

Health and Wellbeing Scrutiny Committee

December 2010

Performance Report Quarter 2 (April – September 2010)

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 relating to the period April to September 2010. This quarter the report includes:

- Progress in relation to the LAA targets and other national indicators.
- Progress in relation to the Home Care Provision Policy Review, Dementia Policy Review and Health Inequalities Policy Review Recommendations.
- Results of the annual MORI residents survey which took place during May to July 2010

2.0 Background

- 2.1 Members will recall that a new performance framework was implemented during 2008/2009. This includes 198 new National Indicators which replaces previous national performance frameworks. As part of this new framework 49 national indicators have been identified as key priorities to be included in the Local Area Agreement (LAA). Performance against the priorities identified in the LAA and associated improvement targets have been reported to Scrutiny Committee throughout 2009 as part of the quarterly performance monitoring arrangements. The LAA priorities have been a key consideration in CAA in terms of the extent to which the partnership is improving outcomes for local people. CAA was introduced in April 2009 to provide an independent assessment of how local public services are working in partnership to deliver outcomes for an area. However, the coalition government have abolished CAA with immediate effect. Progress in the LAA will continue to be monitored through 2010/11 (which is the last year of the agreement) through the Council and the Sunderland Partnership's performance management and reporting arrangements. The performance framework will be reviewed when further national direction is available to ensure that it is fit for purpose.
- 2.2 The annual MORI residents survey was undertaken from May to July 2010. The survey takes the form of face to face interviews with 1215 residents across the city. The results in terms of the services within the committees remit are also incorporated into this performance report.
- 2.3 As part of the development of Scrutiny particularly in terms of strengthening performance management arrangements, Policy Review recommendations have been incorporated into the quarterly performance report on a pilot basis. The aim is to identify achievements and outcomes that have been delivered in the context of overall performance management arrangements to enhance and develop Scrutiny's focus on delivering better outcomes and future partnership working. The latest

progress report in relation to the Home Care Provision Policy Review, Dementia Policy Review and Health Inequalities Policy Review is included as **Appendix 1**.

2.4 **Appendix 2** provides an overview of the position for relevant national indicators and also any local performance indicators that have been retained to supplement areas in the performance framework that are not well covered by the national indicator set.

3.0 Findings

3.1 Consultation

The Ipsos MORI residents survey 2010 shows the following results:

	2008	2010	2008	2010
	Satisfied		Dissatisfied	
Services that help disabled / frail adults at home (e.g. home care or meals on wheels) or to live in residential or nursing care	69	74	13	11
Services to help people feel safe at home (e.g. Tele-care Service)	83	84	5	3

Satisfaction with services that help disabled or frail adults at home and services to help people feel safe at home both improved during 2010. Services that help disabled or frail adults at home improved from 69% in 2008 to 74% in 2010. While services to help people feel safe at home improved from 83% in 2008 to 84% in 2010. While those dissatisfied with the services also improved from 13% to 11% and 5% to 3%.

Satisfaction with children's playgrounds has improved significantly during 2010 improving from 50% in 2008 to 59% in 2010. The improvement in satisfaction can be attributed to the Play Pathfinder scheme which led to the refurbishment of 26 play and urban games facilities across the city.

Satisfaction with leisure centres has increased significantly from 68% in 2008 to 76% in 2010 as has satisfaction with sports facilities in parks improving from 52% in 2008 to 67% in 2010

Younger residents, continue to exercise more than older ones, with six in ten residents aged between 16 and 44 exercising three or more days a week (60%, compared with 52% overall). As was the case in 2008 – levels of exercise decrease with age thereafter, at the uppermost age scale, almost half of residents age 65 or over do not exercise at all (46%, compared with 30% overall).

	2008	2010	2008	2010
	Satisfied		Dissatisfied	
Trading Standards	68	77	11	5
Environmental Health	75	75	9	12

Users satisfaction with trading standards has improved from 68% in 2008 to 77% in 2010. While satisfaction with environmental health remains the same as in 2008 at 75%.

3.2 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 September 2010.

In response to customer feedback and the objectives discussed above, the Council improved customers' access to adult social care through the development of a revised assessment and care management process within the Council's Operating Model. The new process is designed to provide choice to customers about the solutions they would prefer to meet their agreed outcomes, whilst delivering these outcomes more effectively and efficiently. The revised process began implementation in November 2010 and will continue for the remainder of 2010/11.

Timescales for Service Provision: As part of the early roll out of the revised assessment process, the Council streamlined customers' access to equipment and minor alterations in 2009/10, and expanded its Independent Living Team who prescribe and provide this equipment at the same visit in 2010/11. As a result, there was an improvement in the proportion of new customers who waited no more than 4 weeks for their care packaged from 92.7% to 94.2% between the 12 months ending September 2009 and 2010. Furthermore, the proportion of equipment delivered to all customers within 7 working days increased from 91.2% to 92.3% between these two periods.

Supporting People to Live Independently: This monitors the number of adults the Council helps to live at home, either through an ongoing care plan or indirectly through Council grant-funded Third Sector services, e.g. luncheon clubs. There were 3,039/100,000 adult population supported to live independently at the end of September 2010, compared to 2,876/100,000 at the end of September 2009. Although an improvement, this position is still substantially below the target of 3,500/100,000 for March 2011. The Council has recently launched a “community in-reach” pilot to pro-actively target and contact a number of older people in the Southwick and Fulwell wards whose circumstances (e.g. older people living alone in more deprived sub-wards) mean they are more likely to need help with daily living. The Council estimates that, if successful, the roll out of this approach in the city will improve the quality of life of these individuals primarily through signposting to available universal and Third Sector services in their local area, therefore improve resident satisfaction and increase the above performance figures by around 10% on the current position – early indications in the pilot area are promising.

Self-Directed Support: The Council continues to develop a personalised approach to care planning tailored to customers’ needs and preferences as a result of the early adoption of the principles of the revised care management model. This includes expansion of the use of Personal Budgets for customers describing their allocation of resources to meet their eligible needs, which can be taken directly by the customer (through Direct Payments) or be managed by the Council, if customers choose to do so. The proportion of adults, including carers, with ongoing care plans receiving self-directed support, predominantly Direct Payments, increased from 7.1% to 8.6% between the 12 months ending September 2009 and 2010. The Council expects this figure will increase significantly following the preparation for and implementation of the revised care management model. For example, the corresponding figure for the period ending November 2010 increased to over 15% largely through the introduction of Council-managed budgets. The Council is therefore well positioned to achieve the 30% national target for this measure in 2010/11.

Council-funded Admissions to Residential/Nursing Care: One of the outcomes of the implementation of a greater range of choices about support for customers to live at home or in specially adapted accommodation (which is what the overwhelming majority of people tell they want) should be a reduction in the number of older people admitted to care. The number of supported permanent care admissions for older people decreased from 436 to 329 between the 12 months ending September 2009 and 2010, well within the target for 2010/11.

Joint targets with health partners: This showed mixed performance and was one of the areas highlighted for improvement by CQC for the city, despite the well-established joint Intermediate Care Service. The level of delayed transfers of care from hospital was slightly higher at the end of September than at the end of March 2010. This is an area that health and social care partners intend to address as part of the city’s planned greater investment in rehabilitation and reablement solutions, by which people will be supported to recover, develop or compensate for their ability to undertake daily living tasks for themselves following an illness or changed medical condition. The Council recently completed a pilot Intermediate Care at Home (reablement) scheme, with 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 71% to 76% for the 12 month periods ending September 2009 and 2010, respectively.

Health Inequalities

In relation to all cause mortality rate the latest performance relates to 2006 – 2008 pooled rates and mortality rates have slightly improved since the previous reporting period. The 2010/11 target is 530 for females and 720 for males per 100,000 population. A number of projects that aim to improve performance are currently underway examples can be found below.

The Community Delivery Team (CDT), which is a nurse led service, has started to deliver NHS Health Checks in community venues across Sunderland. Since the service started in July 2010, 534 NHS Health Checks have been carried out in Sunderland up until the 31st of October 2010. A telephone service where people can ring to book a NHS Health Check is now up and running (0845 673 0055) as well as email address which residents can use to answer any queries that they have.. The number of pharmacies offering NHS Health Checks is 11 and this will increase to 13 by the 1st of January 2011. From 1st November 2009 to 31st October 2010, over 542 eligible Health Checks have been carried out with 20 % of people who being identified as being high risk in Sunderland. However 62% of men aged between 60- 68 years have been identified as high risk of vascular disease.

The delivery of Wellness Services across Sunderland continues with increased opportunities for individuals to access a range of physical activity opportunities to prevent individuals developing health risks. Activities include walking and cycling.

Work continues to evolve both the children's and adults weight management intervention programmes to develop into a seamless life course approach to a support programme. Work continues with the STPCT to ensure targeted and specialist interventions and services are targeting areas and individuals with the most need through the exercise referral and the weight management programme.

Recent figures relating to the Slimming on Referral programme have demonstrated that between April 2009 and June 2010 2959 completed programmes, resulting in an average weight loss of 5% of body weight (or 4.99kgs). A total of 1604 individuals lost in excess of 5% of body weight.

An equity audit is currently underway to assess uptake of all tiers of intervention for obesity / weight management to assure fair delivery.

Latest performance data for the stop smoking services shows a marked improvement over the last three months, with numbers increasing from 713 quits in Quarter 1 to 1445 quits at the end of Quarter 2. This is up on performance at the same point last year (1282 quits) and is above target for Quarter 2. Current predictions suggest that the end of year target will be achieved.

A substantial amount of work has taken place over the last quarter to improve performance of intermediate (Tier 2) services. There has been an ongoing campaign to increase the number of Tier 2 advisors, including introducing new training providers with course tailored to clinical and non-clinical backgrounds. To date there have been 22 new community advisors trained (up to end of November) with a further 38 registered to attend future training. Refresher training is available for all existing advisors and mentor support has been put in place, including a Pharmacist mentor. The aim of this is to improve the quit rates of existing services.

Marketing of Free Nicotine Replacement Therapy (NRT) has continued and this has been enhanced by street marketing to direct people straight into local Tier 2 services. There have also been case studies of successful quitters published in local newspapers and a marketing campaign run on SunFM.

The specialist (Tier 3) service has continued to look to improve as they strive to meet their proportion of the local target. Additional focus is now being placed on the Maternity and Acute settings to increase the number of referrals to the service; this has included additional marketing at Sunderland Royal.

Work will continue to ensure that the target for 4 week quits is hit at the end of the year, including the extension of the free NRT campaign from December to the end of March 2011. The new Tier 2 database will be rolled out from 1st December, which will speed up the process of data collection and provide more timely and accurate data for performance monitoring. Mentor support will continue and it is hoped that more mentors can be recruited from the best performing services within Tier 2 itself to share best practice.

The Sunderland Smokefree Tobacco Alliance is currently updating its action plan, including reducing exposure to second hand smoke.

As reported within the last update, alcohol related hospital admissions in Sunderland remain on the increase with a rate per 100,000 of population of 2,604 reported for the 2009/10 period, against a target of 2207. This constitutes a 10% increase over 2008/9.

Within the North East region, Sunderland is 5th worst in this area and 14th worst in England.

Work continues to augment the Hospital Liaison project and it is now well embedded and continues to focus on reduction of admissions, methods of reducing lengths of stay.

With this in mind, a specialist nurse is now employed to provide outpatient interventions for alcohol users which would ordinarily have resulted in admissions.

A recent Rapid Process Improvement Workshop (RPIW) carried out by the Urgent Care Team highlighted an individual that had been admitted to hospital around 270 times in 2009/10. Through the multi agency working of the Hospital Liaison Project,

work was carried out with this individual to encourage him to take up a residential rehabilitation programme which is currently working well.

Further work is underway to strengthen pathways from the hospital to community treatment under the leadership of the Consultant Gastroenterologist. This has involved development of a protocol to be used by all clinicians within the hospital (in whichever settings) when identifying and responding to alcohol dependency. This protocol aims to ensure that identification of alcohol issues is universalized within the hospital and referrals are more regularly made to community services.

In order to help continually improve the project and assure that concentrated effort is sustained to manage the problem of alcohol related admissions, a further RPIW is planned for late February to allow directed

In terms of services within the community, these are currently collectively reporting 560 individuals in structured treatment. This is around double the number accessing services in April 2009 (338).

With almost 2 years of operational services under the current model, a full evaluation is currently being carried out to assess outcomes, efficacy and value for money to inform commissioning into 2011/12. Results of this will be shared with the committee at a future meeting.

Sport and Leisure

Members may be aware that following the establishment of the Coalition Government, the national indicator set that includes NI8, adult participation in sport and active recreation (measured by the Active People Survey) has been abolished. Whilst we acknowledge that the Framework may be replaced in the future, as a Council we continue to support and contribute to driving forward participation levels in sport and physical activity.

It should be remembered that the Active People Survey is a measure of adult participation in sport and active recreation for the city as a whole. The City Council together with stakeholders on the Active Sunderland Board have an aim to drive forward adult participation through a partnership approach. However, to support the need to drive up levels of adult participation in sport and physical activity, the City Council has continued to deliver and give priority to the following:

- Developing modern, high class sport and swimming facilities that are comparable with most local authorities
- Joined up service provision at Houghton Sports Centre with the Primary Care Trust
- Delivery of an affordable pricing framework for city residents
- Operating 7 Wellness Centres and 8 Community Wellness venues
- Wellness service delivering preventative services to drive forward participation
 - Mums on the move
 - Wellness on 2 Wheels

- Wellness Walking programme, Walks in the Park
- Active Sunderland Project
- Nordic Walking
- Cycle Sunderland
- 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
 - Maternity Lifestyle Service
 - Stop Smoking Service
- Football Investment Strategy, developing new facilities and pathways for participation
- Specialist events and 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.

Environmental Health

There has been a decline in the percentage of food establishments within the local authority area which are broadly compliant with food law from 89.20% at end September 2009 to 83.82% at end of September 2010. Based on current performance it is not anticipated that the target of 89% will be achieved. Statistics for premises being 'broadly compliant' have altered following new guidance produced by the Food Standards Agency. This guidance aims to improve consistency in the rating of food premises prior to the introduction of a 'National Food Hygiene Ratings Scheme' later this year. In Sunderland the management of food safety in local businesses was identified as an area of where assistance was required prior to the introduction of our own 'Scores on the Doors' rating scheme. This was addressed by the organising of three seminars across the city and the subsequent implementation of training courses to help food businesses. This will ensure that the number of premises becoming 'broadly compliant' will increase and conditions in all establishments are expected to improve.

A full overview of performance can be found at appendix 2.

3.3 Policy Review Recommendations

The recommendations agreed as part of the committees Policy Reviews will deliver a range of improvement activity. A full overview of progress is attached as appendix 1, the table below provides a summary of the number and percentage of each policy reviews recommendations that have been achieved, are on schedule to be achieved, are not now deliverable, or are not on schedule to be achieved.

Policy Review	Rag Key			
	★ Green (Recommendation achieved)	● Blue (On schedule)	🚨 Amber (Recommendation not deliverable)	▲ Red (Not on schedule)
Home Care Provision	0 (%)	10(100%)	0(%)	0 (%)
Dementia	18 (82%)	4(18%)	0(%)	0 (%)
Health Inequalities	0 (%)	11 (100%)	0(%)	0 (%)

3.0 Recommendation

- 3.1 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.