

## **Health and Wellbeing Scrutiny Committee**

**August/September 2011**

**Performance Report Quarter 4 (April 2010 - March 2011)**

### **Report of the Chief Executive**

#### **1.0 Purpose of the report**

The purpose of this report is to provide Health and Wellbeing Scrutiny Committee with a performance update against the former national indicators relating to the period April to March 2011.

#### **2.0 Background**

Performance against the national indicators, particularly those identified as priorities identified in the former Local Area Agreement (LAA) have been reported to Scrutiny Committee throughout 2010/11 as part of the quarterly performance monitoring arrangements. In October 2010 the Government announced that from April 2011 there would no longer be a requirement to produce an LAA. In 2010/11 the Government also announced the demise of the National Indicator set and a move towards self regulation and improvement with an emphasis on local priorities.

As a consequence the performance framework of Sunderland City Council is being reviewed. A new framework is being developed that focuses on local priorities and the achievement of outcomes relevant to the people, place and economy of Sunderland. The new framework will form the basis of future performance reporting to scrutiny.

#### **3.0 Performance**

The following section contains an overview of performance.

##### **Adult Social Care**

The aims of adult social care both nationally and in Sunderland's Local Area Agreement are:

- To promote the independence of vulnerable individuals as far as possible at home or in specially adapted accommodation particularly to help them undertake daily living tasks, as much as they can, for themselves, such as personal care, getting around and out of their home or to exercise their rights as citizens in the community;
- To support vulnerable individuals to make choices and exercise control over daily living outcomes important to them and how they can be achieved. This includes opportunities for people to receive financial support (called Direct Payments), instead of a "menu" of services, for them to decide what care and support solutions they need when they want it in an agreed framework;
- To work with partners to ensure there are a range of preventative solutions for vulnerable people in the city to best their needs and preferences. This includes,

for example, working with health partners to ensure that support is available for people to return – and stay at – home following hospital discharge or that vulnerable people are able to access Wellness Services in the city.

National performance objectives determine the extent to which the Council is meeting the objectives outlined above. The following is a summary of progress to the end of March 2011.

*Self-Directed Support:* One of the mechanisms by which customers can be supported to make choices about their lives is via “self-direction”, i.e. to tailor their care needs to their own requirements through the provision of a Personal Plan and Budget - which can be taken as direct finance (as a Direct Payment to help people purchase their own care) or its equivalent in services - the Council will provide to help meet these needs. There has been a significant improvement in the percentage of people receiving Personal Budgets from 7.4% to 31.8% of all customers with ongoing plans in the 12 month periods ending Mar-10 and Mar-11 (NI 130). As the above figures show, the implementation of the revised care management and assessment model has enabled the target of 30% of all customers for 2010/11 to be achieved.

*Supporting People to Live Independently:* Another improvement in the care management model was accelerated access of customers with low-level needs to small items of equipment only, at the same time as using social workers more effectively. Furthermore, social workers were involved in some of the reviews of customers receiving equipment only, despite the often more technical nature of such reviews (i.e. of the equipment itself). The re-designed model means such cases are reviewed by technical staff in the Council’s Care & Support division, freeing up social workers time to focus on the cases of customers with more complex needs. The downside to this is that cases of people receiving small items of previously maintained equipment are no longer classed as having “ongoing care plans” and no longer included in the figures for the number of people supported to live independently (NI 136). Whilst increasing the number of people helped with daily living is recognised as an improvement area, it should be noted the above discussion is an administrative change of classification rather than deterioration in performance against the indicator. There were 1,893/100,000 (5,346 people) adult population supported to live independently at the end of March 2011.

*Carers whose needs were assessed or reviewed:* There was a decline in the percentage of carers whose needs were assessed or reviewed by the Council from 56.5% to 54.1% in the 12 months ending Mar-10 and Mar-11 (NI 135). Therefore the target of 61.5% for 2010/11 has not been achieved, which is disappointing and an area for improvement. A new initiative was implemented in 2009/10 to ensure all carers are offered separate carer assessments and emergency plans; this has led to the number of separate carers assessment more than doubling in 2010/11.

*Learning Disabilities:* Performance against the percentage of adults with learning disabilities in settled accommodation (NI 145) i.e. those living in their own home or with family has improved from 76.1% in 2009/10 to 77.8% in 2010/11, although still falling short of the 84% target. The performance against the percentage of adults with learning disabilities in paid employment (NI 146) has also seen a slight

improvement from 4.1% in 2009/10 to 4.4% in 2010/11, although considerably lower than the target set for 2010/11 of 7.5%. The Council is working with Community Interest Company to expand the training, volunteering and paid employment opportunities for people with learning disabilities in 2011/12.

*Timeliness of assessment and service provision:* The implementation of the new care management and assessment model in 2010/11 has helped streamlined the customers' journey through the assessment process, leading to an improvement in the timeliness of social care assessments (NI 132) from 76.8% completed in 4 weeks for new customers in 2009/10 to 87.9% in 2010/11. Although there has only been a very slight improvement in the proportion of new customers who waited no more than 4 weeks for their care package (NI 133) from 91.2% to 91.3% between 2009/10 and 2010/11.

*Joint targets with health partners:* The Council's Intermediate Care at Home (reablement) scheme, has led to positive outcomes for people remaining at home following their illness. This helped improve the proportion of older people discharged from hospital and benefiting from intermediate care/rehabilitation who are still living at home 3 months after discharge from 73% to 77% for the 2009/10 and 2010/11, respectively.

*Supporting People:* Performance against the percentage of vulnerable people who have moved on from supported accommodation in a planned way has improved from 77.6% to 79.5% for the 12 months ending Mar-10 and Mar-11 (NI 141), though not achieving the target of 87% for 2010/11. Performance deteriorated due to a higher number of Supporting People contracts aimed at supporting young people with sometimes variable and difficult to change behaviour. Contract review meetings with providers who are not consistently meeting targets and actions to improve performance have been discussed and implemented. Performance against the percentage of vulnerable people who have established or are maintaining independent living has also improved from 98.9% to 99.1% for the 12 months ending Mar-10 and Mar-11 (NI 142), although the final outturn is still below the target of 100% for 2010/11, again these issues will be discussed during the contract review meetings.

### **Health Inequalities**

At 1,231/100,000 head of population for the 2010/11 – equating to 3,467 quitters - the rate of self-reported smoking quitters declined when compared to 2009/10 (1,289).

A number of new providers agreed to provide stop smoking services across Sunderland in 2010/11, and they have been provided with training regarding smoking cessation services. Work is on-going to identify more providers, utilising mentors to engage with potential new providers whilst working across Sunderland.

Training for Tier 2 advisors took place for a range of clinical and non-clinical providers in 2010/11. Providers were provided with additional support to help achieve their performance, where this was needed, and their efforts to improve take-up were supported through both the development of "roving teams" in each

locality and a marketing approach to engage residents to access Tier 2 providers' services.

Contract negotiations are underway with Tier 3 provider to support targeted work with priority groups through increased group work with key groups in secondary care, mental health, prisons and pregnant women. Links were made with Tobacco Alliance to ensure closer alignment with the Council.

### **Sport and Leisure**

The percentage of adults participating in sport and physical activity (formerly NI8) increased in Sunderland since the last survey from 19.5% to 22.5%. Research shows that Sunderland performance levels are higher than the average scores for Tyne and Wear (21.3%), the North East (22.1%) and England (22.1%).

In fact, the Council believes that the current position in Sunderland may be even more positive than the above; these statistics are compiled over a rolling two year period (October 2008 - October 2010) for comparison purposes with the original 2005 sample size of 1000. However, the Active People Survey 4 outturn was 24.0%, a significant increase on the previous Survey's results of 19.9%.

In Sunderland, the percentage of the adult population who volunteer in sport for at least one hour a week increased from 4.9% to 7.2%. Research evidences that the Sunderland performance is higher than the average scores for Tyne and Wear (4.9%), the North East (4.9%) and England (4.5%).

Attendances at the city's leisure complexes continue to be encouraging, with a 1.5% increase in the number of such attendances for swimming between 2009/10 and 2010/11, despite the withdrawal of the free swimming programme in July 2010 and the challenging winter weather. Whilst swimming attendances were 92,600 lower than projected for 2010/11, other leisure visits were 76,500 (5%) above target.

The Council continued to drive forward participation levels in sport and physical activity, which has seen unprecedented increases not only in volunteering and adult participation levels, but also the numbers involved in coaching, competitive and organised sport. It is suggested that the improved performance is attributable to:

- Leading the work of the Active Sunderland Partnership Board to drive forward a joined up approach to increasing participation
- Investment into modern, high class sport and swimming facilities
- An affordable pricing framework for residents
- Wellness provision: 7 Wellness Centres and 8 Community Wellness venues
- Wellness service delivering preventative services to drive forward participation
  - Mums on the move / Maternity Lifestyle Service;
  - Wellness on 2 Wheels, Cycle Sunderland;
  - Wellness Walking Programme, Walks in the Park, Nordic Walking;
  - Active Sunderland Project;
- Wellness service delivering targeted services to drive forward participation;
  - Exercise Referral and Weight Management Programme
  - Lifestyle Activity and Food Programme
  - Workforce Health and Wellbeing Project
- Wellness service delivering specialist services to drive forward participation

- Specialist Weight Management Service
- Stop Smoking Service
- Football Investment Strategy, developing new facilities and pathways for participation
- Partnership working to deliver such activities such as the Active Sunderland Week, Niall's Mile, leisure centre's open weekend and the Beach Festival of Sports.

Sport England have commented on Sunderland's performance:

*"On behalf of Sport England I wish to congratulate Sunderland on their excellent Active People results. Participation rates have risen significantly since the survey was first introduced and Sunderland has seen some of the biggest increases both in the region and nationally. Sunderland have always support the importance of sport for local communities and the recent results are testament to the significant investment into facilities and the excellent sport, health and well-being opportunities provided in the city. Well done"*

Judith Rasmussen, Strategic Lead, Sport England

### **Environmental Health**

84.2% of food establishment premises were broadly compliant with the local authority's standards in 2010/11, an improvement on last year's figure, but below the target of 89%. The term "broadly compliant" incorporates new requirements produced by the Food Standards Agency, which aims to improve the consistency in the rating of premises prior to the introduction of the 'National Food Hygiene Ratings Scheme'. In Sunderland the management of food safety in local businesses was identified as an area where assistance was required prior to the introduction of our own 'Scores on the Doors' scheme. The Council provided information, advice and training to help businesses comply with these standards, and this contributed to the improvement in performance.

## **4.0 Recommendation**

The Committee considers the findings within this report, including areas of good progress made by the Council and the Sunderland Partnership and those areas that need further improvement highlighted in the report.