

Joint Performance Report relating to Healthy City Priority in Local Area Agreement and related issues – December 2008 update

Link To Work Programme: Performance Review

Report of the Chief Executive and Director of Health, Housing and Adults Services (on behalf of all partners with an interest in City health and well-being)

1. Why has this report gone to Committee?

- 1.1 To provide an update for Members about key performance issues associated with health, wellbeing and adult social care for the periods ending March 2008 and December 2008.
- 1.2 In particular, to provide members with a position statement in relation to the first nine months of the Local Area Agreement (LAA) and implementation of the new National Indicator set during 2008/09 in relation to the Healthy City priority in the LAA.

2. Description of the Decision

- 2.1 The Health & Well-Being Committee is recommended to note the performance of partners across the City against key health and social care performance measures, including those within the Healthy City priority in the LAA.

3. Background

- 3.1 Since it was established, the Committee has received regular performance reports from partner agencies in relation to adult health and social care and well-being. This has provided an overview of activity, an indication of where things are going well/not so well and a mechanism for capturing the regular user/carer feedback that is part of ongoing audit and inspection.
- 3.2 The report is structured around the following key questions:
 - How healthy is the city and are citizen's health & emotional well being improving?
 - How is the city improving citizen's quality of life?
 - What choice and control do vulnerable adults have in relation to their Council services?

4. Performance

- 4.1 The report provides Members with key performance and background management information, which includes more general issues such as citizenship and participation, as well as 'traditional' issues of health and social care.

- 4.2 Members will recall from previous reports, the Commission for Social Care Inspection (CSCI) continue to rate Adult Services in Sunderland as a three-star organisation with 'excellent' delivery of outcomes of adult social care and 'excellent' capacity for improvement, with similar high-performing ratings provided by the Audit Commission and Healthcare Commission for the overall Council and NHS Trusts in Sunderland, respectively.
- 4.3 In 2007/08, part of the evidence for the judgement about adult social care is the results of the Performance Assessment Framework (PAF) indicators within Adult Services published annually. An update against all relevant PAF indicators for the 12 months ending March 2008 and December 2008 can be found in Appendix 1. These PAF indicators have been replaced on a statutory basis by a new National Indicator set.
- 4.4 Performance improved in a number of areas between March 2008 and December 2008. In particular those that relate to promoting individual's choice and control and improving quality of life. However, the City recognises the need to accelerate progress in some areas. Some of the key areas of strength and for improvement are discussed in Section 5 & 6.
- 4.5 *Local Area Agreement and New National Indicators*
- 4.6 The department of Communities and Local Government have led on the development of a new National Indicator set across all aspects of local government, including adult health, well-being and social exclusion. This indicator set therefore includes several measures about individuals' perceptions of their own health, wellbeing and overall quality of life, and how well the city supports these needs. However, some of the other indicators in the adult health and wellbeing sector of the indicator set also measure other key aspects of support and help provided by the Council. Several of the latter are based on existing adult social care PAF or health NHS indicators.
- 4.7 The development of Sunderland's Local Area Agreement with Government Office North East (GONE) also included a negotiated sub-set of the national indicators relating to adult health and social care against which the city will be measured and judged by GONE. There are 8 new National Indicators in the Local Area Agreement, listed below, in which comments in brackets link the indicator to an existing measure of performance where appropriate:
- **NI 119** Self reported reason of people's overall health and wellbeing (new PI).
 - **NI 120** All age all cause mortality rate (existing public health measure).
 - **NI 130** Social care clients receiving self-directed support.
 - **NI 136** Adults of all ages supported to live independently through social services (revised social care indicator PAF C29 – C32, see below).
 - **NI 139** People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently (new PI).
 - **NI 123** 16+ current smoking rate prevalence (existing public health measure).
 - **NI 39** Alcohol-harm related hospital admission rates (existing public health measure).
 - **NI 56** Obesity amongst primary school children in Year 6 (new PI)

Indicator	Outturn 2007/08	December 2008 or Latest Update	Target 2008/09 (Year 1)	Target 2009/10 (Year 2)	Target 2010/11 (Year 3)
NI 119	67.4% Provisional baseline (2008/09 Place Survey)	67.4%	TBC	TBC	TBC
NI 120	610 (M) 863 (F)	-	562 (M) 777 (F)	546 (M) 748 (F)	530 (M) 720 (F)
NI 130	258/100,000	317.87/100,000	303	8.5%	30%
NI 136	3188/100,000 (Jan 2008)	2942.61/100,000 (April – Dec 2008)	3284	3415	3507
NI 139	35.5% Provisional baseline (2008/09 Place Survey)	35.5%	N/A	N/A	38.5%
NI 123	1,134/100,000	466/100,000 (April - Sept 2008)	1,337	1,430	1,484
NI 39	2038/100,000 +5% change from previous year	570.5 /100,000 (April - June 2008)	2132 / 100,000 +4.5% change from previous year	2207/ 100,000 +3.5% change from previous year	2251/ 100,000 +2% change from previous year
NI56	21.9%	21.2%	22%	22%	21%

4.8 The Government only require the Council and city to set targets for those National Indicators that form part of the Local Area Agreement in 2008/09. However, the city's partners have set targets for the both these indicators and other local performance indicators for 2008/09 to ensure a robust commitment to service improvement across the city.

4.9 However, targets cannot be set for all indicators, as 2008/09 is the first year of collection for a number of new indicators (e.g. those included in the Place Survey). The Government therefore see 2008/09 as a baseline year on which we can target future improvement.

4.10 *Current Update & Risks Associated with National Indicators in Healthy City Priority*

4.11 In relation to the LAA, an assessment of the potential risk for each National Indicator in the Agreement can be found at Appendix 1. It is based on the city's position in demonstrating improvement. This is intended to inform discussion in relation to how we can drive future improvement in addition to focussing on historical data from performance updates. A performance update for the data available at this point of 2008/09 along with trend and target traffic lights is

included as well as an overview of key improvement actions that have been identified to ensure achievement of targets.

- 4.12 In relation to the National Indicator set, an overview of current position in relation to each indicator has been included in Appendix 2, which also contains local performance indicators that are either being retained or introduced in 2008/09 to supplement the new national framework. Many of these localised indicators relate to previous PAF indicators about adult social care with which Members will be familiar and for which historical and current data is available. This will ensure we have a complete picture of service delivery and related improvements.
- 4.13 Performance against the priorities identified in the LAA and associated improvement targets will be a key consideration in the Comprehensive Area Assessment (CAA) in terms of the extent to which the partnership is improving outcomes for local people.

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

5.1 Risks associated with Local Area Agreement Targets:

- 5.1.1 *NI120: All age Mortality Rates:* Latest available information relates to the three year average for 2003 to 2005, and indicates that the average life expectancy in Sunderland, whilst improving, remains lower than the England position linked to socio-economic deprivation. Furthermore, there are variations between wards in Sunderland.
- 5.1.2 *NI 119: Self reported reason of people's overall health and wellbeing:* The basis for this indicator is a self-reported health assessment that will be collected by the new Place Survey. This is a new indicator and the city therefore has no trend analysis. However, data is available for the period ending December 2008 (67.4%). It is important to note that it is difficult to influence the Survey and results may not reflect the extent and improvement to provision of health services, initiatives, projects etc. However, it is likely to reflect variations between Sunderland and England and within the city itself.
- 5.1.3 *NI 39: Alcohol-related Hospital Admissions:* The latest update for this National Indicator is 570.5/100,000 against the target of 2,130/100,000 for 2008/09. This relates to the period April to June 2008. However, approved provider process was completed in 2008/09, with contracts awarded to successful providers. Expansion in all tiers of the treatment system is planned, with the implementation of a best practise system agreed regionally. In addition, an Alcohol hospital liaison project is to be established in South Tyneside and enhanced in Gateshead and Sunderland. The implementation of Local Enhanced Service (LES) and Direct Enhanced Service (DES) from GPs is underway to enhance referral and support mechanisms, but the latter has been delayed awaiting the national specification.
- 5.1.4 *NI 123: 16+ Smoking Rate Prevalence:* Latest performance update is 466 per 100,000 smoking quitters (1070 quitters in total). The information relates to the period April to September 2008. The North East average is 427 per 100,000. The target for 2008/09 is 1,337 per 100,000 for the year. This equates to 3,091 quitters. Remedial action includes Sunderland Teaching Primary Care Trust

(STPCT) increasing the level of investment into Stop Smoking Services also increasing the number of intermediate advisers across Sunderland who can deliver NHS Stop Smoking Services. The Local tobacco alliance has re-formed and is identifying how partners can contribute to number of quitters e.g. Wellness service, University, Back on the Map. A Major marketing and media campaign was also launched on the 17th November. Other initiatives include:

- Commissioning third sector organisations to deliver brief intervention training;
- Co-ordinating a Sunderland wide approach to routine and manual smokers supported by local services, smoke free offices;
- Develop approach to stop smoking into area level arrangements;
- Very pro active trading standards re illicit regulatory activity.

5.2 As members will recall, the latest overall health profile of Sunderland shows improvements in many key areas, such as average life expectancy and mortality rates for cancer and circulatory diseases, all of which improved over the last few years. However, there are still a number of health challenges to overcome both to further 'close the gap' for key health outcomes (e.g. average life expectancy) between Sunderland and the England average, as well as addressing health inequalities within different areas of the City. There has been a high level of investment from the Primary Care Trust in interventions to close this gap. This work comes under the banner of Bridging the Gap and has a focus on identifying risk from vascular disease, and the key lifestyle factors of smoking and obesity, and ensuring that people have access to treatment and lifestyle services. A total of 75% of Sunderland GPs are currently delivering the vascular service, and it is hoped to increase this to 100% by April 2009.

5.3 Investment into local NHS stop smoking services has also taken place. This is seeking to increase the number of advisers delivering level 2 advice and expansion of the specialist stop smoking service. It is also being utilised to develop a stop smoking service model for people from black and ethnic minorities (BME) communities and increase provision via the Third Sector.

5.5 The aim of the Wellness Service within the city is to improve individual's health and well-being through the provision of physical activity opportunities, lifestyle advice and education. Working with Sunderland Teaching Primary Care Trust (STPCT), the local Voluntary and Community Sector, the Wellness Service is developing a citywide network of Wellness Centre 'hub' sites, 'spoke' sites and Community Wellness venues to provide opportunities for all. Through the development of programmes and interventions the Wellness Service is targeting those individuals who are not yet engaged in physical activity, ensuring there are a range of preventative services, targeted interventions and specialist support services at a local level.

5.6 The key principles of the Wellness Service are to shift the balance from treatment services to preventive measures and providing Wellness opportunities as an alternative or support for treatment. As a result of a fully engaged scenario with a range of key partners the service is beginning to reach and impact on the individuals that are most in need and subsequently is contributing to reducing the inequalities that are so prevalent within Sunderland. The Service brings together all partners working in health promotion, sport and leisure services to create a

joined up approach to improving people's quality of life. This approach shifts emphasis away from focusing on illness and ill-health and instead concentrates on identifying how people can be encouraged and assisted to make themselves 'well'.

- 5.7 From November 2008, the new Sunderland Exercise Referral and Weight Management Programme operates from Wellness Centres, spoke wellness centres and community venues, providing greater choice of activities for patients. The Exercise Referral Programme (formally known as the HELP programme) is a physical activity referral system which enables health professionals to recommend a course of exercise for patients with a variety of medical conditions. The programme ensures that 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.
- 5.8 The Exercise Referral and Weight Management programme is delivered by three partners: Sunderland City Council (Wellness service), NHS Teaching Primary Care Trust and City Hospitals Dietetics Dept. The programme lasts for 15 weeks (10 weeks for weight management) and patients are supported through an individually designed exercise programme by a team of fully qualified exercise referral consultants. Further developments include the launch of a new cycling on referral programme and plans have been identified to continue to increase the opportunities for referred clients to include walking and swimming on referral from early 2009. A new programme 'Mums on the Move' is now being delivered by the Wellness service, specially designed to provide safe, suitable exercise for new mothers.
- 5.9 Over 25,000 Wellness Guides have been produced and distributed (e.g. through GPs and health care professionals), targeted at those that require lifestyle advice and education on a number of issues including, healthy eating, weight loss, physical activity, smoking, alcohol and stress. This includes targeting hard-to-reach groups to encourage participation in activity, carers, black and ethnic minorities.

6. How is the city improving citizen's quality of life?

6.1 Risks associated with Local Area Agreement Targets:

- 6.2 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.
- 6.3 *NI 136 People supported to live independently through social services (all ages):* The latest performance update is 2943/100,000, with a target of 3284 per 100,000 for the year. The Directorate of Health, Housing and Adult Services is currently addressing this issue, via developing "case finding" models and working with the Third Sector to better support people to live independently as part of its 3 Year Delivery Plan. Section 7.3 discusses the remedial action that the Council is taking to improve its performance against this indicator, including locality-based working, including use of in-reach teams to penetrate into communities, improved marketing and working with the Third Sector to build capacity and more focussed

outcomes. However, some of these actions have already been completed or are well in progress – e.g. working with GP surgeries directly in specific localities such as Washington.

6.4 *NI 130: Adult social care customers receiving Self-Directed Support (Direct Payments, Individual & Personalised Budgets):* The Department of Health's definition for this National Indicator is currently changing, but the current analysis calculates the number of customers receiving self-directed support – in 2008/09, the number receiving Direct Payments during the financial year – per 100,000 standardised head of population. It replaces the previous indicator (PAF C51), which measures Direct Payments only, and for which Sunderland was the best performing metropolitan authority in England (Figure 1). The intention is that NI 130 will also monitor the number of people provided with other self-directed support options such as Individual & Personalised Budgets. The Directorate will also be 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 shopping and cleaning, but also access to leisure and social activities.

6.5 Performance against this original definition of the new National Indicator NI 130 continued to improve and exceeded its target for 2008/09 – 318 per 100,000 head of standardised population at the end of December (with a target level of 303/100,000). The December position meant that a total of 684 customers received Direct Payments in 2008.

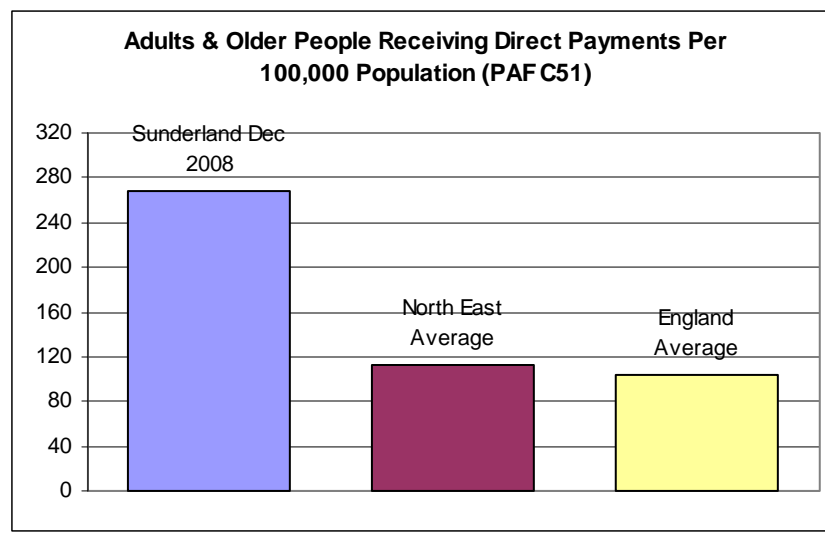


Figure 1 – PAF C51 – Adults & Older People receiving Direct Payments at December 2008 per 100,000 population, compared with North-East average and England average (2006/07).

7. What choice and control do vulnerable adults have in relation to their Council services?

7.1 *NI 139: People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently:* This

indicator was reported for the first time in the national Place Survey. The outturn position was 35.5%, which is exactly comparable with the position for much of Tyne & Wear (35.1%).

- 7.2 The above analysis supports the Council's view, supported through this Survey and through Citizen's Panel and other consultation mechanisms over the last six months that the Council needs to improve its community engagement and marketing about adult social care to residents, building on strong engagement with other (primarily health) professionals.
- 7.3 The Directorate of Health, Housing & Adult Services is developing a marketing strategy, which will include better and more accessible public information, over the coming months to help people recognise more easily the types of support and services they can expect. It will also be developing a number of different ways of improving access for those people that might need "a little bit of help" with daily living, including working with the community/voluntary sector, GP surgeries and Customer Service Centres. This will include the development of greater degree of locality-based working, including the use of in-reach teams to penetrate into communities thus improving "case-finding". In the shorter-term, the Council is currently following up the cases of individuals who were signposted, or supported to access, Third Sector schemes over the last 2 years to see if they need any further assistance, for example, as a result of their changing circumstances. It's estimated that this is true in around one-quarter of cases, particularly for older people.
- 7.4 One 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.
- 7.5 Emergency admission rates have been minimised, as the Council and NHS switched resources to more preventative measures over the last 3 years e.g. increased use of Urgent Care Team and Primary Care Centres.

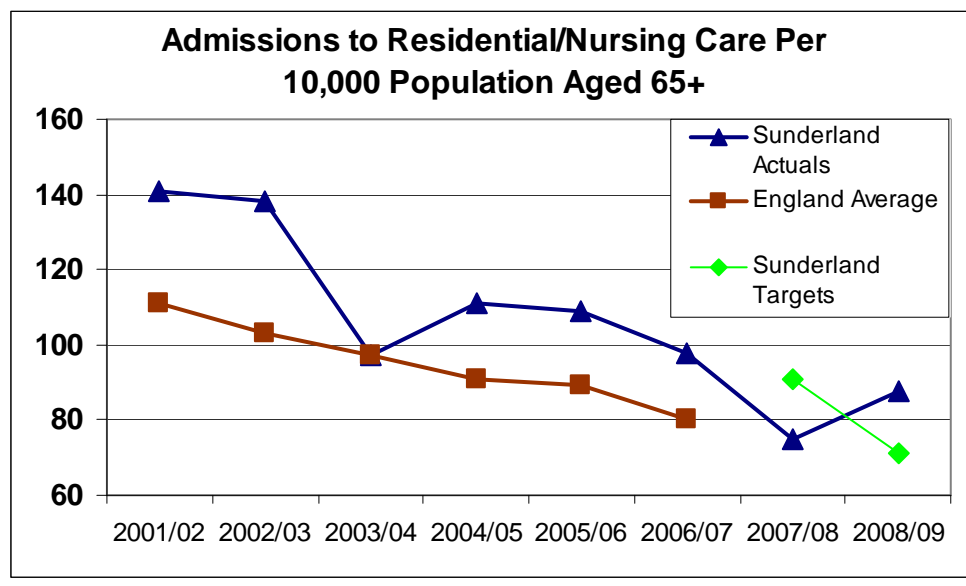


Figure 2 – PAF C72 – Annual number of authority-supported admissions of older people to residential/nursing care per 10,000 population

- 7.6 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. As Members will recall, this includes the launch of the Sunderland Tele-care Service, which incorporates a community alarm service to over 23,000 people in Sunderland.
- 7.7 Another important area for development has been the progression of the city's Home for Life Strategy, led by the Council but supported by housing partners. This aims to develop a range of innovative accommodation schemes for particularly vulnerable individuals. The first elements of this Strategy is the building of 3 Extra Care schemes, a form of sheltered accommodation for (often older) people with complex needs, in Silksworth, Washington and Hetton over the next 3 years. Building at the first site, Silksworth, will officially open in April 2009.
- 7.8 *NI 132 & NI 133*: These indicators measure timescales for social care assessments and acceptable waiting time for care packages, respectively. For the 12 months ending December 2008, performance has improved for both of these indicators. Timescales for social care assessments has improved to 88.4%, whilst the number of care packages completed within acceptable waiting times was 92%. The Council expects to improve further against both measures during 2008/09, with the aim of putting the customer at the centre of service delivery.

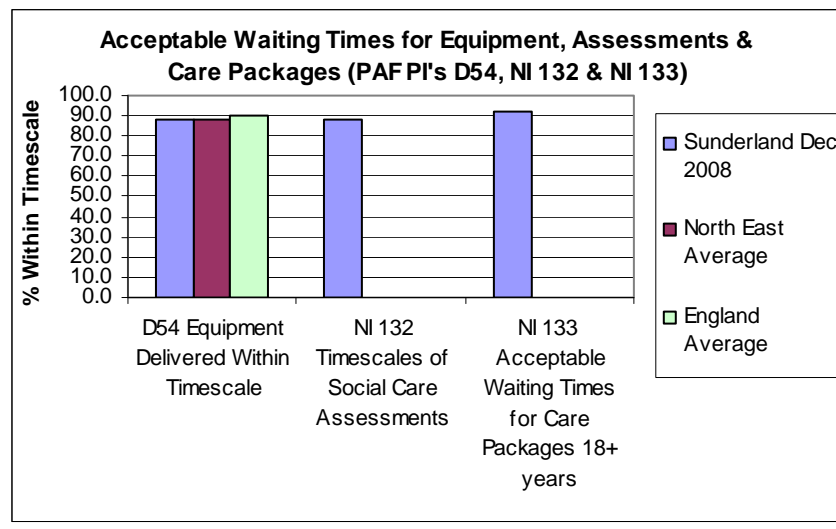


Figure 3 – PAF PI's D54, NI 132 & NI 133 – Acceptable waiting times for equipment, assessments and care packages for the period ending December 2008.

- 7.9 PAF indicator D54 measures the proportion of equipment delivered within 7 working days of the need being identified. The 2007/08 outturn figure for this indicator was 88%. Performance for the 12 months ending December declined slightly, with only 87.8% of equipment delivered within timescales.
- 7.10 A specific indicator measures improvements to quality of life, which have resulted from equipment and adaptations. The 2007/08 outturn figure for this PI was 98% (PAF PI D83). The User Experience Survey also aimed to find out how the equipment/adaptation affected the individual's quality of life. A total of 411 out of

420 respondents indicated their equipment/adaptation made their life much or a little better. Furthermore, the majority of respondents felt confident using their equipment safely and correctly.

8. Recommendation

- 8.1 The Health & Well-being Committee is asked to note the contents of this report and support the revised focus on the Local Area Agreement in providing performance information, whilst maintaining the local performance issues agreed with the Committee.

9. Background Papers

Sunderland Local Area Agreement 2008 - 2011
Our Health, Our Care, Our Say: A New Direction of Community Services
White Paper, Department of Health, 2006

10. Appendices

Appendix 1 – Risk Assessment of Local Area Agreement Targets
Appendix 2 – Update of Key Performance Measures for Healthy City Priority

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