

Health and Wellbeing Scrutiny Committee

7th December 2011

Performance Report Quarters 1 & 2 (April – September 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 April to September 2011.

2.0 Background

Performance reports provided to Scrutiny Committee throughout 2010/11 as part of quarterly performance monitoring arrangements were heavily dependent 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.

For 2011/12 the Council's aim is that, in future, performance reporting should be focused on the key priorities for the people, place and economy of Sunderland and should continue to be a robust appraisal of the situation resulting in actions. It should cover the main strengths, areas for improvement, outstanding risks and how these are being addressed. This is a move away from simply reporting all performance indicators with no weighting to reflect their relative importance to the Council. Instead, the aim is to draw attention to the areas that matter most and maximise improvement to deliver Value for Money.

It is envisaged that in 2011/12 Scrutiny will continue to have an important role to play in the authority's revised performance management framework. This will include regular challenging of heads of service and senior officers on ongoing performance issues focussing on particular areas of concern.

The following criteria have been taken into consideration by Heads of Service and service managers in establishing performance indicators for 2011/12

- **Council priorities** (including a City that is Prosperous; a Learning City; Healthy; Safe; and Attractive & Inclusive)
- **Service priorities**
- **Service/operational needs**

- **Internal management information** (including corporate health measures)
- **Value for money** – economy efficiency effectiveness
- **Customer expectations**
- **Ability to benchmark** against our peers (e.g. other local authorities). For some services, sector led consultation has been carried out through various benchmark groups to establish an agreed set of indicators which could be shared.
- **Sector led approaches**- where national frameworks have been developed by particular sectors or professional bodies

This is particularly relevant for this committee where the development of a suite of Health Outcomes and a suite of Adult Social Care Outcomes both at national level has informed the development of local measures.

Attached at Appendix 1 is an extract (produced by *Performance Plus*, the council's corporate performance management software system) from the full set of indicators that the Council has identified so far as appropriate for local self-regulation and which would fall within the remit of this committee.

These indicators are a mixture of former national indicators (NI's) where these are thought still to be appropriate and locally determined indicators. It also includes performance indicators identified within the national *Adult Social Care Framework 2011/2012*.

Members should note that some of the indicators against which services are now measured are new and as a result, baseline and benchmarking data is not available in all cases, but where measures are comparable to those that have existed in previous years, this analysis is included within the report. Where these comparisons are available these are made against the same period last year i.e. quarter 2 for 2010/11.

Due to the lack of baseline and benchmarking data, for some measures targets have not been set at this stage. Also, for some measures the data has not been collected at this point in the year as the information is not due for collection until quarter 3 or quarter 4. Target setting will be revised once more data is available to inform our position. For 2012/13 performance reporting, a formal target setting process is due to be undertaken later in the year as part of the service planning process.

3.0 Performance

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.

3.1 Adult Social Care

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 56.17% for the period 1 October 2010 to 30 September 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.

The Government's Vision for Adult Social Care and the *Think Local, Act Personal* agreement, a sector-wide commitment to moving forward with personalisation and community-based support; are both driving forward the principles of personalisation. With personalisation, customers can exercise greater choice and control over how their individual needs are met by receiving a personal budget, which could be taken as an account managed by the Council who would arrange services on behalf of the customer or taken directly by the customer as a direct payment. This enables customers to determine individual and creative solutions by self-directing their own support rather than receive existing traditional services, and therefore assisting to keep them living in their own home for longer.

The number of people aged 18 and over admitted to permanent residential and nursing care has increased to 456 (equating to 202.85 per 100,000 population) for the period 1 October 2010 to 30 September 2011, a substantial increase from the 371 admissions (equating to 165 per 100,000). Some of this increase is due to previously self funding customers presenting to adult social care once their capital has reduced to below the threshold for support and also there have been a number of previously health funded cases transferring to the Council, mainly for those aged 18 to 64, due to changes in funding streams. The Council is currently working with health partners to develop better accommodation pathways to prevent admissions to permanent care for individuals.

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. re-ablement 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.

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.

The number of delayed transfers of care has increased from 11.3 per 100,000 adult population in 2010/11 to 13.35 per 100,000 adult population for the period 1 April 2011 to 30 September 2011, with over half of the delays being attributable to social care only or jointly social care and the NHS. Current performance may be adversely affected by the decline in the number of social care assessments for new customers completed in 28 days, the provision of services for new customers in 28 days and the recent drop in performance for equipment delivered within 7 working days, all essential in preventing unnecessary delays in transfers of care. Minimising delayed transfers of care is another aspect of ensuring that people are able to live independently at home. 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 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.

Members should be aware that for a number of the Adult Social Care measures changes to counting rules for clients receiving maintained services has influenced a reduction in the number of clients that can be included in measures which presents a distorted comparison with previous reporting periods.

3.2 Health Inequalities

The aim of the council in relation to its priority around Health City is to work with partners to support everyone living in the city to make healthy life and lifestyle choices to enable everyone to long, healthy, happy and independent lives. A key aspect of this is about addressing any gaps in relation to health inequalities.

There has been no further update on mortality rates since the last performance report to Health and Wellbeing scrutiny, which showed an improving trend.

There has also been no further update on alcohol admissions. The last report to scrutiny reported a reduction from 2,659 per 100,000 in the previous year to 2,581 at the end of March 2011.

In relation to healthy lifestyle choices relating to smoking, there is evidence that this is improving on last year with performance data for quarter 1 (April to June 2011) showing 817 smoking quitters (within 4 weeks) reported at the end of June 2011. The data shows that as at end of June 2011 the rate of smoking quitters was 354 per 100,000 population, an improvement on 315 per 100,000 population in the previous year. Quarter 2 figures are still being finalised by Health Colleagues, but early indications are that the improvement in quit rates has continued into quarter 2 as more quitters are uncovered.

3.3 Sport and Leisure

Although attendances at the city's leisure complexes in the period up to September 2011 have declined in comparison to the previous year, they are higher than local targets set for 2011/12. 'Total Visits' are ahead of target for 2011/12 by 46,925, 'Swims' ahead of target by 14,921, and 'Other Visits' ahead of target by 32,004. It should be noted 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.

Adult participation in sport and leisure is measured through the *Active People Survey* (coordinated by Sport England) which is the largest survey of sport and active recreation in Europe. The survey undertaken by MORI provides the largest sample size ever established for an adult (16+) sport and recreation survey. The latest picture below was also reported in the last Health and Wellbeing Scrutiny committee performance report.

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 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 shows that Sunderland is higher than average scores for Tyne and Wear (4.9%), the North East (4.9%) and England (4.5%).

Performance in terms of other measures in the Active People Survey is also impressive when compared to national and regional averages:

18.20% are receiving coaching, compared to 17.5% nationally, 14.8% regionally. 14.80% are active in competitive sport, compared to 14.4% nationally, 12.8% regionally. Sunderland is also higher than the national average for resident satisfaction levels with regard to its Sports Service, 71.1% compared to 69%.

The improved level of performance in this area 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 and the Big Bike Ride.

3.4 Environmental Health

86% of food establishment premises were broadly compliant with the local authority's standards as at 30th September 2011, which is an improvement on 84% recorded last year. It is considered that the National Food Hygiene Rating system introduced in 2011 has influenced businesses to improve.

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.

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