ADULT SOCIAL CARE PARTNERSHIP BOARD

AGENDA

Meeting to be held in the Civic Centre (Committee Room 1) on Tuesday 12 July 2011 at 2.30 pm

This information can be made available on request in other languages.
If you require this, please telephone 0191 561 7994

6. **Strategic Plan for Welfare Rights Advice (2008-2011) Update** 45

Report by Graham King, Head of Strategic Commissioning

ELAINE WAUGH
Head of Law and Governance

Civic Centre
SUNDERLAND

5 July 2011

Sunderland City Council

Item No. 2

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

Present:-

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

Apologies for Absence

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

Minutes

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

Review of Adult Social Care Partnership Board

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

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

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

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

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

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

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

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

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

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

Task 1

ASCPB- last 2 years

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

- Has the board in its current format met the aims and objectives originally set?

- What has the board achieved?

- What opportunities have been missed by the board?
    - Why were the opportunities missed?

- Has the membership for the board been appropriate?
    - Are any members/orgs missing? If so, what role would they play?

- Do board members understand their responsibilities?

Work Programme

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

- Does our work programme reflect the Terms of Reference set out?

- Should the board agree some 'difficult issues' at start of year to focus on?
    - If so, what should these be? For example, is it issues that only need to be delivered in partnership?

- How should the board take forward work programme activities?
    - The board have used task and finish approaches in the past; are they an appropriate method?

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

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

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

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

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

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

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

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

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

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

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

Task 2

Accountability Role

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

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

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

- Is it still appropriate that the Adults Board is responsible for monitoring / driving the groups/boards listed?

- What do you feel the boards influencing role has been?
    - Has this been appropriate?

Health and Wellbeing Boards

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

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

- Is this board still relevant within this context?

- If so should the monitoring / driving of the groups/board continue in light of emerging Health and Wellbeing Board?

- How does the board need to engage with Sunderland Partnership, Health and Wellbeing Board etc?

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

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

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

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

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

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

Signed M. SPEDING,
Chairman.

Sunderland City Council

Item No. 3

REPORT TO ADULT SOCIAL CARE PARTNERSHIP BOARD

12 JULY 2011

BY HEAD OF STRATEGIC COMMISSIONING

FAIRER CARE FUNDING: THE REPORT OF THE COMMISSION ON FUNDING OF CARE AND SUPPORT

1. PURPOSE OF THE REPORT

1.1 The purpose of the report is to provide a briefing on the Commissions report into the funding of care and support.

2. BACKGROUND

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

3. RECOMMENDATIONS

3.1 The review makes the following main recommendations.

1. A cap on the lifetime contribution of individuals to their social care costs (residential or home care) – the review suggests a range between £25,000 and £50,000 and proposes £35,000. Once they have paid this amount, individuals would be eligible for full support from the state.
2. For residential care, the level of assets which people should be able to retain while being eligible for full state funding should increase from £23,250 to £100,000.
3. People with care and support needs from childhood cannot be expected to plan for their future care needs and should be eligible for free state support.
4. Universal disability benefits for people of all ages should continue, but the government should consider how to align benefits with the social care funding system and Attendance Allowance should be re-branded to clarify its purpose.

5. People should contribute a standard amount to cover their food and accommodation in residential care - £7,000 to £10,000 a year is proposed.
6. Eligibility criteria for service entitlement should be set on a national basis with an improved framework. In the short term the report suggests a national minimum threshold of 'substantial'.
7. The Government should invest in an awareness campaign to inform people about the new system and encourage them to plan ahead.
8. The Government should develop a major new information and advice strategy to help people when care needs arise.
9. The report supports the Law Commission's proposals to give carers new legal rights to services and to improve assessments.
10. The Government should review the scope for improving the integration of adult social care with other services in the wider care and support system, particularly health.

3.2 The Commission estimates that the additional funding required for its proposals would initially cost between £1.3 and £2.2 billion a year depending on the level of cap – with a cap of £35,000 it would cost £1.7 billion.

3.3 The Commission's report endorses the role of local authorities in commissioning and delivering local services. A consistent theme is that current funding for adult social care is inadequate and that the Government should ensure that local authorities receive sufficient and sustainable funding. While the details need to be examined in more depth, there is much in the report to welcome, and the question now is whether there is politcal will to go forward and to find the additional funding. The previous timetable for social care reform was a White Paper this autumn with a Bill in spring 2012. The White Paper has now been put back to next spring with a Bill 'at the earliest opportunity'. These issues and others are considered in more depth in the comments section of this briefing.

4. GOVERNMENT RESPONSE SO FAR

4.1 In a Statement to Parliament, Andrew Lansley welcomed the report and confirmed the Government would progress the recommendations as a priority. However, he also warned that the cost of reform would have to be considered alongside other priorities, and pointed to the wider range of options in the report such as setting the cap at £50k. The Government's response will appear in a White Paper which will now be published next spring. There will now be a period of engagement with stakeholders and with the Labour Party who have agreed to join discussions. The

Secretary of State set out six tests that any reform would have to meet.

- promoting closer integration of health and social care
- promoting increased personalisation, choice and quality
- supporting greater prevention and early intervention
- promoting a viable insurance market for care and a more diverse and responsive care market.
- achieving a consensus that additional resources for care should be targeted at capping costs for individuals.
- ensuring a fair and appropriate method of financing the costs.

5. RECOMMENDATIONS

5.1 The Board is requested to receive this report for information.

CABINET MEETING – 22nd June 2011

Sunderland City Council

Item No. 4

EXECUTIVE SUMMARY SHEET – PART I

Title of Report:

Establishment of an Early Implementer Health and Wellbeing Board

Author(s):

Director of Health, Housing and Adults

Purpose of Report:

To set out proposals for the establishment of an Early Implementer Health and Wellbeing Board.

Description of Decision:

Cabinet is recommended to:

- Agree the proposals for establishing the Early Implementer Health and Wellbeing Board in July 2011 with initial membership as proposed in this report

Is the decision consistent with the Budget/Policy Framework? Yes/~~No~~

If not, Council approval is required to change the Budget/Policy Framework

Suggested reason(s) for Decision:

To ensure that the Council progresses as an early implementer of a Health and Wellbeing Board in advance of anticipated statutory implementation,

Alternative options to be considered and recommended to be rejected:

To delay the implementation of an early implementer Health and Wellbeing Board.

Is this a "Key Decision" as defined in the Constitution? ~~Yes~~ / No **Is it included in the Forward Plan?** ~~Yes~~ / No	**Relevant Scrutiny Committee:** Health and Wellbeing

Cabinet 22nd June 2011

Establishment of an Early Implementer Health and Wellbeing Board

Report of the Director of Health, Housing and Adults

1.0 Purpose of Report

1.1 To set out proposals for the establishment of an Early Implementer Health and Wellbeing Board.

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

2.0 Description of Decision

2.1 Cabinet is requested to agree the proposals for establishing the Early Implementer Health and Wellbeing Board in July 2011 with initial membership as proposed in this report.

3.0 Background

3.1 The NHS White Paper "Equity and Excellence: Liberating the NHS" was published in July 2010 and was followed up with a number of further guidance papers detailing aspects of the new proposals for consultation. One of the seven supporting guidance papers "Liberating the NHS: Local democratic legitimacy in health' details proposals for:

- Local Authorities taking on health improvement functions
- Local Authorities role in promoting service integration
- Local Health Watch organisations acting as independent consumer champions, accountable to Local Authorities
- Health and Wellbeing Boards

3.2 The "Liberating the NHS: Local democratic legitimacy in health' consultation document states that local authorities will have greater responsibility for health in four areas:

- Leading Joint Strategic Needs Assessments (JSNA) to ensure coherent and co-ordinated commissioning strategies
- Supporting local voice, and the exercise of patient choice
- Promoting joined up commissioning of local NHS Services, social care and health improvement
- Leading on local health improvement and prevention activity

3.3 In delivering these functions, the Local Authority will have a "convening role" and "promote joint commissioning between GP consortia and Local Authorities".

3.4 The guidance states that there will be “an enhanced role for elected Local Councillors and Local Authorities, as a more effective way to boost local democratic engagement”.

3.5 Directors of Public Health (DPH) will transfer to Local Government and be jointly appointed by the Local Authority and a new national Public Health Service. They will bring with them a “transferred resource” of 4 / 5% of NHS spend currently dedicated to prevention. This budget will be ring fenced within the Local Authority. The DPH will have strategic influence over the wider determinants of health, independently advising elected members and being part of the senior management team in the local authority.

3.6 In addition, the government intends “to develop a more powerful and stable local infrastructure in the form of Health Watch, which will act as local consumer champions across health and care. Local Involvement Networks (LINKS) will become the local Health Watch, which will become like a ‘citizens advice bureau’ for health and social care”. Health Watch will be given additional funding for NHS complaints advocacy services and supporting individuals to exercise choice.

3.7 Local Authorities will commission Health Watch and may intervene in the event of underperformance. Health Watch will also report to Health Watch England which will be established as part of the Care Quality Commission.

3.8 The Health and Social Care Bill states that each local authority must establish a Health and Wellbeing (H&WB) Board for its area. The Bill also states that the H&WB Board will be a committee of the local authority.

3.9 Local authorities will take on an enhanced health role, including the major responsibility of improving the health and life-chances of the population they serve. These functions will be conferred on the local authorities as a whole not just the responsibility of the Health and Wellbeing Board. During 2011, joint arrangements need to be in place to manage the transfer of PCT funding to social care activities benefiting health.

3.10 The Health and Wellbeing Boards will bring together the key NHS, public health and social care leaders in each local authority area to work in partnership.

3.11 The proposals in the Health and Social Care Bill require the Council and its partners to build on the progress that has been made, to engage emerging GP consortia, to consider to what extent and in what way joint working and or integration should be taken forward, and to successfully transfer public health functions to the Council.

3.12 Sunderland is an early implementer of a Health and Wellbeing Board, and it is proposed that an initial early implementer board be established with its first meeting in July 2011.

4.0 Current Position Regarding Health and Wellbeing Boards

4.1 Many councils including Sunderland are becoming early implementers during 2011/12 as part of the transitional year. In order to be an early implementer there must be commitment from the top of the organisation and genuine commitment to work in partnership, especially with the emerging GP consortia. They must also be prepared to actively participate in sharing information and learning with other areas.

4.2 In Sunderland there have been strong working relationships between the Council and the PCT supported by the current partnership arrangements including the Adults and Children's Boards and also through jointly funded posts. In addition Sunderland has a strong history or participating in shared learning with other areas.

5.0 Reasons for the Decision

5.1 As an early implementer Sunderland will be able to trail new working arrangements before the formal shadow form in 2012 and then subject to Parliamentary approval, the establishment of health and wellbeing boards from 2013.

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

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

For the future development of the board consideration will be given to

- The Board will be responsible for overseeing significant improvement in outcomes as a result of joint planning and commissioning of services across agencies.

- The Board brings together the priorities to make change but it is the responsibility of constituent bodies to ensure these priorities are taken through their own governance arrangements.
- To prioritise and monitor the implementation of the themes identified in the Board's strategy and supporting strategies;
- To request regular assessment of needs in the area, identify shared priorities for action and specific outcomes on the basis of those needs and to develop and comply with appropriate information sharing arrangements;
- To recommend the commissioning of services, resource allocation to achieve the outcomes and indicators set out in the aims of the Board through the prioritisation and recommendation of proposals in the constituent partners' budget setting rounds;
- To commission and receive reports from standing sub groups and task groups to take up additional work on research of policies, service improvement and local needs;
- To ensure that there is active user and public involvement in decision-making and developments of services;
- To ensure that all initiatives are carried out in a framework that promotes equalities and celebrates diversity;
- Ensure that activities promote a positive image of the City, the Partnership and the local community;
- To support and influence service developments and change that enhance the general well being of the City;
- Ensure objectives are reflective of the objectives set out by Sunderland Strategy
- Invite appropriate representatives and bodies to give evidence

5.3 In terms of membership of the draft board it is proposed that as an early implementer board that will ultimately (subject to Parliamentary approval) act as a committee of the council the following membership be put in place for 2011/12. This would need to be reviewed with any changes to legislation in terms of formal shadow form from 2012 and formal arrangements from 2013.

5.4 The Bill provides that the following should comprise the core membership of the Board:
• At least 1 councillor of the local authority
• The director of adult social services of the local authority
• The director of children's services of the local authority
• The director of public health for the local authority
• A representative of the Local Healthwatch organisation
• A representative of each relevant commissioning consortium
• Such other persons as the local authority think appropriate

5.5 For Sunderland it is proposed that initial board membership comprises:
• Elected member membership including the Leader of the Council as chair, the Cabinet Secretary (including deputising role), the Portfolio Holder for Health and Wellbeing, the Portfolio Holder for Children and Learning City and an Opposition elected member.

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

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

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

5.8 Whilst it is proposed to keep the membership of the board itself to a relatively small number, there will be important roles for other key partners to play in associated senior advisory groups and sub groups. This includes the Adults Board, the Children's Board, safeguarding work and other key boards and groups that currently interface with the Adults and Children's Boards or form part of the current Local Strategic Partnership, the Sunderland Partnership. These will be also subject to change and amendment of terms of reference over time.

5.9 In terms of the relationship with the Sunderland Partnership the board will remain independent and not formally report into the Sunderland Partnership.

5.10 It is proposed that scrutiny remains independent of the board to ensure that the evolving arrangements can be effective reviewed and challenged.

6.0 Alternative Options

Consideration was given to delaying the establishment of an early implementer board, but rejected for the following reasons:

6.1 As an early adopter it is now expected that we introduce shadow arrangements during 2011/12. Subject to enactment of the Health and Social Care Bill, shadow Health & Wellbeing Boards are required to be in place by 2012/13 and ready to assume statutory responsibilities in April 2013. It is considered that the early establishment of an early implementer board will ensure the County is ready in all respects to do this. It will enable the establishment of sound working practises and relationships and the ironing out of any early difficulties before the Council is formally required to have the shadow board in place.

6.2 A wider membership was considered for the board but discounted at this stage as early focus is needed to help shape the initial workings. For 2012/13 there will be an opportunity to review this. In terms of formalities it was considered whether a more formal constitutional change was needed. The early and emerging agenda on wellbeing boards and the current "pause" by government means it would be better to wait till more focused guidance is available before formalising arrangements.

6.3 In order to take early advantage of the opportunities offered by the NHS reforms and to be in a position to ensure a smooth transfer of responsibilities from the PCT to both the GP consortia and the local authority, it is considered that a whole system approach to the transformation needs to be taken. This will require having in place as many pieces of the jigsaw as possible well before implementation and not least a early implementer health & wellbeing board. Delaying the establishment of the board would deny the system a key element of the new pathway and remove any chance of early end to end testing.

6.4 Alignment of the different parts of the system will be critical to developing effective commissioning at local and national level. Locally, alignment between NHS, public health and social care and other commissioners in local and national government will be vital, and health and well-being boards will provide an essential forum for achieving this. Health & wellbeing boards are therefore going to be a fundamental element of the new framework and amongst other things key to driving efficiency; to ensuring sound partnership working; and to ensuring that commissioning plans reflect the JSNA and in due course the JHWS. As such it is considered essential that the council establishes an early implementer board and starts to reap the benefits at the earliest opportunity.

7. Relevant Considerations and Consultations

7.1 Consultations have taken place with the relevant Portfolio Holders, officers across the Council and with key partners. The comments made through the working groups and consultation responses back to government on recent health reforms have also been taken into consideration.

7.2 Financial – Care has been taken to ensure that any ongoing revenue consequences are kept to a minimum and within existing budgets.

7.3 Legal – there are no known legal imperatives in respect of the proposals put forward.

7.4 Risks – the following table outlines the key risks associated from implementing the board and those associated with not implementing the board.

a) Risks associated with the proposal

Risk	Mitigation	Risk Rating
By establishing the Board in advance of the enactment of the legislation, the Board is inadvertently wrongly constituted and with incorrect terms of reference	Establish the Early Implementer Board rather than go directly to a Shadow Board will ensure that full assessment of the Bill and implementation can be carefully staged.	Green
By establishing the Board in advance of the enactment of the legislation, time and resources are wasted if in the end the legislation contains no statutory or other requirement for councils to establish health & wellbeing boards	This is considered to be a very low risk as health & wellbeing boards appear to be at the heart of the proposals contained in the draft legislation. However close monitoring of the Bill as it passes through parliament will give a clear indication if this was likely thus enabling early action to be taken to stop work around the establishment of the board.	Green

b) Risks associated with not undertaking the proposal

Risk	Risk Rating
The lack of a fully functioning Health & Wellbeing Board ready to take on statutory responsibilities in April 2013 and the inability to fully test the end to end processes being introduced by the Health & Social Care Bill prior to assumption of statutory responsibilities by all elements of the new framework in April 2013	Red

8. Background Papers

Equity and excellence: Liberating the NHS dated July 2010

Liberating the NHS: Legislative framework and next steps dated December 2010
Health and Social Care Bill 2011
Healthy Lives, Healthy People: Our strategy for public health in England dated 30 November 10

FROM NORTHAMPTONSHIRE – for information

Membership

3. Membership of the Board shall be the organisations described on Annex 2 ("Constituent Members"). Each Constituent Member shall be represented by the individuals described in Annex 2, and these individuals are referred to in these terms of reference as "members". A quorum for any meeting shall be five Constituent Members/members of the Board. The Board shall have the right to appoint co-opted members from time to time ("co-opted members")

4. The Chair and Vice Chair are appointed by full Council at the Annual General Meeting. The Secretary of the Board is appointed by the Board. The Chair can be an independent co-opted member.

5. Arrangements to deal with the absence of the Chair are set out in paragraph 7 of the Board's Standing Orders.

Attendance at meetings

6. The Board can require the attendance of any member of staff of the Constituent
Members referred to on Annex 2.

Frequency of meetings

7. Routine meetings shall normally be held quarterly. The Chair may call meetings more frequently if deemed necessary.

Authority

8. The Board may seek any information it requires from any employee of a Constituent Member and all Constituent Members and members are directed to co-operate with any reasonable request made by the Board.

9. The Board may obtain independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The costs, if any, of obtaining such third party advice shall be shared among the constituent organisations as agreed between them.

10. The Board shall receive written and oral evidence from senior staff, and other partners, as appropriate.

11. The Board shall seek to ensure there is an acceptable balance between the value of the information it receives and the time and other costs it takes to acquire and process it.

Duties

12. The following shall be the duties of the Board:

The development of a Joint Health and Wellbeing Strategy (JHWS) to be produced by the County Council and GP consortia together and reviewed by the Board

The development of the Joint Strategic Needs Assessment (JSNA) to be produced by the County Council and GP consortia together and reviewed by the Board The development of the Pharmaceutical Needs Assessment to be produced by the County Council.

To review GP consortia and local authority commissioning plans to ensure they take due regard of the JHWS and the JSNA, writing formally to the local authority leadership or the NHS Commissioning Board as appropriate, if in its opinion the plans do not.

To look at the totality of resources in the County for health and wellbeing and

consider how through prioritising health improvement and prevention; the management of long-term conditions; and provision of rehabilitation; recovery and re-ablement services can best deliver reductions in demand for health services, as well as the wider benefits to health and wellbeing.

To ensure full use is made of existing flexibilities between the NHS and local authorities, both formally established under the NHS Act, and more informally through teams working together locally.

To explore and promote wider place based initiatives in order, for example, to help turn around the lives of families with multiple problems, improving outcomes and reducing costs to welfare and public services by enabling a more flexible and integrated approach to delivering the help these families need.

To oversee the coordination and joining up of children's commissioning Arrangements To advise the Care Quality Commission or Monitor, where the Board has concerns about standards of service delivery or financial probity.

To ensure GP consortia (and PCTs) and the County Council work together to deliver social care services of benefit to health through effective use of the Government's investment in prevention and early intervention.

To ensure that Government funding to enable seamless care for people on discharge from hospital and to prevent readmission is effectively invested in the county.

To be the focal point for joint working in the County on the wider determinants of health and wellbeing, such as housing, leisure facilities and accessibility, in order to enhance service integration.

To receive reports from the Northamptonshire Safeguarding Adults Board and the Northamptonshire Local Safeguarding Children's Board in order to ensure that the activities of the two Boards are coherent and coordinated.

To ensure a joint approach to both health and adult and children's social care workforce development and training in order to maximise the resources available.
Note: The Health and Wellbeing Board will not have a scrutiny function, which will be retained by the Health and Adult Social Services Scrutiny Committee.

Review
13. 13. There shall be an annual review of these terms of reference and the effective working of the Board.
Northamptonshire Shadow Health and Wellbeing Board – Terms of Reference
Annex 1
STANDING ORDERS
1. **Conduct.** Members of the Board are expected to subscribe to and comply with any Code of Conduct applicable to them.

2. **Frequency of Meetings.** The Board shall meet at least quarterly. The date, hour and place of meetings shall be fixed by the Board.
3. **Meeting Administration.** Board meetings shall be advertised and held in public and be administered by the County Council. The County Council shall give at least five clear working days' notice in writing to each member for every ordinary meeting of the Board, to include any agenda of the business to be transacted at the meeting. Papers for each Board meeting will be sent out five working days in advance. Late papers will be sent out or tabled only in exceptional circumstances.
The Board shall hold meetings in private session when deemed appropriate in view of the nature of business to be discussed. The Chair's decision on this matter shall be final. Apart from those meetings held in private session, a period of 15 minutes at the start of each meeting shall be set aside for members of the public to address the Board on matters within the purview of the Board.
4. **Special Meetings.** The Chair may convene special meetings of the Board at short notice to consider matters of urgency. The notice convening such meetings shall state the particular business to be transacted and no other business will be transacted at such meeting.
The Chair will be required to convene a special meeting of the Board if s/he is in receipt of a written requisition to do so signed by no less than [three] of the [Constituent Members/members] of the Board. Such requisition shall specify the business to be transacted and no other business shall be transacted as such meeting. The meeting must be held within seven days of the Chair's receipt of the requisition.
5. **Minutes.** The Board shall cause minutes of all of its meetings to be prepared
recording:
a) the names of all members present at a meeting and of those in attendance
b) apologies
c) details of all proceedings, decisions and resolutions of the meeting.
These minutes shall be printed and circulated to each member before the next meeting of the Board when they shall be submitted for the approval of the Board. Board. When the minutes of the previous meeting have been approved they shall be signed by the Chair.
6. **Chair and Vice Chair's Term of Office.** The Chair and Vice Chair's term of office shall last for one year and they shall each be reappointed or replaced,
according to the decision of the full Council at its Annual General meeting.
7. **Absence of Members and of the Chair.** If a member is unable to attend a meeting, then the relevant Constituent Member shall, where possible, provide an appropriate alternate member to attend in his/her place.
The Chair shall preside at Board meetings if s/he is present. In her/his absence the Vice-Chair shall preside. If both are absent the Board shall appoint, from amongst its members an Acting Chair for the meeting in question.
8. **Voting.** All matters to be decided by the Board shall be decided by a simple majority of the members present, but in the case of an equality of votes, the person presiding at the meeting shall have a second or casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chair.

9. **Quorum.** Five Constituent Members/members shall form a quorum for meetings of the Board. No business requiring a decision shall be transacted at any meeting of the Board which is inquorate. If it arises during the course of a meeting that a quorum is no longer present, the Chair shall either suspend business until a quorum is re-established or declare the meeting at an end.
10. **Adjournments.** By the decision of the Chair of the Board, or by the decision of a majority of those present at a meeting of the Board, meetings of the Board may be adjourned at any time to be reconvened at any other day, hour and place, as the Board shall decide.
11. **Order at Meetings.** At all meetings of the Board it shall be the duty of the Chair to preserve order and to ensure that all members are treated fairly. S/he shall decide all questions of order that may arise.
12. **Suspension/disqualification of Members.** At the discretion of the Board, any Constituent Member may be suspended from the Board or disqualified from taking part in any business of the Board if it:
a. fails to provide a representative member to attend at least three meetings of the Board in any year, without leave of the Chair;
b. their representative(s) conducts her/himself in a manner prejudicial to the best interests of the Board and its objectives, and the Constituent Member refuses to appoint an alternate member to attend in her/her place.

Background Papers
Equity and Excellence in Health, liberating the NHS white paper
Commissioning for patients – consultation paper
Regulating healthcare providers – consultation paper
Transparency in outcomes – consultation paper
A framework for the NHS and local democratic legitimacy in health – consultation paper

Contact Officer: Jean Carter

NHS Reforms – Opportunities and Challenges

Key Roles for Local Government

Local government has some big roles and responsibilities:

- Convening the Health and Wellbeing Board
- Developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy
- Promoting joined-up commissioning – NHS services/social care/health improvement
- Supporting local voice and exercise of patient choice
- Public health – in tandem with Public Health England

Health and Wellbeing Boards - Opportunities

- Bring partners together
- Promote joined-up commissioning – NHS services/social care/health improvement
- Democratic accountability through LA leadership
- Experience of early implementers available to draw on

Health and Wellbeing Boards - Challenges

- Lack of coterminosity with GP consortia
- Ensuring real engagement with GP consortia and other partners
- Building working relationships and overcoming cultural differences

Public Health - Opportunities

- Public health returns to its 'natural home'
- Chance to join up with other LA services impacting on public health
- Chance to address the social determinants of health
- Statutory role of DPH key to making it happen

Public Health - Challenges

- Resources – still unclear
- Health premium – also unclear, possible adverse impact
- Relationship with Public Health England
- Dual accountability of DPH
- Need for 'shove' as well as 'nudge'

Joint Strategic Needs Assessment and Health & Wellbeing Strategy

Opportunities

- Promote integration across NHS services, social care and health improvement

Challenges

- Secure genuine buy-in across all partners
- Consider areas for possible cross-boundary working?

GP Commissioning

Opportunities

- Closer match of services to patients' needs
- With integration via JSNA and HWB strategy

Challenges

- At the moment, GP consortia simply required to 'have regard to' JSNA
- Verifying that commissioned services are meeting local needs

Public Involvement

Opportunities

- LA lead in securing effective local Health Watch
- Direct link to Health Watch England and Care Quality Commission

Challenges

- Will the new mechanisms be effective?

Resources

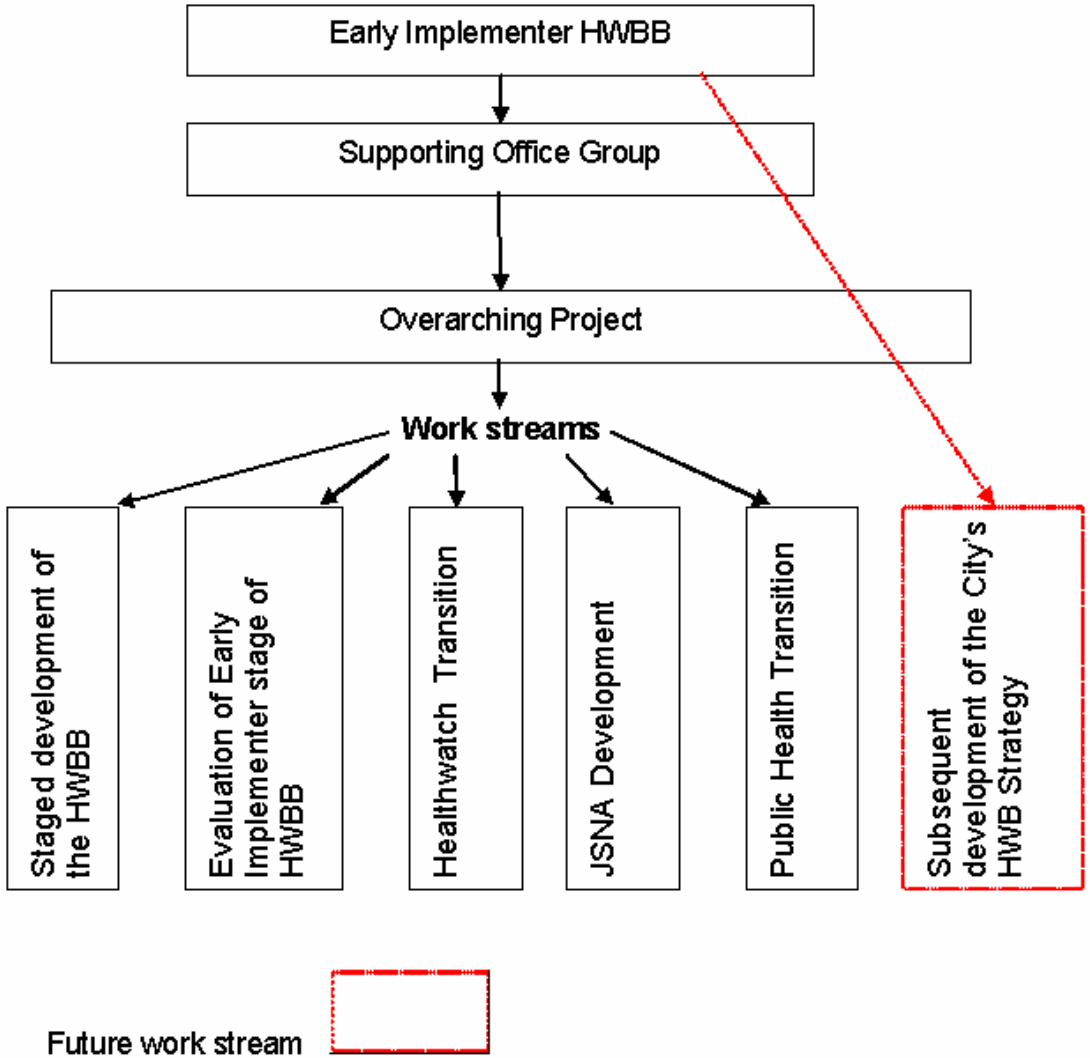
Opportunities

- Ring-fenced allocation for public health
- Can bring in resources from other parts of the Council's budget

Challenges

- Background of budget reductions in NHS and local government
- Doing more with less

Liberating the NHS – Project considerations for HHAS



Sunderland City Council

Item No. 5

REPORT TO ADULT SOCIAL CARE PARTNERSHIP BOARD

12 JULY 2011

BY HEAD OF STRATEGIC COMMISSIONING

CARERS DEMONSTRATOR SITE: CARERS BREAKS AND OPPORTUNITIES FUND

1. PURPOSE OF THE REPORT

1.1 The purpose of the report is to provide a progress update to the Board regarding the Department of Health carers demonstrator site project.

2. UPDATE

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

2.2 A national evaluation of the Demonstrator Sites is taking place and Sunderland is a case study site. The National Evaluation Team visited Sunderland in early November 2010 and interviewed key staff from across the Directorate and the Carers Centre who are involved in delivering and managing the project and also carers who are involved in the approving the applications. The information gathered during the national evaluation will be reported in September 2011 and will be used to inform provision for carers nationally.

2.3 Following the successful local mid project review the decision has been taken to continue funding the project after the end of the Department of Health funding as a mainstream service.

2.4 The format of the Service will remain largely the same. Sunderland Carers' Centre will continue to administer the project and each application will be submitted to a panel consisting of Team Managers and Carers for evaluation and approval. A review will be completed with the carer four weeks after the break or opportunity to determine whether the break has been satisfactory. The information gathered from these reviews will be monitored by the Directorate. A Steering Group has taken the place of the Consortium to oversee the service and shape the direction for the future.

2.5 The final local evaluation of the project showed that:

- 590 breaks were accessed during the life of the project by 573 carers
- 99% of carers were 'at least' very satisfied with the break/opportunity provided at the first review and 98% felt they had achieved the outcome goals which were defined at the time of their application during the second review.

- 10 carers from BME communities accessed breaks, this equates to 1.7% of all carers applying for breaks.

- The key benefits reported by carers were: allowing carers time for themselves, providing a break from the same routine and the cared for person/caring role, providing relief from stress, relaxation and the opportunity to do something for themselves rather than the person they care for.

- The Demonstrator Site feels very different to any other support and services previously or currently available to carers and this is one of the positive aspects of the project. For example this is particularly around the flexibility of the service which has allowed things to be done that aren't normally possible

2.6 Appendix 1 is the final project evaluation for information.

3. RECOMMENDATIONS

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

Final Evaluation Report

Review	Carers' Demonstrator Site	**Date:** 28.04.2011
Type		**Client Group:** Carers
Value		**Period:**

Purpose of the Service

The aim of the Sunderland carers break project is to improve the quality of life of carers through providing personalised breaks to enable all adult carers to access opportunities outside of their caring role and to lead a fulfilling life. The project is delivered in partnership between Sunderland City Council, Sunderland Teaching Primary Care Trust and Sunderland Carers Centre.

Service Delivery

From the start of the project to the end of March 2011, there were 573 carers applying for breaks from the Carers Centre (79% of these were carers aged 18 to 64), with 389 carers accessing 590 breaks prior to 31 March 2011. During the same period Direct Payments Short Breaks funded from the Local Authority was 1,062 breaks. Funding was also provided to Community Support Groups to enhance / support the role of carers.

Feedback from those involved in a series of focus groups (carers, Development Workers and Consortium Group members) conducted as part of a mid evaluation of the Demonstrator highlighted that it is possible that many people don't consider applying for the fund as they don't think their applications would be successful. Some of the carers spoken to, for example, suggested that they had hesitated to apply because they thought it was means tested or that their own situation wasn't severe enough to qualify (even though this may not have been the case). It was also raised that it wasn't clear where to access the form initially. All participants felt that clearer information to make it more apparent that access to breaks and opportunities is quite broad and also where to access the forms would help encourage more people to apply. In support of this the Consortium Group also highlighted that more advertising was needed, for example in doctor's surgeries, libraries and so on.

Overall the average length of time for informing the carer of the application/break decision is 16 days from the initial referral, with 90% of applicants being informed within 28 days. All carers who participated in the mid-evaluation focus group reported that they had received the decision around their break very quickly and were extremely happy with the speed with which this decision was made. However, in some cases the Development Workers stated that some applications have been unnecessarily delayed where Team Managers have checked against existing records of people already known to services and this was inequitable as others who were applying for the fund and not known to services had their application approved first time and therefore more quickly. Nevertheless, this issue had been addressed prior to the mid-evaluation taking place. Issues around decision making that were highlighted in the mid-evaluation were also around whether carers of people in hospital or residential/nursing care are still eligible and also whether extended family members qualified for a break/opportunity (i.e. some carers won't take the break without additional family members but these family members are not themselves carers).

Up to March 2011, 10 carers from BME communities had accessed breaks (equating to 1.7% of all carers receiving breaks in the period). 199 carers who received a break in this period were resident in the 30% most deprived

areas of Sunderland (equating to 34% of all carers receiving breaks in the period).

Since the carers break project was introduced, 84 carers caring for individual with drug and/or alcohol addiction have received a break.

Overall 133 carers have been signposted to additional carers' services since the start of the project. It was felt by the Development Workers and Consortium group members during the mid-evaluation that one of the key positive outcomes of the project was providing an opportunity to support carers to access services and support out-with the Carers Breaks and Opportunities Fund and had helped to publicise what support is available to carers in general.

All first and second reviews were held within appropriate timescales, within 7 working days and within 6 weeks of the carer accessing the break, respectively.

Finance & Cost-Effectiveness

The total spend on carers breaks allocated in 2009/2010 was £547,200 with a further £889,141 spent during 1 April 2010 to 31 March 2011 – total of £1,436,342. From the start of this project until the end of March 2011 the average unit cost per carer break is £869.46. This average unit cost above includes all staffing, non-staffing costs and the cost of the break (funded from DOH, TPCT and Local Authority). The cost comparison for short breaks for carers depends on the client group. The form of financial support to carers has positive outcomes, which includes:

- Reducing carer burden
- Reducing carers' mortality
- Reducing carers' unmet needs for support
- Increasing carers' physical or emotional health
- Increasing carer well-being
- Increasing carers' social interaction
- Increasing carers' satisfaction with services
- Increasing carers' employment

The demo site makes financial savings as aimed at reducing the level of stress for carers for two main reasons:

1. Reducing the negative effects of caring on the carer on the psychological may incur personal costs that may be largely immeasurable in financial terms – however, it may also lead to financial costs, associated with increased demands by carers on the health / adult services.

2. Reducing the level of strain of carers may help them to continue caring and thereby prevent institutionalisation of the client. For example the average gross unit cost for an Older Person supported in Residential Care is approx. £420 per week or £21,840 per year.

- Since the project started, there have been 42 carers known to the project, caring for 46 people who have received an ongoing service from adult social care, 7 of whom received intensive home care packages (more than 10 hours per week); none of the cared for persons have been admitted to permanent care since the carers break.
- From an analysis of people receiving intensive home care packages from adult social care in 2009, it is estimated that 20.6% of people

were admitted to permanent residential/nursing care within the subsequent 2 years. Thus, based on the 7 people receiving intensive home care packages, there is potential that the carers break could have assisted in the prevention of at least 1 permanent admission to care within the next 2 years with a potential saving of £21,840 per year.

- If all the 389 carers who have received a carers break up to the end of March 2011 had been known to adult social care then we would estimate that 59 of the cared for people would be receiving intensive home care packages. Therefore the provision of a carers break could have assisted in the prevention of up to 12 admissions to permanent care over the next 2 years with a potential saving of £262,080.

We are continuing the project as a mainstream service from 2011/12. It will run in the same way as the project, enabling carers who need a break to access one without having to be assessed as having a social care need to access a break or opportunity.

Organisational Capacity & Standards

- Qualitative feedback received by carers about the service provided by the Development Workers was excellent. Feedback from the Development Workers themselves suggested that they were a highly motivated staff team who enjoyed a good level of job satisfaction.

Customer Outcomes

- Feedback from the first review, held within 7 working days of the carer receiving the break, indicated that 99% of the carers were 'at least' very satisfied with the break/opportunity provided. Indeed qualitative feedback from carers themselves as part of the focus group strongly supported this high level of satisfaction. All participants in the focus groups, including carers, reported that one of the major benefits of the project is that it has supported a range of really creative breaks and opportunities which in some cases have changed carers lives; for example one carer was able to access driving lessons and another carer was able to purchase specialist garden furniture. The flexibility of carers being able to apply for breaks/opportunities that genuinely reflect their individual needs and preferences is likely to be key to this high level of satisfaction and this is further reflected in the fact that 98% of carers felt involved in choosing the break they received.
- The key benefits of the accessing a break/opportunity through the fund were cited by carers as; allowing them time to themselves, providing a break from the same routine and the cared for person/caring role, providing relief from stress, relaxation and the opportunity to do something for themselves rather than the cared for person or others. The Development Workers also commented that depending on the type of break/opportunity accessed, carers have gained a sense of achievement (for example in gaining a new skill). Results from the second reviews show that overall 98% of carers felt they had achieved the outcome goals which were defined during their application and qualitative feedback from the carers' focus group strongly supports that this is the case. For example, one carer is currently accessing a course of 25 weekly alternative therapy sessions which has allowed him to have the time away from his caring role that he felt he needed, providing him something to look forward and as a result he reported that both directly and indirectly these sessions have improved his health and wellbeing.

- Further feedback from the second review showed very positive messages in that 98% of carers stated that they were involved in identifying their outcome goals during the application process. Moreover qualitative feedback from carers' highlights that they felt involved in identifying their own outcome goals but that the support received from the Development Workers was invaluable in helping them think through the benefits they hoped to achieve through their break/opportunity and to put this in to words. However, one carer stated that she had struggled to fill the form in and was not aware that she could receive help with this from a Development Worker but if she had been she would have found this help useful. She felt that clearer information indicating that help is available to fill in the forms was required.
- Feedback from carers as part of the focus group however highlighted that all felt that their wellbeing had improved and that all participants felt it was easier to continue in their caring role as a result of receiving their break/opportunity (98% of carers reported that they felt it was easier to cope in their caring role as part of their review). It was suggested that the impact of the break on feelings of wellbeing lasted around 1-2 weeks but in some cases the impact of the break/opportunity accessed was far longer than this, for example one carer was able to purchase a bike thorough the project meaning that he can enjoy a break away from his caring role on a regular and sustained basis.
- All participants in the focus groups commented that the Demonstrator Site feels very different to any other support and services previously or currently available to carers and this is one of the positive aspects of the project. For example this is particularly around the flexibility of the service which has allowed things to be done that aren't normally possible. However, it was commented by the Consortium group that this does sometimes mean that expectations are raised.
- Consortium Group members suggested that the fact that the Demonstrator Site is a specific service for carers has led carers to feel more valued and this was confirmed by all the carers spoken to. For example, one carer stated that the break she had received had helped her to start thinking of herself more and all carers commented that it felt refreshing to be offered the opportunity to be able to do something purely for themselves. Feedback from the Carers' Centre has suggested that the Demonstrator has represented a shift from a focus on providing a break for the cared for person (which in turn provides a break for the carer) to looking at what can specifically be done for the carer (which has resulted in a better quality of break and a purer focus on what would benefit the carer).
- 80% stated that they felt confident that the person they cared for was appropriately cared for whilst the carer accessed their break and 79% stated they were involved in the support planning for the person they cared for whilst they accessed their break.
- 98% of carers who accessed the fund stated they were satisfied with the information and support they received and 98% stated they were satisfied with the service provided. Again, this is strongly supported by feedback from carers as part of the focus groups.

Recommendation

It is clear that the outcomes achieved for carers through the Demonstrator site have been excellent with the strength being that that the breaks and opportunities provided have been highly tailored around the carers own needs and preferences with some really flexible and innovative breaks/opportunities accessed as a result. This is a key aspect of the Demonstrator that all stakeholders would be keen to see continued in any future service. There will also be a need to ensure that the genuine partnership

working that has developed through the Demonstrator site continues.

Reviewer	**Paul Allen,** **Performance & Information Manager,** **Directorate of Health, Housing & Adult Services** **Sunderland City Council**	**Date:** 28.04.2011

Additional Organisational Learning from Service

- The Development Workers felt that some Social Workers/Care Managers are referring in to the Demonstrator Site more than others and felt that teams could be reminded about the project more regularly to ensure that all Social Workers/Care Managers were referring in where appropriate. Feedback from some carers highlighted that their Social Worker/Care Manager had not mentioned the scheme and that they had heard about it via other means. They felt that promotion of the scheme to carers by Social Workers/Care Managers was one area for improvement.
- One of the key benefits of the project is that it has promoted genuine partnership working between the LA, PCT and the Carers Centre and has resulted in an integrated service for carers. However, it has been noted that although the PCT has put money in to the scheme, there needs to be more involvement in terms of representatives 'on the ground' e.g. telling GPs/District Nurses etc about the breaks so that they can pass this information on to carers who could benefit and so on.
- Looking to the future, there will be a need to ensure that cross working continues to happen at all levels. One example is around getting information to Social Workers about what can be done for isolated carers e.g. in terms of them passing on names of carers (with their permission) and the Carers Centre putting together groups that can enjoy a break together.
- The Consortium Group noted that Learning Disabilities sets up very creative and flexible support packages for it's service users and carers and that the project has highlighted the differences between this service area and others by allowing carers of other client groups to access similarly creative and flexible breaks and opportunities through the fund.
- Team Managers/Social Workers/Care Managers stated that in the past they had some difficulty understanding the ways in which holidays and breaks helped carers but that the project has allowed them to see the positive outcomes of these very clearly which had resulted in them thinking differently about situations. Feedback from the Carers Centre has supported this and the view that this dynamism needs to be maintained i.e. the individual and innovative/quality breaks rather than volume of breaks provided.
- Feedback from the Carers Centre has pointed out that in the future when taking the model forward there will be a need to ensure that all systems/services work together effectively and responsibilities are clear around carers' breaks. E.g. Brokerage service-how this will fit with carers breaks i.e. when would a Social Worker use the Brokerage Service vs. the Carers Centre when looking to put a break together?
- Without demonstrator site as a 'driver' there is a concern that we could revert back to the old system - i.e. assessed breaks vs. Holidays and opportunities fund system. Moreover, there is a danger of inequality if two systems operate-those who can navigate the 'system' more effectively may end up accessing an assessed break and a non-assessed break.

Sunderland City Council

Item No. 6

REPORT TO ADULT SOCIAL CARE PARTNERSHIP BOARD

12 JULY 2010

BY EXECUTIVE DIRECTOR HEALTH, HOUSING AND ADULT SERVICES

STRATEGIC PLAN FOR WELFARE RIGHTS ADVICE (2008-2011) UPDATE

1 PURPOSE

1.1 To update the Adult Social Care Partnership Board Holders about;

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

2 BACKGROUND

2.1 In 2008 the Adult Social Care Partnership Board (ASCPB) sponsored a review of current and future demand in Sunderland for welfare rights advice (benefits, debt, housing and employment) which led to the creation and launch of the SAP.

2.2 A 3 year action plan was created to deliver improvements against 5 key intentions, building on existing good practice and activity to provide a more coordinated and effective city wide approach for this type of advice.

2.3 As a result there have been a number of improvements made in relation to advice provision for people in Sunderland. These include;

- Active involvement in creating a committed network of advice providers whose shared aim is to improve access to their services; the network is called libra and has its own website and provider directory.
- Developing more responsive local services. This includes making advice available from more locations, reduced waiting times and additional resources being made available to advice providers during the economic downturn (through WNF funding) to help them meet increased demand.
- Creating clearer pathways into and between the city's advice services - through agreed referral processes and public information.
- Creating additional services for some vulnerable groups in partnership with other funders / service providers (for example, the Macmillan Welfare Benefits Service).
- Increasing access channels for people needing advice - including telephone advice and on-line provision.

(SAP Achievements Report attached for reference).

2.4 Continuing this coordinated approach and joint activity around service improvement is vitally important given the challenges facing the advice sector, and the people that they assist;

- Demand for advice continues to rise and is projected to rise further – especially in relation to debt and welfare benefits advice, due to demographic change, significant welfare reform, and unsustainable personal debt levels.

2.5 The government had announced a series of reforms initially calculated to save 18 billion pounds, the majority of which are based on reducing benefit payments.

2.6 The reforms/savings will affect people of working age more than the retired, with the purpose and stated intention for many of the changes being to reduce benefit dependency and to make work pay. They build on a series of benefit changes introduced by the last government – particularly in relation to "sickness benefits" but in both scale and scope go much further

2.7 While these reforms are being introduced in phases the impact of these may be cumulative for some people. For example the same resident could be affected for example by conversion from Incapacity Benefit (IB) to Employment and Support Allowance (ESA) or to Job Seekers Allowance (JSA), and then face reductions in their Housing Benefit (HB) and by Disability Living Allowance Changes.

- Public sector funding for such services is under severe pressure due to competing priorities. In addition national funding for specialist advice services is also at risk.

2.8 The national debt advice service funded by FIF funding was due to end in March. The government has extended this funding by one year (to end March 2012) but has strongly indicated that this is likely to be the end of their funding.

2.9 We have recently learned that the Legal Aid review will result in welfare benefits , debt and housing issues mostly being taken out of the scope of future Legal Services Commission contracts (from 2012 onwards). This will have an impact in terms of access to specialist advice in these areas.

3 PLANNED APPROACH TO WELFARE RIGHTS DEVELOPMENT

3.1 Sunderland's approach is designed to consolidate and build on SAPs achievements, and to better manage demand for these services within available resources. This is in keeping with the city councils core values, Outcomes Framework and operating model, providing us with both the challenge and opportunity of working smartly to meet the demand and provide a more personalised service.

3.2 The plans embed the principles of targeted and proportionate support and actively empower people to act early and self help; providing them with the tools they need to do this effectively. They link to wider council objectives including reducing

poverty, inequality and deprivation, improving health and well being, increasing aspirations and opportunities, and further developing customer centric services.

3.3 The approach can be summarised by saying we intend to spend time working 'on the business' (as the networks and providers exist already and know their business) to promote, enhance and improve the integrated model. We won't be creating a new plan or strategy as the original aims still hold true, it's more about looking at how we do things to ensure maximum impact for the available resources.

3.4 Our aim is to work within existing or emerging frameworks to deliver an annual work plan of service improvements based on SWOW principles that in the first year will include;

- Promoting financial inclusion with a focus on increasing people's awareness of their rights and responsibilities.
- Developing as part of the councils Information, Advice and Guidance (IAG) Review and advice model, new on-line, self serve and mediated access tools and services. These will provide maximum access for the majority of people that have low level needs and that may only require minimal help. The Councils' Welfare Rights Service will pilot this model.
- Diverting resource to 'in-reach activity. This is about creating capacity within communities by supporting local organisations to help their own customers to self serve so that they can meet their own basic advice and information needs. This will involve working together with Compact Members and other organisations.
- Continuing locality based services as part of the councils new as part of the council's new advice model but working with these services to ensure that face to face services are only provided to those that are most in need of them.
- Specialist support will have clearer criteria about how this more expensive provision is accessed.
- Creating capacity to deal with increasing demand by implementing proactive and preventative services, with early and time limited interventions. This helps to reduce avoidable contacts, reduces repeat customers and dependency, and limits the need to direct people to more expensive and specialist services.
- Reviewing the Councils Welfare Rights Service and commissioned services, within the context of wider Council Service Reviews (including IAG and Health Inequalities) to ensure better targeting of resource and achievement of sustainable outcomes.

3.5 This programme of activity will continue the move towards an improved delivery model which does involve a cultural change for some of the people traditionally assisted by these services as 'those that can' will be encouraged and supported to self serve. It has been recognised however that people may need different levels of support at different times, within this overall delivery model, so the service offer should always be appropriate to the presenting need.

3.6 It is also recognised that developing the tools to enable effective self service and mediated access, and promoting these will be a major challenge for the council and advice providers.

4. RECOMMENDATION

4.1 The board are asked to receive this report for information

Strategic Welfare Rights Advice Plan
The Route to Advice in Sunderland

Achievements 2008-2011

Sunderland City Council

To co-ordinate the city council's activity in relation to welfare rights advice

- Advice and financial inclusion initiatives embedded into wider council and partnership plans - such as the Child Poverty Strategy, so that more people receive a wider range of support
- Worked together with CFEB and other agencies to improve financial inclusion within the city - with over 500 people gaining practical skills/knowledge through Making the Most of Your Money sessions
- More customers enabled to help themselves and others through improving council Online information:
  - Support provided for people and businesses during the economic downturn via the Recession Portal
  - The council's Advice Portal has received over 300,000 hits
  - Carers pages developed to enable carers to obtain information more easily
- Council services arranging joint training for staff, and providing joint responses to consultations in order to share expertise
- Council services increasing awareness of their services and reducing costs through jointly organised publicity campaigns and attendance at local events
- Developing an advice model that will be rolled out through the council's ongoing Information, Advice and Guidance Review. Its implementation over the next year will enable more people to receive help with improved customer service
- Supported the Sunderland Way of Working and helping council staff thinking about retirement/career change, by providing them with advice to inform their options at events and through fact sheets

Outcome

Effective leadership and management of resources

To work with partners to develop a more comprehensive city wide network to enhance access opportunities and choice in relation to first tier advice provision

- **The libra advice network membership substantially increased and activity coordinated so public and professionals have easy access to advice/information**
- libra website improved through use of council innovations funding, and migration to the larger Northern Money Website
- Holding a series of financial inclusion events attended by 20+ organisations to identify key issues/priority improvement actions
- More effective promotion of advice services and the libra network through:
  - Including libra details with Council Tax Bills, to reach over 124,000 properties each year
  - Articles and sponsored supplements in the local press
  - Promoting libra within Gentoo's Wear Living magazine, reaching over 29,000 households twice per year, and including libra details with all Gentoo Arrears letters
- **Thinking Sunderland** - council funding has helped to develop local advice services enabling them to employ local people and deal with over 33,000 individual enquiries in the two years to March 2011

Outcomes

50 % of people surveyed now know where to go to get advice and this advice is valued.

The Sunderland Residents Survey 2010 rated welfare benefits/ debt advice as being as important as the council Customer Service Centres

To increase accessibility to specialist advice provision available within the city

- Specialist advice providers now work from council bases across the city, making these services more available locally. These include preventative financial inclusion services from providers such as Citizens Advice Sunderland
- Closer working relationships between a range of providers and the Housing Options Team (HOT) to improve access to housing advice and provide earlier interventions. This resulted in over 300 extra 300 referrals into HOT
- HOT have enhanced their services to reach more customers in need . Over 2000 households have been prevented from becoming homeless since 2009 and other examples include:
    - A new post holder has worked with the cities private hostels to help manage residents entrenched housing need. They have engaged 330 customers, with 163 being helped into alternative or more settled accommodation
    - Actively engaging with the Mortgage Rescue Scheme . There have been 14 cases that met the criteria for help but due to people approaching HOT for assistance earlier a further 396 cases have been provided with advice or actually had their homelessness prevented to resolve their situation
- Clearer pathways provided into the city's Legal Services Commission/Financial Inclusion Fund funded services to enable more people struggling with debts to receive the help they needed
- Held two successful events as part of a regional Advice Day event. These brought together a range of organisations so that a greater number of customer enquiries could be resolved at the point of contact

Outcome

Increased early intervention provision and more targeted use of specialist provision.

To provide more effective and accessible advice services for vulnerable or other hard to reach groups

- Secured substantial grant funding and worked closely with Macmillan so that people affected by cancer have a dedicated service to help them relieve financial pressures:
    - The service is available from a range of venues including the Royal Hospital - and over 1,000 people have been helped in its first two years
- On site support provided to Carers, through weekly Welfare Rights Service outreach sessions at the Carers Centre and the provision of targeted information
- Targeted support provided to range of other community organisations, including the Bangladeshi Centre, Washington Mind, and to Health / Social Care Professionals:
    - Awareness raising , so that staff can help with many basic queries directly
    - Provided support to organisations so that they can raise the profile of issues affecting their own customers
- Benefits advice offered as part of the overall package for people moving into Extra Care Accommodation
- Shelters new PRS Access Scheme will also be helping people to better access private rented accommodation and / or help them sustain an existing tenancy
- More elderly and disabled people helped to maximise their incomes. People with social care needs that approach the council and that have a full care assessment are now offered a full welfare benefits check
- Identifying the need to find a resource to take forwards dedicated' in reach activity to engage more effectively with local communities and organisations working with them

Outcome

Reducing poverty, inequality and deprivation

To maximise and use as efficiently as possible the investment into advice services within the city

- Many more people helped at the first point of contact - preventing issues escalating in seriousness and cost
- Clearer referral arrangements developed with people streamed into a range of new services created to help them - for example Gentoo Tenants can now use Gentoos own benefits/debt advice
- The 2010 Sunderland Residents Survey showed that 60% of those that responded were satisfied with advice on welfare benefits or debt management
- Over 1.3 million in additional funding for welfare rights advice services from a number of sources (including Big Lotteries, Macmillan, Gentoo, Northern Rock Foundation, Supporting People and Crisis) - in many cases facilitated by initial council funding or support
- Implementing a new advice model that provides a more proportionate response to peoples presenting needs in order to manage growing demand and resource pressures:
    - Improving self serve materials for the majority that may only need a little bit of help
    - Continuing to provide more intensive help for those that need it - either directly - or through additional support to community/ voluntary organisations
- The council's own contracting arrangements and commissioning models are being reviewed and improved, with this delivery model being built into future plans and specifications

Outcome

Creating an inclusive city economy for people all ages - with people and their local communities made better off as a result of advice activity

Making a difference to people's lives

Easing Financial Pressures

Mr and Mrs H were referred to the Macmillan Welfare Benefits Service after Mr H was diagnosed with terminal cancer. The couple were visited at a local hospice.

Various entitlements were identified for the couple, including additional support for Mrs H in her caring role once Mr H returned home. Mr H was awarded Disability Living Allowance and Mrs H was awarded Carers Allowance and the couple also qualified for Income Support, Housing and Council Tax Benefit. The couple were just over £350 better off - easing their financial pressures and allowing them to concentrate on their new life together as they had recently been married.

The couple were also awarded a Macmillan Grant of £450.00, which was used in part to help them celebrate their marriage as a honeymoon hadn't been possible due to Mr H's poor health.

The couple also received equipment from the council to enable them to manage in their home - including grab rails, chair blocks and bathing/toileting aids. The Carers Centre supported Mrs H in her caring role. Information on bereavement benefits was also provided to reassure the couple that Mrs H would be able to manage in the future.

Giving customers more options

Mr S is 23 years old and contacted the Welfare Rights Service when his entitlement to Employment and Support Allowance was reviewed. Mr S had been struggling to manage an alcohol problem and suffered from panic attacks during the night.

The welfare rights adviser discussed how Mr S could challenge the Employment and Support Allowance decision and helped him to prepare his appeal. Once all of the criteria had been discussed, Mr S accepted that the prospects of getting the decision changed in his case were low.

However the adviser explained that whilst an appeal was ongoing Mr S would continue to be paid benefit, and that it could take up to 6 months for a tribunal to hear his appeal.

This allowed Mr S some time to consider his next steps, accepting that his best option would be a return to the work place.

The adviser referred Mr S to Washington Mind to receive one-to-one counselling support. He was also signposted to Job Linkage and took up one of the training opportunities available through this community network.

As a result of these initial contacts he also received help from another agency that led to him improving his money management skills.

Mr S had left school with few qualifications but had hoped to seek training as an apprentice.

Unfortunately his poor mental health had prevented him from progressing this ambition.

With initial support from the Welfare Rights Service, Mr S was provided with additional help from a number of organisations, leading to an increase in his confidence, mental health, life skills and employability.

Making a difference to people's lives

Customer comments

"I've never faced a situation like this before, worked all my life and fell into ill health. I had no experience of these procedures and it was very reassuring to have a representative present with me. Thank you".

"I think the service offered is exceptional. The staff are very understanding and know what advice is needed for your enquiry."

"The staff who helped me in person were extremely sensitive especially Hazel who attended my tribunal, as I've been dealing with breast cancer I get very emotional at times and she was very sympathetic."

"Contacting the CAB was the best thing I ever did the adviser who handled my case explained everything to me. I was expecting to wait about 2 months for the outcome but actually only waited a few days. My wife and I felt a great weight lifted from our shoulders from the result - all thanks to the CAB."

"We were very worried at the time we came to your office for advice. The adviser calmed us down and advised us what we needed to do. Finally there was light at the end of the tunnel and we can sleep at night."

"(Adviser) has been brilliant with me as I don't pick up on things very well. I was informed with everything and he made sure that I understood everything."

"Very helpful - Gave me peace of mind."

"Easy process and great to get free and impartial advice."

"When you have a benefit query it's very handy and helpful to be able to contact someone who knows what they are talking about."

"The adviser knew exactly what the problem was and dealt with it straightaway."

"A much needed service in the area and friendly advisers."

"I was very worried, but the adviser put my mind at ease and dealt with the problem quickly."

"I didn't know where to turn but everybody was so helpful and I even got a bag of groceries."

"Carers often find it difficult to access and obtain services due to their caring responsibilities which mean they are unable to leave the house very often. The Welfare Rights Service have been incredibly helpful and efficient in the provision of advice services to carers and made advice more easily accessible to this group" - Sunderland Carers Centre.