

PERFORMANCE REPORT QUARTER 3 (OCTOBER – DECEMBER 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 for the period October to December 2011.

2.0 BACKGROUND

Performance reports provided to Scrutiny Committee prior to March 2011 were based on performance indicators from the previous government's national indicator list, with a particular focus on those prioritised within the Local Area Agreement. In October 2010 the Coalition Government announced the deletion of the National Indicator set and also announced that from April 2011 there would no longer be a requirement for council's to produce an LAA. Both announcements signalled a move towards self regulation and improvement with more flexibility to report against local priorities using a set of locally determined measures.

For 2011/12 and beyond the Council's aim is that performance reporting should be focused on the key priorities for the people, place and economy of Sunderland. This new approach will be reflected in the performance reports and evolve and develop over 2011/12. Performance reports will include former national performance indicators reported to scrutiny committee adopted into the local performance framework for 2011 – 2012 (and those that continue to provide performance reporting relevant to the key issues and priorities for Sunderland will continue be part of the reporting framework for 2012 – 2013). In addition as part of the Council's annual planning arrangements, consideration is also being given to identifying new localised performance measures which will also be needed to support a robust performance framework tailored to local needs. These will be reported to the relevant scrutiny committee as appropriate and some of these new measures will be reported in 2011/12, where information is available and adds value to the review of performance. Members should also be aware there are also some former national indicators that are no longer available and have therefore been removed from the performance framework.

For this Health and Wellbeing Scrutiny report former national indicators for Adult Social Care have been replaced with the new national indicators identified within the national *Adult Social Care Framework 2011/2012*.

As part of the move to providing a more holistic view of health and well being across the city the report also includes details of performance in relation to the health and well being of Children In Sunderland. This information is also reported to the Children and Young People Scrutiny Committee

Attached at Appendix 1 is an extract of the basket of indicators that the Council has identified within the self-regulation performance framework for 2011-2012 that demonstrate progress against priorities that fall within the remit of this committee.

3.0 **PERFORMANCE UPDATE**

The following section contains a summary of performance across the key performance areas of Adult Social Care, Health Inequalities, Sport and Leisure and Environmental Health.

Adult Social Care

- 3.1 There has been a significant increase in the percentage of new and existing customers receiving self-directed support, both managed accounts and/or direct payments, from 31.81% in 2010/11 to 61.65% for the period 1 January 2011 to 31 December 2011. All new and existing customers are offered self-directed support, where appropriate, and the significant improvement in the first half of the year indicates that the 68% target set for 2011-12 should be achievable. There has also been an increase in customers choosing to take their personal budget as a direct payment has also increased from 14.96% in 2010/11 to 16.75% for the period 1 January 2011 to 31 December 2011.
- 3.2 The Vision for 2025 for Health, Housing & Adult Services is also to promote independent living and increase choice and control for its customers. Research suggests that many customers would prefer to stay in their own homes and communities rather than be admitted to permanent care. Through the use of alternative solutions customers are able to live more independently in their own homes for longer e.g. reablement service, overnight service, extra care service and the recently implemented 'time to think' beds, these all may help to assist in preventing avoidable admissions to permanent residential and nursing care.

The number of people aged 18 to 64 admitted to permanent residential and nursing care has increased to 50 (equating to 28.02 per 100,000 population aged 18 to 64) for the period 1 January 2011 to 31 December 2011, a substantial increase from the 18 admissions (equating to 10.09 per 100,000). This increase is due to a number of previously health funded cases transferring to the Council, due to changes in funding streams. The issue was further compounded by the demise of Choices Care which provided care within Learning Disabilities small group living schemes. The service was taken over by a Care and Support Sunderland Ltd, a local authority trading company. As a consequence a number of clients were re-classified as admissions to care.

The number of people aged 65 and over admitted to permanent residential and nursing care has increased to 404 (equating to 872.10 per 100,000 population aged 65 & over) for the period 1 January 2011 to 31 December 2011, a substantial increase from the 353 admissions (equating to 762.01 per 100,000 population aged 65 & over). The Council is currently working with health partners

to develop better accommodation pathways to prevent admissions to permanent care for individuals. Although there has been an increase in admissions to permanent residential and nursing care during 2011-12, there has also been an increase in the number of older people helped to live at home meaning more older people are being helped through adult social care to live independently in their own homes.

- 3.3 Another aspect to ensure that people are able to live independently at home is to minimise delayed transfers of care. A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, based on a clinical decision, but is still occupying such a bed. The delay can be the result of poor communication and co-ordination between organisations.

The number of delayed transfers of care has increased from 11.3 per 100,000 adult population in 2010/11 to 13.2 per 100,000 adult population for the period 1 April 2011 to 31 December 2011. The Council, PCT and CHS are making progress with a joint project in 2011-12 to improve the joined-up pathways of support as both an alternative to hospitalisation and those on hospital discharge.

Health and Wellbeing (Adults)

- 3.4 The aim of the council in relation to its priority around Health City is to work with partners to provide improved access to, and quality of, healthcare and to support people living in the city to make healthy lifestyle choices to enable everyone to live long, healthy, happy and independent lives.
- 3.6 An overall measure of health and wellbeing can be considered in terms of overall mortality rates linked with mortality for the major killers such as cancers and circulatory diseases. The latest mortality figures for all ages all causes are for the three-year pooled period 2008-2010 and thus there is no update on the previous performance report provided to scrutiny for quarter 2. Figures previously provided to scrutiny show that there is a continued higher rate of mortality amongst males than females in Sunderland; 567,000 per 100,000 of the population for females compared to 795,000 per 100,000 of the population. The South of Tyne and Wear (SoTW) Primary Care Trust (PCT), helped by the national health inequalities support team, have developed a comprehensive programme of targeted lifestyle change, prevention, and identification / management of high risk people; including NHS Health Checks, smoking, obesity & alcohol services. Evaluation and development of these services
- 3.7 Key to improving the health and wellbeing of residents within the city is reducing the incidence of life style choices that have a clear link with poor health such as smoking and excessive consumption of alcohol.
- 3.8 Comparable, comprehensive, good quality data on smoking prevalence has not been available at local level. Such data will be available for forthcoming years through the integrated Household Survey and it is anticipated it will be used from 2012/13. Until this data becomes available, figures for the rate of self-reported 4-week smoking quitters per 100,000 population over 16 or over provide a proxy

measure. There is evidence that this is improving on last year with performance data for quarter 2 (April to Sept 2011) showing 1,675 smoking quitters (within 4 weeks) reported at the end of Sept 2011. Latest performance data for the stop smoking services shows a marked improvement over the last three months, with numbers increasing from 825 quits in Quarter 1 to 1675 quits at the end of Quarter 2. This is up on performance at the same point last year (1445 quits) and is above target for Quarter 2. Current predictions suggest that the end of year target will be achieved.

- 3.9 Alcohol consumption is increasing nationally and locally and the patterns of how and when people drink are changing. The former Local Area Agreement 2008 – 2011 reported admissions to hospital due to alcohol in Sunderland as much higher, almost double the national average. The latest available figures relate to June 2011 and show a slight increase on the same time previous year; from 729 per 100,000 June 2010 to 739 per 100,000 June 2011, an increase of 2.2%. This compares favourably with the North East trend (a 4% increase) and is close to the 2% increase experienced nationally.

Health and Wellbeing (Children and Young People)

- 3.10 Quarterly prevalence of breastfeeding has improved quarter 2 (July to September 2011) to quarter 3 (October – December 2011), from 20.7% to 27% and is above the performance for the same period last year (October to December 2011) when performance was at 21.5%. When aggregated, however, performance is likely to be below the year end target of 27.4%.
- 3.11 The latest information for the percentage of children in Year 6 with height and weight recorded, published autumn 2011, shows that around 1 in 5 children (21.9%) were obese during the academic year 2010-2011. This is a slight increase on the previous figure of 21.2% and keeps Sunderland above the national average of 19%. There has however been a slight decrease, down to 1 in 10 (10.2%) for the percentage of children in Reception with height and weight recorded as obese; the national average is 9.4%.

The engagement of children and young people in sport and leisure activity may assist in preventing obesity. Schools can support this through the time dedicated to physical activity. The percentage of children and young people participating in high-quality PE and sport (NI 57) was 86% for the academic year 2009-2010. Performance has continued to improve year on year, from 72% to 78% to 86% over the three academic years 07/08 to 09/10.

Sunderland Healthy Schools was launched in January 2012 to transition schools from the now defunct National Healthy Schools programme. The new programme is outcomes driven and focuses on meaningful school improvement through a plan, do and review model. It is expected it could take schools up to 2 years to achieve the award due to the focus on improving health inequalities. 99% of schools in Sunderland are eligible to start work on the new model having already

demonstrated a foundation in promoting health and wellbeing through National Healthy Schools.

There has also been an improvement as at 31st December 2011 in the take up of healthy school meals in both primary and secondary schools; 54% and 60% respectively. This has been achieved through a range of targeted actions including better marketing, menu development, and feedback from pupils. It should be noted that improved performance comes against a backdrop of a 10p increase in school meal prices from September 2011 (the first for 3 years).

It must also be noted that preparation is also underway within the city of Sunderland as to the impact of the Government's Welfare Reform Programme; The Welfare Reform Programme is expected to have a number of projected impacts on both families and individuals; from housing to financial to social care issues. One of the key activities already being progressed in the city is the increased free school meal take up which is being delivered in conjunction with the Child and Family Poverty Board. The activity will maximise funding through the Pupil Premium into Sunderland Schools and ensure that all eligible children and young people have the opportunity to access free school meals through an assumed consent arrangement.

To enable this a number of council services have worked together during December 2011 to data match and identify where there were 'gaps' in free school claimants. To date this has resulted in over 800 additional children being eligible for free school meals.

- 3.12 In respect of teenage pregnancy the latest published annual data which relates to the year ending December 2010 shows that the under 18 conception rate has reduced from 52.8 per 1,000 pop in 2009 to 50.1 in 2010, representing a real reduction from 288 to 264 conceptions. This represents a continuing trend in reducing teenage pregnancy in Sunderland. The Sunderland rate, however, is above both national (35.4) and North East averages (44.3). The rate of reduction since 1998 baseline is 21% in Sunderland compared to 24% nationally and 22% in the North East.

The Electronic C-Card System provides young people in the city with access and services relating to contraception, sexual health, substance misuse and Chlamydia screening. Data available as at January 2012 shows that there have been 1870 c-card registrations since April 2011. There are currently 77 trained outlets in Sunderland; approximately 15 per locality. The National Sexual Health Strategy is expected to be published in spring 2012.

- 3.13 At the end of quarter 3, 7,986 Chlamydia screens have taken place, representing 20% of target population screened which is in line with the national average at 20.3%. The percentage testing positive is 9.3%, which is higher than national average at 7.3%.

Sport and Leisure

- 3.14 Adult participation in sport and leisure is measured through the *Active People Survey* (coordinated by Sport England) The Active People Survey shows how many adults in Sunderland are active in sport and physical activity, whether this takes place in a private gym, a school, on the beach, in a park, on a sports field, or in a public leisure centre. The survey undertaken by MORI provides the largest sample size ever established for an adult (16+) sport and recreation survey. The survey is undertaken annually and the latest results for 2011 have recently been released.

The percentage of the adult population in Sunderland participating in at least 30 minutes of sport and active recreation of at least moderate intensity on at least 3 days a week, has decreased from 22.50% in 2010 to 21.30% in 2011. Sunderland's participation levels still remain higher than average scores for Tyne & Wear, the North East.

However, since the Active People Survey (APS) commenced in 2005, Sunderland has improved the percentage of adults participating in sport and physical activity, rising from 20.3% to 21.3% in 2011.

Sport volunteering in the city is also measured through the national Active People Survey. The latest results for 2011 show that participation in Sunderland fell below the national average (7.3%).

Sport England, have confirmed that there are a number of reasons why participation levels in sport have reduced nationally and these include, cost of activities, lack of time to participate and significantly less money being spent on sport and cultural activities. The Olympic and Paralympic Games in 2012 will be an opportunity and potential catalyst, against the challenges of the current economic climate, to improve participation and volunteering levels and create a lasting legacy in sport.

- 3.15 Attendance at the city's leisure complexes shows a decline in performance for both wet and dry visits compared to the same period in 2010/11. The number of visits (swims and other visits) to Sunderland leisure centres from October to December 2012 was 1,634,688 compared to October to December 2011 when the number of visits was 1,659,366 (24,678 less visits). The free swimming initiative inflated performance in 2010/11. This programme has now ended and together with the economic downturn, this is having an impact on the figures seen so far in 2011/12. Performance however continues to be ahead of target (total number of visits ahead by 39,690, swims ahead by 8,627 and other visits ahead by 31,063). It should be noted however, that targets have been set lower than compared to last year due to the cancellation of the Free Swimming Programme, the economic downturn and the implementation of new facility operating models at Crowtree, Community North and Silksworth Sports Complex.

3.16 Please see **Appendix 1** for the full overview of performance measures relevant to Health and Wellbeing Scrutiny.

4. Recommendation

That the committee considers the continued good progress made by the council and the Sunderland Partnership and those areas requiring further development to ensure that performance is actively managed.

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