At a meeting of the HEALTH AND WELL-BEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on TUESDAY, 19TH OCTOBER, 2011 at 5.00 pm

Present:-

Councillor Walker in the Chair

Councillors Fletcher, Francis, Hall, Maddison, Shattock and Snowdon, together with Ms. V. Brown, Dr. J. Dean, Ms. E. Inglesby and Mr. R. Price

Also in Attendance:-

Ms. B. Atkinson	-	South Tyneside NHS Foundation Trust
Mr. P. Berry	-	North East Primary Care Services Agency
Ms. K. Brown	-	Sunderland City Council
Ms. S. Bulmer	-	South Tyneside NHS Foundation Trust
Ms. S. Cooper	-	NHS South of Tyne and Wear
Ms. P. Corner	-	Sunderland City Council
Mr. B. Craddock	-	Member of the public
Ms. N. Crawford	-	Sunderland Teaching Primary Care Trust
Ms. R. Davison	-	Member of the public
Mr. M. Girvan	-	NHS South of Tyne and Wear
Ms. K. Graham	-	Sunderland City Council
Ms. J. Gray	-	Sunderland City Council
Ms. K. Henderson	-	South Tyneside NHS Foundation Trust
Ms. C. Lewis	-	Sunderland City Council
Mr. M. Lowthian	-	Sunderland LINK
Mr. A. McLellan	-	South Tyneside NHS Foundation Trust
Mr. D. Noon	-	Sunderland City Council
Mr. C. Ranson	-	Sunderland City Council
Ms. C. Robb	-	North East Primary Care Services Agency
Ms. H. Wardropper	-	Sunderland City Council

Welcome and Introductions

The Chairman welcomed everyone to the meeting and invited them to introduce themselves.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Miller, Padgett, Waller and N. Wright, together with Carol Harries.

Declarations of Interest

Councillor Snowdon declared personal interests in items 4 (End of Life Facilities) and 6 (Barmston Medical Centre) as a resident adjacent to one of the proposed sites for the Hospice reprovision and as a patient of Barmston Medical Centre respectively.

Minutes of the Last Meeting of the Committee held on 6th September, 2011

1. RESOLVED that the minutes of the meeting of the Committee held on 6th September be confirmed and signed as a correct record.

End of Life Facilities

The Chief Executive submitted a report (copy circulated) in respect of the above matter which:-

i) provided an update to the Committee on progress to date, highlighting current priorities and timescales regarding the project to secure a sustainable, future proofed hospice facility within Sunderland;

ii) sought member support in taking forward the project, and

iii) introduced Mark Girvan, Project Manager and Sheila Copper, Strategic Lead, Planned Care, from NHS South of Tyne & Wear who provided the Committee with a detailed presentation on the St Benedict's Hospice Business case, a full copy of which had been circulated to members with the agenda papers.

(For copy report – see original minutes).

Mr. Girvan and Ms Cooper addressed questions and comments from members with regard to :-

- access arrangements given the hilly nature of the site
- public transport links
- facilities to be provided within the hospice
- proposals for the current site at Monkwearmouth (there were none presently); and
- the criteria for selecting the preferred site options.

Members welcomed the report and expressed support for the project to provide the new hospice facility. The Chairman thanked Ms Cooper and Mr Girvan for their presentation and in particular welcomed the impressive layout / user friendly nature of the Business case document.

Accordingly it was:-

2. RESOLVED that

i) the report be received and noted,

ii) the project going forward be welcomed and supported; and

iii) arrangements be made to undertake a Committee visit to the new St Benedict's Hospice in due course.

Meals at Home Service

The Executive Directors of Health, Housing and Adult Services and City Services submitted a joint report (copy circulated) which provided the Committee with an update on the Meals at Home Service.

(For copy report – see original minutes).

Pippa Corner, Head of Personalisation, presented the report highlighting the background to the review of the Meals at Home Service, the Policy Context in which the review was undertaken, the review process together with the current situation following the outcome of the review.

Julie Gray, Head of Community Services, and Colin Ranson, Assistant Head of Community Services (Facilities Management) were also present to assist Ms. Corner in addressing the following questions and comments from Members:-

i) Councillor Hall highlighted the reference in paragraph 5.3 that "…the transition had not been as smooth as we would have hoped…" and asked for details of the problems encountered. She also expressed concern that this was the first occasion that Members had been informed of the review and believed the matter should have been presented to the Committee prior to implementation. Councillor Shattock endorsed Councillor Hall's concerns regarding the lack of consultation with the Committee.

ii) Councillor Fletcher stated that the growth of personalisation worried her, and that other Councils in the region still managed to provide meals at home for £2.50.

iii) Councillor Shattock referred to paragraph 4.3 of the report which stated reviews were concluded on 30th September, 2010. It was confirmed that this should have read 2011.

iv) Councillor Shattock contrasted the current issue with the way the Committee had been able to carry out an indepth review of the proposals regarding the implementation of frozen meals four years previously. She believed there was a growing perception that personalisation was being used as a mechanism to cut services.

She stated that the Committee had only recently undertaken a major review of malnutrition in hospital and asked if there were any figures available for community malnutrition rates.

In addition, Councillor Shattock asked whether people were aware of alternative services available, were service users capable of arranging

alternatives and whether it was possible for Sunderland to have entered a partnership arrangement to enable the service to continue.

v) Councillor Francis stated that he was not comfortable with what he'd heard in the report and sought assurances regarding provision, training, monitoring and assessment.

vi) Councillor Fletcher asked that Members be supplied with a list of those private providers operating within their wards.

vii) Councillor Maddison asked for details regarding the numbers of Black, Minority Ethnic residents who were able to access the arrangements.

viii) Councillor Shattock read out a statement from Councillor N. Wright who had been unable to attend the meeting owing to her undertaking Mayoral duties. Councillor Wright stated that although she fully understood the reason for the decision she was concerned that the Committee was not informed that the service was being stopped. She believed that at the least the Portfolio holder should have brought the matter before the Labour Group. Councillor Shattock suggested that perhaps the Portfolio holder should be asked to come to the Committee to explain the decision-making process and why the Committee had not been informed about the matter.

ix) The Chairman asked why a social enterprise was not considered to run the service. He expressed concerns that personalised budgets and direct payments could not be used to access Council provision even when the Local Authority was in the position to deliver the best service. He believed that this was an issue the Committee should look to investigate including its impact on other aspects of Council service provision.

3. RESOLVED that:-

i) the report be received and noted; and

ii) the Portfolio Holder for Health and Well-being be invited to attend a future meeting of the Committee to explain the decision-making process around the Meals at Home Service.

Barmston Medical Centre Procurement

The Sunderland Teaching Primary Care Trust submitted a report (copy circulated) which aimed to provide Members with information relation to the process for procuring a long term contract for the delivery of primary medical care services for patients registered with the Barmston Medical Centre in Washington.

(For copy report – see original minutes).

Peter Berry and Carol Robb, GP Contract Managers from the North East Primary Care Services Agency presented the report, briefing Members on the background to the process, patient engagement and the timescales for the procurement process.

As a patient of the practice Councillor Snowdon noted that it was now much easier to arrange an appointment and the process ran in a much more efficient manner.

The Chairman having thanked Mr. Berry and Ms. Robb for their report, it was:-

4. RESOLVED that the report be received and noted.

Policy Review: Hospital Discharge – Evidence from Community Health Services

The Chief Executive submitted a report (copy circulated) which introduced a presentation from Bev Atkinson, Managing Director of Community Health Services for NHS South of Tyne and Wear on how Community Health Services support hospital discharge services in Sunderland.

(For copy report – see original minutes).

Ms. Atkinson provided the Committee with a detailed Powerpoint presentation which included:-

i) an overview of the following range of services:-

- District Nursing Service
- Intermediate Care Team
- Urgent Care Team
- Community Matrons
- Specialist Palliative Care Services: In Patients, In Reach, Day Care and Community Team
- Respiratory and Diabetes Nurse Specialists
- Tissue Viability Specialists
- Cardiology Community Teams

ii) other Enabler Supporting Initiatives, including:-

- Telehealth
- Telecare linkage to the Community Teams
- Retinal Screening Services
- Continence Services
- Falls Co-ordinator
- Farmborough Court Nursing Element
- HELP Team
- Pulmonary Rehabilitation
- Galleries Day Services
- Infection Prevention and Control Services
- Nurse Practitioner – Nursing Home (Sycamore Lodge)
- Continuing Health Care Assessment Team
- Minor Injuries and Illness Units
- Lymphodema Services
- Carer and Patient Experience Team

iii) Work undertaken by the District Nursing Services including planned and unplanned care.

iv) Work undertaken by the Intermediate Care Team, Community Matrons, the Specialist Palliative Care Teams and the Urgent Care Team.

v) Changes made in the operation of Community Services since 2002.

Ms. Atkinson, having addressed comments and questions from Members regarding co-morbidity, transfer delays caused by unavailability of community equipment or adaptations, equipment tracking systems and future intentions regarding the provision of support for nursing, the Chairman thanked Ms. Atkinson for her attendance and informative presentation.

5. RESOLVED that the report be received and noted as part of the evidence to support the Committee's ongoing policy review of hospital discharge.

Policy Review – Hospital Discharge – Issues Highlighted by the 2010 Survey of Patients on Leaving Hospital

The Chief Executive submitted a report (copy circulated) in respect of the above matter.

(For copy report – see original minutes).

Karen Brown, Scrutiny Officer, presented the report, highlighting some key issues arising from the report which the Committee might wish to consider as its Policy Review progressed.

6. RESOLVED that the report be received and noted as part of the evidence to support the Committee's ongoing policy review of hospital discharge.

Annual Work Programme 2011-12

The Chief Executive submitted a report (copy circulated) appending an updated copy of the Committee's work programme for Members' information.

(For copy report – see original minutes).

Karen Brown, Scrutiny Officer, briefed the Committee on the current position regarding the following activities which had taken place since the last meeting:-

- Children's Heart Services Reconfiguration
- The Veterans Review Action Plan
- The Any Qualified Provider (AQP) briefing.

In addition the Chairman informed Members of an evidence gathering event in relation to the Committee's Policy Review which was to be held on Wednesday, 23rd in Committee Room 1 from 9.15 am until approximately 2.30 pm.

7. RESOLVED that the contents of the report be received and noted.

Forward Plan – Key Decisions for the Period 1st October, 2011 to 31st January, 2011

The Chief Executive submitted a report (copy circulated) to provide Members with an opportunity to consider the Executive's Forward Plan for the period 1st October, 2011 to 31st January, 2011.

(For copy report – see original minutes).

Karen Brown, Scrutiny Officer, presented the report to the Committee.

8. RESOLVED that the contents of the report be received and noted.

The Chairman then closed the meeting, having thanked Members and Officers for their attendance and contribution to the meeting.

(Signed) P. WALKER
Chairman

The re-design and improvement of the Trust's Adult Learning Disability Services South of Tyne

Key drivers for change

1) PRIDE Project

2) National context – good practice guidance

3) Local service provision/demand

4) NTW Service Model Review

PRIDE

- Improving inpatient environments in Sunderland and South Tyneside.
- PCT led public consultation was undertaken between September 2009 and March 2010, 12 sessions including bespoke Learning Disability sessions.
- **All NTW provided in-patient facilities** for adults and older people with mental illness, dementia and learning disabilities in South Tyneside and Sunderland (including all services on the Monkwearmouth site).

PRIDE - post consultation service proposals

RYHOPE
Urgent Care / Rehabilitation
(inc Meadow View)

MONKWEARMOUTH DEMENTIA CARE CENTRE
Assessment & Treatment
Complex long-term care
Challenging Behaviour

BEDE
Urgent Care

ROSE LODGE
Learning Disabilities

National context – good practice guidance

- Valuing People 2001
- Valuing People Now 2009
  - emphasis on the value and need for people with an LD to be able to access mainstream health services safely as a matter of routine.
  - Training and competencies of LD workforce to promote health facilitation (health action plans).
- Greenlight Toolkit
  - emphasised the need for mainstream services to be more receptive to meeting the needs of people with LD eg Crisis teams, main stream mental health provision.

National context – good practice guidance

- **DOH Good Practice Guidance – 2007**

  Focus on the needs of more challenging complex individuals
  - highlights the value of community based provision over beds based services.
  - States “a handful” of beds to meet the needs of a defined population.
  - LD Specialist Community Services need to be more flexible and more responsive to meet the needs of client group (out of hours).

- **Mansell Report /refresh**

- **Michael’s Report**

Local service provision

Sunderland	South Tyneside & Gateshead
Treatment Unit – 8 bedded inpatient acute assessment and treatment facility	**Rode lodge** – 12 bedded inpatient acute assessment and treatment facility
Sunderland Community Nurse Learning Disability Service (Health facilitation team) 9am – 5pm – Monday to Friday	South Tyneside & Gateshead Learning Disability Teams (NTW not provider) 9am – 5pm – Monday to Friday
Sunderland Intensive Support and Urgent Response Service 9am – 5pm – Monday to Friday	

Occupancy levels - March – November 2011

Treatment Unit (8 beds)	
As at:	**Occupancy Rate**
04.03.2011	82%
10.05.2011	85%
31.05.2011	69%
01.07.2011	72%
02.08.2011	76%
05.09.2011	80%
05.10.2011	72%
10.11.2011	60%

Rose Lodge (12 beds)	
As at:	**Occupancy Rate**
04.03.2011	82%
10.05.2011	85%
31.05.2011	69%
01.07.2011	72%
02.08.2011	76%
05.09.2011	83%
05.10.2011	85%
10.11.2011	76%

Across South of Tyne there are currently 8 clients awaiting discharge.
Treatment Unit – Out of the 4 inpatient clients, 3 are awaiting discharge
Rose Lodge – Out of the 9 inpatient clients, 5 are awaiting discharge (30 Nov 2011)

Supportive Social Care Provision

- Sunderland SSD provide a broad range of social care provision which is held in high regard by health colleagues.
- NTW delivers bespoke training in the management of challenging behaviour to Social Care colleagues.
- Undertake joint work via the care co-ordination process.
- Strong professional relationships developed over time via “Partnership” arrangements.

Current service shortfalls

- Access to mainstream Crisis Teams.
- Access to specialist LD services out of hours.
- An appropriate pathway to ensure people with LD access specialist mental health services (custom & practice).
- No seclusion facility
- Current environmental limitations of inpatient unit.
- Limitations associated with patient pathway within South Tyneside & Gateshead.

Service Model Review Proposals

- The development of a universal crisis team to meet the needs of people with Learning Disabilities.
- Increased productivity within LD community staff to ensure greater availability and access.
- Utilisation of Rose Lodge as the South of Tyne specialist inpatient unit - best social care design award in the National "Building Better Health Care" awards in 2010, piloting Care Quality Commission national inspection system – feedback very positive.
- Broader cohort of specialist professionals working within the inpatient unit.
- Greater emphasis on Green light principles within mainstream mental health services.

Timeline

1) Initiated joint review with Commissioner colleagues – August 2011.
2) Commenced engagement on the review of LD services South of Tyne – August 2011.
3) Full series of engagement events held during the past 3 months.
4) Formal staff consultation has taken place.
5) Seeking formal approval from our Commissioners – December 2011.
6) Seeking approval from NTW Trust Board – January 2012.
7) Enhancement of current community services (universal crisis team, expand hours of LD specialist team)
8) Closure of Treatment Unit.

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 indictors 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 there 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.

Contact Officer: Kelly Davison-Pullan
Title: Lead Officer for Corporate Performance
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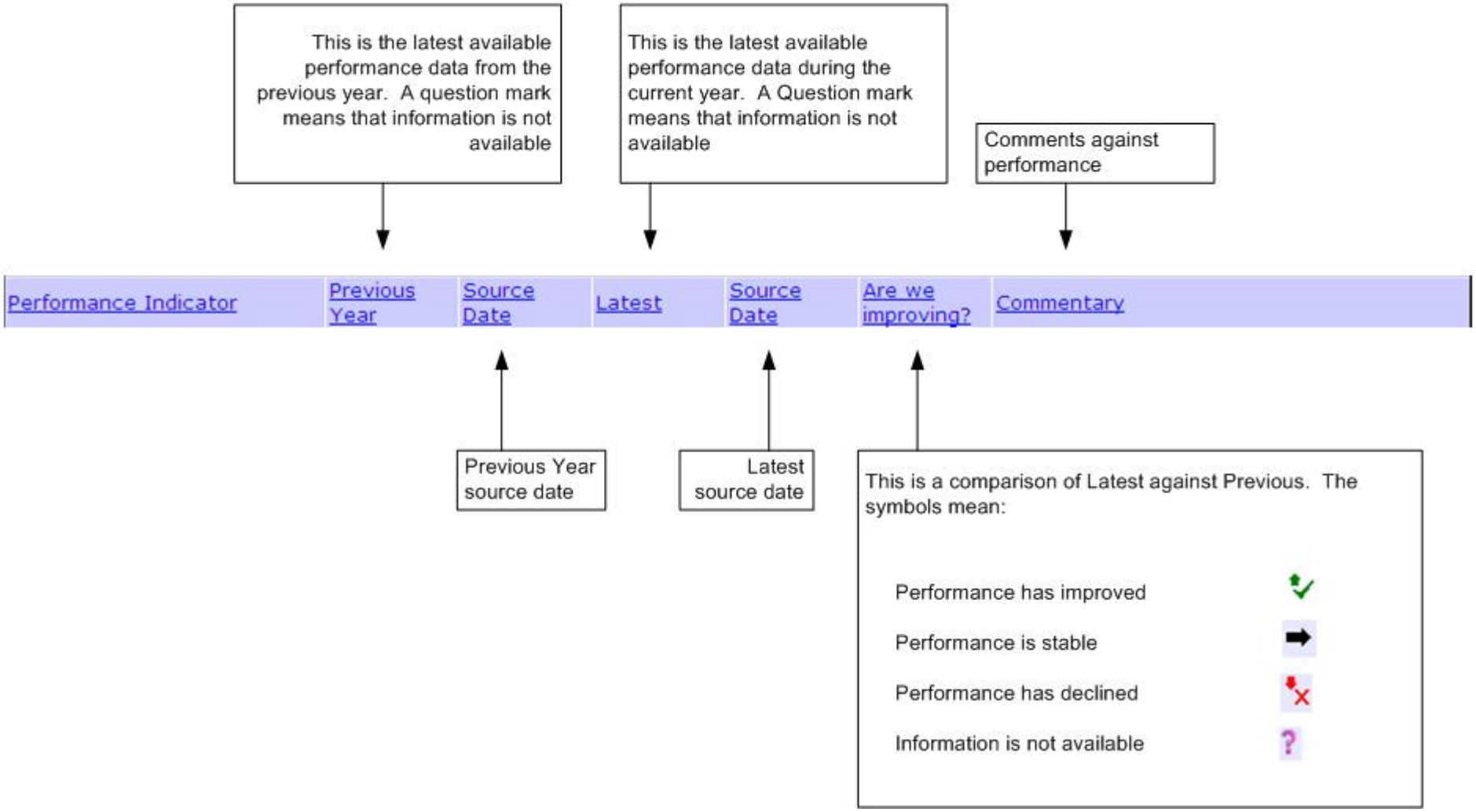
Report Key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This is the latest available performance data during the current year. A Question mark means that information is not available
Comments against performance
Performance Indicator
Previous Year
Source Date
Latest
Source Date
Are we improving?
Commentary
Previous Year source date
Latest source date
This is a comparison of Latest against Previous. The symbols mean:
Performance has improved
Performance is stable
Performance has declined
Information is not available

Adult Social Care

Performance Indicator	Previous Year	Source Date	Latest	Source Date	Are we improving?	Commentary
Proportion of people using social care who receive self-directed support and those receiving direct payments (NPI003)	31.81 %	30/09/2010	56.17 %	30/09/2011		The percentage of new and existing customers receiving self directed support, via managed services and/or through direct payments, has increased 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 the 68% target set for 2011-12 should be achieved. Changes to counting rules for clients receiving maintained services has influenced a reduction in the number of clients that can be included in this measure.
Permanent admissions to residential and nursing care homes, per 100,000 population (NPI009)	165.00	30/09/2010	202.85	30/09/2011		The number of admissions 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). The Council is working with health partners to develop better accommodation pathways for these individuals.
Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population (NPI011)	11.30	30/09/2010	13.35	30/09/2011		The number of delayed transfers of care has increased from 11.3 per 100,000 population in 2010/11 to 13.35 per 100,000 population for the period 1 April 2011 to 30 September 2011. However, 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.
Older people (aged 65 or over) helped to live at home per 1,000 population (BV054).	96.99	30/09/2010	53.06	30/09/2011		The number of older people assisted to live in their own home has improved from 2,303 people as at 31 March 2011 (equating to 49.71 per 1,000 population) to 2,458 people as at 30 September 2011 (equating to 53.06 per 1,000 population). Changes to counting rules for clients receiving maintained services has influenced a reduction in the number of clients that can be included in this measure.

Performance Indicator	Previous Year	Source Date	Latest	Source Date	Are we improving?	Commentary
The number of adults with mental health problems helped to live at home per 1000 population (LPI033)	2.99	30/09/2010	1.50	30/09/2011		The number of adult with mental health problems receiving services to assit them to live independently in their own homes has reduced from 481 people as at 31 March 2011 (equating to 2.7) to 268 people as at 30 September 2011 (equating to 1.5). The reduction is due to the review of cases which has led to a number of them being identified as requiring support from Health services only and thus closed down to adult social care.
The number of admissions of supported residents aged 65 or over to residential/nursing care per 10,000 population (LPI035)	33.24	30/09/2010	88.72	30/09/2011		The number of people aged 65 & over admitted to permanent residential and nursing care has increased to 411 (equating to 88.72 per 10,000 population) for the period 1 October 2010 to 30 September 2011, a substantial increase from the 353 admissions (equating to 76.2 per 10,000). The Council is working with health partners to develop better accommodation pathways for these individuals.
The number of admissions of supported residents aged 18-64 to residential/nursing care per 10,000 population (LPI036)	0.45	30/09/2010	2.52	30/09/2011		The number of people aged 18 to 64 admitted to permanent residential or nursing care has increased from 18 in 2010/11 (equating to 1.01 per 10,000 population) to 45 in 1 October 2010 to 30 September 2011 (equating to 2.52 per 10,000 population). This increase has primarily been due to a large number of previoulsy health funded customers transferring to the Council.
Percentage of items of equipment delivered within 7 working days (BV056).	91.33 %	30/09/2010	86.38 %	30/09/2011		Performance against the percentage of equipment delivered within 7 working days has deteriorated in the first half of the year due to reduced staffing resources, these issues have now been resolved and performance in recent months has increased.
The percentage of carers receiving a specific carers service as a % of clients receiving community based services (LPI034).	15.73 %	30/09/2010	5.95 %	30/09/2011		There has been a decline in the percentage of carers receiving specific carer services. Sunderland City Council are also working in partnership with Sunderland Teaching Primary Care Trust and Sunderland Carers Centre to offer the Carers Breaks and Opportunities scheme which aims to improve the quality of life of carers through providing personalised breaks to enable all adult carers to access opportunities outside of their caring role and to lead a fulfilling life, without the requirement for a formal assessment of needs by Health, Housing and Adult Services.

Performance Indicator	Previous Year	Source Date	Latest	Source Date	Are we improving?	Commentary
The % of clients receiving a review (LPI038)	79.80 %	30/09/2010	70.52 %	30/09/2011		The percentage of adult social care customers receiving a review has declined from 74.76% in 2010/11 to 70.52% for the period 1 October 2010 to 30 September 2011. Further revisions to the Care management & assessment model are addressing improvements in the review process. Changes to counting rules for clients receiving maintained services has influenced a reduction in the number of clients that can be included in this measure.
The % of carers whose needs were assessed or reviewed by the council. (NI135)	53.15 %	30/09/2010	35.00 %	30/09/2011		There has been a decline in the percentage of carers whose needs were assessed or review from 54.09% in 2010/11 to 35% in the period 1 October 2010 to 30 September 2011. A new initiative was implemented in 2009/10 to ensure all carers are offered separate carer assessments and emergency plans; this has led to the number of separate carers assessments more than doubling over the past year. Sunderland City Council are also working in partnership with Sunderland Teaching Primary Care Trust and Sunderland Carers Centre to offer the Carers Breaks and Opportunities scheme which aims to improve the quality of life of carers through providing personalised breaks to enable all adult carers to access opportunities outside of their caring role and to lead a fulfilling life, without the need for a formal assessment of need by Health, Housing and Adult Services.
The % of ethnic clients receiving a review (LPI039)	1.49 %	30/09/2010	1.01 %	30/09/2011		Performance against this indicator has remained fairly constant since 2010/11 with the proportion of the people from BME groups assessed staying around 1.0, indicating that the number of people assessed from BME groups is representative of population.

Performance Indicator	Previous Year	Source Date	Latest	Source Date	Are we improving?	Commentary
The rate of adults per 100,000 population that are assisted directly through social services funded support to live independently. (NI136)	3,039.00	30/09/2010	1,883.18	30/09/2011		The number of people helped to live independently in their own home through service received provided or commissioned by adult social care or through services provided through voluntary agencies who are granted funded through adult social care has fluctated over the months but is now consistant with the final outturn for 2010-11. Community in-reach projects have taken place to potentially identify those who may be in need of adult social care. Changes to counting rules for clients receiving maintained services has influenced a reduction in the number of clients that can be included in this measure.
Proportion of adults with learning disabilities in paid employment (NPI005)	4.37 %	30/09/2010	5.22 %	30/09/2011		The number of people with learning disabilities, known to adult social care, in paid employment at their latest assessment or review has improved from 4.37% (35 people) in 2010/11 to 5.22% (44 people) for the period 1 October 2010 to 30 September 2011. Further improvements to this indicator are expected through the Council working with Community Interest Company to expand the training, volunteering and paid employment opportunities for people with learning disabilities in 2011/12.
Proportion of adults with learning disabilities who live in their own home or with their family (NPI007)	77.80 %	30/09/2010	79.00 %	30/09/2011		Performance against the percentage of people with learning disabilities known to adult social care living in their own home has improved from the 2010/11 outturn of 77.8% to 79.0% for the 12 month period 1 October 2010 to 30 September 2011, acheiving the target set for 2011/12 of 79%.

Performance Indicator	Previous Year	Source Date	Latest	Source Date	Are we improving?	Commentary
The % of new clients where the time from first contact to completion of assessment is less than or equal to four weeks. (NI132)	86.61 %	30/09/2010	85.10 %	30/09/2011		The percentage of new customers being assessed within 28 days of contacting the Council has reduced from 87.88% in 2010/11 to 85.10% for the period 1 October 2010 to 30 September 2011. Further revisions to the care management model are expected to improve the timeliness of assessments.
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)	95.01 %	30/09/2010	86.95 %	30/09/2011		The percentage of new customers receiving all services within 28 days of the completion of their assessment has deteriorated from 91.33% in 2010/11 to 86.95% for the period 1 October 2010 to 30 September 2011. Although under the Personalisation agenda there is more emphasis on working with the customer to determine more self-directed solutions which tailor the support to the customers individual needs and outcomes, rather than a focus on the timescales.

Health Inequalities

Performance Indicator	Previous Year	Source Date	Latest	Source Date	Are we Improving?	Commentary
The mortality rate per 100,000 population, from all causes at all ages - females (NI120f).	578.70	31/03/2010	555.00	31/03/2011	✓	Helped by the national health inequalities support team, a comprehensive programme of targeted lifestyle change, prevention, and identification / management of high risk people is in place including NHS Health Checks, smoking, obesity & alcohol services. Evaluation and development of these services features in the 2011-2015 ISOP.
The mortality rate per 100,000 population, from all causes at all ages - males (NI120m).	851.00	31/03/2010	758.00	31/03/2011	✓	As Above.
Mortality rates from all circulatory diseases per 100,000 population aged under 75 (NI121).	88.90	31/03/2010	78.30	31/03/2011	✓	As Above.
Mortality rates from all cancers per 100,000 population aged under 75 (NI122)	141.14	31/03/2010	147.00	31/03/2011	✗	As Above.
The rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over (NI123).	314.93	30/06/2010	353.66	30/06/2011	✓	Early indications are that the improvement in quit rates has continued into quarter 2 as we tend to uncover more quitters as time goes on.
The % of women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy (NI126)	77.10 %	30/06/2010	107.30 %	30/06/2011	✓	The City Hospitals performance team are working with the midwives to improve data capture, including an audit, communications work and review of processes.

The average weekly rate of delayed transfers of care from all NHS hospitals, per 100,000 population aged 18+. (NI131)	5.48	30/06/2010	14.00	30/06/2011		The PCT achieved it's target of an average rate of less than or equal to 15. Reporting of delayed discharges has changed which makes the figures less robust. The figure reported on the FT SITREP, is a snapshot of delayed discharges and the NIS figure is the average of these snapshots over the quarter. Before August 2010 this was a weekly snapshot so we quoted the average of 13 collections, but now it is only monthly, i.e. three snapshots only. Hence, there is potential for a single untypical snapshot to skew the figures. Significant improvements in performance against this joint health and social care indicators were not made in 2010/11 because of the underlying issues associated with urgent care services in the city. However, the Council, PCT and CHS are making progress within 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.

The rate of alcohol related hospital admissions per 100,000 population (NI039).	2,659.00	31/03/2010	2,580.83	31/03/2011		The alcohol programme is being evaluated and this will show whether plans for reducing admissions quickly were over-ambitious but still achievable in the long term or whether services need changing to achieve the reductions.

Sport and Leisure

Performance Indicator	Previous Year	Source Date	Latest	Source Date	Are we improving?	Commentary
Total number of visits to leisure centres (LPI021)	1,123,166.00	30/09/2010	1,110,257.00	30/09/2011		2010/11 attendances included free swimming statistics which inflated last year's attendances. The economic downturn has also had an effect on leisure complex visits. However, attendances at the city's leisure complexes are ahead of this year's target by 46,925.
Total number of swims within leisure centres (LPI022)	335,368.00	30/09/2010	323,447.00	30/09/2011		Last year's attendances included free swimming statistics which inflated attendances. However, swimming attendances are ahead of this year's target by 14,921
Total number of other visits to leisure centres (LPI023)	787,798.00	30/09/2010	786,810.00	30/09/2011		Attendances are slightly down on last year, with the economic downturn having an effect. However, other visits are ahead of this year's target by 32,004
% of population volunteering in sport and active recreation for at least one hour per week (LPI018).	4.94 %	31/03/2010	7.20 %	31/03/2011		An improvement on previous Active People Survey results and on target. 7.2% of Sunderland adults are sports volunteers, compared to 4.5% nationally.
The % of the population (aged 16 plus) who participate in sport for at least 30 minutes on 3 or more times a week (NI008)	19.60 %	31/03/2010	22.50 %	31/03/2011		An improvement on previous Active People Survey results and on target. The percentage of adults participation in sport and physical activity (3x30mins) has increased in Sunderland since 2009 from 19.5% to 22.5%, and this compares to the national average of 22%.

Environmental Health

Performance Indicator	Previous Year	Source Date	Latest	Source Date	Are we improving?	Commentary
Outcomes of activities carried out by local authorities in order to create /maintain a fair trading environment for business and consumers (NI183)	3.21	31/03/2010	2.22	31/03/2011		An improvement on the previous year and on target.
The percentage of food establishments within the local authority area which are broadly compliant with food law. Broadly Compliant is an outcome measure which the FSA has developed, with local authorities to monitor the effectiveness of the regulatory service relating to food law (NI184)	83.82	30/09/2010	86.09	30/09/2011		The National Food Hygiene Rating System launched in June 2011 has influenced businesses to improve. All businesses will be encouraged to display their rating on door stickers to help motivate further improvement. Whilst we have already been contacted by good businesses seeking to improve to become "top rated", many businesses at the lower end are likely to be struggling to survive. There is a high level of turnover of these businesses and any good work by Officers to promote knowledge of hygiene and management standards disappears when the business closes.

HEALTH AND WELLBEING SCRUTINY COMMITTEE 7th December 2011

SOUTHERN CROSS TRANSFER UPDATE

REPORT OF THE EXECUTIVE DIRECTOR OF HEALTH, HOUSING AND ADULT SERVICES

1. Purpose of Report

1.1 To update Health and Wellbeing Review Committee (HWRC) on the transfer of residential and nursing care homes from Southern Cross to new providers.

2. Background

2.1 Following their well publicised financial difficulties Southern Cross entered into negotiations with the landlords of their homes. The outcome of these negotiations was that the 14 homes in Sunderland would transfer from the management of Southern Cross to new providers. This would also see the TUPE transfer of all staff within the homes to ensure continuity of care to residents and ensure that the amount of disruption to their care was minimal. New care operators were identified and it was agreed that the transfer would take place in several waves in conjunction with homes elsewhere in the country.

2.2 The first wave transferred on 30th September 2011, the second wave on 14th October 2011 and the third wave on 19th November 2011.

3. Current Status

3.1 Of the 14 homes in Sunderland, 13 have now transferred to their new care provider.

Care Home	New Care Operator
Ashbourne Lodge	HC - One
Ashton Grange	HC - One
Donwell House	Bondcare
Elizabeth Fleming	Four Seasons
Fell House	HC - One
Grangewood	Care UK
Hylton View	Roseberry Care
Lilburn Lodge	Roseberry Care
Valley View	Roseberry Care
Falstone Manor/Court	HC - One
Washington Lodge	HC - One
Lansbury Court	Bondcare
Northview Lodge	CMG

3.2 Barnes Court is currently the only home which is yet to transfer to its new provider (Maria Mallaband Care Group). Members of the Directorate have met with representatives from MMCG and remain in communication with

the providers Operations Director and Managing Director. MMCG have advised that the delay is due to a dispute between the landlord of the home, a subsidiary of the Vector Property Group, and their bank. As a result, MMCG and Southern Cross have no influence on the resolution of the dispute.

3.3 As a result the date of the transfer has been revised to Tuesday 29th November 2011. MMCG are unsure that this will be met though they remain very confident the transfer will go ahead in the near future. In the interim they continue to provide as much support as required to the homes manager and staff and the care delivery remains unaffected.

3.4 Senior members of the Directorate, alongside colleagues from the PCT, have met with all the new providers (including MMCG) to discuss the transfer and any issues or concerns which may have arisen. Feedback from the providers indicates that the transfers have been completed with the minimum of disruption to both service users and staff. This feedback coincides with that provided by managers within the Personalisation Service and Customer Service Network.

3.5 The meetings with the new care operators also provide a forum for the Directorate to address any performance issues that may have been carried over from when Southern Cross was responsible for providing the care and agree an action plan and way forward to implement the necessary changes. The providers have demonstrated their willingness to work in partnership and have agreed to regular meetings to ensure communication remains open and transparent.

4. Recommendations

4.1 It is recommended that HWRC receive this report for information.

4.2 If further information is required please contact the Strategic Commissioning Team via Sharon Lowes (Lead Commissioner) or Ann Dingwall (Strategic Commissioning Manager).

HEALTH AND WELL-BEING SCRUTINY COMMITTEE 7 December 2011

REVIEW OF REHABILITATION AND EARLY SUPPORTED DISCHARGE FROM HOSPITAL

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 To provide the Scrutiny Committee with a summary of evidence received at an evidence gathering session for the review of Rehabilitation and Early Supported Discharge from Hospital.

1.2 An evidence gathering / consultation session was held on 23rd November and heard evidence from patients, patients' representatives and carers. A summary of the evidence is attached as Appendix 1.

2. Background

2.1 At its meeting on 8 June 2011 the Scrutiny Committee agreed to pursue a review of Rehabilitation and Early Supported Discharge from Hospital.

2.2 A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying a bed. A patient is ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer AND
- a multi-disciplinary team decision has been made that the patient is ready for transfer AND
- the patient is safe to discharge/transfer.

3. Aim of the Review

3.1 To establish how effectively health and social care services are working in partnership to support timely discharges from hospital and promote independence in community settings.

4. Conclusion

4.1 The Committee is asked to note the summary of evidence received.

5. Background Papers

Health & Well Being Scrutiny Committee reports 8 June 2011 / 19 July / 6 September

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Sunderland City Council

Health and Wellbeing Scrutiny Committee
23rd November 2011 Committee Room 1
Policy Review: Hospital Discharge
Evidence from Service Users / Carers

Notes of meeting held on: 23rd November 2011

Present: Cllr Peter Walker (Chair), Cllr Christine Shattock (Vice Chair), Cllr Fiona Miller, Cllr Diane Snowdon, Cllr Jill Fletcher, Cllr Neville Padgett, John Dean (Links), Ralph Price (Links), Eibhlin Inglesby (Carers Centre) Victoria Brown (Age UK),

In attendance: Karen Brown (Sunderland City Council), Helen Wardropper (Sunderland City Council), Christine Swain (Links), Janet Butler (Links)

Apologies: Cllr Norma Wright, Cllr Anne Hall, Cllr Bob Frances, Cllr Paul Maddison, Ernie Thompson (Action on Dementia Sunderland)

		Action
1.	**Welcome, introductions and apologies** Cllr Walker requested everyone gave a brief introduction of themselves. Apologies were from Ernie Thompson, (Action on Dementia Sunderland)	**A** Action on Dementia evidence to be re-scheduled
2.	**Age UK** Victoria Brown (VB) gave an overview of the Age UK discharge services. Age UK provide services to people over the age of 65 without an assessment. Patients are accessed from the Sunderland Royal discharge lounge. Age UK provide patient support from this base and services can include a variety of support including assessment for risks, trips and falls. Questions raised included the relationship established with the re-enablement team (would the gap be filled if Age UK weren't providing this service), requests for equipment, after hour's admissions and liaison with the discharge team at the hospital. Temporary ramps, medication, home access, assessment process for discharge, currently eligibility age for services, discharge lounge usability. Sunderland Eye Infirmary was cited as an example of very good practice. VB responded to all questions raised explaining that a good relationship exists with the re-ablement team but that referral processes could be improved. There are people receiving no support or advice on leaving hospital who could communicate individual information to Age UK who could pick up more people. After hours admissions are often more complex due to availability of services at that time. Depending on when a person is discharged, can't put care package in place e.g. Friday. Medication was often a cause for delays as pharmacy delays and doctor sign off time are a factor. Some people go home with no information. Families were not always involved in the discharge process. Discharge lounge within the hospital could be an area for improvement with private space for assessment. If all services worked	**A** See facilities at Grindon Mews **A** Report from Links on discharge lounge

	together effectively the system exists for effective discharge but everyone has to interface for it to work. In summary, priorities for improvement were given as follows: • Hospital discharge lounge needs to be fit for purpose • Integration of all services working together effectively. • Communication centred around the person and between services to have early alerts to patient needs.	
3.	**Parkinson's UK** Olwen Pollinger from Parkinson's UK explained that the charity is centrally funded and managed. Services for hospital discharge have improved considerable over recent years however there were still areas for improvement. Once patients with Parkinson's are in hospital they will stay longer than most because of medication needs. There are an average of 20 patients in Sunderland Royal Hospital. There is only one nurse in SRH with level of expertise for Parkinson's. Ideally patients would move from A&E to specialist unit. Intermediate Care (Farnborough Court) is not used enough. Awareness is not there. Staff seem to be very cautious about pursuing a nursing level of care. Hospice facilities won't take patients too soon. High dependency day care would give security of health care and carer relief, whether it be intermediate (6-8 wks) or extra care housing. Re-admission can be caused by carer breakdown and specialist community support would help avoid this. Rehabilitation services are not strong enough to support people in community and avoid re-admission. There are two community matrons in Sunderland with understanding of neurology. They do act as consultants to other community matrons but this could be strengthened. In recent months they have encouraged users to share their stories as a way for improvement for services in liaison with the hospital. A major issue was highlighted as there being no outreach facility, lack of prompt medication and no cover on evenings and weekends. The provision of temporary ramps seemed to be uncertain Priorities for improvement were given as follows: • Respite day care with carers being more supported to reduce re-admissions • Parkinson's Nurse within the Community working across teams and working to care homes (Hartlepool have tried this model) • Enhanced palliative / respite day service • Training in Parkinson's to health professionals to compensate for staff turnover	

4.	**Stroke Association (North East Region)** Louise Hedley and Brenda Walker gave a presentation and history on the Stroke Association. Families are offered an Information Pack as part of the Pathway. This, and the subsequent follow up, is seen as a good practice model. Community stroke teams are involved with patients for up to 12 weeks. The Hospital currently does not have a discharge information pack and could do more to share information with the voluntary sector. A joint discharge package was suggested which gives contacts for all services Questions were raised regarding children who have a stroke, delays in service provision and discharge procedures. Funding and joint working issues need to be addressed. Use of personalised budgets for accessing a specialism is an issue as the pathway doesn't allow for budgets to be used. Priorities for improvement were given as follows: • Funding – how services fit around Direct Payments / Personalised Budgets. Councils moving away from block contracts • More risk assessment • Advice on discharge (it can take months to send notes to GPs)	**A** Information packs available on request
5.	**Sunderland Carers Centre** Eileen Inglesby introduced three carers who had attended to give evidence and case study examples.	
6.	**Case Study 1** The carer of a 62 year old man who was admitted to hospital to have major surgery expressed concerns about neglect whilst in hospital and the discharge procedure. Following surgery the patient was unable to feed himself. Nursing staff placed food out of reach of the patient. The carer gave instance of where she was called to go into the hospital to assist after he had soiled himself and then vomited and had not been cleaned. On discharge there was no care plan or assistance given which led to complications receiving follow up services from GP. Equipment had to be borrowed from friends and neighbours.	
7.	**Case Study 2** Carer accompanied elderly mother, who had multiple health problems into hospital after she had been admitted with a chest infection. Carer expressed concerns after being advised by the medical team that a 'do not resuscitate' instruction should be authorised by the family. The patient made a slight recovery two days later and was discharged. The patient now resides in palliative care but on discharge no assistance was made available regarding personal care or care plans. No information was passed to the GP to help with care in the community.	

8.	**Case Study 3** Carer of male with multiple health problems expressed concerns after he had been frequently admitted, discharged and re-admitted within very short time periods. This included being discharged when he was booked in for a procedure the following day. The patient deteriorated while being transferred to the discharge lounge and had to be moved back. Concerns were expressed over nurses relaying information that was incorrect to the patient in that the wife had said she did not want him to come home. This caused great upset for the family. The same carer gave an example of her mother being admitted to the hospital and having difficulty with weekend discharges and delays etc.	
9.	Priorities for improvement were given as : • Three cases where no discharge had occurred as such • Assessment on whether person can cope at home. Criteria is not individualised, just a tick box exercise. The 'Continuing Care Assessment' has been in operation for some time and hardly anyone meets the criteria. • Carers centre never get referrals from hospital. Could provide more help if got referrals. • Communication with carers/care staff on date of discharge and involvement of families in assessment • Follow up appointments	

Community Covenant with the Armed Forces

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 The purpose of this report is to provide a briefing to Members on Armed Forces Community Covenant's which support local authorities in providing services to the local Armed Forces community.

2. Background

2.1 The first duty of the Government is the defence of the realm which is carried out by our Armed Forces on their behalf. Members of our Armed Forces sacrifice some freedoms that as civilians we take for granted and as part of their duties they sometimes face danger, suffer serious injury or even pay the ultimate sacrifice. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return society has a moral obligation to support the Armed Forces, both Regular and Reservists, past and present along with their families.

2.2 With this in mind, the Government has agreed to adopt an Armed Forces Covenant, published in June 2011, which states the Armed Forces Community should not be disadvantaged compared to other citizens in the provision of public and commercial services. The Government will consider positive actions to allow equality with other citizens as well as considering special treatment for the injured and bereaved, as proper return for their sacrifice.

2.3 As part of the Armed Forces Covenant, the Government is asking local authorities to establish their own Armed Forces Community Covenant.

3. Armed Forces Covenant

3.1 The Armed Forces Community Covenant is

- A voluntary statement of mutual support between a civilian community and its local Armed Forces Community. It is intended to complement the Armed Forces Covenant, which outlines the moral obligation between the Nation, the Government and the Armed Forces at the local level.
- to encourage support for members of the Armed Forces Community living and working in the area, including ex-service personnel, their families and widow(ers)

- To provide an opportunity for the local authority and partner organisations to work together to make the transition easier for military personnel integrating into civilian life
- Is a two way arrangement and the Armed Forces community are encouraged to do as much as they can to support their local community.

3.2 At national level, the Government has set aside £30m over 4 years, profiled at £5m for the first two years and £10m per year for the following two years. Through an application process, community projects will be assessed against eligible criteria, with local authorities being asked to match any grant awarded on a pound for pound basis. This process will start in September 2011. A Community Covenant needs to be in place before the grants can be applied for.

3.3 Through the various systems in place within the partner organisations it is hoped that an accurate figure for the client base can be identified.

4. Regional Veterans Review Action Plan

4.1 As a region we have led the way in raising the awareness of the needs of ex-servicemen and their families through the joint scrutiny work presented to Cabinet earlier in the year.

4.2 A Community Covenant complements the recommendations contained within the scrutiny review to ensure we are giving the service community, both serving and ex serving, all the support they need and deserve. The action plan is being delivered through a partnership working arrangement.

4.3 The aim is that agencies agree to be part of the Community Covenant and start to look at existing protocols and policies to see if they meet the needs of the clients. The second stage will be to develop an Action Plan to resolve any identified issues.

5. Conclusion

5.1 Members are asked to consider the report and contribute any ideas/suggestions with regard to health related services provided for the ex service personnel and their families.

6. Background Papers

MOD The Armed Forces Covenant
MOD The Armed Forces Covenant: Today and Tomorrow.

HEALTH & WELL-BEING SCRUTINY COMMITTEE 7 December 2011

ANNUAL WORK PROGRAMME 2011-12

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 For the Scrutiny Committee to receive an updated work programme for 2011-12.

2. Background

2.1 The Scrutiny Committee is responsible for setting its own work programme within the following remit:

Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Citizenship (Adults); and External inspections (Adult Services)

2.2 The work programme can be amended during the year and any Member of the Committee can add an item of business.

3. Current Position

3.1 In addition to the items taken at the scheduled meetings the following activities have taken place since the last meeting.

- An evidence gathering / consultation session was held on 23 November. A summary of the evidence is available elsewhere on the agenda.

4. Conclusion & Recommendation

4.1 That Members note the updated work programme.

5. Background Papers
None

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	JUNE 08.06.11	JULY 19.07.11	SEPTEMBER 6.09.11	OCTOBER 19.10.11	23.11.11	DECEMBER 07.12.11	JANUARY 11.01.12	FEBRUARY TBC	FEBRUARY 22.02.12	APRIL 4.04.12
Cabinet Referrals & Responses			Cabinet Response to 2010/11 Hospital Food & Veterans Policy Reviews							
Policy Review	Work Programme & Policy Review – Hospital Discharge & Reablement (KB)	Scope of Policy Review (KJB)	Endorse co-opted representation Setting the Scene – Delayed Discharge (JC/AN) Monitoring Action Plans: Dementia, Home Care, Health Inequalities	Community Health Services (BA) CQC In-patient survey leaving health services	Policy Review: Evidence Gathering Day	Out of Hours Service (JU)	Evidence Gathering	Policy Review: Community Event	Draft Report	Final Report
Performance			Q1 Performance Report (SL)			Q2 Performance (ML)				Q3 Performance (SL)
Scrutiny	Safe and Sustainable: Consultation (KB) Integrated Strategic & Operational Plan (STPCT) Health & Well-Being Board (NR)	Campus Completion Programme (PCT/NTW) Training Standards Care Homes (GK)	Procurement of social care for adults with a learning disability – progress report (PF)	Meals at Home Service (PC) Barmston Medical Centre Procurement (PCT) End of Life Facilities (PCT)		In-patient beds for LD (NTW) Community Covenant (KB) Social Care Contributions (GK)	Health Watch (JC) JSNA Consultation (NC) Sick Children consultation (PCT)		Quality Standards Care Homes (SL) Health Strategy consultation (NC)	Annual Commissioning Plan (STPCT)
CCfA/Members items/Petitions		Request to attend conferences Feedback visit to Wearmouth View								Draft Annual Report (KB)

At every meeting: Forward Plan items within the remit of this committee / Work Programme update

HEALTH & WELL-BEING SCRUTINY COMMITTEE

7 December 2011

FORWARD PLAN – KEY DECISIONS FOR THE PERIOD 1 DECEMBER – 31 MARCH 2012

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of the Report

1.1 To provide Members with an opportunity to consider the Executive's Forward Plan for the period 1 December – 31 March 2012.

2. Background Information

2.1 The Council's Forward Plan contains matters which are likely to be the subject of a key decision to be taken by the Executive. The Plan covers a four month period and is prepared and updated on a monthly basis.

2.2 Holding the Executive to account is one of the main functions of scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Forward Plan) and deciding whether scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.

2.3 In considering the Forward Plan, members are asked to consider only those issues which are under the remit of the Scrutiny Committee. These are as follows:-

General Scope: To consider issues relating to health and adult social care services Remit: Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Citizenship (Adults); and External inspections (Adult Services)

3. Current Position

3.1 The relevant extract from the Forward Plan is attached.

3.2 In the event of members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. Recommendations

4.1 To consider the Executive's Forward Plan for the current period.

5. Background Papers

Forward Plan 1 December – 31 March 2012

Contact Officer : Karen Brown, Scrutiny Officer
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Forward Plan - Key Decisions for the period 01/Dec/2011 to 31/Mar/2012

E Waugh,
Head of Law and Governance,
Commercial and Corporate Services,
Sunderland City Council.

14 November 2011

Forward Plan: Key Decisions for the next four months - 01/Dec/2011 to 31/Mar/2012

No.	Description of Decision	Decision Taker	Anticipated Date of Decision	Principal Consultees	Means of Consultation	When and how to make representations and appropriate Scrutiny Committee	Documents to be considered	Contact Officer	Tel No
01548	To agree Community Equipment Service (CES) - Tender for provision of Riser Recliner Chairs	Cabinet	07/Dec/2011	Cabinet, Service Users and Ward Members, Portfolio Holders	Briefings and/ or meetings with interested parties	Via the Contact Officer by 21 November 2011 - Health and Wellbeing Scrutiny Committee	Report	Philip Foster	5662042
01547	To agree the Strategy for Telecare.	Cabinet	11/Jan/2012	Cabinet, Service Users and Ward Members, Portfolio Holders	Briefings and/ or meetings with interested parties	Via the Contact Officer by 21 November 2011 - Health and Scrutiny Committee	Full Report	Philip Foster	5662042
01438	To agree the Social Care Contributions Policy for Personalisation	Cabinet	11/Jan/2012	Cabinet, Service Users and Ward Members, Portfolio Holders	Briefings and/or meetings with interested parties	via the Contact Officer by 19 September - Health and Wellbeing Scrutiny Committee	Report	Neil Revely	5661880