SUNDERLAND HEALTH AND WELLBEING BOARD

AGENDA

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

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

Contact: **Gillian Kelly, Principal Governance Services Officer Tel: 0191 561 1041**
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Information contained within this agenda can be made available in other languages and formats.

9.	**The Local Government Alcohol Declaration** Report of the Acting Director of Public Health (copy attached).	47
10.	**Department of Health Autism Self-Assessment** Report of the Integrated Commissioning Team (copy attached).	51
11.	**Pharmaceutical Needs Assessment** Report of the Acting Director of Public Health (copy to follow).	-
12.	**Care Act: Implementation Update** Report of the Executive Director of People Services (copy attached).	57
13.	**Closed Board Sessions and Forward Plan** Report of the Head of Strategy, Policy and Performance Management (copy attached).	63

14. Date and Time of the Next Meeting

The Board is asked to note the proposed schedule of meetings for 2015/2016: -

Friday 29 May 2015
Friday 24 July 2015
Friday 18 September 2015
Friday 20 November 2015
Friday 15 January 2016
Friday 11 March 2016

All meetings to start at 12noon.

ELAINE WAUGH
Head of Law and Governance

Civic Centre
Sunderland

12 March 2015

Item No. 3

SUNDERLAND HEALTH AND WELLBEING BOARD

Friday 23 January 2015

MINUTES

Present: -

Councillor Mel Speding (in the Chair)	-	Sunderland City Council
Councillor Shirley Leadbitter	-	Sunderland City Council
Councillor Graeme Miller	-	Sunderland City Council
Councillor Pat Smith	-	Sunderland City Council
Neil Revely	-	Executive Director of People Services
Dave Gallagher	-	Chief Officer, Sunderland CCG
Dr Ian Pattison	-	Chair, Sunderland CCG
Dr Gerry McBride	-	Sunderland Clinical Commissioning Group
Gillian Gibson	-	Acting Director of Public Health
Ken Bremner	-	Sunderland Partnership
Kevin Morris	-	Healthwatch Sunderland

In Attendance:

Councillor Ronny Davison	-	Sunderland City Council
Julie Hodson	-	Gentoo Living
Kath Bailey	-	Locum Consultant in Public Health, Sunderland City Council
Sharon Lowes	-	Intelligence Lead, Sunderland City Council
Graeme Atkinson	-	Intelligence Lead, Sunderland City Council
Karen Graham	-	Office of the Chief Executive, Sunderland City Council
Gillian Kelly	-	Governance Services, Sunderland City Council

HW39. Apologies

Apologies for absence were received from Councillors Kelly and Watson and Christine Keen.

HW40. Declarations of Interest

There were no declarations of interest.

HW41. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 28 November 2014 were agreed as a correct record.

HW42. Feedback from Advisory Boards

Adults Partnership Board

Councillor Miller informed the Board that the Adults Partnership Board had met on 6 January 2015 and the main issues considered had been: -

- Alcohol Update
- Pharmaceutical Needs Assessment
- Care Act

Councillor Miller explained that the Adults Partnership Board had decided not to agree to the recommendation of the Alcohol Update report to establish a strategic alcohol steering group in the city as it was felt that there was little benefit in setting up another strategic group and this issue could be picked up in other partnerships.

Gillian Gibson advised that a North East declaration on alcohol was being developed by the Directors of Public Health and the Association of North East Councils (ANEC) and this may come to the Health and Wellbeing Board in due course.

The Executive Director of People Services stated that what was apparent was that there were some major costs to all parts of the city as a result of alcohol use, not just hospitals. Alcohol was an issue which straddled all areas and this had led the Adults Partnership Board to recommend that this should be dealt with as a citywide issue.

With regard to the Pharmaceutical Needs Assessment (PNA), Kath Bailey clarified that the work undertaken with pharmacies in the run up to Christmas had been a survey and not the formal consultation. This consultation had been opened earlier in January and would run for 60 days. Kevin Morris added that there were two consultations, one for the general public and the other for pharmacies themselves.

Kevin Morris also highlighted that Healthwatch had met with officers to discuss how they might be involved in the consultation on the Care Act.

Having considered the recommendations of the Adults Partnership Board, it was: -

RESOLVED that: -

(i) alcohol be included in the emerging list of Health and Wellbeing Board priorities;

(ii) the Health and Wellbeing Board use any powers available to lobby for minimum unit pricing regionally and nationally; and

(iii) the Health and Wellbeing Board make representation to other strategic partnerships to ensure that alcohol issues were owned by all partnerships, as part of an 'asks and offers' process.

NHS Provider Forum

Ken Bremner informed the Board that the Provider Forum had met on 8 January 2015 and the main issues discussed had been: -

- Manpower
- Engagement Event
- Health and Wellbeing Board Assurance

Councillor Speding commented that the discussion around manpower had been extremely important and the group had looked at mechanisms for this to be brought to the attention of all boards.

It was suggested that Karen Graham liaise with the policy leads for the Economic and Education Leadership Boards. Karen highlighted that the Economic Leadership Board's Sector Growth Result Group had health skills within its remit and she would request that this was raised at the group.

Dave Gallagher asked if the Provider Forum had held a discussion about engagement with smaller services such as GPs and optometrists and Karen stated that the first engagement event would be large scale but this would help to get an idea about future events and the sectors to be targeted.

RESOLVED that: -

(i) the feedback from the Provider Forum be noted; and

(ii) the issue of manpower be taken to the Education and Economic Leadership Boards.

HW43. Update from the Integration and Transformation Board

The Board were informed that the Integration and Transformation Board had met on 6 January 2015.

Dave Gallagher reported that the Board had discussed the governance paper which had been considered by the Health and Wellbeing Board at its last meeting. This was moving forward and the new governance structure was being developed.

The NHS Five Year Forward View had provided an opportunity to look at models of care and there were various conversations taking place in the CCG and at other boards. It was intended for Sunderland to become a vanguard site for this initiative and it was felt that on balance, this opportunity should be taken as long as it was in line with the direction of travel. Further information had been expected in January but had not been received as yet.

The Integration and Transformation Board had felt that this would give an opportunity for further integration and would help to move further and faster with national support. A tentative expression of interest was to be submitted in February.

A report had been completed on the follow up to the Accelerated Solutions Event in June 2014. It had been pleasing to note that there was recognition that progress was being made and the report would be signed off and sent to all Health and Wellbeing Board Members and participants in the follow up event.

RESOLVED that the update be noted.

HW44. The Transfer of Funding from Health to Social Care in 2014/2015

The Executive Director of People Services and the Chief Officer, Sunderland Clinical Commissioning Group submitted a joint report outlining how adult social care funding for 2014/2015, transferred from NHS England to Sunderland City Council, would be used and the arrangements established to monitor the funding.

Board Members were reminded that in the past, funding to support adult social care had been transferred from PCTs to local authorities via an agreement under Section 256 of the 2006 NHS Act. Following the abolition of PCTs, new arrangements had been implemented which involved NHS England entering into an agreement with local authorities and administering the funding through NHS England Area Teams. A condition of the transfer of funds was for the Local Authority to agree with health partners how funding would best be used and for the Health and Wellbeing Board to approve the proposals prior to submission to NHS England.

The proposed health transfer to social care for 2014/2015 would be £7,185,647 and the allocation of funds to services was outlined in Appendix 1 to the report. These monies had been used in 2014/2015 to support the Council in meeting the increased demands placed on adult social care services within Sunderland and signalled early integration and positive working.

Dave Gallagher highlighted that it was unusual to agree the transfer for 2014/2015 in January of this year but there were systems being put in place for this to be agreed at the beginning of the financial year in future.

Ken Bremner asked if there was a requirement for this to be externally audited and was advised that this would be covered by the audits of each organisation and there would be an audit trail for both parts of the system.

Ken also expressed some concern about retrospectively approving the transfer of funds without definite figures being available. Dave Gallagher stated that numbers had been agreed by the teams going forward and this would be signed off as part of the Better Care Fund next year. Neil Revely added that the funding was ring-fenced and the process was almost a passporting exercise. The services funded through this transfer would not have been provided had it not been for this arrangement.

It was also noted that the transfer was for just over £7m for 2014/2015 but would be incorporated in the £160m Better Care Fund next year. This was a transition phase but the concerns about timing were noted and would be addressed for the future.

RESOLVED that the use of the health transfer of funds as outlined in Appendix 1 be agreed.

HW45. Sunderland Pharmaceutical Needs Assessment (PNA)

The Acting Director of Public Health submitted a report providing information on the Pharmaceutical Needs Assessment which was required to be carried out for Sunderland.

Kath Bailey, Locum Consultant in Public Health, advised that the statutory responsibility for the production of Pharmaceutical Needs Assessments had transferred from Public Health to local authorities on 1 April 2013 and the process was controlled by Regulations which stated that an updated assessment must be agreed and published by 1 April 2015.

The number and location of pharmacies was determined by NHS England and they had to balance the current provision with commercial viability. NHS England, through its Area Team would use the Pharmaceutical Needs Assessment (PNA) document to decide whether additional pharmacies were needed to fill any gaps in essential services and to ensure that these decisions were based on robust and relevant information. The PNA would also be used to:

- help commissioners to commission services from community pharmacists to meet local need;
- support commissioning of high quality pharmaceutical services;
- ensure that community pharmacy services were commissioned to reflect the health needs identified in the Joint Strategic Needs Assessment (JSNA) and the ambitions set out in the joint Health and Wellbeing Strategy; and
- facilitate opportunities for pharmacists to make a significant contribution to the health of the population of Sunderland.

The PNA would map health needs and current services to make sure that there were no gaps in essential services in order that the Health and Wellbeing Board could be assured that the City's residents had good access to community pharmacy services.

The review of the PNA was supported by a collaborative steering group with representation from the local authority, Sunderland CCG, Sunderland Local Pharmaceutical Committee and the Medicines Optimisation Team at the North of England Commissioning Support (NECS) Unit. The review had delivered the following conclusions: -

- Sunderland had an adequate number of pharmacies to meet the needs of patients who require prescriptions dispensed;
- there was adequate provision of essential NHS pharmaceutical services across most of Sunderland but there were recognised gaps in service in the Coalfields area on Sundays and Bank Holidays;

- The existing 100 hour pharmacies were essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed;
- The level of planned development was unlikely to require new pharmacy contracts to be issued for areas of development, due to satisfactory cover from existing pharmacies;
- There was adequate provision of existing locally commissioned services across Sunderland, although access and equality of provision could be improved for some services; and
- Community pharmacy already makes a significant contribution to the delivery of the joint Health and Wellbeing Strategy.

Overall it had been found that the city was well provided for with a higher than average number of pharmacies, a good uptake of some advanced services and locally commissioned work. Community pharmacies were making a valuable contribution but could do more and it was acknowledged that there were a small number of gaps.

Recommendations arising from the PNA were that: -

- Commissioners should take cross border issues into account and consult with relevant stakeholders when they were reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population;
- Commissioners should consider the opportunities afforded by community pharmacy enhanced services that focus on the safe and effective use of medicines and support for self-care, within the context of the current financial constraints for the health economy;
- Patterns of provision may need to be reviewed as the NHS moves towards ‘seven days a week’ working;
- With regard to locally commissioning services, the public health team would work with the CCG to ensure that services were commissioned to meet local health needs and that any changes would serve to improve equity, access and choice.

Councillor Speding asked about ‘distance selling’ and Kath advised that this was medicines which were dispensed by mail order and not on any premises.

Councillor Miller highlighted that the number of community pharmacies in Washington was low and that the Chair of the Local Pharmaceutical Committee had indicated that there was a need for more. He had also said that the locations with the fewest pharmacies tended to have more visits to Accident and Emergency departments.

Kath said that although pharmacies in Washington were very busy, they also operated with long hours and it was not felt that this was a problem as the assessment had determined that Washington had enough basic provision. If the vision for the city was to have more activity in community pharmacies, then the position would have to be re-assessed and the view may change. The Regulations require the PNA to be reviewed every three years, however it was felt that, due to changing priorities and new initiatives such as ‘seven days a week’, the process was likely to be revisited before the next three year period elapsed.

Ken Bremner commented that it did seem to be an inefficient use of resources to be carrying out the assessment now and that there should be some flexibility in the Regulations. Kath suggested that this issue could be fed through to NHS England.

Regarding the requirement for consultation, Kath stated that there was nothing in the Regulations which set out a requirement for public consultation but Healthwatch and local area teams had been asked to push this out to the voluntary and community sector. Existing engagement events had also been used to obtain views. Kevin Morris suggested that more involvement of the general public in the process could also be a matter to feed back to NHS England.

Neil Revely asked if there was any option to do some forward looking work which would reduce the amount of resource needed for future years and Kath said that groups had been asked to bring back commissioning intentions but information provided had been very general and not specific. She did however, feel that the process was likely to take less time on the next occasion.

Councillor Speding enquired about the consultation arrangements if a new community pharmacy was proposed and Kath advised that there was a process to be followed by NHS England and the Director of Public Health had been delegated to respond on behalf of the Health and Wellbeing Board to such consultations. Kath added that Public Health would not formally go out to look for pharmacies to fill any perceived gaps.

The Board were informed that the PNA document would be revised in light of comments from the Board and findings of the consultation with a final version being brought back to the Board in March for approval and sign off.

RESOLVED that: -

(i) the Board's statutory role in relation to Pharmaceutical Needs Assessments and the work that has been undertaken to produce an updated document be noted;

(ii) the conclusions of the updated Pharmaceutical Needs Assessment be noted; and

(iii) the recommendations of the updated Pharmaceutical Needs Assessment be noted.

HW46. Sunderland's Approach to Intelligence

Sharon Lowes provided an update for the Board on the approach being adopted by Sunderland to developing the Intelligence Hub.

Board Members were reminded that the approach was not just a piece of technology but also included people and processes which would allow the city to ask the right questions, have the right data and the right skills and techniques to analyse the available intelligence.

Sharon updated Members on the use cases and reported that in relation to hospital admissions, the local authority was close to finalising a Data Sharing Agreement with the Health and Social Care Information Centre which would enable the pseudonymisation of health and social care records. This process was pseudonymisation rather than anonymisation as the system allowed you to return to the identifier and would mean that health and social care records across the city would be linked.

This use case had been presented at the follow up to the Accelerated Solutions Event and the demonstration of what could be done with social care data was well received.

The Strengthening Families use case was aimed at identifying families who needed additional support in a more efficient way than the current approach and work was being undertaken with a range of partners to access the data to be able to do this.

The next steps for the project would be further discussions with the Health and Social Care Information Centre and the Data Management Integration Centre regarding data sharing and reviewing social care data. Strengthening Families Phase 2 was due to be launched and partners would be engaged in training.

Kevin Morris highlighted that at the Accelerated Solutions workshop, questions had been raised about safeguarding in relation to the strengthening families work. Sharon advised that this was being looked into, however the project was intended to gather information in a more efficient way but the information was not different to any data which was already being collected by a range of processes.

Dr Pattison commented that patients did worry about health data being shared and pseudonymisation meant that an individual could be traced. Sharon Lowes explained that if an issue was identified in the analysis stage then neither the Council nor the CCG had the ability to identify an individual and this would have to go through the Caldicott route to do this.

Dr Pattison stated that there had been a conversation about this issue at the Accelerated Solutions Event and it was clarified that the data was not medical records but medical information, however it was possible that an individual could choose to have all of their medical records made available.

Gillian Gibson asked if local people were being informed that this work was happening and Sharon advised that for the Strengthening Families case, people had to want to be part of that programme and the Intelligence project was still at a conceptual stage. Gillian commented that if people heard the wrong story about the project then this could be a risk and communication should start early.

It was highlighted that as part of a CCG pilot, there was the option for patients to have their records available to non CCG services. The vast majority of people were comfortable with sharing that information if the process was carried out correctly and Sharon added that the hospital admissions use case was about understanding the whole system journey across health and social care.

Councillor Speding commented that people understand a personal relationship between them and a health professional and where this relationship became part of a system it became less personal. Dr Pattison said patients would often ask who else would find something out if they told their doctor and that they may stop providing full information if they believed that it would not be secure. This would be an evolutionary process but there would have to be firm rules on what was and what was not shared.

Neil Revely stated that the debate on information sharing was a national issue and was separate from the Intelligence Hub work which was about making things that were already being done, more efficient. Gillian Gibson noted that sharing case studies on this would help to provide assurances to the public about the data which would be involved in the project.

The Board RESOLVED that the information be noted and further reports received as appropriate.

HW47. Health and Wellbeing Board Priority Setting

Gillian Gibson, Acting Director of Public Health, delivered a presentation on identifying priority health and wellbeing outcomes. The challenge was to deliver simple outcomes from an area of massive complexity and it was suggested that to do this, the Board needed to look at what worked and what could be measured. The principles of the Health and Wellbeing Strategy also had to be embedded in the approach.

By looking at the reasons ‘why’ there was poor health and wellbeing in Sunderland in terms of disease, risk factors and wider health determinants (set out in the Marmot report), partners could determine what they could influence directly, what they were already doing and what they could work with others to achieve. A view needed to be taken of the Board’s priorities to date, the current outcomes and a commitment established by all Board Members to work together to achieve the priority outcomes.

Councillor Speding queried if the Marmot report would be the guiding principle for the priorities and Gillian stated that a focus on just the wider determinants of health was likely to see a decline in outcomes. All three elements needed to be looked at together, shifting from the short to long term, and this would work towards closing the gap.

Ken Bremner commented that this seemed to be a good structure to start with and Neil Revely noted that it would be useful to get this to a development session and to identify the top five areas for which the Board wanted to monitor performance.

RESOLVED that the information be noted.

HW48. Development Sessions and Forward Plan

The Head of Strategy and Performance submitted a report informing the Board of forthcoming development sessions and the forward plan.

Karen Graham advised that the next development session would be held on Friday 6 February 2015 and would look at setting priorities for action in line with the previous report on the agenda. This session would then set the agenda and format of advisory group meetings for the forthcoming year and provide a focus for the next annual assurance report.

Details of the timetable for the Board and its advisory groups and deadlines for submission of reports were also provided for information.

The Board RESOLVED that: -

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

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

(iii) the timetable be noted.

HW49. Date and Time of Next Meeting

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

(Signed) M SPEDING
In the Chair

SUNDERLAND HEALTH AND WELLBEING BOARD 20 March 2015

FEEDBACK FROM THE ADULTS PARTNERSHIP BOARD

Report of the Chair of the Adults Partnership Board

The Adults Partnership Board met on Tuesday 3rd March, 2015

5. Over2You

Amanda Ladner (AL) provided an overview of the Over2You project. South Yorkshire Housing Association (SYHA) is the lead partner in the project and is taking it forward in Barnsley Rotherham and Sheffield. SYHA approached Gentoo to deliver the project in Sunderland while St. Vincents Housing Association is delivering in Bolton and Rochdale. The purpose of the project is to increase user voice and enhance quality of care within Health and Social Care providers using volunteers sourced from the tenants of housing providers. The joint bid for funding was confirmed in June 2014 with the project taking place during 2014 - 2017.

This project has grown from the findings of the Francis Report and takes the innovative new approach of using volunteers to increase user voice and enhance the quality of care by conducting quality audits. AL outlined the benefits of the project to Gentoo customers and other residents in the City. To ensure successful delivery of the project AL reported the main partner of the project in Sunderland is Healthwatch. It was noted by members of the group that there could be other partners involved in the delivery. Carol Harries (CH) highlighted that City Hospitals Sunderland knew nothing of the project despite being a major provider of services and a key source of service users to which the volunteers would need access to. CH also queried the added value that the quality audits would bring on top of those already conducted.

GK felt that the project would help to inform residents about the health and social care system. The board agreed to accept a progress report with GK to meet Gentoo and provide feedback at a future meeting.

6. 5% Smoking Prevalence Update

Kath Bailey (KB) brought the Board an update about progress made on Sunderland's strategic aim to reduce tobacco related harm and reduce smoking to below 5%. Over the past 5 years smoking prevalence has been decreasing with adult rates falling from 29.7% to 23.2% in Sunderland, this compares to 18.4% nationally. KB reported on the 22nd October, 2014 Sunderland Tobacco Alliance held a visioning event and partners from across the City who are involved in tobacco control work were invited. Public Health facilitated a session on how to reach the target of 5% by 2025. The session asked stakeholders to think in terms of 'tobacco free' rather than 'tobacco control'. The topics covered in the event were: Preconception & Pregnancy; Adolescence & Teenagers; Young Adults 18-34/Older Working Age Adults; Retirement & Beyond; Full Life Course Approach; What could Services do? Priority Groups; Gaps. It was noted the value of educating children from a young age and other initiatives e.g. vouchers for not smoking during pregnancy. Cllr Graeme Miller (GM) felt there was a need to increase the

challenge on smokers to quit and agreed to receive further reports for information purposes.

7. New Horizons Project – Update

Jackie Nixon (JN) presented an update on the progress of the New Horizons Partnership (NHP) and the achievements over the year and ensuring implementation of the Sunderland 'No health without Mental Health local plan and also the 'A Life worth Living Action Plan. The New Horizons Partnership is a multi-agency group within the City which directly reports to the APB, Sunderland Mental Health Programme Board and Sunderland Clinical Commissioning Group. JN reported over the past year the partnership has completed some of its actions, one of which was the development of a pilot of a young health champion's programme within four local schools. Through this programme there are now 79 young health champions and a further two schools have signed up. It was noted by the end of 2015 there should be over 200 young health champions. JN also reported the national 'Time to Change' campaign had been in Sunderland for two days for the Sunderland International Airshow and engaged with over 3,000 people. The Men's Health Network has also delivered 5 workshops to businesses, organisations, groups and partners who have access to men in raising awareness of key health issues that contribute to the high rates of mortality and morbidity in men across our City. GM noted the success of the Men's Health Network by using the changed model and going into businesses. It was noted there had been 60 representatives at an event a few weeks ago. JN reported there was to be a Suicide Audit in July 2015 which will evaluate local data.

8. Department of Health Autism Self-Assessment

GK provided an update on the process followed in completing the Department of Health Autism Self-Assessment and an overview of work that is planned for 2015 in relation to meeting the requirements of the National Autism Strategy. The responses from the Local Autism Working Group (LAWG) were collated by the Strategic Commissioning Team in readiness for a meeting held on 11th February where the ratings were discussed and agreed. The main points highlighted by the self-assessment exercise are planning, training, diagnosis, care and support, housing and employment.

GK noted that the LAWG had agreed a review of the group was necessary to ensure that the right representatives were included in the membership, that reporting structures were robust and real priorities for the autistic community were used to inform the action plan. Subsequently it had been agreed that the LAWG would be replaced by the Sunderland Autism Partnership Board which will report into the Adults Partnership Board three times a year. It was noted the Autism Engagement Network will sit alongside the Sunderland Autism Partnership Board as a virtual network of individuals and organisations that have a particular interest in autism.

GK provided details of an Autism Consultation Event that would take place on Wednesday 4th March at the Bangladeshi Centre. GK also provided details of the two projects that would benefit from £18,500 from the Autism Capital Grant; these are Sunderland Care & Support Community Resource Centre and the Fulwell Community Resource Centre.

9. Date and Time of Next Meeting

The date for the next meeting is to be confirmed.

Item No. 4b

SUNDERLAND HEALTH AND WELLBEING BOARD 20 March 2015

FEEDBACK FROM THE SUNDERLAND NHS PROVIDER FORUM

Report of the Chair of the Sunderland NHS Provider Forum

The Sunderland NHS Provider Forum met on 3rd March at Sunderland Care and Support, Leechmere. 7 members were present representing 5 of the 7 members. It was agreed that representatives from the 2 GP alliances should be invited to attend the forum.

Issues discussed were:

Manpower

Paul McEldon, from NE BIC attended as chair of the sector growth group of the Economic Leadership Group to discuss how we could progress joint working on health and social care as a growth sector in the economy, linking closely to manpower debates.

Should pressure be put on Sunderland's training providers to match their training to employers needs in the City as opposed to 'easy to fill' courses. There are some good examples – eg Sunderland Care and Support's apprenticeship being offered by Sunderland College.

It was agreed that there was need for more joint working – but questions over where the governance/ownership would lie.

Need to ensure health employers are linked into initiatives such as work discovery week to ensure that the job opportunities are high profile with young people.

At the next meeting the forum partners agreed to bring – workforce plans (Sunderland specific for those with bigger footprints), demand and the impact on minimum and maximum staffing levels, retirement predictions.

Vanguard Bid

Is it time for a provider conversation on the co-creating care models? Acute providers are currently peripheral to the discussions as the focus is on out of hospital care – and we need to remember in hospital care is also important. If the council stops delivering will providers pick it up? There needs to be some clarity on the unintended/cumulative consequences and on the financial viability of the whole system.

Engagement Event
The engagement event has been provisionally scheduled for 20th April at the Stadium of Light – further details and a programme will be circulated.

RECOMMENDATIONS:

The Health and Wellbeing Board is recommended to:

- Note the content of the feedback report from the Provider Forum

Item No. 6

SUNDERLAND HEALTH AND WELLBEING BOARD 20 March 2015

BETTER CARE FUND – SECTION 75 AGREEMENT

Joint Report of the Chief Officer, Sunderland Clinical Commissioning Group and the Executive Director of People Services, Sunderland City Council

1. PURPOSE OF REPORT

1.1. The purpose of this report is to seek support for the Section 75 agreement in relation to the vision for integration in the City between health and social care through utilising the plans set out within the Better Care Fund.

1.2. The Agreement is made pursuant to Section 75 of the National Health Service Act 2006 and to Part I of the Local Government Act 2000 under which the Partners have agreed to establish arrangements for the provision of the Better Care Fund Pooled Budget and the delegation of certain NHS and local authority health related functions to Partners.

1.3. Sunderland Health and Well Being Strategy will deliver the "Best possible health and wellbeing for Sunderland ….by which we mean a city where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities."

1.4. One of the key elements of the strategy is Joint Working and the implementation of the Better Care Fund (BCF). There is recognition nationally and locally that the public, clients and patients do not always experience good quality, joined up health and social care services. Often they have to try and navigate around a complex system with no added benefit to patients or clients. Therefore, as part of delivering the H&WB Strategy, a vision for the integration of health and social care in Sunderland was agreed in November 2013 alongside the need to set out plans for the Better Care Fund to support this vision.

2. BACKGROUND

2.1. The Care Act sets out the policy context in relation to the vision for integration. The system of health and social care is under more pressure than ever before. People may be living for longer, but often they are living with several complex conditions that need constant care and attention, conditions like diabetes, asthma or heart disease. However this is not only about older people, children born with complex conditions are now living to adulthood, while those with learning disabilities and other groups have lifelong needs all of which require care and support services to be working in a joined-up way. Our work on segmentation has illustrated that 3% of our population account for 50% of our health and social care spend in the city and many of this high risk group are older people with multiple conditions.

2.2. At a local level, one of the principles of NHS Sunderland Clinical Commissioning Group and the City Council is to integrate health and social care to help deliver its overall vision of Better Health for Sunderland and this has been supported through local engagement with patients, public and elected members as it is recognised that integration will improve the lives of vulnerable people in Sunderland.

2.3. The June 2013 Spending Round announced the establishment of a Better Care Fund from 2015/16, designed to further drive the Integration Agenda.

2.4. The fund is a catalyst to improve services and achieve value for money through organisations agreeing a joint vision of how integrated care will improve outcomes for local people and achieve efficiencies. The fund is formally established from 2015/16 and has been allocated to local areas to be put into pooled budgets under joint governance between CCGs and local authorities from the 1st April 2015. A condition of accessing the money is that CCGs and local authorities must jointly agree plans for how the money will be spent. The Health and Wellbeing Board agreed its joint vision for integration at the Board meeting in November 2013, agreed the establishment of an integration and transformation board as an advisory group to oversee the development of the better care fund in January 2014 and agreed the initial plan at a Development session in February 2014.

2.5. Health and Wellbeing Boards were encouraged to extend the scope and size of the local BCF. In Sunderland agreement has been reached to pool the council's adult social care budget with the CCG's out of hospital spend to create an overall BCF totalling over £150m. The BCF plan incorporates the following design principles:

- Plans to be jointly agreed
- Protection for social care services
- 7 day services at weekends
- Improved data sharing including being specifically based on the NHS number
- Joint approach to assessment and care planning
- Agreement on the impact of changes in the acute sector.

3. VISION FOR INTEGRATION IN SUNDERLAND

3.1. 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. There is a strong track record of aligning resources towards certain targeted client groups, key outcomes and also at an area or neighbourhood level to better meet local needs (both formally and informally) and developing local responsive services.

3.2. Building upon the work that has been progressed to date, the vision for integration in Sunderland lies in transforming the way health and social care works together.

3.3. The vision is to ensure that local people have easy and appropriate access to health and social care solutions which are easy to use and avoid duplication. By doing this we will work with citizens, patients, and carers, as well as those who can support those solutions, including health and social care providers to change behaviours to ensure appropriate care, in the right place at the right time. The new system will consist of truly integrated multi-agency working so that local health and social care systems work as a whole to respond to the needs of local people. It will support people to be in control and central to the planning of their care so they receive a service that is right for them. Integrated services will bring together social care and primary/community health resources into co-located, community focussed, multi-disciplinary teams, linking seamlessly into hospital based and other more specialised services (vertical integration).

3.4. The vision will 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 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

4. SYSTEM DESIGN

4.1. Integration of health and social care for the benefit of the individual will require a redesign of the system. As outlined earlier, work has been progressed and the following sets out the key work streams that have been developed:

4.2. Development of an overall operating model with clear pathways for local people through health and social care but with clear links to other integrated city and locality based services that act to prevent and reduce dependency of intensive services and taking a wider community and family based approach.

4.3. Development of an operating model for each of the five areas of the city (supporting the overall model) based on health and social care providers working as integrated locality teams and vertically integrated with hospital and other more specialised services. The first phase of integrated locality working is due to go live in April 15 across the City.

4.4. Development of fully integrated client and patient-centred commissioning arrangements across health and social care and a joined up way of engaging and working better with key service providers and their staff.

4.5. Joining up of shared intelligence building on work already started around predictive modelling and more effective monitoring of people's life courses

through the development of the Intelligence Hub. This area is one of the four rapid adopter pilots for the intelligence hub.

4.6. Developing a more user focussed way of working across the board in Sunderland aligning to the key design principles – wider engagement and participation activities and demand management/changing behaviours.

4.7. The outcomes Sunderland wants to achieve from integrated working include:

- Person centred co-ordinated care
- Supporting people to live at home
- Reducing 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 for acute conditions that should not usually require hospital admissions.
- Reducing emergency readmissions 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 required efficiencies

4.8. As funding challenges continue, the integration agenda sets the context for achieving significant efficiencies for the health and social care system as a whole. However, this can only be achieved if resources are used appropriately and people are diverted from costly and intensive services (hospital and residential/nursing care) to locality integrated systems, which support people to achieve better health and wellbeing outcomes through delivery of care and support in communities.

4.9. Integration at a locality level therefore needs to focus in the first instance on the cohort of people that are currently cared for as an emergency in hospital but could be safely cared for at home or in a community setting, if the right integrated services were available.

4.10. Without this focus, efficiencies will not be released and outcomes for individuals will not be achieved as intended through the integration agenda.

5. CURRENT POSITION AND PROGRESS

5.1. NHS Sunderland CCG and The People Directorate in Sunderland City Council have been working on joining up commissioning support resources to

enable staff in each organisation to commission services on behalf of both parties where it makes sense to do so e.g. continuing health care.

5.2. Building on the Better Care Fund Submission, a number of major transformational programmes in Sunderland are underway, all being developed and delivered with key partners including relevant service providers.

5.3. Many of these are designed to provide care closer to home and reduce the demand on hospital services for mental and physical illness and injury to improve care and to enable a shift of resources from the hospital setting to the community.

5.4. These programmes are managed through a Section 75 agreement which as agreed previously by the Health and Wellbeing Board is to be governed by the Health and Social Care Integration Board. Delivery of the plan will be overseen by a Better Care Fund implementation Group, made up of representatives from the CCG and the Local Authority.

5.5. The Pooled Budget will be divided into a number of "mini pools" or "schemes." These schemes will be hosted and operational managed by one or other partner. The seven schemes are:

- Community Integrated Teams and Recovery @ Home
- Mental Health Services
- Learning Disabilities
- Packages of Care
- Carers Service
- Community Equipment Services
- Disabled Facilities Grant

5.6. The Section 75 agreement which is between the CCG and the Council includes the following:

5.7. Governance arrangements

- The Pooled Budget will be hosted by the Council
- The Budget will be split into a number of individual schemes such as Care Packages
- Each scheme will be hosted and managed by one or other Partner
- The Integration Board will have delegated authority from both Partners to manage the Pooled Budget to ensure the achievement of the desired outcomes
- Contributions to the Pool will be based on expected costs for the year
- The Pooled Budget will be managed as a whole
- Any unavoidable Scheme overspends will be offset by underspends in other schemes
- Any remaining overspends will be shared between the Partners based on the respective contributions to each scheme unless agreed otherwise by the Partners

- One year initial agreement with intention to develop a three year agreement from 2016/17

5.8. Key Performance Indicators. The agreement includes a list of agreed KPIs for 2015/16 as agreed in the original BCF application

- Non Elective Admissions to reduce by 0.8%
- Reductions in admissions to residential and nursing care homes
- Proportion of older people still at home 90 days post discharge from hospital to increase by 3.2%
- Reduction in delayed transfers of care

5.9. Schedule of Services and Financial Values. The agreement specifies the schemes and financial contributions from each partner included within the scope of the agreement which is summarised below.

Sunderland CCG & Sunderland City Council
Schedule of Services and Values (2015/16 Better Care Fund Budget)

Schemes	CCG Contribution £	SCC Contribution £	Total Scheme £
Community Integrated Teams & Recovery @ Home	29,808,818	5,315,418	35,124,236
Mental Health Services	26,628,704	2,333,691	28,962,395
LD Services	7,805,327	25,918,854	33,724,181
Packages	24,856,053	23,746,979	48,603,032
Carers Services	2,000,000	399,096	2,399,096
Community Equipment Services	1,652,015	862,252	2,514,267
Disabled Facilities Grant	-	2,999,000	2,999,000
Unidentified Local Authority Efficiencies	890,000	- 3,000,000	- 2,110,000
TOTAL 2015/16 BETTER CARE FUND BUDGET	93,640,918	58,575,290	152,216,207

6. RECOMMENDATIONS

6.1. The Health and Wellbeing Board is asked to note the contents of the report, to support the Section 75 agreement and agree to receive regular updates on progress against the BCF via the Health and Social Care Integration Board.

AUTHORS

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Executive Director People Services
Sunderland City Council

David Gallagher
Chief Officer
NHS Sunderland CCG

Sunderland City Council

NHS Sunderland Clinical Commissioning Group

Better Care Fund Implementation Group

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Terms of Reference

Introduction

The Sunderland Health and Wellbeing Board agreed at its meeting of 14th January 2014 to establish a Health and Social Care Integration Programme Board to oversee on its behalf the delivery of health and social care integration.

Since then the Better Care Fund has been signed off, which outlines the steps for development of health and social care integration using a pooled budget approach advocated nationally. For Sunderland, the scale of this pooled budget will be c£150 – £160m in 2015/16.

To ensure adequate corporate accountability of this a Better Care Fund Implementation group has been established to provide operational oversight.

Purpose

The Better care Fund Implementation Group will oversee the implementation and delivery of the plans for the integration of health and social care in Sunderland and in particular the operational and financial delivery of the Better Care Fund.

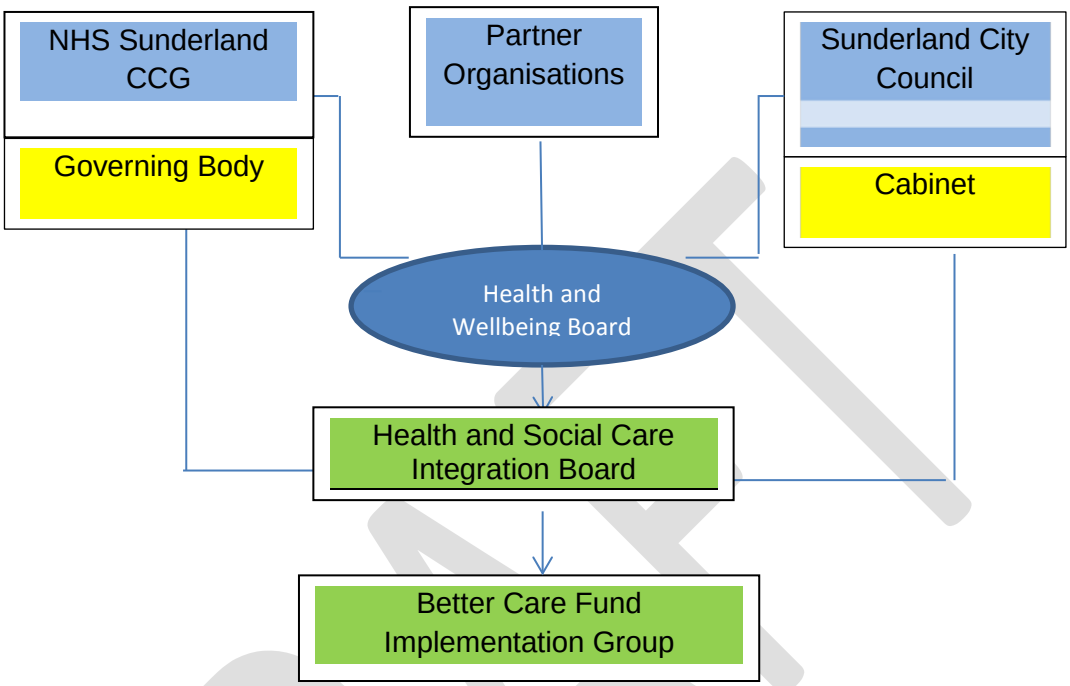
This includes:

- Overseeing the delivery of specific health and social care pooled funding arrangements covered by the Better Care Fund.
- Ensuring the robust discharge of statutory responsibilities and accountabilities for pooled funding.
- Receiving regular reports on financial performance.
- Recommending virements between pools and any reinvestment on the Better Care fund resources to the Health & Social Care Integration Board.

Governance

The Group will report into the Health and Social Care Integration Board via those members who are also members of that board. It will also report in to the two statutory bodies – Sunderland City Council and NHS Sunderland CCG via the respective members of the Board

The Better Care Fund will be operated as a pooled budget and will be subject to the full guidelines of the Section 75 agreement and the governance arrangements agreed between the CCG and the Council.



Membership

Membership is outlined below.

Role	**Sunderland City Council**	**NHS Sunderland CCG (Governing Body)**
Director of Commissioning, Planning and Reform		✓
Chief Operating Officer (People's Directorate)	✓	
Director of Finance		✓
Assistant Head of Finance		✓
Head of Reform and Joint Commissioning		✓

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Head of Integrated Commissioning	✓	
Head of Adult Social Care	✓	
Strategic Finance Manager	✓	
Principal Accountant	✓	

The group will elect a chair / have a rotating chair between council and CCG members.

Roles and Responsibilities

To fulfil its purpose the Implementation Group will:

- Oversee the performance of the delivery of the Better care fund.
- Undertake operational management and co-ordination of the pools within the Better Care fund within the power granted by the scheme of delegation.
- Provide regular reports to the Health and Social Care Integration Board, Sunderland City Council and NHS Sunderland CCG.

Quorum

The implementation group will be quorate if a minimum of five members are present, at least two of which must be from Sunderland City Council and NHS Sunderland CCG each.

Decision Making

The Implementation group will strive to ensure that any decisions are made by consensus.

Any major decisions will need to be taken to the Health and Social Care Integration Board and the two statutory organisations.

Frequency of Meetings

The programme board will meet routinely on a monthly basis. Other ad-hoc meeting will be arranged as and when required.

Review

These terms of reference will be reviewed regularly and initially six months after agreement.

March 2015

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Item No. 7

SUNDERLAND HEALTH AND WELLBEING BOARD **20 March 2015**

HEALTH AND WELLBEING BOARD PRIORITY SETTING

Report of the Acting Director of Public Health

Purpose of report

1. To provide the Health and Wellbeing Board with an update on the process of establishing short medium and long term priorities for the progression of the Health and Wellbeing Strategy.

Background

2. The Health and Wellbeing Board established its health and wellbeing strategy in March 2013. The strategy outlines the ways how the health and social care system needs to operate in order to improve outcomes and achieve the vision of "better health and wellbeing for the people of Sunderland" through the laying out of a series of design principles and strategic objectives.

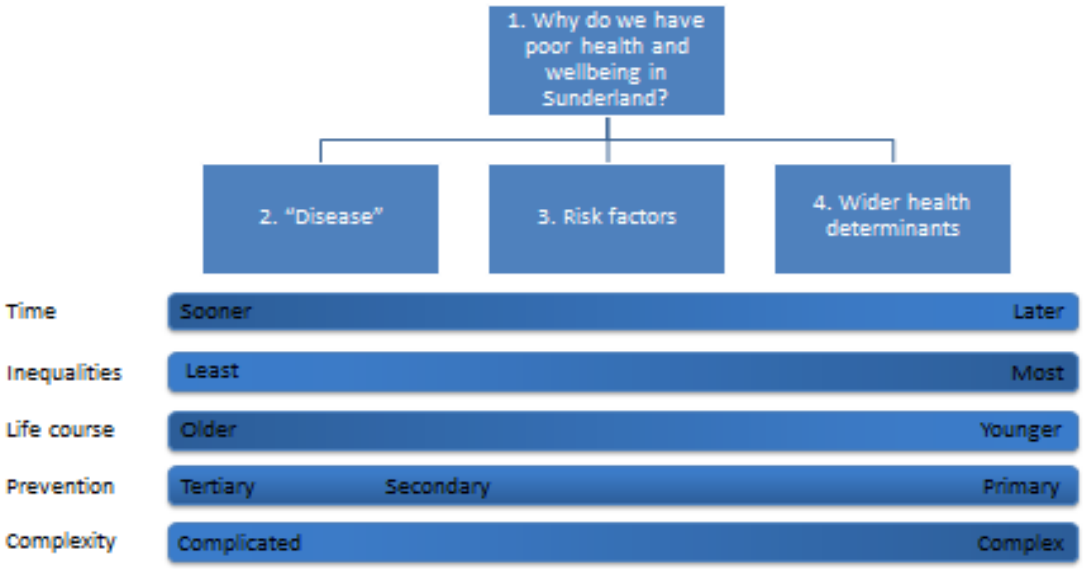
3. The Health and Wellbeing Board received its first full annual performance and assurance report on the Public Health outcomes framework, NHS outcomes framework and Adult Social Care outcomes framework in December 2014 and also anecdotal evidence of different approaches that have been taken against the strategic objectives.

4. Following the performance and assurance report, the Health and Wellbeing Board requested that the public health team lead a piece of work to establish a number of priority topics, clearly linked to a small set of performance outcomes which should be the focus of improvement activities.

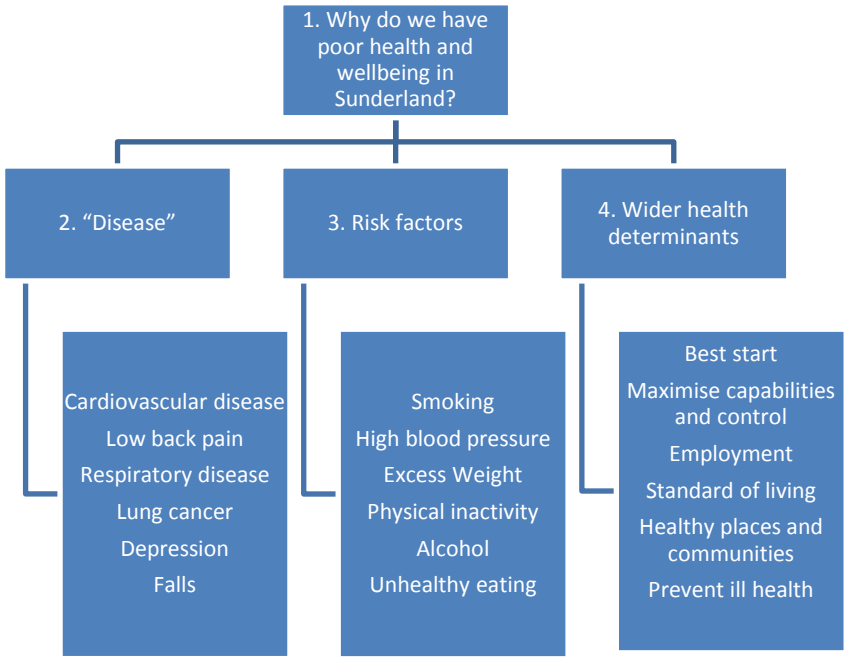
Priorities

5. The public health team produced a framework for establishing priorities based on an analysis of disease, risk and broader health determinants assessed against time, inequalities, lifecourse, prevention and complexity (see Figure 1 below).

Figure 1



6. This framework for assessing priorities was agreed by the Board in January 2014 and also was the basis for more in depth discussions at a closed Board session in February 2014 where a set of proposed priorities was determined.



7. The closed board session narrowed down the long list of potential priorities to 7 key themes
   - Alcohol
   - Smoking

- Physical Inactivity
- Falls prevention
- Best Start & resilience
- Economy and Standard of living
- Sunderland as a healthy place

8. Key overall measures for the strategy and measures related to these priorities are included in appendix 1.

9. The Board is recommended to agree that these should be the key priorities and measures for the Board in the next year.

Management Arrangements

10. A lead officer will be allocated for each theme and a joint workshop will be held to bring together key partners, initially covering all priorities and to determine the most appropriate mechanisms for delivery. This will include agreement on accountability and reporting mechanisms.

11. Attached as Appendix 2 are example analyses relating to themes covering fit with HWB Strategy design principles, indicators of poor health, and proposing a set of metrics for each priority. It is proposed that these templates are completed in terms of current and potential activity by the workshop and in subsequent design and delivery groups.

Recommendations

12. The Health and Wellbeing Board is recommended to:
    - Agree to the 7 priority themes as set out in this report
    - Agree the establishment of the necessary groups to take forward the priority themes
    - Agree to receive further reports on progress on no less than an annual basis

Appendix 1: Proposed Key Measures

Overarching Measures

- Life Expectancy at birth (males, females)
- Healthy Life Expectancy (male, female)
- Slope Index applied to Life Expectancy at birth (male, female)
- Age-standardised rate of mortality from causes considered preventable per 100,000 population (male, female)
- Age-standardised rate of emergency admissions to hospital
- Self reported wellbeing: % of people with low satisfaction score
- Self reported wellbeing: % of people with low worthwhile score
- Self reported wellbeing: % of people with low happiness score
- Self reported wellbeing: % of people with high anxiety score

Theme Related Measures

Alcohol

- Rate of alcohol related admissions to hospital per 100,000 population (narrow definition)
- % of increasing risk drinkers (20-50 units per week for males, 15-35 units per week for females)
- % of higher risk drinkers (> 50 units per week for males, > 35 units per week for females)
- Alcohol related recorded crime per 1,000 population

Smoking

- Smoking Prevalence in adults
- Local cost of smoking

Physical Inactivity

- % of adults classified as "inactive" (less than 30 minutes per week)
- Placeholder: a measure of physical activity in children
- % of people using outdoor space for exercise/health reasons

Falls prevention

- Age standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population
- Age standardised rate of emergency admissions for fractured neck of femur in those aged 65+ per 100,000 population

Best Start and Resilience

- School Readiness: % of children achieving a good level of development at the end of Reception

- Pupil absence: % of half days missed by pupils due to overall absence (incl. authorised and unauthorised absence)
- Prevalence of smoking at delivery

Economy and Standard of Living

- % of 16-64 year olds unemployed
- % of 16-64 year olds with no qualifications
- % of all dependent children under 20 in relative poverty

Sunderland as a healthy place

- Prevalence of breastfeeding
- Carbon dioxide (CO2) emissions per head of population
- Rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population
- Rate of people killed or seriously injured on the roads, all ages, per 100,000 resident population

Appendix 2: Examples

EXAMPLE ONLY

SELECTING INDICATORS FOR A BALANCED SCORE CARD FOR HEALTH & WELLBEING

PRIORITY TITLE Best Possible Health and Wellbeing for Sunderland - people live longer and we see a reduction in health inequalities

ASPECTS OF POOR HEALTH & WELLBEING IN SUNDERLAND:

✓	1. Disease	✓	2. Risk Factors	✓	3. Wider Determinants

CHARACTERISTICS:

TIME:

SHORT TERM	MEDIUM TERM	LONG TERM
X		

INEQUALITIES:

LEAST	MOST
X	

LIFE COURSE:

OLDER	YOUNGER
X	

PREVENTION:

TERTIARY	SECONDARY	PRIMARY
	X	X

STRATEGY OBJECTIVES:

	1. Promote Understanding		2. Best Start in Life	✓	3. Responsibility for Self and Ot
✓	4. Able to Contribute	✓	5. Long Term Conditions	✓	6. Recover from Ill Health or Cri

ADDITIONAL GOALS/PRINCIPLES:

	1. Strengthen Community Asset	✓	2. Prevention	✓	3. Early Intervention
✓	4. Equity and Fairness	✓	5. Promote Independence/Self	✓	6. Joint Working
	7. Wider Determinants		8. Lifecourse		

INTERVENTIONS - WHAT CAN WE DO?

Programme of interventions to be agreed, but could include:
* Making an alcohol declaration
* Education
* Development of the early evening and night-time economy
* Enforcement, focussed on under age sales
* Continue to advocate for minimum unit pricing
* Reduce availability through better licensing of premises and the use of cumulative impact
* Prevent and tackle crime associated with alcohol misuse
* Advice and information to support behaviour change
* Commissioned alcohol treatment services which seek to improve access to both brief advice and active interventions through a range of community providers
* Use contracts and contacts to "make every contact count"

METRICS - LINKS TO OTHER INDICATORS?

The following metrics are proposed:
* Life Expectancy at birth for males
* Life Expectancy at birth for females
* Healthy Life Expectancy at birth for males
* Healthy Life Expectancy at birth for females
* Slope Index of Inequality applied to Life Expectancy at birth for males
* Slope Index of Inequality applied to Life Expectancy at birth for females
* Age-standardised rate of mortality from causes considered preventable per 100,000 population for males
* Age-standardised rate of mortality from causes considered preventable per 100,000 population for females

SELECTING INDICATORS FOR A BALANCED SCORE CARD FOR HEALTH & WELLBEING

PRIORITY TITLE Best Start in Life

ASPECTS OF POOR HEALTH & WELLBEING IN SUNDERLAND:

☐	1. Disease	☐	2. Risk Factors	☑	3. Wider Determinants

CHARACTERISTICS:

TIME:

SHORT TERM	MEDIUM TERM	LONG TERM
		X

INEQUALITIES:

LEAST	MOST
	X

LIFE COURSE:

OLDER	YOUNGER
	X

PREVENTION:

TERTIARY	SECONDARY	PRIMARY
		X

STRATEGY OBJECTIVES:

☑	1. Promote Understanding	☑	2. Best Start in Life	☑	3. Responsibility for Self and Ot
☑	4. Able to Contribute	☐	5. Long Term Conditions	☐	6. Recover from Ill Health or Cri

ADDITIONAL GOALS/PRINCIPLES:

☑	1. Strengthen Community Asset	☑	2. Prevention	☑	3. Early Intervention
☑	4. Equity and Fairness	☑	5. Promote Independence/Self	☑	6. Joint Working
☑	7. Wider Determinants	☐	8. Lifecourse		

INTERVENTIONS - WHAT CAN WE DO?

Programme of interventions to be agreed, but could include:
* Making an alcohol declaration
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* Advice and information to support behaviour change
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* Use contracts and contacts to "make every contact count"

METRICS - LINKS TO OTHER INDICATORS?

The following metrics are proposed:
* School Readiness: % of children achieving a good level of development at the end of Reception
* Pupil absence: % of half days missed by pupils due to overall absence (incl. authorised and unauthorised absence)
* Prevalence of smoking at delivery

SELECTING INDICATORS FOR A BALANCED SCORE CARD FOR HEALTH & WELLBEING

PRIORITY TITLE Tackling Smoking

ASPECTS OF POOR HEALTH & WELLBEING IN SUNDERLAND:

☐	1. Disease	✓	2. Risk Factors	☐	3. Wider Determinants

CHARACTERISTICS:

TIME:

SHORT TERM	MEDIUM TERM	LONG TERM
X	X	X

INEQUALITIES:

LEAST	MOST
	X

LIFE COURSE:

OLDER	YOUNGER
X	X

PREVENTION:

TERTIARY	SECONDARY	PRIMARY
	X	X

STRATEGY OBJECTIVES:

☐	1. Promote Understanding	✓	2. Best Start in Life	✓	3. Responsibility for Self and Ot
☐	4. Able to Contribute	✓	5. Long Term Conditions	✓	6. Recover from Ill Health or Cri

ADDITIONAL GOALS/PRINCIPLES:

☐	1. Strengthen Community Asset	✓	2. Prevention	☐	3. Early Intervention
✓	4. Equity and Fairness	✓	5. Promote Independence/Self	✓	6. Joint Working
✓	7. Wider Determinants	✓	8. Life course		

INTERVENTIONS - WHAT CAN WE DO?

Programme of interventions to be agreed, but could include:
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* Advice and information to support behaviour change
* Commissioned alcohol treatment services which seek to improve access to both brief advice and active interventions through a range of community providers
* Use contracts and contacts to "make every contact count"

METRICS - LINKS TO OTHER INDICATORS?

The following metrics are proposed:
* Smoking Prevalence in adults
* Local cost of smoking

SELECTING INDICATORS FOR A BALANCED SCORE CARD FOR HEALTH & WELLBEING

PRIORITY TITLE Alcohol

ASPECTS OF POOR HEALTH & WELLBEING IN SUNDERLAND:

☐ 1. Disease	☑ 2. Risk Factors	☐ 3. Wider Determinants

CHARACTERISTICS:

TIME:

SHORT TERM	MEDIUM TERM	LONG TERM
	X	X

INEQUALITIES:

LEAST		MOST
	X	

LIFE COURSE:

OLDER		YOUNGER
X	X	X

PREVENTION:

TERTIARY	SECONDARY	PRIMARY
	X	X

STRATEGY OBJECTIVES:

☑ 1. Promote Understanding	☐ 2. Best Start in Life	☑ 3. Responsibility for Self and Ot
☑ 4. Able to Contribute	☑ 5. Long Term Conditions	☑ 6. Recover from Ill Health or Cri

ADDITIONAL GOALS/PRINCIPLES:

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☑ 4. Equity and Fairness	☑ 5. Promote Independence/Self	☑ 6. Joint Working
☑ 7. Wider Determinants	☑ 8. Life course	

INTERVENTIONS - WHAT CAN WE DO?

Programme of interventions to be agreed, but could include:
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METRICS - LINKS TO OTHER INDICATORS?

The following metrics are proposed:
* Rate of alcohol related admissions to hospital per 100,000 population (narrow definition)
* % of increasing risk drinkers (20-50 units per week for males, 15-35 units per week for females)
* % of higher risk drinkers (> 50 units per week for males, > 35 units per week for females)
* Alcohol related recorded crime per 1,000 population

Item No. 8

SUNDERLAND HEALTH AND WELLBEING BOARD 20 March 2015

SUNDERLAND DRAFT FAMILY OUTCOMES PLAN

Report of the Head of Community and Family Wellbeing

1. BACKGROUND

1.1 Over the last three years Sunderland has developed the Strengthening Families Delivery Model to provide relevant, timely and coordinated support to families, some of whom met the criteria for the national Troubled Families Programme.

1.2 Each of the five localities in Sunderland has a Multi-disciplinary Early Intervention Locality Team which delivers support to families, often as part of a multi-agency response. As part of the People Services future planning and development, opportunities to develop an integrated model of delivery for early help and safeguarding services as well as with relevant partners, should be implemented over the coming months.

1.3 A Strengthening Families Panel convenes on a weekly basis in each locality to review families within that locality who have been identified as potentially requiring an intervention. The Panel agrees an intervention/required outcome(s) for each family and assigns a lead agency where a multi-agency approach is required.

1.4 The current Troubled Families Programme ends on 31st March 2015 and the next phase of the programme will follow for a five year period, subject to funding beyond 2015/16. The expanded national priorities outlined by DCLG are consistent with the outcomes the city is trying to achieve for its families. This provides a real opportunity to improve upon the current delivery model for Strengthening Families and allows further service transformation to provide whole family working and continue our work with families at the earliest stage to make positive changes and build resilience, at the same time as reducing demand for services.

1.5 As part of the expanded Troubled Families Programme, all local authorities are required to produce an Outcomes Plan that defines what significant and sustained progress looks like for families within their Troubled Families cohort.

2. CURRENT POSITION

2.1 The Family Outcomes Plan should be a short, simple and clear articulation of Sunderland's definition of success. The Plan must be agreed as a city wide set of expectations, although it should be based on outcomes which may then be applied on a per family basis. Whilst the Plan should be aspirational and align fully with our priorities for the city, this should be balanced with practical

data collection and review and should contain a mix of qualitative and quantitative evidence.

2.2 The draft Family Outcomes Plan has been developed using the following:

- Discussions with the Strengthening Families Board and Working Group
- An event on 27 January 2015 to gain the views of key workers, operational managers and strategic partners;
- Other local authorities Outcomes Plans;
- A consultation with representation from early help, social care, YOS and the Performance and Intelligence Team to discuss use of assessment to inform the Plan and the availability of data to measure success

The Strengthening Families Board approved the Outcomes Plan at its' meeting on 6 March 2015 and recognized that this would be subject to further consultation and regular review.

2.3 The majority of the Outcomes have been determined locally however it should be noted that the Outcomes in Section 2 – Children who are not engaged in Education, have been determined nationally. One of the common issues raised in the Partner event on 27th January was how we measure and recognize the significant progress individuals and families have made even though they may not have achieved some of the quantitative measures set. This could be either in the scale or seriousness of behaviours or their recognized willingness to engage in achieving change. Where possible a key worker assessment has been included in response to this.

2.4 The draft Family Outcomes Plan is attached at **Appendix 1** for consideration by the Health and Wellbeing Board.

3 RECOMMENDATION

3.1 That the Board:

a) Considers and comments upon the Family Outcome Plan;
b) Considers any further data and information sources that would support the Outcomes Plan

Appendix 1

STRENGTHENING FAMILIES:

FAMILY OUTCOME PLAN

Sunderland's three transformational priorities are economy, education and skills and health; each supported by a range of strategies and plans.

The Strengthening Families approach in Sunderland sits firmly at the centre of these priorities and plays a critical role in delivering the city's aspirations by securing better outcomes for people of all ages and 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.

The Family Outcome Plan will be used to monitor outcomes for families with needs that fall beyond the universal offer. It specifically outlines six broad family problems and identifies what significant and sustained progress looks like:

1. Parents and children involved in crime and anti-social behaviour
2. Children who have not been attending school regularly
3. Children who need help, including those both on the cusp of, and within the social care arena
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness
5. Families affected by domestic violence and abuse
6. Parents and children with a range of physical and mental health problems

The Strengthening Families Delivery Model is a multi-agency approach, the agencies involved invested in whole family working. The Outcomes Plan further develops this approach by providing a common set of outcomes for all internal and external agencies to work towards with families, reducing risk and increasing protective factors, whilst reducing the need for services to become involved at a later stage.

If a family is identified as having two or more problems the Outcomes Plan will be used to determine whether progress has been achieved against initially identified issues and also any issues that subsequently emerge.

Full use will be made of the various assessments undertaken by key workers to determine a family have made significant and sustained progress and this will be triangulated as far as possible by the intelligence available through the solution provided by Palantir.

Where assessment and intelligence can be used to support evidence of progress against more than one problem this is indicated.

1. Parents and young people involved in crime and anti-social behaviour

Identification of issue:

a. a child who has committed a proven offence in the previous 12 months
b. an adult or child who has received an Anti-Social Behaviour (ASB) intervention (or equivalent local measure) in the last 12 months
c. an adult who has been arrested and subject to a positive disposal by the Police
d. adults or children referred by professional because their potential crime problem or offending behaviour is of equivalent concern to indicators above

Outcome	Source	Also evidences progress against:
No offending committed in the last 6 months	Child View Police Data	
No ASB reports in the last six months **or** successful completion of an anti-social behaviour intervention or order	Streetwise: Gentoo Streetwise: ASB Team Notification of Offences data - Police	Children who need help
Children in the home participating in diversionary youth activities on a regular basis over a six month period	Youth Services data	Parents and children with a range of health problems (wellbeing)
Individual's attitude and ability to affect change in life as reported to key worker	Key Worker Assessment	

2. Children who are not engaged in education*

Identification of issue:

a. a child who is persistently absent from school for an average across at least the last three consecutive terms (15% missing session)
b. a child who has received at least 3 fixed term exclusions in the last 3 consecutive school terms
c. a child who has been permanently excluded from school in the last 3 consecutive school terms
d. a child who is in alternative provision
e. a child who is neither registered with a school nor being educated otherwise
f. a child referred by an education professional as having school attendance problems of equivalent concerns to the indicators above because he / she is not receiving a suitable full time education

Outcome	Source	Also evidences progress against:
Every child in the house has attended school in excess of 85%** over three consecutive terms	Capita One	Children who need help
All children have had less than fixed term exclusions per person over three consecutive terms	Capita One	Children who need help
No child in the home has received a permanent exclusion over three consecutive terms	Capita One	Children who need help

*Outcomes measures set by DCLG

**will change to 90% as of September 2015 to align with DfE performance measure

3. Children who need help

Identification of issue:

a. A child who has been identified or assessed as needing help

b. A child in need under section 17 of The Children Act 1989

c. A child who has been subject to an enquiry under section 47, The Children Act 1989 or a child subject to a child protection plan

d. Teenage pregnancy – families where a mother gave birth at the age of 16 or under, in the last 12 months

e. Families where a child has been listed as missing by the police or a child who has been identified as being at risk of sexual exploitation

f. A child referred by a professional as having a problem of equivalent concern to the indicators above;

Outcome	Source	Also evidences progress against:
Strengthening Families referred case closed and there are no repeat referrals in a 6 month period	Capita One: • Case closure • TAF Closure • Exit Family Wheel	Parents and young people committing crime and anti-social behaviour Children who have not been attending school regularly Adults out of work or at risk of financial exclusion and young people at risk of NEET Families affected by domestic violence and abuse Parents and children with a range of health problems
No further requirement to have a child in need plan or a child protection plan, the case is closed / stepped down to early help services and there are no repeat referrals in a **six month period**	CCM	

A teenage pregnant mother engages with the Children's Centre at least twice in six months and achieves the key outcomes identified	CCMS	Parents and children with a range of health problems
Take up of two and three year old funding entitlement for early education and attending regularly for a six month period	CCMS	
A child referred as at risk of child sexual exploitation has reduced risk for six months	Not currently available	
Young people reported as missing previously have no incidents of going missing for a six month period	Missing Children data - Police	
An overall improvement in wellbeing of children in the home reported to key worker	Key Worker Assessment	Parent and children with a range of health problems
No child in the home becomes looked after for a 6 month	CCM	

4. Adults out of work or at risk of financial exclusion, and young people at risk of worklessness

Identification of issue:

a. An adult is claiming any out-of-work benefits (or Universal Credit, if relevant).

b. A child who is about to leave school, has no/few qualifications and no planned education, training or employment

c. A young person who is not in education, training or employment (NEET)

d. Parents and families nominated by professionals as being at significant risk of financial exclusion. This may include those with problematic/unmanageable levels and forms of debt and those with significant rent arrears

Outcome	Source	Also evidences progress against:
26 weeks consecutive employment for any adult in the home previously claiming JSA or 13 weeks for other benefit types	• DWP Automated Data Matching System	
An adult or over 16 (NEET) makes job ready progress by completing a formal volunteering or work experience programme, or a course which removes barriers to work for the individual	• Troubled Families Employment Advisor • Key Worker • Connexions Hub • FACL data	Children who need help Parents and children with a range of health problems
Remains on Universal Credit but meets earnings threshold (£330 for adults 25 plus or £270 for under 25s)	• DWP	

5. Families affected by domestic violence and abuse

Identification of issue:

a. The young person or adult known to local services has experienced, is currently experiencing or is at risk of experiencing DVA

b. A young person or adult who is known to local services as having perpetrated an incident of DVA in the last 12 months

c. A household or family member has been subject to a police call out for at least one domestic incident in the last 12 months

Outcome	Source	Also evidences progress against:
Risk level is sustained or reduces for medium / standard risk and reduces if high risk based on CAADA DASH assessment / key worker assessment for 6 months	• Child in Need Plan • Child Protection Plan • Other key worker assessment • IDVA data - not currently available • Protecting Vulnerable People Unit, Northumbria Police – not currently available	Children who need help Parents and children with a range of health problems
No recorded domestic violence incidents for a 6 month period	Domestic Violence Incidents – Police data	Parents and children with a range of health problems
Conviction / civil remedy / DVPO regarding perpetrator	Local Policing Teams – not currently available	

6. Parents and children with a range of health problems

Identification of issue:

a. An adult with mental health problems who has parenting responsibilities or a child with mental health problems

b. An adult with parenting responsibilities or a child with a drug or alcohol problem

c. A new mother who has a mental health or substance misuse problem and other health factors associated with poor parenting. This could include mothers who are receiving a Universal Partnership Plus service or participating in a Family Nurse Partnership

d. Adults with parenting responsibilities or children who are nominated by health professionals as having any mental and physical health problems of equivalent concern to the indicators above.

Outcome	Source	Also evidences progress against:
Family member reduces intake and harm is use of substances over 6 months	• YDAP • SWIFT • Key worker assessment	
Securing and / or maintaining suitable accommodation for at least 6 months	• Key worker assessment	Adults out of work or at risk of financial exclusion and young people at risk of NEET
Family demonstrate reduced social isolation by participating in a positive activity	• Family Agreement • Child in Need Plan • Child Protection Plan • Phoenix programme data • Be Programme data • Parenting Programme Coordination data • Youth Services data	Children who need help
An overall increase in feelings of wellbeing reported to key worker	• Key worker assessment • Team Around the Family minutes • Child Protection Plan • Child in Need Plan	Children who need help
Family take responsibility for own health and		

care: • A care plan in place and maintained for six months • Registered with a GP and dentist • All children in the home have up to date immunisations and health checks	• Child in Need Plan • Child Protection Plan • Family Agreement • Capita One	
Mental health does not impact negatively on family life for a six month period	Key worker assessment	

Item No. 9

SUNDERLAND HEALTH AND WELLBEING BOARD **20 March 2015**

THE LOCAL GOVERNMENT ALCOHOL DECLARATION

Report of the Acting Director of Public Health

Purpose of Report

1. To provide the Health and Wellbeing Board with an overview of the development and purpose of the Local Government Alcohol Declaration. The full declaration is set out in Appendix 1.

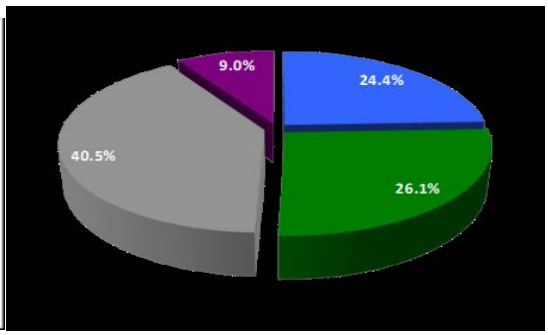
Background

2. The harm caused by alcohol is extensive. Every year in the UK, there are thousands of deaths, hundreds of thousands of hospital admissions and over a million violent crimes linked to drinking alcohol. This is not a problem of a small minority it is a problem that cuts across the whole population.

3. Alcohol impacts upon a raft of frontline services, from the NHS, to the police, to the Ambulance Service, Licensing teams and Social Services. It impacts upon the workplace, through lost productivity and absenteeism and on education, through truancy and disruption.

4. The personal, social and economic cost of alcohol has been estimated to be up to £55bn for England. Alcohol harm presents a significant financial burden across the North East economy as a whole. The total cost for the North East is estimated at £1.1 bn per year. The diagram demonstrates how this cost is broken down into the different elements.

NHS:	£264.97m
CRIME & LICENSING:	£296.31m
WORKPLACE:	£440.06m
SOCIAL SERVICES:	£97.81m



5. Further to the financial impact, more than two in five (44%) violent crimes and 37% of domestic violence incidents are committed under the influence of alcohol. One fifth of all violent crime occurs in or near pubs and clubs and 45% of adults avoid town centres at night because of drunken behaviour.

Overview

6. The Local Government Declaration on Alcohol is a response to the ongoing damage the alcohol does to communities in the North East. It is a pledge to take action and a statement about the local authority's commitment to protecting our local community from the harm caused by alcohol.

7. The declaration was initiated following a meeting of the North East Directors of Public Health Group following a BALANCE conference in November 2013. Whilst the Declaration is intended as a regional statement of intent, it's development has been led by collaboration between Gateshead Council and the regional alcohol office BALANCE, with oversight from the North East Directors of Public Health Group.

8. The goal of the Declaration is not only to demonstrate local authority leadership on tackling alcohol harm but also to make a collective statement about the importance of this issue nationally.

9. The commitments set out in the declaration will result in action across the system to address the harm that alcohol causes.

Recommendations

10. The Health and Wellbeing Board is recommended to:
    - Agree to sign up to the alcohol declaration as included in Appendix 1.

Appendix 1 – Draft Declaration on Alcohol

We acknowledge that:

- Alcohol is one of the greatest causes of premature death and morbidity in our communities;
- Reducing alcohol harm in our communities significantly reduces costs to public services;
- Although lower income groups are not the heaviest drinkers, they suffer from the greatest alcohol harms;
- Evidence-based, government-led action to regulate the price, promotion and availability of alcohol is the most effective option for tackling alcohol harm;
- Although it might be appropriate to engage with elements of the alcohol industry around the management of the night-time economy, the alcohol industry should have no role in the development of alcohol policy or strategy;
- The volume and content of alcohol advertising influences young people to drink earlier and to consume more.

As leaders of our communities we welcome the:

- Opportunity for local government and key partners to lead local action to tackle alcohol harm and secure the health, welfare, social, economic and environmental benefits that come from reducing excessive alcohol consumption;
- Opportunity to further embed public health priorities within the local authority framework, particularly in relation to community safety, regulatory activity and economic regeneration;

We commit our Council from this date …….....to act at a local level to reduce alcohol harm and health inequalities by:

- Influencing national government to take the most effective, evidence-based action to reduce alcohol harm, particularly via the introduction of greater regulations around the price, promotion and availability of alcohol;
- Influencing national government to rebalance the Licensing Act in favour of local authorities and communities, enabling local licensing authorities to control the number, density and availability of alcohol according to local requirements;
- Developing evidence-based strategies and commissioning plans with our local communities and partners including the local NHS Acute Trust, Clinical Commissioning Groups and the police;
- Ensuring that public health and community safety are accorded a high priority in all public policy-making about alcohol;
- Making best use of existing licensing powers to ensure effective management of the night-time economy;
- Raising awareness of the harm caused by alcohol to individuals and our communities, bringing it closer in public consciousness to other harmful products, such as tobacco.

Item No. 10

SUNDERLAND HEALTH AND WELLBEING BOARD 20 March 2015

DEPARTMENT OF HEALTH AUTISM SELF-ASSESSMENT

Report of the Integrated Commissioning Team

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 Department of Health Autism Self-assessment and to share the key messages from the self-assessment exercise for discussion at the March meeting of the Board.

1.2 The report will also provide an overview of work that is planned for 2015 in relation to meeting the requirements of the National Autism Strategy.

2. BACKGROUND

2.1 In March 2010, the National Autism Strategy, *'Fulfilling and rewarding lives: a strategy for adults with autism in England'* was published by the Department of Health. The strategy sets out a number of key actions and recommendations for local authorities and their partners.

2.2 In Sunderland, a multi-agency Local Autism Working Group (LAWG) was set up in 2010 to support the implementation of the strategy recommendations. The membership of the group includes representatives from Sunderland City Council, Sunderland Clinical Commissioning Group, Jobcentre Plus, Northumbria Probation Service, the voluntary and community sector and a parent carer.

2.3 The National Autism Strategy was reviewed in 2013/14 and a refreshed strategy, '*Think Autism'* was published in April 2014.

2.4 An annual self-assessment exercise is carried out which requires Local Authorities to report their progress on fulfilling the recommendations of the strategy to the Department of Health. The self-assessment returns are made publicly available online.

3. COMPLETION OF THE AUTISM SELF-ASSESSMENT

3.1 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 a meeting of the LAWG was held on 11th February 2015 to discuss and agree the ratings.

3.2 The self-assessment was signed off by the Adult Social Care Partnership Board and was submitted to the Department of Health on 9th March 2015.

4. SUMMARY OF THE AUTISM SELF-ASSESSMENT FOR SUNDERLAND

Below is a summary of the main points highlighted by the self-assessment exercise.

4.1 Planning

4.1.1 Data is currently collected by health and social care services but there needs to be improvements in the level of data sharing between agencies. Some data on the number of people in Sunderland who have autism is to be included in the Joint Strategic Needs Assessment profile about supporting people to live independently, but the LAWG will consider whether a JSNA profile specifically about autism is needed that would be produced in partnership with people with autism and their families. The Lifespan approach (0-25 years) recently adopted by the local authority will ensure that young people with autism have a smooth transition to adult services. Data from the service will also inform planning of adult services. *Think Autism* provides some guidance on how local authorities can gather data on the number of people with autism and this will be considered by the new Sunderland Autism Partnership Board (SAPB) which will replace the Local Autism Working group in April 2015 (see section 5.1).

4.1.2 The LAWG rated Sunderland 'red' for engagement with people with autism. Whilst one parent carer has been part of the LAWG since its formation in 2010, there have been no representatives with autism on the group. A lot of work has been carried out recently to develop a mechanism for meaningful engagement with the autistic community. Four people with autism and two carers will have a place on the new Sunderland Autism Partnership Board. An engagement network will be developed which will allow people with autism and their families to be kept informed of the work of the SAPB and to feed in their comments and views (see section 5.2). The engagement network will facilitate engagement with a diverse range of people including women, people from BME communities and older people. There will also be a public engagement event held in March 2015 which will allow the autistic community to help to identify priorities for the SAPB for 2015-16 (see section 5.3).

4.1.3 The self-assessment exercise highlighted a need for the SAPB to better understand whether public services in Sunderland are making reasonable adjustments to allow people with autism to access general services and services such as speech and language therapy and occupational therapy that can be accessed by people following diagnosis.

4.2 Training

4.2.1 Whilst training is given to staff working directly with people with autism in statutory services in Sunderland, the approach to training is uncoordinated.

There is no multi-agency training plan in place and training tends to be accessed on an ad hoc basis.

4.2.2 Autism Awareness Training is not accessed by criminal justice system staff in all areas of the system. Probation service staff have received training recently.

4.3 Diagnosis

4.3.1 A specialist autism diagnostic service is in place which meets almost all of the NICE guidelines. The current waiting time is 24 weeks which is longer than the NICE guideline of 12 weeks, however, due to the addition of extra resource to the service, it is expected that waiting times will be back within the 12 week limit by April 2015.
In the last year, no one was referred outside of the city for a diagnosis. 21 people from Sunderland received a diagnosis and a follow-up support session where they were informed that they could have a Community Care Assessment and were referred to other services as appropriate.

4.4 Care and Support

4.4.1 Adults with autism can access social care via the Customer Services Network. There is a recognised pathway for people with autism but without a learning disability and these people are supported by the mental health team within the Personalisation Service.

4.4.2 The local authority commissions an independent advocacy service which is inclusive of people with autism and advocates receive autism awareness training on an ad hoc basis.

4.4.3 There is some information and support available for people who do not meet eligibility criteria for social care via the Sunderland Care and Support Solutions Team which also produces a Directory of Services.

4.5 Housing

4.5.1 The needs of people with autism are not included in the Housing Strategy but the housing needs of people with autism are included in the Enabling Independence Strategy, which is due to be reviewed this year.

4.6 Employment

4.6.1 Any employment actions have been taken forward by the LD Partnership Board Employment Sub-group which has recently broadened its remit to include autism. Representatives from the Employment Sub-group attended a Work Discovery event where they had a stall with colleagues from Project Choice, Autism in Mind and Autism Works. The aim of the event was to raise awareness of employing people with learning disabilities and autism and to have direct engagement with employers.

5. NEXT STEPS

5.1 Sunderland Autism Partnership Board (SAPB)

5.1.1 At a meeting in February 2014, the LAWG agreed that a review of the group was needed to ensure that the right representatives were included in the membership, reporting structures were robust and real priorities for the autistic community were used to inform the action plan.

5.1.2 Following this meeting work was carried out to determine the most appropriate structure, membership and governance arrangements for the group and it was agreed that the LAWG would be replaced by a partnership board, the Sunderland Autism Partnership Board (SAPB) that would report into the Adult Social Care Partnership Board three times a year. The Board will be chaired by the Head of Integrated Commissioning and will include in its membership one elected member, four people with autism and two carers, along with key representatives from health, social care, education, employment and criminal justice system services. Other representatives will be co-opted onto the group depending on the action plan and identified priorities.

5.2 Autism Engagement Network

5.2.1 Alongside the Sunderland Autism Partnership Board will sit the Autism Engagement Network. This will be a virtual network of individuals and organisations which have a particular interest in autism. The network will be facilitated by Autism in Mind, which is a user-led support group with a large network, as well as other VCS organisations such as Sunderland Carers' Centre; the Sunderland, Washington and Coalfields Parent Carer Council and Sunderland People First. The role of the engagement network will be to facilitate two-way communication between the autistic community and the SAPB.

5.3 Autism Consultation Event

5.3.1 A half-day consultation event took place on the morning of Wednesday 4th March at the Sunderland Bangladeshi Community Centre. The event was very well attended by various stakeholders including people with autism and their families.

5.3.2 The purpose of the event was to seek the views of members of the autistic community on what they think should be the priorities for the SAPB in 2015-16 and how the priorities can be taken forward.

5.3.3 The identified priorities will be used to inform the action plan of the SAPB and regular updates will be shared with the attendees of the event, who will be invited to join the engagement network.

5.3.4 Initial feedback from the event was very positive. Collation of the final feedback will be completed within the next two weeks.

5.4 The Autism Capital Grant

5.4.1 In February 2015, every local authority received £18,500 capital funding to be used to make environments used by people with autism, such as public buildings, more autism friendly or to assist people with autism through the purchase of new equipment or IT.

5.4.2 In Sunderland, the Local Autism Working Group were asked to put forward ideas for how the grant could be spent. Two complementary projects were chosen and the funding will be used to improve the environment in the Sunderland Care and Support Community Resource Centres to make the centres more autism-friendly for people who use the day services. In addition, one room in Fulwell Community Resource Centre will be redecorated and made into an autism-friendly meeting place for Autism in Mind who will use the room to meet regularly for peer support training, self-awareness raising and socialising. A computer will also be available to enable people to seek employment or training.

5.4.3 Autism in Mind are looking at how they can expand the support they offer to people with autism including engaging with key organisations who can provide advice, information and guidance about employment and welfare benefits. The group will also liaise with the wider autistic community to seek views on the autism action plan going forward.

6. RECOMMENDATIONS

6.1 The Board is recommended to receive the report for information.

6.2 The Board is recommended to receive further progress reports as the Sunderland Autism Partnership Board becomes established.

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Item No. 12

SUNDERLAND HEALTH AND WELLBEING BOARD 20 March 2015

CARE ACT: IMPLEMENTATION UPDATE

Report of the Executive Director of People Services

1. REPORT PURPOSE

1.1 This report provides Health & Wellbeing Board Members with an update on the implementation of April 2015 Care Act requirements, regional and national activity, and the draft Department of Health (DH) proposals for April 2016.

2. CARE ACT IMPLEMENTATION

2.1 As previously reported, Care Act implementation, and ensuring that activity aligns with other corporate and city priorities, is being overseen by a Programme Implementation Board (PIB) within People Directorate, but with membership drawn from wider council areas.

2.2 The PIBs work plan and the plans for each of the 7 Care Act project / cluster areas reporting to it ,are in the final stages of implementation (in respect of 2015 requirements) These projects / clusters cover following areas:

- CA1 – Assessment & Support
- CA2 - Developing Universal Offer & Market Shaping
- CA3 – Developing Information & Advice
- WS1 – Performance, Finance & Data
- WS2 – Workforce Development & Planning
- WS3 - Engagement
- WS4 – IT& Systems

2.3 These project / cluster actions also include the activity required to implement the agreed recommendations from November 2014 Cabinet Report, Care Act, 2014 – Implications and Implementation

2.4 An Equality Impact Analysis has since been completed (as part of wider budget / financial reports –reporting). The EIA identified that the Acts implementation would have positive / neutral effects in the majority of cases. The only potential perceived negative impact identified was the adoption of the National Eligibility threshold. This potential impact was because the new eligibility threshold was considered by Government to equate to current Fair Access to Care (FACS) Critical and Substantial levels whereas the council currently operates to all 4 FACS bands.

2.5 The council's commitment to prevention and early intervention services would ensure that people in Sunderland did continue to receive the support that they needed. In addition work has also been undertaken to identify whether people

in the current low / moderate FACS bands would still meet the new eligibility threshold anyway.

2.6 The Head of Service (Adult Social Care), four Senior Social Work Managers and Legal Services were all involved in an exercise that considered over twenty current non-residential cases from the Older Persons Service Area where people had Low / Moderate FACS recorded. In all but one case the information provided indicated that person met the new eligibility criteria, and in the other case more information was required (and other non-social care needs had been identified)

2.7 Further exercises are in the process of being undertaken to confirm whether the effects of the change from FACS to the new threshold for people in other customer groups (i.e. Learning Disabilities, Mental Health) is similar.

3. CONSULTATION EXERCISE

3.1 The council undertook a short Care Act engagement / e-consultation exercise between 9th February and 2nd March 2015.

3.2 A press release was issued to launch the exercise and also to help raise awareness of the Care Act amongst the wider public. The major part of the exercise consisted of the issue of just over 3,330 letters to the council's current social care customers.

3.3 It was these customers that were likely to be most interested in any changes, or have any concerns about these. Letters therefore were issued to customers that had council funded residential care placements, non-residential care packages / Personal Budgets, lived in Sunderland Care and Support Supported Accommodation, or that received on-going professional support.

3.4 The letter contained background information about the changes and that the council expected that the vast majority of its current social care customers would still receive similar support in the future. The letter also included a Care Act Summary to provide more detail about its wide ranging requirements.

3.5 An '' easy read' version of the letter and Care Act Summary were developed by Sunderland People First, and were issued to just over 200 customers. These went out a week later than the main letter issue.

3.6 Customers that did wish to pass on any views could do so in a number of ways;

- An e-consultation exercise on the councils Care Act Landing page (www.sunderland.gov.uk/care-act). The page and consultation link also included more information on the Care Act
- Via a dedicated helpline number covered by the Customer Service Network. The staff covering this line were also provided with a series of Frequently Asked Questions that provided more detail around potential customer queries

- Via one of 5 arranged drop in events. One was arranged in each local area and two of the meetings were also arranged in early evening to allow more people to attend than could otherwise have been the case.

3.7 This engagement exercise was also supported by the involvement of a number of partners. Age UK, Carers Centre and Gentoo had all been involved / provided feedback on the councils planned activity.

3.8 In addition the consultation documentation was provided to these agencies and a number of others (including care and support providers). This was to both enable them to answer a number of queries directly but also to build on on-going awareness raising / engagement).

4. REGIONAL / NATIONAL REPONSE

4.1 Whist each council is required to comply with Care Act requirements, the scope and scale of this activity had previously been recognised as posing a significant risk both nationally and regionally

4.2 To mitigate the risks, a combined Programme Management Office (including DH, ADASS and LGA representatives) was established to support councils with implementation. Support includes identifying implementation costs and on-going additional costs, developing implementation materials, providing funding to assist with implementation (including that devolved to each region). More recently they have provided a range of self-assessment tool kits to provide additional assurance against each of the main Care Act requirements.

4.3 Within the North East a regional Care Act Leads network has been established with a regional Care Act Lead. The lead is

- Reporting into regional ADASS and Heads of Service groups and to the Sector Led Improvement Group
- Helping to coordinate on-going regional activity and collaboration via the regional Care Act Leads Group (this includes at least one representative from each North East Council) and series of Task and Finish groups.

4.4 A regional Training and Implementation Support Fund has been used to support individual councils and undertake some joint developments

4.5 An example of the joint development is the creation of a suite of eLearning courses (using Skills for Care Materials) that are currently in the process of being rolled out to council staff. These have also been offered to some partners (although this offer is being extended)

5 2016 IMPLEMENTATION

5.1 The Department of Health launched a short consultation exercise on 4 February (ending on 30 March) linked to its proposals for funding reform and also in relation to current appeal / challenge mechanisms.

5.2 In relation to Funding Reform the DH preferred option is for;

- A £72,000 Care Cap for most peoples life time Care costs
- A zero Cap for people aged 0-25 which means that younger people with established care and supported needs would receive these care services free
- People would still be liable for 'hotel costs ' in residential care of £12,000 per year (but this would be financially assessed)
- higher capital threshold for charges (Either £27,000 or £118,000 instead of £23,250) before which people were classed as self-funders / full cost payers
- The introduction of a Care Account and Independent Personal Budgets to help both people that receive council commissioned services and self-funders to monitor their progress toward the Care

5.3 In relation to appeals / challenges the DH proposals are for an Independent Review stage to be introduced to cover some potential areas where disagreement may arise. This would take place after an in internal dispute resolution stage.

5.4 Final requirements for councils to work to are not expected until October 2015, which gives grounds for concern. Other concerns link to:

- The regulations / guidance still lack clarity in some areas and contain many ambiguities
- Even the preferred consultation options regarding funding reform still require significant work in order to improve them and to make them workable – especially given the technical nature of much of the content.
- The proposals give rise to significant increases in assessment, monitoring and notification requirements and seem to require significant IT/ Systems development in order to efficiently implement these. There may be an issue with Software providers being able to make any last minute changes to their developing updates/ upgrades in order to meet this challenging timescale
- Whether the proposals do create enough incentive for people to save more to meet their own care costs (the Care Act aspiration) or for financial services to create products to help people manage these costs
- The still outline form of the appeal proposals , given councils are required to implement from April 2016 , and commission Independent Reviewers to do this
- Potential confusion as some parts of the Act are currently excluded from scope of the appeals process (such as charging)
- The potential costs of these proposals, if significant numbers of people do appeal. Whilst the DH estimate under 5% will appeal the Act introduces significant new requirements from April 2016 , and these are likely to give rise to their own disputes

5.5 The council will be submitting a response, and will be contributing to regional and national responses (Via ANEC /ADASS etc)

6 RECOMENDATIONS

6.1 Health and Wellbeing Board Members to note the contents of this report and appendices and to confirm;

- Whether Board members require any additional information in respect of any of these areas
- To receive a further update report when the final regulations for 2016 are published

Item No. 13

SUNDERLAND HEALTH AND WELLBEING BOARD **20 March 2015**

CLOSED BOARD SESSION 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 and the forward plan.

2. CLOSED BOARD SESSIONS

The next scheduled closed session is scheduled for Friday 1st May, 12 – 2.

It is proposed that this session is used to bring together the Board with a number of strategic partners to look at developing the mechanisms necessary for taking forward the priorities for action identified at the last closed session.

3. FORWARD PLAN

Health and Wellbeing Board Agenda - Forward Plan 2014 – 15		
	20th March 2015	Friday 29 May 2015 (tbc)
Standing Items	• Update from Advisory Groups • Closed Board Session Briefing • Integration and Transformation Board	• Update from Advisory Groups • Closed Board Session Briefing • Integration and Transformation Board
Joint Working	• Pharmaceutical Needs Assessment • Alcohol Declaration (GG/JPW) • Section 75 BCF Agreement • Priority Setting	• DPH Annual Report – Healthy City – Healthy Economy • Integrated Impact Assessment – HIA of the Core Strategy (NC/VT)
External Links	• Care Act • Strengthening Families	• Health Protection Arrangements (GG) • Childrens Safeguarding Peer Review • HWBB Peer Review Follow up • Safeguarding reporting systems

4. BOARD TIMETABLE

The Board timetable is under development and will be circulated in advance of the next meeting.

The provisional dates for future Board meetings are:

- Friday 29 May 2015
- Friday 24 July 2015
- Friday 18 September 2015
- Friday 20 November 2015
- Friday 15 January 2016
- Friday 11 March 2016

5. RECOMMENDATIONS

The Board is recommended to

- Suggest topics for in depth closed/partnership sessions for 2015
- note the forward plan and suggest any additional topics