

## **Health and Wellbeing Scrutiny Committee**

**21<sup>st</sup> April 2010**

### **Performance Report Quarter 3 (April – December 2009)**

#### **Report of the Director of Health, Housing and Adult Services**

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

- 1.1 The purpose of this report is to provide Health and Wellbeing Scrutiny Committee with a performance update relating to the period April to December 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 and Dementia Care Policy Review Recommendations.
  - Results of the annual budget consultation which took place during October/November 2009

##### **2.0 Background**

- 2.1 Members will recall that a new national 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 are a key consideration in CAA in terms of the extent to which the partnership is improving outcomes for local people.
- 2.2 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. The first results were reported on the Oneplace website ([www.oneplace.direct.gov.uk](http://www.oneplace.direct.gov.uk)) on 9 December 2009. Health and Wellbeing Scrutiny Committee considered the findings of the draft Area assessment report in January 2010.
- 2.3 Members will recall from previous performance reports that the CAA lead plans to adopt a Risk Assessment Matrix which will be the primary tool against which the Sunderland Partnership will be assessed. The Matrix will incorporate those issues that were identified in the first year of the CAA area assessment as having the most potential to become red flags and green flags. These are;
- 2.4 Once the Risk Assessment Matrix has been agreed, the CAA Lead will use it to monitor progress against the agreed performance trajectory (up until the end of September 2010) for each issue to arrive at his final area assessment judgement for 2010. Progress will be monitored through the Council and the Sunderland Partnership's performance management and reporting arrangements. As part of ongoing improvement planning the Sunderland Partnership's Delivery Plans have

been refreshed to ensure that the work programme is targeting the right issues, and outcomes can be demonstrated, minimising the risk of areas for improvement becoming red flags in 2010. These Delivery Plans were presented to Scrutiny committees in February 2010.

- 2.5 The annual budget consultation took place during October/November 2009. The consultation took the form of a survey followed by participatory workshops which were held across Sunderland with Community Spirit panel members and representatives from the voluntary and community sector. The purpose of the workshops was to prioritise approaches to addressing the budget priorities that had been drawn from the survey results and also provide attendees with:
- A better understanding of the issues that have to be addressed in the budget setting process and information about the budget priorities
  - An opportunity to hear the viewpoints of others when making judgements about budget priorities
- 2.6 The findings helped to inform the Council Revenue Budget for 2010/2011 which was approved on 3 March at a meeting of the full Council. A summary of how resources will be directed to the top priorities identified in relation to health and wellbeing can be found in section 3
- 2.7 As part of the development of Scrutiny particularly in terms of strengthening performance managements arrangements, Policy Review recommendations have been incorporated in to 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 both as part of CAA requirements and future partnership working. Progress in relation to the Home Care Provision and Dementia Care Policy Reviews are attached as **Appendix 1**.

**Appendix 2** provides an update of the position for relevant national indicators and also the local performance measures, which are used by CQC to judge the delivery of adult social care. This includes the results of the former CSCI Performance Assessment Framework (PAF) indicators within Adult Services.

### **3.0 Findings**

#### **3.1 Performance**

- 3.1.1 In relation to Health and Wellbeing nine national indicators are priorities identified in the LAA. An update is available in relation to 3 Nis in relation to the period April to December 2009. An overview of performance can be found in the following table.

Ref	Description	2008/09 Outturn	Latest Update	Trend	Target 2009/10	On Target
NI 130	Social care clients receiving Self Directed Support	0.06%	6.73%	▲	8.5%	✓
NI 136	People supported to live independently through social services (all adults)	3124.19	2865.2	▼	3415	✘
NI 139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	35.5%	n/a	n/a	Next target 2010/11	n/a
NI 120f	All-age all cause mortality rate - female	562	578.7	▼	546	✘
NI 120m	All-age all cause mortality rate - Male	777	851	▼	748	✘
NI 119	Self-reported measure of people's overall health and wellbeing	66.2	n/a	n/a	n/a	n/a
NI 123	16+ current smoking rate prevalence	1100	749.8	▼	1437	✘
NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	2378	2636	▼	2207	✘
NI 119	Self-reported measure of people's overall health and wellbeing	66.2	n/a	n/a	Next target 2010/11	n/a

3.1.2 Part of the local performance measures, which are used by the Care Quality Commission to judge the delivery of adult social care, includes the results of the former Performance Assessment Framework (PAF) indicators within Adult Services. An update against all relevant PAF (now local performance) indicators for the 12 months ending March and December 2009 (or the latest available position) can be found in Appendix 1.

3.1.3 Performance against the National and local indicators remained mixed during 2009/2010 and a more detailed analysis is presented below. Key risks and related improvement activity are described in the following sections.

### 3.1.4 How healthy is the city and are citizen's health & emotional well being improving?

#### NI120 All age all cause mortality rate

Latest performance relates to 2006 – 2008 pooled rates and mortality rates have increased since the previous reporting period and are not on schedule to achieve the 2009/10 target of 546 for females and 748 for males per 100,000 population

A number of Masterclasses are being held as part of the Bakers Dozen work by the Health Inequalities National Support team. The outcomes of these masterclasses will be incorporated into the partnership's Delivery Plans as part of ongoing action planning at the end of March / early April along with relevant outputs when the work of the national team is completed.

In addition a programme of Health Checks is being implemented - 8348 checks are programmed for 2009/10. Cardiovascular risk programme process model has also been developed to form the basis for commissioning requirements during 2010/11 Target outputs from this programme will be available when commissioning has been undertaken.

The city's Wellness Service works to improve individual's health and well-being through the provision of physical activity opportunities, lifestyle advice and education. Working with the Teaching Primary Care Trust (TPCT) and the Third Sector, the Wellness Service actively targets and engages with people who do not yet have physically active lifestyles to provide health information, advice and active support to change their lifestyles to help reduce their risk or maintenance of chronic or lifestyle diseases. The outcome will clearly affect a range of health improvements (including those that are National Indicators) including increasing life expectancy; preventing heart disease and stroke; reducing blood pressure and obesity; and improving mental health and well-being. In 2008, the Council and PCT were awarded Beacon status for their work in reducing health inequalities in the city's neighbourhoods and its willingness to innovate. This provided the city to deliver a number of learning exchanges between Councils and PCTs to help them and the city identify best practise.

In order to do this, the Wellness Service has developed a range of preventative services, targeted interventions and specialist support services at a local level, including within its 7 Wellness Centres in the city:

- *Prevention - Community Wellness Programme* via 8 Community Wellness venues across the city designed to attract residents who do not want to participate in main Wellness Centres. There were over 10,000 attendances to these venues with specialist sessions with CWP Wellness Coaches. This includes specialist support for a small number of people that have significant learning disabilities at one of these wellness venues, which has proved to be popular and successful;
- *Prevention - Community Classes for those over 50*: Specific classes for this age group started in Sep-08, and are specifically designed to improve mobility, balance and coordination to decrease likelihood of falls and increase individuals' ability to continue to live independently. There are currently 192 engaged on the Programme, which includes "Sit N B Fit" classes;
- *Prevention – Wellness...it's a Walk in the Park*: Wellness Service has recently marketed a citywide marketing programme, including marked routes across each of the 5 areas of the city. Routes in the city's parks will typically be 1 – 3 miles in distance, and be suitable for people with life-limiting conditions;
- *Targeted Intervention - Sunderland Exercise Referral & Weight Management Programme* operates from Wellness Centres and community venues, providing greater choice of activities for patients. The Programme is a physical activity referral system enabling health professionals to recommend a course of exercise for patients with a variety of medical conditions. It ensures people at risk are identified sooner and referred to the appropriate health, diet and physical activity advice that will make a difference to their long term well-being. Since April 2009, throughput exceeded its targets in terms of number of people starting 15 week programme (1,987), including GP surgery referrals (over 125), with referrals received from all city's GP practices;
- *Targeted Intervention – Workforce Health & Wellbeing Project* is a research pilot designed to test the effectiveness of the workplace by targeting employees working within Sunderland and Gateshead Council who fall into the category of being lower paid employees who also live in areas of higher deprivation. To date 1584 employees have been contacted to take part in the programme, 333 have received a NHS health check with referral mechanisms where relevant for

exercise, alcohol services, smoking and weight management. The project ends in October and a business case is currently being drafted to potentially continue the project and involve more employers in Sunderland. A further project includes Wellness on 2 Wheels Summer Cycling Programme, with over 50 Council employees accessing one or more of these organized bike rides.

- *Targeted Intervention – Supporting People Wellness Project* works with a small number of particularly vulnerable individuals residing with the Salvation Army to improve their health and well-being, including membership of the Wellness Centre to encourage people to increase their activity levels which will not only help their health and well-being, but their self-esteem, confidence and social skills and promote community cohesion as well;
- *Specialist Service – Specialist Weight Management Service*: This Programme, for individuals identified by GPs as clinically obese, delivered in partnership between the Wellness Service, TPCT and City Hospitals. A multi-disciplinary team based at the Aquatic Centre consisted of a psychologist, dietician and exercise practitioner. The Service provides a traditional clinical programme with access to a leisure facility.

### **NI123 16+ current smoking rate prevalence**

Latest performance (April to December 2009) is 749.8 smoking quitters per 100,000 population. Performance has declined compared to 2008/09 and currently not on schedule to meet the 2009/10 target of 1437 quitters per 100,000 head of population. Key actions to improve this position include:

- Expanding and improving intermediate services (tier 2) for existing and new providers to support the doubling of throughput of stop smoking services, with an additional 38 providers and 117 advisers in 2009/10. This included recruiting mentors to support existing providers and advisors and working more closely with GPs to better identify smokers who may want to quit to signpost individuals, particularly those with chronic conditions, to Stop Smoking Services;
- Expanding and improving specialist services (tier 3) to support the doubling of throughput of stop smoking services in line with AOP and contractual targets, with an additional 4 advisers in 2009/10. Activities included development of workplace initiatives in ASDA, "More Than" insurance and City Hospitals Sunderland. This also included follow-up of people using the service who then did not fulfil the programme;
- Development of the pregnancy and training roles and a focus on key priority groups e.g. routine and manual, including Smoking in Pregnancy pathways, with specialist advisers in ante-natal settings;
- Improved commissioned service models, and training, to improve rates of access to smoking cessation services, including in the community and with "hard-to-reach" groups. This includes marketing the services through the Community Development Officer, who recruited and trained Third Sector organisations to undertake interventions, with significantly improved "community in-reach" which will drive improvements towards NI 123, as well as marketing events such as publicity material and No Smoking Day;
- Re-establishment of local tobacco alliances for the purpose of delivering against national and local tobacco control priorities and supporting the achievement of smoking 4 week quit targets;
- The Sunderland Smokefree Tobacco Alliance has held facilitated sessions and developed an action plan covering:

- Reducing exposure to second-hand smoke
- Supporting smokers to stop
- Media, communications, social marketing and effective education
- Reducing the availability and supply of tobacco products- licit and illicit-and addressing the supply of tobacco to children
- Tobacco regulation
- Reducing tobacco promotion
- Research, monitoring and evaluation

### **NI39 Rate of Hospital Admissions per 100,000 for Alcohol Related Harm**

The rate of hospital admissions per 100,000 for alcohol related harm is increasing as a consequence of NHS investment in alcohol treatment services. Latest performance is 2636 admissions per 100,000 population (April to September 2009) which is considerably more than the 2009/10 target of 2207.

The significant investment to tackle alcohol issues in Sunderland, is being made through a new Alcohol Strategy. This includes Alcohol Treatment programmes targeted towards violent offenders with alcohol misuse issues

New alcohol services are being commissioned which include:

- Enhancement of Tier 1 and 2 provision. Widen the scope of delivery of screening and brief interventions to ensure that interventions can be offered to 20% of the estimated Hazardous drinking population annually (approx. 4930)
  - Enhancement of Tier 3 and 4 provision. Expand tier 3 services to provide treatment for 20% of the estimated Harmful drinking population annually (approx. 1242)
  - Expansion of tier 3 and 4 services to provide treatment for 205 of the estimated Moderate and Severe Dependent Drinking populations annually (approx. 150)
- Reducing alcohol use in young people

#### **3.4.2 How is the city improving citizen's quality of life?**

##### *NI 136 People supported to live independently through social services (all ages):*

One of the main sub-objectives in this area is to promote independence for individuals in order for them to live in their own homes for as long as possible. This is particularly true for older people, but also includes support for younger adults with life-limiting conditions. The latest performance update for the measure that relates to this objective is currently lower than the target of 3284 per 100,000 for 2009/10, and it is unlikely that performance target will be met.

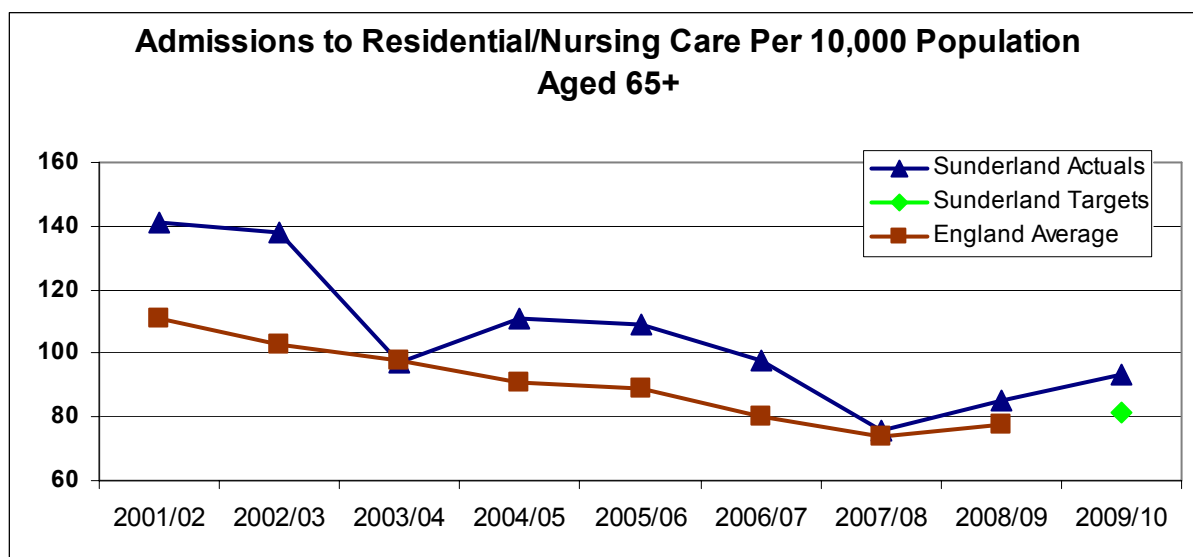
The Directorate of Health, Housing and Adult Services is currently addressing this issue, via developing community "in-reach" solutions as part of the Council's overall Customer Service strategy. For example, the Directorate recently completed an older people's population profiling for the city, and used this as the basis for a more targeted and pro-active approach to supporting individuals. For example, the Council is working on a Department of Health pilot with Church View Medical Practice to better identify people who might some help, e.g. who feel isolated, need financial advice or improve their health and wellness, and has already identified a

small number of people that both the GP practice and the Council need to provide a greater level of support. The principles of the pilot will be rolled out to the North, as well as West, Sunderland Area, working with another GP, and is expected to identify a far wider range of individuals more pro-actively in 2010/11. These solutions will mean that the Council will start to improve its performance against this indicator as a result of this locality-based working, including the use of in-reach teams to penetrate into communities, improved marketing and working with the Third Sector to build capacity and more focussed outcomes.

### 3.4.3 What choice and control do vulnerable adults have in relation to their Council services?

*NI 130: Adult social care customers receiving Self-Directed Support (Direct Payments, Individual & Personalised Budgets):* The Department of Health's definition for this indicator relates to the proportion of people supported by an ongoing adult social care package ("customer base") that were supported by either Direct Payments or Individual Budgets or alternatively had an individual Personal Budget. Some 6.7% of the Council's customer base was supported through these Self-Directed solutions for the 12 months ending December 2009, on course to meet the target of 8.4% for 2009/10. The Directorate is widening the availability of self-directed support, including through Personalised and Individualised Budgets, to provide people with more flexibility to choose and purchase support which reflects their needs and preferences. This may include, for example, support via personal assistants, that enable people to carry out not just daily living tasks such as personal care, but also access to leisure and social activities.

One further measure in this objective is the number of admissions to authority-supported permanent residential or nursing care. The national strategy is to reduce this level and promote more support, particularly intensive support at home. Although there have been efforts to reduce emergency admission rates through the implementation of more preventative measures over the last 3 years e.g. increased use of Urgent Care Team and Primary Care Centres, there continue to be significant pressures on admissions and re-admissions of older people to care.



Strategies developed over the last two years have improved individuals' ability to remain in their own home for as long as possible – which is what most people want. This was supported through the development of Extra Care, the first two schemes for which, at Silksworth and in Washington are now open, with a range of on-site facilities accessible by the local community, including restaurants/cafes (run by a Community Interest Company that employs 29 people with learning disabilities) and a community library. Around 80 of these units at both sites are now occupied, with 22 of these households containing one or more people with dementia. Two further Extra Care Schemes will open over the next 2 years (in Hetton and Houghton), which will provide 175 mixed-tenure apartments in the city.

## **3.2 Budget Consultation**

3.2.1 As part of the budget consultation a series of workshops were held where participants were asked to prioritise a range of approaches to addressing the budget priorities that emerged from the survey results. The top two priorities identified during the consultation in relation to social care were:

- Continuing to extend the availability and range of services that can be provided through the evening and overnight such as the Sunderland Telecare service
- Extending the range of support services (for example, advice and advocacy services) to enable more people to direct their own social care budgets.

3.2.2 During 2010/2011 the council will allocate additional resources to these priorities to support delivery of Sunderland's 15 Year Plan for Adult Social Care. One of the main aims is for every person to have the support to live independently in their own home or community, if that is what they want. An additional £2.636 million will be invested in:

- Staff and equipment for the Telecare service which enables people to live in their own home for longer, with increased safety, confidence and independence. For example, household / personal alarms and sensors that indicate when a person might be at risk and provides a rapid response service
- Contingency for additional costs that may arise through the recent government announcement to provide free personal care to those with assessed high care needs
- Meeting the costs of residential and nursing accommodation provided through independent care providers.

3.2.3 An additional £1.58 million will be allocated as part of the Social Care Reform Grant to support the modernisation of Adult Social Care services. Part of this modernisation will be to continue to improve the process by which people are assessed for Adult Social Care. For example, some of the changes that have already been made are the introduction of a team of Independent Living Officers who are able to assess individuals for smaller items of equipment (such as bath boards and grab rails) and fit and install the item within the same day from the stock






of items they carry. The grant will also be used to pilot the latest developments in Telecare equipment to help people with more complex needs live independently in their own homes for longer.

- 3.2.4 Modernisation will also include extending the range of support services available to assist more people to self-direct their own social care budget (see above discussion). This means that they can have more choice and control over how the services they need are delivered, if that is what the wish. For example, the Social Care Resource Agency helps people who direct their own social care budget to identify opportunities and services within the community to meet their assessed needs.

### 3.3 Policy Review Recommendations

- 3.3.1 The recommendations agreed to improve Dementia Care and Home Care Provision in Sunderland as part of the committees Policy Reviews will deliver a range of improvement activity. A full overview of progress is attached as appendix 2, 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 or are not on schedule to be achieved.

Policy Review	Rag Key		
	 <b>Green</b> (Recommendation achieved)	 <b>Amber</b> (On schedule)	 <b>Red</b> (Not on schedule)
Dementia Care	12 (54%)	5 (23%)	5 (23%)
Home Care Provision	0	11(100%)	0

Improvements made to date include; better use of information to clarify the prevalence and incidence of dementia in Sunderland, co-ordinating requirements in relation to campaigns to reduce stigma and raising awareness, progressing work with GPs and their practices to raise the profile and referrals routes of the Community Health Team and recognising the importance of the third sector in delivering good quality support to people with dementia.

### 3 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.

### 4 Background papers

Budget Consultation 2010/11