

## Management Scrutiny Committee

21<sup>st</sup> January 2010

### COMPREHENSIVE AREA ASSESSMENT (CAA) REPORTS AND PERFORMANCE UPDATE (APRIL - SEPTEMBER)

#### Report of the Chief Executive

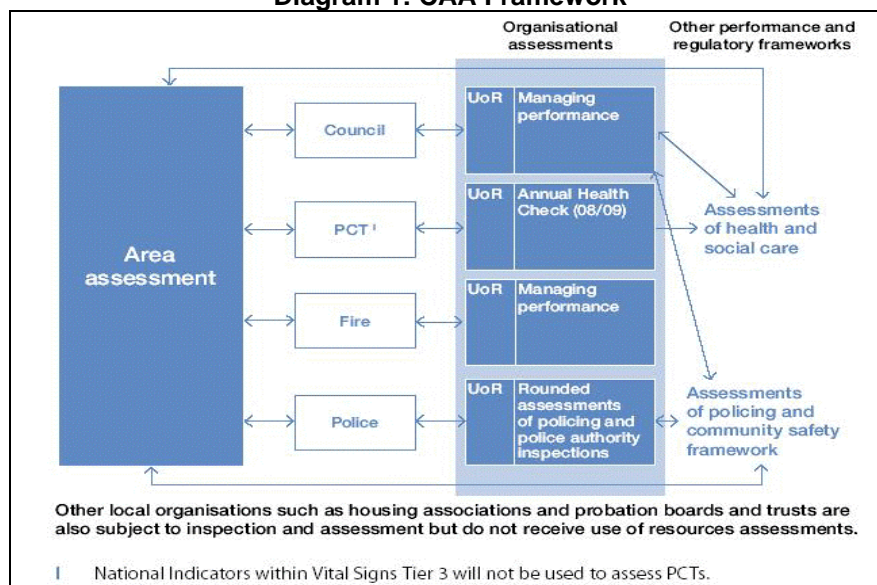
##### 1.0 Purpose of the report

- 1.1 The purpose of this report is to provide Scrutiny Committee with the findings from the inaugural Comprehensive Area Assessment (CAA) and a performance update which includes those areas identified by the Audit Commission (AC) as being the focus of improvement during 2010.

##### 2.0 Background

- 2.1 CAA was introduced in April 2009 to provide an independent assessment of how local public services are working in partnership to deliver outcomes for an area. The first results were reported on the new Oneplace website ([www.oneplace.direct.gov.uk](http://www.oneplace.direct.gov.uk)) on 9 December 2009.
- 2.2 CAA comprises two main elements namely, an area assessment and an organisational assessment for each of the four main public sector organisations (i.e. council, fire, health and police). This is demonstrated in the diagram below.

**Diagram 1: CAA Framework**



- 2.3 Members will recall that a new national performance framework was implemented during 2008/2009. This includes 198 new National Indicators which replaces previous national performance frameworks. As part of this new framework 49 national indicators have been identified as key priorities to be included in the Local Area Agreement (LAA). Performance against the priorities identified in the LAA and associated improvement targets have been reported to Scrutiny committee

throughout 2009 and are a key consideration in CAA in terms of the extent to which the partnership is improving outcomes for local people

### **3.0 AREA ASSESSMENT**

#### **3.1 Process and methodology**

The area assessment focuses on the prospects for better outcomes on local priorities and is an annual assessment of the work of the public services in the city by a range of inspectorates. It answers three key questions:

- How well do local priorities express community needs and aspirations?
- How well are the outcomes and improvements needed being delivered?
- What are the prospects for improvement?

Between April and September 2009 the CAA Lead (CAAL) assessed the work of the Sunderland Partnership (SP) as part of the inaugural CAA Area Assessment. This was achieved through a series of workshops, interviews and briefing notes and a review of evidence (e.g. key documents, performance indicators, consultation results, etc.). This was an iterative process and the CAAL shared the findings at regular intervals throughout.

#### **3.2 Findings – good practice and areas for improvement**

The area assessment is not scored and does not carry a star rating. It is a narrative report providing an overview of progress against key priorities for the area, overall successes and challenges.

Area assessments may award green or red flags. Red flags highlight those areas where there are significant concerns by the inspectorates about outcomes or future prospects, and where more or different actions are required. Green flags highlight exceptional performance or outstanding improvement in outcomes through an innovative approach, from which others nationally can learn. No red or green flags have been identified for Sunderland.

The fact that Sunderland has no red flags demonstrates that the inspectorates have no significant concerns and that the Council and its partners are clear about what needs to be done and has plans in place to secure the necessary impact on outcomes.

Although Sunderland was not awarded any green flags the report recognises the positive impact the SP is making on quality of life. For example:

- There is a good record of attracting new businesses and investment to the city and this is likely to continue helped by an Economic Masterplan.
- The Sunderland Learning Partnership is helping to improve skills in the city and clear plans are in place for it to continue to deliver improved outcomes.
- There is a good understanding of the health, social care and wellbeing needs of the population.

- Easier access to treatment is reducing some health inequalities and this is likely to continue.
- Access to primary health care at a local level is easier and care services for adults are good.
- Overall crime is lower in Sunderland than similar areas in England and Wales and continues to fall and fear of crime is reducing.
- There are positive outcomes from a range of targeted work including drug treatment programmes, a safer homes programme improving quality of life, youth engagement projects and parenting initiatives.
- Sunderland's local environment is currently ranked joint third best of the UK's 20 largest cities. Social housing and transport are good.

The report highlighted a small number of areas for improvement, which are already priorities for the city, namely:

- To reduce the number of young people in Sunderland that are not in employment, education or training (i.e. NEETs) from the current levels of one in young eight young people.
- To meet some key targets around health inequalities, which are not being met, such as reducing death rates for men to nearer the national average; reducing the teenage pregnancy rate; and smoking rates, particularly smoking during pregnancy.
- To continue to address child poverty, which is reducing faster than in other areas but remains high.
- To address the issue of affordable housing in Sunderland, through the implementation of developed plans.
- To ensure that City Region actions deliver improved actions in relation to transport and skills.
- To ensure the Alcohol Strategy delivers the planned outcomes, particularly in relation to alcohol related hospital admissions.

An overview of good practice across the Sunderland Partnership and our own analysis of where we are at in relation to these improvement areas is contained in section 5 and 6.

### **3.3 Improvement planning approach**

The Sunderland Partnership's Delivery and Improvement Board considered the draft area assessment report, and in particular those areas identified as being in need of improvement at its meeting on 11 November, as part of a wider discussion on improvement priorities for the next year. Delivery Plans are currently being refreshed to ensure that the work programme is targeting the right issues, and outcomes can be demonstrated, minimising the risk of areas for improvement becoming red flags in 2010. These Delivery Plans will be presented to Scrutiny committees in February 2010

### **3.4 2010 approach**

The CAA Lead has now shared his planned approach to undertaking the evidence gathering for area assessment in 2010, which will differ significantly to the approach

undertaken in 2009. There has been an acknowledgement within the inspectorates that the level of resources allocated to the assessment is not sustainable and so a more proportionate approach is now planned. In Sunderland (and the rest of Tyne and Wear) the CAA Lead plans to adopt an approach with two complementary elements, namely:

- A Risk Assessment Matrix
- A small number of themed probes across Tyne and Wear (the exact nature and subject of the probes have yet to be agreed).

The Risk Assessment Matrix will be the primary tool against which the Sunderland Partnership will be assessed and is designed to provide greater clarity and certainty around the final outcome of the area assessment (for example the number of green and red flags that will be awarded in the final report). The Matrix will incorporate those issues that were identified in the first year of the CAA area assessment as having the most potential to become red flags and green flags, as well as any themes that weren't considered in the first year of CAA that the CAA Lead wishes to explore in 2010 (e.g. mental health).

Once the Risk Assessment Matrix has been agreed, the CAA Lead will use it to monitor progress against the agreed performance trajectory (up until the end of September 2010) for each issue to arrive at his final area assessment judgement for 2010. Progress will be monitored through the Council and the Sunderland Partnership's performance management and reporting arrangements.

#### **4. Organisational Assessment (including Use Of Resources)**

##### **4.1 Process and methodology**

The organisational assessment covers the performance of the council and is intended to:

- Support and complement the area assessment's focus on priority outcomes
- Ensure accountability at an organisational level, including contributions to delivering LAAs and wider sub-regional or regional strategies, including multi-area agreements
- Bring together contributions from inspectors and auditors to provide a rounded assessment of organisational effectiveness
- Inform and focus improvement planning, including inspection programming
- Help the public hold their local public bodies to account

The organisational assessment combines a scored use of resources assessment and a scored managing performance assessment into a combined assessment of organisational effectiveness scored on a scale from 1 (lowest) to 4 (highest). The council has scored 3 out of 4 for its organisational assessment and both of its component assessments i.e.

	Score	Assessment	Score
<b>Organisational assessment</b>	3	Managing performance	3
		Use of resources	3

## 4.2 Managing performance

The managing performance assessment is designed to determine:

- How well is the organisation delivering its priority services, outcomes and improvements that are important to local people?
- Does the organisation have the leadership, capacity and capability it needs to deliver future improvements?

The managing performance assessment is developed from the findings of the area assessment (particularly those outcomes that are relevant to the council) and use of resources, as well as the Care Quality Commission (CQC) Annual Performance Assessment of Adult Social care and Ofsted Annual Performance Assessment of Children's Services. This has been supplemented by a series of interviews with the Chief Executive, EMT, Leader and Resources Portfolio Holder to consider how the authority is managed and how it performs against its priorities

The overall score for managing performance is 3 out of 4. The inspectorates judged the council as follows:

- Council services are helping to improve the quality of life for people in Sunderland.
- There is positive achievement in a range of key performance indicators, including health inequalities and crime, increasing employment and education opportunities for young people and improving the environment.
- Ofsted has rated the council's children's services as performing well.
- CQC has rated the council's adult social care as excellent, because people have good access to services that enable them to live independently within their own homes for longer.
- There is a clear long-term vision for Sunderland in 2025, based on a good understanding of needs and priorities of residents.

A full list of the council's key performance information is available on the council's intranet and also in the Members Room. In addition performance in relation to those indicators specifically within Management Scrutiny committees remit is attached as **appendix 1**

## 4.3 Use of resources

The use of resources assessment covers three themes:

- Managing finances
- Governing the business
- Managing resources

The use of resources assessment was a feature of CPA; however within CAA it has been expanded and focuses on different issues, for example there is a much stronger focus on partnerships and outcomes. The two processes (i.e. CPA and CAA) cannot therefore be compared.

The AC has assessed the council to be 'performing well' in its use of resources and has scored the council as 3 out of 4. The overall use of resources score is arrived at through a series of scored Key Lines of Enquiry (KLOEs). These are set out below:

Theme	Score	KLOE	Score
<b>Managing finances</b>	3	1.1 Financial planning	4
		1.2 Understanding costs & achieving efficiencies	3
		1.3 Financial reporting	3
<b>Governing the business</b>	3	2.1 Commissioning & procurement	3
		2.2 Data quality & use of information	3
		2.3 Good governance	3
		2.4 Risk management & internal control	4
<b>Managing resources</b>	2	3.1 Natural resources	2
		3.2 Strategic asset management	2
		3.3 Workforce	Not assessed

The council scored 4 out of 4 for financial planning and risk management and internal control, which means that it is classed as a national exemplar from which others can learn. Financial planning was identified as exemplary; the council manages its finances well and has shifted resources to ensure the achievement of priorities. The council is also successful at securing external sources of finance. The following examples of notable practice were cited:

- The review of adults social care provision this year has been identified as a notable practice example of how a local authority can challenge established patterns of resource use in consultation with partners. The review has led to a move away from residential provision, greater investment in preventative measures and more home based support.
- Developing the "Sunderland Model" for BSF schools has led to new schools and refurbishments being financed from DES grant rather than loans or PFI credits.
- The joint waste strategy being delivered in partnership with Gateshead and South Tyneside MBCs is another example of the council exploring new ways to deliver priorities and improve value for money.

Risk management and internal control was identified as excellent and has been used to especially good effect on the Building Schools for the Future (BSF) project. Effective partnership governance has also enabled partners to improve outcomes and access additional sources of finance. The following examples of notable practice were cited:

- Risk management is fully integrated into all corporate processes and has been used to especially good effect on BSF delivery and formulating the medium term financial plan.
- Demonstrating effective risk management has enabled the council to reduce insurance premiums, increase insurance cover at no extra cost and extend self insurance schemes.
- Adopting the comprehensive code of practice for partnerships has enabled partnerships to improve outcomes and access additional sources of finance.

Although the council was able to demonstrate examples of best practice in relation to asset management and natural resources, the AC identified areas where the council still needed to improve, for example embedding sustainability into all of the council's activities and plans. These issues are identified in the council's use of resources improvement plan and we are already undertaking actions to secure the necessary outcomes. Progress in relation to the Use of Resources action plan will be provided to members as part of quarterly performance reporting.

## **5 Audit Commission Findings – Local Public Services**

The CAA report recognises public services performance in each of the Sunderland Partnership's priority areas as follows:

### **5.1 Prosperous City**

Sunderland has had one of the highest employment growth rates in the country. There is a good record of attracting new businesses and investment to the city. This is likely to continue, helped by an Economic Masterplan, providing a comprehensive and integrated regeneration strategy for the City, due for completion early 2010. Each year around 300 new businesses start in or move to the city, increasing the types of businesses and giving a wider range of jobs. However, Sunderland has the fifth lowest wage level of UK cities. The local response to the recession is sustaining and creating jobs. However, the recession presents a major risk to the pace of delivery of Sunderland's plans to provide more local homes.

### **5.2 Learning City**

The Sunderland Learning Partnership is helping to improve skills in the city. Clear plans are in place for it to continue to deliver improved outcomes. The shared sixth form model is an effective way of helping children and young people to take part in education and learning. Sunderland College's 'Business Solutions' helps employers by delivering training in the workplace to improve employee skills. The University works with businesses operating in the area, particularly to assist development of new business ideas. However, one in eight of young people in Sunderland are not in employment, education or training. This is well above national and local averages and a top priority for the area. Results at age 11 are now in line with the national figure and 43 per cent of young people are achieving five or more A\*C grades at GCSE including English and Maths. There are a good range of opportunities for adults to develop their literacy and numeracy skills.

### **5.3 Healthy City**

Health and deprivation in Sunderland are worse than national averages. There is, though, a good understanding of the health, social care and wellbeing needs of the population. Easier access to treatment is reducing some health inequalities and this is likely to continue. However, not all plans are completed, limiting the opportunity for partners to contribute to improvement. On average, Sunderland residents die younger than in the rest of the country. Deaths from smoking, and early deaths from

cancer, heart disease and stroke are all worse than national averages. Action to improve health has been underway for a number of years, and overall death rates in the last 10 years have reduced. However, some key targets are not being met, such as reducing death rates for men to nearer the national average; the teenage pregnancy rate; and smoking rates, particularly smoking during pregnancy. Access to primary health care at a local level is easier and care services for adults are good.

#### **5.4 Safe City**

Overall crime is lower in Sunderland than similar areas in England and Wales, continues to fall and fear of crime is reducing. There are positive outcomes from a range of targeted work including drug treatment programmes, a safer homes programme improving quality of life, youth engagement projects and parenting initiatives. Strong partnership working and good use of intelligence result in clear plans which should ensure that these improvements continue. In 2008/09 recorded crime was down three per cent from the previous year and there have been reductions in every main recorded crime activity.

#### **5.5 Attractive and Inclusive City**

Sunderland's local environment is currently ranked joint third best of the UK's 20 largest cities. Sunderland's streets and green space are well maintained. Improvement is likely to continue through plans to identify a network of green corridors to increase opportunities for sport and leisure activities and plans for a 'Legible City' to help people enjoy the City and find their way around. Social housing within the City is in a good condition. However, availability of affordable housing is a significant issue for Sunderland and reducing homelessness is a top priority for Sunderland. Transport links are good, both by public transport and by road. But the 2008 Place Survey identified a lack of cohesion across different communities.

### **6 Areas for Improvement**

- 6.1 The development of Sunderland's Local Area Agreement with Government Office North East (GONE) included a negotiated set of the national indicators which have been identified as key priorities. Performance against the priorities identified in the LAA and associated improvement targets have been reported to Scrutiny committee throughout 2009 and are a key consideration in CAA in terms of the extent to which the partnership is improving outcomes for local people. An overview of performance for the first six months of 2009/10 can be found in the following table.



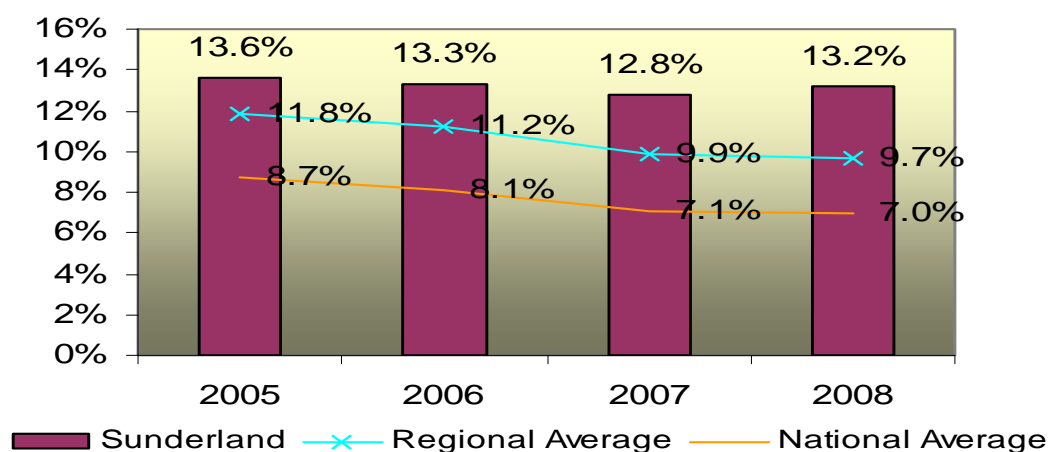
NI Ref	Performance Indicator	2008/09 Outturn	Latest Update 2009/10	Trend	Target 2009/10	On target
<b>LAA theme - Prosperous and Learning City</b>						
NI 72	At least 78 points across Early Years Foundation Stage with at least 6 in each of the scales	44	53	▲	48.4	✓
NI 73	Achievement at level 4 or above in both English and Maths at Key Stage 2 (Threshold)	72	70	▼	73	✗
NI 75	Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths	43	44.8	▲	51	✗
NI 87	Secondary school persistent absence rate	5.2	6	▼	6.4	✓
NI 92	Narrowing the gap - lowest achieving 20% the Early Yrs Foundation Stage Profile vs the rest	42	37.2	▲	36.7	✗
NI 93	Progression by 2 levels in English between Key Stage 1 and Key Stage 2	83	83	◀▶	87	✗
NI 94	Progression by 2 levels in Maths between Key Stage 1 and Key Stage 2	80	82	▲	80	✓
NI 99	Children in care reaching level 4 in English at Key Stage 2	80	42.1	▼	50	✗
NI 100	Looked after children reaching level 4 in mathematics at Key Stage 2	93	47.4	▼	55	✗
NI 101	Looked after children achieving 5 A*-C GCSEs (or equivalent) at KS 4 (with English and Maths)	6	10	▲	20	✗
NI 117	16 to 18 year olds who are not in education, employment or training (NEET)	13.2	10.7 (Nov 2009)	▼	9.5	✗
NI 163	NI 163 Proportion aged 19-64 for males and 19-59 for females qualified to at least Level 2	68.6%	65.4%	▼	66%	✗
NI 171	VAT registration rate	33.2 per 10,000 pop	n/a	▼	36.1 per 10,000 pop	n/a
NI 152	Working age people on out of work benefits	17.5%	18.8% (May 09)	▼	20.5%	✓
NI 153	Working age people claiming out of work benefits in the worst performing neighbourhoods	30.2%	30.6% (Feb 09)	▼	31.8%	✓
NI 162	Learners achieving an Entry Level 3 qualification in Numeracy	204	n/a	n/a	114	n/a
NI 161	Learners achieving a Level 1 qualification in Literacy	1661	n/a	n/a	973	n/a
NI 163	Working age population qualified to at least level 2 or higher	68.6%	65.4%	▼	66%	✗
NI 117	16-18 year olds not in employment, education or training	13.2%	10.7%(Nov 09)	▼	9.6%	✗
<b>LAA theme - Healthy City</b>						
NI 120	All – age mortality rates	579 (females) 878(males)	n/a	▼	546 (females) 748 (males)	n/a
NI 136	People supported to live independently through social services (all ages)	3124.19	2876.49	▼	3415	✗
NI 130	Social care clients receiving Self Directed support (per 100,000 population)	0.06%	7.04%	▲	8.5%	✓
NI 112	Under 18 conception rate (per 1000 females)	-6%	-7.6%	▲	-46.4	✗
NI 56	Obesity among primary school age children in year 6	21%	n/a	◀▶	22%	n/a
NI 39	Alcohol-harm related hospital admission rates	2378 per 100,000	2315.7 per 100,000	▼	2207 per 100,000	✗
NI 123	16+ current smoking rate prevalence	1100 per 100,000	282.6 per 100,000	▼	1,437 per 100,000	✗

LAA theme – developing high quality places to live						
NI Ref	Performance Indicator	2008/09 Outturn	Latest Update 2009/10	Trend	Target 2009/10	On target
NI 154	Net additional homes provided	299	185	▲	90	✓
NI 159	Supply of land ready to develop housing sites	145%	n/a	▲	100%	n/a
NI 195	Improved street and environmental cleanliness					
	a) litter	4%	4%	◀▶	9%	✓
	b) detritus	5%	5%	◀▶	7%	✓
	c) graffiti	4%	4%	◀▶	3%	✗
	d) fly posting	0%	0%	◀▶	1%	✓
NI 192	Household waste Recycled and composted	25.59%	30.8%	▲	30%	✓
NI 175	Access to services and facilities by public transport, walking and cycling					
	(i) % of households within 20 minutes of closest secondary school	100%	n/a	n/a	100%	n/a
	(ii) % of households within 20 minutes of closest primary school	100%	n/a	n/a	100%	n/a
	(iii) % of households within 30 minutes of closest (A&E) hospital	88.5%	n/a	n/a	88.20%	n/a
	(iv) % of households within 20 minutes of closest GP surgery	99.7%	n/a	n/a	99.80%	n/a
	(v) % of households within 40 minutes of specific employment sites					
	(a) Doxford	86.6%	n/a	n/a	86.90%	n/a
	(b) Nissan	78.3%	n/a	n/a	70.80%	n/a
	(c) Pattinson	74.3%	n/a	n/a	83.70%	n/a
	(d) City Centre	85.8%	n/a	n/a	89.70%	n/a
NI 30	Reoffending rate of prolific and priority offenders (reduction in convictions)	1.10	16 (offences) Apr to Jun 09	◀▶	17% reduction in convictions (127 proven offences)	✓
NI 19	Rate of proven reoffending by young people	0.96	0.27 (June 09)	▲	1.1	✓
NI 20	Assault with injury crime rate (per 1000 population)	8.84	3.92 (14% reduction)	▲	-5 reduction	✓

6.2 The following issues have been identified in the first year of the CAA area assessment as having the **most** potential to become red flags.

**6.2.1 To reduce the number of young people in Sunderland that are not in employment, education or training (i.e. NEETs) from the current levels of one in eight young people**

**NI117 16 to 18 year olds who are not in education, employment or training  
NEET**



Year	Sunderland	LAA Target	Regional Average	Gap	National Average	Gap
2005	13.6%	n/a	11.8%	1.8%	8.7%	4.9%
2006	13.3%	n/a	11.2%	2.1%	8.1%	5.2%
2007	12.8%	n/a	9.9%	2.9%	7.1%	5.7%
2008	13.2%	10.8%	9.7%	3.5%	7.0%	6.2%
2009	10.7% (Nov 09)	9.5%	n/a	n/a	n/a	n/a

As at end of November 2009, 10.7% of the 16-18 cohort were not in education, employment or training (NEET). The number of young people NEET in Sunderland is considerably higher than both regional (9.7%) and national (7%) averages. Performance is currently not on schedule to meet the 2009/10 target of 9.5%, however revision of working practices within Connexions Sunderland has resulted in a 2.7 percentage point reduction on same time last year.

### Improvement Activity

- Young people have access to the fullest range of learning and support. Through the Youth Offending Service the Resettlement and Aftercare Programme will engage young people into substance misuse services, the New Direction Scheme will engage long-term unemployed in training and work with custodial settings ensures employment and training programmes are in place.
- Concentrate on NEET programmes with high drop out rates/low rates of progression
- The NEET action plan is currently being refreshed as a consequence of the recent Turning the Curve event and embedded into the 14-19 Strategy and the LAA delivery plan to ensure a consistent approach across the relevant partnership groups.
- Implement multi agency packages to support 'at risk' young people.
- Improve transition from pre to post 16 provision.
- Implement full data sharing/tracking system for all partners.
- Develop Intermediate Labour Market Programme
- Identify skill shortages/gaps in provision.

- Implement a 'clearing house' system where providers get together to coordinate placements for those young people currently NEET
- Develop personalised programmes
- Increase take up of apprenticeships with partners

**6.2.2 To meet some key targets around health inequalities, which are not being met, such as reducing death rates for men to nearer the national average; reducing the teenage pregnancy rate; and smoking rates, particularly smoking during pregnancy**

The Health Inequalities National Support Team (HINST) have been tasked to focus a range of support activity on a smaller number of Spearhead communities who were together responsible for a disproportionate percentage of the gap between the Spearhead group as a whole, and the national average. A group of 13 communities, of which Sunderland is one, has now been arrived at, subsequently known as the 'Baker's Dozen', which together make up nearly 40% of the mortality gaps, for men and for women. It should be stressed that the selection has been made purely on the basis of size of contribution to the national gap, and is not a statement of 'poor performance' in any way. At the centre of the Enhanced Support Programme to these communities will be a Priority Action List which will drive forward the Enhanced Support Programme based upon it will take a number of forms:

- **A Stocktake process** will be developed, which will be used to carry out a risk assessment, initially for the Baker's Dozen, of where they stand in relation to each of the Priority Actions.
- **Masterclasses.** From the Priority Action List, a range of common 'barrier' issues have been established. These will involve activities where many Communities are struggling to make progress, but where there are examples of good and successful solutions. For each of these areas of work HINST, in conjunction with other National Support Teams and Policy colleagues will pull together a Masterclass. A small team from each of the Baker's Dozen has been invited to each of these events, which will allow detailed and informal dialogue with those who have been practically involved in successful delivery.
- **Toolkits.** From the Priority Action List, a range of topics have been identified where a toolkit would potentially enable Spearhead communities to move forward further, faster. Some of these exist already, and will be 'kite-marked' as suitable. Others will be rapidly drawn together, and piloted initially with the Baker's Dozen.
- **Handbook.** The Priority Action List will be used as a framework on which to hang examples of illustrative good practice, where this already exists.
- **Dissemination Events.** Although focus of direct support will be the Baker's Dozen, the products of the Enhanced Support Programme will be disseminated to all Spearheads. A series of 5 dissemination events will be set up across the country in the New Year, with representative teams invited from all Spearhead communities. These will provide exposure and training in relation to:
  - The Stock take process
  - The products of Masterclasses
  - The range of toolkits
  - The illustrative handbook

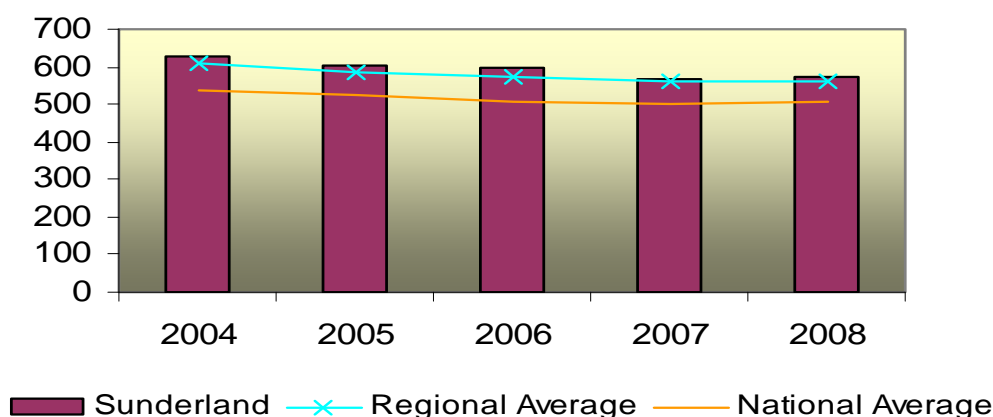
- **Tailored Support:** HINST will arrange a series of formalised visits to each of the Baker's Dozen to fit with the cycle of development planning for 2010/11. This will provide an opportunity to discuss the Stocktake findings, and consider what components of an enhanced support programme would be appropriate in order to address any gaps in delivery.

In addition to national support the members of the Health and Wellbeing Scrutiny Committee are also undertaking a Policy Review during 2009/10 around tackling health inequalities with particular focus on the variances between wards in Sunderland. Ongoing progress reports are provided to Scrutiny Committee and the recommendations arising from the review will support improvement at a local level and embed national good practice in communities.

A consultation exercise has also been undertaken with the Council citizen panel, Community Spirit to establish members views on a range of health issues including; how informed they feel in relation to availability of health related services, what hinders them in terms of eating healthily, being physically active, drinking in moderation and giving up smoking and what would encourage them to increase health related activity and get more involved in shaping and developing health related services in their local area. An action plan is currently being developed that will also inform the Scrutiny Committee Policy Review.

In relation to health outcomes progress in relation to key performance targets is as follows:

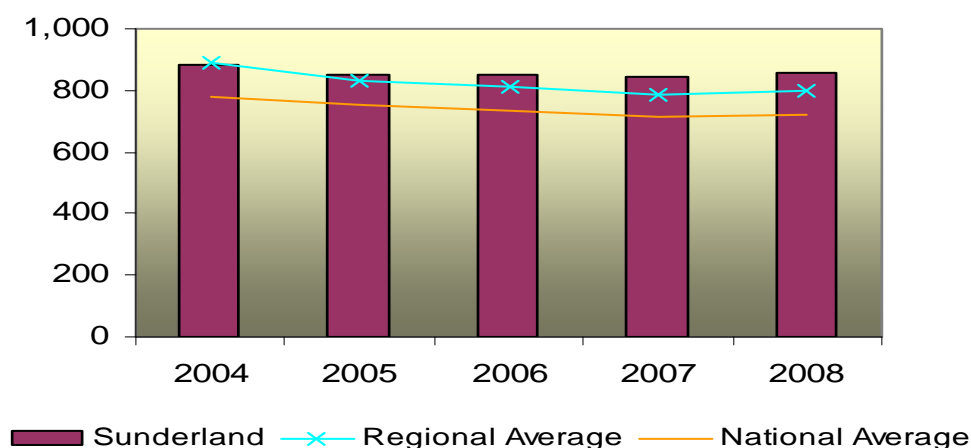
#### NI120a All-age all cause mortality rate (females) per 100,000 population



Year	Sunderland	LAA Target	Regional Average	Gap	National Average	Gap
2004	626	n/a	610	16	539	87
2005	605	n/a	588	17	524	81
2006	598	n/a	575	23	508	90
2007	566	n/a	561	5	500	66
2008	573	562	563	10	509	64
2009	n/a	546	n/a	n/a	n/a	n/a

As at end of 2008, the mortality rate for females was 573 per 100,000 population considerably higher than both regional (563) and national (509) averages. Performance is currently not on schedule to meet the 2009/10 target of 546 per 100,000, however the gap between Sunderland and the national rate is reducing.

#### NI120b All-age all cause mortality rate (males) per 100,000 population



Year	Sunderland	LAA Target	Regional Average	Gap	National Average	Gap
2004	885	n/a	888	-3	778	107
2005	850	n/a	832	18	756	94
2006	853	n/a	809	44	736	117
2007	842	n/a	786	56	713	129
2008	858	777	798	60	722	136
2009	n/a	748	n/a	n/a	n/a	n/a

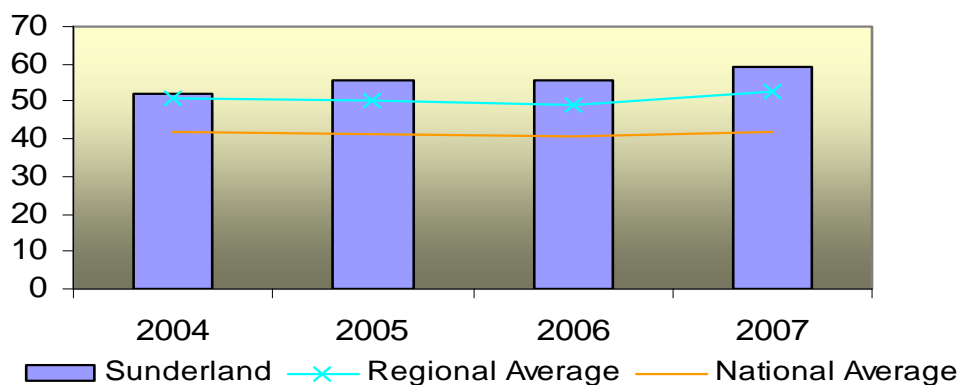
As at end of 2008, the mortality rate for males was 858 per 100,000 population considerably higher than both regional (798) and national (722) averages. Performance is currently not on schedule to meet the 2009/10 target of 748 per 100,000, and the gap between Sunderland and the national rate is increasing.

#### Improvement Activity

Progress has been made in commissioning of a comprehensive range of services to increase the life expectancy across Sunderland. These include a vascular checks programme ahead of the national programme (74% of Sunderland GP Practices signed up to the delivery of vascular checks for patients in their practices), stop smoking services, weight management services and alcohol services. Good progress has been made in 2008/2009. The challenge has been the scale and number of services requiring new commissioning arrangements e.g. 45 contracts for weight management services. In addition comprehensive qualitative research has been carried out with local people to understand what they want from the vascular checks service and how they want it delivered. This included focus groups with men and members of the BME community who are least likely to access GP services. A pilot is being set up with Sunderland City Council Occupational Health Department to offer vascular checks to staff commencing in 2009. A comprehensive

pathway for weight management has also been developed with substantial investment. This includes community level interventions up to bariatric surgery.

### NI112 Under 18 conception rate per 1000 females



Year	Sunderland	LAA target	Regional Average	Gap	National Average	Gap
2004	51.9	n/a	50.8	1.1	41.6	10.3
2005	55.9	n/a	50.0	5.9	41.3	14.6
2006	55.5	n/a	48.8	6.7	40.6	14.9
2007	59.3	n/a	52.9	6.4	41.7	17.6
2008	n/a	38.81	n/a	n/a	n/a	n/a

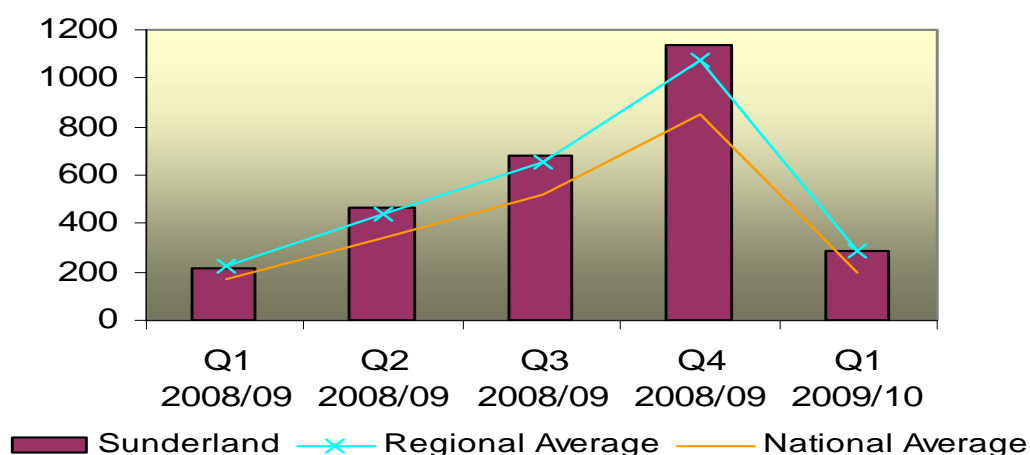
Under 18 conception data is released quarterly and the latest data available is based on a rolling 12 month period to June 2008. Over the previous 12 months the rate has continued to decrease. At the end of 2007, the rate in Sunderland was 59.3 per 1000 females, decreasing to 54.5 for the latest 12 months to June 2008. March and June 2008 quarterly figures are the lowest since 2006. Although Sunderland remains above both north east and national averages, the rate of improvement is stronger in Sunderland over the last 12 months, reducing from 59.3 to 54.5, compared to 41.8 to 41.4 nationally and 53 to 50.6 in the north east. The actual numbers of under 18 conceptions for the latest 12 months are 303 (July 07 to June 08) compared to 321 for July 06 to June 07. The LAA indicator is based on the rate of reduction from the 1998 baseline; in Sunderland the rate has reduced by 13.6% since 1998 compared to 11.2% nationally (at June 2008), although this is considerably short of the challenging LAA target of 46% reduction by 2010.

## Improvement activity

In addition to a minimum core offer available to all children, young people and families in the strategy delivered within each locality area there will be specific targeted support in relation to both geographic communities and specific groups of children young people and their families including:

- those from marginalised and disadvantaged communities including some black and minority ethnic groups
- those who have ever been looked after by the local authority, fostered or homeless or have moved frequently (LAC and care leavers)
- those with low educational achievement
- those who disengage with education
- those not in education employment or training
- those from disadvantaged areas
- those with emotional and mental health needs
- targeting of teenage pregnancy “hotspot” wards

## NI123 Smoking quitters per 100,000 population



Year	Sunderland	LAA target	Regional Average	Gap	National Average	Gap
Q1 2008/09	217	n/a	223	-6	167	50
Q2 2008/09	466	n/a	435	31	340	126
Q3 2008/09	685	n/a	652	33	521	164
Q4 2008/09	1134	1337	1077	57	853	281
Q1 2009/10	283	1437	284	-1	201	82

As at end of June 2009, the rate of smoking quitters per 100,000 population was 283 improving from 217 in relation to the same period 2008/09. Rates are considerably higher than the national averages which is 201 per 100,000 population and in line with the regional average of 284. Although performance is improving it is currently not on schedule to meet the challenging target of 1437 for 2009/10.



## **Improvement activity**

The TPCT has increased level of investment into Stop Smoking Services also increasing the number of intermediate advisers across Sunderland who can deliver NHS Stop Smoking Services. The local tobacco alliance has re-formed and is identifying how partners can contribute to the number of quitters e.g. Wellness, University, Back on the Map. A major marketing and media campaign was launched in November 2008 and third sector organisations are being commissioned to deliver brief intervention training. An approach is currently being developed in relation to embedding stop smoking services and initiatives into area level arrangements. In addition trading standards are very proactive with regard to illicit regulatory activity

### **6.2.3 To continue to address child poverty, which is reducing faster than in other areas but remains high**

In relation to child poverty 51% of children live in low income families compared to 44% in the North East and 42% nationally. Out of a total of 25,074 households with children:

- 36% live in relative poverty (below 60% of median income before housing costs) and of these 60% are lone parent families,
- 19% live in absolute poverty (income less than £867 per month) and of these 70% are lone parent families

## **Improvement activity**

There are four key objectives linked to improving outcomes to reduce child poverty in Sunderland which focus on:

- A. Targeting education, health and family support services
  - reducing the attainment gap
  - targeting child and family service to families most in need
  - improving parenting and life skills across the city
  - reducing health inequalities
  - reducing teenage conceptions
- B. Removing the barriers to employment and increasing the numbers in work
  - Identifying the particular needs of lone parents to offer additional support
  - Putting in place a targeted approach to reduce the number of young people not in education employment or training (NEET)
  - Engaging the hardest to reach young people
  - Increasing the number of jobs in the public sector / key partners targeting families in poverty
- C. Improving financial inclusion in the city and maximise family income
  - Developing a Financial Inclusion Strategy for the city
  - Maximising the take up of benefits
  - Increasing the take up of free school meals
  - Improving debt management skills

- Supporting the newly unemployed
  - Support the development of credit unions
- D. Raising aspirations and tackling poverty of place in order to break the cycle of poverty
- Raising awareness and actively engaging communities in child poverty through social marketing
  - Improving community capacity in targeted communities
  - Improving the environment in our most deprived areas

A Child Poverty Strategy has been developed to establish these objectives and an action plan is being developed to establish key milestones and accountability

#### **6.2.4 To address the issue of affordable housing in Sunderland, through the Implementation of developed plans**

##### **NI 154 Net additional homes provided**

The number of net additional homes provided is as follows:

	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>
Net additional homes	186	299	185 (April to Sept)
Target	n/a	260	90

The LAA target has been met and performance has exceeded the 2009/10 target at the six month stage of the year.

##### **NI 155 Affordable homes**

The number of affordable homes built in the city is as follows:

- 2004/05 120
- 2005/06 90
- 2006/07 210
- 2007/08 70

In relation to 2007/08 benchmarks the:

- Average = 110 homes built
- Highest 25% performing partnerships = 222 homes built
- Lowest 25% performing partnerships = 50 homes built

## Improvement activity

In line with the Government's Housing Pledge, (which aims to assist developers develop), we have increased activities to ensure that funding from the Government's housing pledge is secured for developments in Sunderland, and that affordable housing is developed in the City. So far we have:

- Increased liaison with Housing Associations, regards the housing that are wished to develop,
- Increased dialogue with the HCA, and outlined what our housing priorities are via a strategic process,
- Stepped up the development of the affordable housing policy, which we hope to have drafted by March 2010.
- Considered options for the development of a Local Housing Company, which will facilitate the development of much affordable housing.

Current developments include:

- Gentoo bid to the Homes and Communities Agency for kick start funding was successful. This will result in the erection of 422 dwellings across 5 schemes: Racecourse Estate Houghton, Southwick Phase 4, Doxford Park 3a &3b, Castletown and Chilton Moor). All sites have already been cleared. The schemes must be on site by March 2010 and completed by March 2011.
- Extra Care Housing development at the Racecourse Estate in Houghton will be developed in partnership with Gentoo and includes extra care accommodation providing 47 two bedroom mixed tenure properties (40 apartments and 7 bungalows), for independent living with access to tailored care and support if required, and communal facilities.
- Implementation of the Easington Lane Development Framework
- Extra Care Housing development at Silksworth developed in partnership with Housing 21 providing 40 two bedroom mixed tenure apartments for independent living, with access to tailored care and support, if required.
- Extra Care Housing development at Columbia, Washington, providing 39 two bedroom mixed tenure apartments for independent living
- Developed in partnership with Housing 21, Extra Care Housing development at Hetton, providing 48 two bedroom mixed tenure apartments for independent living
- Central area developments include:
  - Stadium Village Masterplan
  - St Peters Riverside Masterplan
  - Farringdon Row Interim Masterplan
  - Holmeside Triangle

To supplement current activity in terms of building affordable homes the Sustainable Communities Scrutiny Committee is undertaking a Policy Review to investigate current practices and policies across the city in relation to the way in which people access housing in Sunderland and suggest ways in which improvements could be made. The key driver for the review is looking at how people access the housing that we already have, focussing mainly on social

housing, and ensuring that access to it is as clear and equitable as it can be so that the best outcomes for customers are achieved. The key terms of reference are:

- To provide a national and local context to the availability of housing in the City;
- To consider the current ways by which people access social housing in the City;
- To identify and highlight the issues relating to how people access housing in the City;
- To look at what services are available to support people to access housing;
- To investigate how the Council and its partners work together;
- To look at the potential impact of Choice Based Lettings on how people access housing;
- To ensure that a single route in to housing is attained so that improved customer outcomes are achieved;
- To consider examples of best practice and innovative provision from local authorities and other key stakeholders across the country in relation to access to housing.

Progress will be reported to Sustainable Communities Scrutiny Committee throughout the course of the review and Policy Review recommendations will strengthen shorter term support mechanisms to improve access to housing.

#### **6.2.6 To ensure that City Region actions deliver improved actions in relation to transport and skills.**

An Economic Review of the Tyne and Wear City Region is currently underway, due for completion in June 2010, and will provide the evidence base for the development of a City Region Strategy. The on-going evaluation of the Multi Area Agreement will inform discussions on how to deliver the strategy.

The Tyne and Wear employer led Employment and Skills Board (ESB) has commissioned the preparation of an Employment and Skills Action Plan, which will align with the City Region Economic Review.

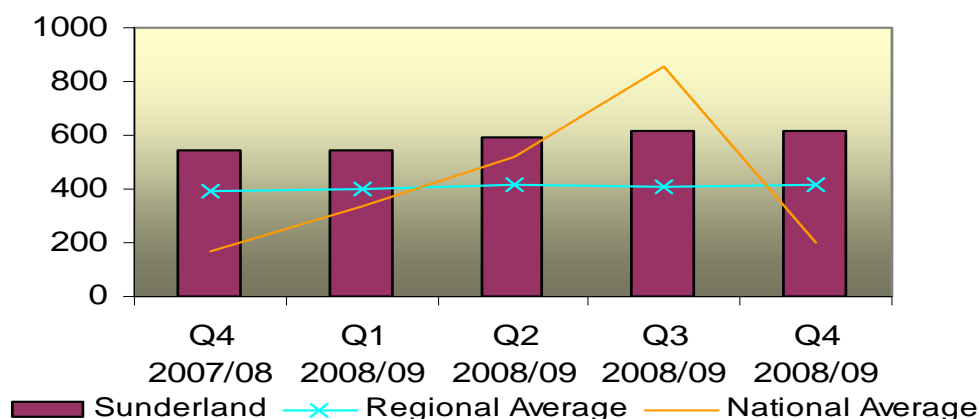
The City Region is preparing the ESB to be assessed by UKCES in June 2010 to become a statutory ESB with Section 4 powers.

Discussions on proposals for City Region transport governance are reaching conclusion and will be discussed by the City Region Executive Board on 22 January 2010.

Under 'Delivering a Sustainable Transport System' (DaSTS: DfT, November 2008) a study brief has been prepared - Tyne and Wear City Region: Connectivity and Accessibility - and will be assessed by DfT in early 2010.

## 6.2.7 To ensure the Alcohol Strategy delivers the planned outcomes, particularly in relation to alcohol related hospital admissions

### NI39 Hospital admissions for alcohol related harm per 100,000 population



Year	Sunderland	LAA target	Regional Average	Gap	National Average	Gap
Q4 2007/08	545	533	545	0	394	151
Q1 2008/09	544	533	557	13	403	141
Q2 2008/09	596	533	576	20	413	183
Q3 2008/09	616	533	568	48	408	208
Q4 2008/09	618	551.75	580	38	416	202

In relation to quarter 4 2008/2009, the rate of alcohol admissions per 100,000 population was 618 increasing considerably from 545 in relation to the same period 2007/08 due to increased investment in alcohol treatment services. Rates are considerably higher than both regional (580) and national (416) averages

### Improvement activity

Increased investment has resulted in expansion (currently underway) at all tiers of the treatment system (both specialist and non-specialist). Implementation of the Cardiff Model is underway following the regional conference in September (supporting the reduction of alcohol-related violence). Alcohol hospital liaison project to be enhanced via the provision of specialist nurse and further Brief Intervention workers within the hospital.

Implementation of Local and Directed Enhanced Services for GPs currently underway which is provision of brief interventions and further specialised treatment), though delayed for further consultation with clinicians and potential alignment with others. New alcohol services that are being commissioned include: Enhancement of Tier 1 and 2 provision. Widen the scope of delivery of screening and brief interventions to ensure that interventions can be offered to 20% of the estimated Hazardous drinking population annually (approx. 4930) Enhancement of Tier 3 and 4 provision. Expand tier 3 services to provide treatment for 20% of the estimated Harmful drinking population annually (approx. 1242)

Expansion of tier 3 and 4 services to provide treatment for 205 of the estimated Moderate and Severe Dependent Drinking populations annually (approx. 150)  
Reduction of alcohol use in young people

Total Place is a new initiative that looks at how a 'whole area' approach to public services can lead to better services at less cost. It seeks to identify and avoid overlap and duplication between organisations – delivering a step change in both service improvement and efficiency at the local level, as well as across Whitehall. There are 13 pilot areas participating in the scheme, each area ensuring a diverse mix of economic, geographical and demographic profiles. The South of Tyne area, comprising Sunderland, Gateshead and South Tyneside local authority areas, is one of two pilots in the North East region, the other being Durham.

As a starting point all pilots have conducted a "Total Count" of the area covered in their pilot. This process mapped the central and local public sector spending, identifying where and on what services the money was being spent. The outcome of the exercise was submitted to government in September and reported to Cabinet in December 2009.

Following a series of workshop events partners agreed that the work to consider potential service improvements should focus on alcohol and drug misuse related service provision. It was generally agreed that alcohol and drug related problems are a key issue for local communities and that most partners were involved in activities to reduce the scale of the problem. Over the past two months partners have worked together to identify the key challenges and opportunities for improvement. Following this work partners have agreed to work up proposals that will improve the effectiveness of how we:

- Implement the Integrated Offender Management Service
- Respond in areas where there are disproportionately high levels of alcohol related crime and anti social behaviour
- Use social marketing activities to encourage people to take a more informed approach to alcohol consumption
- Work more effectively across partnership and local authority boundaries.

The proposals will be worked up over the next month so that a clear way forward can be submitted to government in the New Year.

## **7 Recommendation**

- 7.1 That the committee gives advice and consideration on the continued good progress made by the council and the Sunderland Partnership, as described in the CAA reports, and those areas requiring further development to ensure that performance is actively managed.

## **8 Background papers**

Area assessment report – Sunderland  
Organisational assessment report – Sunderland City Council  
Use of resources report – Sunderland City Council