Sunderland North HEALTHY Theme

1 Provide easier access to health services e.g. GPs and Hospitals

Background/Key Issues
Residents' satisfaction with GPs is slightly less in the North than the City average. Satisfaction with hospitals is the same as the City.

Current Activity
There have been changes to opening times at various GP surgeries across the area.

Bunny Hill primary care walk in centre provides additional health services.

A City-wide **exercise referral and weight management programme** provides greater choice of activities for patients. Exercise referral activities currently take place at the Wellness Centres and Community Wellness venues.

Community Health Information Points allow you to check your weight, blood pressure, heart rate, body mass index and body fat content. Points can be found at Wearmouth Community Development Trust and Southwick Primary School. The points also have interactive appointment check in terminals allow a patient to self-check-in for hospital appointments .

The NHS Operating Framework for the NHS in England 2008/09 sets out the Government's key priority for improving routine access to GP services in evenings and at weekends, requiring PCTs to ensure that at least half of their practices offer extended opening to patients. 50 of the 55 GP surgeries within Sunderland have extended opening hours including late nights and Saturdays.

The **Sunderland Exercise Referral and Weight Management programme** is an innovative example of an exercise referral system that meets the health challenges of a diverse city, and ensures that people at risk are identified sooner, and referred onto the appropriate support pathway.

Since April 09, throughput has exceed all targets :

- 100% compliance from all of the city's GP practices,
- over 125 GP's and Practice Nurses refer patients.
- Delivered within the cities 7 Wellness Centres and 4 Community Wellness venues
- Total number of referral received – 2666
- Individuals commencing their 15 week support programme – 1987

Since October 2009 the Exercise Referral team has delivered a **Stop Smoking Service** to individuals who have made the decision to Stop Smoking. It was acknowledged that the exercise referral team is positioned to be able to support clients on a number of lifestyle issues including stopping smoking. This truly is an effective approach to utilise the team who is already working with referred clients to deliver a more holistic service which will be of greater benefit to the referred individuals.

From September 2009, a **maternity lifestyle exercise specialist** has promoted the benefits of physical activity, nutrition and assist with improved lifestyle choices for pre and post natal women and their families within Sunderland. The maternity lifestyle exercise specialist's role is to address specific lifestyle factors with families of new born children which put them at risk of poorer health.

The programme targets and supports families (mother, partner and siblings) who are pregnant, and up to one year after delivery.

A **Specialist Weight Management** programme is delivered in partnership between the Wellness Service, STPCT, and City Hospitals. A multi-disciplinary team based at the Aquatic Centre consist of a psychologist, dietician and an exercise practitioner. The service is for individuals who have been identified by their GP as obese with a BMI greater than 40 . The service provides a traditional clinical programme within a leisure facility thus enabling the transition into an activities / healthy lifestyle easier for the referred individual to achieve.

Gaps/Needs
Understanding where people want their health services to be delivered is recognised as a gap as not all services have to be delivered from GP practices, eg. NHS Health Checks for 40-74 yr olds. This issue is being identified within the community as the problem is this target group is not visiting their GP's and not receiving advice and treatment that would promote the quality of their lives and reduce premature mortality rates.

Action
Develop a programme to ensure that there is an increase in targeted individuals accessing certain services.

2 Develop an evidence base to inform health priorities

Background/Key Issues
There is a lack of information/awareness of the key issues in the North area. The committee need to collect more evidence to ensure the priorities they have identified are the most relevant.

People with a limiting long-term illness including the factor of old age, provides an indication of a health problem or disability which limits their daily activities or the work they can do, consequently, this places additional pressure on health and social care services. Census information tells us that 24% of residents within Sunderland have limiting long-term illness (19.4% are people of working age). Within the Sunderland North Castle (25.2%), Redhill (27.6%), and St Southwick (29.3%) wards have a higher percentage than the Sunderland figure.

In relation to life expectancy residents in Fulwell (81.8) and St Peters (78.7) wards live longer than the City average of 76.4 years. Residents in Castle (75.6), Redhill (74.7), and Southwick (74) wards have a lower life expectancy for all persons from birth than the City average. Female rates for life expectancy are higher across all wards in Sunderland North than that for males.

Mortality rates from circulatory disease are higher than the City average of 108 per 100,000 population in all of the wards in Sunderland North with the exception of Fulwell (62.75). The trend is the same in relation to mortality rate from cancer where all wards are higher than the City average of 136.15 per 100,000 population with the exception of Fulwell (106.38).

25% of residents in Sunderland smoke, less residents in Fulwell (17%) ward smoke although levels are higher in Redhill (31%), and Southwick (28%). Other wards are in line with the City average. The percentage of residents that receive support through the NHS Stop Smoking Service and successfully quitting at 4 weeks is 42% citywide. In relation to Sunderland North the percentage of residents successfully quitting is highest in Fulwell (48%) wards which are also above the City average are Castle (43%) and St Peters (44%). Success rates are lowest in Southwick at 33% and Redhill 37%.

The percentage of adults in Sunderland that self report being obese (which means having a BMI of 30 or over) is 18%. Two wards in Sunderland North are above average, Castle and Redhill with levels of between 19.5% and 24.5%. St Peters has levels of between 18% and 19.5%, Southwick and Fulwell have the lowest levels between 11.5% and 15%.

Emergency hospital admission rates due to alcohol specific harm is highest in Southwick and Redhill with 610 to1180 admissions per 100,000 population. Castle and St Peters wards are between 480 and 610 with Fulwell lowest between 0 to 300 admissions per 100,000 population.

Action
Officers will work in partnership to develop an evidence base for the North Area that will shape the future priorities of the Committee

With regard to the issues arising from the following three priorities, the Director of Health Housing and Adult Services has provided a report, set out below in annex 1b, on an approach to resident profiling about daily living needs in the Sunderland North area.

3 Ensure adequate support for vulnerable adults

Background/Key Issues
The area suffers significant overall deprivation, which is linked to health deprivation. There is a need for more prevention and rehabilitation services to support people with mental health, drug and/or alcohol issues. In the Sunderland North area, the emergency hospital admission rate due to alcohol specific harm is highest in Southwick and Redhill wards.

In North Sunderland 1806 residents over 65 are receiving nursing, community based or residential care services. In relation to individual wards, more people in Castle, Redhill and Southwick are in receipt of care than the average for the area.

One of the primary aims of adult social care is to promote the independence of vulnerable, often older, people, particularly to help them to live as long as possible in their own home. The Council works with customers and their carers to assess the risk to individuals and their needs in undertaking identified activities of daily living (e.g. washing, bathing, getting out and about) via a national assessment process called Fair Access to Care Services (FACS).

Current Activity
The Castletown Wardens provide a range of health promotion initiatives to young people.

Health, Housing and Adult Services (HHAS) are developing personalised support solutions tailored towards individual needs.

An Older Person Needs and Aspirations Study targeted to 1200 people in the city aims to gain feedback relating to people's housing needs and aspirations; their current or expected care requirements; whether they require adaptations / aids in their homes to help them to live independently for longer and whether they require any energy efficiency measures in their home. In addition Sunderland City Council are compiling the evidence relating to people living in the City with mental health; learning disabilities and physical disabilities. Once all of this information is assessed it will be compiled into a Housing Strategy for Accommodation with Care during 2010.

Sunderland City Council's Health, Housing and Adult Services provide a range of services to adults with a social care need and their carers, following an assessment of need. These services are provided citywide and include:

- Home care
- Day care
- Short breaks
- Equipment
- Supported accommodation
- Residential Care
- Intermediate Care
- Advice on welfare rights
- Direct payments
- Support at home through assistive technology
- Companionship Scheme
- Carers Emergency Scheme

Health, Housing and Adult Services (HHAS) are implementing a commissioning strategy for accommodation solutions for vulnerable people including supporting resettlement for people with disabilities and extra care for older people.

The Sunderland Active Bus can promote safe living and support in assisting people to live healthy and active lifestyles.

SAFC Foundation deliver sessions on substance misuse, peer pressure, confidence and self esteem raising through games, football and classroom activities.

Nexus have a social inclusion team who support vulnerable adults. In conjunction with Social Services, individual travel plans are developed and assistance is given to enable and empower those who need support to travel independently.

Total Place is a new initiative that looks at how a 'whole area' approach to public services can lead to better services at less cost. It seeks to identify and avoid overlap and duplication between organisations – delivering a step change in both service improvement and efficiency at the local level, as well as across Whitehall. Sunderland is included in one of the 13 pilot schemes across the Country and is looking at how health services can be delivered more effectively.

4 Support independent and safe living

Background/Key Issues
See the following report provided by the Director of Health Housing and Adult Services

Current Activity
The Wellness Service provides a range of physical activity opportunities to increase levels of activity which contributes to maintaining independence.

The SAFC Fit for Footy Active Bus will operate across wards in the North area carrying out health checks, promoting active and healthy lifestyles and providing advice, guidance and support to enable people to be signposted to further sporting activity.

The Sunderland Active Bus can promote safe living and support in assisting people to live healthy and active lifestyles.

Health, Housing and Adult Services (HHAS) are implementing a commissioning strategy for accommodation solutions for vulnerable people including supporting resettlement for people with disabilities and extra care for older people.

A HHAS care management and assessment project provides advice, information and support about how people can receive the help they would like in daily living.

The Sunderland North Wellness centres are located at the Sunderland Aquatic Centre, the Seaburn Centre and the Bunny Hill Centre. Community Wellness venues are currently located at Fulwell Day Centre, Wearmouth Community Development Trust and the Downhill Centre.

A range of physical activity opportunities are available to increase levels of activity which contributes to maintaining independence (e.g. free swimming for older people).

5 Provide support services for people with dementia

Background/Key Issues
An aging population may lead to increase in demand for services for older people. Social isolation of older people needs to be considered to ascertain whether there is a need for more supported housing and preventative services. The Place survey shows that residents in Sunderland North consider that people in the local area are not as able to get the services and support they need to continue to live at home for as long as they want, as the City average.

Current Activity
The Wellness Service provides a range of physical activity opportunities to increase levels of activity which contributes to improved mental health and wellbeing.

REPORT TO THE NORTH AREA COMMITTEE 1 MARCH 2010 Annex 1b

HELP WITH DAILY LIVING:
AN APPROACH TO RESIDENT PROFILING ABOUT DAILY LIVING NEEDS IN THE NORTH AREA OF SUNDERLAND

REPORT OF THE EXECUTIVE DIRECTOR, HEALTH, HOUSING AND ADULT SERVICES

1. **WHY HAS THE REPORT COME TO THE COMMITTEE**

2. The purpose of this report is to:
   - Outline an approach to resident profiling about daily living needs in the North Area of Sunderland.
   - Consider how this intelligence could be used to provide a targeted response to support individuals who may not be aware that the Council could help them maximise their independence, an objective within the Local Area Agreement.

3. **BACKGROUND**

4. Supporting older people to live as independently as possible for as long as possible in their own home or suitably modified accommodation of their choice is a key objective for both the Council and NHS and captured within the Healthy City priority in the Local Area Agreement and the Sunderland Strategy. It was also identified as a priority area by the North Area Committee.

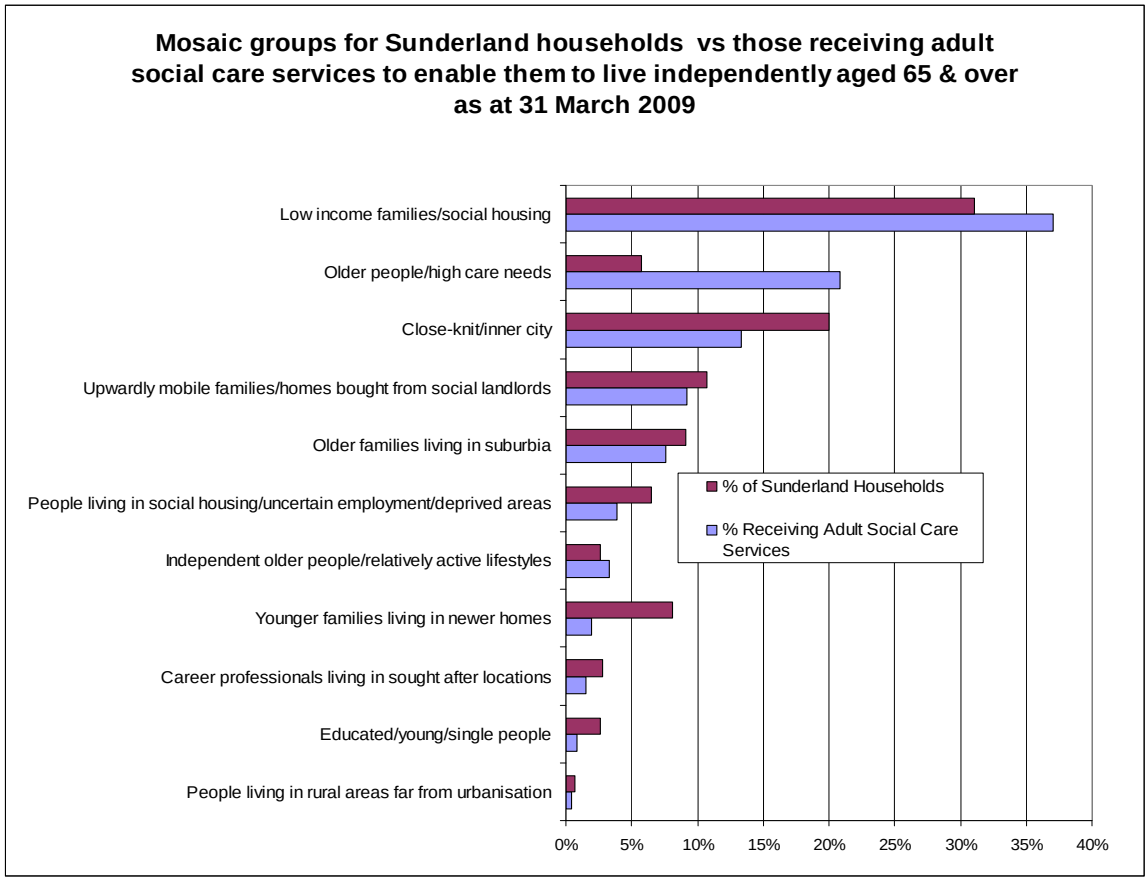
5. Moreover, National research evidence suggests that identifying older people earlier (both with complex needs who could be helped via the care management process and those with less complex needs who may need just “a little bit of help”) improves the quality of people’s lives. For example, preventing such individuals presenting to the Council and/or NHS at a crisis point when earlier intervention might have reduced their risk of admission to care or acute secondary health considerably.

6. THE PRESENTING PROBLEM & HOW CUSTOMER INSIGHT CAN HELP

7. The Council needs to answer 2 simple questions:
   - *Where do the people who have daily living problems live in the city?*
   - *How can the Council assure itself that it's supporting, or encouraging, all those people with daily living problems to maximise their independence, one of the key objectives in the Local Area Agreement? (In other words, there's no "hidden" need)*

8. *An approach to profiling older people who may need some help and support*

9. Using social marketing data is a way of profiling the population according to social profile categories. The proportion of people aged 65 or over within each social profile category in Sunderland was compared to the proportion with adult social care provision in the community (in other words, excluding any individuals in residential/nursing care)[1] and this is shown in the graph below.



10. As you would expect, some groups access a greater proportion of adult social care than others because their level of dependence in daily living is higher than other groups. For example, 'Older people living in social housing with high care needs' need more support than 'Independent older people with relatively active lifestyles'. Therefore there are some groups that the Council should expect to provide a greater level of support to and predominantly these are 'Older people living in social housing with high care needs' and 'Low income families living in Social Housing'.

11. When looking specifically at these two categories and breaking the data down further to look at individual Wards, some variations can start to be seen between Wards and the North Area

[1] This includes people with ongoing adult social care packages and any additional people with one-off items of equipment provided over the last 2 years

as a whole. At this level it is possible to see that, although most Wards follow the pattern identified in the chart above, some do not (with the Council more than representing the number of people supported by adult social care in some cases and *potentially* under representing in others). It should be noted that there may be good reasons for these variations, for example, people being supported by family or friends, private funding of support, NHS support and/or RSL support, particularly Gentoo rather than via adult social care.

12. *Understanding Risk Factors Associated with Daily Living & Adult Social Care Intervention*

13. National research, although not replacing local intelligence, indicates that older people most likely to need adult social care often have some of the common issues identified in the following table.

Table 1 – Risk Factors & Available Data Sources in Sunderland

Risk Factor for those aged 65+	**Data Source**
Problems with 1 or more activities of daily living, e.g. bathing, mobility around home etc.	2008 MORI Survey split down to ward
People on benefits	Housing Benefit Data
People living alone (& therefore significantly less likely to have a "full-time" informal carer)	Council Tax Benefit, Housing Benefit Data
Living in social housing	Housing Strategy
People known to have dementia	NHS data records

14. Some of these factors (problems with 1 or more activities of daily living, people on housing benefits and living alone) were analysed alongside the number of people provided with adult social care to Sub Ward/Ward level and this showed a correlation. This was then compared with the social marketing data.

15. To illustrate this, appendix 1 shows two maps of the North Area. Map 1 illustrates areas that are more than represented and potentially under represented with independent living solutions when looking at the 'risk' factor 'housing benefit and living alone'. The areas shaded in red are those that are *potentially* most under-represented.

16. Map 2 shows Wards in the North Area where there is a 5% or greater under representation with independent living solutions when using the social marketing data. Using the two maps together it is then possible to see where there are overlaps of red shading. In this way, the Council can begin to predict those households may be *most* likely to need some advice, information or support with daily living.

17. **NEXT STEPS**

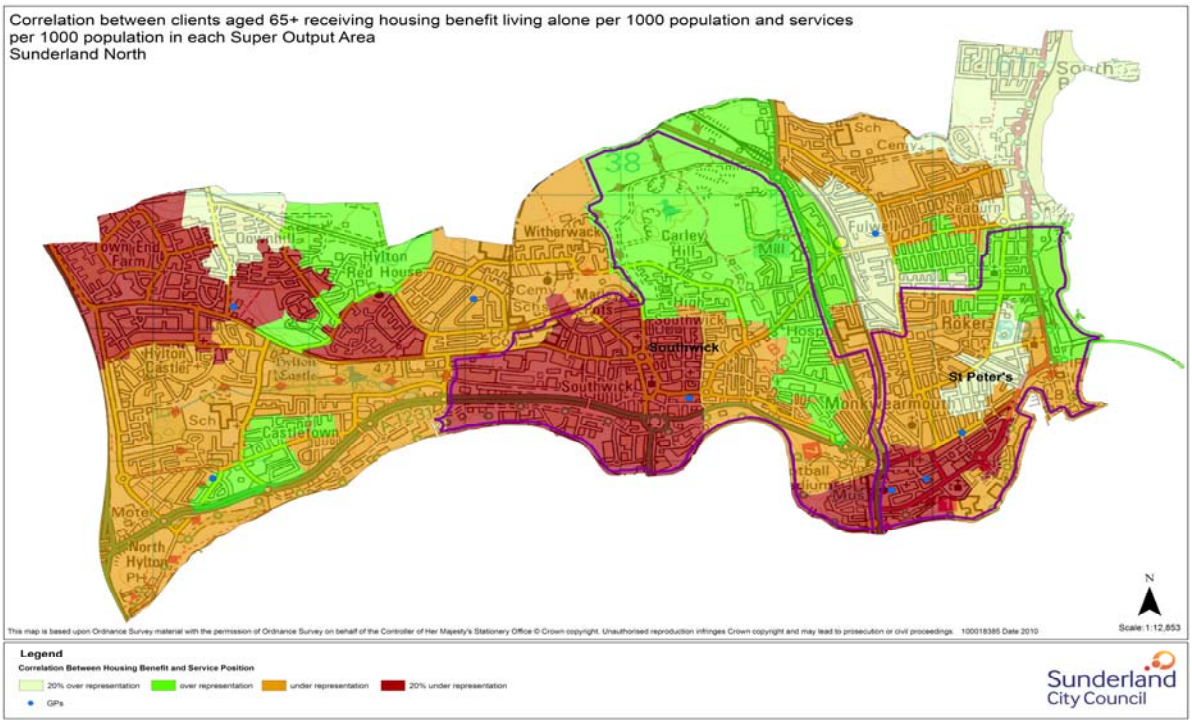
18. Community in-reach work involving the Third sector, for example offering groups and individuals who have been identified as 'at risk' support in their daily living and in their well-being.

19. Work with GP's in areas where it has been highlighted that there might be an under-representation of people supported by adult social care and/or a density of individuals who might be "at risk" on the basis of the risk factors identified in the main body of this report.

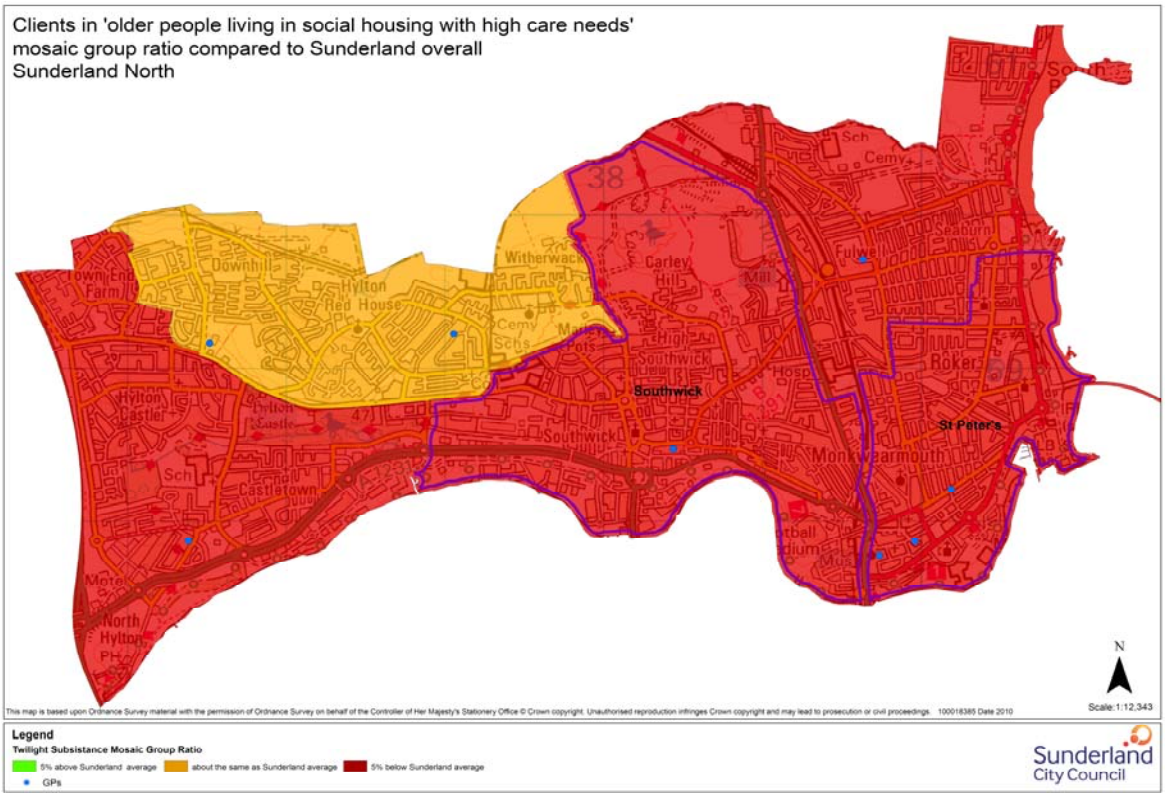
20. **RECOMMENDATIONS**

21. That the North Area Committee support agencies to develop daily living solutions to promote individuals independence and well-being.

Appendix 1



Map 1



Map 2