

## ADULT SOCIAL CARE PARTNERSHIP BOARD

### AGENDA

Meeting to be held in the Civic Centre (Committee Room 1) on Tuesday  
13 September 2011 at 2.30 pm

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1.	<b>Apologies for Absence</b>	
2.	<b>Minutes of the Meeting held on 12 July 2011</b> (Copy attached).	1
	<b>Consultations</b>	
3.	<b>An Information Revolution : Consultation Response</b> Report by Graham King, Head of Strategic Commissioning (copy attached)	7
	<b>Policy</b>	
4.	<b>Carers Strategy; Recognised, Valued and Supported</b> Report by Ailsa Martin, Senior Manager, Sunderland Carers Centre (copy attached)	9
	<b>Updates</b>	
5.	<b>JSNA Update</b> Verbal Report by Diane Boardman, Project Manager, Office of the Chief Executive	13
6.	<b>Benefits Update</b> Verbal Report by Richard Elliott, Advice Services Manager, Health, Housing and Adult Services	15

7. **Feedback from Health and Wellbeing Board** -

Verbal Report by Neil Revely, Executive Director,  
Health Housing and Adult Services  
Cllr Allan, Portfolio Holder Healthy City

**Discussion**

8. **Future Reporting Requirements** -

Verbal Report by Graham King, Head of Strategic  
Commissioning. Health, Housing and Adult Services

ELAINE WAUGH  
Head of Law and Governance

Civic Centre  
SUNDERLAND

5 September 2011

**At a meeting of the ADULT SOCIAL CARE PARTNERSHIP BOARD held in the CIVIC CENTRE (COMMITTEE ROOM NO. 1), SUNDERLAND on TUESDAY 12 JULY 2011 at 2.30 pm.**

**Present:-**

Councillor Dave Allan (Chairman)	- Sunderland City Council
Councillor Tony Morrissey	- Sunderland City Council
Karen Graham	- Office of the Chief Executive
Nicola Morrow	- Health, Housing and Adult Services
Graham King	- Health, Housing and Adult Services
Ailsa Martin	- Voice for Carers
Gill Charman	- Disabilities Alliance, Sunderland
Don Stronach	- Northumberland Tyne and Wear NHS Foundation Trust
Gill Lawson	- Health, Housing and Adult Services
Julie Marshall	- Age UK, Sunderland
Tricia Doyle	- Headlight

**Apologies for Absence**

Apologies for absence were received from Councillor P. Smith, Trueman and P. Watson and Victoria French Carol Harries, Graham Burt, Sandra Mitchell, Jean Carter, Gillian Gibson, Alan Patchett, Neil Revely and Martin Barry.

**Minutes**

1. RESOLVED that the minutes of the meeting held on 15 March 2011 be confirmed and signed as a correct record.

**Fairer Care Funding: The report of the Commission on Funding of Care and Support**

The Board considered a report by the Head of Strategic Commissioning to provide a briefing on the Commission's report into funding of care and support.

Graham King introduced the report and advised that the Commission on Funding Care and Support was set up by the Government to make recommendations on how to achieve a fair, affordable and sustainable system for funding adult social care in England. It proposes a partnership model in which costs are shared between the state and individuals who have sufficient means.

The review made the following main recommendations.

1. A cap on the lifetime contribution of individuals to their social care costs (residential or home care) – the review suggests a range between £25,000 and £50,000 and proposes £35,000. Once they have paid this amount, individuals would be eligible for full support from the state.
2. For residential care, the level of assets which people should be able to retain while being eligible for full state funding should increase from £23,250 to £100,000.
3. People with care and support needs from childhood cannot be expected to plan for their future care needs and should be eligible for free state support.
4. Universal disability benefits for people of all ages should continue, but the government should consider how to align benefits with the social care funding system and Attendance Allowance should be re-branded to clarify its purpose.
5. People should contribute a standard amount to cover their food and accommodation in residential care - £7,000 to £10,000 a year is proposed.
6. Eligibility criteria for service entitlement should be set on a national basis with an improved framework. In the short term the report suggests a national minimum threshold of 'substantial'.
7. The Government should invest in an awareness campaign to inform people about the new system and encourage them to plan ahead.
8. The Government should develop a major new information and advice strategy to help people when care needs arise.
9. The report supports the Law Commission's proposals to give carers new legal rights to services and to improve assessments.
10. The Government should review the scope for improving the integration of adult social care with other services in the wider care and support system, particularly health.

Mr King also detailed the six tests that any reform would have to meet.

Ailsa Martin, Voice for Carers commented that the proposed changes to Disability Living Allowance and Attendance Allowance was causing anxiety amongst carers. The proposed changes could have devastating consequences for older people as the implications were that these benefits would reduce for this particular group.

Mr King advised that when reading the new benefits legislation it suggested that over 65's would be no better or worse off if the changes were implemented and it would primarily affect people of working age who were not in employment.

Mr King proposed that Joan Reed, Strategic Change Manager and Richard Elliott, Advice Services Manager are invited to a future meeting to provide the Board with an update of how the proposed changes could potentially affect families.

Ailsa Martin advised that a lot of older carers were not eligible to claim Carers Allowance due to them being in receipt of a pension.

Julie Marshall, Age UK, Sunderland commented that many older people were reluctant to claim benefits in the first place.

Nicola Morrow advised that the biggest change would be around the assessment process itself. Tricia Doyle advised that it was disappointing that the Government had not provided comprehensive details of what the changes would be.

2. RESOLVED that

- i) Joan Reed, Strategic Change Manager and Richard Elliott, Advice Services Manager be invited to a future meeting to provide the Board, and
- ii) the contents of the report be received and noted for information.

### **Establishment of an Early Implementer Health and Wellbeing Board**

The Board considered a report from the Director of Health, Housing and Adult Services which set out the proposals for the establishment of an Early Implementer Health and Well Being Board.

Graham King outlined the report that had been agreed by Cabinet on 22 June 2011.

Subject to Parliamentary approval, health and well-being boards would be established from 2013, running formally in shadow form from 2012, with 2011/2012 as a transitional year.

The terms of reference for the board would need to be developed but the board would allow early focus on a number of key issues that are required to be developed

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

For Sunderland it is proposed that initial board membership comprises:

- Elected member membership including the Leader of the Council as chair, the Cabinet Secretary (including deputising role), the Portfolio Holder for

Health and Wellbeing, the Portfolio Holder for Children and Learning City and an Opposition elected member.

- The Director of Health, Housing and Adults
- The Director of Children's Services
- The Director of City Services
- Director of Commissioning Development at NHS South of Tyne and Wear
- Locality Director of Public Health, Sunderland TPCT
- Chair for Sunderland's GP Commissioning Consortia and other representatives as appropriate
- Chair of NHS South of Tyne and Wear

It was proposed to include the Chair of NHS South of Tyne and Wear to provide initial support and engagement in relation to the future of health watch and providing independent support.

It is proposed that an officer working group provide support to this interim board in the short term. It is also proposed that work streams are developed in relation to the key issues that the board will consider.

Mr King advised that the Board will be small in terms of membership.

Ailsa Martin advised that she agreed that the Health and Wellbeing Boards should be "lean and mean", but there was still a lack of clarity regarding how people feed in and where. There were broad concerns in relation to the role of Healthwatch. Voice for Carers had found their membership on Adult Social Care Partnership Board to be very useful and helpful to the organisation and she feared that Healthwatch would take over as the single voice of the Voluntary and Community sector.

Mr King advised that the decision to co-opt Sue Winfield, - Chair, Sunderland Teaching Primary Care Trust on to the Health and Wellbeing Board was a clear signal that engagement would be much wider than Healthwatch.

3. RESOLVED that the report as agreed by Cabinet regarding the proposals for establishing the Early Implementer Health and Wellbeing Board in July 2011 with initial membership as set out be received and noted.

### **Carers Demonstrator Site: Carers Breaks and Opportunities Fund**

The Board considered a report from the Head of Strategic Commissioning to provide a progress update to the Board regarding the Department of Health carers demonstrator site project.

Nicola Morrow, Healthy Cities Officer presented the report and addendum report.

The carers demonstrator site project - the Sunderland Carers Breaks and Opportunities Fund has been operational since January 2010. This project was funded by the Department of Health until March 2011 to test out new ways of offering personalised breaks to carers.

The final local evaluation of the project showed that:

- 590 breaks were accessed during the life of the project by 573 carers
- 99% of carers were 'at least' very satisfied with the break/opportunity provided at the first review and 98% felt they had achieved the outcome goals which were defined at the time of their application during the second review.
- 10 carers from BME communities accessed breaks, this equates to 1.7% of all carers applying for breaks.
- The key benefits reported by carers were: allowing carers time for themselves, providing a break from the same routine and the cared for person/caring role, providing relief from stress, relaxation and the opportunity to do something for themselves rather than the person they care for.
- The Demonstrator Site feels very different to any other support and services previously or currently available to carers and this is one of the positive aspects of the project. For example this is particularly around the flexibility of the service which has allowed things to be done that aren't normally possible

Nicola Morrow then provided an overview of the mid project report regarding the Demonstrator Site Project nationally.

Ailsa Martin informed the Board that new money was being received from the NHS for the scheme; the extra investment would help to reach people more broadly.

Ailsa Martin advised that weekly or fortnightly holidays were extremely beneficial, however this benefit wore off quickly and carers gained a great deal from complementary therapies and gym membership.

Councillor Morrissey queried the statistics that were outlined in paragraph 2.5 to the main report which stated that 590 breaks were accessed during the life of the project by 573 carers and sought clarity around these figures.

Nicola Morrow agreed to seek further information.

4. RESOLVED that the contents of the report be received and noted.

### **Strategic Plan for Welfare Rights Advice (2008-2011) Update**

The Board considered a report by the Executive Director of Health, Housing and Adult Services to update it about;

- The welfare rights advice development activity undertaken over the last three years linked to the implementation of the Strategic Plan for Welfare Rights Advice (SAP).
- The council's intended approach to developing this further, including improved financial inclusion provision, over the next few years.

Graham King presented the report and advised that it was for information.

Ailsa Martin advised that carers were receiving mixed messages about the Government's welfare rights reforms. Measures to get people of working age back to work must be sensitive to carers' needs.

She stated that any carers in receipt of benefit provide high levels of care meaning that work is sometimes difficult or impossible to undertake. Carers currently have the discretion not to undertake work because it is recognised that caring for a disabled or older person is a huge task and one the state would have to provide otherwise – often at great cost. It is vital that legislation takes account of carers needs and there needed to be greater dissemination of this message as there was a great deal of uncertainty.

Nicola Morrow enquired how the message could be communicated and it was suggested that the Adult Social Care Partnership Board would be a good place to initiate discussion.

Graham King suggested that Liz St Louis, Head of Customer Service & Development at Sunderland Council be invited to attend a future meeting of the Board to inform them of the current work taking place about how information is being communicated.

5. RESOLVED that:-

- i) the contents of the report be received and noted
- ii) Liz St Louis, Head of Customer Service & Development at Sunderland Council be invited to a future meeting of the Board

Signed            D. Allan,  
Chairman.



## **ADULT SOCIAL CARE PARTNERSHIP BOARD**

### **REPORT BY HEAD OF COMMISSIONING, HOUSING AND ADULT SERVICES**

#### **AN INFORMATION REVOLUTION – CONSULTATION RESPONSE**

**13 SEPTEMBER 2011**

#### **1. PURPOSE OF THE REPORT**

- 1.1 The purpose of the report is to present to the Board the findings from the Information Revolution Consultation and present the next steps in delivering the Information strategy.

#### **2. BACKGROUND**

- 2.1 *An Information Revolution* (DH, July 2010) set out proposals to make the information people need to stay healthy, to take decisions about and exercise more control of their care, and to make the right choices for themselves and their families.
- 2.2 The Board agreed in November 2010 to submit a response to the consultation.

#### **3. CONSULTATION RESPONSE**

- 3.1 Over 700 responses were received to the consultation. The main responses included:
- **Ensuring that the information revolution benefits everyone and does not increase inequalities** - recognising that some people will require support in accessing and using information
  - **Information for improved outcomes** - including patient and service user generated information;
  - **The need for information to be linked across health, social care and also public health** - with the NHS Number used to link a person's care record information wherever they receive care;
  - **Information for professionals** - information to help professionals deliver higher quality care, including the key role of informatics as a profession;
  - **People's control of and access to information held in their own care records** - with clear governance and consent models to ensure the balance between accessibility and data security for this very personal information;

- **The need for clear routes (or “channels”) to information** – including clear online signposting to information and online services, connecting to and signposting other services;
- **Information for patients, service users, carers and the public** - including information to support choice, to help people live healthier lives and to help patients to care for themselves;
- **Information for autonomy, accountability and democratic legitimacy** - covering a range of issues around transparency, including proposals for information ‘intermediaries’ and how information drives research; and
- **The need for clear information standards across health, public health and social care** - adhered to across the health and adult social care system, allowing information to move freely and meaningfully through the system whilst maintaining essential information governance and security standards, and also helping to inspire trust in the quality of information.

#### **4.0 NEXT STEPS**

- 4.1 The Information Strategy, to be published following on from the consultation, will form the Government’s formal response to this consultation and will draw on views expressed through the consultation process and through the subsequent listening exercise.
- 4.2 The NHS Future Forum will support the development of the Information Strategy - looking at how information can best be used by patients and service users, by carers, by the public and by care professionals to improve health, care and well-being. The NHS Future Forum is now considering how it can best inform development of the forthcoming Information Strategy, taking the responses to the Information Revolution consultation as the starting point for this further work.

#### **5. RECOMMENDATIONS**

- 5.1 The Board are requested to receive this report for information:

## **ADULT SOCIAL CARE PARTNERSHIP BOARD**

**13 SEPTEMBER 2011**

### **REPORT BY AILSA MARTIN, SENIOR MANAGER, SUNDERLAND CARERS' CENTRE**

#### **CARERS STRATEGY; RECOGNISED, VALUED AND SUPPORTED**

##### **1. PURPOSE OF THE REPORT**

- 1.1 The purpose of the report is to provide an update to the Board regarding the Carers Strategy in relation to the national refresh and request discussion regarding the implementation of the strategy at a local level.

##### **2. UPDATE**

- 2.1 The refreshed national Carers' Strategy – "Recognised, valued and supported" – gives Sunderland an opportunity to revise the local strategy rather than just refresh it. This is particularly important because of Council and NHS re-structuring and the new ways of working, including Sunderland's commitment to implementing personalization. In the light of the above any such revision should be overseen by a new Multi Agency Carers Strategy Partnership operating at a strategic level which could then decide on the appropriateness or otherwise of an implementation group and its remit.
- 2.2 The Adult Social Care Partnership Board has responsibility for the Carers' Strategy but there is no longer a strategic group, only an implementation group, to report to the Board. Similarly, with restructuring there is not a multi-agency group which includes carers at a strategic level focusing only on carer issues. The revision would allow us to address this.
- 2.3 It is questionable whether the delivery plan needs to echo the Sunderland plan in the way it has done as the thematic partnerships are all in the process of change. It would enable the simplification of the implementation plan, with fewer but clearer priorities and with greater clarity about accountability, if the format could be changed.
- 2.4 Set out in the attached file (Appendix 1) are some priorities and tasks which Sunderland Carers' Centre would like to see included but only if any new plan is owned by a strategic partnership which includes carers.

- 2.5 There has been a great deal of excellent work carried out by individuals and teams however, the strategic overview seems to have been lost and the current Implementation Group is powerless to hold others to account if they are not fulfilling their commitments

### **3. RECOMMENDATIONS**

- 3.1 The Board is requested to receive this report for information and discussion.

The following are based on National Carers' Strategy Priorities

1. Supporting carers to identify themselves as carers at an early stage –
  - i) Information available to carers in a range of formats and languages at all public information points.
  - ii) All documentation about people with long-term illness or disabilities to record carers and young carers, if any.
  - iii) GP practices to record carers.
  - iv) Consultants and other diagnosticians to record if there are carers or young carers likely to be affected by the illness of the person they are seeing.
  - v) All carers to be made aware of the support available to them as carers.
2. Recognising the value of carers' contribution and including them from outset both in designing local care provision and in planning individual care packages.
  - i) All documentation records carers' views.
  - ii) All carers are offered a Carers' Assessment or sign-posted to the relevant service to provide an assessment.
  - iii) All carers are provided with information on where to get support to have their views heard.
  - iv) All service planning which will affect carers as the people they care for demonstrate how carers have been involved in that planning.
  - v) All records of service planning individual assessments and reviews show what has happened as a result of listening to a carer or carers collectively.
3. Enabling those with caring responsibilities to fulfil their educational and employment potential.
  - i) All assessments of a cared for person and all carer's assessments show that the carer's educational and employment status and aspirations has been taken into account.
  - ii) All relevant agencies including schools, colleges, training agencies, Job Centre Plus, are aware of the needs of carers and seek to ensure carers receive appropriate services.
  - iii) Carers in Employment group should be re-established to encourage employers to be carer aware and implement carer-friendly policies.
4. Personalised support both for carers and those they support, enabling them to have a family and community life.
  - i) All assessments, including carers' assessments, are based on the individual in the context of their family and that the impact of proposed outcomes and services are considered in a whole family context.
  - ii) Carers breaks and opportunities are developed and promoted to provide individually focused breaks and innovative solutions to problems preventing carers, including parent carers and young carers, having a family and community life.
5. Supporting carers to remain mentally and physically well.
  - i) All carers to be offered a health check by primary care or community-based health check scheme.
  - ii) Carers to be considered in all wellness and mental well-being programmes.

iii) Carers to be sign-posted to opportunities for peer support, courses for carers, carer-specific activities etc.

It would then be possible to identify a number of pieces of evidence which could be used to check the implementation of the priorities but not all evidence would need to be used all of the time e.g. if records of carer assessments were checked for one quarter, GP returns would be used for the next one. Such an approach should give an overview without undue demands and as much of the evidence would be collected already it would be a task of sharing it rather than having to re do it for a different purpose.

If the original format of linking the delivery plan to the Sunderland Strategy had to be followed the approach would be similar – same key points from the Carers' Strategy linked to each theme.

The above is by no means comprehensive but an attempt to provide broader aims which would be on-going for the strategy to work these outline would need to be refined and enhanced by a multi-agency group, including some sessions with carers.

**ADULT SOCIAL CARE PARTNERSHIP BOARD**

**REPORT BY PROJECT MANAGER, OFFICE OF THE CHIEF EXECUTIVE**

**JSNA UPDATE**

**13 SEPTEMBER 2011**

**1. OVERVIEW**

- 1.1 The current process for the production of the Joint Strategic Needs Assessment is underway.
- 1.2 Diane Boardman, Project Manager within the Office of the Chief Executive will verbally present to the Board an update on the Joint Strategic Needs Assessment.

**2. RECOMMENDATIONS**

- 2.1 The Board are requested to receive the presentation for information.





**ADULT SOCIAL CARE PARTNERSHIP BOARD**  
**REPORT BY THE ADVICE SERVICES MANAGER**  
**BENEFITS UPDATE**  
**13 SEPTEMBER 2011**

**1. OVERVIEW**

- 1.1 At the Board in July a report was presented detailing the Strategic Plan for Welfare Rights, following the report the board asked for an update regarding the latest benefit changes.
- 1.2 Richard Elliott, Advice Services Manager within Health, Housing and Adult Services will verbally present to the Board an update on the latest benefit changes.

**2. RECOMMENDATIONS**

- 2.1 The Board are requested to receive the presentation for information.