Appendix 1 Home Care Provision Policy Review Recommendations - Progress to September 2010

Home Care Provision S	burnmary Revie	ew Progr	ess	*		Total
						11
0		0		11		- 11
			Due Date	DAC	Commentary	
To ensure through the commissioning process home care providers have organisational structure to deliver the care to service users operational level.	ave ctures Lowes, agreed	Sharon			The new contractua service in Sunderla organisational qual	al arrangements for the home care and are inclusive of a set of lity standards that will ensure that all Il 2011 will have a robust organisational
To ensure that through commissioning process care providers have the organisational capacity resources in place to me the service requirement additional home care packages.	s home e and heet Lowes	Sharon	31/08/2010	*	specification for the consideration capaci	home care that has informed the service e new home care contract takes into city and resources for meeting the care and needs of the individuals.
To ensure that all hom organisations provide a working arrangements employees through coordinated and realist work rotas.	ronal for Lowes,	Sharon	31/08/2010	*	specification for the a zonal way of world	home care that has informed the service e new home care contract demonstrates king for agencies that will have a staffing rotas and staff working
To continue to investig and develop more robu monitoring systems for care providers across t city, including the use technologies and spot checks.	home he Lowes,	Sharon	31/08/2010	*	service in Sunderla systems. These inc tool that has benefi and regular contract	ral arrangements for the home care and are inclusive of robust monitoring clude an electronic care management its for both the provider and the Council of management meetings. The I Care Governance Team will continue in monitoring
To look at the developing of an annual survey for care staff, service user managers to provide a comprehensive picture service provision from variety of stakeholder.	r home s and more Lowes, of a	Sharon	31/08/2010	*	The Researcher wit incorporate the anr surveys that are ur information gained	thin the Directorate continues to mual survey into the rpogramme of anderatken by the Directorate. The from the survey is fed back into the anagement process with providers.
To investigate the pote of a standardised minir training programme fo home care staff across local agencies with the intention that all home workers are encourage enrol on NVQ level 2.	ential mum r all all Lowes,	Sharon	31/08/2010	*	service in Sunderla organisational qual	ral arrangements for the home care and are inclusive of a set of ity standards that set the organisational gencies and the training for their home
To improve the health safety of care workers ultimately service prov to service users by hor care providers investin the use of mobile phon other technology.	and ision ne Lowes, g in	Sharon	31/08/2010	*	service in Sunderla care monitoring sys and safety of care v	ral arrangements for the home care and are inclusive of a new electrionic stem that looks to promote the health workers and has benefits for both the ne Council who commissions the service.
To investigate home ca organisations reimburs any fees incurred by na recruited employees fra CRB checks once they completed an agreed to employment.	ing ewly om Lowes, have	Sharon	31/08/2010	*		

		Due Date	RAG	Commentary
To ensure that the induction procedures of home care organisations provide new employees with the training, initial and ongoing supervision required to perform the duties of their role.	Lowes, Sharon	31/08/2010	*	The new contractural arrangements for the home care service in Sunderland are inclusive of a set of organisational quality standards that states providers must have a recruitment and induction policy in place and that all new members of staff must follow an induction process.
To evaluate the quality of Home Care Plans and look to ensure that the plans have detailed outcomes for services users and carers and also ensure, where practicable, that the plans are easily accessible or in a pre-determined location for the home care worker.	Lowes, Sharon	31/08/2010	*	The new contractural arrangements for the home care service in Sunderland are inclusive of a set of organisational quality standards that look to ensure the support plans that the provider develops for the service user are of a high quality and are outcome focused. Access to these is also covered by the standards.
To ensure that supervisors and contact staff of home care organisations are also fully trained to deal with emergency situations that may occur.	Lowes, Sharon	31/08/2010	*	The organisational quality standards that will form the basis of the new home care contract cover the requirement for all staff including supervisors and office staff to be trained and skilled in dealing with emergency situations.

Dementia Care Policy Review Recommendations - Progress to September 2010

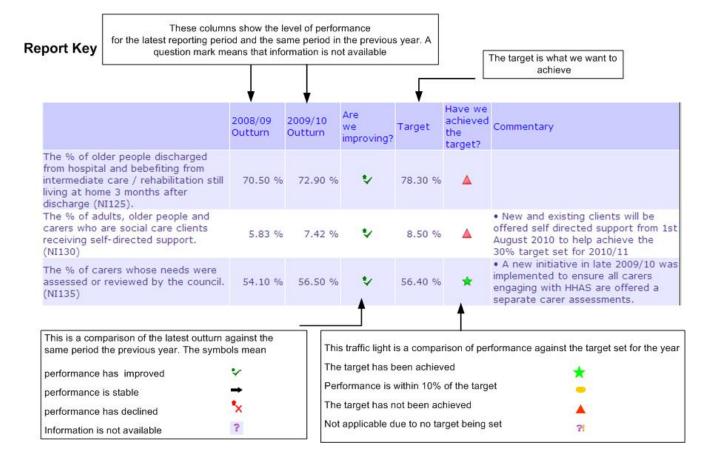
Dementia Care in Sund	derland Summa	ry Review Pr	ogres		Total
		4		10	Total 22
0		4		18	22
Task	Responsible Officer	Deadline	RAG	Progress	
Initiate work with the needs analysis group to clarify incidence of dementia	Lowes, Sharon	31/12/2009	*	Steering Group has identified estimated 3,114 people aged Sunderland in 2009. There we severe dementia. The group health & social care are those an estimated 2,043 such peo 1,280 people with dementia coverage across GP surgeries there are approximately 41% no formal diagnosis from the chance of early intervention; Alzheimer's disease, affecting vascular dementia accounting disorders; The number of peoreliably projected into the fut	d 65+ years with dementia in vere 2,211 people with severe or very of people with the highest input from the aged 80+ years with dementia with sople in Sunderland; There were only on GP registers in 2009, with the substitution because in 2009, with the substitution because in 2009, with the substitution of the people living with dementia with ir GP, and with corresponding less. The most common type of disorder is g 62% of those with dementia, with g for 17%, and 10% having mixed opple with dementia in the city can be sture, because of its strong correlation to 4,550 in the number of people
Work with equivalent groups in realtion to information requirements	Lowes, Sharon	31/12/2009	*	were felt to be low profile by awareness of dementia is inc delivered to develop joint aw providers. The impact of awa monitored through the OPMH staff awareness event on Der	the OPMH Steering Group. To ensure treased training sessions are being areness for both professionals and areness raising initiatives will be I Strategy Group action plan. A NHS mentia for community and practice places to LA professional staff.
Identify monies to fund campaigns	Lowes, Sharon	31/12/2009	*		g reviewed and sourced, even more
Work with equivalent groups in relation to information requirements	Lowes, Sharon	31/12/2009	*	provider includes requirement raining. Local authority contracts with provided for staff. An innovation	nospital and specialist mental health ints for staff awareness and vocational in all require awareness training to be tion fund application is being sourced ess raising of dementia utilising all
Identify monies to fund campaigns	Lowes, Sharon	31/12/2009	*		g reviewed and sourced, even more climate.
Apply for Dementia Advisor Role demonstrator site	Lowes, Sharon	30/04/2010	•	way to deliver the dementia abeen written by the PCT with	en place to determine an alternative advisory service. A business case has LA input. The process will be an or being asked to work collaboratively N.
Engage with the PCT	Lowes, Sharon	30/09/2009	*	Awareness of vasuclar demen	ntia prevention will continue to be nealth and the OPMH Strategy Group.
Undertake a review of information that is in use across the city	Lowes, Sharon	30/04/2010	*	staff using national publication are given. In relation to a se	s been completed with a focus on one to ensure consistent messages ervice directory, work will commence velopment of the memory service
Audit against NDS Objectives	Lowes, Sharon	31/12/2009	*	assessment clinic and have d from the clinicians workshop commission the service there	
Develop a joint commissioning plan	Lowes, Sharon	31/12/2009			gress and adherence to the World s will take until towards the end of e to fruition.
Undertake the review as recommended	Lowes, Sharon	30/10/2009	•		onsultant and a senior nurse to lead oss the hospital. A limited OPMH P audit ongoing.
Include commissioners in the baseline audit and plan development	Lowes, Sharon	31/12/2009	*	In line with the Joint Commis Dementia Startegy, Sunderla	ssioning Frameowrk for the National and continues to ensure inclusiveness he needs of people with dementia,

Task	Respor Officer	sible	Deadline	RAG	Progress
Engage the Tyne & Wear Care Alliance	Lowes,	Sharon	30/10/2009	*	Organisational standards will form part of the new Home Care Contracts (not dementia specific) which will be in place by April 2011. All Contractors must be able to demonstrate they can meet the standards. Vocational courses are in the process of being updated and as a consequence the OPMH Steering Group are still exploring the most appropriate and effective form of staff education and training. The OPMH Steering Group will be working closely with Workforce Development staff to identify the prioritisation of dementia training of staff.
Develop a communication plan	Lowes,	Sharon	31/12/2009	*	In reach services are in place and include open single point referral to Challenge and Behaviour function for Care Home managers. Specialised qualified clinicians prevent unnecessary hospital.
Raise team profile and referral routes	Lowes,	Sharon	not set		
Establish a Task Group to progress the recommendation	Lowes,	Sharon	30/10/2009	*	NHS South of Tyne are modelling the local incidence and prevalence of dementia, death rates, with current LA and PCT spend. We are testing our big prevention and care ideas and investments.
Commission a Task Group	Lowes,	Sharon	30/04/2010	*	Sunderland LA have contributed to the collation of evidence based mapping to support the review of dementia service provision and the identification of good practice. Collaborative working with Action on Dementia, Sunderland Carers Centre and the PCT has ensured consultation with carers of people with dementia in Sunderland will be taking place in November 2010 and the comments received will be fed into the comprehensive evidence based mapping process. The consultancy process is expected to be complete by the end of November 2010.
Review Third Sector engagement	Lowes,	Sharon	31/12/2009	*	There continues to be recognition of the role the third sector plays in supporting people with dementia. The organisations have received grant assistance funding from both PCT and LA to support work with people with dementia and their carers. There are local grant and PCT funded peer support networks in place in the city. Action on Dementia and Sunderland Carers Centre are both represented at the OPMH Steering Group.
Role of the Third Sector acknowledged and built into the commissioning plan	Lowes,	Sharon	31/12/2009	*	Third sector recognition will be built upon as the joint commissioning plan is further developed.
Commission a task group to undertake the review and report findings	Lowes,	Sharon	26/02/2010	*	There are local grant and PCT funded peer support networks in place in the city.
Present a report to the Adult Social Care partnership Board	Lowes,	Sharon	29/01/2010	*	Discussions have taken place with regard to dementia being everyone's business. The Partnership Board are reviewing it's membership to ensure the needs of people with dementia are championed by the appropriate representative.
Report to committee on a quarterly basis	Lowes,	Sharon	30/10/2009	*	Regular updates are provided on the key areas via information sharing through this monitoring and the local implementation plan, which includes the review recommendations.

Health Inequalities Policy Review Recommendations - Progress to September 2010

Health Inequalities	Summary Review	/ Progress			
A	•		*		Total
0	0	11	0		11
Recommendation			Due date	DAG	Progress
Establish an Elected Executive Managem inequalities, who w including widespreadinequalities needs a health impact assess the Chief Executive	nent Team lead fo ill direct a work p id officer engager assessment, equit assment overseen	r health rogramme nent in y audit and	31/03/2011		• a 'baseline analysis' of what is currently being done to address the Social Determinants of Health (SDH) and Health Equity is currently being undertaken as part of the Health Inequalities Service Assessment workstream of the SWOW work. The HI Service assessment will formulate a number of recommendations, which will be implemented throughout the Council through the SWOW principles
specific levels of bri inequalities in Sund	lected Members to be provided with appropriate pecific levels of briefings around health nequalities in Sunderland and the strategic and perational actions required to reduce them in a ustainable way				• A project has been drawn up by partners working on the Child Poverty Strategy to pilot a neighbourhood manageemnt model of working for partners within Souuthwick. This will give the Council an opporunity to work with partners on a social determinant model (encompasing determinants that effect both health and poverty) at a localised level and share findings/models with other areas of the city. The web based information that is currently available through both .gov and the Healthy City website www.hcsudnerland.org.uk have been updated
Appropriate briefing of Service and releving directorates in relative using health needs and health impact a strategic planning a	vant officers acrostion to health inecassessment, heal assessment appro	ss all qualities, and th equity audit priately in	31/03/2011	•	A Toolkit is currently with corporate communications for development. The web based information that is currently available through both .gov and the Healthy City website www.hcsudnerland.org.uk have been updated. Linkages have been made through the Healthy City network with Liverpool in realtion to Health Literacy and Social marketing, for which they are the lead city in the network, to gain evidence or best practice and research
Adopt a health ineq which caters for the the city (including E Officers, partner or public) to ensure th designs consider th implementation	e various stakehol Elected Members, ganisations and n lat new policies al	ders across Council nembers of the nd service	31/08/2011	•	• Work has started with Phil Spooner to build Health Inequalities and Social Determinant model within the Community Leadership Programme and the Joint Leadership programme. This will be built upon at an area level and built into the refresh of the Local Area Plans, which will commence shortly.
The existing joint si City wide, ward and to be enhanced through Committees' role in local needs and in prole in supporting the delivering services needs of an area	d 'natural neighbo bugh the develope highlighting and particular their co he delivery of loca	urhood' level ment of Area identifying mmissioning al area plans in	31/03/2011	•	This will is currently being undertaken by the Commissioning Workstream of the SWOW work
Develop mechanism reducing health ine scrutiny committee of the work plannin	qualities are cons s and area comm	idered by all	31/03/2011		An Influencing Health Toolkit is currently with corporate communications for development
Ensure that Sunder Committees continua co-ordinated appr Community Sector in delivering their s and neighbourhood the agreed framework the Voluntary and Committees and Committees are supplied to the supplin	land City Council use to provide supproach for Voluntar organisations acreervices within locatings, using the partnerships and control of the council of the	oort to develop ry and oss Sunderland al communities ne Compact as p working with	31/03/2011	•	The Social Determinant Model has been applied to the grants process within HHAS for next year 11/12. This recommendation will be given to the Councils Corporate grants group to determine action
City Council to become employees benefit to Schemes and shoul workplace health pr	through 'Health a' d engage with the	t Work'	31/03/2011		Best practice examples are being identified and researched to determine whether they would work within Sunderland
Through the Sunde should engage with routine and manual assist them in imple programmes for loo	rland Partnership large and mediu workers across t ementing workpla	m employers of he city and	31/03/2011	•	Dr Mike Grady from the Marmot Review team delivered a presentation to the DIB which followed sharing of research around a Social Determinant Model of Health.

Recommendation	Due date	RAG	Progress
Further explore innovative practice from across the country in relation to addressing health inequalities, in particular the example of the London Borough of Newham, to ensure that advice and guidance on benefits and re-entering employment targets the main issues facing the long-term unemployed	31/03/2011	•	Through both Eurocities and the WHO Healthy Cities Network, best practice examples are being identified and researched to determine whether they would work within Sunderland
Sunderland Partnership and its delivery partnership submit a formal response to the Marmot Review to the Health and Wellbeing Scrutiny Committee, demonstrating how partners are supporting delivery for the local population around active travel plans, availability of good quality green spaces, healthy local food environments, energy efficiency in housing, reduction of fuel poverty, integration of planning and removal of barriers to community participation	31/03/2011		Work is ongoing with the partnerships Delivery and Improvement Board to collate information and forulate a response, this will include an action plan for the Partnership



Adult Social Care

	Sept 2009 Position	Latest Position Sept	Are we improving?	Target	Have we achieved the	Commentary
The % of older people discharged from hospital and benefiting from intermediate care / rehabilitation still living at home 3 months after discharge (NI125).	70.50 %	2010 81.80 %	•	83.30 %	target?	
The % of adults, older people and carers who are social care clients receiving self- directed support. (NI130)	7.04 %	8.64 %	٠	30.00 %	A	 New and existing clients will be offered self directed support from 25 October 2010 to help achieve the 30% target set for 2010-11 - clients will be able to take the individualised budgets as a direct payment.
The % of carers whose needs were assessed or reviewed by the council. (NI135)	57.88 %	53.15 %	*	59.30 %	A	 A new initiative in late 2009/10 was implemented to ensure all carers engaging with HHAS are offered a separate carer assessments.
The rate of adults per 100,000 population that are assisted directly through social services funded support to live independently. (NI136)	2,876	3,039	•	3,507	A	 This is being addressed in the revised Care Management & Assessment Model which went live 25 October 2010 to provide a more pro-active approach to identify and support individuals who need some help.
The % of vulnerable people (i.e. people who are receiving a Supporting People Service) who have moved on from supported accommodation in a planned way. (NI141)	77.73 %	83.01 %	٧	87.00 %	•	Service to arrange contract review meetings with providers that are not consistently meeting targets. Actions to help improve on performance will be discussed.
The % of vulnerable people (i.e. people who are receiving a Supporting People Service) who have established or are maintaining independent living. (NI142)	98.75 %	99.09 %	*	100.0	•	• Service to arrange contract review meetings with providers that are not consistently meeting targets. Actions to help improve on performance will be discussed.
The percentage of adults with learning disabilities in settled accommodation at the time of their assessment or latest review. (NI145)	84.78 %	92.85 %	٧	84.00 %	*	
The percentage of adults with learning disabilities in paid employment at the time of their assessment or latest review. (NI146)		4.67 %	٠	7.50 %	A	• The Division is considering what mechanisms could accelerate improvements against this indicator, including effectiveness of WNF scheme in not just making people "job-ready", but ultimately support/maintain them in employment.
The % of new clients where the time from first contact to completion of assessment is less than or equal to four weeks. (NI132)	87.74 %	86.61 %	*	94.10 %	A	This is being addressed in the revised Care Management & Assessment Model which went live 25 October 2010 to provide a more pro-active approach to identify and assess individuals who need some help through an initial advice & assessment team.
The % of new clients for whom the time from completion of assessment to provision of services in the care package is less than or equal to 4 weeks. (NI133)	93.31 %	95.01 %	٠	93.20 %	*	assessment team.
The number of admissions of supported residents aged 65 or over to residential/nursing care per 10,000 population (LPI035)	47.03	33.24	*	80.00	*	
Percentage of items of equipment delivered within 7 working days (BV056).	91.20 %	91.33 %	٠	94.00 %	•	 This is being addressed in the revised Care Management & Assessment Model which went live 25 October 2010 to provide a more pro-active approach to identify and assess individuals who need some help through an initial advice & assessment team.

Health Inequalities (please refer to main body of the report for commentary)

	Sept 2009 Position	Latest Position Sept 2010	Source Date	Are we improving	Target	Have we achieved the target?	Commentary
The rate of alcohol related hospital admissions per 100,000 population (NI039).	2,636	2,773	30/06/2010	*	2,248		
The % of residents who report that they are in good health (NI119)	68.90	68.90	31/03/2010	→	69.20		
The mortality rate per 100,000 population, from all causes at all ages - females (NI120f).	579.82	578.70	31/03/2010	٠	530.00	A	
The mortality rate per 100,000 population, from all causes at all ages - males (NI120m).	878.22	851.00	31/03/2010	٠	720.00	A	
Mortality rates from all circulatory diseases per 100,000 population aged under 75 (NI121).	98.00	88.90	31/03/2010	٠	75.49	A	
Mortality rates from all cancers per 100,000 population aged under 75 (NI122)	137.00	141.14	31/03/2010	*	117.03	A	
The rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over (NI123).	554.00	549.84	30/09/2010	*	1,490		

Sport and Leisure

	Sept 2009 Position	Latest Position Sept 2010	Are we improving?	Target	Have we achieved the target?	Commentary	
The % of the population (aged 16 plus) who participate in sport for at least 30 minutes on 3 or more times a week (NIOO8)	19.60 %	19.53 %	*×	24.03 %		• The Active People Survey (that contributes to NI8) outturn for the rolling 24 months April 2008-April 2010 is 19.5%, compared to 19.6% in 2007-2008. As the difference is 0.1% and the confidence level for this data is +/-3.5%, this represents no change in performance. The annual target was set from a local baseline of 20.03% in 2006. In 2006, Government set a target to increase participation by 1% year on year until 2020. In Sunderland, achieving a 1% year on year increase is challenging, given the health and economic challenges we face locally	
% of population volunteering in sport and active recreation for at least one hour per week (LPI018).	4.94 %	4.94 %	v	5.00 %	•		
Total number of visits to leisure centres (LPI021)	2,265,877.00	1,123,166.00	❖	1,140,622.00	•	· · · · · · · · · · · · · · · · · · ·	
Total number of swims within leisure centres (LPI022)	657,016.00	335,368.00	**	379,907.50		 Currently projecting 125,421 behind target as a result of the withdrawal of the free swim funding government initiative which ended 30th June 2010. In order to address the decline, particularly when swim charging was reintroduced from 1 August 2010, has necessitated the need to implement a plan firstly, to retain existing customers and secondly to attract new ones. Detailed below is a summary of the work scheduled in order to keep customers visiting our excellent facilities. 1. Continue to highlight the benefit of the city's 'Lifecard' which was introduced in 2008. 2. Promote our swimming pools, including new facilities at the Aquatic Centre, Silksworth and Hetton as clean, modern facilities that offer a great day out for the family. 3. Continue to drive swimming sales through the monthly Wellness membership packages 4. Promote the Learn to Swim products 5. Continue to develop links with local schools to increase our school swimming programme, targeting all schools in the city 6. Work in conjunction with the City of Sunderland Amateur Swimming Association (ASA) to develop and expand the current Aquatics Club at the Aquatic Centre into our other city pools. 7. Continue to attract high profile aquatics events to the Aquatics Centre, such as the ASA Nationals, UK School Games). 	

	Sept 2009 Position	Latest Position Sept 2010	Are we improving?	Target	Have we achieved the target?	Commentary
Total number of other visits to leisure centres (LPI023)	1,608,861.00	787,798.00	*	760,714.50	*	 Currently projecting 92,381 ahead of target. The new indoor & outdoor play area at Silksworth has attracted attendances higher than originally anticipated.
% of Children & Young People with access to high quality play 1km (CYPP1) (LPI066)	49.00	70.00	٧	65.00	×	 The successful completion of the Play Pathfinder programme has seen a 21% increase in access to high quality play provision from the doorstep.

Environmental Health

	Sept 2009 Position	Latest Position Sept 2010	Are we improving?	Target	Have we achieved the target?	
The percentage of satisfied customers with regulatory services. (trading standards, environmental health and licensing) (NI182)	77.20 %	75.20 %	*	79.00 %	•	
The number of significant issues that the Trading Standards Service is called upon to deal with less the number that it is actually able to deal with (NI183).	4.25	3.21	v	3.50	*	
The percentage of food establishments within the local authority area which are broadly compliant with food law (NI184).	89.20	83.82	₺	89.00	A	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.