SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Friday 24 January 2014 at 12.00noon

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

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1.	**Apologies for Absence**	
2.	**Declarations of Interest**	
3.	**Minutes of the Meeting of the Board held on 22 November 2013** (attached).	1
4.	**Feedback from Advisory Boards** • **Adults Partnership Board** (copy attached). • **Children's Trust** (report to follow).	13
5.	**Integration Updates**	
	(a) Integration – Governance Issues and Progress Presentation.	
	(b) Better Care Fund – Progress Presentation.	
6.	**Public Health England Autism Self Assessment** Report of the Commissioning Specialist (copy attached).	17
7.	**Strengthening Families Framework** Report of the Children's Trust (copy attached).	23

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

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8. **Local Government Association Health and Wellbeing Peer Challenge** 53

Report of the Assistant Chief Executive (copy attached).

9. **Health and Wellbeing Board Development Session – 14 February 2014 and Forward Plan** 57

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

10. **Date and Time of the Next Meeting**

The next meeting of the Board will take place on Friday 21 March 2014 at 12.00noon

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

15 January 2014

Item No. 3

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 22 November 2013

MINUTES

Present: -

Councillor Mel Speding (in the Chair)	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Councillor John Wiper	-	Sunderland City Council
Neil Revely	-	Executive Director of People Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Ken Bremner	-	Sunderland Partnership
Christine Keen	-	NHS England Area Team
Kevin Morris	-	Healthwatch Sunderland
Jane Hartley	-	Healthwatch Sunderland

In Attendance:

Ann Fox	-	Director of Nursing, Quality and Safety
Nichola Fairless	-	North East Ambulance Service
Gillian Gibson	-	Consultant in Public Health
Councillor Louise Farthing	-	Sunderland City Council
Councillor Julia Jackson	-	Sunderland City Council
Liz Highmore	-	DIAG
Allison Patterson	-	Scrutiny and Area Arrangements, Sunderland City Council
Karon Purvis	-	Scrutiny and Area Arrangements, Sunderland City Council
Karen Brown	-	Scrutiny Officer, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW32. Apologies

Apologies for absence were received from Councillors Watson and Kelly.

HW33. Declarations of Interest

There were no declarations of interest.

HW34. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 20 September 2013 were agreed as a correct record.

HW35. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 5 November 2013 and the main issues considered had been: -

- Health and Wellbeing Board Agenda
- Voluntary Organisations supporting Health and Wellbeing in Sunderland
- The Principal Community Pathways Project (PCP)
- Health and Wellbeing Strategy and JSNA Process Paper
- Tobacco Alliance

In relation to the item on the Tobacco Alliance, Councillor Wiper asked how smoking levels in Sunderland compared with the region. Gillian Gibson reported that Sunderland's smoking levels had compared poorly with the North East figures but good progress was being made and levels were getting closer to the national average.

Councillor Speding highlighted that a recent World Health Organisation conference, the prevalence of Shisha bars had been discussed and this was now being treated as a separate issue to tobacco smoking. Gillian stated that there had been some local guidance on this but any issues with Shisha smoking would be dealt with by the Tobacco Alliance.

Councillor Miller commented that the issue of e-cigarettes had been raised as part of this discussion but legislatively, this was a different matter.

NHS Provider Forum

Councillor Speding informed the Board that the NHS Provider Forum had held its first meeting on 24 October 2013 and the main issues considered had been: -

- NHS Call to Action
- Health and Social Care Integration Fund
- Next forum meeting to discuss terms of reference and the group's role and remit

The Executive Director of People Services commented that the discussion had been timely and positive and there was a commitment from those present to make things work.

Councillor Smith informed Members that the last meeting of the Children's Trust had been cancelled and feedback would be provided at the next meeting of the Board.

The Board RESOLVED that the information be noted.

HW36. The Transfer of Funding from Health to Social Care in 2013/2014

The Chief Officer of Sunderland Clinical Commissioning Group and the Executive Director of People Services submitted a joint report outlining how the adult social care funding for 2013/2014 transferred from NHS England to Sunderland City Council would be used and the arrangements which were being established to monitor the funding.

The amount to be transferred to the local authority for 2013/2014 would be £5,611,337 and Appendix 1 to the report indicated how this would be allocated for the provision of services. The priorities outlined were: -

- Increased demand on Disabled Facilities Grant
- Capacity within Home Care Service
- Capacity within Community Equipment Service
- Day Services for people with learning disabilities
- Extra Care Schemes
- Time to Think beds
- Handyperson Scheme
- Pressures on social care service for people within learning disability residential homes
- Care Homes for Older People
- Pressures on Support Service for people using Direct Payments

The report outlined the current position and illustrated that the Council had been working in partnership in relation to these areas for a number of years. It was also noted that the planned allocation had been considered by the CCG Executive Committee and that it would go through the governance procedures at NHS England before being formally signed off. It was a national condition of transfer that the proposals were agreed by the Health and Wellbeing Board.

It was proposed that the governance arrangements to monitor the funding transfer for 2013/2014 would be through the Joint Commissioning Programme Board. The Board currently meets on a monthly basis and would be accountable for the delivery of the overarching joint commissioning programme and provided strategic leadership and direction, overseeing progress across all of its component projects.

Ken Bremner asked where this £5.6m would sit within the bigger transfer of funds for 2014/2015 and Dave Gallagher advised that in some respects this was separate as it had always happened. However it could also be considered as the tip of the transformation fund iceberg and a starting point for the discussion around joint working.

With regard to the scrutiny of each of the schemes, the Joint Commissioning Board would be charged with monitoring the detail and the Health and Wellbeing Board would have a role in overseeing this. Neil Revely highlighted that scrutiny had been

carried out within the PCT and the local authority previously and the next step would be to develop a joint scrutiny process.

In response to a question about NHS England's role in the process, Christine Keen stated that their view was that those responsible for directing money were the best placed to say how it would be used. The priorities would have a direct line of sight to the local strategic objectives and the NHS England Local Team's role was to ensure that money was appropriately directed.

Kevin Morris enquired where patients' experience would feature and how this would be captured. Dave Gallagher advised that this had been a technical exercise so far but it would be built into work carried out on the floor.

Having considered the report, the Board RESOLVED that the use of health transfer funds as outlined in Appendix 1 to the report be approved.

HW37. Health and Social Care Integration (including the Introduction of an Integration Transformation Fund

The Chief Officer of Sunderland Clinical Commissioning Group and the Executive Director of People Services submitted a joint report setting out the vision for the integration of Health and Social Care in Sunderland and setting out how plans for the Integration Transformation Fund (ITF) would support this vision.

The report had been written in the context of the Health and Wellbeing Strategy and against the background of the Health Act and Care Bill. The June 2013 Spending Round had established the Integration Transformation Fund from 2015/2016 which was designed to further drive the Integration Agenda. The fund would be a catalyst to improve services and achieve value for money through organisations achieving a joint vision of how integrated care would improve outcomes for local people and achieve efficiencies.

The Council and the CCG had made public declarations on their wish to further integration and the vision was to ensure that local people had easy and appropriate access to health and social care solutions which were easy to use and avoided duplication. The full detail of the vision refers to how services would help to change behaviour and ensure that appropriate solutions and care were in place at the right time. This would be supported by: -

- Integrated working between health and social care to assess people's needs
- Integrated working to plan and manage care to ensure continuity
- Anticipatory case finding, supporting a prevention model
- A single engagement process for the people for the people of Sunderland to influence and inform service development
- Integrated IT systems allowing information to be shared amongst those who need it, including the individuals themselves
- Working differently to nurture community resilience

The system would undergo redesign to enable full integration and the outcomes which Sunderland wanted to achieve from integrated working included: -

- Supporting people to live at home
- Reducing the number of people admitted to long term residential/ nursing care
- Improving the diagnosis rate for dementia
- Increasing the number of people diagnosed with depression being referred for psychological therapies
- Reducing unplanned hospitalisation for chronic ambulatory care sensitive conditions
- Reducing emergency admissions within 30 days of discharge
- Improving patient experience by reducing waiting times in A&E
- Improving quality of life for vulnerable families and their communities
- Supporting carers in a co-ordinated manner
- Greater trust in, and satisfaction with, the public sector and service providers
- Generating the required efficiencies

This was a huge task but Sunderland was not going from a standing start. PCTs had begun this work and the CCG was continuing to work with the Council to develop a joint commissioning team. A number of major transformational programmes were underway in Sunderland, linked to the Health and Wellbeing Strategy and CCG Five Year Plan, but also involving a large number of stakeholders and partners. Dave Gallagher stated that the next challenge was considering the breadth and depth of what was involved and how this could be brought together as a whole.

It was proposed that the Health and Wellbeing Board should oversee the delivery of the vision and to enable this, the role and membership of the existing Joint Commissioning Programme Board should be reviewed and re-badged as the Health and Wellbeing Integration Programme Board. This Board would be supported by a Joint Commissioning Unit and the NHS Provider Forum.

Neil Revely informed the Board that the Integration Transformation Fund was one mechanism for achieving the necessary integration and would create a £3.8bn pool at national level from already committed resources which would then be re-shaped to target programmes delivering better outcomes. The national fund was likely to equate to £24m for Sunderland from core NHS funding and other monies composed of Carers breaks, CCG Reablement funding, Capital funding (e.g. Disabled Facilities Grant), and existing and additional transfers from health to social care.

Further guidance would be issued in December, along with greater detail about the performance aspect of the Integration Transformation Fund, but it was understood that performance measures were likely to include emergency admissions, effectiveness of reablement and patient and service user experience. £1bn of the funding was to be linked with performance and the remaining £2.8bn would be shared using a formulaic approach.

Members' attention was drawn to Appendix 1 which outlined the first stages of the mechanism which needed to be put in place leading up to the submission date for the joint plan of 15 February 2014. Between that date and September 2014,

performance measures would have to be worked up with the fund being applicable from April 2015. Initially half of the money would be paid and if certain targets were met, the remainder would be received in September 2015.

The Integration Transformation Fund was seen as part of the whole system and Sunderland's agenda would be larger than one which would be funded through the Transformation Fund.

Councillor Speding commented that it would useful to get a fundamental understanding of what was meant by 'integration' so that everyone involved was clear about what this would look like. Jane Hartley added that if the Health and Wellbeing Board was overseeing delivery, then there needed to be measures in place which would align back to the vision.

With regard to reducing unplanned and emergency admissions and readmissions, Councillor Wiper queried how this could be achieved. Dave Gallagher responded that as a starting point, people would not go to hospital unless they really needed to, and then would be treated properly and thoroughly so that they did not get into a cycle of admission and discharge. It was also a matter of keeping long term conditions under control so that patients did not have to keep being re-admitted. The whole system approach could straddle acute, primary and health and social care and sometimes when things went wrong, it was because the system had not worked as well as it could have done.

Councillor Smith asked about treatment in community settings and it was explained that this did not necessarily mean health centres but treatment being delivered at home where it was appropriate and safe to do so. Councillor Smith raised a further question about how it would be known if community settings were working and Dave Gallagher stated that resource needed to be freed up to ensure that this was the case. It was to be ensured that people worked together and that services were provided together where possible. The challenge was in that services could not just stop, an alternative had to be provided first, and it was important to choose the right measures to show what success would look like.

Services which were provided were also regulated and there would be a feedback loop on this. The Care Quality Commission (CQC) as a regulatory body may change how it operated at a local level to reflect the new way of working.

Christine Keen commented that there was an expectation that performance measures would be stretching and there needed to be a sense of the process around how these were set. Neil Revely advised that some of the measures would already be set for Sunderland but there was a task to do in setting further performance measures before September 2014. The performance measures would be developed to be broader than the Integration Transformation Fund and include the core funds within a pooled budget. Christine noted that this would be an opportunity to move away from focusing on targets and concentrate on outcomes.

Gillian Gibson welcomed the vision which had been set out for transformation and commented that changing behaviours would be linked to system design and the establishment of clear pathways. This was then linked to the principles of the Health

and Wellbeing Strategy and it was important to make these elements explicit so that they did not get lost in the process.

Ken Bremner expressed concern that the money for the Integration Transformation Fund was not new and was already funding services elsewhere. Care would need to be taken with the choices made as they would, in effect, be trade offs between investment and disinvestment and would have an impact on local services. This had been discussed at the NHS Provider Forum and it was highlighted that the consequences of 'trade offs' had to be made clear.

To provide further reassurance, Neil Revely advised that one of the conditions of the judgement of the Integration Plan was if providers had been involved in its development. The complexity of the task was recognised by all involved but there was also an exciting opportunity presented by the vision for integration in Sunderland.

Following detailed consideration of the report, the Health and Wellbeing Board RESOLVED that: -

(i) the vision for integration be agreed;

(ii) an Integration Programme Board be established;

(iii) an overall Integration Plan be established and that the Board reviews and coordinates the various current activity as outlined in section 4 of the report;

(iv) the Joint Commissioning Unit be established;

(v) the Joint Commissioning Unit develops the Integration Transformation Fund Plan as outlined in Appendix 1; and

(vi) a further report be received in January setting out progress and presenting a further draft Integration Transformation Fund plan.

HW38. Winter Preparedness and Assurance Update 2013/2014

The Chief Officer of Sunderland CCG submitted a report providing an update on the work carried out by the Sunderland Unscheduled Care Board on the review of provider winter plans in respect of preparing the whole system for winter 2013/2014.

Ann Fox, Director of Nursing, Quality and Safety was in attendance to present the report and advised that the Unscheduled Care Board brought together key strands of existing work and was the perfect vehicle to undertake winter assurance and to consider how surge and demand in the system should be managed. All key stakeholders from providers were represented on the Board as well as NHS England.

Area Teams were asked to facilitate an assurance process of Urgent/Unscheduled Care Boards in respect of winter preparedness and once completed, the Regional Team was responsible for communicating a regional overview aimed at providing assurance to the National Support Team.

The national and regional timetables for Winter Assurance were detailed within the report and it was highlighted that the following providers had shared winter plans and completed the self assessment checklist: -

- City Hospitals Sunderland NHS Foundation Trust
- South Tyneside NHS Foundation Trust
- Northumberland, Tyne and Wear NHS Foundation Trust
- Sunderland City Council
- North East Ambulance Service NHS Foundation Trust
- Primecare
- Gateshead Health NHS Foundation Trust (in relation to the Intermediate Care Assessment and Rehabilitation Unit at Houghton Primary Care Centre)

Peer reviews were undertaken of the winter plans and self assessment checklists of each organisation. Where specific gaps were identified, provider actions were agreed to mitigate them. All the issues identified had been addressed and this was outlined within the checklist for system wide assurance set out in section 4 of the report. A number of indicators were being reported daily including A&E closures and diverts, trolley waits, ambulance delays and bed availability and occupancy.

During the winter preparedness and peer review process, providers were asked to supply details of any services which could be funded from the Winter Pressures Fund and could make an impact during winter 2013/2014. Bids for the fund totalling £2.4m had been approved by the CCG Executive in October.

The full detail of the all the projects was included within the report and the Board were informed that 75% of the initiatives would be up and running by 1 December 2013. The Unscheduled Care Board felt that initiatives were already working well and that lessons learned from this year would go forward to inform next year's process.

Neil Revely commended all who had been involved in review and assurance process. He stated that this was a testament to the partnership working which existed in Sunderland, that full assurance could be provided on the preparedness of the urgent care system to manage winter surge and demand. Ann advised that collaboration had made a real difference and that the Unscheduled Care Board would pick up the work again early next year for winter 2014/2015.

The Board RESOLVED that the contents of the report be noted.

HW39. NHS England Call to Action

The Chief Officer of Sunderland CCG submitted for information, a copy of presentation slides which summarised the journey so far for Sunderland CCG.

The Board were informed that the content of the presentation had been used to inform various groups of stakeholders including the public and NHS Provider Forum. Attention was drawn to the key questions which were being used as the basis for discussion, which were: -

1. Do these still feel like the right long term objectives?
2. Consider the initial priorities for 2014/2015 in the light of where we have come and where we want to be in 2016/2017. Do you agree? Are any significant priorities missing?
3. What is the best way to engage with you?

Having noted the detail of the presentations being delivered by Sunderland CCG, the Board RESOLVED that the information be noted.

HW40. Area Health Pilots – Men's Cancer

The Head of Scrutiny and Area Arrangements submitted a report providing the Health and Wellbeing Board with a progress update on Health Pilots developed through Sunderland City Council's Area Committees.

Allison Patterson and Karon Purvis were in attendance to present the report and Allison advised that the Healthy City Investment Fund had existed for a number of years and had in the past been used to make small grants to the voluntary and community sector to support activities likely to have a positive impact on health outcomes. During 2012/2013 an allocation of £31,413 was made available to each of the five Area Committees and projects were developed in order to: -

(a) address the main lifestyle causes of cancer in men, i.e. tobacco, alcohol and obesity; and to

(b) promote awareness of the early signs and symptoms of cancer.

All five area projects were approved and were delivering activity from January 2013. The report outlined the work done in each area and how a large number of men who would not normally have been reached had been contacted through the projects. Some smaller community groups had enlarged their capacity and a lot had been done with a small amount of money. Lessons had also been learned through the projects and they had proved to be an effective way of delivering messages.

Ken Bremner commented that the pilots were great in terms of coverage but queried the extent to which effective results could be demonstrated. Allison Patterson advised that at this point evidence of uptake could be provided but assistance would be required to correlate this. Ken suggested that this could be quantified through Public Health data.

Jane Hartley noted that a lot of the work was only funded for the short term and to evidence a sustained behaviour change then the projects would need to be revisited to obtain a quantitative measurement. Allison stated that the projects had enhanced the activity already being delivered and it was about organisations continuing to link with the men they had contacted and to ensure that there were legacies to the project.

With regard to Public Health information, Gillian Gibson advised that there were not the complex information systems to look at this at present but plans for the

Intelligence Hub could help. The real success of the work had been the engagement with people and the steps taken towards how visualising how change could happen.

Councillor Speding highlighted that some interventions had instantaneous results but others took a while to come to fruition and not everyone was prepared to wait to observe and measure this impact. Councillor Miller expressed pleasure and surprise at the initial results but noted that the validity of the activity must be able to be confirmed or denied through appropriate measurement.

The Board RESOLVED that: -

(i) the report as an interim update on how projects were performing to date be accepted; and

(ii) a future report to include an evaluation of activities and lessons learnt during the development and implementation of the projects be accepted once the projects were complete.

HW41. Health and Wellbeing Board Development Session and Forward Plan

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

To tie in with the timetable agreed for the development of the plan for the Integration Transformation Fund, the next scheduled development session on Friday 20 December 2013 would be an update on the plan and discussion about the proposals contained within it.

The Board had taken part in a closed Board session on the Health and Social Care Integration Fund and Members were informed that there would be more closed Board sessions during the year to further discuss the topic and debate the plan in advance of it coming to the full Health and Wellbeing Board.

The Forward Plan for the Board for 2013/2014 was also presented and Members were asked to consider any additional items they would like to see on the agenda for a future meeting.

The Board RESOLVED that: -

(i) details of the next development session be noted;

(ii) the intention to hold further closed Board sessions on Health and Social Care Integration be noted; and

(iii) the Forward Plan be noted.

HW42. Date and Time of Next Meeting

The next meeting would take place on Friday 24 January 2014 at 12.00noon.

(Signed) M SPEDING
Chair

Item No. 4a

SUNDERLAND HEALTH AND WELLBEING BOARD 24 January 2014

FEEDBACK FROM THE ADULTS PARTNERSHIP BOARD

Report of the Chair of the Adults Partnership Board

The Adults Partnership Board met on the 7th January, 2014.

ITEM

5. Coalfield Care Homes Pilot

A presentation was given by Dr. Val Taylor and Dr. Wendy Kaiser from Sunderland CCG highlighting a pilot scheme in the Coalfield area, Sunderland Care in Care Homes. This covers 13 care homes and one extra care facility. The aim of the project is to:

- 100% of Coalfield care home residents and families feel better cared for by September 2014

The project includes improving primary care, nursing care and podiatry in care homes and evaluating the impact on admissions and readmissions to urgent care. In line with the HWB Strategy this is moving from being reactive to much more proactive.
It was noted various pots of money would be brought together to improve and deliver the services and the care home model would be part of integrated community teams across the City.
Offers of support were given by Sunderland Carers centre to further enhance the scheme.
It was agreed to bring a further report to the Board in 6 months to show the emerging findings.

6. Telecare Annual Report

Graham King presented the Telecare Annual Report. Sunderland Telecare installs and monitors personal and hard-wired alarms and assistive technology solutions into the homes of vulnerable people. The Telecare Service underwent a major transition in 2013, mainly through the implementation of a revised Contributions Policy introducing a £12.50 monthly or £2.88 weekly contribution for all Telecare Customers. Prior to this date customers received the service free of charge. The Service is much more focused towards customers who need and use it on a regular basis. The Service was identified as an area of strength in the Care Quality Commission Inspection in 2010. In Spring 2013 major refurbishment works were carried out at the Leechmere Training Centre to house the Telecare Technical Team and Community Equipment Service. The Telecare Team receives around 16,000 calls every month from alarm customers and attends on average over 3600 alarms a month.

The report provided details on how the service is split into three parts:

1) Monitoring Centre
2) Mobile Response Team
3) Technical Team

Sunderland Telecare has been nominated for a range of awards that acknowledge the excellent service that is provided. The Customer Service Network and Telecare Service won the Innovation Use of Technology award at the North East Contact Centre Awards in November.

7. Health & Social Care Integration Update

Neil Revely updated the adults board on the vision for the integration of Health and Social Care in Sunderland. Neil Revely reported that within Sunderland, a significant amount of work has been progressed to create the conditions for integration and alignment of resources at various levels across the City. A number of major transformational programmes in Sunderland are already underway. These include:

- Preventing people from dying prematurely
- Enhancing the quality of life for people with long term conditions
- Supporting people to live independently
- Helping people recover from episodes of ill health following injury

A condition of accessing the Better Care Fund is that the CCG and the local authority must jointly agree plans on how the money will be spent. The proposed plan must be signed off by the 15th February, 2013.
The Better Care Fund needs to be seen within the context of a broader longer term plan for integration in Sunderland.

It was agreed to bring an update to a future Board meeting.

8. Sunderland World Mental Health Day Update

Jackie Nixon provided an update on the Mental Health events in 2013. The partners came together to work collaboratively to coordinate week long activities for World Mental Health Week 2013 in Sunderland.

The focus was to encourage people to think about our 'Five-a-day for Health & Happiness' – actions and behaviours which can lead to feelings which are crucial to wellbeing, such as happiness, contentment and enjoyment. The five a day for health and happiness are Connect, Be Active, Take Notice, Keep Learning and Give. Over 3000 members of the public got the five-a-day for health and happiness message.

The objectives for the week were:

- Roadshows around the City using non-traditional venues in all areas of the City
- Utilising local volunteers to engage with members of the public within City Centre on active bus
- Holding family events and engage with children and parents/carers
- Walking for wellbeing in Mowbray Park to promote 'be active'

- Holding a 'No Health without Mental Health' Conference

The key lesson from the world Mental Health day 2013 was that by encouraging partners and volunteers to lead sessions in non-traditional venues, a much larger number of people were contacted and a lot of these were 'not knowns'. It was agreed that the model was in line with the HWB Strategy – helping people to help themselves and would be replicated in 2014.

9. Any Other Business, Date and Time of Next Meeting

Carol Harries noted the next series filmed in Sunderland Weight Loss wards would be shown on Tuesday and for the following two weeks.

The next meeting will be held on Tuesday 4th March, 2014 at 2.30pm in Committee Room 1

Item No. 6

REPORT TO THE HEALTH AND WELLBEING BOARD 24 January 2014

PUBLIC HEALTH ENGLAND AUTISM SELF-ASSESSMENT

Report by the Commissioning Specialist

1. PURPOSE OF THE REPORT

1.1 The purpose of the report is to inform the Health and Wellbeing Board of the process followed in completing the Public Health England Autism Self-assessment and to share the document for discussion at the January meeting of the Board.

1.2 The report will also provide a brief overview of work carried out by the Local Autism Working Group during the last six months and the next steps for the Group moving into 2014.

2. BACKGROUND

2.1 *'Fulfilling and rewarding lives: a strategy for adults with autism in England'* was published by the Department of Health in March 2010.

2.2 The strategy sets out a number of key actions and recommendations for local authorities and their partners.

2.3 In Sunderland, a multi-agency Local Autism Working Group (LAWG) meets on a bi-monthly basis to support the implementation of the strategy recommendations. The membership of the group includes representatives from Sunderland City Council, Sunderland Clinical Commissioning Group, Jobcentre+, Northumbria Probation Service, the voluntary and community sector and a parent carer.

2.4 The National Autism Strategy is currently being reviewed and will be revised accordingly by March 2014. As part of the review, local authority areas have been asked by Public Health England to complete a self-assessment exercise which monitors progress made against the strategy.

2.5 In August 2013, a letter was sent from Norman Lamb MP, Minister of State for Care and Support, to all Directors of Adult Services introducing the 2013 autism self-assessment and giving a timescale of 30th September 2013 for completion and submission of the document to Public Health England (Appendix 1).

2.6 The following is an extract from the letter detailing action needed from Directors of Adult Services:

'The response for your Local Authority area should be agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism. I am also asking that you are aware of the content of the return when it is submitted and that it is discussed by the local Health and Well Being Board by the end of January 2014 as evidence for local planning and health needs assessment strategy development and supporting local implementation work.'

3. COMPLETION OF THE AUTISM SELF-ASSESSMENT

3.1 The Self-assessment had to be completed online and included a series of questions, some of which required a yes/no answer and others where a rating of red, amber or green had to be assigned. Criteria were given to inform the ratings.

3.2 The on-line submission could only be accessed by a maximum of two people and as a consequence the commissioning support officer had to create a template of the self assessment questions to enable the Local Autism Working Group (LAWG) to respond to the request made by Norman Lamb, MP.

3.3 Each question within the self-assessment was sent to key representatives from the Local Autism Working Group for an initial response. Responses were collated by the LA Strategic Commissioning Team and the completed document was sent to the LAWG for comments.

3.4 A LAWG workshop was held on Thursday 12th September where a discussion took place to formally agree the ratings and evidence included in the self-assessment.

3.5 Following the workshop, amendments were made to the document and it was circulated to the LAWG for sign off. The completed self-assessment is attached at Appendix 1.

4. AUTISM WORKSHOP – 12TH SEPTEMBER 2013

4.1 The main aim of the workshop was to formally agree the ratings and evidence in the self assessment and to develop new priorities for the LAWG for the next phase of implementation of the autism strategy.

4.2 A number of exercises were undertaken, designed to identify gaps in services for people with autism and areas of the strategy that had not been fully implemented.

4.3 The group agreed that smaller working groups should be formed that would take forward discreet pieces of work to meet the identified priorities. The groups would co-opt representatives as necessary to carry out their work.

Leads from each of the groups would report back to the bi-monthly meetings of the LAWG and progress would be monitored by the LAWG.

4.4 It became apparent during the discussions that many of the groups already existed as sub-groups of the LD Partnership Board and the group felt that the best course of action would be for the LD Partnership Board sub-groups to broaden their remit to include autism and representatives from the LAWG would join the sub-groups to take forward the work to meet the LAWG priorities. This approach has been discussed by the LAWG and agreed to be a more efficient way of working.

5. SUMMARY OF THE AUTISM SELF-ASSESSMENT FOR SUNDERLAND

5.1 A number of clear priorities for the LAWG emerged from the completion of the self assessment:

5.1.1 Collection of data on the number of people with a diagnosis of autism and information sharing between health and social care organisations - All statutory agencies have begun to collect data on the number of people with autism and some data sharing exists between health partners. Further work needs to be taken forward by the LAWG to investigate current data collection methods and how data can be shared between health and social care agencies. Accurate data is needed to feed into the JSNA which currently does not contain any data on the number of people with autism in the city.

5.1.2 Engagement of people with autism and their carers in the work of the LAWG - As part of the needs assessment exercise, people with autism and their carers were consulted via online questionnaires and focus groups, however, the response was relatively poor. One parent carer is currently part of the LAWG and this person works with a number of families across the city. The engagement and involvement of people with autism and their carers is a priority for the LAWG moving into 2014. The group will consider the best way to involve and consult with people with autism and their carers including through the inclusion of an adult with autism in the LAWG membership.

5.1.3 Autism training for health and social care staff – All staff who work with people with autism have received specialist training appropriate to their role. E-learning autism awareness training is also available to all Council staff. Within Sunderland CCG, training is also available to all sectors. Other training has been accessed by agencies across the city, e.g. awareness training for GPs, but a citywide training plan is not in place. A priority for the LAWG will be to map existing training and training needs and develop a training plan across health and social care agencies, where possible.

5.1.4 Improving the support available after diagnosis – A diagnostic service was established in April 2014 and was accessed by 37 people from Sunderland in its first year of operation. Following diagnosis, people receive a range of support from the diagnostic service and are also signposted to other services as necessary. Two post-diagnostic workshops have been held on a pilot

basis, provided by ESPA and funded by the SHA, which aimed to provide people who had recently been diagnosed with information about their condition and how it may affect their lives. Initial feedback from the workshops has been very positive and ESPA is currently exploring how the programme of workshops can be extended. A priority for the LAWG in 2014 is to consider how low-level support can be improved for people with autism, in particular, those with needs at the higher functioning end of the spectrum. The LAWG has identified low level support and advocacy as a gap in the city.

5.1.5 Helping adults with autism into work – There are a number of projects in place across the city which aim to increase the skills and work experience of people with autism. An awareness raising event for employers was planned but had to be cancelled due to lack of interest from employers. Moving into the New Year, a sub-group will consider how the employment of people with autism can be promoted amongst employers and will consider the employment support available to people with autism in the city.

6. VALIDATION OF THE RATINGS BY PEOPLE WITH AUTISM

6.1 The letter from Norman Lamb MP required the self-assessment RAG ratings to be validated by people with autism.

6.2 A parent carer, Carole Rutherford, who sits on the LAWG runs a support group for people with autism and their families, Autism in Mind, and works with a large number of families affected by autism in Sunderland. The Strategic Commissioning Team initially approached Carole with a view to establishing a small focus group of people with autism who would like to take part in the exercise. 11 individuals were identified and were keen to take part.

6.3 At the workshop on 12th September, Carole and other members of the group expressed concerns that the format and language of the self-assessment document would not be easily understood by the general public who would be unlikely to be able to relate to any of the answers given. The self-assessment is a high level strategic document that considers issues such as data collection, inclusion of autism in strategies and the JSNA, policies and procedures, training of health and social care staff, etc, and the group felt that the people attending the focus group would not be able to validate ratings against questions they did not understand or had little knowledge of, and any validation exercise risked becoming tokenistic.

6.4 Following similar concerns from a large number of local authorities, Public Health England extended the deadline for submission of the self-assessment to allow more time for the validation exercise to be carried out.

6.5 On 7th November 2013, an event was held at Fulwell Day Centre. Invitations were sent to the parents and carers of people with autism who attended the LA day centres across the city and also to people with autism receiving residential care in the city. Parents and carers were encouraged to bring the person who they were caring for if they wanted to attend. The event was

attended by six carers and was facilitated by members of the Strategic Commissioning Team with support from Fulwell Day Centre staff.

6.6 The Commissioning Specialist gave a short presentation on the National Autism Strategy and the work that had been done in Sunderland to meet the strategy recommendations. This was then followed by an interactive exercise where attendees were able to rate the evidence given in support of some of the outcomes in the self-assessment as red, amber or green based on the criteria supplied by Public Health England. One person disagreed with the rating given for one of the outcomes and her comments were noted for discussion by the LAWG.

6.7 Before leaving the event, attendees were asked to complete a questionnaire asking them if they would be interested in attending similar events in the future and if they would like to be kept informed of the work of the LAWG. The majority of people expressed an interest in becoming involved in the future work of the group.

6.8 A similar event was planned to take place with the group of adults that attend the Autism in Mind support group, but due to unforeseen circumstances, Carole Rutherford was not able to support this work within the timescales set by Public Health England.

6.9 The validation exercise has highlighted the need to improve engagement and consultation with people with autism and their carers which has been identified as a priority for the LAWG in 2014.

7. NEXT STEPS FOR THE LAWG

7.1 The LAWG members have agreed that a priority for the group is to develop mechanisms to meaningfully engage people with autism and their carers in the work of the group. The group is exploring possibilities to work with Sunderland People First to explore how networks can be established to allow involvement of local people with autism and their carers. Alongside this, the group will consider how individuals with autism can be approached to join the membership of the LAWG and sub-groups.

7.2 Additional priorities outlined in 5.1 will also be taken forward as part of a revised action plan.

7.3 It was agreed at the autism workshop, held in September 2013, that the potential to broaden the remit of the LD Partnership Board sub-groups to include autism would be explored as this would lead to a more efficient way of working. Appropriate members of the LAWG would be required to join the sub-groups to take forward actions identified by the LAWG. Key LAWG members have been identified to join each of the sub-groups and discussions are ongoing to begin this work. Each of the sub-groups, in conjunction with the LAWG, will identify the actions they will be taking forward in relation to the

autism strategy and the LAWG will continue to monitor progress against the action plan.

8. RECOMMENDATIONS

8.1 HWBB is requested to receive this report for discussion as requested in the letter from Norman Lamb MP.

9. APPENDIX

1. Public Health England Autism Self-assessment for Sunderland

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Item No. 7

SUNDERLAND HEALTH AND WELLBEING BOARD **24 January 2014**

Strengthening Families Framework

Report of the Children's Trust

1.0 Purpose of Report

1.1 To provide the Health and Wellbeing Board with an overview of Sunderland's Strengthening Families Framework (Appendix A), which was formally adopted as a strategic framework for the Sunderland Children's Trust and its membership on 9 January 2014.

2.0 Background

2.1 The current government has committed to 'turning around' the lives of the 120,000 most disadvantaged families by 2015-16, leading to the development of a new programme in Sunderland called 'Family Focus'. Family Focus is the city's contribution to the national 'Troubled Families' programme, which focuses specifically on the small but high cost cohort of families who have longstanding and complex problems that place high demand on public resources.

2.2 While Family Focus is targeted towards the most challenging and vulnerable families in Sunderland (in line with the government's funding requirements), the intention is to use the initiative as a catalyst for wider systemic change by developing an integrated model for strengthening families that can be extended to include families with lower levels of needs. This involves looking towards more integrated partnership working to tackle not only the Family Focus cohort but also to reduce future demand by identifying and supporting families with potential emerging needs at a much earlier stage. By working together more effectively across a wider pool of families, partners can help to prevent vulnerable families from becoming the 'troubled families' of the future.

2.3 A draft multi-agency Strengthening Families Framework has been produced, which lays the foundation for a consistent and integrated approach to working with families across Sunderland. We are not seeking to implement a single large scale delivery model but instead to recognise and build upon existing good practice, such as Family Focus and Improving Futures. The aim is to establish clear, co-ordinated and integrated support pathways for families across all levels of need, providing a common framework for the seamless delivery of services. The purpose of the Framework is to challenge commissioners and service providers to consider how local provision might be reconfigured to make better use of all resources – including the often untapped resources and potential within families and communities.

3.0 Current Position

3.1 The Strengthening Families Framework sets out:

- a vision for the city
- an inclusive definition of family, which encompasses families without children, and adults of no relation living in the same household
- the strengths (or 'protective factors') we are seeking to develop within families
- the strategic outcomes we aim to achieve for individuals, families, communities and organisations

3.2 In order to achieve our vision and secure the desired outcomes, the Framework also sets out four strategic priorities for change. These priorities will underpin the future development and delivery of services for children, young people, adults and their families, and serve as a set of design and operating principles for commissioners and providers.

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

3.3 The implications for services and practice are expanded upon within the document, and members of the Health and Wellbeing Board are encouraged to consider what this approach means for their individual organisations.

4.0 Next Steps

4.1 In addition to the Health and Wellbeing Board, the Framework will be presented to the following representative bodies for information:

Governance Body	**Date**
Strengthening Families Board	31 January 2014
Safeguarding Children Board	12 February 2014

4.2 Outcome measures and action planning to support the delivery of the Framework will be discussed and agreed at a future meeting of the Children's Trust. Products will then be presented to the Health and Wellbeing Board for their information and input.

4.3 A final version of the Framework will be produced and published on the Sunderland Partnership's website, which will include photographs that celebrate the diversity of family life in Sunderland.

5.0 Recommendations

5.1 The Health and Wellbeing Board is recommended to endorse the approval of the Children's Trust for the Strengthening Families Framework.

Appendix A

STRENGTHENING FAMILIES

A FRAMEWORK FOR CHANGE

Adopted by the Sunderland Children's Trust on 9th January 2014

Introduction

In Sunderland, we are united in our belief that early support for families is one of the most important investments for the future. For many of us, family is an integral part of our lives and a key source of financial, social and emotional support. Families offer love, security and a sense of identity; they socialise and educate children from the earliest years, helping them develop the skills they need to succeed; they care for those who are unable to look after themselves, enabling people to remain independent and retain a sense of control over their lives. This profound influence of the family on every aspect of life makes clear the importance of a family-centred approach to service design and delivery. When it comes to outcomes and life chances, we know that a strong and supportive family network can make all the difference – not just for children but for people of all ages.

This framework recognises and celebrates the diversity of family life in Sunderland and seeks to strengthen families in the city whatever their shape or size. When we refer to families, we do not simply mean the traditional mother and father living in the same household as their children. Our definition is intended to be broad and inclusive, recognising families of all ages and diversity, those with or without children, and those with connections across more than one household, in more than one community.

There is much to celebrate about family life in Sunderland: the vast majority of families are leading healthy, prosperous, and fulfilling lives, making a valuable contribution to their communities and the city as a whole. Some of our families, however, need support to do this and a small number need a lot of help from different services to overcome the multiple and complex challenges they are facing. This is reflected in poorer than national outcomes in areas such as child poverty, life expectancy, and educational attainment.

Sunderland City Council and its partners want to ensure that our city and our communities are places where all families can thrive. We have engaged families and practitioners who work with families to understand the different issues and challenges that families in Sunderland are facing, and to understand how services and processes could be improved to help families better manage and overcome these. This engagement has highlighted some the excellent work with families in the city. Voluntary and community sector (VCS) organisations in particular are recognised for their early intervention and preventative work, meaning that many vulnerable or potentially vulnerable families never come into contact with statutory services. Despite the good practice taking place in Sunderland, too many families continue to experience poor outcomes and fail to reach their full potential. In developing this framework for strengthening families, we aim to lay the foundation for a new integrated service delivery model to address the factors that can hinder or prevent a family from living the kind of life they aspire to.

This framework reflects our Community Leadership role and our commitment to achieving transformational change for the benefit of Sunderland's families and communities. It builds on our existing work to strengthen community resilience and puts families and communities firmly in the centre of a multi-agency approach to

improving outcomes. In the context of diminishing public resources and rising demand for costly statutory services, it sets out how we will achieve a step change in the way partners work together, efficiently and effectively, to ensure the best possible future for families and their communities. We are not seeking to implement a single large scale approach but instead to recognise and build upon existing good practice, such as Family Focus and Improving Futures. The aim is to establish clear, co-ordinated and integrated support pathways for families across all levels of need, providing a common framework for the seamless delivery of services.

The ethos of co-production is central to our approach. The context in which we are delivering services is changing rapidly; we know there will be further reforms to how services are managed and delivered, and the level of resource is expected to fall in the next few years. We want to challenge ourselves and other service providers to consider how local provision might be reconfigured to make best use of all resources available to us, including the existing but often untapped capacity and potential within communities, to achieve better outcomes for families. This means more effectively distinguishing between those needs that families can meet themselves, with support from their community; those best met by communities working in partnership with public services and VCS organisations, and those that can only be met by statutory agencies. This in turn will involve redefining the boundaries between personal and family responsibility, community support, and the public sector offer.

Our ambition is to create a more sustainable and socially valuable approach to meeting local needs; one which encourages and enables people to develop a strong network of family, friends and acquaintances and to connect with their communities – all of which are essential to a person’s overall sense of happiness and wellbeing.

Improving Outcomes for Families

An inclusive definition of families

In the context of strengthening families, the term 'family' refers to *the bond between people brought together through birth, legally recognised relationships, or kinship based on a close connection*. This includes, but is not limited to, the following family types:

- a married or co-habiting couple with or without children;
- same-sex families;
- single parent families;
- adoptive and foster families;
- children living with step-parents, and joint-custody families where children live with parents who are separated or divorced;
- children living with a relative, such as a grandparent;
- extended families living in more than one household; and
- people of no relation who are living in the same household and who consider themselves a family.

It is important to appreciate the diversity of families in the city and recognise that our approach to strengthening families applies to families both with and without children.

Building family strengths

Every family situation is unique; families have different strengths and experiences, and they face different challenges in various combinations throughout their lives. We know that the forces that impact on families are multiple and complex, but there is much evidence to suggest that certain 'protective' factors make positive outcomes more likely and enable families to thrive. These are the building blocks of healthy, happy and resilient families and the foundation of our approach. In developing this framework we are seeking to galvanise the resources of partners, communities and families to build these protective factors while at the same time reducing the harmful aspects of life. As well as nurturing strengths, our approach also involves minimising the 'risk' factors that can negatively impact on a family's wellbeing. These include life stressors such as homelessness, unemployment, and poor health, as well as damaging individual behaviours such as domestic violence and alcohol/substance misuse – all of which may reduce the family's resilience and increase the risk of poor outcomes.

In Sunderland, partners have adopted a standard tool for identifying families' strengths (protective factors) and vulnerabilities (risk factors) (see Appendix 1 – The Family Wheel). This tool helps services and the families they are working with understand where families are functioning well, as well as the areas where things are not going so well and support from others may be needed. Our goal is to help families progress towards and achieve the protective factors set out in this strengths framework:

Neighbourhood and Community:

- Family members feel positive about the area in which they live – for example, a sense of belonging, feelings of safety and security
- Family has good access to transport links, local shops and amenities
- Family is aware of where to go for support or advice
- Family is engaging with services available in the local community (i.e. children's centre, health clinic, leisure facilities, community association)

Drugs and Alcohol

- There are no concerns around alcohol consumption within the family
- There are no concerns around substance misuse within the family and no drug issues in the area

Learning and Education

- Adults have a positive attitude towards learning and set long term career and educational goals for themselves and their children
- Parents/carers are involved in their child's education and participate in school activities
- Children have a positive attitude towards education, reflected in good school attendance and punctuality
- Adults are engaged in life-long learning
- Any learning needs are identified and well supported

Life Skills

- Adults have good domestic skills and the ability to manage a household
- Financial capability – adults have the skills, knowledge and understanding they need in order to be able to manage household finances effectively
- Family members have good problem solving and communication skills

Health and Wellbeing

- All family members are registered with relevant medical care providers (GP, dentist, optician)
- Medical checks and immunisations are up to date
- Family members are making and encouraging healthy lifestyle choices – for example, family participates in exercise and physical activity, and maintains healthy eating habits
- Health and wellness needs are being met or managed appropriately

Housing

- Current and future accommodation is affordable, secure and of a decent standard, and meets the needs of all family members
- Family is satisfied with their housing and their local area

Employment

- At least one adult in the household is employed in a stable career of choice and/or enjoyment and feels confident in their ability to support the family unit
- Potential earners are motivated to work, have aspirations as well as confidence in their own skills and abilities

- Earners/potential earners take up opportunities for further training and personal/professional development
- Family members who are not in paid employment are contributing to their community through formal/informal volunteering activity

Family and Friendships
- Individuals have access to a close support network of friends and/or family members, including some who live locally
- Individuals feel confident in their ability to make new friends
- Relationships within the family are positive – for example, children do not witness family conflict

Money and Finances
- Family has sufficient income to meet basic needs and save money for 'extras'
- Family has a reliable source of income
- Bills are consistently paid on time and the family is not in debt (or debt is manageable)
- Family members are aware of all benefit entitlements

Offending Behaviour
- Family members have no or limited experience of crime as a victim (i.e. burglary, antisocial behaviour in area)
- Family members are not involved in criminal activity and do not undertake risky behaviour
- Wider family and friends are not involved in crime

Parenting and Caring
- Parents/carers are confident in their ability and enjoy their parenting/caring role
- Good parenting skills – for example, parents/carers set clear boundaries, routines and appropriate discipline strategies
- Family members understand and fulfil each other's needs
- Family members demonstrate love and affection for one another
- Carers feel they receive adequate support in their caring duties

Individuals and families are likely to be in different states of readiness to change, which will have a considerable impact on practice. Many individuals and families are able to achieve these positive outcomes with minimal support from their community and public agencies, drawing on their own resources to overcome any challenges they face. Some families may be struggling with one or two key issues but are otherwise managing well; without early help from services, however, there is a risk that these needs could escalate into more serious problems later on. A small number of families, specifically those who are dealing with multiple and complex issues, will require intensive support from professionals. Whilst this cohort of families is clearly a priority area of focus for commissioners and service providers, we know that there are other families in the city who, though their needs may not be as acute, are 'just coping' and would benefit from earlier access to joined-up support from local agencies. Strengthening families is about improving the way that services work with each other, with families and their communities to ensure that all families with potential and emerging needs are able to address these needs at an early stage.

Strengthening families requires involvement and commitment from the city's multiple strategic partnerships that will both benefit from and contribute to improved outcomes for families. Sunderland's Clinical Commissioning Group, Health and Wellbeing Board, Economic Leadership Board, Education Leadership Board and the Safer Sunderland Partnership each have a critical role to play in this agenda.

Our Approach

What do we mean by Strengthening Families?

Strengthening families means securing better outcomes for people of all ages by increasing the ability of their family and community to provide the care and support they need. It is about helping families do more for themselves and their communities, empowering people to improve their own lives and the lives of others whilst driving down demand on services. Where families do need additional support from professionals – for example, in the form of information and advice, targeted and specialist services, or more intensive one-to-one support from a key worker – we want to ensure that this support is timely, flexible and accessible, and that it is delivered in a seamless way.

Strengthening families means listening to families to understand the kind of services they need and want from the public sector and VCS, but also understanding and valuing their own strengths and capabilities whilst drawing on the support of their local community. It requires whole family services that are both person-centred and designed around the needs and aspirations of all family members, where families are involved in decisions that affect them, and local people are contributing to improved outcomes.

Responsibility for strengthening families in Sunderland does not lie solely with public sector or VCS organisations. The principal responsibility for strengthening families belongs to those families, as well as their communities. There is growing recognition of existing but often untapped assets and potential within families and communities that can enhance and complement the public sector's offering. For example, many of our current and retired employees are also residents, who can make a valuable contribution to their community through their skills, knowledge and social networks. As well as helping families to do more for themselves, we want to encourage and enable local communities to do more for families in their area, promoting a culture of shared responsibility where everyone – from residents and schools to local businesses and employers, VCS organisations and the public sector – plays a role in creating a better future for all families in the city.

This transformational behaviour change demands a new way of working with local people – having honest and respectful conversations with individuals and families about what they can do for themselves, the support they could access from the community, and what we as service providers can achieve collaboratively with them. All services will need to adopt a strengths based approach to every interaction with families, to help families recognise and make the most of what they already have. System-wide workforce development is an important part of strengthening families, to ensure a consistent and effective approach across agencies and disciplines. Anyone who has contact with a family must have the skills and ability to provide them with respectful support in a way that builds on their strengths and reduces their dependency on services.

Empowering families to take greater control over their own lives is a pre-requisite for a prosperous city with strong and resilient communities. Strengthening families is

also about encouraging families to do more for their communities, but we understand that this cannot occur unless families and their individual members are in a position to meet their own needs with confidence. By supporting individuals and families to look after themselves wherever possible, we will build a critical mass of resilient citizens who can come together to support one another through adversity and change.

Our Vision

Sunderland is a city with strong and resilient families who, by supporting themselves and others, make a positive contribution to their community

Our vision is of a city with strong and resilient families and communities. This framework sets out a new way of working to realise this vision. We want Sunderland to be a place where families thrive, supporting themselves wherever possible and making a positive contribution to their community.

Our Priorities

Four priorities underpin our vision and form the pillars of our approach. These reflect where we believe the most substantial change is needed, based on research evidence and best practice, as well as consultation with local families and communities. These priorities will be central to the future development and delivery of services for children, young people, adults and their families, and serve as a set of design and operating principles for commissioners and providers alike.

- **Priority 1: Empowering families to do more for themselves** – ensuring support for families is given in a way that recognises and builds on their own strengths and capabilities, increasing their independence and ultimately reducing the need for further support

- **Priority 2: Encouraging the community to do more for families** – building capacity and resilience in communities; identifying and drawing on the wealth of skills, knowledge and resources that exist in our different communities to improve outcomes for others

- **Priority 3: Investing in prevention and early action** – actively identifying and tackling issues at the earliest opportunity throughout people's lives to prevent them developing into more problematic and complex needs

- **Priority 4: Providing integrated whole family services** – service providers responding in a holistic and joined-up way to the individual and combined needs

What does this mean for services?

All types of services – statutory, voluntary and private sector – may come into contact with families at risk of poor outcomes. The implications of our approach are far reaching and extend to universal, targeted and specialist services – from adult and children's social care, to hospital trusts and libraries, to local schools, businesses and community groups.

Achieving transformational change requires a system-wide shift in mind-set, behaviour and ways of working together – with families, with communities and with each other.

Priority 1: Empowering families to do more for themselves

It is important to recognise that some interventions actually promote dependence on services rather than build individual and family resilience. Traditional ways of working often focus only on what is going wrong within a family and look to professional interventions and external expertise to 'fix' these problems, with little input from families themselves. Not only can this lead to negative self-perceptions and poor self-esteem, but it also overlooks families' abilities and resources, such as the support available to them in their communities. People can feel disempowered and dependent on public agencies, and as a result, they often turn to services in the first instance rather than developing their own solutions with the support of their family and community.

We know that sustainable change is unlikely to happen unless people feel they are the 'authors' of their own lives, and the role of services should be reoriented towards helping people to support themselves and others wherever possible. A strengths-based (or asset-based) approach operates on the assumption that all families, even if they are experiencing problems, have some strengths and resources from which they can draw upon to make positive change. Adopting a strengths-based approach will mean identifying and building on the existing skills, knowledge and capacity within families and communities, and recognising the abilities of families and communities as valuable resources. By listening to the concerns and aspirations of family members, involving them in decisions about the support they receive, and strengthening their own capabilities, we can enable people to exercise greater control over their own lives. In addition to providing services to meet identified needs, the role of partner organisations will become one of enabling and facilitating 'self-authored' change within families.

The benefits of empowering families to make positive changes in their own lives are far-reaching and will extend to the wider community. We want to encourage families to become more involved in making their community a great place to live, but we recognise that this cannot happen unless they are in a position of strength themselves. By fostering resilience in individuals and families, we can ultimately

enable people to become more outward looking and engaged in promoting the welfare of others.

What does this mean in practice?

- Using empowering language when working with and supporting families
- Identifying the strengths and capabilities of the family as well as assessing needs and risk factors, and involving families in decisions that affect them
- Recognising the importance of individual resilience, mental health and emotional wellbeing and helping family members build their self-confidence and self-esteem
- Building the skills, capacity and confidence of family members to meet each other's needs
- Tackling child and family poverty: working in partnership with families to help them move themselves permanently out of poverty
- Developing trusting relationships with families, treating each person with respect and dignity and adopting a non-judgemental approach
- Working together with partners to train and develop our workforce – both commissioners and practitioners – in a strengths-based approach

Priority 2: Encouraging the community to do more for families

We believe that strengthening families goes hand in hand with strengthening communities, that the two are inextricably linked. Just as strong families are at the heart of resilient communities, families are more likely to thrive in a nurturing and supportive community environment, where neighbours are encouraged to get to know and help one another. People belong to many different communities, defined by a shared geography, interest, or identity. For individuals who lack a family network – for whatever reason – community members can be a vital source of care and support. Strong communities can also have a positive influence on individual behaviours by collectively supporting people to make healthy choices, raising aspirations, and making it clear that violence, abuse or anti-social behaviour will not be tolerated. There is significant opportunity for community members to become more involved in providing innovative local solutions to develop early preventative work in areas such as tackling social isolation or building self-esteem. We want to work with communities to consider how the time, energy and skills of local people can be better utilised to help individuals and families in need of support.

What does this mean in practice?

- Building community capacity and resilience: increasing the ability of local people to identify and support vulnerable and potentially vulnerable individuals and families in their community.
- Developing opportunities for co-production: involving local people in shaping and delivering services for families
- Identifying and raising awareness of the skills, knowledge and resources within communities that families can draw upon to meet their needs
- Strengthening mentoring, coaching and befriending schemes in the city

- Helping individuals and families to participate in their community and develop their social networks
- Embedding social value into commissioning and procurement practice

Priority 3: Investing in prevention and early action

Families tell us that current service arrangements can make it difficult for them to receive the help they need at a time when they need it. Families seeking help from services can sometimes find that they do not qualify for support because they do not meet a particular threshold of need. These families may not be eligible for support until their situation has deteriorated to 'crisis point', at which point their needs have become more complex, making them more difficult to deal with and recover from. By actively identifying and tackling issues early and as soon as possible, we can prevent family needs from escalating to the point where costly services are needed. This requires a shift in focus onto the underlying causes rather than the symptoms of problems, moving away from the reactive and crisis-led interventions that are currently in place.

Ideally we want to reduce the risk of problems developing in the first place, using the right combination of universal and targeted services. When issues do arise, however, we need to become better at identifying and responding to these at a much earlier stage. Early intervention means investing in the early years (including pre-natal interventions), but it also means intervening at the best possible time – early in the development of a problem (for people of any age) or at certain points in the lifecourse when people are more receptive and willing to change. It requires a shift in focus onto the underlying causes rather than the symptoms of problems, moving away from the reactive and crisis-led interventions that are currently in place.

We recognise that increasing our investment in preventative and early intervention services will necessarily require disinvestment in other areas, given the limited financial resources available to public sector agencies. We acknowledge that our approach will involve difficult decisions, which must be made in collaboration with partners and communities.

What does this mean in practice?

- Increasing investment in children's earliest years, with particular emphasis on pre-birth to 2 years of age, and improving understanding of early child development within families, communities and our workforce.
- Establishing clear pathways to provision of early help, ensuring that families are appropriately supported at key transition points throughout their lives.
- Becoming more intelligent: improving our access to and use of accurate information on local needs and strengths, evidence of what works, and cost-benefit analysis to enable smarter investments.
- Recognising and harnessing the ability of VCS organisations to creatively engage with families to provide early and preventative support.
- Making better use of universal services, not just in supporting vulnerable families but also in identifying potential issues early on.

- Supporting self-management: providing information, advice and guidance that is accurate, relevant and accessible so that people can remain living independently for as long as possible*.*

Priority 4: Providing integrated whole family services

A focus on the whole person and the whole family

We appreciate that people and the circumstances in which they find themselves are considerably complex and affected by a broad range of personal, relationship and social factors. Rather than providing holistic support, however, services are frequently designed to work with an individual and to address a single presenting issue. Working in this way can prevent agencies from seeing the whole picture: the broader range of social, emotional, and physical needs a person might have and how these are impacted by – and impact on – their wider family and community environment. People do not exist in isolation from one another and interventions with one person in a family will likely fail if they are not backed by support for other family members. Similarly, dealing with issues in isolation from each other can result in some or all of a person's needs being overlooked and ultimately hinder efforts to improve outcomes. Instead a holistic approach is required where the individual and the family are very much at the heart of everything we do. The different but interrelated needs of a person should be understood and services should be tailored to needs so that issues are addressed in a coordinated way across agencies.

Working in this way requires a highly skilled and engaged workforce with a consistent approach across all agencies to support the whole person and the whole family rather than just a discrete part. 'Thinking family' should become the norm for both practitioners and strategic decision makers, so that families are given due consideration in everything we do.

What does this mean in practice?

- Always considering the potential impact of our decisions and actions on families – for example, incorporating families within our equality impact assessments
- Services taking the responsibility for identifying the wider needs and strengths of an individual/family which extend beyond the issue/person they are supporting
- Involving all family members, including resident and non-resident members, in identifying issues and concerns and developing solutions
- Providing families with a holistic package of support built around their needs, capabilities and aspirations, with clear goals of how independence will be achieved
- Multidisciplinary case management

Seamless provision

Families tend to have a range of needs which cut across existing professional or organisational boundaries; as a result, multiple agencies can be involved in planning and delivering different services for a single family. Despite the best intentions of

professionals, families can sometimes find themselves feeling passed from one service to the next because services are not joined up. In some instances, families come into contact with a number of services offering the same or very similar support, which can be overwhelming. Barriers to information sharing and a lack of communication between services may also result in a family being repeatedly asked for the same information, leading to unnecessary duplication and inefficient use of resources. It also means that opportunities to provide a comprehensive, coordinated and timely response to emerging needs or risks within families can be missed because the relevant organisations do not have a complete picture of the family's circumstances.

Strengthening the workforce by developing a coherent and consistent approach through training, key messages and reflective supervision is critical to ensure that professionals across all agencies are equipped to provide individuals and families with support that is well co-ordinated or integrated. Evidence shows that this leads to better outcomes for individuals, and more efficient use of resources.

New and emerging models of multi-agency working, such as community budgets and family intervention, are proving that effective collaboration changes lives. Sunderland has a long history of partnership working but we recognise that a step change is required in the way that local services work together. We must now build on good practice to move towards a more ambitious system that, with individuals and/or families' consent, brings practitioners from different sectors and professions together to provide an integrated package of support for families, based on respect, information sharing, joint decision making and coordinated intervention.

What does this mean in practice?

- Integrated commissioning arrangements and/or integrated locality-based working across services and organisations
- A single data sharing protocol or a multi-agency information sharing hub for local service providers
- A joined-up family assessment process leading to a single integrated multi-agency support plan
- Initiating cultural change within organisations through collaborative workforce training and development activities
- Ensuring the right skills, referral arrangements and service protocols are in place and operating effectively
- Collaborative training and development activities

Accessible and responsive services

The array of services available to families in the city is complex and not always well coordinated, meaning that families can struggle to navigate their way to the appropriate support. Many families are unaware of what help is available to them or how to access the support they need, particularly when they are dealing with multiple issues or a crisis. For many reasons, families may be reluctant to approach public sector organisations for help: people sometimes feel intimidated or overwhelmed, or

perhaps have a distrust of services due to a previous experience, or may even fear they could be judged or stigmatised by professionals and their communities. Location or opening hours can also render some services inaccessible to families, particularly those in work or reliant on public transport. In order to address some of these issues, many organisations are planning and delivering services to families through locality based working. We recognise that local flexibility is often required in the way services are delivered, to ensure they reflect the needs and priorities of local people rather than the organisation. We are encouraging all partners to rethink the way they provide support to families, so that all families – no matter where they live in the city – receive the help they need when they need it.

What does this mean in practice?

- Listening to families, communities and frontline employees: harnessing their views to inform, challenge and continuously improve service provision
- Adopting a localised approach to planning and delivering services – for example, delivering services out of community venues
- Implementing a no wrong door policy
- Co-locating services
- Engaging with families through a wide range of channels, whether through traditional engagement routes or through the use of new technologies and social media
- A portfolio of interventions coordinated by a key worker, with clear escalation/de-escalation procedures

Strategic Outcomes

In transforming the way services support families in the city, we are seeking to achieve a number of significant outcomes for families, communities and organisations. These are:

(i) Improved quality of life for individuals, families and their communities as a result of:

- Increased confidence, self-esteem and aspirations of individuals
- Improved life chances for children and young people who are likely to experience difficulties, breaking the intergenerational cycle of problems that exists in some families and communities
- Improved skills and educational attainment
- Improved access and support to employment opportunities and positive job outcomes
- Greater financial security and poverty reduction
- Improved health and wellbeing throughout individuals' lives
- Improved relationships between family members and greater levels of family resilience
- Increased access to social support and reduced social isolation
- Stronger, more resilient communities

(ii) **Reduced demand on services** as a result of:

- Increased family capacity, resilience and independence so that families are able to meet their own needs and solve their own problems with less dependence on service providers
- Families feel a greater sense of responsibility for their own welfare and the welfare of others in their community
- Communities play a greater role in supporting vulnerable individuals and families

(iii) **More effective and efficient use of resources** as a result of:

- Better coordination of services and smarter ways of working within and between organisations, including the sharing of information
- Earlier intervention and prevention within universal and targeted services, thereby reducing demand on more costly specialist and intensive services
- Co-production and more socially productive relationships between service providers and individuals, families and communities
- Locality working which allows for a better understanding of family needs, preferences and aspirations
- An evidence-based approach, with robust outcome measures and management of performance

(iv) **Greater trust in and satisfaction with the public sector and service providers as a result of:**

- Integrated and seamless service delivery, which improves a family's experience of accessing and using services
- All family members are listened to and involved in decisions that affect them
- A skilled, knowledgeable, empowered, consistent and empowering workforce

Appendix 1

The Family Assessment Wheel

Overview

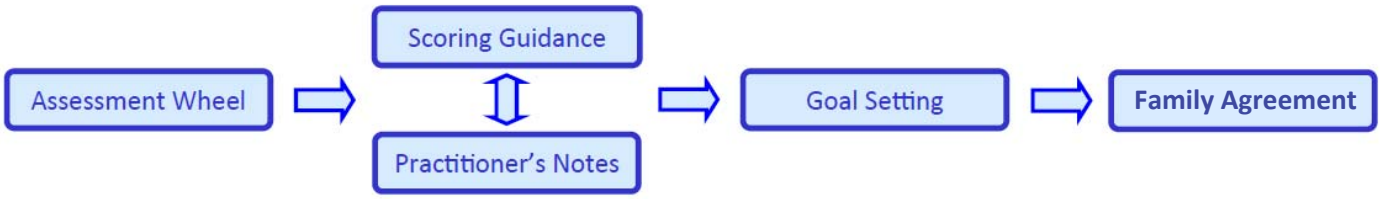
The Family Assessment Wheel is the family assessment tool being used with families participating in Sunderland's Family Focus programme. It is designed to provide key workers with a simple yet effective way of monitoring family change and the measurement of outcomes.

It provides a systematic way of analysing, understanding and recording what is happening to families and the wider context of the community in which they live.

The collaborative nature of the Family Assessment Wheel and its ability to track progress and change across multiple and inter-linked needs and issues makes it particularly suited to engaging and supporting families with multiple and complex disadvantages.

The scores from the Wheel can be recorded when a key worker starts to work with a family and then regularly reviewed in order to generate 'real-time' progress reports for an individual family whilst also allowing the Strengthening Families Board to have aggregated performance information.

Completing the Family Assessment Wheel is comprised of five parts:



Before using the Family Assessment Wheel, all key workers must make sure they have received the appropriate training and guidance to ensure they follow the correct methodology when supporting families.

Adapted from the Bromley Wheel with permission from the Bromley Children's Project

Risk and Protective Factors

Many parents and families are able to deal with the stresses of everyday life as well as the occasional larger problems that crop up; they have the resilience to ‘bounce back’ when things go wrong.

Protective factors are the elements that support this resilience and could include: problem solving skills, positive learnt behaviour, and support networks (i.e. extended family, positive friendships or both).

Risk factors are the multiple life stressors such as homelessness, unemployment, debt, domestic violence, and health problems; all of which may reduce the family’s resilience.

The Family Assessment Wheel enables a key worker and the family to identify both Risk and Protective factors within and around the family unit.

The Assessment Wheel allows both identification of areas where families, parents, and children are functioning well, have no issues and are positive (protective) as well as the specific areas where things are not going so well and need attention (risk).

This in turn enables the parent, carer or family to develop a ‘family centred’ action plan which, with the key worker’s support, will reduce risk and increase resilience.

The Family Assessment Wheel | Scoring Guidance

Community and Where You Live

5 ✓✓ Area of choice, family feel safe in area. Access to transport links and can walk to local shops and amenities. Engages with services in the local community (i.e. children's centre, health clinic, church). Would know where to go for support.

4 ✓ Likes area and feels fairly safe. Accessible transport links and local shops and amenities. Occasionally engages with some services in the local community (children's centre, health clinic, church). Would know where to go for some types support.

3 – Have no strong feelings about the area but feel relatively safe most of the time. Access to transport links but cannot walk to all shops and amenities. Aware of services in local community but doesn't always want to engage. Unclear on where to go for support.

2 ✗ Doesn't really like area and doesn't really feel safe. Access to transport links is limited. Is aware of some local services (or limited services available) but chooses not to engage at this present time. Unclear where to go for support or advice.

1 ✗✗ Dislikes area (may have problems with neighbours or ASB) and feels unsafe. Chooses not to engage with the local community and may prefer to stay at home. Does not know where to go for support or advice. May feel at risk from the community.

Drugs and Alcohol

5 ✓✓ No concerns around alcohol consumption within the family. No drug use or issues. No concerns around children and substance misuse. May partake in social drinking occasionally (monthly or less). No drug issues in area.

4 ✓ No concerns around alcohol consumption within the family. No drug use or issues. Minor concerns around children and substance misuse but fears not based on evidence or experience. May partake in social drinking (twice per week). Minor drug use concerns in area.

3 – No concerns around alcohol consumption within the family. No recent drug use (may have tried recreational drugs in the past) or issues. Some fears concerning children and substance misuse and would like advice on how to advise children in the future. May drink occasionally either socially or when stressed (three times per week). Minor concerns of drug use in area.

2 ✗ Concerns about substance or alcohol misuse with the parent/carer or the family. Recent drug or alcohol use (may be in 'maintenance' stage). Friendships with others involved with alcohol or substance misuse. Alcohol use of four times per week or more. Concerns around children and drug/alcohol misuse. Access to drugs in area. Seeks help and support/signposting.

1 ✗✗ Drug and alcohol use parent/carer, family member and or friends. Neutralises addictions and behaviour. Reduced inhibitions and participates in risky behaviour. Addiction could be linked to crime. Children could be at risk of neglect. Not engaged with support services.

The Family Assessment Wheel | Scoring Guidance

Learning and Education

5	Parents have positive attitude towards learning. Sets children and themselves long range career and educational goals. Children have good school attendance and punctuality record. Parents participate in school/education activities. Children enjoy school and the learning environment. Work set is complete and up to date. Any learning needs identified and supported well. Parents want to engage in life long learning.
4	Family understand the importance of education. Want children to attend regularly, on time and engage in the learning process. Children have good school attendance and punctuality. Children enjoy school most of the time and complete work set with support of parents. Any learning needs are identified and supported. Parents willing to engage in life long learning.
3	Parents ensure that children attend school but evidence of occasional unauthorised absence. Engage with school when necessary. Can set and pursue goals with assistance. Children will attend school and enjoy it sometimes. Need guidance on work set. May have some behavioural/concentration issues.
2	Parents have little or no formal education. Resists communicating with school but will if pushed. Children's attendance is sporadic and some issues with truancy. Children not meeting educational potential. Behaviour issues evident.
1	Parent has very negative experience of own school days. See no value in formal education. There is not evidence of learning support in the home. Do not engage with school at any level. Children have poor attendance (below 85%). Numerous unauthorised absence and truancy. Behaviour issues that are raising concerns. Unsure where children are during the day.

Life Skills

5	Cooks and prepares meals for self and family. Handles finances well. Knows how to budget. Has bank account. Possesses problem solving skills.
4	Cook and prepares meal for self and family. Deals with financial issues but not always sure how to budget. Has bank account. Possess some problem solving skills.
3	Is able to cook and prepare meals for self and family but is not always sure of healthy options. Has some difficulty with financial issues (credit, budgeting, and debt). Is able to open bank account and seek advice on financial issues. Recognises when things are becoming a problem.
2	Prefers the 'easy option' when deciding what to feed the family (i.e. ready made or takeaway) but has very little idea or regard for what is the healthy choice. Financial difficulties (debt, credit and budgeting). Could open a bank account. Limited problem solving skills.
1	Lacks the ability or interest to cook for either self or family. No idea or regard for healthy choices. Serious financial difficulties (increased debt, loans, credit) without the knowledge to budget. Lacks any problem solving skills.

The Family Assessment Wheel | Scoring Guidance

Health and Wellbeing

5 ✓✓	Registered with GP, dentist (and optician). Children's medical checks and immunisations up to date. No health issues or concerns. Family aware of healthy lifestyles and encourage exercise and physical activity. Wellness needs are being met and there seems to be preventative care.
4 ✓	Adequate medical and physical care provided. Registered with GP, dentist (and optician). Children's medical checks and immunisations up to date. Health needs are being met as they occur. Any medical problems are being addressed. Family participate in physical activities.
3 –	Family is not registered with either GP or dentist (or both). Health needs not always met in a timely manner. Health issues noted, some of which are not being addressed at this present time.
2 ✗	Family is not registered with either GP or dentist (or both). Minimal attention to health needs. Unclear if children's checks and immunisations are up to date. Medical problems noted are severe, potentially harmful and not adequately supported.
1 ✗✗	Child(ren)'s health is endangered. Medical problems and health needs are not being addressed; no care or support is being received. Home environment does not promote healthy living.

Housing

5 ✓✓	Happy in home. Satisfied with housing and area. Tenancy is secure. House is safe and meets families needs.
4 ✓	Lives in or has access to adequate housing. Rent or payment options can be met but are sometimes a concern. Family perceives the home and neighbourhood as safe.
3 –	Payments for housing are difficult to make without financial support or assistance. Tenancy is secure for at least six months. Housing is not hazardous or unhealthy. Family feels neighbourhood is relatively safe.
2 ✗	Lives in temporary or transitional housing. Uncertain of where family will live in the near future. Lives in unsafe, deteriorating, or overcrowded housing. Finances for housing support are not routinely available.
1 ✗✗	Lives in dangerous conditions. Living in a hostel. Homeless or on the verge of homelessness. Has history of consistent homelessness. Unable to secure housing without extensive resources or help. Family's basic needs not being met.

The Family Assessment Wheel | Scoring Guidance

Employment

5	At least one parent is employed in a stable career of choice and or enjoyment. Has confidence in own skills and abilities. Is motivated and has aspirations. Welcomes further training, personal and professional development. Feels confident in ability to support the family unit.
4	At least one parent currently or recently employed or unemployed by choice (not needed or feasible). Has good marketable skills. Employment potential for advancement. Learning or willing to learn new skills as needed to secure job. Feels confident in attending interviews, interview techniques and preparing CV. Motivated to work.
3	At least one parent working (or seeking employment) but would like to advance career. Has experience gained from voluntary or work placement. Learning or willing to learn new skills as needed. History of seasonal or temporary employment. Willing to attend interviews and apply for positions but may need guidance with interview techniques and preparing CV etc.
2	Minimum job skills and experience. History of performance problems at work. No career plans, lacks motivation. Unsure of their own skills. Would need support applying for jobs and interview techniques including how to dress for an interview.
1	Unemployed and not willing to looking for work. Is not looking to train or learn new skills to increase chances of finding work. No positive work history. Unable to work due to emotional/physical status.

Family and Friendships

5	Can identify close support network of friends or family. Able to identify local support with easy access. Can name people to go to for support. Able to make friends and socialise (for both self and child). Children have friends home. Children do not experience family conflict.
4	Can name friends or family but do not live locally. Could name people to go to for support. Feel that they would be able to make friends for self and children but may find it difficult initially (i.e. attending children's centre). Children have friends home. Children do not witness family conflict but may hear the occasional 'debate'.
3	Finds it slightly difficult to identify a network of support. Finds it difficult to find somebody to babysit. Would not necessarily know how to make friends and would need support (to attend children's centre). Children occasionally have friends home and are invited to other children's homes. Children do not witness family conflict but may hear the occasional 'debate'.
2	Cannot identify support network – limited contact with extended family but are able to name a few friends. Would not attend a centre to make friends for self or children alone. Wouldn't know who to contact for help if needed. Children are occasionally asked to play at another child's home but do not have friends home. Sometimes hears arguments.
1	No support network apparent. Lacks family support or contact with extended family. Does not know where to go to make friends for self or children or to build support network. Possible conflict situations and arguments in home.

Adapted from the Bromley Wheel with permission from the Bromley Children's Project

The Family Assessment Wheel | Scoring Guidance

Money and Finances

5 ✓✓	Sufficient income to meet needs and allow for 'extras' and/or can save money. Keeps track of expenditures. Reliable source of income. Aware of all benefit entitlements. Consistently pays bills on time. Sufficient income to meet basic needs (food, clothing, shelter) No debt.
4 ✓	Sufficient income to meet needs and allow attempts to save money for 'extras'. Effective budgeting. Reliable source of income. Aware of all benefit entitlements. Typically pays bills on time. Sufficient income to meet basic needs (food, clothing, shelter).
3 –	Receives minimum adequate income via regular wage or benefit entitlement. Is not able to save money. Occasionally misses payment deadlines. No budget plans in place. Uses credit (i.e. catalogue, credit cards) to meet some needs. Evidence of debt.
2 ✗	Occasionally able to meet basic needs. Income and or benefits entitlement not sufficient to cover mortgage/rent payments resulting in shortfall that cannot always be met. No credit or poor credit and or overwhelming debt. Relies on others for financial assistance. Outgoings exceed incomings. Is unclear how to budget money.
1 ✗✗	Little or no money and cannot meet basic needs. Income and or benefits entitlement not sufficient to cover mortgage/rent payments resulting in shortfall that cannot be met - arrears are accruing. Has no idea how to manage money coming into the home. Is not able to pay bills and has escalating debt. Has had legal problems due to finances (i.e. CCJs, fines and eviction).

Offending Behaviour

5 ✓✓	Has no experience of crime either as perpetrator or victim. Family or friends have never been involved in crime. Children have not been affected in any way by crime. Does not undertake risky behaviour.
4 ✓	Has limited experience of crime as a victim (i.e. burglary, anti social behaviour in area). Children have not been affected by crime. Does not undertake risky behaviour. Family and friends not involved in crime.
3 –	Has some experience of crime as victim or have offended in the past. Doesn't undertake risky behaviour but have family members or friends that are either in prison or involved in minor criminal activity.
2 ✗	Has experience of crime either as perpetrator or victim (including DV) in recent past. May still be known to police or probation services – orders, tags or licence. Occasionally undertakes risky behaviour. Has friends or family either in prison or known for criminal activity.
1 ✗✗	Is currently a victim of crime or involved in offending behaviour. Friends or family in prison or have recent criminal involvement. Will be known to police and probation. Has limited or no victim awareness, neutralises own behaviour. Will undertake risky behaviour. Children may have been affected by crime.

The Family Assessment Wheel | Scoring Guidance

Parenting and Child's Behaviour

5 Consistent, observable, age appropriate parenting evident. Enjoys being a parent and seems confident. Understands children's needs and provides accordingly. Clear boundaries, routines and appropriate discipline strategies set for children. Children are loved and shown affection.

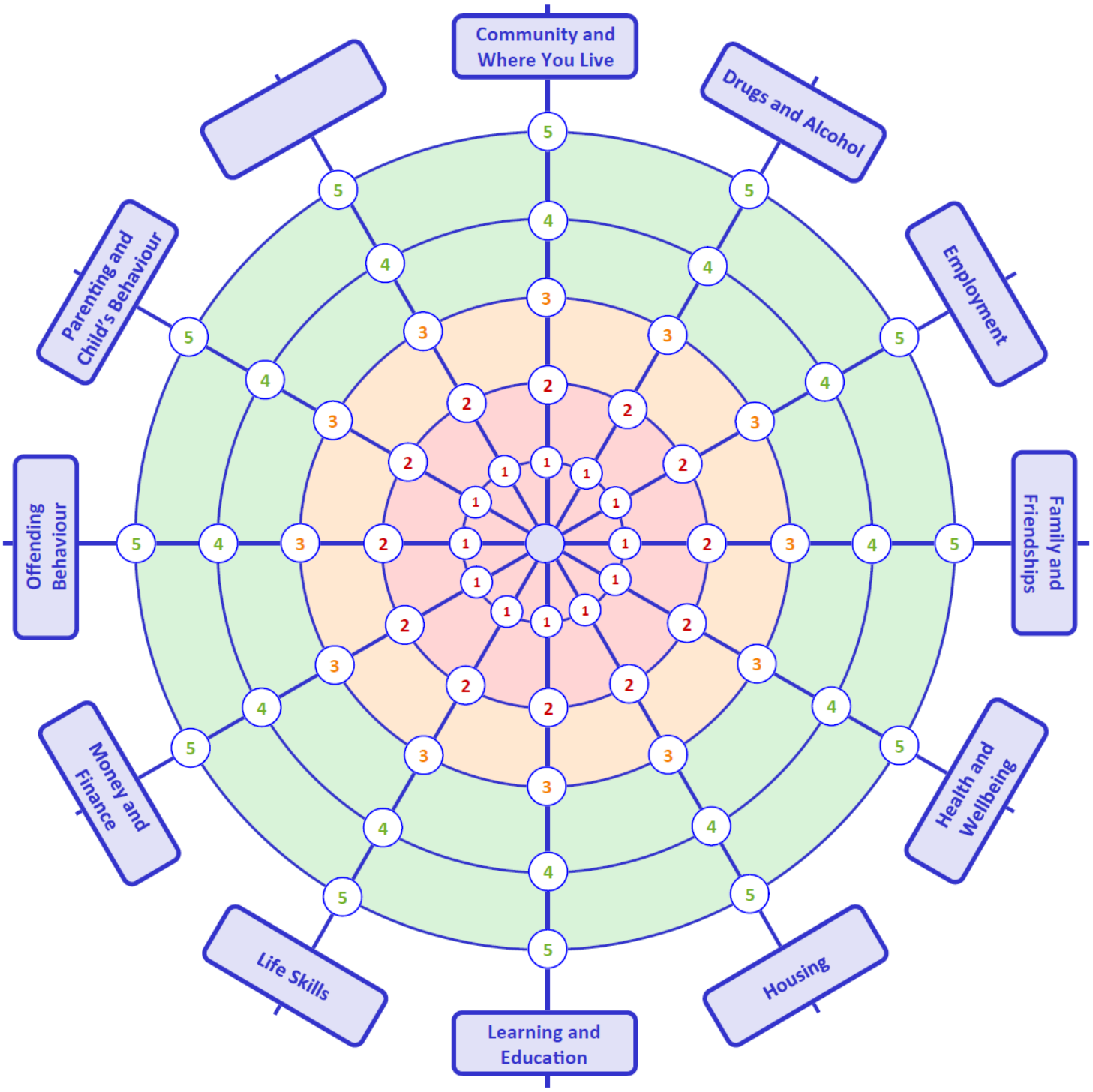
4 Reasonably consistent, age appropriate parenting evident. Appears to understand of children's needs and attempts to meet them. Parent is able to set boundaries and practices discipline strategies. Children are loved and are shown affection. Some daily routines exist.

3 Inconsistent or ineffective discipline methods with unclear boundaries. Sometimes unsure of parenting role. Some understanding of children's needs or development. May have some inappropriate expectations of children. A few routines in the home. Children are loved and shown affection.

2 Inappropriate discipline methods with limited boundaries or guidance. Little understanding of children's development needs. Sometimes finds the parenting role a struggle. Some history of parenting problems. No routine or consistency evident.

1 History of serious parenting problems. Discipline is rigid, harsh or extremely permissive. No understanding of children's development or needs. No boundaries or guidance. Parent is struggling and appears not to enjoy being a parent.

The Family Assessment Wheel | My Assessment



1 2 3 4 5

Adapted from the Bromley Wheel with permission from the Bromley Children's Project

The Family Assessment Wheel | Family Agreement

Goal No:		Life Area:		Current Score:		Target Score:		Review Date:	

Where I am now **(issues, barriers, concerns):**

Goal **(where I/we want to be - vision of the future):**

Actions for me/my family to reach my goal:

Actions that others will do to help and support me/my family:

How I/we will measure my success:

Goal No:		Life Area:		Current Score:		Target Score:		Review Date:	

Where I am now **(issues, barriers, concerns):**

Goal **(where I/we want to be - vision of the future):**

Actions for me/my family to reach my goal:

Actions that others will do to help and support me/my family:

How I/we will measure my success:

Goal No:		Life Area:		Current Score:		Target Score:		Review Date:	

Where I am now **(issues, barriers, concerns):**

Goal **(where I/we want to be - vision of the future):**

Actions for me/my family to reach my goal:

Actions that others will do to help and support me/my family:

How I/we will measure my success:

Full Name: ______ **Date:** ______

Signed: ______

Item No. 8

SUNDERLAND HEALTH AND WELLBEING BOARD 24 January 2014

LOCAL GOVERNMENT ASSOCIATION HEALTH AND WELLBEING PEER CHALLENGE

Report of the Assistant Chief Executive, Sunderland City Council

1.0. PURPOSE OF REPORT

1.1 At its meeting on the 20th September 2013, the Board was made aware of the opportunity to accept the offer of a Local Government Association Health and Wellbeing Peer Challenge to be provided free of charge. The Board agreed to support the Peer Challenge and this report advises of the progress that has been made to date.

2.0. BACKGROUND

2.1 The Local Government Association (LGA) has been convening national partners, including the Department of Health, NHS England, the NHS Confederation, Public Health England, Healthwatch England and the Association of Directors of Public Health, to provide a 'Health and Wellbeing System Improvement Programme' for Health and Wellbeing Boards, Local Authorities, Clinical Commissioning Groups and local Healthwatch organisations. This £1.8million programme includes Health and Wellbeing Peer Challenge.

3.0. Health and Wellbeing Peer Challenge

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

3.2 Peers are working as 'critical friends' or 'trusted advisors', not professional consultants or experts. Peer challenge is not inspection. The process is based on a view that organisations learn better from peers and are open to challenge. Likewise it believes that peers, in their professional capacity, challenge robustly and effectively. While the process is voluntary it is not a 'soft option'.

3.3 The Peer Challenge will involve a team of peers spending time in the city, based at the Civic Centre, reflecting back and challenging the practice of the council in order to help it to reflect on and improve the way it works. The process involves a wide range of people working with the council in both statutory and partnership roles. While the LGA appreciate that the new health and wellbeing system includes many organisations, representatives and stakeholders who are engaged in the challenge process, for the purpose of this peer challenge the client is the local council.

Purpose and scope of the Health and Wellbeing Peer Challenge

3.4 The peer challenge focuses on three elements in particular while at the same time exploring their interconnectivity – the:

- Establishment of effective Health and Wellbeing Boards
- Operation of the public health function to councils
- Establishment of an effective local Healthwatch organisation.

3.5 The peer challenge focuses on a set of headline questions and more detailed prompts, from which to frame the preliminary review of materials, the interviews, and the workshops that make up a peer challenge. The main four questions are:

1. How well are the health and wellbeing challenges understood and how are they reflected in Joint Health and Wellbeing Strategies (JHWSs) and in commissioning?

2. How strong are governance, leadership, partnerships, voices, and relationships?

3. How well are mandated and discretionary public health functions delivered?

4. How well are the Director of Public Health (DPH) and team being used, and how strong is the mutual engagement between them and other council teams?

However these questions are discussed and tailored in the context of each council and therefore the Peer Challenge in Sunderland will incorporate a focus on:

- The Health and Wellbeing Strategy
- System Leadership
- Health and Social Care Transformation
- Engagement with residents and patients.

4.0 Preparing for the Health and Wellbeing Peer Challenge

4.1 The period over which the Peer Challenge will take place has been established as the 11th till 14th February 2014, and work has been ongoing to produce a position statement and timetable of observations, site visits and discussions with officers, elected members, partners and stakeholders.

4.2 The position statement is in development and will outline how the council and partners are performing against the main themes of the peer challenge and the specific focus, both of which are outlined above.

4.3 The timetable is also in development. Clearly members of the Board will play a prominent role and will feature heavily in the timetable - know doubt Board members will be aware that their availability during this period has already

been established. It is expected that there will be a number of visits and workshops arranged, for example, visiting the Aquatic Centre to see how the Wellness Programme and G.P. referral scheme works, and workshops with a Children's Centre user a group and also a Care and Support user group.

4.4 The support of the Board and their respective organisations is essential to the success of the Peer Challenge.

4.5 Negotiations have been ongoing with the LGA about the make-up of the peer team. Final agreement has almost been established and the team is unlikely to change – it is currently:

- Lead Peer - Jamie Morris (Walsall City Council, Executive Director, Neighbourhood Services)
- CCG Peer – Dr Adrian Hayter (CCG Chair at Windsor, Ascot & Maidenhead)
- DPH Peer – Dr Jane Moore (Coventry City Council)
- Healthwatch Peer – Sue Stevenson (Healthwatch Cumbria)
- Labour Peer – Cllr Keith Cunnliffe (Wigan Borough Council)
- Department of Health Shadow Peer – George Leahy (Deputy Director at the Department of Health with policy responsibility for international commercial healthcare and supporting the production of 5 year Reducing Avoidable Mortality Plan).

4.6 At the request of the Clinical Commissioning Group the team incorporates members that have a clinical background. This is considered an essential ingredient and will contribute to the overall success of the Peer Challenge.

5.0 RECOMMENDATIONS

5.1 The Board is asked to note the report and continue to provide support to the Peer Challenge.

Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD 24 January 2014

HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION – 14 FEBRUARY 2014 AND FORWARD PLAN

Report of the Head of Strategy, Policy and Performance Management

1. PURPOSE OF THE REPORT

To inform the Board of the date and scope of the next development session, details of the closed sessions and the forward plan.

2. HWB PEER CHALLENGE FEEDBACK

The start of the development session will see the Local Government Association feedback its findings from the peer review to the HWBB. There will be a chance for discussion and to determine any specific actions that are required from the challenge.

3. BETTER CARE FUND

The second part of the development session will focus on a run through of the final submission for the better care fund (formerly the integration and transformation fund) and will require the board to review and ultimately if appropriate sign off the application.

4. FORWARD PLAN

Health and Wellbeing Board Agenda - Forward Plan 2013 – 14		
	24th Jan	**21st March**
Standing Items	• **Update from Advisory Groups** • **Development Sessions Briefing** • **Forward Plan**	• **Update from Advisory Groups** • **Development Sessions Briefing** • **Forward Plan**
Joint Working	**Better Care Fund** **Integration - Governance** **Autism Strategy**	**H&WB Strategy – Action Plan** **DPH Annual Report – Healthy City – Healthy Economy** **HealthWatch Sunderland update**
External Links	**Strengthening Families Framework**	**Consultation on CYPP**

5. RECOMMENDATIONS

The Board is recommended to

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