidence with their parenting role e.g., sustaining routines and boundaries, enrolling in activities etc

A care leaver has been able to gain a place working on the tall ships race this summer improving self-esteem and confidence

Sunderland College Activity

- Sunderland College strive to achieve outstanding and innovative safeguarding practice which leads to students being supported effectively. During the academic year 312 concerns were reported to safeguarding staff including bullying and sexual exploitation. Safeguarding staff work actively to achieve positive outcomes for children and vulnerable adults alike
- Safeguarding staff have contributed to many meetings including Strategy Meetings, Child Protection Conferences/Reviews, Child in Need Reviews and PEP meetings
- Monthly safeguarding training sessions are available for new and existing staff including around Prevent. Since January 2015 590 staff have attended a Prevent Awareness Session. Northumbria Police have supported this delivery.
- The College is represented on the SSCB and provides resources in kind to support the work of the Board

Sunderland College Activity Impact – Case Study

The College supported a young person aged 17 who was active to Social Care and CYPS. Concerns related to home conditions, bullying and particularly, the young person's emotional wellbeing. Concerns were highlighted to the Social Worker and CYPS, and following a period of liaison initiated by the College the student was placed as an in-patient at a mental health facility for evaluation. The College continued to support the student attending meetings and after a lengthy period the student was supported to come back to College on a phased return. The student successfully completed their course. This joined up approach also led to future planning for this young person to ensure a smooth transition into adult services once they were 18. The student was very pleased with the support and that they could return to the College.

City Hospitals Sunderland Activity

- In Sunderland multi-agency meetings with City Hospitals Sunderland have been in place for a number of years
- Any areas of disagreement or multi-agency working difficulties are discussed and solutions identified
- These meetings are also highly useful in developing good inter-agency working relationships. Recently the safeguarding children team have been allocated a children services a strategic manager as a link person. This has further enhanced partnership working
- Friends and family questionnaire in general hospital admission/attendance used to seek the views of children generally
- Currently developing a coming into hospital for a Child Protection medical leaflet for children and young people

City Hospitals Sunderland - Community Paediatrics/Physiotherapy Activity Impact Case Studies

City Hospitals were working with a child subject to a child protection plan where they had concerns regarding the multi-agency work including:

- Poor communication between Children's Services and other agencies
- Lack of continuity of Social Worker (6 different Social Workers since April)
- Lack of minutes of Core Group and copies of updated Plan

They took the following action:

- Spoke to Safeguarding Nurse, other Core Group members and Line Manager for appropriate advice
- Submitted clinical incident form highlighting issues
- Issues raised with IRO at the Review Conference – outcome was that an official complaint was submitted

What difference did this make?

- By raising the lack of a Social Worker a new Social Worker was appointed that same day
- The rearranged Core Group took place two days before the Review Conference
- At the Review Conference the Protection Plan was ended

Northumberland Tyne and Wear Foundation Trust Activity and impact

- The trust Safeguarding and Public Protection (SAPP) team have introduced a Think Family Lead practitioner to support families in respect of the early help/intervention agenda. The support and advice for practitioners from the Think Family Practitioner has enabled children, young people and parents/carers to be signposted/referred to other agencies to meet their needs at an early stage
- The SAPP team are currently piloting a duty system for all new safeguarding concerns for staff within the trust. The pilot is identifying that staff are contacting the SAPP team for timely advice and support and ensuring appropriate safeguards are put in place
- The SAPP team are recruiting a Safeguarding report writer for Serious Case Reviews
- The contribution of the CYPS team to child protection conferences is monitored by the SAPP team via the Child Protection Plan list
- The trust continues to promote CSE with the SAPP team play a significant part within Sunderland's multi-agency partners for those children and young people who are going missing, being sexually exploited and trafficked
- The SAPP trainers have developed and are commencing training 2015/2016 for CYPS staff on the "impact of domestic abuse on children"
- The SAPP trainers have provided 12 months of level 3 Child Sexual Exploitation training to the majority of practitioners who work with children and young people
- The SAPP team have been trained in the revised Prevent counter terrorism strategy and are providing training, advice and expertise to staff across the trust
- A SCR/DHR report has been developed for Trust Board, this provides an awareness of every review as well as assurance of the lessons learned and associated recommendations are completed

National Probation Service (NPS)

The NPS is committed to reducing re-offending, preventing victims and protecting the public. NPS engages in partnership working to safeguard children with the aim of preventing abuse and harm to children and preventing victims and safeguard children in partnership including:

- Operational: referring to the local authority concerns that a child is experiencing or is at risk of experiencing abuse or neglect
- Strategic: Attending and engaging in local Safeguarding Children Boards (LSCBs) and relevant sub-groups. Taking advantage of training opportunities and sharing lessons learnt from Safeguarding Children and other reviews.

Prior to the formation of the NPS, legacy Probation Trusts each had individual policies and strategies in place in relation to partnership working for safeguarding children. This means that there is now variety in the way that each NPS LDU attends and participates in local LSCBs, the way that training is provided to staff and the way that resources are provided to the local LSCB and in the grade of staff who attended local LSCBs. Harmonisation regarding these arrangements at national level is ongoing.

It is currently accepted that the NPS staff member who should attend the LSCB should be at ACO grade. Due to resource demands, divisions may not always be able to send an ACO grade to a Board Meeting and in such occasions, the ACO will delegate attendance to a suitable authority. Across the South of Tyne Local Delivery Unit Cluster (Sunderland, South Tyneside and Gateshead) a local Band 5 Senior Probation Officer (SPO) attends LSCB sub-groups with a key interface that is, learning & improvement (or case review groups) and child sexual exploitation. In addition, where they involve statutory NPS offenders, the relevant Officer or SPO should attend other operational forums/meetings e.g. serious case reviews, MSET etc.

A key focus of the last 12 months has been on child sexual exploitation (CSE). NPS works with both the perpetrators of sexual exploitation and the victims. NPS NE is working with NOMS to influence NOMS thinking and commissioning on CSE including the development of an offender management model and interventions. Local officers work closely with the Police and other agencies in intelligence gathering and post-sentence will continue to manage the risks posed by perpetrators through:

- Therapeutic treatment of the offender that addresses attitudes and behaviours
- Identification of particular characteristics, such as sexual preoccupation and harbouring of grievances
- Differential approaches and treatment of males and females based on assessment

National Probation Service (NPS) Continued …

- Weaning a perpetrator off their dependence on, or identification with, the group they belonged to

Most CSE needs would be addressed in one of the existing sex offender programmes however the pathway into offending for these people appears likely in many cases to be both sexually motivated and related to an anti-social/hostile orientation in which case other work would be targeted to address for example power and control, or gang related sexual exploitation.

South Tyneside NHS Foundation Trust Activity and impact

- South Tyneside NHS FT continued to support the development of Safeguarding Champions. In line with the "Think Family" agenda the role has been instrumental in them being able to provide timely support to their clinical teams and individuals in order to prevent harm and/or identify children, young people and adults potentially at risk

- STFT will continue to develop and support the role of Safeguarding Champions to ensure that there are champions in all services and teams who are aware of national and local safeguarding issues and changes to practice and can then disseminate relevant information and messages to their colleagues

Section 9 – CONCLUSION

How effective are local arrangements to safeguard children in Sunderland?

April 2014-March 2015 has been a futher challenging year for the SSCB and its partner agencies.

The Core Assets Review (May 2014) highlighted clear challenges for the safeguarding system in Sunderland and for Children's Safeguarding Service in particular. The Council responded to the Core Assets Review Findings by establishing a voluntary Improvement Board with the support and commitment of partners at a very senior level. The Children's Service Improvement Plan focussed on single agency issues and partnership development work.

As planned the LGA Peer Review took place as outlined earlier in this report. This Review reasserted the findings of the Core Assets Review, highlighting the same level of inconsistent social work practice and a pressured safeguarding system and workforce. The Review also found commitment at the highest level across the partnership to implementing the improvement journey to ensure children in Sunderland are safeguarded. Unfortunately this Review concluded that improvements were not fast enough and there was a lack of impact evidenced. There was also a lack of confidence in Children's Safeguarding Service from other agencies resulting in a fragmented system. The impact of the implementation of extensive Children's Services Delivery Plan has been limited despite the level of commitment and resource that have been put into this work.

The Board and it's partners have been impacted on by the sheer volume of serious case review activity and is likely to be for the forseeable future. However, the Peer Review also found that the SSCB with the new Chair and the proposed governance arrangements would be a sound base from which to improve accountability and ownership across the partnership. These new arrangements will be implemented on 1st April 2015.

At the time of writing there are many challenges for the Board and partners and it is clear that safeguarding system in Sunderland is not sufficiently robust, and improvement work needs to gain pace and demonstrate impact. Concerns continue around the engagement and consistency of Children's Safeguarding Service in respect of the Serious Case Reviews.

2015-2016 will see the Board implement a number of new initiatives which are designed to rapidly progress its improvement journey. This includes:

- Implementation of a robust Quality Assurance and Performance Framework from July 2015, Introduce the 2 multi-agency audit groups, a full audit framework and audit cycle for 2015 – 2016
- Implement a comprehensive Section 11 Audit process
- Continue to strengthen and streamline the SCR model used in Sunderland
- Embed robust MSET arrangements across the partnership
- Work with partner LSCBS to deliver a bespoke CSE Conference and marketing campaign in October 2015
- Strengthen and streamline the support arrangements to the SSCB and SSAB

The Council responded to the Core Assets Review Findings by establishing a voluntary Improvement Board with the support and commitment of partners at a very senior level. The Children's Service Improvement Plan focussed on single agency issues and partnership development work.

In addition, the Local Authority provided significant additional resources to implement the Delivery Plan, providing over 5 million pounds and recruiting an additional 38 social workers.

As planned the LGA Peer Review took place as outlined earlier in this report. This Review reasserted the findings of the Core Assets Review, highlighting the same level of inconsistent social work practice and a pressured safeguarding system and workforce. The Review also found commitment at the highest level across the partnership to implementing the improvement journey for safeguarding to ensure children in Sunderland are safeguarded. Unfortunately this Review concluded that improvements were not fast enough and there was a lack of impact evidenced. There was also a lack of confidence in Children's Safeguarding Service from other agencies resulting in a fragmented system.

The SSCB had a new Chair who had robustly reviewed the governance arrangements of the Board to improve accountability and ownership across the partnership. These new arrangements will be implemented on 1st April 2015.

The safeguarding system in Sunderland is not sufficiently robust, and improvement work needs to gain pace and demonstrate impact.

Concerns continue around the engagement and consistency of Children's Safeguarding Service in respect of the Serious Case Reviews.

The Board's work has been significantly impacted on by the number of SCRs which has limited the ability to undertake core business.

Despite this, the Board has established a robust Quality Assurance and Performance Framework to go live from July 2015, developed two multi-agency audit groups, a full audit pack and audit cycle for 2015 – 2016, implemented a comprehensive Section 11 Audit process, agreed the SCR model to be used by Sunderland and reviewed MSET arrangements. The SSCB is in a strong position to improve.

In conclusion, the safeguarding arrangements in Sunderland are not sufficiently robust and improvement activity has failed to progress quickly enough in order to achieve the changes needed.

Appendix 1

Sunderland Safeguarding Children Board Performance Scorecard												Position at Quarter 4, 2014/15 (March 2015)			
														Comparators	
SSCB Ref	Definition	2010/11 Outturn	2011/12 Outturn	2012/13 Outturn	2013/14 Outturn	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4	Number of Children	Direction of Travel	2013/14 National Avg	2013/14 North East Avg
1.1	Number of Children Subject of a Child Protection Plan per 10,000[S]	71.1	68.6	49.9	56.2	55.4	62.9	70.2	75.5	412		**42.1**	**59.3**
1.2	Percentage of Children Subject to a Child Protection Plan under the Category of Neglect[S]	75.9%	83.3%	75.3%	83.0%	79.5%	81.9%	84.9%	86.7%	357/412		**42.7%**	**60.7%**
1.3	Percentage of Children Subject to a Child Protection Plan from BME Groups[S]	3.4%	3.9%	4.7%	2.0%	2.3%	5.0%	5.7%	9.0%	37/412		-	-
1.4	Conversion Rate from S47 to Initial Child Protection Conference[C]	43.7%	57.1%	75.6%	64.9%	53.7%	56.1%	56.5%	56.7%	470/829		**45.7%**	**60.4%**
1.5	Percentage of Families with one or more of Parental Mental Health, Domestic Violence or Substance Misuse noted as a factor at Initial Child Protection Conferences[C]	84.3%	85.0%	87.7%	83.1%	74.1%	80.4%	80.9%	81.5%	101/124		-	-

SSCB Ref	Definition	2010/11	2011/12	2012/13	2013/14	2014/15				Number of Children	Direction of Travel	Comparators	
		Outturn	Outturn	Outturn	Outturn	Q1	Q2	Q3	Q4			2013/14 National Avg	2013/14 North East Avg
1.6.1	Children becoming the subject of a Child Protection Plan for a second or subsequent time[C]	16.6%	16.3%	13.0%	13.7%	27.0%	23.3%	20.8%	19.1%	82/430	↑	**15.8%**	**12.6%**
1.6.2	Children becoming the subject of a Child Protection Plan for a second or subsequent time Within 2 Years[C]	-	7.5%	8.9%	5.1%	14.0%	10.7%	7.9%	6.3%	27/430	↑	-	-
1.7	Child protection plans lasting 2 years or more[C]	8.5%	7.1%	3.3%	2.5%	0.0%	0.0%	0.0%	0.9%	3/323	↓	**4.5%**	**2.5%**
1.8	Children who had been subject to a Child Protection Plan for more than 2 years at the end of the Quarter[S]	15	9	1	0	0	0	0	4	4	↓		
1.9	Children who remained open to Child in Need for 6 months or more after the end of a Child Protection Plan[R]	-	41.4%	42.8%	56.9%	59.2%	61.5%	65.4%	62.7%	106/169		**54.5%**	**60.2%**
1.11	Domestic Violence Contacts to Children's Services[C]	4779	4749	3497	3471	645	1051	1292	1542	1542		-	-

SSCB Ref	Definition	2010/11	2011/12	2012/13	2013/14	2014/15				Number of Children	Direction of Travel	2013/14 National Avg	2013/14 North East Avg
		Outturn	Outturn	Outturn	Outturn	Q1	Q2	Q3	Q4				
5.1	Number of CAFs Received[C]	-	1959	1878	1573	341	690	1093	1544	1544		-	-
-	Child protection cases which were reviewed within required timescales[C]	100.0%	97.5%	95.1%	91.1%	98.1%	96.7%	92.1%	89.8%	274/305	↓	**94.6%**	**96.8%**
-	Number of Children in Need per 10,000[S]	440.5	428.8	419.4	488.7	502.0	537.9	525.3	596.8	3255		**346.4**	**456.7**

Notes:
Direction of Travel: Improvement shown by ↑

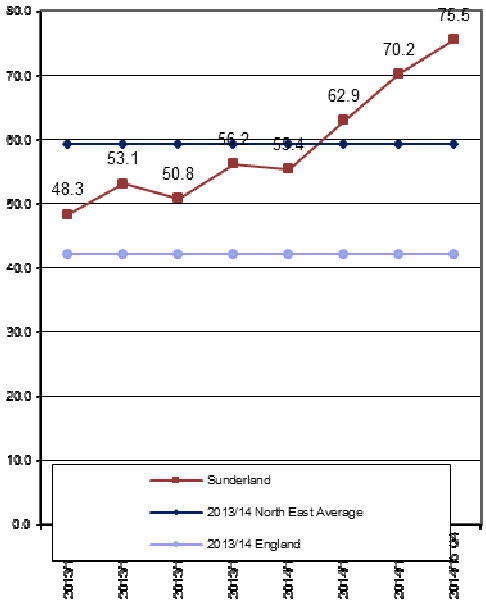
[R] *Rolling year data*
[S] *quarter end Snapshot data*
[C] *Cumulative data for financial year*

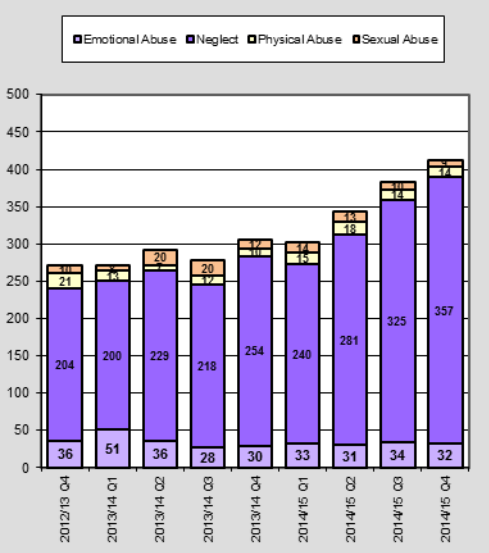
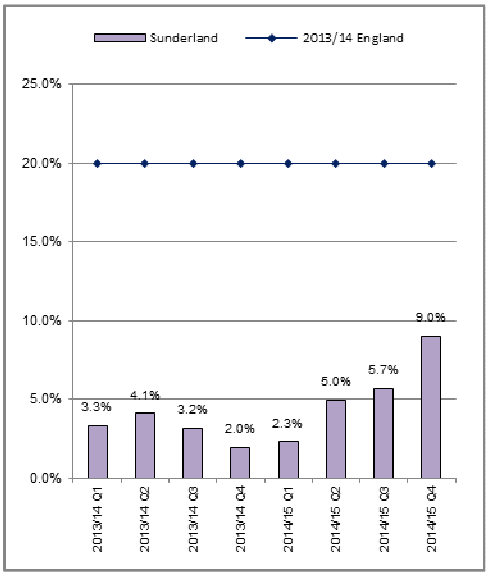
Sunderland Safeguarding Children Board

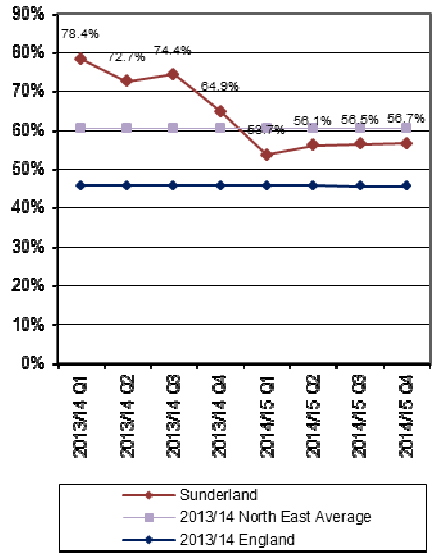
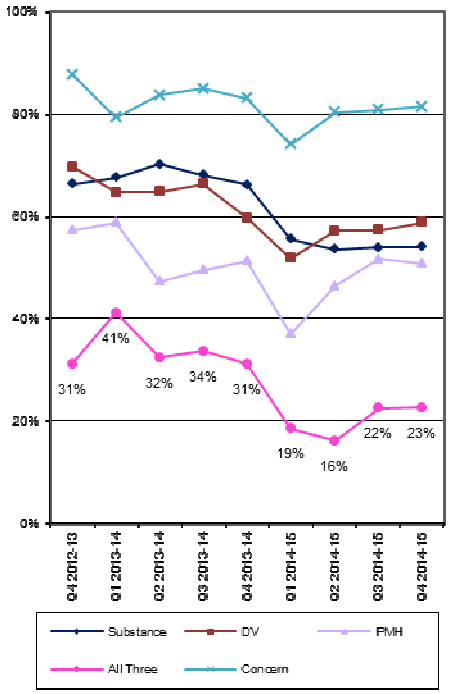
Sunderland Safeguarding Children Board Performance Position Statement @ March 1015

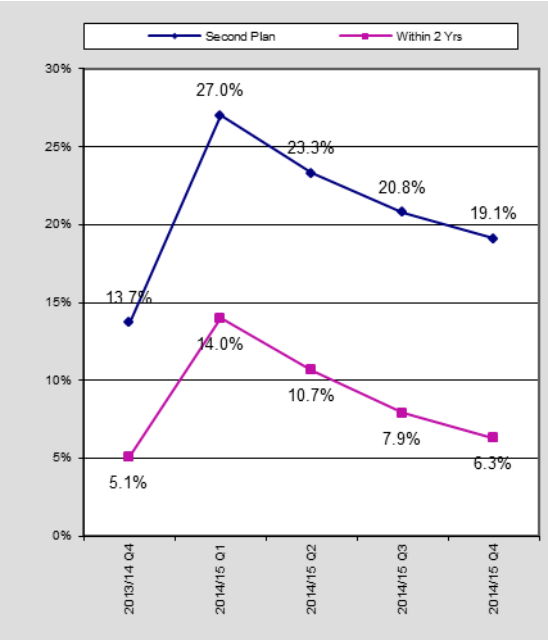
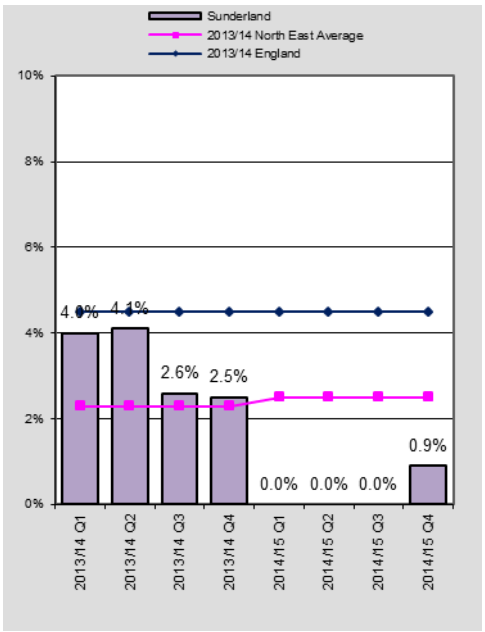
1 Keeping Children Safe: Child Protection
2 Keeping Children Safe: Looked After Children
3 Fewer Child Deaths and Injuries
4 Keeping Children Safe: Children Missing from Care
5 Keeping Children Safe: Workforce
6 Early Intervention: Common Assessment Framework
7 Customer Satisfaction: Outcomes of Surveys to Partners and Families

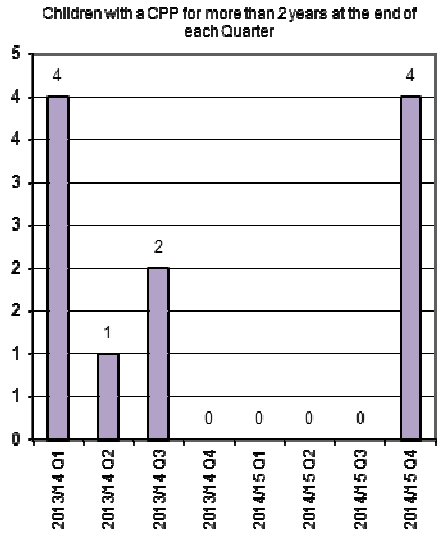
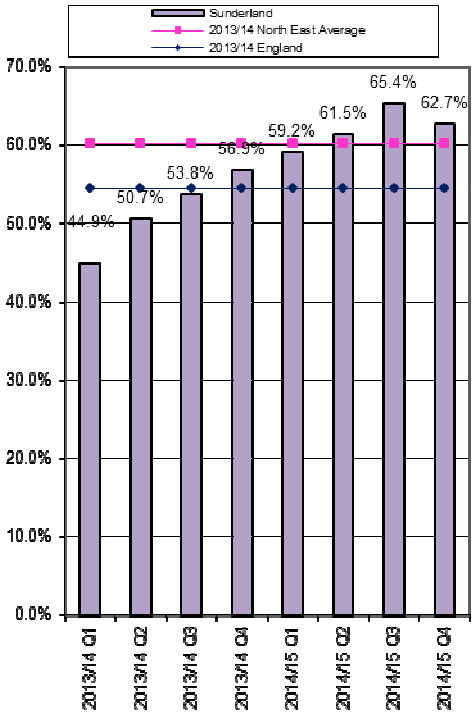
ALL 2014/15 END OF YEAR FIGURES ARE PROVISIONAL BEFORE STATUTORY RETURNS ARE SUBMITTED AND PUBLICATION BY THE DEPARTMENT OF EDUCATION

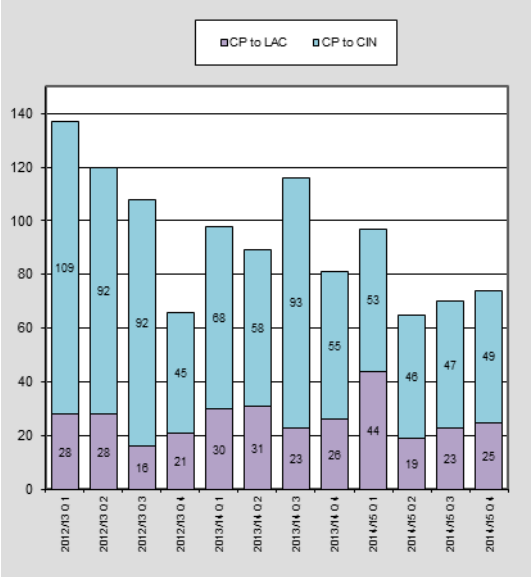
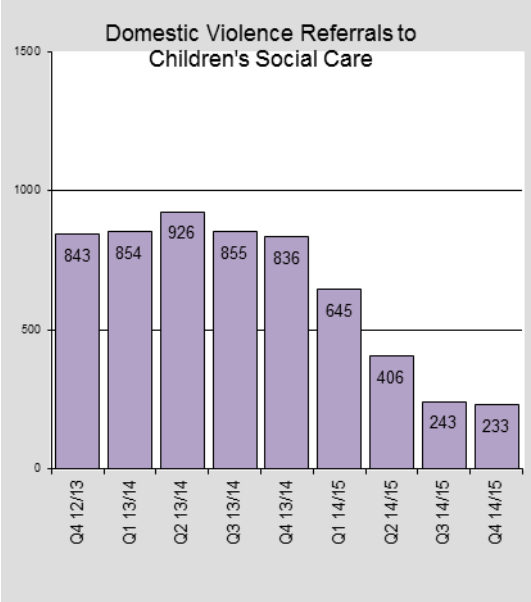
1 Keeping Children Safe: Child Protection		
Indicator	**Performance Data**	**Performance Position**
1.1 Children who are Subject to a Child Protection Plan per 10,000 of the general population *Children who are subject to a plan on the last day of each quarter* *Source: CCM*		The number of children subject to a Child Protection Plan (CPP) has increased from 383 at the end of December 2014 to 412 at the end of March 2015, with the rate per 10,000 children in Sunderland increasing from 70.2 to 75.5. Levels remain above the 2013/14 national average (42.1 per 10,000) and the 2013/14 North East average (59.3 per 10,000). The number of child protection plans in 2013/14 across the North East rose by 16% to 59.3 per 10,000. Numbers, if they remain stable indicate that the rise has slowed however most authorities in the region are above the national average. Data available for each local authority within the North East region as at end of September 2014 ranges from 38.4 (Durham) to 77.1 (Newcastle).

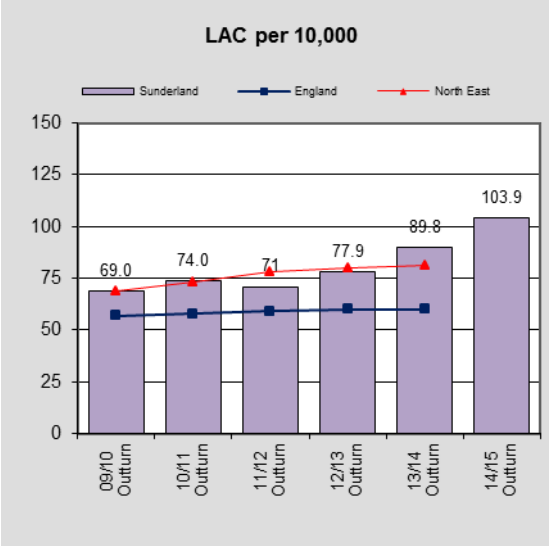
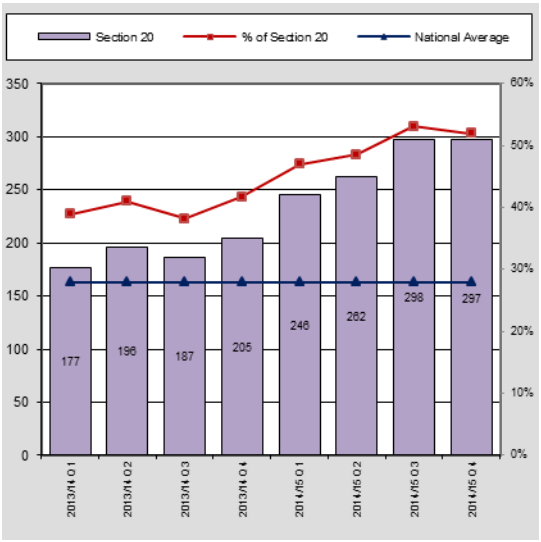
1 Keeping Children Safe: Child Protection		
Indicator	**Performance Data**	**Performance Position**
1.2 Child Protection Plans by Abuse Categories recorded at Initial Child Protection Conference Source: CCM		In Quarter 4 both the number and proportion of neglect cases have increased (87%). The number of neglect cases continues to be above the 2013/14 outturn. Physical abuse and Sexual abuse cases have decreased in number and proportion, both down one percentage point on quarter 3, 3% and 2% respectively. Emotional abuse cases have decreased in number and proportion in Q4 (8%). Nationally 42.7% of cases at 31 March 2014 were neglect, 35.6% were emotional abuse cases, 8.4% were physical abuse, 9% were multiple abuse cases and 4.4% were sexual abuse cases.
1.3 Ethnicity of children subject of a child protection plan *Proportion of children with a CP Plan who are BME* *Source: CCM*		37 BME children were subject to a CPP at the end of Quarter 3 2014-15 (measure 1.3); 9% of CPPs. This is an increase of 15 children since the end of Quarter 3 14/15. The "Not Yet Defined" / "Not yet obtained" categories of ethnicity stood at 0.48% at the end of Q4 2014/15 with 2 children in these categories.

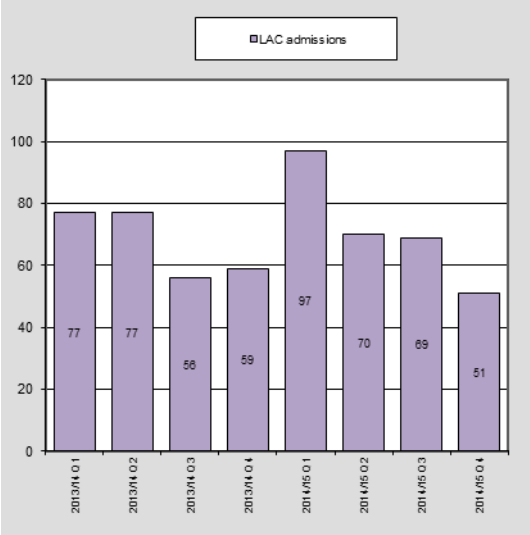
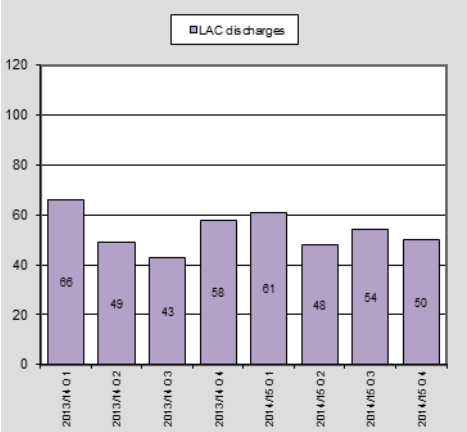
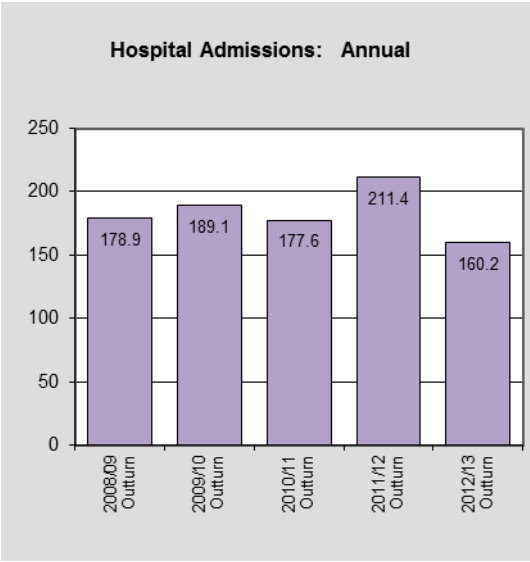
1 Keeping Children Safe: Child Protection		
Indicator	**Performance Data**	**Performance Position**
1.4 Conversion rate from Section 47 Enquiry to ICPC Source: CCM		The proportion of Section 47 enquiries which resulted in an Initial Child Protection Conference (ICPC) has increased to 56.7% at the end of Quarter 4 (1.4). This is a marginal increase on Quarter 3. The conversion rate remains below the North East average of 60.4%. The range of local authority performance (Hartlepool 37%; Middlesbrough 100%) indicates that the process for commencing Section 47 enquiries and/or ICPCs is different across the North East.
1.5 Concerns Expressed about Family at Initial Child Protection Conferences Issues around parental behaviour that have been raised as being contributing factors to Child Protection Plans at Initial Conference meetings; Cumulative Source: CCM		The proportion of Child Protection Plans where one of the "Toxic Trio" of Domestic Violence, Substance Misuse and Parental Mental Health (1.5) have been issues within the family shows no change on Quarter 3 at 81%. Within the individual concerns: Substance Misuse remains a concern in 54% of families. Twelve percentage points below same period in 2013/14 (68%) Domestic Violence remains a concern in 59%. One percentage points below same period in 2013/14 (60%). Parental Mental Health was a concern in 51% of families, one percentage point decrease on Q3 and no change on the same period in 2013/14 (51%) Although most families had at least one of these issues, 23% of families at ICPC had all three of the "Toxic Trio" in Quarter 4. This is an increase on both Quarter 1, 2 and 3 levels for 2014/15 however remains eight percentage points below the 2013/14 outturn (31%).

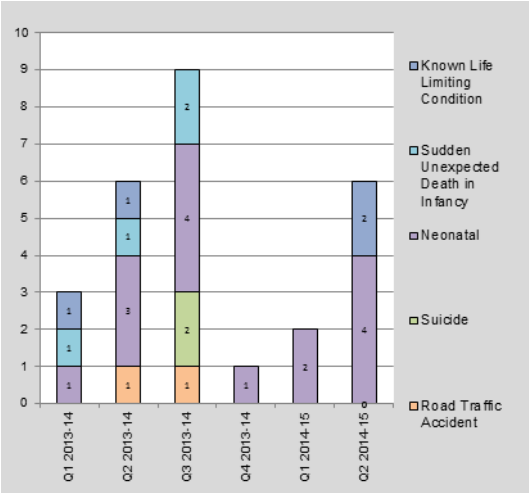
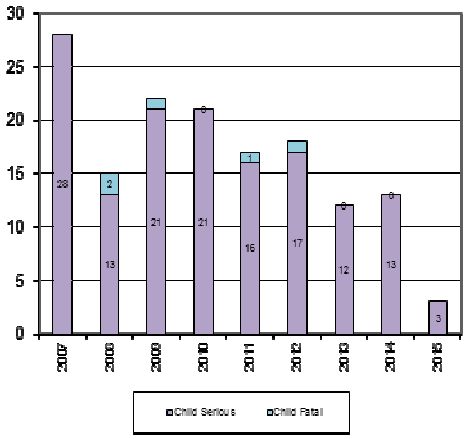
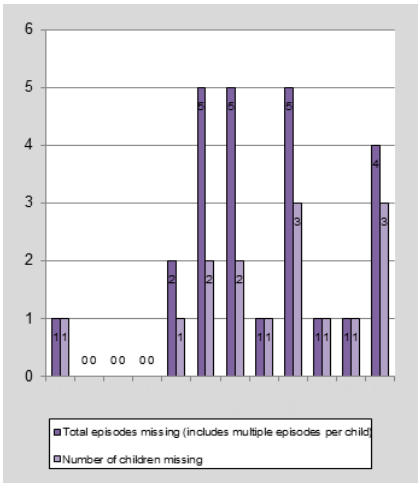
1 Keeping Children Safe: Child Protection		
Indicator	**Performance Data**	**Performance Position**
1.6.1 Children becoming the subject of a Child Protection Plan for a second or subsequent time **1.6.2 Children who became the subject of a second or subsequent plan within a two year period** Source: CCM		The proportion of children becoming the subject of a CPP for a second or subsequent time continues to reduce, from 20.8% in Quarter 3 (1.6) to 19.1% at the end of Quarter 4. However this still remains over five percentage points higher than the 2013/14 outturn. This is equal to 82 of the 430 children who had started a plan between April 2014 - March 2015. 27 children had recommenced their second plan in two years at the end of Quarter 4; 6.3% of all children starting a CPP. This continues the reduction since Quarter 1 and is now 1.2 percentage points higher than the 2013/14 outturn (5.1%). As at the end of September 2014, all local authorities within the North East region had a lower proportion than Sunderland for children subject to a 2nd or subsequent CP Plan; ranging from 2.5 for Middlesbrough to 21.3 for Hartlepool.
1.7 Child Protection Plans lasting 2 years or more. *Children subject of a child protection plan which ceased during the last 12 months where they had been subject to a plan for over two years. Quarterly collection; cumulative* *Source: CCM*		The proportion of Child Protection Plans ceased between April - March 2014/15, where the plan had been in place for over two years (1.7) has marginally increased to 0.9%. 323 children ceased a CPP, 3 children having a CPP longer than two years. This continues to meet 'Very Good' performance according to internal benchmarks. Regionally, as at the end of 2013/14, the proportion of second and subsequent plans is rising; 6 authorities (Gateshead, Durham, Newcastle, Stockton, Hartlepool and Sunderland) are showing higher than the national average compared to only 2 authorities the previous year. In terms of individual North East authorities, in 2013/14 two did not have any children who ceased a CPP after two years (Darlington and Redcar & Cleveland), while five had an indicator figure higher than Sunderland's 2013/14 outturn of 2.5%, (Durham 3.2%, Hartlepool 5.2%, Middlesbrough 3.6%; Newcastle 3.0% and Northumberland 5.9%).

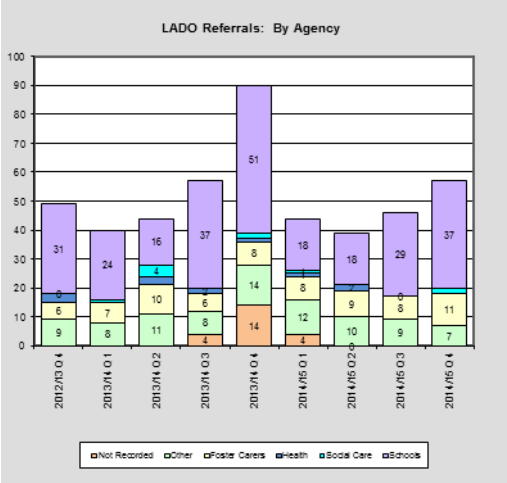
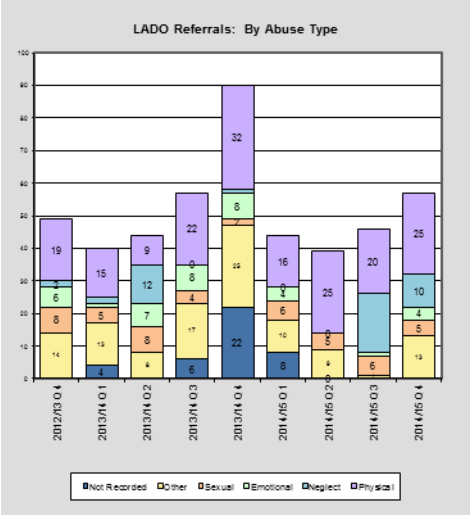
1 Keeping Children Safe: Child Protection		
Indicator	**Performance Data**	**Performance Position**
1.8 Children who had been subject to a Child Protection Plan for more than two years at the end of each Quarter Source: CCM		At the end of quarter 4 2014/15, 4 children had been subject to a plan for more than two years, compared to 0 children in quarter 4 2013/14. The low numbers who had been subject to a Child Protection Plan since Q4 2011/12 have therefore led to the improved performance shown in measure 1.7.
1.9 Children who stayed open to Children's Safeguarding for six months or more after ceasing a Child Protection Plan Source: CCM		Children who ceased a Child Protection Plan, and stayed open for more than six months (1.9) decreased from 65.4% at the end of Quarter 3 to 62.7% at the end of Quarter 4. This accounts for 106 of the 169 children who ceased a plan up to the end of September 2014, and who either had ceased their Child in Need support after more than six months, or were still being supported at the end of March 2015. This performance takes Sunderland above comparator groups, with the North East as a whole having 60.2% of children subject to Child in Need support for more than 6 months after a CPP ceased at the end of 2013/14. Individual local authorities across the North East vary in their performance levels for after plan support at the end of 2013/14. North Tyneside (94.8%) retained almost all of their children past the six month mark, and the majority of all other authorities retained at least half with the exception of Darlington (49.1%), Durham (47%) and Redcar & Cleveland (39.5%).

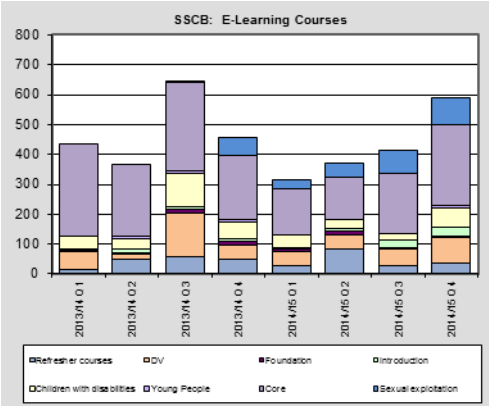
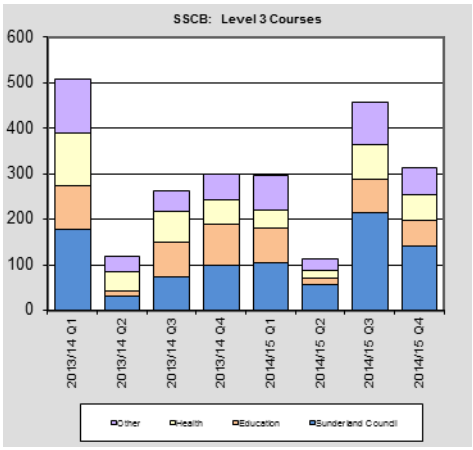
1 Keeping Children Safe: Child Protection		
Indicator	**Performance Data**	**Performance Position**
1.10 Child Protection Plans ending and moving onto Looked After Plan or Children in Need Plan *Number of Children for whom CP plan ended and they moved onto a LAC Plan or CIN Plan.* *Source: CCM*		There were 323 Child Protection plans ended between April 2014 - March 2015. 60.4% (195) went on to CIN plan and 34.4% (111) went on to be a LAC plan.
1.11 Domestic Abuse contacts to Children's Social Care *Number of Children for whom contacts with a referral stated issue of DV were received per quarter.* *Source: CCM*		The number of contacts with a referral stated issue of Domestic Violence in Sunderland decreased in quarter 4 to 233 from 243 in Quarter 3. This has reduced by 72% on the same period in 2013/14.

2. Keeping Children Safe: Looked After Children		
Indicator	**Performance Data**	**Performance Position**
2.1 Children who are Looked After per 10,000 of the general population Source: CCM		The number of Looked After Children has increased from 561 at the end of December 2014 to 567 at the end of March 2015 (1% increase). The figure per 10,000 of the general population is 103.9. Regionally, the North East has a figure of 81 per 10,00 of the general population as at the end of September 2014. The comparable all England average as at end March 2014 was 60. Data available for each local authority within the North East region as at end of September 2014 ranges from 55.0 (Northumberland) to 116.0 (Middlesbrough). Sunderland, as at the end of September 2014, was the third highest LA with a figure of 98.8 per 10,000 of the general population.
2.2 Children who are Looked After who are accommodated under Section 20 Source: CCM		As at 31st March 2015 there were 297 children with Section 20 legal status. This accounts for 52% of the number of looked after children as at 31st March 2015.

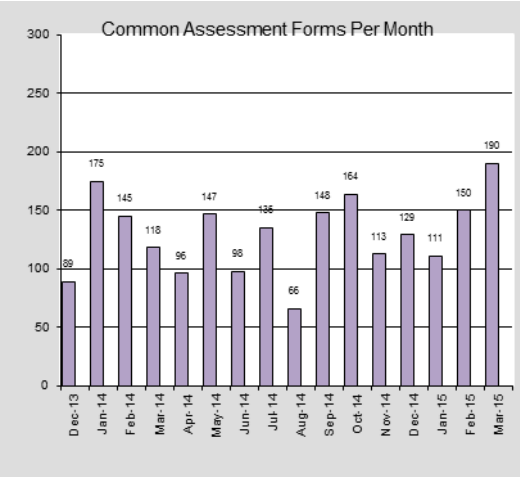
2. Keeping Children Safe: Looked After Children		
Indicator	**Performance Data**	**Performance Position**
2.3 Children Looked After number of admissions Source: CCM		The number of LAC admissions has decreased Quarter 3 to Quarter 4 following a peak in Quarter 1 2014/15. The total number of admissions equates to 287 year to date 2014/15. There has been 6% more admissions of Looked After Children over the same period in 2013/14.
2.4 Children Looked After number of cessations Source: CCM		The number of LAC discharges remains stable. The total number of discharges equates to 213 year to date 2014/15. There has been 1.4% (3) less discharges over the same period in 2013/14.
3. Fewer Child Deaths and Injuries		
Indicator	**Performance Data**	**Performance Position**
3.1 Emergency hospital admissions caused by unintentional and deliberate injuries to children and young people (NI 70) Indicator based on rate per 10,000 pop of Sunderland residents. *Annual collection; snapshot* *Source: NHS*		***Latest data available as at end 2012/13 outturn. Data for 2013/14 is not yet released*** The hospital admission rate has decreased significantly in 2012/13 to 160.2 per 10,000. This is the lowest rate for 5 years. In 2011/12 Sunderland were the worst performing in England. The 2012/13 outturn shows an improvement in this performance with a reduction in admission rates for both Sunderland and nationally. The worst performing in England rate for 2012/13 is 191.3.

3. Fewer Child Deaths and Injuries		
Indicator	**Performance Data**	**Performance Position**
3.2 Number of child deaths in Sunderland *Quarterly collection* *Source: SoTW Child Death Overview Panel*		***Latest data available as at Quarter 2 2014/15.*** Of the child deaths recorded in 2013/14; 9 have been categorised as 'Neonatal' , 4 as 'Sudden Unexpected Death in Infancy', 2 as 'Known Life Limiting Condition', 2 as ''Road Traffic Accident' and 2 as 'Suicide' There are six deaths in 2013/14 that are still awaiting inquest; four of these have been categorised as 'Sudden Unexpected Death in Infancy' and two categorised as 'Suicide'. In Quarter 2 2014/15, there were 4 neonatal child deaths in Sunderland and 2 child deaths due to Known life limiting conditions. Year to date there have been 6 neonatal deaths.
3.3 Number of Children Killed or Seriously Injured in Road Traffic Accidents *Annual collection (calendar year); one quarter lag in reporting* *Source: SCC - Network Management*		In Sunderland, between January and December 2014, there has been 13 children who were seriously injured due to Road Traffic Accidents and no child deaths recorded. Between January and March 2015, there has been 3 children who were seriously injured due to Road Traffic Accidents and no child death recorded. There is a comparative increase against the same period last year (6 children were seriously injured) however 2013 was an exceptional year equalling the lowest recorded total for child KSI casualties (2008).
4. Keeping Children Safe: Children Missing from Care		
Indicator	**Performance Data**	**Performance Position**
4.1 Children missing from care for more than 24 hours *Cumulative collection* *Source: People Directorate*		During 2014/15, 10 children and young people were missing from care for more than 24 hours. Five children were missing from care on one occasion, four children were missing from care on two occasions and there was one child missing from care on twelve separate occasions between April 2014 and March 2015.

5. Keeping Children Safe: Workforce		
Indicator	**Performance Data**	**Performance Position**
5.1 Number of allegations against multi-agency staff referred to the LADO (Local Authority Designated Officer) **Categories:** **- referrals by agency** **- referrals by abuse type** **- outcomes** *Quarterly Collection Source: LADO database*		**Referrals by Agency:** During Quarter 4 2014/15, there were 57 referrals, an increase of 11 on the number of referrals received in quarter 3 2014/15. During Q4, referrals from Schools remain highest at 65% of the total. Foster Carers referrals were 19%, Other referrals were 12% and Social Care referrals were 4%.
		Referrals by type of abuse: During Q4, the number of Physical abuse referrals increased to 25 and remained as the highest abuse category at 44%. Neglect now accounts for 19% (10), Sexual abuse accounts for 9% (5) and Emotional abuse accounts for 7% (4). There were 13 referrals where the abuse category has been deemed as Other; nearly a quarter of all referrals (23%).
	Quarter 3 Outcomes	Outcomes: Of the 57 outcomes at end Q4, 63% (36) were found to be Unsubstantiated, Unfounded, False or Malicious and 11% were found to be substantiated (6). The number outcomes not recorded has reduced by 2 on Quarter 3 and represents 26% of the outcomes.
	Unsubstantiated, Unfounded, False or Malicious: 21	
	Substantiated: 8	
	Not Recorded: 17	
	TOTAL: 46	

5. Keeping Children Safe: Workforce		
Indicator	**Performance Data**	**Performance Position**
5.2 SSCB safeguarding children E-Learning training courses *split by: - numbers attending by type of course* *Source: SSCB*		Between January and March 2015, the cost of Absenteeism decreased from £1399.77 to £821.52 for October to December 2014. The cost of unfilled places reduced to zero. In Quarter 4 the absenteeism across agencies is highest from Childrens Services at 39% and Health is 21%. All remaining agencies were absent 15% or less.
5.3 SSCB safeguarding children training courses ***Level 3 Courses,*** *split by: - numbers attending by agency* *Source: SSCB*		

Non Attendance	2013/14 Q4	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4
Children's Services	17	29	14	44	26
Council	6	4	0	5	6
Education	21	17	3	7	10
Health	13	5	0	6	14
Others	14	20	8	33	10
Totals	71	75	25	95	66

6. Early Intervention: Common Assessment Framework		
Indicator	**Performance Data**	**Performance Position**
6.1 Number of CAF Referrals *Number of Children for whom CAF referrals were initiated per month* *Source: CCM (CAF)* *Source: CAPITA (Family Focus)*		CAF: 451 CAFs were initiated during quarter 4 2014/15, an increase of 3% on quarter 4 2013/14 (438). Of the CAFs received in quarter 4, 39% (531) were from Education, 29% (393) were from Social Care, 21% (352) of were from a Health Visitor, 7% (83) were from Health and 2% (90) were from Children's Centres. All other sources referred 1% or less. Family Focus: 209 Family Focus referrals have been recorded during quarter 4 2014/15, an increase of 179% on quarter 3 2014/15 (75). Of the Family Focus referrals in quarter 4, 31% (65) were from School, 28% (58) were from MASH, 13% (27) were form Health Authority, 8% (17) were from Youth Offending Service, 5% (10) were from Social Care, 4% (9) were from Child & Family Team and Gentoo. All other sources referred 1% or less.
7 Customer Satisfaction: Outcomes of Surveys to Partners and Families		
Indicator	**Performance Data**	**Performance Position**
7.1 Partner Satisfaction Survey *Results of the question around overall satisfaction with the outcome from the Partner Satisfaction Survey. This survey is given to each professional who makes a referral to Children's Social Care.* *Source: Viewpoint*	***No Partner satisfaction surveys have been received since December 2013.*** From the survey carried out in 2013-14 on those professionals making a referral: ▪ 93% (13) were satisfied or very satisfied with the outcome of that referral; ▪ 100% (14) felt the staff were helpful or very helpful; ▪ 64% (9) of respondents received a response to their contact by the end of the next working day	

7 Customer Satisfaction: Outcomes of Surveys to Partners and Families		
Indicator	**Performance Data**	**Performance Position**
7.2 Initial Assessment Understanding *Results of the question around whether families understood the reason for an Initial Assessment. Questionnaire given to each family who is the subject of an Initial Child in Need Assessment.* *Source: Viewpoint*	The survey carried out April 2014 to December 2014 on those individuals / families who have received an Initial Assessment received 20 responses. From this: ▪ 95% (19) understood why the assessment was taking place; ▪ 90% (18) felt able to fully / partly discuss their issues with the Social Worker ▪ 90% (18) were given a copy of the Initial Assessment	

Appendix 2

SSCB Finance Report – 2014/15 Budget Outturn

1. Introduction

This report is to advise of the outturn position for Sunderland Safeguarding Children Board (SSCB) in 2014/15.

Appendix 2.1 provides the detail of the budget and outturn position.

2. Budget Outturn

The SSCB had a balanced outturn following the agreed use of SSCB reserves.

In total £72,000 of SSCB reserves was used to cover expenditure on the following SSCB activities:

- Children's Serious Case Reviews – £61,000 (including the cost of room hire/refreshments for meetings relating to Serious Case Reviews)
- Child Death Review Coordinator - £16,000

3. Contribution from Partner Agencies

All budgeted cash contributions from partner agencies were received.

Additional cash contributions totalling £5,000 toward the cost of the Serious Case Reviews were made by Sunderland College (£500) and Sunderland Clinical Commissioning Group (£4,500).

In addition Sunderland City Council made additional non-cash contributions of an additional 1fte Business Support Officer to the SSCB Business Unit at no additional charge.

4. SSCB Reserve

Following the appropriation of £72,000 in 2014/15, the SSCB reserve has a balance of £49,000 to be carried forward into 2015/16.

5. 2015/16 Budget

Sunderland City Council has made an additional contribution of £16,000 in 2015/16 in order to meet the increased cost of the Child Death Review Coordinator and will provide additional resource, after the use of the remaining SSCB reserves in order to deliver a balanced budget in 2015/16.

6. Recommendations

- To note a balanced outturn following the use of reserves
- To note the level of reserves available moving into 2015/16

Sunderland Safeguarding Children Board – Budget Outturn 2014/15

Expenditure	2014/15 Budget	Actual Expenditure	(Over)/ Under
Business Unit Employee Expenses	£119,896	£119,896	£0
Independent Chair	£22,749	£22,749	£0
Travel Expenses	£1,700	£1,700	£0
Office Expenses	£1,800	£1,800	£0
Premises Costs	£3,231	£3,231	£0
Hospitality	£2,250	£2,250	£0
Training Programme Expenses	£3,000	£3,000	£0
Web Enabled Procedures and website maintenance	£4,600	£4,600	£0
Contribution to Regional CDR	£4,000	£20,000	(£16,000)
Serious Case Review Expenditure	£0	£61,000	(£61,000)
Sub Total	£163,226	£240,226	(£77,000)

Income	2015/16 Budget	Projected Income	(Over)/ Under
Sunderland City Council - People's Services	(£115,177)	(£115,177)	£0
Sunderland CCG	(£37,399)	(£41,899)	£4,500
Police	(£5,100)	(£5,100)	£0
Gentoo	(£5,000)	(£5,000)	£0
CAFCASS	(£550)	(£550)	£0
COS College	0	(£500)	£500
Use of Reserves	0	(£72,000)	£72,000
Sub Total	(£163,226)	(£240,226)	£77,000

Outturn (Over)/Underspend	£0

SSCB Reserve

Opening Balance (April 2014)	£121,000
Agreed Use of Reserves In 2014/15	(£72,000)
Closing Balance of Reserves (March 2015)	£49,000

Appendix 3

Findings from Learning and Improvement activity April 2013 – March 2014

The learning from these pieces of work is identified below. Please note the cases are anonymised to protect the identity of the child and their family.

Baby A and Child C Serious Case Review

The Overview Report for Baby A and Child C was published in November 2014 and the full report including the learning and recommendations are available at http://www.sunderlandscb.com/pr_scr_cms.html

The Core Assets Review 2014

Recommendations for Sunderland Council

1. Agrees social work leadership, management and practice action plan to address urgent and essential concerns:
   - Quality of assessments within a clear framework for single and early help assessment
   - Identification and management of risk within a framework for embedding common ways of understanding and evidencing risk such as signs of safety
   - Local communication within a system-wide understanding of roles and relationships
   - Consistent application of thresholds which are subject to both internal and SSCB performance management and quality assurance
   - Consistent and effective case management
   - Consistent and effective casework supervision
   - Consistent and effective case audit
   - Effective implementation of self-serve business support model
   - Recruitment and retention of social workers

2. Communicates a single vision and underpinning values for all vulnerable children.
3. Embeds the vision and values in a set of standards which govern professional behaviour
4. Implements an integrated pathway for children and families from contact to early intervention to safeguarding
5. Addresses priority opportunities for service redesign – e.g. maximising opportunity for resolution at earliest possible point along the pathway; case handling at interfaces of early intervention/MASH; resolving bottlenecks and work around; business support requirements within corporate self-serve model
6. Specifies and provides performance information required at each level of accountability to manage productivity, effectiveness, quality, outcomes and risk, and uses performance information to specify resource requirements at each stage of the pathway
7. Supports SSCB to implement a simplified performance and quality assurance framework to provide more effective oversight and challenge of whole system performance

LGA Peer Review 2014 Findings

Summary Strengths

- You are working in partnership to provide effective safeguarding services to children and families

- You are putting in place improvement plans at both an operational and strategic level to drive improvement forward
- As a partnership you recognise the scale of the challenge that you face and there is widespread support to bring about system wide change
- We met committed, competent, passionate and inspiring people across the partnership, at all levels
- There is strong political and corporate commitment to resource change and improvement
- The Sunderland Safeguarding Children Board has appointed a strong and well regarded Independent Chair; there is renewed energy and commitment from partners, and the Board is rapidly taking appropriate steps in the guise of a Delivery Plan to fully meet its statutory responsibilities, address gaps and develop stronger and more systematic oversight of safeguarding
- Early Help is currently an untapped strength, but clearly has the potential to play a significant role in reducing demand in child protection

Summary Areas for Consideration

- Frontline services are under severe pressure and workloads mean that practitioners across the partnership are anxious about managing risk
- There are a high number of interim managers within Children's Social Care; staff experience this as a rolling programme of new initiatives that are not embedded before another change of personnel and direction
- Improvements to frontline social work practice are being put in place but there remain instances of inconsistent practice, poor quality case recording and reports. The level of posts filled by agency staff may be a contributory factor
- The partnership is hampered in its understanding of how effective services are by a lack of good quality performance data, we saw very little evidence of a performance driven approach
- There is a perception amongst some partners that the partnership has not been an equal one – this is being addressed and the impetus needs to be maintained going forward, with a more equitable basis for the partnership established
- Moving forward, a more visible leadership style is needed and a culture needs to be developed that acknowledges and rewards staff for their hard work and contribution, - and builds upon and learns from their awareness of pressure points and what could be done differently/better. This applies across the children's services partnership
- Evidence collected during the peer review endorses the Core Assets findings and the Core Assets recommendations remain very relevant

Appendix 4

SSCB and Sub-committee Attendance

NB: apologies were submitted for those not in attendance

SSCB Board Meeting							
Agency Represented	**Date of Meeting**					**Attended**	**% Attendance**
	30.04.14	25.06.14	22.10.14	17.12.14	25.02.14		
Independent Chair	✓	✓	✓	✓	X	4/5	80%
SSCB Business Manager	✓	✓	✓	✓	✓	5/5	100%
SSCB Lay Member	✓	✓	✓	✓	✓	5/5	100%
Children's Safeguarding, Sunderland City Council (SCC)	✓	✓	✓	✓	✓	5/5	100%
Legal Advisor (SCC)	✓	X	✓	X	X	2/5	40%
CAFCASS	✓	X	X	X	X	1/5	20%
City Hospitals Sunderland NHS Foundation Trust	✓	✓	✓	✓	✓	5/5	100%
Community and Family Wellbeing (SCC)	✓	✓	✓	✓	✓	5/5	100%
Education Representative	✓	✓	✓	✓	✓	5/5	100%
Gentoo	✓	X	X	✓	✓	3/5	60%
Health, Housing and Adult Services (SCC)	✓	✓	✓	✓	✓	5/5	100%
Lead Member (SCC)	✓	✓	✓	✓	✓	5/5	100%
National Probation Service	X	X	X	X	✓	1/5	20%
NHS England	✓	X	✓	X	X	2/5	40%
Sunderland Clinical Commissioning Group	✓	✓	✓	✓	✓	5/5	100%
North Tyne and Wear NHS Trust	✓	✓	✓	✓	✓	5/5	100%
Northumbria Police	✓	✓	X	✓	✓	4/5	80%
Northumbria Community Rehabilitation Company	X	X	✓	✓	X	2/5	40%
Public Health (SCC)	✓	✓	X	✓	✓	4/5	80%
South Tyneside NHS Foundation Trust	✓	✓	✓	✓	✓	5/5	100%
Turning Point	✓	X	✓	X	✓	5/5	100%
Tyne and Wear Fire and Rescue Service	✓	X	✓	X	✓	3/5	60%
Sunderland Youth Offending Service	✓	✓	✓	✓	✓	5/5	100%

Business Planning Group														
Agency Represented	**Date of Meeting**												**Attended**	**% Attendance**
	16.04.14	14.05.14	11.06.14	09.07.14	06.08.14	03.09.14	08.10.14	05.11.14	03.12.14	15.01.15	17.02.15	17.03.15		
Independent Chair	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	11/12	92%
SSCB Business Unit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/12	100%
Children's Safeguarding, Sunderland City Council (SCC)	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	11/12	92%
Health, Housing and Adult Services (SCC)	X	X	✓	✓	✓	✓	✓	X	X	X	✓	✓	7/12	58%
Legal Advisor (SCC)	✓	✓	X	✓	X	✓	X	X	✓	✓	X	X	6/12	50%
Sunderland Clinical Commissioning Group	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	11/12	92%
Northumberland Tyne and Wear NHS Foundation Trust	✓	X	✓	X	X	✓	X	X	✓	✓	X	X	5/12	42%
Northumbria Police	✓	X	✓	X	X	✓	X	✓	✓	X	✓	X	6/12	50%
South Tyneside NHS Foundation Trust	✓	✓	✓	✓	✓	X	✓	X	X	X	✓	✓	8/12	67%

Learning and Improvement in Practice Sub-committee						
Agency Represented	**Date of Meeting**				**Attended**	**% Attendance**
	01.04.14	01.07.14	03.11.14	20.01.15		
Northumberland Tyne and Wear NHS Foundation Trust	✓	✓	✓	X	3/4	75%
SSCB Business Unit	✓	✓	✓	✓	4/4	100%
Children's Safeguarding, Sunderland City Council (SCC)	✓	X	✓	✓	3/4	75%
Legal Advisor (SCC)	✓	✓	X	X	2/4	50%
City Hospitals Sunderland NHS Foundation Trust	✓	✓	X	✓	3/4	75%
Education Representative	✓	X	X	X	1/4	25%
Gentoo	X	X	✓	✓	2/4	50%
Health, Housing and Adult Services (SSAB Rep)	X	X	✓	✓	2/4	50%
Lay Member	✓	X	X	✓	2/4	50%
National Probation Service	X	X	X	X	0/4	0%
Sunderland Clinical Commissioning Group	✓	✓	✓	✓	4/4	100%
Northumbria Community Rehabilitation Company	X	X	X	X	0/4	0%
Northumbria Police	✓	✓	✓	✓	4/4	100%
South Tyneside NHS Foundation Trust	✓	X	X	✓	2/4	50%

Local Child Death Review Panel						
Agency Represented	**Date of Meeting**				**Attended**	**% Attendance**
	12.05.14	01.09.14	03.11.14	09.03.15		
Child Death Review Co-ordinator	✓	✓	✓	✓	4/4	100%
Children's Safeguarding, Sunderland City Council (SCC)	✓	X	✓	✓	3/4	75%
City Hospitals Sunderland NHS Foundation Trust	✓	X	✓	✓	3/4	75%
Education Representative	✓	X	X	✓	2/4	50%
Legal Advisor (SCC)	X	X	X	X	0/4	0%
Sunderland Clinical Commissioning Group	✓	✓	✓	✓	4/4	100%
North East Ambulance Service NHS Trust	✓	✓	✓	X	3/4	75%
Northumbria Police	✓	✓	✓	X	3/4	75%
Public Health (SCC)	X	✓	✓	✓	3/4	75%
SSCB Business Unit	✓	X	✓	✓	3/4	75%

Quality Assurance Sub-committee											
Agency Represented	**Date of Meeting**									**Attended**	**% Attendance**
	23.04.14	21.05.14	18.06.14	13.08.14	17.09.14	15.10.14	10.12.14	14.01.16	18.03.16		
SSCB Business Unit	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9	100%
Children's Safeguarding, Sunderland City Council (SCC)	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9	100%
Independent Reviewing Team (SCC)	✓	X	✓	✓	✓	✓	✓	✓	✓	8/9	89%
Performance Team (SCC)	X	X	X	X	✓	X	✓	✓	✓	4/9	44%
Sunderland Clinical Commissioning Group	✓	✓	X	✓	✓	✓	✓	✓	✓	8/9	89%
City Hospitals Sunderland NHS Foundation Trust	X	✓	✓	✓	X	✓	X	✓	✓	6/9	67%
Northumbria Police	X	X	X	X	X	X	X	X	X	0/9	0%
Education Representative	✓	✓	✓	✓	X	X	X	X	X	4/9	44%
South Tyneside NHS Foundation Trust	✓	✓	✓	✓	X	✓	X	✓	✓	7/9	78%
Gentoo	X	✓	✓	✓	✓	✓	X	✓	✓	7/9	78%

Missing, Sexually Exploited and Trafficked (MSET) Sub-committee								
Agency Represented	**Date of Meeting**						**Attended**	**% Attendance**
	22.09.14	21.10.14	25.11.14	16.12.14	24.02.15	24.03.15		
Northumberland Tyne and Wear NHS Foundation Trust	✓	✓	✓	✓	X	✓	5/6	83%
SSCB Business Unit	✓	✓	✓	X	✓	✓	5/6	83%
Children's Safeguarding, Sunderland City Council (SCC)	✓	✓	✓	✓	✓	✓	6/6	100%
Risk and Resilience (SCC)	✓	✓	✓	✓	X	✓	5/6	83%
Support and Intervention (SCC)	✓	✓	✓	✓	✓	X	5/6	83%
Sunderland Youth Offending Service (SCC)	✓	✓	✓	X	X	✓	4/6	67%
Independent Reviewing Team (SCC)	✓	✓	✓	✓	✓	✓	6/6	100%
Health, Housing and Adult Services (SSAB Rep)	✓	✓	✓	✓	✓	✓	6/6	100%
National Probation Service	✓	X	X	X	X	X	1/6	17%
Sunderland Clinical Commissioning Group	✓	✓	✓	✓	✓	✓	6/6	100%
Northumbria Police	✓	✓	✓	✓	✓	✓	6/6	100%
SCARPA	X	✓	X	✓	✓	✓	4/6	67%
Safer Sunderland Partnership (SCC)	X	X	✓	✓	✓	✓	4/6	67%

Joint SSCB/SSAB Legal, Policy and Procedures Sub-committee							
Agency Represented	**Date of Meeting**					**Attended**	**% Attendance**
	12.06.14	04.08.14	06.10.14	01.12.14	02.02.15		
SSCB Business Unit	✓	X	✓	X	✓	3/5	60%
Children's Safeguarding, Sunderland City Council (SCC)	✓	X	X	✓	X	2/5	40%
Commissioning Rep (SCC)	✓	✓	X	X	✓	3/5	60%
Legal Rep (SCC)	✓	✓	X	✓	X	3/5	60%
Youth Offending Service (SCC)	X	X	✓	X	✓	2/5	40%
Northumberland Tyne and Wear NHS Foundation Trust	X	X	X	X	✓	1/5	20%
Sunderland Clinical Commissioning Group	✓	✓	✓	✓	✓	5/5	100%
City Hospitals Sunderland	X	X	✓	X	X	1/5	20%
Northumbria Police	✓	X	✓	X	X	2/5	40%
Early Intervention Services (SCC)	✓	✓	X	X	✓	3/5	60%
South Tyneside NHS Foundation Trust	✓	X	X	✓	✓	3/5	60%
National Probation Service	✓	X	X	X	X	1/5	20%
Health, Housing and Adult Services (SSAB Rep)	✓	✓	✓	✓	✓	5/5	100%

Joint SSCB/SSAB Communication and Marketing Sub-committee								
Agency Represented	**Date of Meeting**						**Attended**	**% Attendance**
	16.05.14	18.07.14	19.09.14	14.11.14	16.01.16	06.03.16		
SSCB Business Unit	✓	✓	✓	X	✓	✓	5/6	83%
Children's Safeguarding, Sunderland City Council (SCC)	X	X	X	✓	✓	✓	3/6	50%
Anti-Bullying Co-Ordinator (SCC)	✓	✓	✓	✓	✓	X	5/6	83%
Community Safety Representative (SCC)	✓	✓	✓	✓	X	✓	5/6	83%
Communications Team (SCC)	✓	X	✓	✓	✓	✓	5/6	83%
Sunderland Clinical Commissioning Group	✓	X	✓	X	✓	✓	4/6	67%
City Hospitals Sunderland NHS Foundation Trust	✓	✓	X	✓	✓	✓	5/6	83%
Northumbria Police	X	X	X	X	X	✓	1/6	17%
South Tyneside NHS Foundation Trust	✓	✓	✓	✓	✓	✓	6/6	100%
Health, Housing and Adult Services (SSAB Rep)	X	✓	✓	✓	✓	X	4/6	67%
Sunderland Carers Association	✓	X	✓	✓	✓	✓	5/6	83%

Joint SSCB/SSAB Training and Workforce Development Sub-committee					
Agency Represented	**Date of Meeting**			**Attended**	**% Attendance**
	15.05.14	04.09.14	31.10.14		
SSCB Business Unit	✓	X	✓	2/3	67%
Workforce Development, Sunderland City Council (SCC)	X	X	✓	1/3	33%
Sunderland Clinical Commissioning Group	X	✓	✓	2/3	67%
City Hospitals Sunderland NHS Foundation Trust	X	X	X	0/3	0%
Northumbria Police	X	X	X	0/3	0%
Northumberland Tyne and Wear NHS Foundation Trust	✓	✓	X	2/3	67%
South Tyneside NHS Foundation Trust	X	X	X	0/3	0%
Tyne and Wear Care Alliance	X	X	✓	1/3	33%
Health, Housing and Adult Services (SSAB Rep)	✓	✓	✓	3/3	100%

Glossary

Child Death Reviews – It is a statutory requirement for LSCBs to review the circumstances of the deaths of every child under the age of 18 years, who would normally reside in their area. This is in order to identify any issues – known as "modifiable factors" - that, if changed, could help to reduce the risk of injury or death in other children, although we cannot say that they would have prevented the particular child from dying. Child deaths are reviewed by Child Death Overview Panels (CDOPS).

The Common Assessment Framework (CAF) - a standardised approach to assessing children and young people's needs for services. It aims to help all those whose work brings them into contact with children and families to identify and support children with unmet needs.

Disabled child or young person - someone up to the age of 25 with a physical, sensory, communication, behavioural or learning disability, or a long-term or life-limiting condition. This may also include children with more significant mental health problems.

Health and Wellbeing Board (HWBB) – This partnership is a requirement of the Health and Social Care Bill 2012 which requires a Health and Wellbeing Board to be developed as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The Sunderland HWBB has the vision of achieving the "best possible health and wellbeing for Sunderland ….by which we mean a city where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities".

Looked After Children -The term 'looked after children and young people' is used to describe those children who are in the care of the local authority. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents. Looked after children are also sometimes referred to as children in care.
The local authority's duty to meet the social care needs of looked after children is set out in the 1989 Children Act and subsequent amendments. Sunderland City Council are currently fulfilling their statutory functions in acting as act as Corporate Parents for the children in their care.

Safeguarding - the process of protecting children from abuse or neglect, preventing impairment of their health or development and ensuring they are growing up in circumstances providing safe and effective care, which enables them to have optimum life chances and enter adulthood successfully (Working Together 2015). This extends beyond arrangements for child protection planning and incorporates early help. Early help is used to describe supporting interventions for families where a large level of need is identified.

Significant Harm - The Children Act 1989 introduced the concept of significant harm as the threshold which justifies compulsory intervention in family life in the best interests of children. Section 47 of the Act places a duty on local authorities to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is

likely to suffer significant harm. ‘Harm’ means ill treatment or the impairment of health or development, including for example impairment suffered from seeing or hearing the ill treatment of another; ‘Development’ means physical, intellectual, emotional, social or behavioural development; ‘Health’ means physical or mental health; And ‘Ill treatment’ includes sexual abuse and forms of ill treatment that are not physical.

Young Carers - a young person (under the age of 18 years of age) who cares for or gives support to someone at home such as their parent, sister, brother, grandparent or a family friend. This care could include looking after someone who is unwell, disabled or has a mental health problem, or providing care for and support to a member of the family affected by drug or alcohol misuse. The care provided could involve a young carer helping with washing, dressing, shopping, cooking, dealing with money and bills, cleaning, giving medicine, or providing emotional support.

Information sources

- Anti-Bullying Strategy 2014-16
- Sunderland Joint Strategic Needs Assessment (April 2015)
- http://learning.sunderlandschools.org/index.php/anti-bullying-events

Item No. 9(ii)

SUNDERLAND HEALTH AND WELLBEING BOARD 20 November 2015

SUNDERLAND SAFEGUARDING ADULTS BOARD (SSAB) ANNUAL REPORT

Report of the Independent Chair of SSAB

1.0 Purpose of the Report

1.1 The purpose of the report is to present the Sunderland Safeguarding Adults Board (SSAB) Annual Report 2014-15 to members of the Health and Wellbeing Board.

2.0 Background

2.1 SSAB is the key statutory mechanism for agreeing how relevant organisations will co-operate to safeguard and promote the welfare of adults living in Sunderland who are at risk of abuse and neglect. The Board has a written Memorandum of Understanding that outlines governance arrangements, role of Board members, structure including , its Sub Committees. Further information can be found at www.alertabuse.org.uk

2.2 The SSAB has worked with other local boards and partnerships in 2014/15 to ensure that issues of safeguarding adults at risk of abuse and neglect are appropriately considered and afforded appropriate priority by the partners, and to ensure that work is co-ordinated and efficient.

2.3 These partners include the Health and Wellbeing Board, Safeguarding Children Board, Safer Sunderland Partnership and the Domestic Violence Partnership. The SSAB's Strategic Plan sets out the 2015-16 high-level priorities for safeguarding adults, and the SSAB Delivery Plan sets out the strategy and actions to achieve these. The SSAB Performance Report is used to monitor the actions taken to address the priorities and the outcomes for adults at risk of abuse and neglect in Sunderland, and hold partners to account for their various contributions to these processes.

2.4 The Care Act 2014 Guidance[1] states that the Safeguarding Adults Board must publish an Annual Report that must clearly state what both the SAB and its members have done to carry out and deliver the objectives and other content of its strategic plan; and that this annual report should be submitted to the Chief Executive and the Leader of the Council, the Police and Crime Commissioner and the Chief Constable, the local Healthwatch and the Chair of the Health and Well-Being Board. Whilst the 2014-15 Annual Report does not reference the strategic plan as the Annual Report year covers a time period which pre-dates the requirement for this; it does cover what activity the SSAB has been involved

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

in during 2014-15 to safeguard adults at risk of abuse and neglect, and is being shared with the relevant individuals and partnerships listed above as good practice. Future Annual Reports will follow the full format required by the Care Act.

3.0 Body of report

3.1 Sunderland is a large city in the North-East of England with a population of 276,110. Sunderland is the 41st most deprived Local Authority area in England.[2]

3.2 The Annual Report details that the SSAB has undertaken a number of actions within its Delivery Plan in 2014/15 including the development of multi-agency audit tools and a multi-agency approach to review and update relevant safeguarding adults procedures and developed a Quality Assurance and Performance Framework and a Learning & Imporvement in Practice Framework, and revised the Safeguarding Adult Review Protocol (formerly the Serious Case Review Protocol).

3.3 The SSAB Learning and Improvement in Practice Sub Committee initiated one Serious Case Review (now called Safeguarding Adult Reviews as per the Care Act requirements) during the time period and will report on the learning from this case in due course. In addition, a number of other reviews have been undertaken: management review, root cause analysis process.

3.4 The overall budget position for the SSAB for 2014/15 is a balanced budget. The climate of working towards efficiency savings in agencies continues to have an impact on the safeguarding infrastructure.

3.5 A Local Government Association Peer Challenge took place in March 2014 which had a themed focus on Safeguarding Adults activity. It made a number of recommendations under 3 headings; Safeguarding Adults Board, Safeguarding:Delivery & Effective Practice, and Case File Audit: People's Experiences of Safeguarding, which were taken forward.

4.0 Recommendations

4.1 The Health and Wellbeing Board are asked to note the contents of the SSAB Annual Report 2014/15.

Contact Person for Report	
Name	Colin Morris
Designation	SSAB Chair
Agency/Organisation	SSAB
Telephone Number	C/O 0191 561 8989 or 561 8984
Email	c/o strategic.safeguarding@sunderland.gov.uk

[2] Index of Multiple Deprivation (IMD) 2010

Sunderland Safeguarding Adults Board (SSAB) Annual Report

The Effectiveness of Safeguarding Adults Arrangements in Sunderland

1st April 2014 – 31st March 2015

CONTENTS

This report is also available on the SSAB Website www.alertabuse.org.uk

SECTION 1: FOREWORD BY SUNDERLAND SAFEGUARDING ADULTS BOARD (SSAB) INDEPENDENT CHAIR

It is with great pleasure that I present to you the Annual Report for Sunderland's Safeguarding Adults Board for 2014-15.

I have no doubt whatsoever that 'safeguarding' those who are most vulnerable in our communities – be they children, young people, or adults – represents one of the greatest challenges and responsibilities for those who work in this most demanding areas of public service. When everything goes well and these responsibilities are discharged appropriately then all passes without even a passive recognition. Get it wrong and implications and ramifications can be immeasurable, often condemning those involved to a lifetime of misery and in some instances, much worse. We only need to look at the scandal surrounding Winterbourne View as a stark reminder of just how vulnerable a small, but important, portion of our community is.

This has been an important year in which adult safeguarding has been drawn into the public eye as safeguarding adults boards assumed statutory status placing adults at risk of harm on an equal footing with children and young people to enable them to live their lives free from abuse, neglect, and discrimination.

Sunderland had already been well placed to embrace this change in status. The Safeguarding Adults Board had already been functioning for a number of years and had focussed much attention in the run up to Care Act implementation to ensure an almost seamless move into its statutory undertaking. This of course does not progress without cost – there are significant funding implications associated with running the statutory board – which need to be shared across a broader partnership of agencies. Gone are the days that the Local Authority and the Clinical Commissioning Group can carry the funding burden.

It is important that I recognise the considerable commitment of all partner organisations represented around the Board table. This comes at a time of increased austerity not only for the general public but across all services charged with safeguarding responsibilities arising in part due to the significantly reduced funding allocations but also due to organisational changes and reconfigurations. Despite this, progress has been made on a number of fronts:

- Important work has been progressed around reforming the Hostels Strategy in order to make sure the hostel 'backstop' is of suitable quality and supply to meet the needs of very vulnerable homeless adults.
- A great deal of effort has been deployed working with private residential home providers to ensure their services are of such standard to enhance and improve life chances rather than the reverse.
- A performance framework is under refinement to enable Board members to understand how effective safeguarding services are operating, where the problem areas are, the levels and frequencies of referrals, and what, if anything, requires remedy.

During 2014/15 the SSAB also commissioned and subsequently published a Serious Case Review. Such decisions are not taken lightly but in doing so the Board demonstrated its determination to learn lessons and improve.

We are of course already well into the current year's work programme, and the SSAB Delivery Plan and its identified objectives. These are:

Key Objective 1: Promote the active involvement of service users, their carers, their families and their advocates
Key Objective 2: Ensure Effective Leadership is in Place
Key Objective 3: Secure citywide consistency in safeguarding
Key Objective 4: Promote a learning culture around safeguarding
Key Objective 5: Performance Management of the SSAB safeguarding adults activity and outcomes
Key Objective 6: Respond to the Care Act Developments

We must continue to work together to strengthen our collective resolve to improve the quality of our safeguarding services. Individual fragmentation will open up opportunities for our Partnership to be exploited and, as a consequence, undermine everything that is good in Sunderland. Our strength is working as one.

In ending I must put on record my thanks to all members of the Safeguarding Board and Executive for their continued commitment, support, and active involvement in the Boards work. This includes all of those working in the 'engine' room of the Board – the subcommittees – where most of the actual work takes place – in many instances without real recognition or acknowledgment. I must also thank the team of Council officers who do so much of the 'behind the scenes' work keeping the Board ticking over in a most effective way.

I look forward to working with everyone in our continued determination to safeguard those who are most vulnerable on our City.

Colin Morris
SSAB Independent Chair
September 2015

SECTION 2: EXECUTIVE SUMMARY

Sunderland Safeguarding Adults Board (SSAB) is the key statutory mechanism for agreeing how relevant organisations will co-operate to safeguard and promote the welfare of adults in Sunderland. The Board has a written Memorandum of Understanding that outlines governance arrangements, role of Board members, structure, etc and further information can be found at www.alertabuse.org.uk

The City of Sunderland

Sunderland is a large city in the North-East of England with a population of 276,110. Sunderland is the 41st most deprived Local Authority area in England[1]

Summary of SSAB Activity 2014-15

During 2014-15, the SSAB has:

- Commissioned 1 Serious Case Review, from which the Lessons Learnt have been shared
- Developed a new Delivery Plan with 6 Key Objectives that identify the main areas where it's efforts will be focused, and to drive the work programmes of the Sub Committees
- Reviewed its role and remit in light of the new Care Act changes which were imminent (Safeguarding Adults became statutory from 1st April 2015)
- Revised its Memorandum of Understanding and refreshed its Delivery Plan, and also drafted a Strategic Plan (required from 1st April 2015), ready to meet Care Act requirements
- Revised its governance, structure and membership (including that of its Sub Committees) ready to meet Care Act requirements
- Overseen the Business Management Group and Sub Committees' programmes of work, to ensure they continue to meet the Board's Key Objectives
- Made links with the Sunderland Safeguarding Children Board's activity to ensure a 'Whole Family Approach' is followed in relation to the aims and objectives that cut across both children and adults safeguarding arenas, e.g. transition issues, domestic violence, and sexual exploitation.

[1] Index of Multiple Deprivation (IMD) 2010

SECTION 3: SAFEGUARDING ARRANGEMENTS IN SUNDERLAND: ROLE AND FUNCTION OF SUNDERLAND SAFEGUARDING ADULTS BOARD (SSAB)

Sunderland Safeguarding Adults Board: Role & Function

Sections 42-46 of the Care Act 2014 require all Local Authorities to have a Safeguarding Adults Board (SAB) in place from 1st April 2015. The main objective of a SAB is to assure itself that the local safeguarding arrangements and partners act to help and protect adults in its area who meet the Care Act safeguarding criteria. The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. From 1st April 2015, a SAB will have 3 core duties:

1. It **must** publish a strategic plan for each financial year that sets out how it will meet its main objective and what members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.

2. It **must** publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews (SARs) and any subsequent action.

3. It must conduct any SAR in accordance with Section 44 of the Act.

Chapter 14 of the Care Act Guidance sets out the functions and directions relevant to SAB's. A copy of this Guidance can be found at:
https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation

Chairing Arrangements

The SSAB Independent Chair has been in the role since 2010. He was also (following the planned retirement of the previous Chair) appointed as the new Chair of the Sunderland Safeguarding Children Board (SSCB) in July 2014.

Review of SSAB Arrangements 2014-2015

A full review was undertaken of the SSAB arrangements in 2014-2015. A SSAB development event on 16th September 2014 discussed and identified a range of 'must do' issues to ensure that the SSAB was fit for purpose to meet future challenges. It was agreed that the SSAB had to refocus on meeting its core strategic responsibilities and the Board membership was changed to reflect this

The following tasks were identified as part of this work:

- A review of Board membership
- A review of the Business Management Group functionality

- A review of Sub Committee membership
- Development of a performance scorecard
- A review of the role and functionality of business support to the SSAB

As part of this work a review of the Sub Committees supporting both the SSCB and SSAB was undertaken which found that most chairs and representative of Sub Committees perceive the merged Sub Committees to be functioning well and that these should continue. Reservations were noted from the non-merged Quality Assurance Sub Committees and the Learning and Improvement in Practice Sub Committees that their volume of work, specific focus and development of frameworks means that they are not currently in a position to merge. It found that the work of the joint Communication and Engagement Sub Committee should be strengthened and re-named the joint Communications and Engagement Sub Committee. At the same time as the SSAB review, a full review was undertaken of the SSCB and changes across the SSAB were mirrored across the SSCB.

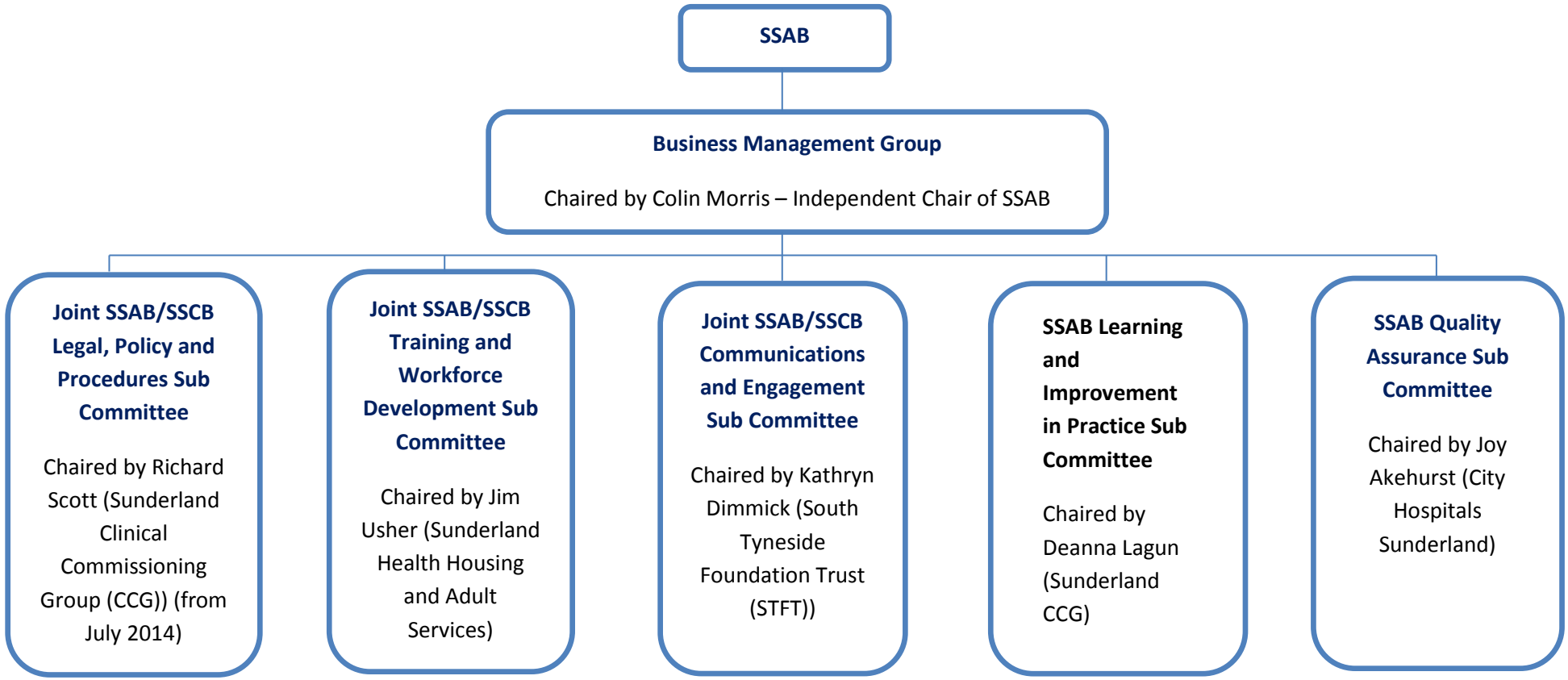
Reviewing and remodelling membership at Board level to ensure a forward looking strategic focus is crucial. Similarly, ensuring that the operational work of the Board receives sufficient time and focus is also crucial. Thus the proposed changes to both SSAB and SSAB Executive (formerly known as Business Management Group) were proposed as a way of making the required improvements.

The following was proposed and agreed at the SSAB in January 2015:

- The proposed changes to the membership of the SSAB – establishing membership at Chief Executive or equivalent
- The SSAB will meet on four occasions per year, of which one should be jointly with the SSCB
- The creation of the SSAB Executive (and the subsequent deletion of the current Business Management Group (BMG) – chaired by the SSAB Chair and having a key focus on the operational agenda for the safeguarding system
- The proposed membership of the SSAB Executive – to include previous members of the Board
- The changes identified by the Sub Committees review, including the proposed membership
- The proposed changes relating to the business support supporting both SSAB and SSCB – the plan being to move to one unit supporting the function of both Boards to streamline processes and minimise duplication.

SCOPE

Sunderland Safeguarding Adults Board (SSAB) is the key statutory focus and mechanism for agreeing how relevant organisations will co-operate to safeguard and promote the welfare of Adults at Risk of abuse and neglect in Sunderland.



For further information on the function, structure and responsibilities of the Board please go to the SSAB webpages at www.alertabuse.org.uk

SECTION 4: GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

SSAB Multi-Agency Agreement and Memorandum of Understanding

The Board has a written constitution – the Multi-Agency Agreement and Memorandum of Understanding – detailing the governance arrangements, role of Board members, SSAB structure, terms of reference and membership. This can be found at www.alertabuse.org.uk.

SSAB Governance and Assurance

The SSAB has a Delivery Plan, which details the actions that will be taken to meet the Objectives, and which Sub Committee is responsible for taking the work forward. From 1st April 2015, the Care Act also requires Safeguarding Adults Boards to have a Strategic Plan which outline their Key Objectives for each year, and this has been developed by the SSAB ready for the 2015-16 year.

Relationship with Key Partnerships

Our SSAB works closely with other statutory partnerships in Sunderland including:

Sunderland Health and Wellbeing Board (HWBB)

The HWBB Board is responsible for producing both the Joint Strategic Needs Assessment (JSNA) and the HWBB Strategy. Following the formal establishment of the Health and Wellbeing Board, the governance arrangements between the Boards were reviewed to define the role and remit of each Board and their interrelationship with one another. A 'Framework of Co-operation' has been developed for the HWBB, SSAB and Sunderland Safeguarding Children Board (SSCB).

Safer Sunderland Partnership (SSP) - Joint work in relation to Domestic Violence, Violence against Women and Girls (VAWG) and Sexual Exploitation.

Sunderland Safeguarding Children Board (SSCB) – The SSAB and SSCB have had the same Independent Chair from July 2014 following the planned retirement of the previous SSCB Chair in June 2014. The purpose of appointing the same independent chair for both Boards was to strengthen the interface between safeguarding adults and children and to promote a 'Whole Family' approach to safeguarding. Further information on the Sunderland Safeguarding Children Board can be found at www.sunderlandscb.com.

SECTION 5: WORK OF THE SSAB AND ITS SUB COMMITTEES 2014-2015

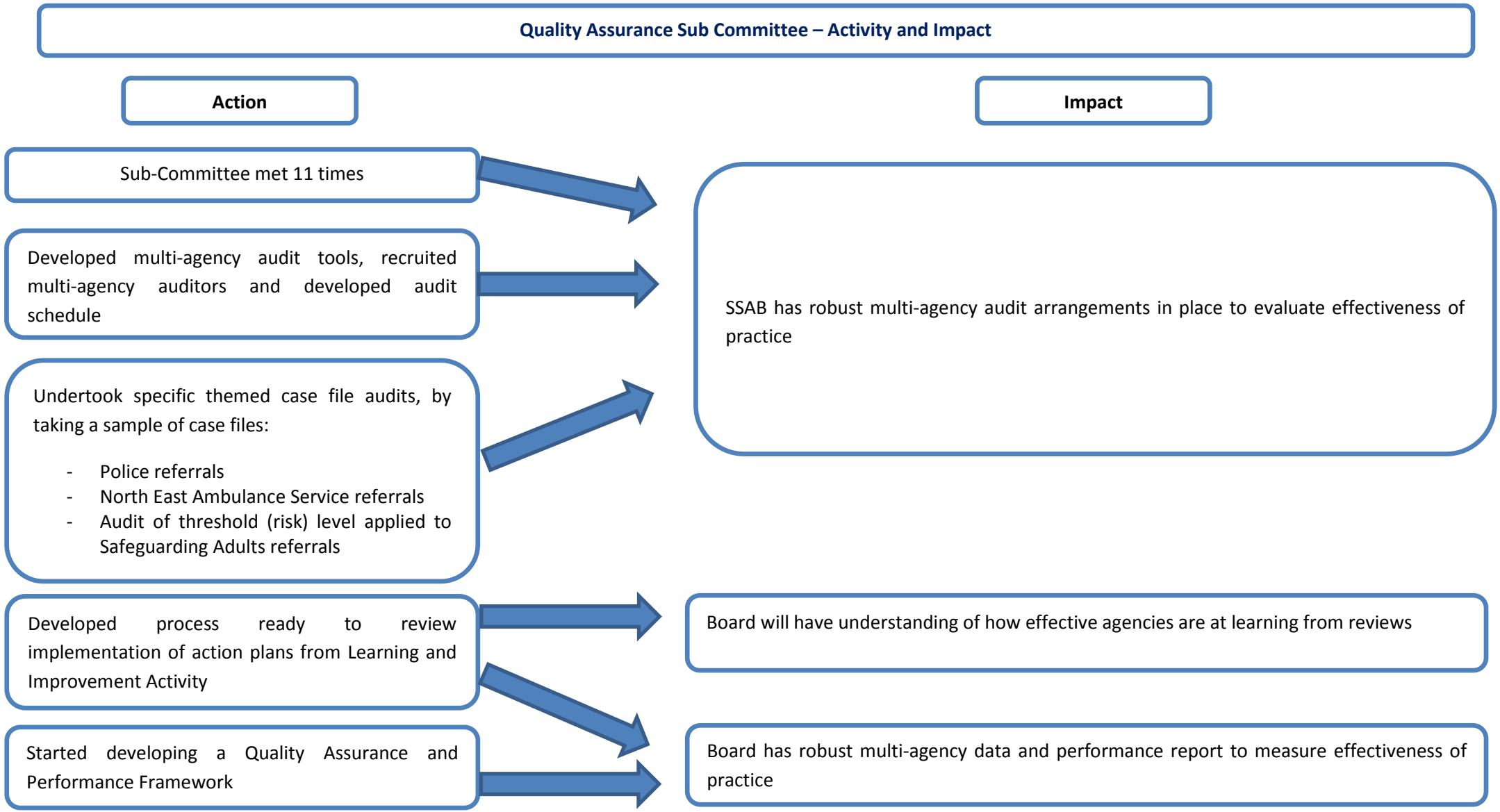
SSAB – Activity and Impact

Action	Impact
SSAB held 8 meetings (one of which was an Extraordinary meeting) and signed off 1 SCR	• Membership at the most senior level to improve accountability and ownership across the partnership • Arrangements in place to progress strategic and operational priorities • Robust assessment of effectiveness of the safeguarding systems • Identified priorities for SSAB Delivery Plan 2015 – 2017 • Statutory requirement met
Review of Board Governance • Survey on the functioning of Sub-Committees • New Membership at Chief Executive level • Planning for and establishment of SSAB Executive Group (ready to replace Business Management Group from April 2015) • Preparation for new statutory (Care Act 2014) Board structure changes post-April 2015	

Business Management Group – Activity and Impact

Action	Impact
Group met 6 times	• Progressed review of SSAB Governance arrangements • Monitored progress of Sub Committees work programmes

Quality Assurance Sub Committee – Activity and Impact



SSAB Learning and Improvement in Practice Sub Committee – Activity and Impact

Learning and Improvement Framework – Our SSAB has a Learning and Improvement Framework. This was developed as good practice, to mirror the arrangements in place for SSCB, which is required to have this Framework in place from Working Together 2015. This enables a consistent Learning & Improvement approach across both safeguarding arenas.

Serious Case Reviews	Impact
• Sub Committee met 6 times • 0 meetings cancelled • In addition, 5 scoping meetings were held: o One resulted in the initiation of a Serious Case Review o One resulted in the initiation of a Management Review o One meeting resulted in the implementation of a multi-agency action plan	SSAB met Statutory Requirements
Published the Serious Case Review Lessons Learnt Report in relation to person 'J' in November 2014	SSAB is open, transparent and demonstrates a learning culture
Explored the different models of Serious Case Review such as Significant Incident Learning Process (SILP) and hybrid versions of the Social Care Institute for Excellence (SCIE) model. The models have a specific focus on the involvement of practitioners and managers involved in the case	SSAB understands strengths and challenges of different models
Developed SSAB Serious Case Review model, and revised it to take account of legislation (Care Act 2014) changes for safeguarding from April 2015, i.e. new Safeguarding Adults Review (SAR) criteria	SSAB has robust, streamlined process and manages Serious Case Review (and Safeguarding Adult Review going forward from April 2015) process to high standard

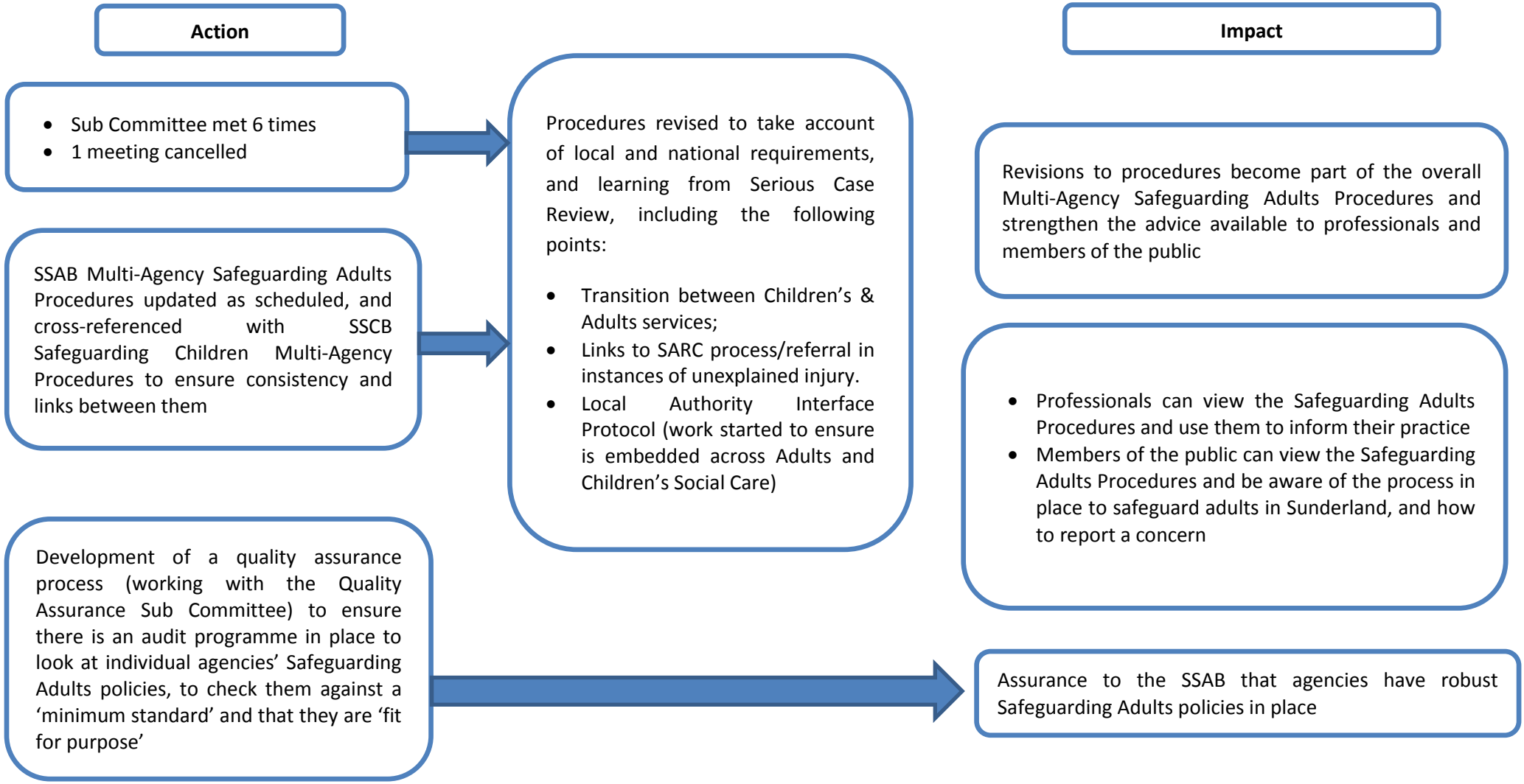
Joint SSAB/SSCB Communications and Engagement Sub Committee – Activity and Impact

Action		Impact
• Sub Committee met 7 times • 0 meetings cancelled	Action Plan developed that links directly to both SSAB and SSCB Delivery Plans. Meetings are also a forum to discuss and agree dissemination of key messages around adult safeguarding	• Actions carried out by the Sub Committee progressed the SSAB Delivery Plan • Safeguarding Adults key messages were disseminated • Participation in regional Safeguarding Adults Awareness raising week/activity.
Whole Family Conference Task & Finish Group established from several Sub Committee members	Whole Family Conference planned and held 20 May 2014	• Professionals informed about current safeguarding issues and also have key networking opportunities with other organisations' staff who have a responsibility for safeguarding within their organisation • Topics covered at the Conference linked directly with SSAB priorities • Learning from Serious Case Reviews was shared
Task & Finish Group established from several Sub Committee members to co-ordinate the MCA and DoLS conference, funded by Sunderland and South Tyneside CCGs	MCA and DoLS Conference planned and held 11 February 2015	

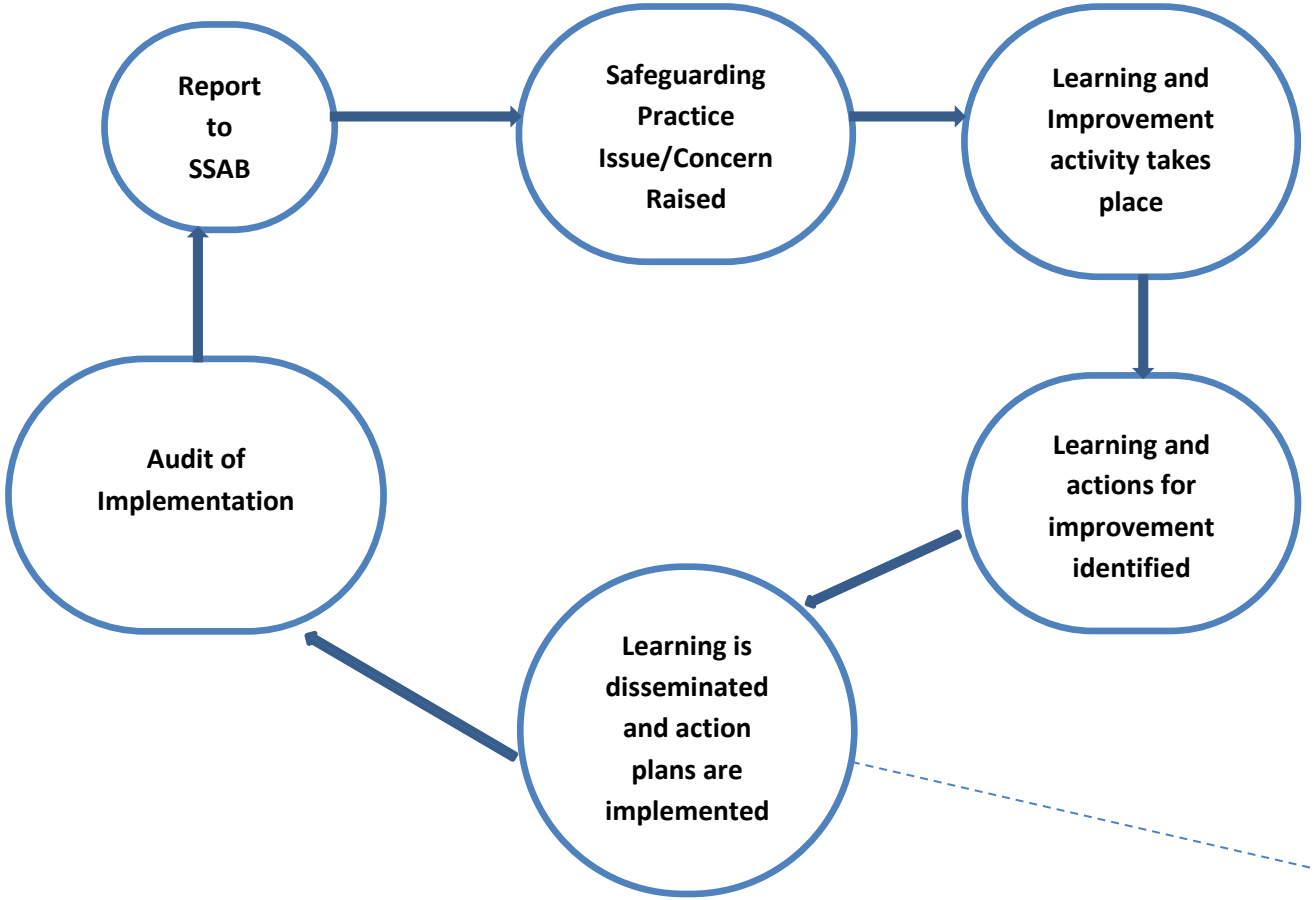
Joint SSAB/SSCB Training and Workforce Development Sub Committee – Activity and Impact

Action	Impact
• Sub Committee met 4 times • 2 meetings cancelled	SSAB Training Strategy 2015 – 2016 drafted – future training on Safeguarding Adults topics can be planned, commissioned and delivered in a timely manner
Safeguarding Adults multi-agency training reviewed and re-commissioned, with a focus on promoting the key messages around the new safeguarding adults referral process and the revised threshold guidance tool, as well as sharing key messages from Serious Case Reviews	Learning from Serious Case Reviews is included in all SSAB Training – learning from SCRs is shared with professionals to promote and embed good practice going forward
	Work started to look at developing a Training Needs analysis – training on Safeguarding Adults topics will be continued or developed which meets professionals' training needs
Safeguarding Awareness 'Alerter' e-learning course available	**400** staff completed course – a significant number of professionals have been trained on key Safeguarding Adults topics
37 SSAB training sessions delivered in 2014-15, covering Safeguarding Adults and Mental Capacity Act & Deprivation of Liberty Safeguards topics	The majority of people where able to attend the course dates they requested – if not they were offered an alternative date – a significant number of professionals have been trained on Safeguarding Adults topics relevant to their role

Joint SSAB/SSCB Legal, Policy and Procedures Sub Committee – Activity and Impact



SSAB Learning and Improvement Cycle



Learning and Improvement exercise:

- Data Set Review
- Deep Dive
- Serious Case Review
- Multi-Agency Audit
- Single Agency Audit
- Impact of quality assurance of training
- Root Cause Analysis
- Learning Lessons Review
- After Action Review

Methods of embedding learning:

- Learning and Improvement Workshops
- Briefing Notes
- Procedure Updates
- Publications of Findings and Overview Report
- SSAB Annual Report
- Team Meetings
- SSAB Training

SECTION 6: SSAB KEY OBJECTIVES

Why is Key Objective 1 important?

- To ensure adults at risk of abuse and neglect are safeguarded in the community and in establishments such as care homes and hospitals through an approach across all Partners that is clearly focused on intervention and prevention to achieve outcomes.
- To ensure people experiencing safeguarding services are treated sensitively and with dignity and respect through the delivery of

What do we want to achieve?

- Ensuring people in Sunderland know what to do if abuse or neglect happens
- Preventing abuse and raising general awareness
- Access to information, advice and guidance
- Safeguarding Website pages
- Enabling people's voices to be heard within the processes
- Involving people in quality assurance and using the feedback to alter and refine services

Key Objective 1: Promote the active involvement of service users, their carers, their families and their advocates

What do we still need to do?

- Build on existing communications & engagement processes to ensure people in Sunderland know what to do if abuse or neglect happens
- Further raise awareness and promote prevention of abuse
- Refine access to information, advice and guidance
- Continually review & improve Safeguarding webpages
- Further develop processes to enable people's voices to be heard within safeguarding processes
- Further develop processes to involve people in quality assurance and use the feedback to alter and refine services

What have we achieved?

- Draft SSAB Quality Assurance and Performance Framework under development
- Forward plan for reporting performance data established
- Review of SSAB Threshold Guidance to ensure it encompasses Care Act (2014) requirements (including the duty to make enquiries)
- SSAB multi-agency training reviewed to ensure content robust and includes learning from Serious Case Reviews and clear guidance on how to make a referral, including using the Threshold (assessment of risk) Matrix Tool

Why is Key Objective 2 important?

- To ensure recognised and active leadership across all Partners – this strengthens and raises the profile of safeguarding adults
- To ensure safeguarding is embedded and clearly evidenced in corporate and service strategies across all Partners
- To ensure safe and cost effective commissioning across all Partners, enabling people to manage risks and benefits of care and support services

What do we want to achieve?

- Each organisation is clear about its role and responsibility in safeguarding adults and meets agreed national & local standards
- Regular dialogue & effective links with other Partnerships & agendas
- Regular review of SSAB structure and governance arrangements
- Development of a Reference Group – Carers, Service Users
- Information sharing protocols are in place and followed
- Ensure safeguarding is embedded within all commissioning documents
- Effective governance and work programme of the Board
- Ensure robust models of staff supervision are evidenced, contain common principles, and are focused upon support and improvement cycles

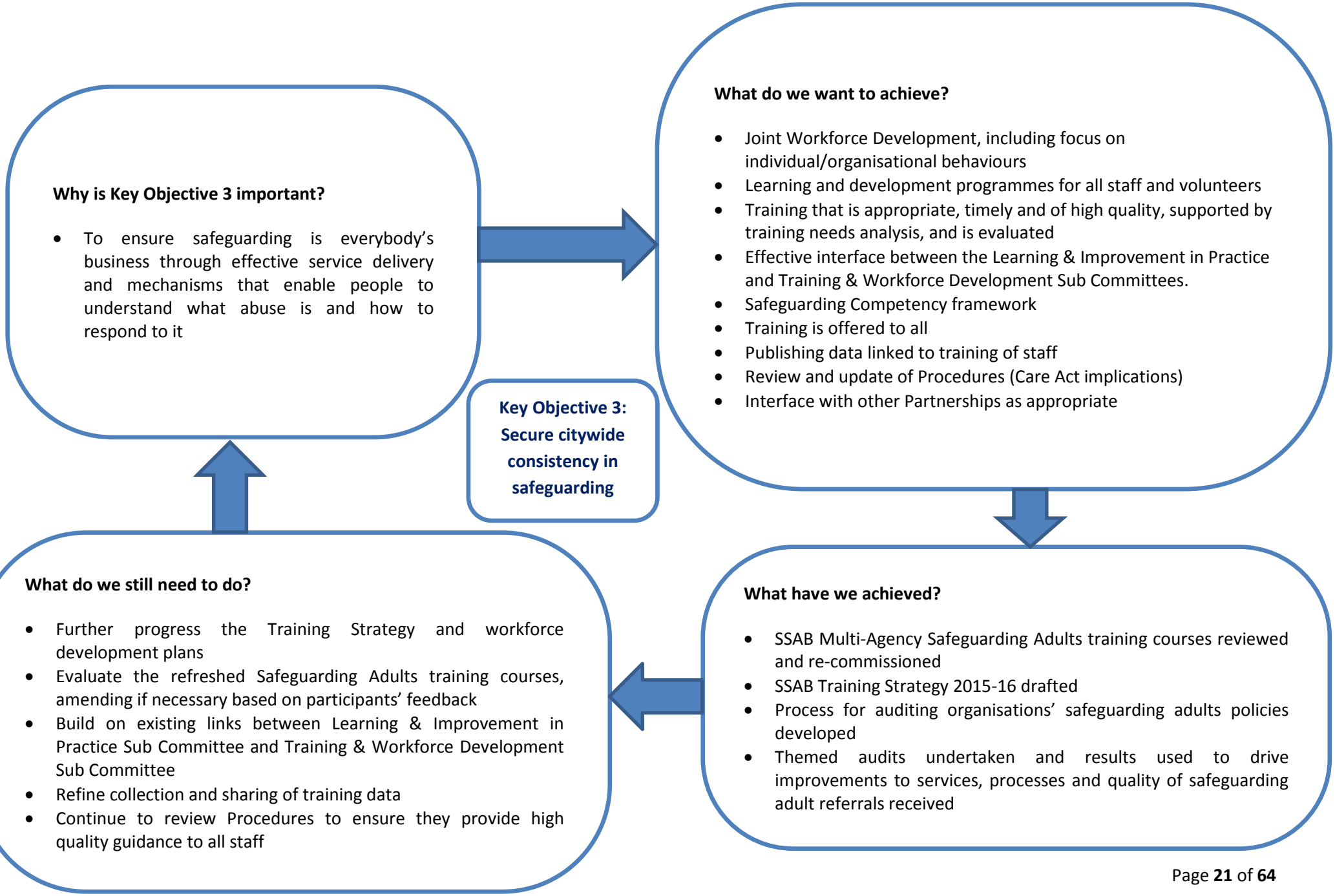
Key Objective 2: Ensure Effective Leadership is in Place

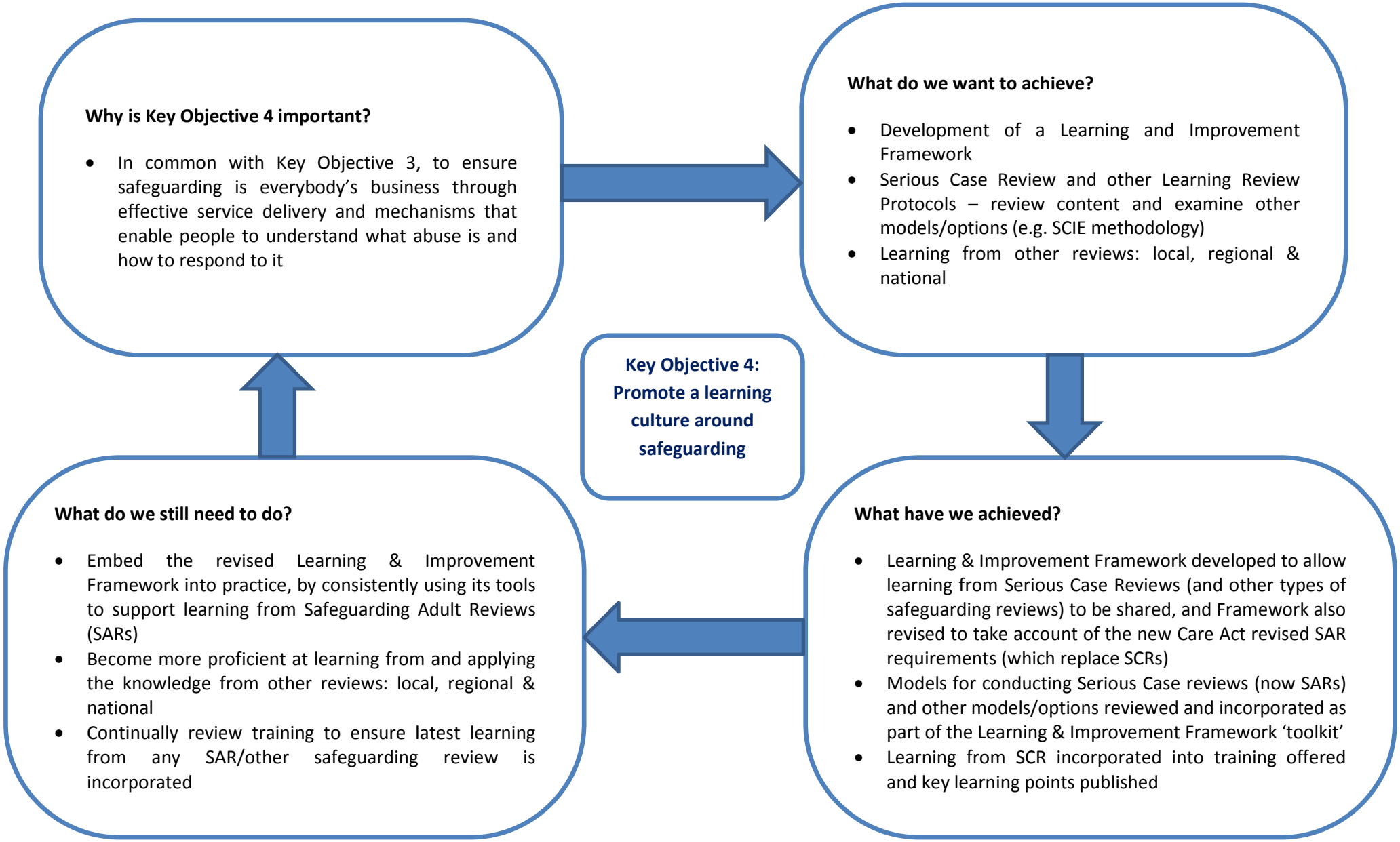
What do we still need to do?

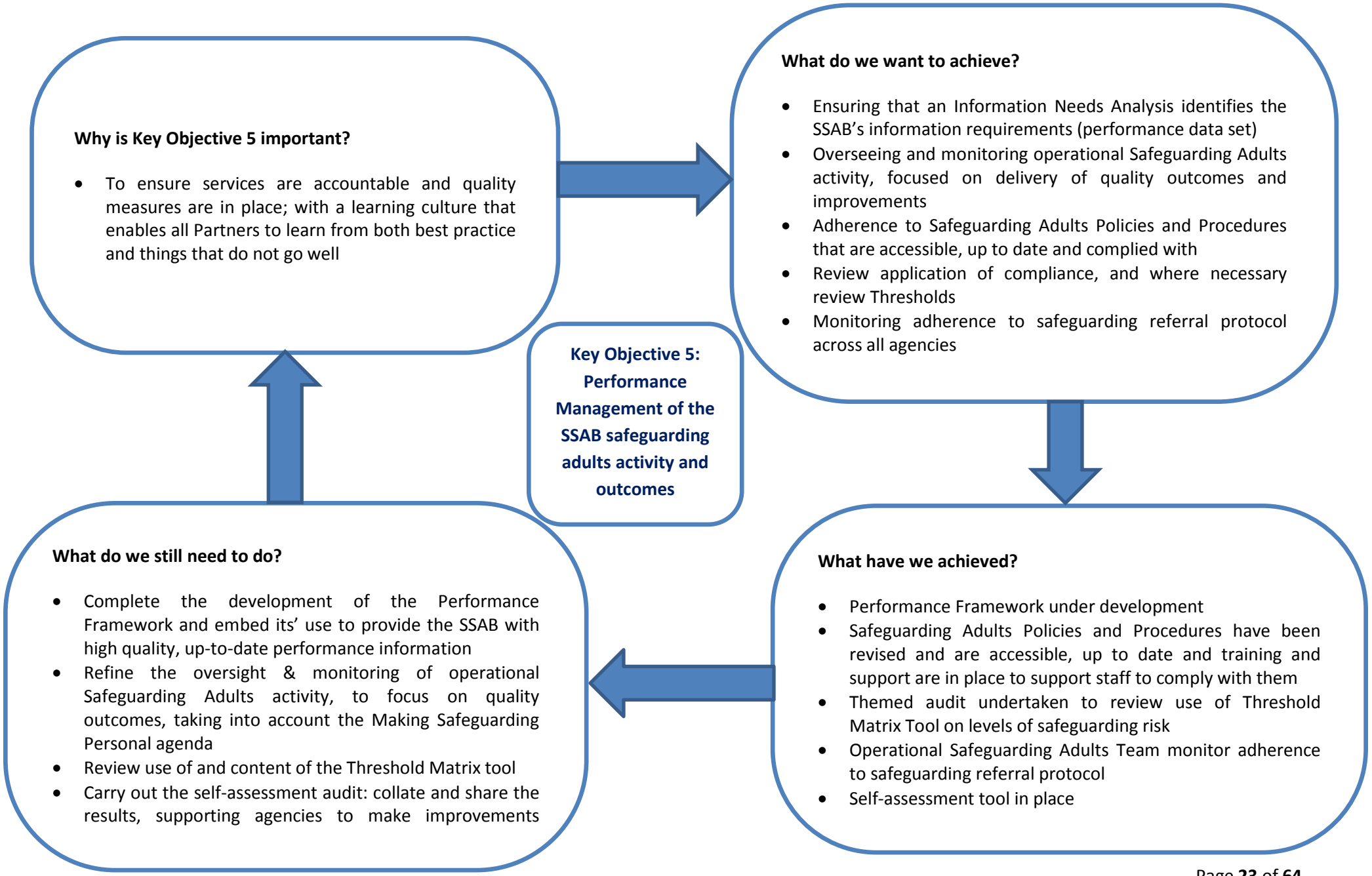
- Carry out a yearly audit of the SSAB in relation to its overall structure and governance arrangements, share the results and make any necessary changes
- Build on and further develop existing relationships with the Health & Wellbeing Board, the Domestic Violence Partnership, the Safer Sunderland Partnership and the Safeguarding Children Board
- Develop a Carer & Service User Reference Group

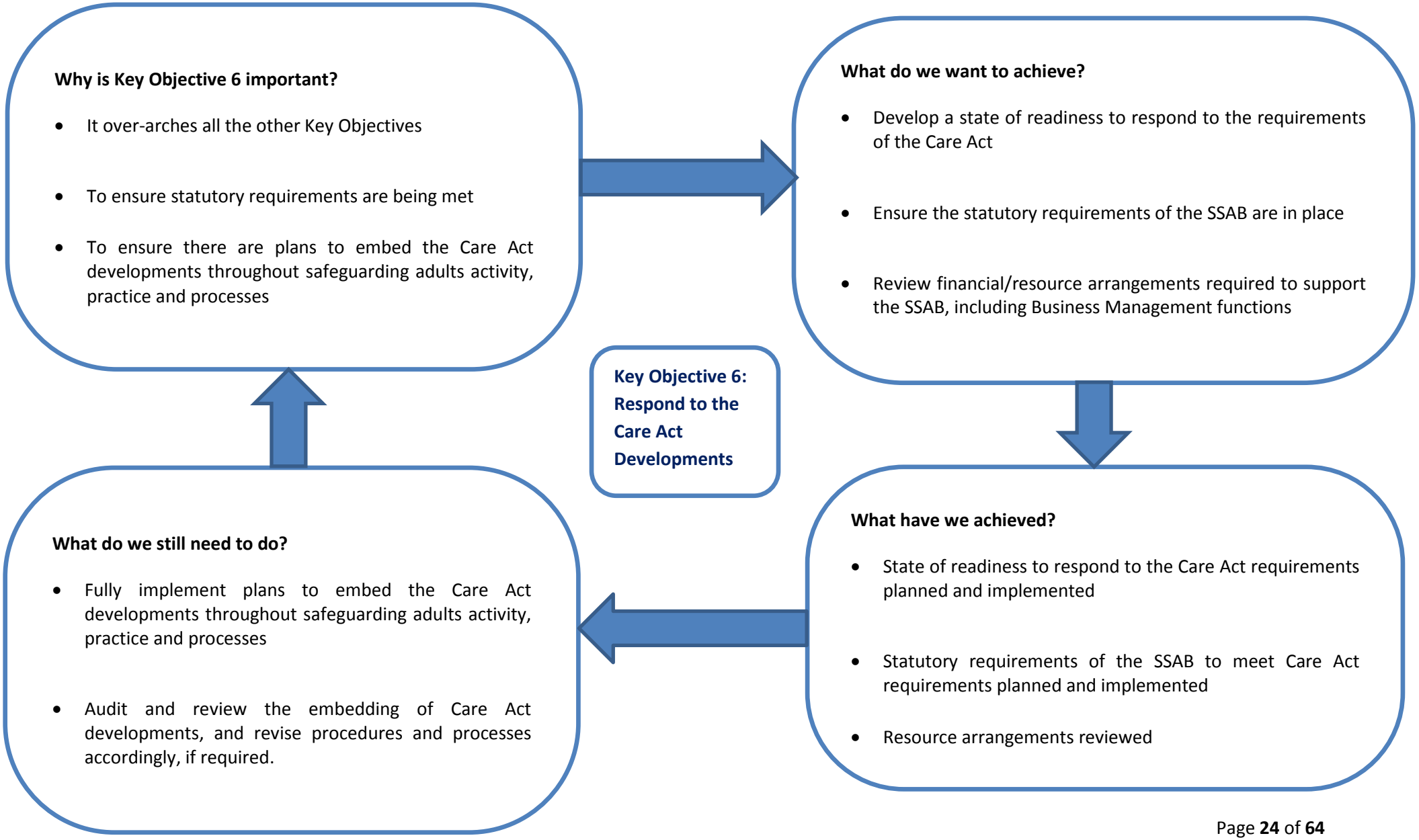
What have we achieved?

- Review of SSAB structure, membership and governance arrangements to ensure compliance with the statutory requirements of the Care Act (2014).
- Framework of Cooperation between the Health & Wellbeing Board, the SSAB & the SSCB established.
- Regular dialogue and updates exchanges between the SSAB and the Safer Sunderland Partnership
- Information sharing protocol is clearly set out in the Multi-Agency Safeguarding Adults Procedures
- SSAB work programme set out in the SSAB Delivery Plan


Why is Key Objective 3 important?
To ensure safeguarding is everybody's business through effective service delivery and mechanisms that enable people to understand what abuse is and how to respond to it
What do we want to achieve?
Joint Workforce Development, including focus on individual/organisational behaviours
Learning and development programmes for all staff and volunteers
Training that is appropriate, timely and of high quality, supported by training needs analysis, and is evaluated
Effective interface between the Learning & Improvement in Practice and Training & Workforce Development Sub Committees.
Safeguarding Competency framework
Training is offered to all
Publishing data linked to training of staff
Review and update of Procedures (Care Act implications)
Interface with other Partnerships as appropriate
Key Objective 3: Secure citywide consistency in safeguarding
What have we achieved?
SSAB Multi-Agency Safeguarding Adults training courses reviewed and re-commissioned
SSAB Training Strategy 2015-16 drafted
Process for auditing organisations' safeguarding adults policies developed
Themed audits undertaken and results used to drive improvements to services, processes and quality of safeguarding adult referrals received
What do we still need to do?
Further progress the Training Strategy and workforce development plans
Evaluate the refreshed Safeguarding Adults training courses, amending if necessary based on participants' feedback
Build on existing links between Learning & Improvement in Practice Sub Committee and Training & Workforce Development Sub Committee
Refine collection and sharing of training data
Continue to review Procedures to ensure they provide high quality guidance to all staff


Why is Key Objective 4 important?
In common with Key Objective 3, to ensure safeguarding is everybody's business through effective service delivery and mechanisms that enable people to understand what abuse is and how to respond to it
What do we want to achieve?
Development of a Learning and Improvement Framework
Serious Case Review and other Learning Review Protocols – review content and examine other models/options (e.g. SCIE methodology)
Learning from other reviews: local, regional & national
Key Objective 4: Promote a learning culture around safeguarding
What do we still need to do?
Embed the revised Learning & Improvement Framework into practice, by consistently using its tools to support learning from Safeguarding Adult Reviews (SARs)
Become more proficient at learning from and applying the knowledge from other reviews: local, regional & national
Continually review training to ensure latest learning from any SAR/other safeguarding review is incorporated
What have we achieved?
Learning & Improvement Framework developed to allow learning from Serious Case Reviews (and other types of safeguarding reviews) to be shared, and Framework also revised to take account of the new Care Act revised SAR requirements (which replace SCRs)
Models for conducting Serious Case reviews (now SARs) and other models/options reviewed and incorporated as part of the Learning & Improvement Framework 'toolkit'
Learning from SCR incorporated into training offered and key learning points published


Why is Key Objective 5 important?
To ensure services are accountable and quality measures are in place; with a learning culture that enables all Partners to learn from both best practice and things that do not go well
What do we want to achieve?
Ensuring that an Information Needs Analysis identifies the SSAB's information requirements (performance data set)
Overseeing and monitoring operational Safeguarding Adults activity, focused on delivery of quality outcomes and improvements
Adherence to Safeguarding Adults Policies and Procedures that are accessible, up to date and complied with
Review application of compliance, and where necessary review Thresholds
Monitoring adherence to safeguarding referral protocol across all agencies
Key Objective 5: Performance Management of the SSAB safeguarding adults activity and outcomes
What have we achieved?
Performance Framework under development
Safeguarding Adults Policies and Procedures have been revised and are accessible, up to date and training and support are in place to support staff to comply with them
Themed audit undertaken to review use of Threshold Matrix Tool on levels of safeguarding risk
Operational Safeguarding Adults Team monitor adherence to safeguarding referral protocol
Self-assessment tool in place
What do we still need to do?
Complete the development of the Performance Framework and embed its' use to provide the SSAB with high quality, up-to-date performance information
Refine the oversight & monitoring of operational Safeguarding Adults activity, to focus on quality outcomes, taking into account the Making Safeguarding Personal agenda
Review use of and content of the Threshold Matrix tool
Carry out the self-assessment audit: collate and share the results, supporting agencies to make improvements


Why is Key Objective 6 important?
It over-arches all the other Key Objectives
To ensure statutory requirements are being met
To ensure there are plans to embed the Care Act developments throughout safeguarding adults activity, practice and processes
What do we want to achieve?
Develop a state of readiness to respond to the requirements of the Care Act
Ensure the statutory requirements of the SSAB are in place
Review financial/resource arrangements required to support the SSAB, including Business Management functions
Key Objective 6: Respond to the Care Act Developments
What have we achieved?
State of readiness to respond to the Care Act requirements planned and implemented
Statutory requirements of the SSAB to meet Care Act requirements planned and implemented
Resource arrangements reviewed
What do we still need to do?
Fully implement plans to embed the Care Act developments throughout safeguarding adults activity, practice and processes
Audit and review the embedding of Care Act developments, and revise procedures and processes accordingly, if required.

SECTION 7: REVIEWS, PERFORMANCE & FINANCE

Overview of Local Government Association (LGA) Peer Challenge March 2014

The Executive Director of People Services and the SSAB Independent Chair commissioned an LGA Peer Challenge which took place in the week beginning 17th March 2014. Whilst the Peer Challenge looked at a range of areas across Adult Social Care Services, one of its key focus areas was Safeguarding Adults arrangements in Sunderland and its key ambition in relation to this was to test how far the Safeguarding Adults Board is implementing the Safeguarding Standards developed by LGA.

The Peer Challenge process looked at all aspects of Safeguarding Adults in Sunderland, from the operational process to the governance arrangements for the Board. It made the following recommendations:

Area for Consideration:	Progress/Outcome:
Local Safeguarding Board	
Memorandum of Understanding (MOU) document needs to be agreed to clarify role and responsibilities and arrangements with SSAB and other Boards	MOU amended to reflect this and content re-agreed by SSAB.
Immediate attention should be given to service user engagement and experience across the safeguarding agenda& safeguarding carers group	Work on developing engagement processes within operational safeguarding procedures has been taken forward. Still to be taken forward in full: work programme to be developed including annual sample of cases within safeguarding process; focussed work with individuals and their families. When reviewing referrals the Safeguarding and Social Care Governance Team continually promote service user engagement to those with front line contact, and are better at engaging people in the process and ensuring that the outcomes identified by the service user are considered. Work is ongoing to capture collated information regarding service user engagement. Operational guidance documents have been reviewed to ensure carer consideration is explicitly included. The Safeguarding and Social Care Governance Team have been developing a strategy for engagement and involvement covering the range of ways the views of people can be sought. The

	Team have also been working on producing appropriate information to assist understanding, which will be compliant with the Care Act. Work plan linked to audit is addressed in QA Sub Committee. Themed audits involving specific agencies and threshold levels have taken place, and outcomes from these used to improve processes.
Partner funding needs to be secured as the SSAB becomes statutory	Discussion took place at May 2014 Board regarding the funding of the SSAB infrastructure. Contributions continue to be made by the CCG and Probation Service. Northumbria Police are looking at what their funding contribution could be. Other organisations continue to support the work of the SSAB through 'payments in kind' e.g. being an Independent Chair of a Safeguarding Adults Review or providing free of charge meeting rooms for Sub Committee meetings.
There needs to be a more consistent use of metrics and outcomes by SAB	Safeguarding Performance Framework being developed – initial work already done to identify current data set & undertake data clean-up exercise to improve existing data collection.
Seek better co-ordination between the SSAB and SSCB whilst ensure the two very different development priorities of these boards are completed	Review of subcommittees completed to support plans for future co-ordination of the SSAB and SSCB priorities.
In the light of being an outlier, the SSAB needs to understand the profile of Sunderland City Council with regards to safeguarding data and associated benchmarking	Safeguarding Dashboard will support the Board to better understand the profile in Sunderland – comparative analysis will be built into the dashboard (part of the work to develop the Safeguarding Performance Framework). This data is also reported to QA Sub Committee as part of assurance process).
The provider market risk particularly around CQC/Care Homes should be reported to SSAB	Included in SSAB Forward Programme of Work, to be timetabled on Agenda for regular updates.
The current status of the Business Management Group (BMG) and its terms of reference should be clarified to ensure how it links with the SSAB	Terms of Reference reviewed again & re-drafted to fit plans for the new Executive Group which replaces BMG from 1st April 2015, as part of the new governance arrangements to meet Care Act requirements. Minutes of the new Executive Group will be shared with SSAB at each meeting.
Review SSAB membership including director level attendance	Membership reviewed – appropriate representation at Director/Chief Officer

	level secured from partner organisations ready to meet Care Act requirements from 1st April 2015.
Consider the creation of a robust Case File Audit process that feeds into SSAB to provide assurance about effective frontline safeguarding activity.	Case File Audits are part of the Quality Assurance Sub Committee work programme; process is being progressed. Data sharing in IT systems being progressed. ICT are currently (Feb '15) looking at configurations and access arrangements to ensure information can be accessed across the service. There is a small task and finish group taking this forward. Case File Audit Tool reviewed.
SSAB to carry out a baseline audit of need in preparedness for the Care Bill	Completed as part of September 2014 SSAB Development Day agenda.
Establish formal links between regular Domestic Violence reporting and the SSAB	Reporting about Domestic Violence activity (seeking assurances from a safeguarding perspective) comes via the Safer Sunderland Partnership delivering updates to SSAB.
A robust process needs to be developed to ensure that the SSAB is able to learn from audit reviews and SCRs	Terms of Reference of the Learning & Improvement Sub Committee refreshed to embed learning and improvement. Also Serious Case Review Protocol reviewed & refreshed by the Sub Committee to reflect Care Act requirements i.e. for a Safeguarding Adults Review Protocol going forward from 1st April 2015.
Consider co-location of adult safeguarding teams to promote a better service user experience.	Safeguarding & Social Care Governance Teams merged. Governance options being explored re: 'business unit' support to SSAB & SSCB.
Safeguarding: Delivery and Effective Practice	
Continue to embed understanding of the new safeguarding thresholds with a view to reviewing within one year of implementation	Review of Thresholds built into Operational Safeguarding Service work programme & is also being looked at as part of Care Act/Making Safeguarding Personal work. Ongoing work continues to progress this, as initial issues arose with embedding this within partner agencies, and in understanding and application of the threshold tool, with little confidence that the threshold applied is the threshold it should be. Lack of quality training has also impacted upon this. A report was prepared for SSAB to consider actions identified which partner agencies could take in order to address

	the identified issues, and the training programme was reviewed, refreshed and re-commissioned. An audit of 64 cases was undertaken regarding the use of the threshold tool, and an outcome report produced including recommendations for improvement.
Be clearer on the definitions and language used in safeguarding to ensure a consistent understanding and application of the process	Review of Safeguarding Adults Procedures completed to meet the requirements of the Care Act; definitions and language used were part of this review. Quality Assurance Sub Committee Audit Programme/Work Plan includes action to audit cases to check organisations are using consistent language on the referral form.
Ensure adequate recording throughout the safeguarding process	This is built into the new operational procedures, and the Quality Assurance Sub Committee's Audit Programme/Work Plan. From a social work perspective, it is ensured that case note recording captures safeguarding information. This is reflected upon through the social care case file audit process.
Inadequate access via Sunderland City Council website in relation to safeguarding needs urgent attention	Initial changes made to make website more accessible. Corporate Communications progressing further upgrades via work with Communications & Marketing Sub Committee. Also, review of SAB website undertaken and proposed changes have been reviewed by members of the public, with all new documentation relating to the Safeguarding Adults process to be available on the website from 1st April 2015.
Sunderland City Council to consider the offer to carers of support and counselling and advocacy to service users in safeguarding cases	Re-tendering exercise for Advocacy Services was completed, which ensured services were in place from July 2014. Operational procedures revised to reflect the offer available to family carers, and it is also reflected in practice. Making Safeguarding Personal initiative will measure the outcome and the implementation of the Care Act will ensure consistency in the use of advocates.
Case File Audit: People's Experiences of Safeguarding	
IT systems supporting safeguarding are	Upgrade to the IT system used across

under-developed	care management and safeguarding which will enhance what can be recorded.
Little analysis displayed in case management files and risk assessment, these are substantial in safeguarding work – identification of indicators of risk of abuse needs structured approach.	Review documentation used in safeguarding investigations and staff training to be rolled out – all staff are being trained or accessing refresher training in relation to safeguarding and MCA application. Case file audit will ensure and reinforce appropriate recording.
Outcomes for individuals are not yet used in a consistent and structured way – this makes assessment of impact and progress difficult	Review of operational procedures to understand how outcomes for individuals are documented within the safeguarding process – work has begun on this. Use of case file audit tool to monitor progress – this is part of the revised QA Sub Committee Audit Plan/Work Programme. Revisions made to referral form to make recording of outcomes for individuals clearer – specifically includes ascertaining what outcomes an individual wants at the early stage of the Safeguarding process. Revised documentation guidance for the Safeguarding and Social Care Governance Team will ensure this is recorded as part of the process. Making Safeguarding Personal initiative will ensure a greater emphasis on outcomes and recording, and documentation has been amended to include an outcome based approach: in addition to the audit tool used there is a Making Safeguarding Personal check list recently introduced by the Safeguarding and Social Care Governance Team Manager to ensure that in any audit outcomes for individuals are considered and discussed during the supervision process and used to facilitate further learning within the team.
Strategy meeting minute taking and availability of minutes is problematic	Review of business support arrangements for operational safeguarding took place to resolve this issue.

SSAB Performance Report

See **Appendix 1** for SSAB Performance Report.

SSAB Budget 2014-2015

See **Appendix 2** for SSAB Budget Statement.

SECTION 8: CONTRIBUTIONS TO SAFEGUARDING ADULTS IN SUNDERLAND

Engagement with the work of the SSAB

Attendance at Board level is generally of a high level however engagement by agencies in the work of the Board and the Sub Committees is variable. See **Appendix 4** for attendance at the Board and Sub Committees by agency.

Key Agency Contributions to Safeguarding Adults in Sunderland

The following pages highlight the contributions to Safeguarding Adults in Sunderland made by:

- Sunderland Clinical Commissioning Group
- City Hospitals Sunderland NHS Foundations Trust
- Northumberland Tyne & Wear NHS Foundation Trust
- South Tyneside NHS Foundation Trust

Sunderland Clinical Commissioning Group (CCG) – Activity

- The Head of Safeguarding, the Designated Nurse Safeguarding Adults and the Named GP Safeguarding Adults within Sunderland Clinical Commissioning Group (CCG) provide leadership across the local health economy assuring and developing the role of health providers in safeguarding Adults and ensuring that the health needs of adults at risk are met.
- SCCG has a range of strategic documents outlining their vision and commitment to safeguarding children and vulnerable adults. The Safeguarding Strategy and associated policy documents acknowledge that safeguarding children and adults is a complex and multi-factorial activity and can only be achieved through genuine and effective multiagency approaches
- SCCG have a team of Safeguarding professionals to provide strategic leadership and day-to- day support and advice on safeguarding issues:
  - Head of Safeguarding – Deanna Lagun
  - Designated Nurse Safeguarding Adults – Richard Scott
  - The Named GP – Safeguarding Adults – Dr Jane Halpin;
    they are led by the Executive Lead for Safeguarding - Ann Fox – the Director of Nursing, Quality and Safety. There is a well established Strategic Safeguarding Group which reports to the Quality, Patient Safety and Risk Committee. The Safeguarding Team present a Safeguarding Annual Report to the Governing Body and undertake regular development sessions with all staff within the CCG.
- All safeguarding staff meet regularly with the Head of Safeguarding to establish, review and monitor comprehensive work plans. The CCG Designated Nurse Safeguarding Adults fulfils the Statutory Designated Adult Safeguarding Manager role which was established by the Care Act 2014 and provides support to the Head of Safeguarding and the Named GP Safeguarding Adults. The Designated Nurse Safeguarding Adults supports the Chief Officer and Head of Safeguarding in respect of SSAB attendance, attends the SSAB Executive Committee, supports the SSAB/SSCB Sub-Committees and is the Chair of the Joint Legal Policy and Procedures Sub Committee. All Designated and Named Health Professionals within the CCG provide training and supervision to a range of health staff, including GPs
- The CCG has provided continued support to the SSAB by:
  - Chairing of the Legal, Policy & Procedures Sub Committee.
  - Chairing the Learning and Improvement in Practice Sub Committee
  - Taking a lead role via Legal Policies and Procedures Sub Committee to update Multi Agency procedures to ensure they are Care Act compliant.

City Hospitals Sunderland Activity

- City Hospitals Foundation Trust has a Vulnerable Adults Group which focuses on the care of patients with dementia, learning disabilities, mental health issues, mental capacity issues, the PREVENT agenda (anti-terrorism) and developments in relation to safeguarding adults. The group is multidisciplinary and includes medical, nursing, health and safety, facilities and training representation. The Executive Director of Nursing and Quality as executive lead for safeguarding chairs this meeting signifying the high priority in the Trust
- In 2014/15 the Trust has focussed on training in these key areas with the Safeguarding Symposium held in March 2015 focussing on both child and adult safeguarding
- In 2015 the Trust opened a new centre for patients with dementia and their carers (the Alexandra Centre). This centre supports vulnerable patients and their carers to rehabilitate following an acute illness, or when there is a new diagnosis of dementia. The Dementia and Delirium Outreach Team (DDOT) work out of this centre to provide specialist advice and training to staff across the organisation e.g. on Mental Capacity; Deprivation of Liberty Safeguards (DOLS)
- As a result of working with the Sunderland Clinical Commissioning Group (SCCG) and Wearside Women in Need (WWIN), we will be hosting an Independent Domestic Violence Advocate in our Emergency Department in 2015/16.

City Hospitals Sunderland – Safeguarding Adults Case Study

City Hospitals supported an older lady with complex needs who was extremely confused on her admission from her own home to hospital. She brought a large sum of money in to hospital with her, in addition to her debit card which had her PIN attached to it, which she also divulged to a number of staff members.

They took the following action:

- Undertook a formal assessment of her capacity, where she was found to lack capacity to consent to being accommodated in hospital for the purpose of being given the proposed care and treatment.
- Made a safeguarding adults referral, due to the high risk of potential financial abuse identified.
- Made a referral to the Independent Mental Capacity Advocate (IMCA) Service, as her sister who was her next of kin had vascular dementia and also lacked capacity.
- Utilised the Deprivation of Liberty Safeguards (DoLS) process to authorise her deprivation of liberty, as she lacked the capacity to consent to stay, was subject to continuous supervision and control and was not free to leave the hospital
- Referred the lady to the Medical Social Worker, Occupational Therapist and Age UK for additional assessment and support.
- Utilised the hospital's Delirium & Dementia Outreach Team (DDOT) to provide additional support, interventions and therapy for her.

What difference did this make?

- Ensured multi-professional and inter-agency input to proactively safeguard her from the potential risk of abuse.
- Provided intensive support and intervention to manage her cognitive impairment.
- Maximised her independence and facilitated effective discharge planning.

What was the outcome?

The lady was successfully discharged back to her own home with appropriate support, in the form of a comprehensive care package. Age UK even provided her with groceries for when she got home!

Northumberland Tyne and Wear Mental Health Trust Activity and Impact

- The Trust's Safeguarding and Public Protection (SAPP) team have introduced a Think Family Lead practitioner to support families in respect of the early help/intervention agenda. The support and advice for practitioners from the Think Family Practitioner has enabled children, young people and parents/carers to be signposted/referred to other agencies to meet their needs at an early stage
- The SAPP team are currently piloting a duty system for all new safeguarding concerns for staff within the trust. The pilot is identifying that staff are contacting the SAPP team for timely advice and support and ensuring appropriate safeguards are put in place.
- The SAPP team are recruiting a Safeguarding report writer for Safeguarding Adult Reviews.
- The SAPP trainers have reviewed and are facilitating training in line with the introduction of the Care Act for safeguarding adults
- The SAPP team have been trained in the revised Prevent counter-terrorism strategy and are providing training, advice and expertise to staff across the trust
- A SAR/SCR/DHR report has been developed for Trust Board, this provides an awareness of every review as well as assurance of the lessons learned and associated recommendations are completed

South Tyneside NHS Foundation Trust Activity

- South Tyneside Foundation Trust has a Safeguarding Assurance Group which meets bi-monthly with representatives from all divisions. Key issues in relation to Safeguarding adults are discussed including changes to legislation, MCA / DOLS, PREVENT. Safeguarding Adults, review findings as well as training, compliance, audit findings and review of the Safeguarding risk register. This group reports to the Choose Safer Care Group which is a subgroup of the Executive Board.

- During 2014/15 430 staff received PREVENT training as part of statutory mandatory sessions or to individual teams if requested, it is also delivered within Corporate Induction as the full I hour WRAP session twice monthly. As a result of raising awareness, South Tyneside Foundation Trust practitioners have referred 3 cases of concern to the Protection of Vulnerable People Unit. South Tyneside Foundation Trust is recognised by NHS England as being proactive in promoting PREVENT awareness within its workforce.

- There has been a significant amount of work within South Tyneside Foundation Trust during 2014/15 in relation to the Mental Capacity Act and Deprivation of Liberty. Delivery of training and awareness raising sessions with staff has been undertaken – 44 DOLS applications were submitted in 2014/15 however it is recognised that this requires further improvement.

- Datixwels is a risk management reporting system which is used by all staff within South Tyneside Foundation Trust. All Safeguarding adults concerns are logged on the system and are overseen by the Safeguarding Advisor / Lead Nurse. Low level concerns identified by staff in relation to patients within care homes are routinely provided to CCG's in order to assist in the quality monitoring process.

- The Trust Board members attended an information session facilitated by Safeguarding colleagues which members found informative and useful.

- South Tyneside Foundation Trust were involved in two Safeguarding adults reviews in Sunderland throughout 2014/15 following which lessons learned were incorporated within training delivery and cases presented at professional forums to raise awareness.

- There are over 90 Safeguarding Champions within South Tyneside Foundation Trust who are actively promoting Safeguarding within their team meetings and act as a link to the Safeguarding Team.

SECTION 9 – CONCLUSION

How effective are local arrangements to safeguard adults in Sunderland?

April 2014-March 2015 has been a busy year for the SSAB and its partner agencies.

As planned the LGA Peer Review took place as outlined earlier in this report. This review made recommendations about improving Safeguarding Adults arrangements in Sunderland, most of which have been completed, some of which are still under development, or are necessarily ongoing, e.g. audits will occur on a regular basis as the audit cycle would always be in place.

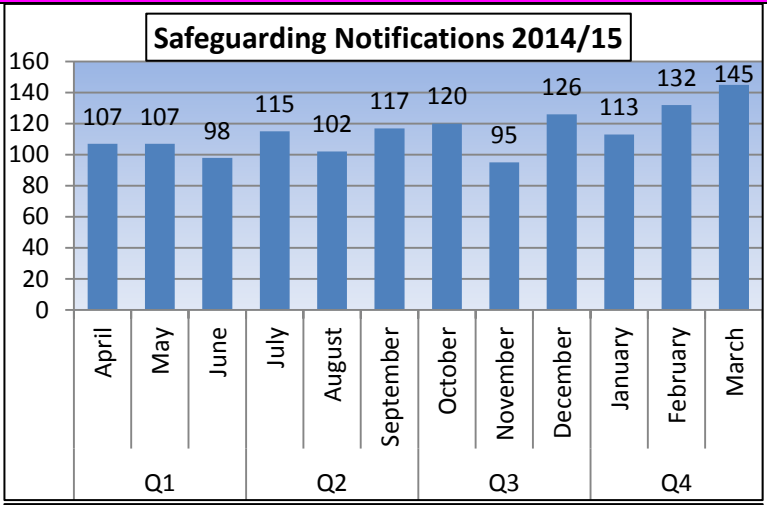
2015-2016 will see the Board implement a number of new initiatives which are designed to progress its development following the implementation of the Safeguarding Adults section of the Care Act on 1st April 2015, and continue to embed good practice in Safeguarding Adults in Sunderland. This includes:

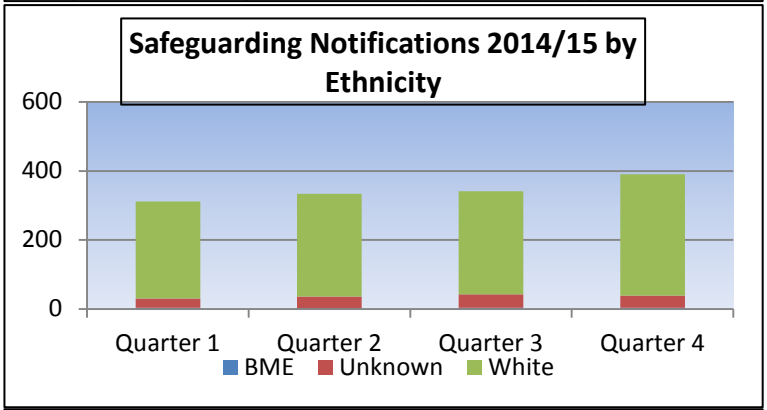
- Implementation of a robust Quality Assurance and Performance Framework from July 2015, introduce a full audit framework and audit cycle for 2015 – 2016
- Development and implementation of a comprehensive Learning and Improvement in Practice Framework
- Implement a comprehensive SSAB Self-Audit Tool and Individual Agency Audit Tool process,
- Continue to strengthen and streamline the SAR model used in Sunderland
- Develop sexual exploitation arrangements that link to the existing MSET arrangements in Safeguarding Children, and embed these across the partnership
- Work with other North East Local Authority areas (via the Regional Safeguarding Adults Leads Network) on common topics identified to be for development, or of particular concern, where a regional approach would be of benefit
- Strengthen and streamline the support arrangements to the SSAB and SSCB
- Significant improvements were made to the quality and safety of hostel provision in Sunderland over 2014-15, via the initial implementation of the Hostel Strategy. This allowed homeless people accessing these services to be better safeguarded and to receive access to other support services. This positive work will continue into 2015-16, with the aim that hostel use will continue to decrease as individuals are engaged with and supported to access more suitable accommodation, alongside support services such as substance misuse services or mental health services.

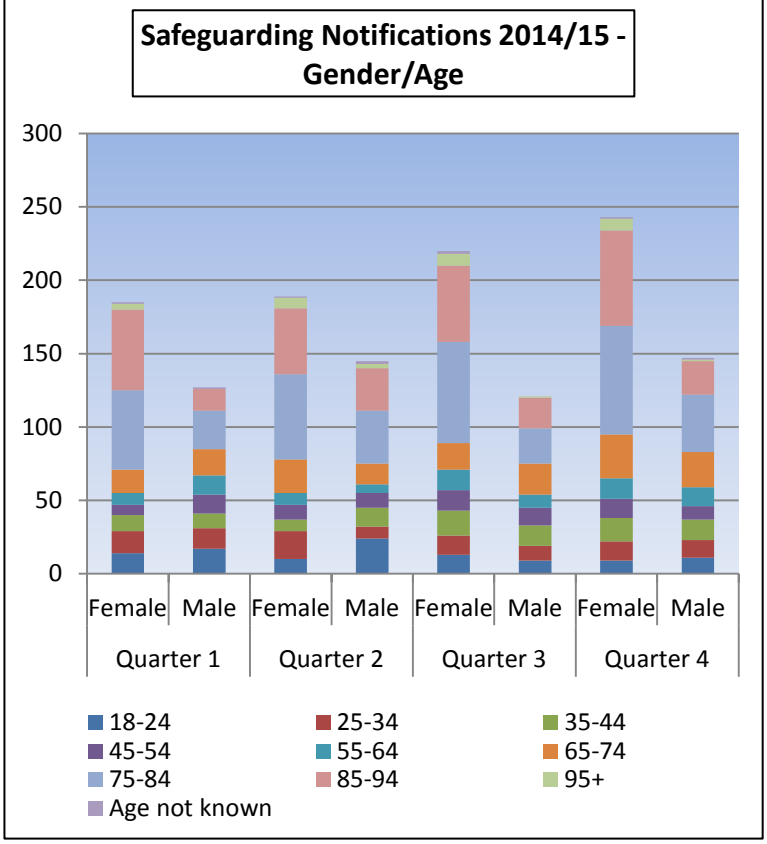
Safeguarding Adults Performance Measures

Measure	Definition		1 April 2014 – 31 March 2015			2013-14 National Average – final
	Numerator	Denominator	Numerator	Denominator	Indicator	
Number of safeguarding notifications per 1,000 18+ population	Number of notifications received in the period	Population 18+	1377	221536	6.22	N/A
% of safeguarding notifications not progressing to strategy meeting	Number of notifications received not progressing to strategy meeting	Number of notifications received in the period	1101	1377	80%	N/A
Number of completed investigations per 1,000 population	Number of completed investigations in the period	Population 18+	53	221536	0.24	2.46
% of completed investigations where the outcome was substantiated or partially substantiated	Number of completed investigations with an outcome of substantiated or partially substantiated in the period	Number of completed investigations in the period	32	53	60%	43%
% of completed investigations where people report they feel safe	Currently in development by the Department of Health as part of the Adult Social Care Outcome Framework					

Performance Area	Analysis







Notifications

There have been 1,377 safeguarding notifications received between 1 April 2014 and 31 March 2015 (this is a 54% increase on the 896 received in 2013/14).

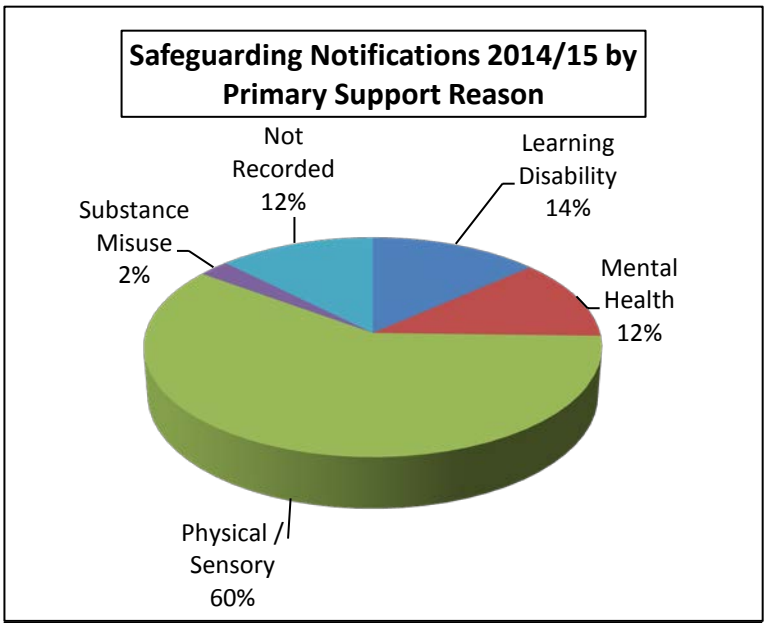
Number of notifications received per quarter:
Quarter 1 = 312 notifications received (average of 104 per month)
Quarter 2 = 334 notifications received (average of 111 per month)
Quarter 3 = 341 notifications received (average of 114 per month)
Quarter 4 = 390 notifications received (average of 130 per month)

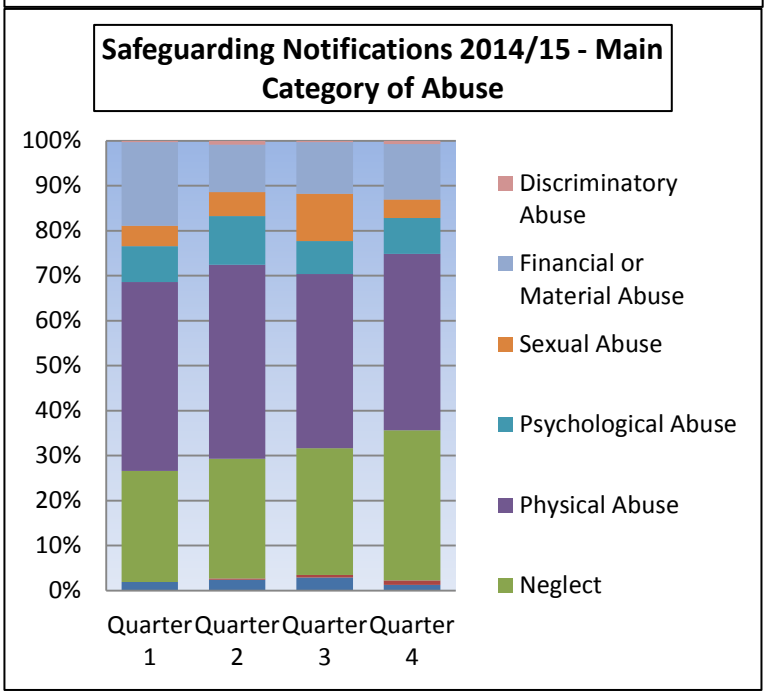
There has been a 25% increase in the number of notifications received between quarter 1 and quarter 4 of 2014/15 from 312 to 390. March 2015 had the highest number of notifications received at 145; this is significantly higher than the average of the 75 per month during the 2013/14.

Of the notifications received during 2014/15, 89% of the alleged victims were 'White', 1% from a BME background and the remainder (10%) not yet provided.

61% of alleged victims were female, similar to the percentage for 2013/14 (60%).

The majority of notifications received during 2014/15 were for alleged victims aged 75 to 84 (28%), followed by 22% for those aged 85 to 94.
Females aged 75 to 84 is the predominant alleged victim category in during 2014/15 (19%) followed by males aged 85 to 94 (16%). For 56% of those females aged 75 to 84 the abuse is alleged to have taken place in a care home and 35% in their own home.





The majority of notifications received in 2014/15 (60%) were for people with physical disabilities/sensory support needs followed by 14% for people with learning disabilities.

The largest main category of alleged abuse identified at notification in quarter 4 was physical abuse (39%), with neglect being the second largest category at 33% followed by financial abuse at 12% and sexual abuse at 4%. There had been an 70% increase in notifications relating to neglect from 77 in quarter 1 to 130 in quarter 4.

Overall during 2014/15, the largest main category of alleged abuse identified at notification was physical abuse (41%), with neglect being the second largest category at 28% followed by financial abuse at 13% and sexual abuse at 6%.

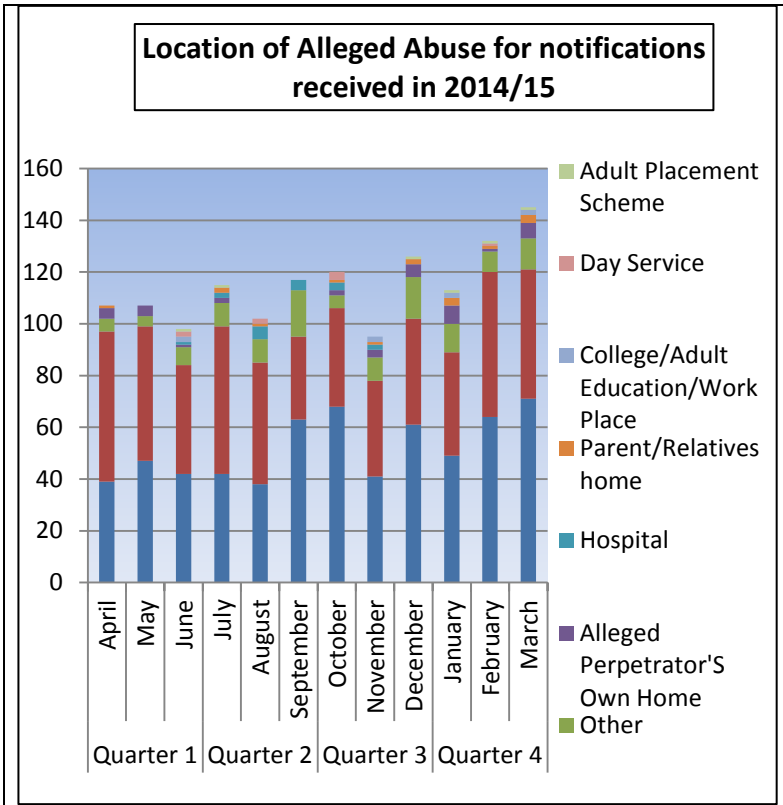
Of the 1,377 notifications received during 2014/15, 45% were alleged to have taken place in care homes and 40% were alleged to have taken place in the victims own home.

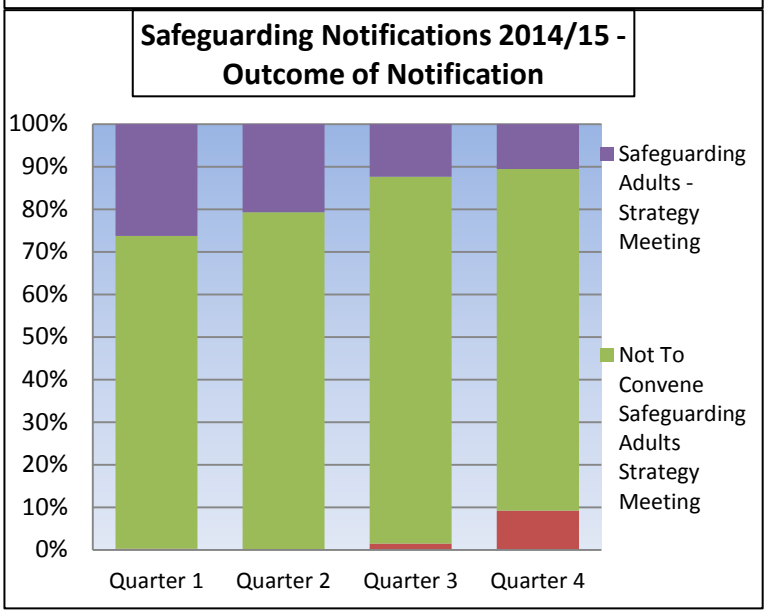
There has been an increase in the number of allegations in care homes from 128 in quarter 1 to 184 in quarter 4. Within March 2015 there was 71 notifications alleged to have taken place in care homes, compared to an average previously in the year of 50 per month, 40% of those were for people aged 85 & over.

Of those allegations in care homes, 66% of the notifications came from care homes. Broken down by primary support reason:

72% of allegations in care homes involving people with mental health issues came from the care home

66% of allegations in care homes involving people with physical disabilities came from the care





home
61% of allegations in care homes involving people with learning disabilities came from the care home

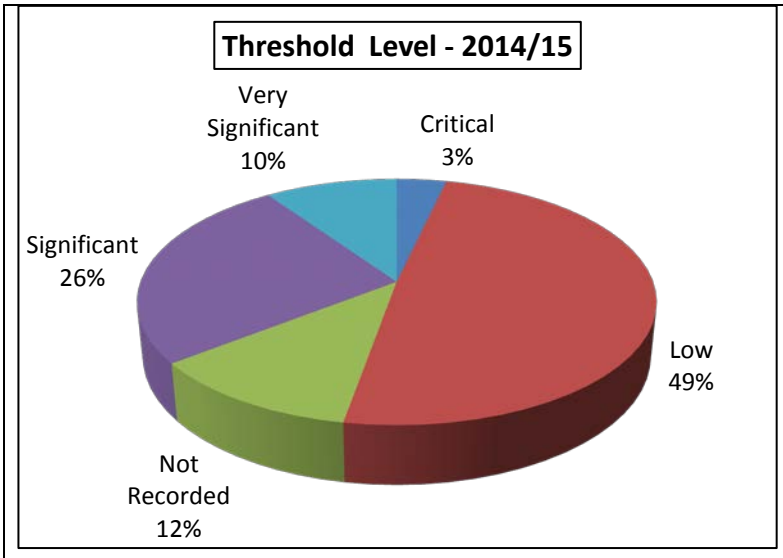
The percentage of notifications progressing to a strategy meeting has declined during 2014/15 from 24% in quarter 1 to 11% in quarter 4. In quarter 4 in 2013/14, 27% progressed to a strategy meeting.
Overall, in 2014/15, 17% of notifications are identified as progressing to a strategy meeting, 80% have not progressed and 3% are yet to be determined or unknown.

The majority of notifications received in 2014/15 were identified as 'Low' (49%), followed by 26% identified as 'Significant'.

7% of those notifications identified as 'Low' actually progressed on to a strategy meeting whereas 67% of those notifications identified as at least 'Significant' did not progress to a strategy meeting.

From the additional information provided at notification for those received between 1 April 2014 and 31 March 2015 – key points are:

- 21% of named adults at risk were recorded as consenting to the referral.
- 52% of notifications identified concerns in relation to the capacity of the adult at risk.
- 13% identified concerns in relation to Domestic Violence for the adult at risk.
- 36 identified that children could be at risk as a result of the incident or concern. Of these, 21 identified that someone responsible for the safeguarding of children and young people had been made aware.
- 22% of alleged perpetrators were also identified as an adult at risk.
- 21% of notifications identified concerns in relation to the capacity of the alleged perpetrator.



Notifications progressing to Strategy Meetings:

Threshold Level	Progress to Strategy Meeting	Not Progress to Strategy Meeting	Not Yet Determined / Unknown	Total
Low	45	615	17	677
Significant	99	244	13	356
Very Significant	44	82	7	133
Critical	14	35	1	50
Not Recorded	32	125	4	161
Grand Total	**234**	**1101**	**42**	**1377**

Number of notifications per individual:

Number of notifications in period	Number of Individuals
1	819
2	161
3	40
4	20
5	4
6	1
10	1
Total	**1,046**

The 1,377 notifications received in the period relate to 1,046 individuals.

Of the 66 individuals who had more than 2 notifications in the period, 33 (50%) had at least one notification which progressed on to a strategy meeting.

Strategy Meetings

There were 202 strategy meetings completed between 1 April 2014 and 31 March 2015 (24% decrease on the 265 completed in 2013/14).

Number of strategy meetings completed per quarter:
Quarter 1 = 88 completed (average of 29 per month), 33% progressed to safeguarding adults investigation
Quarter 2 = 81 completed (average of 27 per month), 33% progressed to safeguarding adults investigation
Quarter 3 = 24 (average of 8 per month), 29% progressed to safeguarding adults investigation
Quarter 4 = 9 (average of 3 per month), 44% progressed to safeguarding adults investigation

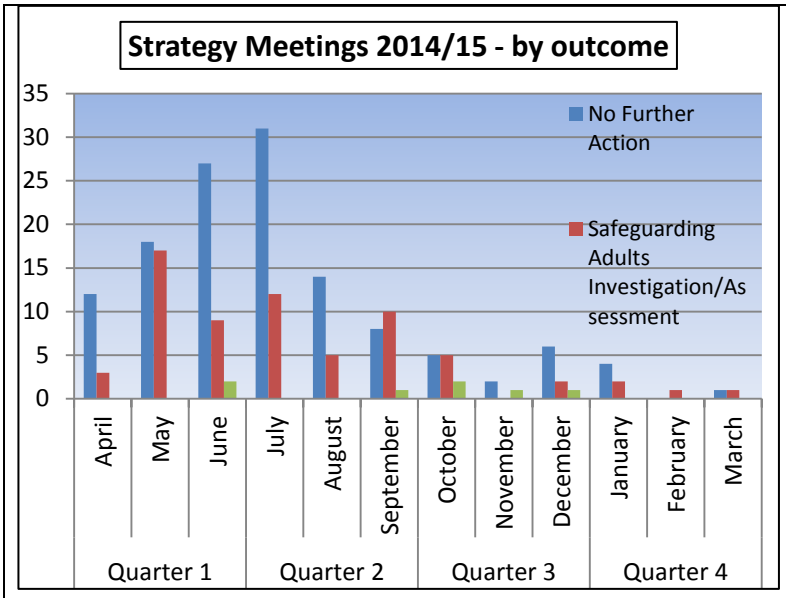
The 202 strategy meetings were for 196 individuals, 6 individuals had 2 strategy meetings within the period.

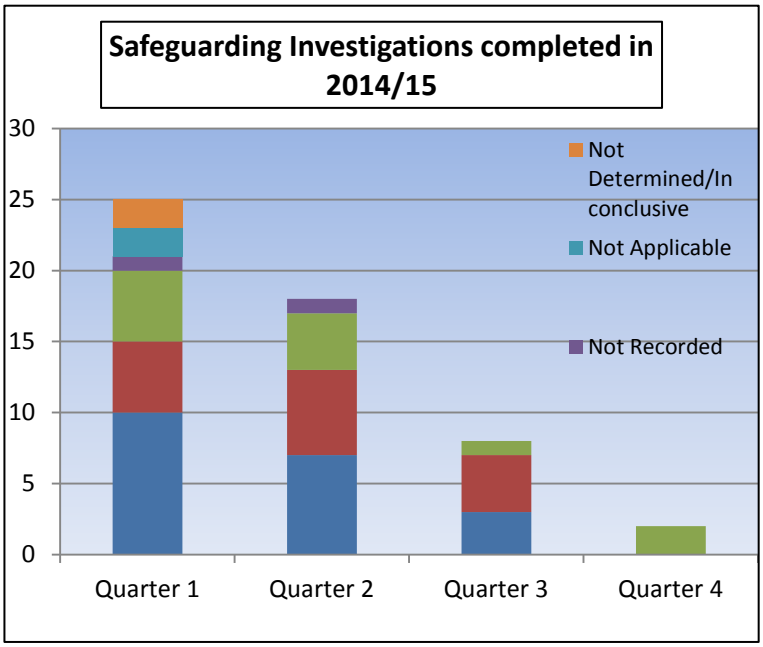
Overall for 2014/15, 33% of strategy meetings progressed to an investigation, lower than 45% in 2013-14.

Investigations

There were 53 investigations completed between 1 April 2014 and 31 March 2015.

Number of investigations completed per quarter:
Quarter 1 = 25 completed, 60% were substantiated/partially substantiated
Quarter 2 = 18 completed, 61% were substantiated/partially substantiated
Quarter 3 = 8 completed, 50% were substantiated/partially substantiated
Quarter 4 = 2 completed, 100% were substantiated/partially





substantiated

Overall during the period, 20 of the 53 investigations were substantiated (38%), 23% were partially substantiated, 28% were not substantiated and 11% were not determined / inconclusive / not applicable.

As at 31 March 2015, 27 investigations were in progress.

Performance Measures

Appendix A contains a list of proposed performance measures.

The number of safeguarding notifications received in 2014/15 was1,377 which equates to 6.22 per 1,000 population, this is a significant increase (54%) compared to the 896 in 2013/14 which equated to 4.05 per 1,000 population. There was an average of 344 per quarter in 2014/15 compared to average of 224 per quarter in 2013/14).

The proportion of notifications not progressing onto strategy meeting is 80%, due to the large volume of notifications received which were identified as 'Low' via the Threshold tool.

The number of safeguarding investigations completed in 2013/14 was 126 which equated to 0.57 per 1,000 population, considerably lower than the national average in 2013/14 of 2.46 per 1,000 population. Performance for April to March 2015 is showing 53 investigations completed which is

significantly below the 2013/14 national average and considerably lower than the 126 in 2013/14.

Information shared by the regional Local Authorities for the number of investigations completed between 1 April and 30 September 2014 showed an average of 1.56 per 1,000 population, with Sunderland only having 0.2 per 1000 population for that period.

Deprivation of Liberty Safeguards

Deprivation of Liberty requests in relation to those in care homes and hospitals.

During the 1 April 2013 to 31 March 2014, there were 103 Deprivation of Liberty requests completed in the period resulting in 64 (62%) authorisations granted.

During 1 April 2014 to 31 March 2015, there have been 1,349 requests of these 88% have authorisations granted and 12% have been declined.

Complaints

There have been 4 complaints received in relation to the Safeguarding Adults during 2014/15.

Training

Between 1 April 2014 to 31 March 2015, 37 training courses were held.

Sector Attendance	
Housing	77
Independent Care Sector	155
Council	195
NHS	51
Voluntary/Charity	52
TOTAL	**530**

In order to understand the impact of the training courses attendees were asked to rate their knowledge/skills/confidence, at the beginning of the training and upon completion. 1 being low level and 6 being the highest.

15 April 2014 - Mental Capacity Act	Attended
Housing	5
Independent Care Sector	8
Internal	2
NHS	2
	17

15 April 2014 - Deprivation of Liberty Safeguards	Attended
Housing	6
Independent Care Sector	5
Internal	2
NHS	1
	14

16 April 2014 - Threshold Guidance	Attended
Independent Care Sector	5
Internal	13
NHS	1
	19

23 April 2014 - Level 2 Managing the Alert	Attended
Internal	3
NHS	2
	5

24 April 2014 - Threshold Guidance	Attended
Independent Care Sector	1
Internal	3
NHS	3
Voluntary Sector/Other	2
	9

25 April 2014 - Mental Capacity Act	Attended
Housing	4
Independent Care Sector	4
Internal	4
	12

25 April 2014 - Deprivation of Liberty Safeguards	Attended
Housing	4
Independent Care Sector	9
Internal	3
	16

25 April 2014 - Level 2 Managing the Alert	Attended
Independent Care Sector	1
Internal	8
NHS	4
	13

28 April 2014 - Mental Capacity Act	Attended
Housing	6
Independent Care Sector	4
Internal	2
NHS	5
Voluntary Sector/Other	1
	18

28 April 2014 -Deprivation of Liberty Safeguards	Attended
Housing	5
Independent Care Sector	3
Internal	1
NHS	5
	14

30 April 2014 - Level 3 Multi Agency Roles	Attended
Housing	3
Independent Care Sector	3
Internal	1
	7

2 May 2014 - Threshold Guidance	Attended
Independent Care Sector	9
Internal	4
NHS	2
	15

Of the 15 attendees, 14 completed the evaluation form. 100% said the training had improved their knowledge/skills/ confidence. 50% rated their knowledge/ skills/confidence as 6 following completion, 49% rated it as 5, 1% rated it as 4.

15 May 2015 - Mental Capacity Act	Attended
Housing	2
Independent Care Sector	1
Internal	4
	7

Of the 7 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 29% rated their knowledge/ skills/confidence as 6 following completion, 57% rated it as 5, 14% rated it as 4.

15 May 2015 - Deprivation of Liberty Safeguards	Attended
Housing	2
Independent Care Sector	1
Internal	4
NHS	1
	8

Of the 8 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 88% rated their knowledge/ skills/confidence as 6 following completion, 12% rated it as 5.

19 May 2014 - Level 2 Managing the Alert	Attended
Housing	2
Independent Care Sector	1
Internal	2
NHS	1
	6

Of the 6 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 50% rated their knowledge/ skills/confidence as 6 following completion, 34% rated it as 5, 16% rated it as 4.

28 May 2014 - Threshold Guidance	Attended
Independent Care Sector	2
Internal	2
NHS	3
	7

Of the 7 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 29% rated their knowledge/ skills/confidence as 6 following completion, 43% rated it as 5, 14% rated it as 4, 14% rated as 3.

30 May 2015 Level 3 Multi Agency Roles	Attended
Independent Care Sector	2
Internal	1
NHS	2
Voluntary Sector/Other	2
	7

Of the 7 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 29% rated their knowledge/ skills/confidence as 6 following completion, 57% rated it as 5, 14% rated it as 4.

03 June 2014 - Threshold Guidance	Attended
Independent Care Sector	3
Internal	6
NHS	1
	10

Of the 10 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 10% rated their knowledge/ skills/confidence as 6 following completion, 70% rated it as 5, 20% rated it as 3.

04 June 2014 - Mental Capacity Act	Attended
Housing	3
Internal	6
NHS	1
Voluntary Sector/Other	3
	13

Of the 13 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 46% rated their knowledge/ skills/confidence as 6 following completion, 23% rated it as 5, 31% rated it as 4.

04 June 2014 - Deprivation of Liberty Safeguards	Attended
Housing	2
Independent Care Sector	4
Internal	3
NHS	1
Voluntary Sector/Other	3
	13

Of the 13 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 38% rated their knowledge/ skills/confidence as 6 following completion, 31% rated it as 5, 23% rated it as 4, 8% rated it as 3.

12 June 2014 - Level 2 Managing the Alert	Attended
Independent Care Sector	6
Internal	5
Voluntary Sector/Other	1
	12

Of the 12 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 25% rated their knowledge/ skills/confidence as 6 following completion, 67% rated it as 5, 8% rated it as 4.

23 June 2014 - Threshold Guidance	Attended
Housing	1
Independent Care Sector	9
Internal	10
NHS	1
	21

Of the 21 attendees, 18 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 22% rated their knowledge/ skills/confidence as 6 following completion, 56% rated it as 5, 22% rated it as 4.

24 June 2014 - Mental Capacity Act	Attended
Housing	1
Independent Care Sector	5
Internal	3
NHS	4
	13

Of the 13 attendees, 12 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 17% rated their knowledge/ skills/confidence as 6 following completion, 58% rated it as 5, 25% rated it as 4.

24 June 2014 - Deprivation of Liberty Safeguards	Attended
Housing	1
Independent Care Sector	9
Internal	4
NHS	1
	15

Of the 15 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 27% rated their knowledge/ skills/confidence as 6 following completion, 60% rated it as 5, 13% rated it as 4.

26 June 2014 - Level 3 Multi Agency Roles	Attended
Housing	3
Independent Care Sector	4
Internal	1
NHS	3
	11

Of the 11 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 27% rated their knowledge/ skills/confidence as 6 following completion, 55% rated it as 5, 18% rated it as 4.

02 July 2014 - Level 2 Managing the Alert	Attended
Independent Care Sector	2
Internal	5
NHS	3
	10

Of the 10 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 10% rated their knowledge/ skills/confidence as 6 following completion, 80% rated it as 5, 10% rated it as 4.

03 July 2014 - Mental Capacity Act	Attended
Housing	4
Independent Care Sector	2
Internal	7
Voluntary Sector/Other	1
	14

Of the 14 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 21% rated their knowledge/ skills/confidence as 6

following completion, 58% rated it as 5, 21% rated it as 4.

03 July 2014 - Deprivation of Liberty Safeguards	Attended
Housing	5
Independent Care Sector	1
Internal	13
Voluntary Sector/Other	2
	21

Of the 21 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 6% rated their knowledge/ skills/confidence as 6 following completion, 71% rated it as 5, 14% rated it as 4, 9% rated it as 3.

04 July 2014 - Threshold Guidance	Attended
Independent Care Sector	10
Internal	12
	22

Of the 22 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 14% rated their knowledge/ skills/confidence as 6 following completion, 77% rated it as 5, 9% rated it as 4.

17 July 2014 Level 2 Managing the Alert	Attended
Independent Care Sector	4
Internal	13
NHS	3
	20

Of the 20 attendees, 18 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 22% rated their knowledge/ skills/confidence as 6 following completion, 50% rated it as 5, 28% rated it as 4.

25 July 2014 - Level 3 Multi Agency Roles	Attended
Independent Care Sector	6
Internal	9
Voluntary Sector/Other	2
	17

No evaluations received. Attendance gained from signing in book at Stanfield Business Centre.

30 July 2014 - Mental Capacity Act	Attended
Housing	2
Independent Care Sector	3
Internal	9
Voluntary Sector/Other	5
	19

Of the 19 attendees, 15 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 7% rated their knowledge/ skills/confidence as 6 following completion, 86% rated it as 5, 7% rated it as 4.

30 July 2014 - Deprivation of Liberty Safeguards	Attended
Housing	3
Independent Care Sector	5
Internal	10
NHS	1
Voluntary Sector/Other	3
	22

Of the 22 attendees, 22 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 27% rated their knowledge/ skills/confidence as 6 following completion, 64% rated it as 5, 9% rated it as 4.

31 July 2014 - Threshold Guidance	Attended
Independent Care Sector	8
Internal	11
	19

Of the 22 attendees, 22 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 27% rated their knowledge/ skills/confidence as 6 following completion, 64% rated it as 5, 9% rated it as 4.

24 March 2015 - Raising a Safeguarding Referral	Attended
Housing	3
Independent Care Sector	9
Internal	2
Voluntary Sector/Other	6
	20

Of the 20 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 25% rated their knowledge/ skills/confidence as 6 following completion, 70% rated it as 5, 5% rated it as 4.

25 March 2015 - Multi Agency Roles	Attended
Housing	4
Independent Care Sector	1
Internal	6
Voluntary Sector/Other	11
	22

Of the 22 attendees, 19 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 15% rated their knowledge/ skills/confidence as 6 following completion, 75% rated it as 5, 10% rated it as 4.

26 March 2015 - MCA & DoLS	Attended
Housing	6
Independent Care Sector	5
Internal	3
Voluntary Sector/Other	8
	22

Of the 22 attendees, 21 completed the evaluation form. 95% said the training had improved their knowledge/skills /confidence 5% rated it the same before (both as 6). 24% rated their knowledge/ skills/confidence as 6 following completion, 62% rated it as 5, 14% rated it as 4.

Safeguarding Adults E-Learning Training Courses 2014-15

Course: Alerter	Housing	ICS	NHS	Other	SCC	Vol/Charity	Total
Applied (not attempted)	12	178	13	2		10	215
Studying		8			1	2	11
Competent	12	394	29	6	10	64	515
Failed to reach the 75% pass mark		3					3
	24	583	42	8	11	76	744

642 people applied.
102 where already on the system and completed within the 2014-2015 financial year.

Course: Mental Capacity Act	Housing	ICS	NHS	Other	SCC	Vol/Charity	Total
Applied (not attempted)	11	183	23	2	1	36	256
Studying	0	15	3	1		2	21
Competent	4	282	8	4	6	17	321
Failed to reach the 75% pass mark		12				0	12
	15	492	34	7	7	55	610

564 people applied.
46 people were already on the system and completed within the 2014-2015 financial year.

Course: Deprivation of Liberty Safeguards	Housing	ICS	NHS	Other	SCC	Vol/Charity	Total
Applied (not attempted)	11	164	12	2	1	15	205
Studying		13	2	2	1	3	21
Competent	3	249	2	2	3	13	272
Failed to reach the 75% pass mark		10			2		12
	14	436	16	6	7	31	510

493 people applied. 17 people were already on the system and completed within the 2014-2015 financial year.

2014/15 Budget Outturn Statement

The Sunderland Safeguarding Adults Board (SSAB) had a balanced outturn in 2014/15 as shown below.

Expenditure	2014/15 Budget	Actual Expenditure	(Over)/ Under
Business Unit Employees	£558,009	£558,009	£0
Independent Chair	£17,000	£16,174	£826
Serious Case Reviews	£15,000	£11,450	£3,550
Supplies & Services	£42,677	£47,053	(£4,376)
Sub Total	£632,686	£632,686	£0

Income	2014/15 Budget	Actual Income	(Over)/ Under
People's Services	(£520,865)	(£520,865)	£0
Sunderland CCG	(£111,321)	(£111,321)	£0
Northumbria Probation Service	(£500)	(£500)	£0
Sub Total	(£632,686)	(£632,686)	£0

Total (Over)/Underspend	**Nil**	**Nil**	**Nil**

Learning Lessons: Findings from Learning and Improvement Activity April 2014 – March 2015

The learning from these pieces of work is identified below. Please note the case is anonymised to protect the identity of the adult.

Young Person J Serious Case Review

The Lessons Learnt Report for Young Person J was published in November 2014 and is available at www.alertabuse.org.uk

LGA Peer Challenge 2014

See Annual Report page 24.

Board and Sub-Committee Attendance

NB: apologies were submitted for those not in attendance

SSAB Board Meeting									
Agency Represented	Date of Meeting						Attended	% Attendance
	06/05/14	08/07/14	16/09/14	18/11/14	13/01/15	17/03/15		
Independent Chair	✓	✓	✓	✓	✓	✓	6/6	100%
Strategic Safeguarding, Sunderland City Council (SCC)	✓	✓	✓	✓	✓	✓	6/6	100%
Community Safety, SCC	✓	✓	X	✓	✓	X	4/6	66.7%
People Directorate, SCC	✓	✓	✓	✓	✓	✓	6/6	100%
Integrated Commissioning, SCC	✓	✓	✓	✓	✓	✓	6/6	100%
Portfolio Holder for Health, Housing and Adult Services, SCC	X	X	✓	X	X	✓	2/6	33.3%
Children's Services, SCC	✓	X	X	X	X	X	1/6	16.7%
Safeguarding and Social Care Governance, SCC	X	X	X	✓	X	X	1/6	16.7%
NHS England	✓	✓	X	X	X	X	2/6	33.3%
NHS Sunderland Clinical Commissioning Group	✓	✓	✓	✓	✓	✓	6/6	100%
Northumberland, Tyne and Wear NHS Foundation Trust	✓	✓	X	✓	✓	✓	5/6	83.3%
Northumbria Police	✓	✓	X	✓	✓	X	4/6	66.7%
South Tyneside NHS Foundation Trust	✓	✓	✓	✓	✓	✓	6/6	100%
Gentoo	X	X	✓	✓	X	X	2/6	33.3%
Tyne and Wear Care Alliance	✓	✓	X	X	X	✓	3/6	50%
Tyne and Wear Fire and Rescue Service	✓	✓	X	✓	X	X	3/6	50%
Healthwatch (Changing Lives)	✓	X	X	X	X	X	1/6	16.7%
Voluntary and Community Action Sunderland (VCAS)	X	X	✓	X	✓	✓	3/6	50%
City Hospitals Sunderland NHS Foundation Trust	X	✓	✓	X	✓	✓	4/6	66.7%
National Probation Service	X	X	X	✓	✓	X	2/6	33.3%
Northumbria Rehabilitation Company	X	X	✓	X	X	✓	2/6	33.3%
Sunderland Carers Centre	✓	✓	X	✓	✓	X	4/6	66.7%
Age UK Sunderland	✓	✓	✓	X	X	✓	4/6	66.7%

Business Management Group								
Agency Represented	Date of Meeting						Attended	% Attendance
	15/04/14	10/06/14	19/08/14	14/10/14	16/12/14	17/02/15		
Independent Chair	✓	✓	✓	✓	✓	✓	6/6	100%
Strategic Safeguarding, Sunderland City Council (SCC)	✓	✓	✓	✓	✓	✓	6/6	100%
Integrated Commissioning (SCC)	✓	✓	✓	X	✓	X	4/6	66.7%
People Directorate, SCC	X	✓	X	✓	✓	✓	4/6	66.7%
City Hospitals Sunderland NHS Foundation Trust	✓	✓	X	✓	✓	X	4/6	66.7%
NHS Sunderland Clinical Commissioning Group	✓	✓	✓	✓	✓	✓	6/6	100%
South Tyneside NHS Foundation Trust	✓	✓	✓	✓	✓	✓	6/6	100%

Joint SSCB/SSAB Legal, Policy and Procedures Sub-Committee							
Agency Represented	**Date of Meeting**					**Attended**	**% Attendance**
	12.06.14	**04.08.14**	**06.10.14**	**01.12.14**	**02.02.15**		
SSCB Business Unit	✓	X	✓	X	✓	3/5	60%
Children's Safeguarding, Sunderland City Council (SCC)	✓	X	X	✓	X	2/5	40%
Commissioning Rep (SCC)	✓	✓	X	X	✓	3/5	60%
Legal Rep (SCC)	✓	✓	X	✓	X	3/5	60%
Youth Offending Service (SCC)	X	X	✓	X	✓	2/5	40%
Northumberland, Tyne and Wear NHS Trust	X	X	X	X	✓	1/5	20%
Sunderland Clinical Commissioning Group	✓	✓	✓	✓	✓	5/5	100%
City Hospitals Sunderland	X	X	✓	X	X	1/5	20%
Northumbria Police	✓	X	✓	X	X	2/5	40%
Early Intervention Services (SCC)	✓	✓	X	X	✓	3/5	60%
South Tyneside NHS Foundation Trust	✓	X	X	✓	✓	3/5	60%
National Probation Service	✓	X	X	X	X	1/5	20%
Health, Housing and Adult Services (SSAB Rep)	✓	✓	✓	✓	✓	5/5	100%

Joint SSCB/SSAB Communication and Engagement Sub-Committee								
Agency Represented	**Date of Meeting**						**Attended**	**% Attendance**
	16.05.14	**18.07.14**	**19.09.14**	**14.11.14**	**16.01.15**	**06.03.15**		
SSCB Business Unit	✓	✓	✓	X	✓	✓	5/6	83%
Children's Safeguarding, Sunderland City Council (SCC)	X	X	X	✓	✓	✓	3/6	50%
Anti-Bullying Co-Ordinator (SCC)	✓	✓	✓	✓	✓	X	5/6	83%
Community Safety Representative (SCC)	✓	✓	✓	✓	X	✓	5/6	83%
Communications Team (SCC)	✓	X	✓	✓	✓	✓	5/6	83%
Sunderland Clinical Commissioning Group	✓	X	✓	X	✓	✓	4/6	67%
City Hospitals Sunderland	✓	✓	X	✓	✓	✓	5/6	83%
Northumbria Police	X	X	X	X	X	✓	1/6	17%
South Tyneside NHS Foundation Trust	✓	✓	✓	✓	✓	✓	6/6	100%
Health, Housing and Adult Services (SSAB Rep)	X	✓	✓	✓	✓	X	4/6	67%
Sunderland Carers Association	✓	X	✓	✓	✓	✓	5/6	83%

Joint SSCB/SSAB Training and Workforce Development Sub-Committee					
Agency Represented	**Date of Meeting**			**Attended**	**% Attendance**
	15.05.14	04.09.14	31.10.14		
SSCB Business Unit	✓	X	✓	2/3	67%
Workforce Development, Sunderland City Council (SCC)	X	X	✓	1/3	33%
Sunderland Clinical Commissioning Group	X	✓	✓	2/3	67%
City Hospitals Sunderland	X	X	X	0/3	0%
Northumbria Police	X	X	X	0/3	0%
Northumberland, Tyne and Wear NHS Trust	✓	✓	X	2/3	67%
South Tyneside NHS Foundation Trust	X	X	X	0/3	0%
Tyne and Wear Care Alliance	X	X	✓	1/3	33%
Health, Housing and Adult Services (SSAB Rep)	✓	✓	✓	3/3	100%

Learning and Improvement in Practice									
Agency Represented	Date of Meeting							Attended	% Attendance
	04/02/14	08/04/14	03/06/14	23/09/14	18/11/14	13/01/15	10/03/15		
Strategic Safeguarding, Sunderland City Council (SCC)	✓	✓	✓	✓	✓	✓	✓	7/7	100%
Legal Advisor, SCC	X	X	X	✓	✓	✓	X	3/7	42.8%
Safeguarding and Social Care Governance, SCC	X	X	X	✓	✓	X	X	2/7	28.6%
People Directorate, SCC	✓	X	X	✓	X	X	✓	3/7	42.8%
Community Safety, SCC	✓	✓	✓	X	✓	✓	✓	6/7	85.7%
Children's Services, SCC	✓	✓	✓	X	X	✓	✓	5/7	71.4%
Public Health, SCC	X	X	✓	✓	✓	X	X	3/7	42.8%
Northumberland, Tyne and Wear NHS Foundation Trust	X	X	X	X	✓	✓	✓	3/7	42.8%
Tyne and Wear Fire and Rescue Service	✓	X	✓	X	✓	X	X	3/7	42.8%
Gentoo	✓	✓	X	✓	✓	X	✓	5/7	71.4%
Northumbria Police	X	X	✓	X	✓	✓	X	3/7	42.8%
City Hospitals Sunderland NHS Foundation Trust	X	✓	✓	X	✓	✓	✓	5/7	71.4%
NHS Sunderland Clinical Commissioning Group	✓	✓	✓	X	✓	✓	✓	6/7	85.7%
South Tyneside NHS Foundation Trust	X	✓	✓	✓	X	✓	X	4/7	57.1%

Quality Assurance										
Agency Represented	**Date of Meeting**								**Attended**	**% Attendance**
	22/04/14	**03/06/14**	**23/07/14**	**02/09/14**	**21/10/14**	**02/12/14**	**20/01/15**	**24/02/15**		
Strategic Safeguarding, Sunderland City Council (SCC)	✓	✓	✓	✓	✓	✓		✓	7/9	77.8%
Integrated Commissioning (SCC)	✓	✓	✓	✓	✓	✓	✓	✓	9/9	100%
Legal Advisor, SCC		✓	✓	✓	✓				4/9	44.4%
Safeguarding and Social Care Governance, SCC			✓	✓	✓	✓	✓	✓	7/9	77.8%
People Directorate, SCC									1/9	11.1%
North Tyne and Wear NHS Foundation Trust									0/9	0%
Sunderland Carers Centre	✓	✓	✓				✓		4/9	44.4%
Northumbria Police									0/9	0%
City Hospitals Sunderland NHS Foundation Trust	✓		✓		✓		✓		5/9	55.6%
NHS Sunderland Clinical Commissioning Group	✓	✓	✓	✓	✓	✓		✓	8/9	88.9%
South Tyneside NHS Foundation Trust	✓	✓	✓		✓				5/9	55.6%

Glossary

Joint Strategic Needs Assessment (JSNA)

The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards in relation to joint strategic needs assessments (JSNAs).
Local authorities and clinical commissioning groups have equal and joint duties to prepare JSNAs. The responsibility falls on the health and wellbeing board as a whole with success bring dependent upon all members working together.

Health and Wellbeing Board (HWBB) – This partnership is a requirement of the Health and Social Care Bill 2012 which requires a Health and Wellbeing Board to be developed as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The Sunderland HWBB has the vision of achieving the "best possible health and wellbeing for Sunderland ….by which we mean a city where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities".

Safeguarding - the process of protecting adults from abuse or neglect. The Care Act gudaince states: "Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances".

Sunderland Safeguarding Children Board

Sunderland Safeguarding Adults Board

Presentation of SSCB and SSAB Annual Reports to Health and Wellbeing Board

Sunderland Safeguarding Adults Board Annual Report 2014-15: Overview

SSAB Annual Report 2014-15

Sunderland Safeguarding Adults Board

Summarises the arrangements for safeguarding adults in Sunderland in 2014/15, and sets out:

- Role, Function, Structure and Scope of the SSAB, and their review in preparation for the Care Act (2014)
- Relationships with key partners and their contributions to the Safeguarding Adults agenda in Sunderland
- Work of the SSAB and its various Sub-Committees in 2014-15

SSAB Annual Report 2014-15

Sunderland Safeguarding Adults Board

- Overview of Local Government Association Peer Challenge March 2014, identified that the SSAB was functioning well overall but also made recommendations for improvements, which have been implemented
- A summary of performance data 2014-15, including source and number of Referrals, Strategy Meetings, Investigations
- Learning & Improvement activity (learning lessons from SCR case)

Sunderland Safeguarding Adults Board

6 Key Objectives of the SSAB:

1. Promote the active involvement of Service Users, their carers, their families and their advocates
2. Ensure effective leadership is in place
3. Secure Citywide consistency in safeguarding
4. Promote a learning culture around safeguarding
5. Improve Performance management of the SSAB with a specific focus on safeguarding activity and outcomes
6. Respond to Care Act (2014) requirements and developments

SSAB: Going Forward

Sunderland Safeguarding Adults Board

SSAB Positive Progress:

1. Full review undertaken of governance arrangements, including Role, Function, Structure and Scope of the SSAB, which ensured SSAB has met the relevant statutory requirements of the Care Act 2014
2. Strengthened links with key strategic partnerships: SSCB, Health & Wellbeing Board, Safer Sunderland Partnership
3. Successfully carried out an SCR using required process and shared Lessons Learnt

SSAB: Going Forward

Sunderland Safeguarding Adults Board

SSAB Future Challenges:

1. Understanding more about the challenges of sexual exploitation (for both children and adults) in Sunderland, and build upon current work, in order to develop a well-planned, multi-agency response including addressing transition issues
2. Build on existing work to further raise the profile of self-neglect, domestic violence and radicalisation as forms of abuse (and which satisfy PREVENT requirements)
3. Learning from Safeguarding Adult Reviews: build upon the new LIIP Framework to ensure learning is well-communicated, embedded in frontline practice, and that application of recommendations is audited

SSCB Annual Report 2014-15

Provides an overview of the multi-agency safeguarding children arrangements in Sunderland 2014-2015, including:

- Role, function, and structure of the SSCB, including the review of the SSCB
- Reflects upon key partnerships across Sunderland and how the Board interacts and works with them
- The work of the Board and its Sub-committees and the outputs and impact this work has made
- Reflects upon the learning and improvement activity undertaken, including the work on serious case reviews
- Provides performance information on referrals, child protection plans etc

Sunderland Safeguarding Children Board

SSCB Annual Report 2014-15

Key highlights from the Report include:

- The outcome of the Core Assets Review of Children's Safeguarding Service (May 2014)
- The findings of the Local Government Association Peer Review (November 2014)
- Pace of change and proposed Improvements in Children's safeguarding not moving with sufficient pace and a lack of impact evidenced
- A new Chair and proposed governance arrangements to provide a sound base from which to improve accountability and ownership across the partnership
- Learning and Improvement – significant numbers of SCRs – an outlier across England

Sunderland Safeguarding Children Board

SSCB Annual Report 2014-2015
Conclusion

- Children's safeguarding system in Sunderland lacks robustness
- A crisis of confidence about Children's Safeguarding Service from other agencies resulting in a fragmented system
- SSCB work has been significantly impacted upon by the unprecedented number of SCRs – and the subsequent limited ability to undertake and focus on core business
- Improvement work required to gain pace and start to demonstrate impact and progress going forward
- There is demonstrable commitment at the highest level across the partnership to the improvement journey

Sunderland Safeguarding Children Board

SSCB Progress

Achievements

- SSCB Challenges made to Children's Safeguarding Services led to Core Assets Review
- Completed a full review of governance arrangements, including role, function, and structure of the SSCB
- Learning and Improvement in Practice Sub-Committee progressed 8 SCRs and implemented a new model for SCRs

Sunderland Safeguarding Children Board

SSCB Going Forward

Challenges

1. Implementation of the SSCB Quality Assurance and Performance Framework to include a robust data set and performance report allowing the Board to understand its population, agency and system effectiveness and demonstrate real challenge, accountability and impact
2. Embed robust arrangements for children and young people in respect of missing, trafficking and sexual exploitation (MSET) – problem profile, hotspots, disruption, perpetrators, therapeutic services - improving outcomes
3. Demonstrate impact and improved outcomes for children and young people as a result of learning from the range of SCRs/learning reviews currently being progressed

Sunderland Safeguarding Children Board

SSCB Business Plan 2014 - 2017

3x key SSCB Priorities

Priority	Lead
Neglect	*Kerry Mehta – Interim Head of Safeguarding, Children's Services*
Risk Taking Behaviour	*Peter Storey – DCI, Northumbria Police*
Toxic Trio	*Deanna Lagun, Head of Safeguarding, Sunderland Clinical Commissioning Group*

Sunderland Safeguarding Children Board

Item No. 10

SUNDERLAND HEALTH AND WELLBEING BOARD 20 November 2015

TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND/OR AUTISM

Report of the Chief Officer of Sunderland Clinical Commissioning Group

1 Purpose of the Report

To provide assurance to the Board of progress in Sunderland regarding the national transforming care programme for people with learning disabilities and/or autism. The report introduces the collaborative 'fast track' programme developed across the NHS and Local Authorities in the North East of England.

2 Background

2.1 Panorama TV Programmes 31st May 2011 and 29th October 2012
On these dates, the BBC broadcast programmes which showed undercover filming over a period of weeks at a Castlebeck facility - Winterbourne View Hospital, Bristol. There was horrific evidence of maltreatment, bullying and, in some commentators opinion, torture of a cohort of people with learning disabilities and/or autism, men and women, who were in a locked ward environment. This resulted in several members of Castlebeck staff being arrested by the Police, subsequently charged and sentenced.

2.2 There was a whole range of actions across Government proposed by a subsequent national report entitled "Transforming Care: A national response to Winterbourne View Hospital" (Dec 2012)" including actions for NHS England, Clinical Commissioning Groups, Councils and commissioners who buy health and social care.

2.3 It is important that the Sunderland Learning Disabilities Partnership Board, which is the local voice of people with learning disabilities and/or autism and families, is fully engaged and there have been regular reports to that Board over the past few years, in addition to other interested bodies e.g. the Safeguarding Boards.

2.4 Soon after the national report, a Sunderland Project Board was established comprised of people with learning disabilities and/or autism, carers and officers of the Council and the CCG to monitor implementation of requirements arising from the national report. Also, there is an officer care review and planning team which has worked to achieve required reviews of people in hospital and now is concentrating on maintaining a good knowledge and database of information on people in hospital and people who may be at risk of admission to hospital

2.5 NHS North of England operates a clinical network for learning disabilities which exists to improve the health and well-being of people with learning disabilities and/or autism in the North East & Cumbria (NE&C) and help eliminate avoidable, premature deaths, injury and illness. It is attended by officers from the City Council and from the CCG. To date, NHS England has been monitoring progress of the programme through that group.

2.6 Pooled budgets and integrated commissioning between CCGs and Local Authorities for learning disabilities services is seen by Government as the way forward and the Board will be aware that Sunderland is well placed in that regard.

3 Fast Track

3.1 Government has not been satisfied with the pace of change in implementing Transforming Care, particularly around reducing the number of hospital beds in specialist hospitals along with reducing the number of admissions to those beds. It was stated that some local commissioners were not aware of the usage of the beds and were not planning well for discharge when individuals were coming near to the end of their hospital treatment for their mental health and behaviours that challenge. Sunderland is not in that position.

3.2 As a result of those concerns, NHS England recently identified six "fast track" areas to put some impetus into the system by creating a pool of £10M for the fast track areas to bid for. That initiative will be rolled out across the country in the coming months.

The six fast track areas are:

NE&C
Greater Manchester
Lancashire
Arden, Herefordshire and Worcestershire
Nottinghamshire
Hertfordshire

They have been selected because they have high numbers of people in in-patient settings, bringing together a large number of commissioners – each with different challenges – so that NHS England can test a number of approaches and effect the biggest change.

This initiative is well named as "fast" as discussions and plans had to be brought together very quickly and over the holiday period.

3.3 In NE&C, the CCGs quickly established a Transformation Board chaired by David Hambleton, Chief Officer for South Tyneside CCG, comprised of the constituent CCGs and representatives of ADASS. People with learning disabilities and/or autism and families also are represented on the Board as are the main hospital providers.

So far, the Board has collated initial transformation plans from the eleven CCG areas and submitted a collective regional plan, bidding for £2.7M.

Subsequent feedback from NHS England required additional information which was supplied and has resulted in an allocation to NE&C amounting to

£1.432M. The Board has discussed how to manage that lower allocation and is confident that it can do so. CCG Directors of Finance are closely involved.

3.4 The Sunderland transformation plan is attached as Appendix I and the regional plan, including an easy read version, can be accessed at

http://www.necsu.nhs.uk/necfasttrack

Because Sunderland already has really good community services we said we needed some capital monies so that we could purchase and/or adapt properties so that people could move out of hospital quicker or not need to go into hospital (£250K). Also, we sought funding to support a local autism organisation (£150K) and additional training (£3K) for some community staff. **(Capital Bids have now been excluded from the Transformation Fund allocated)**

3.5 Sunderland learning disabilities health services are held up as national best practice leading to NHS England commending to others the services and the way in which the CCG and Sunderland City Council work closely together through partnership working, pooled budgets and integration plans.

3.6 The whole required basis for these fast track plans is that community support services should be enhanced and consequently hospital bed numbers and admissions to those beds must both be reduced by 50% over the next five years although recently that requirement has itself been reduced to three years. This is a very challenging target that will need to be closely monitored to ensure that people with learning disabilities and/or autism and their families continue to receive appropriate services, according to their assessed need and their mental health status.

3.7 Some years ago, the then Sunderland Primary Care Trust invested more resources into community learning disabilities health services and the number of hospital beds were reduced by seven. The services are configured to support people in the Sunderland community and avoid hospital admission and are deployed through three pathways of care - Positive Behaviour Support - Health and Wellbeing - Mental Health and Wellbeing. The services work closely with the City Council People Directorate, with mental health services and with the criminal justice system to ensure there is timely and appropriate support to individuals and their families.

3.8 There is good knowledge of individual need and databases exist that identify possible crisis situations that may arise. Also, anyone who is admitted to the specialist hospital will have a discharge plan which includes identifying community support services and accommodation that will be needed before discharge occurs. Through the adult social care solutions team, there is excellent knowledge of individual need and positive relationships with Sunderland housing providers.

3.9 At any one time there are around ten Sunderland people in specialist hospital beds, funded by the CCG. Additionally, there are around twelve Sunderland

people with learning disabilities and/or autism in medium and low secure hospitals which also will be subject to that 50% decrease. Funding of those individuals is by NHSE, not the CCG, but there is close working relationships with the case managers to ensure a good awareness of the individuals and where they are in their treatment and discharge planning.

4 Recommendations

The Board is recommended to:

- Note the content of this report and the Fast Track plans
- Expect future reports as appropriate

Learning Disability Fast Track Locality Plan for Sunderland

Locality Area(s): Who are the key Leaders to deliver this plan?

Sunderland Clinical Commissioning Group

Ian Holliday	Service Head
Alan Cormack	Joint Commissioning Manager (Learning Disabilities)
Janette Sherratt	Joint Commissioning Manager (Children)
Michelle Turnbull	Joint Commissioning Manager (Mental Health)
Ann Fox	Director of Nursing, Quality and Safety
Gloria Middleton	Clinical Lead

Sunderland City Council

Lennie Sahota	Head of Adult Social Care
Lynden Langman	Service Manager
Ann Dingwall	Commissioning Lead - Adults
Alan Caddick	Head of Housing Support & Community Living

Northumberland Tyne and Wear NHS Foundation Trust

Julie Bates	Community Clinical Manager Learning Disabilities - Planned Care
Don Stronach	Service Manager
Denise Pickersgill	Service Manager

Sunderland People First

Lisa Clark	Managing Director
Sharon Bell	Co-Chair Sunderland Learning Disability Partnership Board

Sunderland Carers Centre

Eibhlin Inglesby	Joint Operations Manager
Graham Burt	Chief Executive Officer

What needs to be in place in your locality to deliver the model of care and ensure the NE&C service and care principles and standards are achieved?

In Sunderland, we reflect the ambition echoed across the North East and Cumbria that the support provided for all people who have a learning disability and their families, will be as good as anywhere in the world. We will endeavour to ensure that, everyone has a chance to live as a valuable member of their community; close to the important people in their lives and supported by those who understand and care for them.

We will do this by meeting the agreed needs of individuals and their carers through effective commissioning, by:

- keeping people safe in all health, social care and family settings
- ensuring they routinely experience the highest quality evidence based health and social care that is reasonably adjusted to theirs and their carers needs
- eliminating health inequalities by addressing the wider determinants of health and enabling people to live meaningful and fulfilled lives
- eliminating avoidable hospital attendance and admissions for people with learning disabilities.

Sunderland has a longstanding history of collaborative work that is focussed on developing “local services for local people” this work has been “Core business” for a number of years and has been recognised as good practice nationally and regionally.

We have hosted several National Leads in Transforming Care and the related work streams to showcase the work that is on-going in Sunderland and people have commented on the following:

- *Leadership at all levels from Councillors to frontline*
- *Investment in and close engagement with the partnership Board, the local People First group (who have successfully become a self-managing Community Interest Company), families and advocates*
- *Everyone who is in hospital is tracked (confidentially but transparently), discharge activity is proactive and thoroughly person centred*
- *They said: “There is a close and respectful working between local health and social care colleagues including clinicians and practitioners etc. We said: “It’s the only way to do things...".*
- *Also, good use of peer review to learn and improve (no defensiveness or blame culture) and a shared determination to create a good legacy.*

The then Director of the national Joint Improvement Programme stated on his blog “ *Needless to say I was very impressed; if every local area was as organised, proactive and joined up as Sunderland we could pack our bags and say job done.” (2014)*

It is our proposal to continue on the path we have been following which has been recognised as good practice nationally and regionally.

We have never been, and are not, complacent though and we recognise that there are several areas where we need to continue reviewing our practice and influence North East & Cumbria activity.

We propose that we concentrate initially on a small number of issues that we can “resolve” relatively easily (“quick wins” – see Actions and Next Steps below). We will then reflect with our partners and then move on to other issues highlighted in the draft service model that we feel we may need to review in Sunderland.

The model in Sunderland will build on long established collaborative working between agencies and partners to deliver on key areas that have been identified to continue to deliver the NE & C Outcome standards as well as the finished National Model of Care. This will enable us to provide the best service possible for the residents of Sunderland who have a learning disability and/or autism and /or behaviour that challenges and who may need inpatient assessment and treatment.

Stakeholder Engagement

Due to tight timescales and the holiday season, it has not been possible to arrange engagement meetings to consider all of the issues within the plan with all of the stakeholders.
However as evidenced throughout this plan, engagement and positive relationships with all stakeholders is a strength that as a City we have worked hard to engender and we continue to view this of vital importance to achieving better outcomes for the people we work alongside.

The details in this Sunderland this plan outline the work that has been ongoing for some time

There continues to be strong partnership working between the Council and the CCG, this also applies to Northumberland, Tyne and Wear NHS Mental health Trust (NTW) which is the main health provider for people with learning disabilities in hospital and for those who need health support from the community learning disability services, including psychiatry, psychology and nursing.

In Sunderland we have regular and well established forums where Transforming Care has been discussed over the past eighteen months, these include

- **Learning Disabilities Partnership Board**: This important and valued resource plays a key role in the governance, oversight and accountability of all work which has an impact upon the lives of individuals who have a learning disability and / or Autism. Representatives range from individuals who have a learning disability, family carers, as well as Carers Centre representatives as well as key stakeholders from the multi-agency partners
- **Health & Social Care Integration Board**
- **Adult Partnership Board**
- **Health &Well Being Board**
- **Adult and Children Safeguarding Boards**
- **CCG Executive**
- **CCG Quality, Safety & Risk Committee**

There continues to be on-going work and commitment to embed and drive up standards and the oversight of this continues to be facilitated and led alongside involvement of service user and carer groups.

Key Enablers for Success

- **Partnership Board**

This important and valued resource plays a key role in the governance, oversight and accountability of all work which has an impact upon the lives of individuals who have a learning disability and / or Autism.
The Partnership Board has 3 work streams attached with representatives of the Board as well as experts by experience and professionals in the field who support the development of the agenda and work undertaken:
The 3 work streams consist of **Health**, **Employment** and **Housing**
The work streams, with the oversight of the Partnership Board; identify priorities that include supporting choice and equality to improve outcomes in all 3 areas throughout Sunderland. The streams work with partners in the City to develop shared understanding and agreement regarding what it is to lead fulfilled and meaningful life in Sunderland

- **Prevention, Early Intervention and Crisis Care**

The local focus continues to be on preventing admissions so far as is possible and to plan well for discharge in advance of final agreement on discharge dates. This planning includes the patient, their family and advocate, social care, the CCG and relevant clinicians. For some people the Courts/Tribunals will influence dates and transition timetables. CPAs are attended by the CCG commissioner in addition to the social worker and the lead learning disabilities nurse.

We continue to be supported in this process by our Carers Centre and our local self–advocacy group

In recent years Sunderland CCG has worked closely with Northumberland Tyne and Wear NHS Foundation Trust to redesign community services in Sunderland that support individuals who have a learning disability and provided additional resources.

Following the closure of a 12 bedded Assessment and Treatment Unit in Sunderland, the CCG worked closely with partner agencies to enable a responsive and flexible community service to be provided and this Community Team is managed by Northumberland Tyne and Wear NHS Foundation Trust.

- **Sunderland Community Treatment Team**

The learning disability Community Treatment Team provides specialist learning disability services for adults with a learning disability in the Sunderland locality.
The team consists of three intervention streams centred on the person with learning disabilities primary need of **mental health**, **Positive Behavioural Support (formerly challenging behaviour)** or **complex physical health.**

A small group of people have complex needs that cut across pathways, e.g. complex physical health and mental health needs.

One of the main aims of the team is, wherever it is possible, to deliver effective care and treatment in a person's own home.

The team has been developed to offer a flexible service response that enable care to be "stepped up" (and down) in response to changing need, to create a viable alternative to hospital admission. ***See Figure 1.0***

Positive Behavioural Support:

Key members of the team have completed the Advanced Professional Diploma; B Tech level 5 in Positive Behavioural Support from Cardiff University.

Other members of the Team are currently completing Professional Certificate in Positive Behavioural Support, B Tech level 4; this is currently Band 5 Nurses

Also available is the Advanced Certificate Positive Behavioural Support which is B Tech level 3 and this is aimed at members of the peripatetic team such as Speech and Language Therapists, Occupational Therapists who are not actively involved in the functional assessments but need an understanding of the principles

Other members of the Community Treatment Team have completed the Masters in Applied Behavioural Analysis at Bangor University; this has enabled the development of a training schedule in which these individuals act in a supervisory role mentoring those undertaking the Diploma and certificate level courses

This initiative by NTW has enabled the development of a positive behavioural approach to supporting individuals who display behaviours that challenge, their families and staff teams.

This has enabled the development of a pathway of care and support which includes a proactive approach to functional assessments of behaviour, a focus on formulation and a shared understanding of the purpose and function of the behaviour.

A training package has been developed which allows service providers from community setting to send staff on a two day intensive positive behavioural support training.

A PBS mentorship group is currently in planning, this will include senior staff who have a management or supervisory role from service providers to take part in the two day training. This will then be followed up by a regular mentorship support group facilitated by a clinical Psychologist where the group can reflect on their experiences of introducing PBS as well as working with the Psychologist to identify the best way to support staff teams when working in a way that supports PBS.

Active Support:

Key members of the PBS team work alongside independent sector community provider teams in introducing Active support into individuals lives as well as in group home settings, this recognised model is introduced in a structured and systematic way. Pre training assessment and post training assessments are undertaken to measure agreed outcomes and the improvement in the person's quality of life can be measured in a way that embeds the training and philosophy for all involved

Similarly, a scheme is currently underway that is training team leaders and managers from community providers in Active Support, this scheme is designed to develop Proactive Leadership in Community Settings, training managers to lead and maintain the philosophies of Active Support within the settings where they work.

Key Functions of the Team include but are not limited to:

The Team works collaboratively with Individuals who have a learning disability and or Autism as well as families and support providers in offering among other things:

- **Facilitating access** to mainstream health services / Generic health services
- **Proactive work** /education with individuals, parents, care providers and other professionals
- **Preventative work**. Health promotion, healthy living groups, Active Support
- **Consultation, Assessment and formulation** regarding presenting need and functional analysis of any behaviours that may challenge
- **Personalised Interventions** with individual and carers/ families (Individualised workshops, Wellness Recovery Action Plans, Behaviour Support Plans)
- **Multidisciplinary team approach** (MDT) the team includes Psychiatrists, Nurses, Psychologists, Speech and Language Therapists, Occupational Therapists, Physiotherapists
- **Multi-agency approach** working with providers, other agencies
- **Daily MDT**: Scheduled slot to review any issues or on-going concerns regarding individuals supported by the team.
- **Transitions team** 14+
- **Step up** – function (See Figure 1.0)
- **Crisis function:** The team operates a 7 day 8 till 8 service; there is also a dedicated 24 hour phone number with access to a Crisis Intervention Team which consists of mental health as well as learning disability trained nurses
- **Principal community pathway:** The CCT is part of a community pathway which includes support from mainstream mental health services in offering Scaffolding support to individuals as well as supporting staff teams
- **Training**
- **Proactive planning** to support discharge
- **Forensic Outreach Clinic,** this service offers an opportunity for individuals, families and support staff to have consultation with experienced clinicians from NTW forensic services on a regular basis to review Support plans, Risk management plans and gain proactive advice and guidance on any issues of concern. ***(This service was developed in conjunction with NTW and Sunderland CCG and has been since rolled out to other areas)***

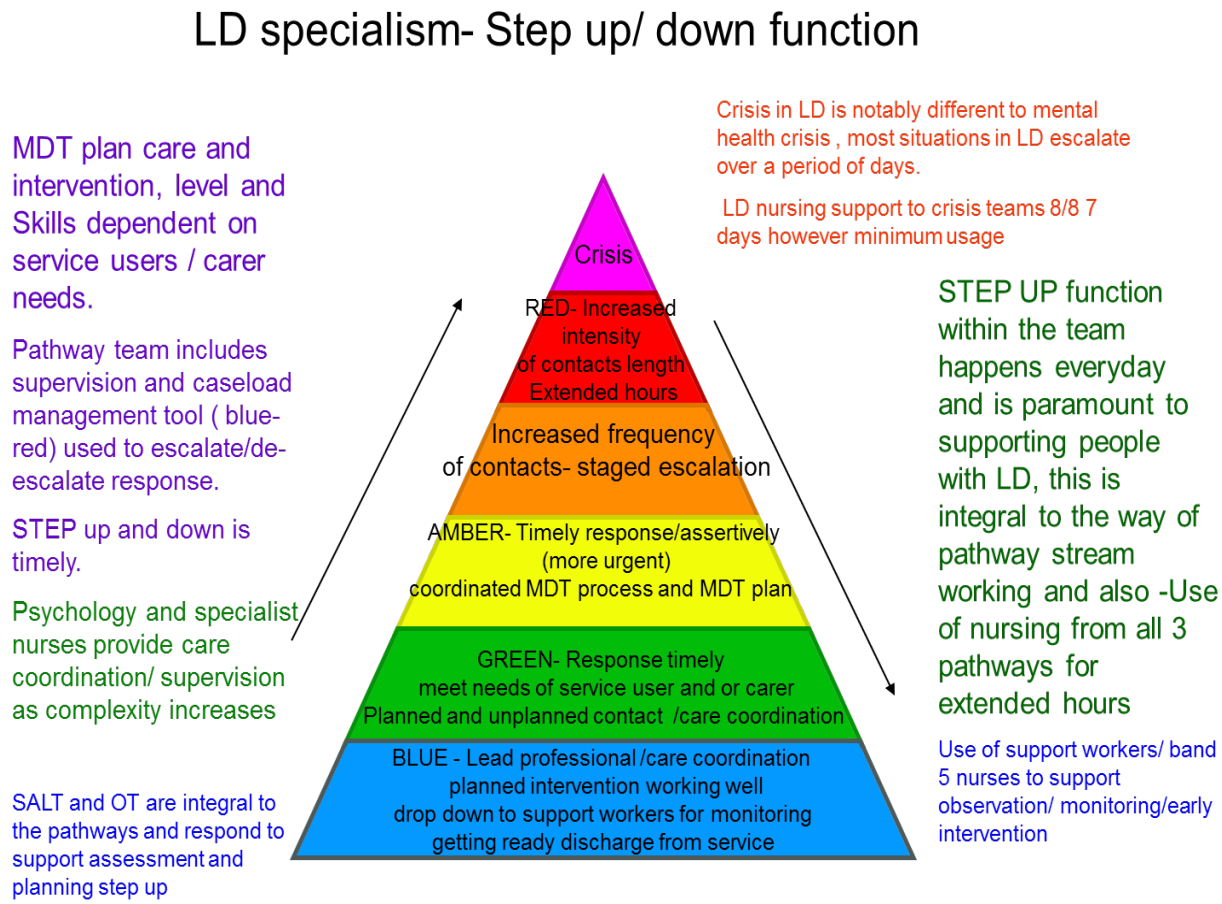

LD specialism- Step up/ down function
MDT plan care and intervention, level and Skills dependent on service users / carer needs.
Pathway team includes supervision and caseload management tool (blue-red) used to escalate/de-escalate response.
STEP up and down is timely.
Psychology and specialist nurses provide care coordination/ supervision as complexity increases
SALT and OT are integral to the pathways and respond to support assessment and planning step up
Crisis in LD is notably different to mental health crisis , most situations in LD escalate over a period of days.
LD nursing support to crisis teams 8/8 7 days however minimum usage
Crisis
RED- Increased intensity of contacts length Extended hours
Increased frequency of contacts- staged escalation
AMBER- Timely response/assertively (more urgent) coordinated MDT process and MDT plan
GREEN- Response timely meet needs of service user and or carer Planned and unplanned contact /care coordination
BLUE - Lead professional /care coordination planned intervention working well drop down to support workers for monitoring getting ready discharge from service
STEP UP function within the team happens everyday and is paramount to supporting people with LD, this is integral to the way of pathway stream working and also -Use of nursing from all 3 pathways for extended hours
Use of support workers/ band 5 nurses to support observation/ monitoring/early intervention

Figure 1.0

- **Sunderland Better Care Fund & Integration**

Sunderland has a history of Pooled Budget Arrangements which have facilitated the opportunity of a number of innovative approaches to be developed; including bespoke packages of support to be established. The existence of the pooled budget arrangements enabled Sunderland to develop dedicated teams and posts, such as the Resettlement Team, Futures Team as well as Partnership Officer and the Solutions team These have led to measurable changes and better outcomes to the quality of lives of individuals, their families as well as the development of service providers.

This history of collaborative approaches to finding individual solutions has provided sound foundations for the Better Care Fund.

Sunderland City Council and Sunderland Clinical Commissioning Group are determined to pursue full integration of services.

In parallel, jointly managed pooled budgets have been established this year amounting to over £152 M – CCG (62%) and Council (38%). This is the spend on adults "out of hospital care" but including learning disabilities inpatient spend - the learning disabilities pool is around £33 M. There is the potential for further expansion which may include public health and children budgets.

- **Dedicated Posts**

As stated earlier the existence of the Pooled Budget arrangements have facilitated the development of the following posts,

Partnership Officer:

This dedicated post has been established for a number of years and works alongside the Partnership Board to facilitate and move forward the learning disability agenda in Sunderland. Working with Key stake holders and supported by individuals who a learning disability the Partnership Officer promotes inclusion and equality within communities.

The Solutions team

The Solutions Team offers a unique role in providing leadership and guidance and play an integral role in providing a coordinated and integrated approach when working with a range of stake holders including customers, social workers, health professionals and commissioning managers. They work successfully across all agencies in driving forward a multi-disciplinary approach to finding individual housing and support solutions for customers.

Nurse Lead:

The post holder, Gavin O'Doherty, currently undertakes a wide range of activities to support the work of the Solutions Team, across Sunderland Care and Support Services, with Health Colleagues, colleagues in the Local Authority People's Directorate as well as with other stakeholders. This post has been essential in supporting the transformation agenda and is a unique post in having active links to health, local authority and CCG.

Solutions team workers x2

These posts; a Service Manager Post and a Senior solutions team worker have also been integral in the working with a range of stake holders including customers, social workers, health professionals and commissioning managers in identifying potential & compatible individuals to fill vacancies or share new or existing accommodation.

- **Sunderland Supported Accommodation Commissioning Forum**

This Forum has been established to support the strategic planning for individuals, who have complex needs, with regards to their accommodation and support needs.

The Forum meets on a two weekly basis and has membership which includes the Commissioning Manager, Service Manager for Adult Social Care, and the Strategic development lead for Accommodation; lead Team Managers from Adult Social Care as well as members of the Solutions Team

- **Commissioning Intentions Database**

The database provides specific intelligence regarding customers who have complex needs and highlights the accommodation and support needs over a two year period to support strategic planning for such individuals.

This intelligence, that informs the database, is collated from customers Adult Needs Assessment and Accommodation Support and Care Plan and where appropriate from a customer's Individual Service Design (ISD).
This data gives the Forum direction in planning services that are needed now as well as being able to identify future service pressures. This supports the Council's strategic direction of becoming an intelligent commissioning organisation.

The database is shared at the Supported Accommodation Commissioning Forum on a two weekly basis where members of the Solutions Team provide detailed updates to on-going work and developments enabling the Forum to identify the next steps and actions as well as identifying any issues or areas of best practice.

- **Residential and Supported Accommodation List**

The solutions team has the responsibility for maintaining the Accommodation List and provide Updates of current vacancies within the City of Sunderland. Vacancies and updates regarding any changes are entered onto the database as soon as the information is received from providers and Social workers.

The Solutions Team provides support to both providers as well as Social Work Teams to identify possible housing solutions for people identified via the Commissioning &Intentions Database or from individual Social Work Teams.

- **Deregistration of Small Group Living Homes**

The LA is currently undertaking a programme to deregister the Learning Disability residential small group living homes; this will enable individuals to have more rights in relation to their tenancy, more disposable income through access to a greater range of benefits leading to greater choice better outcomes and increased independence for the residents.

- **Sunderland Transforming Care Project Board**

This Board consists of representatives of people with learning disabilities and families, CCG learning disability Commissioning Manager, Service Manager for Adult Social Care, Social work managers, Local Authority children's and housing services representatives. This board monitors the implementation of Transforming Care and reports into the Learning Disabilities Partnership Board.

The Board is supported by a working group of officers of the CCG and the Local Authority.

Planning for discharge database

This database ensures that everyone who is in hospital is tracked (confidentially but transparently), discharge activity is proactive and person centred. It includes people who are currently in Forensic beds and ensures that appropriate information is tracked, e.g.: date of recent and next CPA, advocacy and family involvement.

- **Management meetings**

These meetings take place between Local Adult social Care managers as well as Community Treatment management and senior staff. This is a forum to explore any issues or barriers to ensuring wellbeing and safety of individuals. It also focuses on a joint planning approach to training

- **Development of a lifespan service**

Sunderland Local Adult Services are developing a Lifespan approach which supports transition from child to adult services, this will ensure a more streamlined way of supporting better outcomes for young people and their families.

- **Sunderland People First**

This locally and nationally renowned organisation is an independent champion for people with learning disabilities and autism in Sunderland. Their aims are to promote rights, equality and diversity of people with learning disabilities and autism.

They work as an integral part of the Partnership Board, coordinating the meetings; one of its members is the co- chair for the Learning Disability Partnership Board.

Sunderland People First members attend all 3 work streams of the Partnership Board and attend meetings in relation to Transforming Care.

Other important functions the group undertake are:

- Offering training, including Disability Awareness Training, Personal Assistant Training as well as Hate/ Mate Crime Training
- Converting complex information into easy read information which is accessible for people with a learning disability and autism
- Members who are Experts by Experience offer Quality Checks for medical facilities, social and leisure facilities and have recently began to quality check supported accommodation provision for people who have a learning disability
- They undertake consultations with partner organisations to give the views of people with a learning disability

Sunderland People First have a long history of supporting key stakeholder organisations and have offered a critical friend view point on many projects and have been invaluable in the Transformation of Care Agenda.

Actions and Next Steps

1. **Crisis prevention and intervention** - convene a meeting of the relevant managers in NTW and the Council initially to ensure a mutual robust understanding of various roles and responsibilities and how current services are deployed to good effect

2. **Develop a "register" of individuals at risk of hospital admission** - with similar participants, initially to measure and compare the databases that we maintain, children and adults, to discover if they match up to the statements in the draft Service Model at page 18 (– risk stratification of children and adults in their area with learning disabilities and / or autism who have a mental health condition or display behaviour that challenges (including behaviours which may lead to contact with the criminal justice system) and who at times might need extra support to remain in the community (as opposed to experiencing a crisis and going into hospital). The register should be used to ensure that there is sufficient resource in each area to provide early interventions and personalised and coordinated support in the community.) **Supported Accommodation Forum**: we need to review the purpose of our collective and separate data bases to ensure information sharing and relevance to service managers and their staff and that we have effective information supporting the prevention of admission to and discharge from specialist hospitals with risk stratification where possible.

3. **Accommodation** – In order to "pump prime" and further assist with prevention of admissions and aid timely discharges, an amount of "capital" monies would be advantageous for property adaptations and perhaps a contribution to any new build. (No capital bids progressed at this time)

4. **Engagement** – As soon as is practical, we will convene a local workshop involving all local interests to match our current services and thinking against the final Service Model (which is currently in draft form). This has not been possible to date due to the holiday season and the short timescales.

5. **Autism Partnership Board** – We are supporting and encouraging a local group of people on the autism spectrum and their families to seek registration as a Community Interest Company which will boost their ability to seek funding from statutory and non-statutory sources. We have a newly constituted Autism Partnership Board which will be an excellent vehicle to ensure that autism figures highly on local agendas, particularly for those who are high functioning. Sunderland Joint Strategic Needs Assessment is being refreshed and a comprehensive section being imbedded regarding the autistic spectrum and Sunderland services.

6. **Workforce Development**

   Provider competence – There is a need for a range of regional, responsive, competent and specialist providers that have staff who are trained and experienced in supporting people with behaviours that challenge, mental health conditions and offending behaviour. This is something that has been discussed at regional meetings for a very long time as it is something that cannot easily be developed on a locality basis – providers cross locality borders!

   We would want to support any NE&C initiatives in this respect.

   Local Authority commissioning of community providers is well established and a small number has developed expertise in supporting people with high needs.

7. **Care and Treatment Reviews**

   Whilst the initial requirements for CTRs were met, we need to respond to the national model when finalised. This means that independent clinicians and experts by experience will have to be commissioned. Also, we need to review our current processes to integrate CTRs into “normal” business.

Governance and Oversight:

In all of these developments we will, as per our usual way of working, include and involve representatives of people with learning disabilities and families. Indeed, they will be asked to help design the workshop.

We will work with Sunderland People First to ensure the Sunderland Plan as well as all correspondence is in Easy to Read Format.

Progress and outcomes from any of the above will be formally reported into the Learning Disabilities Partnership Board / the CCG Quality, Safety and Risk Committee and onwards to the CCG Governing Body / the Adult and Children’s Partnership Boards / the Safeguarding Committees. Also, not least, to the Sunderland Transforming Care Project Board comprised of representatives of people with learning disabilities, families and officers of the Council and the CCG.

RISKS, ISSUES & MITIGATIONS

Risk that…	Caused by…	Impact (H/M/L)	Likelihood (H/M/L)	Mitigation	Owner
Too fast a reduction in beds will have a detrimental impact for the rest of the system and possibly on individuals.	Precipitous reaction to central requirements	H	H	Work with Fast Track partners to mitigate risk.	NE& C TC Board
Providers, both existing and developing, are not ready for such major change	Timescales which need to be medium to long term	H	H	Work with Fast Track partners to mitigate risk	NE& C TC Board

STAKEHOLDER ENGAGEMENT

	CCGs	Spec. Comm.	LGA	ADASS	Users & public	Providers
a						
b						
2						
3						
4						
5						

Green = actively engaged and supportive

Amber = engaged but some issues

Red = not engaged/opposed

Due to the tight timescales and the holiday season, it has not been possible to arrange engagement meetings to consider all of the issues herein.

Therefore we cannot complete this at this time.

However, Fast Track issues will be reported to and considered in our many forums as soon as is practical to ensure Knowledge/ Awareness and sign up to the plan for future satisfactory and robust engagement.

PROPOSALS FOR BIDS

Proposal 1:

In order to further assist with prevention of admissions and aid timely discharges, an amount of “capital” monies would be advantageous for property adaptations and perhaps a contribution to any new build

There is a need to have the ability to assist with **accommodation** issues related to prevention of admission to and early discharge from hospital.

There are situations where a small resource such as £5,000 is needed for minor adaptations to properties and it proves difficult to access such “capital”.

Similarly, for a small number of individuals, there is a requirement for bespoke accommodation that would require major adaptation of a property or new build. In Sunderland we are well placed to work with housing providers to obtain and/or develop such properties.

Therefore, a “**capital pool**” is needed and the CCG is considering contributing up to £250K match funding for Sunderland schemes. Developments can be achieved in 15/16 through 16/17, with spend of the National Transformation Fund contribution in 15/16. (The Transformation Fund since identified excludes Capital Bids)

There is a need also to identify and develop a “Step Up, Step Down.” Accommodation model to support the excellent work already undertaken by the CTT. This resource would complement the prevention and crisis response element of supporting individuals who find themselves in a situation where they may need to move out of their current environment for a short period of time. Whether this be for a social reason, change in family dynamics, or the risk management issues pertaining to keeping people safe and well.

Proposal 2:

Over 60% of adults with autism rely on their families for financial support and 40% live at home with their parents • Two thirds of adults with autism report that they do not have enough support to meet their needs • As a result of this lack of support, a third of adults with autism have developed a serious mental health problem • Just 15% of adults with autism are in full-time employment.

Low-cost early intervention and prevention services aim to reduce the need for high-cost acute support associated with crisis management services in the longer term. With appropriate circles of support, many adults with autism are able to live relatively independently in the community, requiring only low-intensity services. Without such support, there is increased risk of social exclusion and of mental illness.

Currently, there is no service provision that has been specifically designed for adults with Aspergers Syndrome and High Functioning Autism. Mainstream services are not equipped to deal with the complex and diverse needs of adults with this condition.

Similarly, there is no specific continuation of healthcare provision for anyone who has Aspergers Syndrome or High Functioning Autism after they leave children's services.

We wish to commission the development of a local **autism support network** through a Sunderland Community Interest Company which will support people and their families pre and post diagnosis. Currently, that support depends upon the goodwill of families and others. We wish to encourage the creation of a development worker, some hours of which will be paid to a person/s on the autistic spectrum, thereby setting a good example. That will then spur applications to grant making bodies - statutory and non-statutory and encourage market development.

Therefore, **pump priming** of £150K is needed and the CCG is considering contributing up to £75K match funding for this Sunderland scheme. Developments can be achieved in 15/16 through 16/17, with spend of the National Transformation Fund contribution in 15/16.

Proposal 3:

Training Fund - £3,000: Workforce development will be an essential aspect of ensuring Sunderland's Plan is achievable in delivering the model that ensures good outcomes for individuals who have a learning disability.

Training is a key issue in the development of any workforce: building on the work that Sunderland Community Treatment Team have established in delivering Positive behavioural Support, we would like to develop training and expertise around the issue of Sensory Integration.

Sensory Integration deficits affect individuals who have autism and/or individuals who have a severe learning disability.

There has been an improved understanding over recent years of this issue and specialist training has been developed to enable skilled practitioners to assess a person's sensory needs and develop a profile or sensory diet.

In Sunderland, currently we have one Occupational Therapist who is trained up to this standard; it is our proposal to fund specialist training for the second OT. This will increase the capacity for these specialist assessments to be undertaken.

Also, this will enable a programme of training to be developed for independent providers that will support the understanding of these issues among individuals, their families and the independent providers' workforce.

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Health & Wellbeing Board

update on Active Sunderland Board Priorities

Background

Sport and Physical Activity policy position agreed by Cabinet November 2014

- **The aim - All together an Active Sunderland -** *a city where everyone is as active as they can be*

- **The challenge -** Enhance the conditions and opportunities for more people to become more active

The Approach

- To impact on the greatest number of people

- To enable children to have the best start in life

- To support people and communities that are benefiting least from the opportunities that being active brings

- To provide access to all our infrastructure, green open space, blue space as well as sport and leisure facilities

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Active Sunderland Board

- 17 Board Members
- Chair – Ian Simon, Tyne & Wear Sport
- Quarterly meetings
- End of Year Report

Active Sunderland Board	
SCC - Cabinet Secretary	Tyne & Wear Sport
SCC - Portfolio Holder for Public Health, Wellness and Culture	Foundation of Light
Health and Wellbeing Board	Everyone Active
Education Leadership Board	Sunderland AFC
Economic Leadership Board	Sunderland Cultural Partnership
Public Health	Sunderland College
SCC - Sport and Leisure Service	Sunderland University – Institute of Sport
NHS – NTW	Sunderland University – Academic
Sport England	

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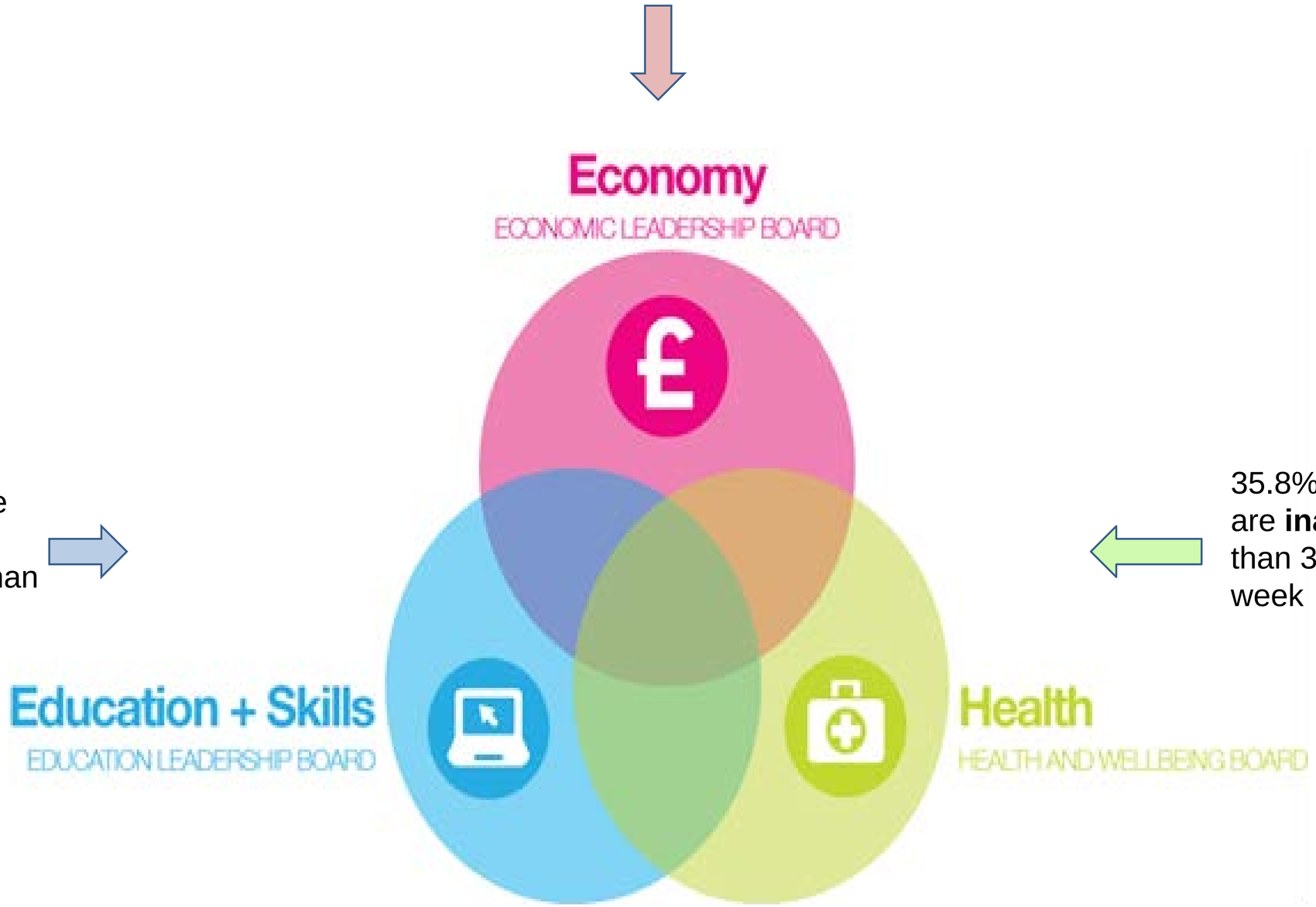
Governance Arrangement

- Active Sunderland Board to lead on delivery of the policy position

- Report quarterly to the Health & Wellbeing Board

City Priorities

£6.4m represents the value of **sport volunteering** to the local economy



Active children have numeracy scores on average 8% higher than non active children

35.8% of Sunderland adults are **inactive** and take less than 30mins of activity per week

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Active Sunderland Themes aligned to Health & Wellbeing Board Priorities

Health & Wellbeing Board Priorities	Active Sunderland Board Themes (from policy position)
Best start in life	Empowering communities
Tobacco	Active environments
Alcohol	Sport & leisure facilities
Falls prevention	Working with schools
Physical inactivity	Workforces and workplaces
Economy and standard of living	Supporting individuals in need
Sunderland as a healthy place	Understanding need and impact
Wellbeing	

Active Sunderland Board Year 1 Priorities

Priority 1 - Improving community access to schools

- working with Sport England appointed consultant
- identifying and reducing barriers to community access
- highlighting the benefits to schools in being a great active 'community school'

Priorities 2 & 3

- analysing data to inform further priorities for Year 1
- participation trends, demographics, assets; then identify
  - key target groups
  - who is best placed to deliver priorities
- completed by 7 December 2015

Thank you for Listening

Any Questions?

Item No. 12

SUNDERLAND HEALTH AND WELLBEING BOARD 20 November 2015

HEALTH AND WELLBEING BOARD FORWARD PLAN AND BOARD TIMETABLE

Report of the Head of Strategy and Policy

1. PURPOSE OF THE REPORT

To inform the Board of the forward plan and Board timetable.

2. FORWARD PLAN

Health and Wellbeing Board Agenda - Forward Plan 2015-16			
	Friday 20 November 2015	Friday 15 January 2016	Friday 11 March 2016
Standing Items	• Update from Advisory Groups • Health and Social Care Integration Board • Closed Board Sessions and Forward Plan	• Update from Advisory Groups • Health and Social Care Integration Board • Closed Board Sessions and Forward Plan	• Update from Advisory Groups • Health and Social Care Integration Board • Closed Board Sessions and Forward Plan
Joint Working	• Behaviour Change Pilots update • Final GP Strategy for General Practice • Safeguarding Sunderland • Transforming Care for people with learning disabilities and/or autism – Fast Track • Active Sunderland • Devolution Agenda update	• Update on NHS National Planning Requirements (CCG) • HWBB Priority Setting Update (VT/GG) • JSNA Update (GK) • Welfare Reform (SR) • Syria Refugees (FB) • Age Friendly Cities	• CCG operational plan
External		• Age Friendly Status Update • Food Policy Pact	

3. BOARD TIMETABLE

The Board timetable is attached for information.

The dates for future Board meetings are:

- Friday 15 January 2016
- Friday 11 March 2016

4. RECOMMENDATIONS

The Board is recommended to

- Suggest topics for in depth closed/partnership sessions for 2015
- note the forward plan and suggest any additional agenda topics

SUNDERLAND HEALTH AND WELLBEING BOARD SCHEDULE 2015/16

Notification of Agenda items	Adults Partnership Board	Children's Trust	Provider Forum	Integration Board	Deadline For Board Papers (to KG)	Chairs Briefing	Publication Deadline	Members briefing	HWBB Meeting Date
20 April (Mon)	5 May 2015			Thursday 9 April 2015 Thursday 14 May 2015	18 May (Mon)	21 May	21 May (Thursday)	22 May (Friday)	Friday 29 May 2015
15 June (Mon)	7 July 2015		1st July	Thursday 25 June 2015 Thursday 23 July 2015	13 July (Mon)	14 July	16 July (Thursday)	17 July (Friday)	Friday 24 July 2015
10 August (Mon)	8 September 2015		25th Aug	Thursday 10 September 2015	7 September (Mon)	9 Sept	10 September (Thursday)	11 September (Friday)	Friday 18 September 2015
12 October (Mon)	10 November 2015		30th Oct	Thursday 15 October 2015 Thursday 12 Nov 2015	9 November (Mon)	10 Nov	12 November (Thursday)	13 November (Friday)	Friday 20 November 2015
7 Dec (Mon)	5 January 2016		15th Dec	Thursday 10 December 2015 Thursday 7 January 2016	4 January (Mon)	7 Jan	7 January (Thursday)	8 January (Friday)	Friday 15 January 2016
1 February (Mon)	1 March 2016		18th Feb	Thursday 4 February 2016 Thursday 3 March 2016	29 Feb (Mon)	1 March	3 March (Thursday)	4 March (Friday)	Friday 11 March 2016