Sunderland City Council

HEALTH & WELL-BEING REVIEW COMMITTEE

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Wednesday, 12th July, 2006 at 5.30 p.m.

ITEM

This information can be made available on request in other languages. If you require this, please telephone 0191 553 7994

7. **Conference Feedback Report – AMBEX 2006** 27

Report of the City Solicitor (copy herewith).

R.C. RAYNER,
City Solicitor.

Civic Centre,
SUNDERLAND.

4th July, 2006.

At a meeting of the HEALTH AND WELL-BEING REVIEW COMMITTEE held in the CIVIC CENTRE on WEDNESDAY, 14th JUNE, 2006 at 5.30 p.m.

Present:-

Councillor R. Bainbridge in the Chair

Councillors Blyth, J. Heron, Leadbitter, Paul Maddison, Richardson, M. Smith, W. Stephenson, P. Watson, S. Watson, Wilson and N. Wright

Welcome and Introduction

The Chairman welcomed everyone to the meeting and invited all those present to introduce themselves.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillor Dixon, Ms. Carol Harries (City Hospitals) and Darren Lough, Principal Accountant.

Minutes of the last meeting held on 12th April, 2006

In relation to page 3 of the minutes, Mr. Paul Staines, Review Co-ordinator advised the Committee that the Council had retained the 'Double Tick' disability symbol. The symbol is awarded by JobCentre Plus to recognise employers who have agreed to meet five commitments regarding the recruitment, employment, retention and career development of disabled people.

In relation to page 5 of the minutes, Mr. Paul Staines also advised Members that the Community and Cultural Services Directorate had indicated the insurance implications for Council owned sun beds were neutral.

1. RESOLVED that the minutes of the last meeting held on 12th April, 2006 be confirmed and signed as a correct record.

Declarations of Interest (Including Whipping Declarations)

Item 5 - The Development of Primary care Centres in Sunderland.

Councillor M. Smith declared a personal interest in the report as a family member was employed by the Sunderland Teaching Primary Care Trust (TPCT).

Councillor Watson declared a personal interest in the report as a family member was on the board of the TPCT.

Councillor Blyth declared a personal interest as a family member was employed by the Sunderland TPCT.

Item 6 - Substantial Developments and Variations in NHS Services

Councillor M. Smith declared a personal interest in the report as a family member was employed by the Sunderland Teaching Primary Care Trust (TPCT).

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Councillor Blyth declared a personal interest as a family member was employed by the Sunderland TPCT.

Item 7 - Policy Development and Review 2006/07 : Topics for Consideration

Councillor M. Smith declared a personal interest in the report as a family member was employed by the Sunderland Teaching Primary Care Trust (TPCT).

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Councillor Blyth declared a personal interest as a family member was employed by the Sunderland TPCT.

Variation in the Order of Business

At this juncture the Chairman proposed that prior to Item 4 on the agenda, the Committee hear from Mrs. Kathleen Sheriff, member of the public, regarding the reported decision of Sunderland Royal Hospital to withdraw the use of Procaine, a drug used to ease the pain of such conditions as arthritis, fybromyalgia, osteoporosis and other joint and muscle conditions.

The Chairman welcomed Mrs. Sheriff, a Procaine user, to the Committee and invited her to speak on the issue.

Mrs. Sheriff informed the Committee that she had received considerable benefits since being prescribed Procaine, with very few side effects. She informed the Committee that Procaine had produced positive results that other types of "more predictable" drugs had not achieved. Since commencing treatment, her pain management had greatly improved.

The Chairman thanked Mrs. Sheriff for her presentation and agreed to pass her comments on to City Hospitals together with a response from the Health and Well-Being Committee.

2. RESOLVED that a further report on this issue be brought back to the Health and Well-Being Review Committee on 12th July, 2006.

The Health of Sunderland – Work Programme Scene Setting 2006/2007

The Director of Public Health submitted a report (copy circulated) to highlight key issues about the health of the local population to assist Members in the development of the work programme for 2006/07.

(For copy report – see original minutes)

The Chairman invited Dr. Judy Thomas, Sunderland's Director of Public Health to give her presentation.

Dr. Thomas addressed the Committee. Dr. Thomas discussed the Health profile for Sunderland for 2006. She informed the Committee that local authority health profiles are designed to show the health of people in each local authority area and include comparisons with other similar populations. Alongside other local information these profiles demonstrate where action can be taken to improve people's health and reduce health inequalities.

As a Spearhead local authority the following key points were highlighted for Sunderland:

- **Our Communities** – fewer 15 year olds than the England average achieve at least five good GCSE passes.

- **Young People** – the teenage pregnancy rate is significantly higher than for England.

- **The Way We Live** – significantly higher percentages of adults smoke, binge drink and are obese than the England average; the percentage of people eating '5-a-day' is significantly lower than the England average.

- **How Long We Live** – death rates from heart disease, stroke and from cancer are significantly higher than England rates. In all cases, death rates are falling and the gap is narrowing.

- **Ill Health** – adults are more likely to suffer medical problems when out of work.

In response to a question from Councillor Maddison who queried the correlation between G.C.S.E. achievement and health, Dr. Thomas explained that there appeared to be a significant relationship between self-esteem and academic achievement. Groups who are more likely to suffer from health problems (including risk taking behaviour) tend to be low aspirers.

Councillor Heron queried why the percentage of people on general practice diabetes registers in the area is significantly higher than the England average. Dr. Thomas explained that the indicators used were from G.P. practice data and this may well indicate that G.P's in Sunderland were very successful in recognising and diagnosing this illness.

The Chairman reminded Members that the prevalence of diabetes in Sunderland was a topic for consideration for the Committee in 2006/07.

In response to a question from Councillor Stephenson regarding unemployment and health inequality, Dr. Thomas advised that employment plays a fundamental role in society, it is significant in providing purpose, income, social support, structure and a means of participating in life. People who are denied this experience have a higher risk of presenting with mental health problems.

Councillor Stephenson was keen to determine how such people would link into the new care workers' system. Dr. Thomas explained that the model for delivering services for these people was based on a pyramid structure with the expert medical professional at the top providing supervision and training. Tier two would involve practice nurses, or practitioners who have undertaken training in the relevant field. At the bottom of the pyramid would be those health care professionals or volunteers with general knowledge and skills to produce and disseminate guidance. This would ensure a co-ordinated approach to referral pathways, allowing people to be signposted to the correct place. Consistency and access were considered paramount.

Councillor Stephenson welcomed the news that Sunderland's health inequality gap was narrowing in areas such as deaths from heart disease. However Councillor Stephenson asked how Sunderland compared to similar socio-economic groups. In response, Dr. Thomas informed Members that the purpose of the spearhead initiative was to identify areas and groups with more severe health problems. The Department of Health used to group variations in health status in socio economic terms with other similar areas. Community health profiles now tend to be compared to the average for England as a whole.

In response to a question from Councillor Wright regarding the statement that men's health appeared to be particularly effected by worklessness, Dr. Thomas confirmed that men are more likely than women to experience long term unemployment which may result in them having more severe health problems as a result. The Director of Public Health confirmed that her colleague Maria Taubman was involved with research around the issue of unemployment and health problems within the male population, Dr. Thomas would ascertain whether Ms. Taubman had any available information to share with the Committee.

In conclusion it was acknowledged that partnership working and local community involvement was very important in tackling health inequalities if interventions are to have a long-term and sustainable impact. The causes, risk factors and differences in health status are inherently complex, in areas such as employment and disability, Sunderland would need to establish a mainstream co-ordinated response to problem issues.

3. RESOLVED that:-

(i) the report be received and noted;

(ii) Any available information from Maria Taubman regarding ill health and unemployment be disseminated to the Committee for information.

The Development of Primary Care Centres in Sunderland

The Chief Executive Sunderland Teaching Primary Care Trust submitted a report (copy circulated) for comment from the Health Scrutiny Committee on a 'Strategic Outline Case' for a third Primary Care Centre (PCC) at Washington.

(For copy report – see original minutes)

The Chairman invited Mr. David Hall, Sunderland Teaching Primary Care Trust, to give his presentation.

Mr. Hall addressed the Committee. Mr. Hall informed the Committee of the proposals for Washington. These suggest the inclusion of locality based services - such as GPs, minor injuries unit, outreach outpatient services and diagnostics and intermediate level services to provide a hybrid model of care based on local need. A list of planned services would take into account local priorities identified by City Hospital and recommendations from the White Paper *'Our Health, Our Care, Our Say'* on six specialities leading the way in developments of models of care to be provided in a primary care setting. It was noted that some of the identified specialities are already being delivered from PCCs in Sunderland, i.e. Dermatology.

Discussion ensued regarding the proposed location of the PCC in Washington. While acknowledging that Washington and Coalfield were a long way from City Hospitals and this type of Centre would immensely benefit the

area, concerns were expressed regarding the ease of access for patients using public transport from other 'catchment' areas in the west of the City, notably coalfields.

In response to a query from Councillor Heron regarding a preferred site, Mr. Hall informed the Committee that at this stage the favoured option was for a new build near to The Galleries. The development of the existing health centre site was proving problematic.

In response to a question from Councillor Heron regarding the problems of an effective public transport network after 6.00 p.m. into the area, Mr. Hall advised that the TPCT were looking into non-urgent ambulance facilities for the area. Mr. Hall was acutely aware that the west was a very large geographical area to service and it was, therefore, vital that local public transport links be investigated.

Other Members also expressed concerns regarding the accessibility of the site at Washington.

In response to a comment from Councillor Wright, Mr. Hall confirmed that the TPCT were keen to get value for money. The PCC would differ from the existing health Centre in Washington in that it would provide walk-in, extended hours minor accident and emergency services for people with minor injuries and ailments, alongside planned chronic disease management services for people with diabetes, heart disease and similar long term conditions. To effectively deliver these services a PCC needs a critical mass of population such as Washington.

The Chairman thanked Mr. Hall for his presentation.

4. RESOLVED that:-

(i) the report be received and noted;

(ii) proposals and Members' comments will be shared with the Coalfields and Washington Area Committees.

Substantial Developments and Variations in NHS Services

The Chief Executives of Sunderland Teaching Primary Care Trust, City Hospitals Foundation, Northumberland, Tyne and wear Trust and North East Ambulance Services issued a joint report (copy circulated) to consider a response to a list of possible 'substantial developments' and 'substantial variations' in local NHS services.

(For copy report – see original minutes)

Ms. Maureen Dale, Sunderland Teaching Primary Care Trust, took the Committee through each possible change in turn.

In relation to 04/02 and 04/03 - *Primary Care Centre (PCC) development,* the Committee had been updated on this issue at item 5 of the agenda by Mr. David Hall.

04/04 *"Suicide Prevention Strategy"* – currently being implemented. Specialists will be in place July 2006.

04/11 *"CAMHS"* – Community CAMHS Service established and implemented as of November 2005.

04/12 *"Minor Injuries/Minor Illness"* – In the process of being wound down, services to relocate to Bunny Hill in June 2006.

04/13 inc. 04/14 and 04/15 *"Development of local intensive care Support Service for people with learning disabilities who are currently residing both within and out of the City"* –'future proofing' is now underway.

04/16 *"Access to Needle Exchange Services for Drug Users"* – a new service has been commissioned to provide, co-ordinate and expand provision. Members were advised that city centre accommodation is being sought in Norfolk Street. It was not deemed necessary to provide this service in an out of hours capacity.

04/17 *"Enable stable drug users to access their own G.P for maintenance prescribing"* – progressing with improved access for all.

04/18 – *"development of Integrated Continence Service"* – Members were advised that the initial contract for current home delivery had been extended to ensure as little disruption as possible to services.

04/19 *"Development of Intermediate Care Services in People's own homes"* – The Committee was informed that even if the bid is not successful it was hoped that the Independent Living Team would still progress the pilot.

04/20 *"Development of Community Mental Health Team"* – Service Plan currently being developed.

04/21 "*Neuro Rehab service improvements"* - Review of Provision of Services is underway.

04/22 *"Burn Care"* – This is being taken forward on a consortium basis led by Newcastle OSC. Ms. Jane Hedley, Senior Solicitor, sought clarification on whether the Centre for Children should read as being situated in Manchester not Middlesbrough. Ms. Dale agreed to confirm this.

04/25 *"Choose and Book"* – Sunderland Health Community was progressing well. Ms. Dale confirmed that it is being rolled out across the City and is being monitored locally and nationally. At the current time there are no financial implications in people requesting appointments in other areas. Members

were also informed that a review would be taking place on the support available to patients who may want to discuss options with a member of staff before making a decision. The Patient Advice and Liaison Service were being monitored to determine how many calls relate to this query.

05/05 *"Orthodontic Provision"* – under review.

06/01 *"Practice Based Commissioning"* – GPs will have the option to work alone.

06/04 *"ME/CFS Service development"* – Ms. Dale agreed to forward the Committee dates of a future seminar when known.

5. RESOLVED that:-

(i) the contents of the report be received and noted.

(ii) Ms. Maureen Dale to confirm the location for the Centre for Children.

(iii) Ms. Maureen Dale to confirm the dates of a future seminar on ME/CFS.

Policy Development and Review 2006/07: Topics for Consideration

The City Solicitor submitted a report (copy circulated) to consider a possible study topic for Policy Development and Review to be incorporated into the Committee's overall work programme.

(For copy report – see original minutes)

Mr. Paul Staines, Review Co-ordinator set out three topic areas:

Topic 1 : Food Deserts
It is possible in all City Neighbourhoods to buy healthy and affordable fruit and vegetables?

Topic 2 : Diabetes
What is the prevalence locally and how can people be supported better in terms of self care?

Topic 3 : Health at Work
How is occupational health provided across the City and is there consistent standards of access.

Members having discussed the proposals, it was:-

6. RESOLVED that:-

(i) Topic 2 Diabetes, be the topic of the Committee's main policy development and review for 2006/07;

(ii) Topic 1, be pursued by Officers and brought back to the Committee for consideration;

(iii) Topic 3 "Health at Work", to be considered by the Review Committee if time allows within the Work Programme.

Annual Work Programme 2006/07

The City Solicitor submitted a report (copy circulated) to determine a work programme for 2006/07.

(For copy report – see original minutes)

Mr. Paul Staines, Review Co-ordinator, advised Members that, if necessary, the Work Programme would be amended to reflect the Committee's chosen policy topic and other reports requested by Members.

Full consideration having been given to the report, it was:-

7. RESOLVED that:-

(i) the work programme for 2006/07 be approved and submitted to the Policy and Co-ordination Review Committee;

(ii) Councillor Leadbitter (and one other volunteer) share responsibility for feeding back on issues discussed at local NHS Board meetings;

(iii) the City Solicitor be authorised in consultation with the Chairman of the Committee to organise a programme to organise a programme of visits in the City to health/social care/voluntary sector facilities to assist in the effective delivery of the 2006/07 work programme;

(iv) two Members of the Committee contact the Review Co-ordinator to meet with officers to develop a new approach to performance monitoring reports (if no volunteers were forthcoming, the Chairman and Vice-Chairman would meet to determine the format);

(v) the Committee agree that Councillor W. Stephenson attend the National Ambulance Service Conference on 30th June, 2006; and

(vi) the work programme be revised to include a report on the withdrawal of Procaine at Sunderland Royal Hospital.

Overview and Scrutiny in Sunderland – Draft Handbook 2006/07

The City Solicitor submitted a report (coy circulated) to seek Member endorsement of a revised Scrutiny Handbook.

8. RESOLVED that:-

(i) the Committee support the 2006/07 Handbook;

(ii) the Committee support the use of all six Review Committees' budgets – in equal portion – to publish the Handbook for circulation.

The Chairman thanked everyone for their attendance and closed the meeting.

(Signed) R. Bainbridge,
Chairman.

Sunderland City Council

Item No.4

HEALTH & WELL-BEING REVIEW COMMITTEE **12TH JULY, 2006**

PROCAINE TREATMENT

LINK TO WORK PROGRAMME: MEMBERS' ITEM

Report of the Director of Corporate Affairs, City Hospitals Sunderland

1. Purpose of Report

1.1 To report on Procaine Treatment at City Hospitals Sunderland (CHS).

2. Background

2.1 At its meeting on 14th June, 2006 the Review Committee added to its 2006/07 work programme a report on Procaine Treatment at CHS. This followed representations from the public and recent coverage in the local press. The Committee was keen to be seen as exercising its key role as a community advocate in terms of NHS interface.

2.2 In addition to this paper, Brent Kilmurray, Director of Strategy & Service Development, will attend the meeting to answer Member questions.

3. Procaine Treatment

3.1 Dr Terry Daymond, Consultant Rheumatologist at CHS has announced he is to retire in February, 2007. CHS are planning for this retirement and for how all aspects of his work will be managed in the future; including patient treatment and support. Plans by the Trust include the filling of the vacant post and this will be advertised in due course.

3.2 Like all the UK's 26,000 Consultants, the Dr Daymond has a number of specialist interests. One of these is providing treatment to patients with chronic pain. Dr Daymond is one of a very small number of clinicians nationally offering a 3 day course of Procaine Infusion given every three months as a treatment option.

3.3 Approximately 200 patients are involved in this programme, which is delivered at Sunderland Royal Hospital. Chronic pain is defined as pain that has persisted for longer than three months, or past the expected time of healing following injury or disease. A significant proportion of the population suffers from chronic pain due to a wide range of conditions that commonly include: arthritis, headache, lower back pain, pain following injury peripheral neuropathy (nerve damage).

3.4 Procaine restricts blood flow as well as numbing pain. Procaine Hydrochloride is rarely used in today's medical procedures although, as is said above, a small number of Consultants prefer it to other drugs. Procaine is unable to penetrate the tissues effectively and therefore provides a less intense analgesic effect.

4. Moving Forward

4.1 The Trust will shortly be advertising for a new Consultant Rheumatologist, however, Procaine Treatment may no longer be available when the present Consultant retires. The three main reasons for this are:

- Procaine is not a licensed drug for this treatment.
- Clinical Trials have produced little clinical evidence of the benefits for the use of Procaine in this way
- As a result of the two points above, none of the other Consultants within the Trust are willing to take on the treatment. Most clinicians prefer to treat patients with the same symptoms with other treatments and therapies.

4.2 Dr Daymond will be reviewing all patients currently being treated with procaine over the coming months. Three principal options will be considered for their ongoing care depending upon the clinical needs of the patient. These are:

- Referral to the Chronic Pain Service at City Hospitals
- For management of ongoing rheumatological problems, transfer to the new Consultant when in post or another Rheumatologist within the Sunderland service. It would be unlikely Procaine would be offered but other treatment regimes would be looked at, or
- Referral back to the GP for management of the symptoms potentially with Physiotherapy and/or Occupational Health

4.3 All patients will continue to receive Procaine Treatment until February 2007 when Dr Daymond retires.

4.4 The Trust appreciates fully times of change are sometimes difficult for patients and carers, but every effort is being made to ensure CHS provides the best quality of care - now and in the future.

4.5 Several patients have raised with the Trust suggestions that the likely withdrawal of this treatment is as a result of financial pressures within the NHS. The Trust receives funding in full (from the Primary Care Trusts involved) when these treatments are delivered. If the Trust can recruit a Consultant who would like to use Procaine as a treatment option then CHS will continue to provide the service. These circumstances have arisen purely as a result of the wide consensus of clinical opinion regarding the efficacy of this treatment.

5. Recommendation

5.1 The Review Committee is recommended to note a report on Procaine from City Hospitals Sunderland.

6. Background Papers

Agenda & Minutes 14th June, 2006 Health & Well-Being Review Committee

C Harries
Director of Corporate Affairs

Contact Officer: **Carol Harries (0191 569 9110)**
carol.harries@chs.northy.nhs.uk

Sunderland
City Council

Item No.5

HEALTH & WELL-BEING REVIEW COMMITTEE **12TH JULY 2006**

ADULT SERVICES COMMISSIONING STRATEGY (VULNERABLE ADULTS) 2006/7 - 2007/8 IN COLLABORATION WITH SUNDERLAND TPCT

Report of the Deputy Chief Executive (Adult Services)

1. PURPOSE OF THE REPORT

1.1 The purpose of the report is to present to Members, the Adult Services Commissioning Strategy (Vulnerable Adults) 2006/07 - 2007/08. **[To follow]**

2. INTRODUCTION/BACKGROUND

2.1 This Strategy is the first Adult Services Commissioning Strategy (Vulnerable Adults) 2005/06 - 2007/08 produced in collaboration with Sunderland TPCT.

2.2 The purpose of this Strategy is to:

- Summarise key commissioning intentions over the next 2 years,
- Evidence those commissioning intentions,
- Inform stakeholders, particularly providers of services as well as service users and carers, of those intentions,
- Enable those stakeholders to influence intentions and in some cases express an interest in becoming providers.

2.3 A draft Social Services Commissioning Strategy was published in 2004, covering adults and children. As a result of consultation and local developments, such as the establishment of Children's Trust Board, the following was agreed:

- To develop a joint approach with the City's main commissioner of health care services, Sunderland Teaching Primary Care Trust (TPCT),
- To separate the adult and children's Strategies whilst using the same framework. This strategy therefore concentrates on vulnerable adults.

3. CURRENT POSITION

3.1 A draft Strategy was produced in July 2005, which underwent extensive consultation with all of our stakeholders, including independent sector providers (private and voluntary); statutory partners; Modernisation and Reform Groups (MaRGs), Social Services and Sunderland TPCT staff.

3.2 Feedback from the consultation has been incorporated, where appropriate, into the final Strategy and will be used to inform the development of future strategies.

3.3 The final strategy was delayed due to discussions needed to finalise the adult services budget which could have impacted on the nature of some of the commissioning intentions in the strategy.

4. FEEDBACK FROM CONSULTATION

4.1 The feedback received during the consultation period was generally in relation to the level of information provided. Some comments specific to particular client areas were also received and have been incorporated.

4.2 A number of positive comments were received including:

Presentation of the Strategy

- "The Strategy is well structured and provides a very detailed description of processes and planned developments"
- "From a disability point of view, the presentation of the Strategy is excellent. The choice of font, non-gloss paper, the layout, glossary of terms and language used are all positive aspects"
- "The layout and format of the Strategy is very user friendly taking into account the needs of people with visual impairments or a learning disability, with complex issues explained in a concise and straightforward way".

Method of Consultation

- The method of consultation used has been well received, giving providers the opportunity to read the Strategy and prepare for providing future services

Involving Partners

- "Through consultation and involvement in processes such as this, carers and users of services feel included and valued in a meaningful way"
- "Through the consultation, providers, particularly smaller organisations feel confident when taking part in the commissioning process, having had the opportunity to contribute to development of the Strategy"
- Providers welcomed the opportunity to be asked their opinion on developing the Strategy and feel it improved their ability to prepare to provide a service

4.3 Areas for suggested future development are set out below along with Officer comment in brackets.

The Commissioning Process

- A request for more in-depth information about the tendering and commissioning process, including more information on the actual number of services that have been or will be commissioned, along with the costs incurred. (As increased opportunities for providers to be to engaged in the commissioning process arise i.e. through Provider Forums; Modernisation and Reform Groups, this will enable providers to be involved and receive more information around the commissioning process).

- Some respondents felt that further clarity was required about how jointly commissioning services will financially impact on voluntary organisations who are commissioned by both the TPCT and Social Services. (A joint approach to this is currently being explored, which should support the allocation of grant funding in order to maximise forward planning and service delivery opportunities).

Commissioning Intentions

- More detail to be provided around specific commissioning intentions. This would include information relating to the funding of services. (This is not always possible at the time a strategy is presented, however this information should be available at the time a service is put out to tender).

- A request was made for further information around the TPCT commissioning intentions. (The TPCT have recently published a Commissioning Intentions document for 2006/07, which may provide further information).

Needs Analysis/Assessments

- The link between identified need, proposed service developments and commissioning intentions needs to be evidenced more clearly. A suggestion was also made that joint needs assessments would be useful and consideration be given to developing services that will meet both health and social care needs. (The development of the new social services' SWIFT IT system may enable improved information around needs, when the system is fully implemented and data is recorded appropriately. This would also be supported by the implementation of the Single Assessment Process and the increasing integration of services. Work is also being considered in relation to a joint approach to health needs assessment).

- To increase the focus of needs relating to specific groups e.g. BME communities, disability and gender. (These areas will be strengthened by work undertaken in each division on Impact Needs Requirements as part of the Race Equality standard).

Method of Consultation

- Although a number of positive comments were received regarding the method of consultation used, a suggestion was made that future consultation could include facilitating discussions with service providers to allow the sharing of suggestions or ideas, rather than providers commenting in isolation. (This could be one of the methods considered in the future).

- It is also suggested that the Strategy is available in other languages to enable black and minority ethnic groups to be fully involved. (If requested, the strategy will be printed in another language)

5. RECOMMENDATIONS

5.1 Members are requested to receive this report and the Commissioning Strategy for information.

6. BACKGROUND PAPERS

Report of the Director of Social Services to the Social Services and Health Review Committee, July 2005

D Smith
Deputy Chief Executive

Contact Officer: **Debbie Burnicle (0191 566 1816)**
debbie.burnicle@ssd.sunderland.gov.uk

ADULT SERVICES

COMMISSIONING STRATEGY (VULNERABLE ADULTS)

2006/07 – 2007/08

In collaboration with
Sunderland Teaching Primary Care NHS Trust

ADULT SERVICES
COMMISSIONING STRATEGY (VULNERABLE ADULTS)

CONTENTS

AS: Adult Services

SECTION ONE – SUMMARY OF COMMISSIONING INTENTIONS

Client Area: Older People					
Commissioning Intentions	**Short Term**	**Medium Term**	**AS Direct Services**	**Independent Sector**	**Provider to be determined**
To develop the workforce of Social and Health Care Assistants informed by the evaluation of the pilot scheme (estimated 350 full time equivalent over 5 years)	✓	✓	✓		
To commission a Handyperson/Practical Support Service	✓			✓	
To provide more intensive/more specialist home care to support people at home	✓	✓	✓		
To establish and Social Care Resource Directory		✓	✓		
To develop a 'screening service' for over 75s	✓		✓		
To commission day opportunities in line with the modernisation programme		✓		✓	
To improve access and support to BME communities to develop care management services and services to support people at home		✓	✓		

Commissioning Intentions	Short Term	Medium Term	AS Direct Services	Independent Sector	Provider to be determined
To commission increased capacity 'lower level' home care from the Independent Sector				✓	
To further develop Advocacy Services in the city		✓		✓	
To commission short break services for older people including older people with mental health needs, in line with modernisation programme		✓			✓
To commission a home improvement agency to support older people with any substantial alterations within their home		✓			✓
To complete phase two of the dementia service for under 65s by funding the post of a Support Worker and Occupational Therapist	✓		✓		
To modernise the Care Alarm Service and implement the Telecare Strategy	✓		✓		
To develop a Prevention Assistant Support Worker role	✓				✓

Commissioning Intentions	Short Term	Medium Term	AS Direct Services	Independent Sector	Provider to be determined
To commission at least 3 new Extra Care Schemes in partnership with the Council's selected housing provider. To work in partnership with other providers to remodel appropriate existing sheltered housing schemes to take opportunities to include new extra care schemes in redevelopment programmes in the City		✓		✓	
To reprovide residential services from the remaining Councils older people's homes	✓	✓		✓	

Client Area: Physical Disabilities					
Commissioning Intentions	**Short Term**	**Medium Term**	**AS Direct Services**	**Independent Sector**	**Provider to be determined**
Advice and Information Service for people with a sensory impairment	✓			✓	
Guidehelp and Befriending Service for people with a sensory impairment	✓			✓	
To develop additional core and cluster accommodation schemes (not endorsed as a priority in Supporting People Strategy)		✓			✓

Commissioning Intentions	Short Term	Medium Term	AS Direct Services	Independent Sector	Provider to be determined
To commission specialist providers for residential and nursing day care in particular to meet the needs of people with long term conditions		✓			✓
To develop intermediate care services for people aged under 65		✓			✓
Advice and Information Services for people with long term conditions			✓		✓
To commission day opportunities	✓		✓	✓	
To commission specialist short break opportunities		✓		✓	

Client Area: Mental Health					
Commissioning Intentions	**Short Term**	**Medium Term**	**AS Direct Services**	**Independent Sector**	**Provider to be determined**
Further commissioning out of the remaining drop-in services currently run by the Community Mental Health Partnership is planned, subject to a review of how the City Centre and Hetton services progress after one year's operation on a contracted-out basis. To develop the following (not endorsed as a priority in the Supporting People Strategy): - Floating Support – need to provide at least 4 floating support staff to maintain tenants in either private or social housing particularly in the city centre where no cluster accommodation is available - Direct access housing – Identified need for an eight place direct access service		✓ (dependent on funding) ✓		✓ ✓	

Commissioning Intentions	Short Term	Medium Term	AS Direct Services	Independent Sector	Provider to be determined
- Supported Housing for people with mental illness who challenge services – (at least six places)		✓	✓		
- Supported Housing in Washington – (twelve place service)		✓ (dependent on funding)			✓
- Supported Housing for people with mental illness and substance misuse (at least six places).		✓			✓
- Supported Housing for People with Mental Illness and Learning Disabilities – (at least six places)		✓			✓
- Supported Housing for mentally disordered offenders – (six-place service)		✓			✓

Client Area: Learning Disabilities					
Commissioning Intentions	**Short Term**	**Medium Term**	**AS Direct Services**	**Independent Sector**	**Provider to be determined**
To provide an Adult Family Placements Scheme	✓				✓
Develop a Framework of Learning Disability Providers	✓				
Develop a local service for people who have challenging behaviour and are currently residing out of City, incorporating local specialist/forensic service		✓			✓
To develop opportunities to pursue day time occupation using appropriate support	✓				✓
Develop Behavioural Assessment and Support Service incorporating assertive outreach and crisis intervention		✓			✓
Develop the social care Resource Directory		✓	✓		
The existing learning disability local Treatment Service to be incorporated within the planned re-design of the wider mental health in-patient services		✓		Northumberland & Tyne & Wear NHS Trust	

Commissioning Intentions	Short Term	Medium Term	AS Direct Services	Independent Sector	Provider to be determined
Commission a range of responses to recognise the unique world of people with Autism Spectrum Disorder and associated robust protocols		✓			✓
Respond to the expected growth of population of people with learning disabilities who have additional complex/high support needs		✓	✓		
Develop a robust local community health infrastructure to support people with learning disabilities and prevent inappropriate hospital admissions	✓			Northumberland & Tyne & Wear NHS Trust	

Client Area: People with HIV/AIDS					
Commissioning Intentions	**Short Term**	**Medium Term**	**AS Direct Services**	**Independent Sector**	**Provider to be determined**
The provision of support services for people affected / infected by HIV and Aids	✓			✓	

Client Area: Drug and Alcohol					
Commissioning Intentions	**Short Term**	**Medium Term**	**AS Direct Services**	**Independent Sector**	**Provider to be determined**
Commission peer/user led services which help develop employment and learning opportunities for users	✓			✓	
Implement harm reduction strategy	✓			✓	
Commission an Initial Assessment Service subject to outcomes of the current pilot (drug & alcohol)	✓				✓
To develop an Approved Provider Scheme	✓			✓	
Review the quality of existing day care provision and assess demand, prior to agreeing commissioning intentions	✓				✓
Extend intermediate care provision for non criminal justice clients within primary care	✓			Primary Care	
Commission work to develop and deliver workforce and training and development strategy	✓			✓	
Extend shared care with GPs		✓		GPs	
Commission expert support to help develop Carer led services	✓			✓	
To commission a dual diagnosis service (alcohol & drugs)	✓			Northumberland & Tyne & Wear Trust	

To extend supervised consumption programmes	✓			Pharmacists	
Commission a complete community prescribing and support service (alcohol & drugs)		✓			✓
Client Area: People Needing Palliative Care					
Commissioning Intentions	**Short Term**	**Medium Term**	**AS Direct Services**	**Independent Sector**	**Provider to be determined**
Specialist Home Care Service for Palliative Care	✓				✓

SECTION TWO – PURPOSE OF SUNDERLAND'S JOINT COMMISSIONING STRATEGY

The purpose of this Strategy is to:

- Summarise our key commissioning intentions over the next three years
- Evidence why we have concluded those commissioning intentions
- Inform stakeholders particularly providers of service, as well as service users and carers of those intentions
- Enable these stakeholders to influence our intentions and in some cases express an interest in becoming providers.

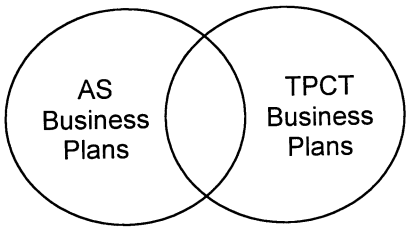
A draft Adult Services Joint Commissioning Strategy was published in 2004 covering vulnerable adults and children. As a result of the consultation and developments, such as the establishment of a Children's Trust Board, the following was agreed:

- A more joined up approach with the city's Commissioner of health services – Sunderland Teaching Primary Care Trust (TPCT)
- To separate the adult and children's strategies, however using the same framework. This Strategy is therefore concentrates on Vulnerable Adults, a separate Strategy is available on Children.

The definition of Vulnerable Adults used in this Strategy is "adults who are vulnerable by virtue of frailty, disability, communication difficulties, addiction or caring responsibilities." This vulnerability means their quality of life is adversely affected. It is recognised that all Adult Services activity concentrate on these vulnerable groups, whereas NHS agencies are provided for the whole population.

This Strategy clearly sets out the intentions of Adult Services (AS) and begins to reflect TPCT activity where it impacts on vulnerable groups. This is an area for further development over the lifetime of the Strategy, as the TPCT concludes its Strategic Plan and Business Plans. The aim is that the Commissioning Strategy will over time reflect the common area between Adult Services and the TPCT Business Plans (see fig. 1) reflecting each agencies core strategy.

Fig. 1



The Strategy was written by the Partnership and Procurement Team in Adult Services, working in consultation with a range of colleagues from the Teaching Primary care Trust, Adult Services and the Modernisation and Reform Groups for vulnerable adults.

Contacts for individual client sections are noted on each section.

Our original intention was for the Strategy to be reviewed and updated on a 3 yearly basis with the Summary of Commissioning Intentions updated and re-circulated on an annual basis. However, the Government has recently launched the White Paper on Health & Social Care and a document 'Commissioning a Patient Led NHS'. The key messages within the White Paper are reflected in our Commissioning Intentions. They key outcomes to be achieved:

- Improved health
- Improved quality of life
- Making a positive contribution
- Exercise of choice and control
- Freedom from discrimination or harassment
- Economic well-being
- Personal dignity

Both documents recognise the need to strengthen commissioning in the NHS & Social Care . For example increasing importance is placed on the commissioning responsibilities of Adult Services indicating they will have less of a role in directly providing services. Equally the NHS must clearly separate its commissioning and provider roles, encourage plurality and demonstrate best value when providing services. GP practices will also have the opportunity of a key role in commissioning via the development of Practice Based Commissioning.

Whilst our commissioning intentions remain appropriate, the developing agendas in Social and Health Care will strongly influence this Strategy and the direction of travel over the next few years. The timing for updating the Strategy will therefore need to be kept under review in light of local and national developments.

For more information about the process of developing the Strategy, please contact Debbie Burnicle, Head of Partnership Development, Adult Services and Sunderland TPCT on 566 1816 or debbie.burnicle@ssd.suunderland.gov.uk or Joanne Thynne, Partnership Support Officer, Adult Services on 566 1835 or joanne.thynne@ssd.sunderland.gov.uk.

To enquire about specific commissioning intentions, or to express an interest in providing services to fulfil these intentions, please contact one of the following:

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Adult Services
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Email: john.fisher@ssd.sunderland.gov.uk

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SECTION THREE – ABOUT SUNDERLAND

The City of Sunderland has a population of around 280,000, taken from the 2001 Census.

Sunderland has a much smaller ethnic population than the nation as a whole, with 99% of the population being white at the 2001 Census compared with 91% nationally, but it is recognised that it is important to focus on the needs of ethnic groups as they fare worse in many health indicators such as coronary heart disease. Bangladeshi, Chinese, Indian and Pakistani communities comprise the majority of the 1.9% non-white population.

With its historical tradition of heavy industry Sunderland has always had a higher percentage of its population within manual occupational groups and this is reflected in figures from the 2001 Census. Sunderland has 61% of its working population in social groups C2, D and E, which encompass manual jobs and the unemployed, compared to 48% in England & Wales.

The Index of Multiple Deprivation 2000 measures deprivation in six domains; employment, income, health, education, housing and access to services. At electoral ward level, across all six domains, eleven of the twenty five Sunderland wards are in the top 10% most deprived in England. This reflects the status of Sunderland in terms of key wider determinants of health.

Sunderland has a higher level of unemployment than England & Wales, with 4.8% of the population registered as unemployed compared to 3.4% nationally in the 2001 Census. Within Sunderland the highest rates of unemployment are in the East, West and North parts of the city. Sunderland also has nearly twice the national percentage of its population (10.4% compared to 5.5% nationally) who are permanently sick or disabled, which is a legacy of its economic history of heavy industry.

Whilst life expectancy has improved for both males and females in Sunderland over the past ten years it is still lower than for both the region and the nation, as evident from figure 2 below. In addition, in this period the gap between life expectancy nationally and locally has remained fairly constant at around 2 years.

	Males (years)	Females (years)
Sunderland	74.1	78.9
Northern and Yorkshire Region	74.7	79.5
England	76.2	80.7

Figure 2: Life expectancy at birth, 2001-2003, for Sunderland, the Northern & Yorkshire region and England

The Department of Health has now set an explicit target to reduce by at least 10% the gap between the fifth of areas with the lowest life expectancy at birth and the population as a whole between 1997 and 2010.

SECTION FOUR – STRUCTURE OF THE COMMISSIONING STRATEGY

Part 1 of the Strategy gives an overview of Sunderland and our commissioning processes.

Part 2 focuses on vulnerable groups and specific commissioning intentions. Each service user section is structured in the same way, outlining the following:

- Objectives and Outcomes for Service Users
- Needs Analysis
- Health and Social Care Provision
- Budget Provision
- Strategic Planning Processes
- Service Development Priorities (categorised by the four care streams)
- Commissioning Intentions
- Additional Information/signposting (provides access to more detailed information if needed)

You may wish to read Part 1 of the Strategy to set the scene, particularly Section 5 about the Commissioning Processes and then turn to the particular vulnerable group section for more detailed information.

There are also appendices on the following:

- Demographics
- Glossary of Terms/Abbreviations

SECTION FIVE – COMMISSIONING CONTEXT

5.1 National

The process of commissioning is strongly influenced by both the national and local context. At a national level there are mandatory requirements in relation to the provision of key services, the level of provision and the standard to which they must be provided. This can be seen in the NHS Plan, and National Service Frameworks.

5.2 Best Value

Councils and Adult Services are subject to Best Value and regular reviews of key service areas. The reviews enable us to reflect on whether services have consulted service users; challenged providers of services; compared providers and determined whether the service is competitive. Information from such reviews will inform our commissioning intentions. The new scrutiny arrangements within Councils also allow for in-depth policy review and scrutiny focusing on issues important to local people. The Local Authority has also been given a power to scrutinise local health services. The outcomes of such scrutiny will inform our commissioning process.

5.3 Local

The Council has developed a Procurement Strategy and a draft Code of Practice to enable a more consistent, corporate approach to procurement. The Adult Services commissioning process takes account of the Council's Procurement Strategy.

5.4 Supporting People

The Government required all local authorities to implement the Supporting People programme by 1st April 2003. The programme is designed to enable a diverse range of vulnerable people, primarily adults, to live independent lives in the community by providing the necessary housing related support services based upon locally identified need.

The City Council is the 'Administering Authority' for the programme and is the only body with the appropriate legal status to receive the grant funding for the programme. Adult Services work in partnership with the Sunderland TPCT, National Probation Service Northumbria and the Development and Regeneration Directorate on the continuing successful implementation of the entire programme.

The Supporting People 5-Year Strategy and Annual Plan is now in place and covers the period 2005/06 - 2009/10, being agreed by the City of Sunderland Cabinet and the Supporting People Commissioning Body. Supporting People is now one integrated budget facilitating 114 Steady State contracts held by 23 providers in the City of Sunderland as at 1st April 2005, with an annual programme budget for 2006 - 2007 of £11.1 million.

Where appropriate the key Supporting People programme commissioning intentions are identified in this Commissioning Strategy, and further details are available in the Supporting People 5-Year Strategy and Annual Plan.

5.5 Legislation

All commissioning activity will be in line with any legislative requirements and with good practice in respect of areas such as equal opportunities and human rights. In particular The Race Relations [Amendment] Act 2000, places clear duties on the Council to take a leading role in relation to eliminating race discrimination, promoting equal opportunities and good race relations. All those involved in commissioning will ensure that the process is accessible to all community groups and identify ways of encouraging providers to contract with the Directorate for the provision of relevant services.

5.6 Contract Management

The Partnership and Procurement Team acts as a central co-ordinating body for Adult Services in relation to the diverse range of commissioned activity. The team is responsible for contract management in Adult Services which includes:

- Relationship management
- Contract administration
- Performance management

The team also interface with the TPCT to avoid duplication.

Services commissioned range from those necessary to meet individual service user needs, to those, which provide general support or specialist services. Monitoring activity is undertaken by the Social Care Governance Team, which includes statutory monitoring the Council must carry out in respect of services registered under the Care Standards Act 2000. The Team also has a role in looking into concerns expressed about contracted services. This information on the quality of services informs the performance management of contracts undertaken by the Partnership and Procurement Team.

SECTION SIX – THE COMMISSIONING PROCESS

6.1 Adult Services

Commissioning is a process that involves a number of inter-related components. The Audit Commission defines commissioning as:

"a process of specifying, securing and monitoring services to meet individuals needs both in the short and long term".

As such, it covers what might be viewed as the purchasing process as well as a more strategic approach to shaping the market for care to meet future needs[1]. The local market includes those services provided by the public sector, the private sector and the voluntary sector in Sunderland.

The purpose of any commissioning process is to provide services that are responsive, flexible and appropriate to meet assessed need. Commissioned services therefore need to be:

- Tailor made to individual circumstances
- Respond to minority needs (whether of culture, disability)
- Deliver the outcomes identified by users and their carers
- Maximise the social inclusion and independence of individuals and groups
- Demonstrate high standards at reasonable cost
- Be experienced as co-ordinated by users and their carers
- Able to deliver the right care, in the right place, at the right time

Any commissioning process should:

- Be based on Best Value principles.
- Involve users and carers at every level.
- Promote equality and fair access.
- Engage all providers with an open and even handed approach.

These principles were included in the "four tests of fairness"[2] for health and social care services:

- Fair to people using services
- Fair to tax payers
- Fair to providers
- Fair to commissioners

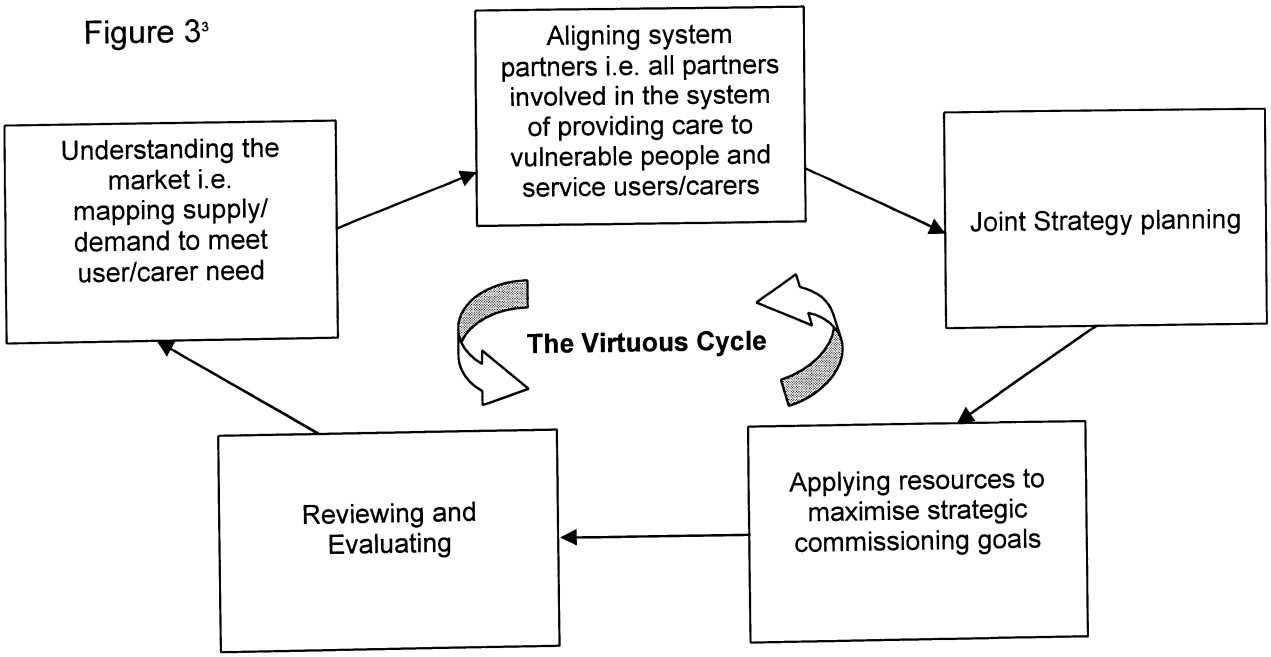
The commissioning process has a number of inter related components:

- Needs Analysis
- Strategic Planning
- Operational Planning
- Procurement
- Contract Management

1. *That's The Way the Money Goes - Adult Services Inspectorate July 1999*
2. *Dr S Ladyman, Parliamentary under Secretary of State for Community Care*

The information that comes from each of these components is used by Managers to determine what services need to be commissioned - it is a virtuous cycle.

Figure 3[3]



Needs Analysis: Individual needs are identified through the assessment process and through reviews of care packages confirming need or identifying additional needs. Such information has to be aggregated to inform strategic planning.

Strategic Planning: National and local priorities also inform the process. For example, National Service Frameworks specify the standards to which services need to be provided. Local performance targets influence the level of activity required. Council priorities also influence the opportunities available to health and social care.

Operational Planning: Turning the broad plans into the detail of how they will be achieved in Sunderland.

Procurement: This is the process of implementing commissioning decisions, purchasing and contract setting. Prior to the 1990's a substantial amount of service provision was carried out directly by the Local Authority. The impact of Community Care legislation, the development of initiatives such as Best Value, and increased working in partnership, have all resulted in a gradual change to Local Authorities role as a major provider to that of a commissioner of services. As part of that change Local Authorities have developed formal frameworks to contract with providers. Contracts are entered into to provide social care services to meet assessed needs. They cover a very diverse area and need to be flexible in order to respond to changing needs.

In carrying out procurement arrangements, reference is made to the Council's Constitution and the Corporate Procurement Strategy, which sets out guidance in these arrangements. The constitution sets out the Contract Procedures rules to be followed, the different processes depending on the value of contracts being entered

3. Extract from 'A Catalyst for Change', Department of Health, Health and Social Care Change Agent Team

into and identified situations where power of decision making are delegated to nominated officers. For some contracts, European Union Procurement legislation applies and in those situations advice would be provided by Corporate Procurement. The Councils Constitution is to be followed when the council is spending money on services, or where they act as "host authority" for shared monies. In commissioning jointly with Health partners, the flexibilities set out in The Health Act 1999 are often used. As services are increasingly being commissioned in partnership, the council has developed a Code of Practice to provide support in this complex area of work.

Contract Management: Contract reviews ensure that services meet the needs of service users and result in good outcomes.

Work is also taking place to identify where regional commissioning can add extra value, as well as facilitate the process. This approach is being considered where specialist services are needed and there may be low levels of requirement, not available locally. This approach is also being adopted by STPCT across the South of Tyne area in order to strengthen commissioning and achieve management savings in accordance with recent government requirements.

6.2 Types of Contracts

Sunderland Adult Services has developed a range of contractual agreements to meet the various requirements. These set out the expectations of each party and the service specification sets out the standards to be met. Different types of contract include:

- **Call Off Contracts:** where the provider agrees to provide a service for a fixed unit cost regardless of volume, and is available on a standby basis to be used as and when required. The majority of these contracts are with providers of care homes for older people. The call off contract is the most commonly used in Sunderland.

- **Block Contracts:** Where the purchaser pays a fixed fee for a fixed level of service. In Sunderland, these are mainly for Small Group Homes for people under 65 years who have a learning disability.

- **Block/Call Off Contracts:** Some services are commissioned using a mixture of block contract and call off contract. In this situation, the provider agrees to provide a service for a fixed unit cost regardless of volume. However, the purchaser guarantees the payment for a certain percentage of the service. Contracts of this nature are with providers of small group homes for young adults with special needs, home support providers and some day care providers.

- **Spot Contracts:** In recognition of the wide variety of services needed to meet individual need, spot contracts are used. This type of contract is used when purchasing individual units of service, for example a single residential placement in a particular location. This type of contract will be most commonly used with out of city placements.

In considering the most appropriate type of contract to put in place, Adult Services have to be mindful of factors such as the choice directive, enabling older people to live in the care home of their choosing as long as it can meet their needs.

- **Grant Assistance:** A substantial number of agreements are in place where the Council allocated grant funding. The majority of these are with providers who receive funding through the grant assistance process. Most are voluntary organisations providing a wide range of support services, not limited to assessed need.

- **Letters of Understanding:** Where the agreements are between different services within the Council, letters of Understanding are put in place.

The contracts in place reflect an agreement between the purchaser and provider setting out the basis on which the services are provided in order to clearly define roles and responsibilities. Contracts are usually for a fixed period of time, but may in some situations be open ended with a review clause.

6.3 The Market

Market Analysis

Ensuring the availability of services requires a knowledge of what the Independent Sector can provide and the issues that might affect local provision. Whilst the majority of services are provided locally in Sunderland, some are provided in neighbouring authorities and a few in different parts of the country. This may be a result of service user choice, for example, a wish to be in a nursing home near a family member, or where a very particular provision is needed, for example, a young person needing a specialist residential and educational provision.

As needs and expectations change some services may no longer be required and de-commissioning will be necessary. Providers may also decide to cease provision. The market will then fluctuate and it will be necessary to be flexible to adapt to changes in circumstances.

Stakeholder Engagement

A number of regular fora with various groups of providers are held in Sunderland. These enable consultation on issues and good practice. Increasingly they will provide opportunities to clarify commissioning intentions, as set out in this Strategy. Both independent sector and direct providers attend.

Forums include:
- Residential and Nursing Care Providers (bi-annually)
- Home Care Providers (bi-monthly)
- Voluntary Sector Providers (3 times per year).

- Supporting People Providers (quarterly)
- Supporting People Inclusive Forum (annually)
- Supporting People Commissioning Body (quarterly)
- Strategic Housing Partnership (bi-monthly)
- Special Needs Housing Liaison Meetings (monthly)

Establishing working relationships with providers affords the opportunity to help shape provision, particularly when developing new services.

Feedback received from Service Users and Carers is crucial. A number of monitoring processes help identify such feedback. These include the compliments and complaints process; statutory visits; visits put in place to contracted services that elicit User/Carer feedback and ongoing consultation processes with Users and Carers.

Market Management

Currently the issues for commissioning and market management in Sunderland include:

- The development of a range of contractual arrangements tailored to different kinds of services. These can be quite complex particularly for multi agency partnerships
- Maintaining accurate up to date knowledge of providers and the services they offer
- Contracting with services commissioned through short or fixed term funding
- The availability, cost and quality of specialist services
- Ensuring services reflect the inclusive agenda
- Staff recruitment and retention in the care sector
- Availability of a suitably trained work force
- The impact of property prices on services which are building based
- Continuing to develop partnerships with Voluntary Sector Providers
- The impact of Direct Payments.

6.4 Monitoring Arrangements

Monitoring aims to:

- Ensure contract compliance.
- Maintain and encourage improved standards.
- Provide protection for vulnerable people using care services.

Various arrangements are in place for monitoring activity both, internally and externally. Care Mangers have a role in this. Externally provided services should have identified information about monitoring activity included in contracts, and identify lead officers responsible for carrying this out.

Care Managers have responsibility for reviewing individual service users needs and the suitability of services to meet those assessed needs.

Monitoring activity should be appropriate to the service. The level of activity will be guided by factors such as the vulnerability of the service user and the cost of the service.

All Supporting People services are subject to the performance management framework as detailed by the Office of the Deputy Prime Minister and are requirements of the Supporting People programme.

Services Provided Directly by the Adult Services Directorate

Managers carry out various monitoring activities in respect of their services. Monitoring from someone outside of the management system adds added value to that process. Services provided by Adult Services which are registered with Commission for Social Care Inspection are subject to specific monitoring arrangements as part of regulatory requirements. Care Homes are visited on a monthly basis to carry out this responsibility.

Some directly provided services are now part of the Supporting People programme. These services are subject to monitoring and review as part of that scheme.

Externally Provided Services

Externally provided services are subject to contracted or formal arrangements setting out service standards. The majority of these services are subject to the Department of Health National Minimum Standards. Monitoring assesses how far these standards are met and ensures the service being provided meets contracted requirements. These services are included in a programme of monitoring visits. For those services subject to Regulation under The Care Standards Act 2000 information from inspection reports has informed monitoring arrangements. Appropriate liaison with the Commission of Social Care Inspection is maintained, and we will need to consider the impact of the proposed new arrangements for the regulation of social and health care services, and the role of the Healthcare Commission.

The Directorate also commissions a range of services 'out of city'. Monitoring activity for these services comprises collating a range of information, with issues being followed up as relevant.

Some services are part of the Supporting People programme and are subjected to the performance management framework in place for Supporting People funded services.

Some services are arranged by the Safer Sunderland Partnership and are subject to their performance management framework eg drug treatment for adults.

Monitoring Reports

Reports on monitoring visits set out the findings of the visit and identifies areas for action to improve services. In respect of regulatory visits to directly provided services

the report is required to be sent to the Commission for Social Care Inspection (CSCI).

Monitoring Information

Service monitoring covers a range of activity. As well as visits to services, information is collated from other professionals e.g. Care Managers, health care workers, from routine recording information e.g. complaints and concerns, from activity levels and costs. This enables an assessment of the service in terms of Best Value and contributes to managing the market in respect of external services. This information supports the contract management function.

Joint Monitoring Arrangements

For services which are jointly commissioned with Health, some joint arrangements are in place. Links with the Sunderland Teaching Primary Care Trust, City Hospitals Sunderland and South of Tyne and Wearside NHS Mental Health Trust are being strengthened. These will support monitoring of health care services, in particular in respect of nursing care. Contracts are now subject to consultation with Health colleagues, to ensure Health issues are included.

6.5 Sunderland TPCT

The TPCT is responsible for commissioning a range of services, provided either though commissioning arrangements, by directly managed arrangements or commissioned jointly thought other NHS agencies or social care agencies. These include:

- Acute services provided by City Hospitals Sunderland NHS Foundation Trust
- Mental health services provided by Northumberland, Tyne and Wear NHS Trust
- Tertiary Care/Specialist Services
- Primary Care
  - 54 GP practices
  - 54 Pharmacies
  - 37 Dental Practices
  - 22 Opticians' premises
- Jointly commissioned services with Adult Services

Enhanced services linked to the General Medical Services Contract for GPs include:

Essential Services – the management of those who are ill or believe themselves to be ill with conditions from which recovery is generally expected for the duration of that condition, and the general management of patients who are terminally ill including relevant health promotion advice and referral where appropriate, reflecting patient choice wherever practicable.

Additional Services – these are services over and above the essential services. To maintain the professional ethos of general practice, practices will be funded through essential and additional services to continue to provide continuous holistic treatment

and care for all registered patients for example vaccines and Immunisations and some minor surgery. Practices have preferential right to provide them, but have the ability to opt out, subject to rules.

Enhanced Services – these are essential or additional services delivered to a higher specified standard. Services not provided through essential or additional services may include more specialised services undertaken by GP's or nurses with special interest and Allied Health Professionals and other services at the primary/secondary care interface. Types of Enhanced Services:

Directed Enhanced Service – these are under national direction with national specification and benchmark pricing which all Primary Care Trusts must commission to cover their relevant population:

- Improved access to General Medical Services
- Influenza vaccinations for 65 and over and other at-risk groups
- Advanced minor surgery
- Quality Information Preparation
- Services to support staff dealing with violent patients

National Enhanced Service – these are under national specification and benchmark pricing:

- Primary Care Trusts can choose to commission if relevant to their population health need
- Primary Care Trusts can decide to provide the service from elsewhere if the same or a better service can be provided more cost effectively
- GPs providing the service already will be deemed to be competent to carry on providing them but will need to show continuing professional development (CPD). New GPs looking to provide the services will be required to show specialist training and continuous professional development. Services may include:
  - Enhanced care of homeless
  - Minor injury services
  - More specialised services for patients with Multiple Sclerosis
  - More specialised sexual health services
  - Patients who are alcohol misusers
  - Patients suffering from drug misuse
  - Provision of immediate care and first response care
  - Specialised care of patients with depression

Local Enhanced Service – these are enhanced services that are developed locally. The terms and conditions of these will be discussed and agreed locally between the Primary Care Trust and the practice with, if desire the involvement of the Local Medical Committee. Some examples of the enhanced service are:

- Enhanced medical care of asylum seekers
- Enhanced services for non-English speakers
- Specific services for people with learning disabilities
- Enhanced care of patient living in nursing and residential homes
- Area-wide home visiting schemes

Service Provision

As well as commissioning services the TPCT is also a direct provider of service. These services include:

- Community Nursing
- Minor Injuries and Ailments
- Dermatology and Minor Surgery
- Health Development Unit – Health Maintenance
- Community Dental Service

6.6 Joint Commissioning

The commissioning process in health and social care is informed by the work of the multi agency planning groups known as Modernisation and Reform Groups (MaRGs). The MaRGs cover a range of priority areas including Vulnerable Adults. The MaRGs bring together all key stakeholders to review care pathways and make recommendations for service redesign and modernisation within existing resources to meet national and local targets. The MaRGs propose commissioning intentions to the Adult Services and the Teaching Primary Care Trust. The overall recommendations for allocation of new resources and Local Delivery Plan priorities, rests with Multi-Agency Chief Officer Group (MACOG) to agree jointly.

In order to support partnership working and to begin to explore the benefits of joint commissioning for Vulnerable Adults, the Partnership and Procurement Team was established in April 2004. Partnership Officers, working with Operational Managers support the commissioning of local developments within the Health and Social Care community, through some of the individual client group Modernisation and Reform Groups (MaRGs) e.g. the MaRG Older People, the Learning Disabilities Partnership Board. They also manage the relationships in relation to the voluntary sector, and carers. The Procurement Team ensures services are procured in accordance with relevant guidance and are responsible for Adult Services contract management. The Partnership and Procurement unit is responsible to the Head of Partnership Development who is employed by the TPCT to work across the Adult Services and Teaching Primary Care Trust, with a remit to encourage, develop and support a more joined up response to the needs of vulnerable adults.

SECTION SEVEN – SUNDERLAND'S VISION FOR HEALTH AND SOCIAL CARE

The Vision for Health and Social Care within Sunderland is to develop a model for sustainable high quality and accessible services, with a focus on whole systems and cross organisational working.

The separation of care into primary (e.g. GPs and practices), secondary (e.g. hospitals), tertiary (e.g. specialised hospitals) and Adult Services (e.g. home support, day care), will be replaced by four 'care streams'. These are:

- **Urgent Care (UC)** – provided in the home, from locality based Urgent Care Centres (UCCs) and hospital emergency casualty facilities

- **Planned Care (PC)** – provided in the home, in community settings, by General Practices and their teams and from locality based Resource Centres (RCs) filtering into specialist hospital centres

- **Care of Chronic Illness (CCI)** – provided in the home, in General Practices and from locality based Resource Centres, supported by specialist interest practitioners, specialist consultants and multi-agency teams, working mainly in the community but 'in reaching' to hospital as necessary

- **Health Maintenance (HM)** – advice and support to be provided at different points throughout a person's lifespan by user/carer/voluntary groups and frontline staff in health and Local Authority

Throughout this Commissioning Strategy each service development priority has been linked to one or more of the above care streams.

SECTION EIGHT – SERVICE USER AND CARER INVOLVEMENT

Involvement of patients, carers and service users is a responsibility we share with our partners. Section 11 of the Health and Social Care Act 2001, places a duty on NHS Trusts and Social Care organisations to involve people in the planning and development of services.

The Patient, Public, Carer and Service User Involvement Modernisation and Reform Group (MaRG) is the mechanism for ensuring that the other MaRGs involve and support patients, the public, carers and service users in their work. This group has over 50% membership of voluntary sector, the public, patients, service users and carers, who have experience of approaches to involvement.

This MaRG has developed a toolkit to support and enable staff from MaRGs, care agencies and the Sunderland community to engage patients the public, carers and service users in the planning, development, delivery and monitoring of services. The toolkit gathers together in one place the information needed to engage with people and focus on existing resources available in Sunderland to assist with the process and to identify and meet local gaps.

The majority of the other MaRGs, such as Older People, Physical Disabilities, Learning Disabilities Partnership Board, Mental Health Partnership and Modernisation Group and their sub groups have representation from patients, carers and service users. This is via direct representation of service users and carers via voluntary organisations and groups such as the Issues for Older People Group, Sunderland People First, Mental Health Service User Forum, the Patient Circle, the Regional Mental Health Service User Network and the Physical Disability Shadow Board.

The Health and Social Care Community also host annual joint planning forums at which there is representation from patients, the public, carers and service users. These forums are used to involve and consult people in planning and developing new services and reviewing existing service provision. Targeted involvement also takes place through the MaRGs and in particular service areas in order to involve people with specific areas of work.

SECTION NINE – DIRECT PAYMENTS

The Community Care (Direct Payments) Act 1996, was implemented on 1st April 1997. The Act gave local authorities the power to make cash payments, if they wished to, to disabled adults aged under 65 to enable them to arrange and purchase services they had been assessed as needing by Social Services. Prior to this Act there had been no legislation that allowed local authorities to make such cash payments.

Since the implementation of The Community Care (Direct Payments) Act 1996, there have been further pieces of legislation affecting the Direct Payments Scheme, these include:

- The Health and Social Care Act 2001
- Section 17A of the Children Act 1989
- The Community Care, Services for Carers and Children's Services Direct Payments (England) Regulations 2003

The Community Care (Direct Payments) Act 1996, was repealed by the Health and Social Care Act 2001. From 8th April 2003, the effects of the new Legislation and Regulations for local authorities meant that they had a mandatory duty to make direct payments available to service users assessed by Social Services as needing services.

Introduction – What are Direct Payments?

Direct Payments empower people to make decisions for themselves and provide opportunities for them to have more control over their lives now and in the future.

Direct Payments are offered as cash payments. This enables the person to organise and purchase social care services that they have been assessed as needing by the Council's Adult Services. In this way, the person has more options, choice and control over how they organise their life. The person decides how their assessed care will be met, by whom, and at a time that is best for them.

The concept of the Direct Payments Scheme is to increase individuals' independence and choice by giving them control over how the services to meet their assessed needs are delivered. In doing this it should help stimulate the development of modern services delivered in the way people want. It will provide opportunities for social care providers to develop services to meet the aspirations of those accessing direct payments - outside of the traditional commissioning environment since the 'social care contract' is between the service user and the provider of service.

Who Can Receive Direct Payments?

Direct payments can be offered to:

- People with physical, sensory or learning disabilities,
- Older people,
- People disabled by illness such as mental illness, arthritis or HIV/AIDS,

- and carers aged 16 and over.

A service user can receive direct payments as long as he/she:

- Has been assessed by Adult Services as needing services.
- Is willingly to receive a direct payment.
- Can consent to receive direct payments.
- Can manage them with or without assistance.

What Can Direct Payments Be Used For?

A person can use their direct payments to arrange and pay for services they have been assessed as needing by the Council's Adult Services, for example,

- Home Support
- Employment of a Personal Assistant
- Short Break
- Day Services
- Equipment or,
- A combination of these

It is also possible for a person to have a mixture of direct payments and services arranged by the Council's Adult Services.

What Can Direct Payments NOT Be Used For?

A person cannot use their direct payments to purchase any of the following:

- Services from any local authority
- Health care services, including Continuing Health Care
- Housing or permanent residential or permanent nursing care
- Anything that is not in their Care Plan

Recipients of Direct Payments

During the period 1st April 2005 to 31 March 2006 in the region of 588 service users accessed the Adults Direct Payments Scheme. As at 31st March 2006 there were in the region of 410 adult service users accessing direct payments; 178 of the 588 had subsequently moved off the Scheme for various reasons, for example moving into permanent care, or care services no longer required.
Of the 588 service users who accessed the Adults Direct Payments Scheme during 1st April 2005 to 31st March 2006, 303 used their direct payments to arrange and purchase short break, home care and day care services, a large number of which were provided in non-traditional ways. The remaining 285 service users used their direct payment to purchase equipment, for example sensory impairment equipment.

A breakdown of the 303 service users Client Group and the services arranged and purchased by them is shown in Table 1. below:

Table 1. – Details of 303 Adult Direct Payment Users – During Period 1st April 2005 to 31st March 2006

	Client Groups				
Service	**65+**	**Under 65**	**Learning Disability**	**Mental Health**	**Total**
Home Support	15	11	18	1	**45**
Home Support + Short Break	5	3	-	-	**8**
Home Support + Day Care	-	3	1	-	**4**
Home Support + Short Break + Day Care	-	-	1	1	**2**
Short Break	114	31	8	2	**155**
Short Break + Talking Book	2	1	-	-	**3**
Day Care	11	18	19	2	**50**
Day Care + Transport for it + Short Break	-	1	1	-	**2**
Day Care + Transport Costs for it	1	2	2	-	**5**
Day Care – Transport Costs only	2	1	13	-	**16**
Day Care + Short Break	7	2	2	-	**11**
Miscellaneous	-	-	1	1	**2**
TOTALS	**157**	**73**	**66**	**7**	**303**

It is expected that the final out-turn expenditure for the Adults Direct Payments Scheme, in relation to home care, day services and short break, during the financial year will be in the region of £725,000.

Sunderland City Council's Performance in Relation to Direct Payments

Sunderland City Council was the only authority in England to be rated as 'very good' in relation to its performance in relation to Direct Payments in 2004/05 and the Commission for Social Care Inspectorate described the Scheme as a 'spectacular success' in its review of the authority's performance. The 'very good' rating should continue into 2005/2006 based on the current number of individuals accessing direct payments.

Future Direction for Use of Direct Payments

It is likely in the future that Sunderland City Council will increasingly be providing direct payments in increasingly innovative ways, so that there is likely to be a rise in the number of people employing Personal Assistants to access 'universal services' and day opportunities, such as educational and recreational activities and employment, rather than 'traditional' social care services, especially for younger client groups. This is the realisation of the White Paper's, ("Our health, our care, our say: a new direction for community services"), vision of empowering individuals to have choice and control about their lives.

In this sense, over the course of the next three years, we would reasonably expect the range of services for which direct payments can be obtained to increase,

particularly in relation to access to services and personal assistance, and a decline in the 'traditional' social care services, particularly day care and short break care. This is evident from the current take up of such services via direct payments.

It will also be especially important to consider flexible use of direct payments for older, as well as, younger, clients, if we are to meet the targets suggested for future take-up of direct payments. An area being taken forward is that of Group Direct Payments. This will enable small groups of individuals, who currently come together within day centre services, to continue to do so within the community as part of their care plan, via the use of direct payments.

'Go Direct' – Independent Direct Payments Support Service

'Go Direct' has been awarded a Contract by Sunderland City Council to provide an Independent Direct Payments Support Service whose main role will be to support individuals who employ their Personal Assistant and to assist the Council in the development and promotion of its Direct Payments Scheme.

The core functions of 'Go Direct' are:

Personnel Service

A 'free' comprehensive Personnel Service is available to service users who use their direct payments to employ Personal Assistants. The practical support available to service users includes:

- Recruitment of Personal Assistants including advertising, interviewing, staff selection etc
- Job Descriptions
- Risk Assessments and Health and Safety issues
- Contracts of Employment
- Managing staff and staff retention

Payroll Service

A 'free' comprehensive Payroll Service is available to service users who use their direct payments to employ Personal Assistants. The practical support available to service users includes:

- Registering the service user as an employer with the Inland Revenue
- Setting up and operating a payroll system for Personal Assistants on behalf of the service user, (the employer)
- Producing weekly or monthly payslips for Personal Assistants
- Keeping records of holiday and sick pay etc.
- Maintaining all relevant records required by the Inland Revenue
- Providing advice and support on issues such as rates of pay

As well as providing Personnel and Payroll Services 'Go Direct' also offers peer support to people who receive or are considering receiving direct payments. The

peer support is offered by a team of people who are current users of direct payments and their carers. This support is also available via the Direct Payments User Group.

Sunderland City Council - Direct Payments Section

The Council's Direct Payments Manager is responsible for implementing the Direct Payments Scheme Policy and the ongoing development of the Scheme within the City of Sunderland.

Should any Organisation wish to know more about the Direct Payments Scheme, in particular how that Organisation may have a role in the development of its services to meet the growing demand of non-traditional services by service users, the Direct Payments Manager can be contacted as follows:

Address:	Direct Payments Section, Adult Services, 50 Fawcett Street, Sunderland, SR1 1RF.
Telephone number:	0191 5661825
E-Mail:	dp@ssd.sunderland.gov.uk

SECTION TEN – SUMMARY OF FINANCIAL INFORMATION

10.1 Summary of Adult Services Budget 2006/07

SERVICE	2006/7 FINANCIAL YEAR GROSS BUDGET (£)	
ADULT SERVICES		
Older People Over 65	58,235,984	
Adults with Long Term Conditions	10,071,682	
Adults with Mental Health Needs	7,574,130	
Adults with Learning Disabilities	22,700,273	
People with HIV/AIDS	38,121	
Drug and Alcohol	633,736	
People Needing Palliative Care	0	#
Carers	0	#
Black and Minority Ethnic Groups and Asylum Seekers	31,500	
SUB-TOTAL ADULT SERVICES	**99,285,426**	
OTHER SERVICES MANAGED BY ADULT SERVICES		
Capital Expenditure Charged to Revenue	160,000	
Service Strategy and Regulation	271,776	
Adult Services Central Costs - recharge adjustment for income	4,704,640	
SUB-TOTAL OTHER SERVICES MANAGED BY ADULT SERVICES	**5,136,416**	
Total Adult Services Gross Budget	**104,421,842**	

The above figures are the Gross (Expenditure) Budgets for the 2006/7 financial year for all services managed by City of Sunderland Adult Services Department and agree with the finance included in the recently published 2006/7 Corporate Plan.

The individual services include all recharged costs for:

(i) Departmental central support and overheads - these costs have been apportioned on a fair basis.

(ii) Direct services - these include establishments whereby the services provided are to more than one of the client groups - each client group's costs therefore show their proportion of these costs.

For services highlighted with # above: the finance for these could not be disaggregated from the finance of other services.

The 'Black and Minority Ethnic and Asylum Seekers' finance figure only includes those costs of the Interim Asylum Seekers scheme as the costs for black and minority ethnic people cannot be disaggregated from other services.

The Adults Services finance tables include a section for Joint Provision services (with the TPCT). There are costs in other sections which the TPCT also partly fund e.g. Independent Sector Nursing Placements - Adult Services pay the full cost of the placement, but income is received from the TPCT to fund the nursing element of the placements. The finance tables includes contingency transfers of £1,717,377 (£1,575,321 for contracts fees and £142,056 for gas increases).

10.2 Summary of Sunderland TPCT Budget Proposals 2006/07

Sunderland TPCT does not record budget information into the same client areas as Adult Services. Generally information is recorded by service provider and into wider client area definitions than those used by Adult Services. Services are largely commissioned for the whole population of Sunderland, although some more specialist services are also commissioned for specific client groups. Therefore, the budgetary information detailed below, is a summary of all services provided by Sunderland TPCT, however, where possible a more detailed breakdown has been shown within each client section and the growth monies identified below.

	£'000
PCT Administration	7,562
Regional Levies	179
NHS Trusts	220,562
Specialist Services	10,130
Non NHS Contracts	1,312
Local Authority Agreements	16,362
Other healthcare (inc packages)	11,190
Primary Care (inc prescribing)	88,450
Health Development Unit	4,222
Community Services provided	22,287
Reserves	16,902
Reserves – Payment by Results adjustment	14,708
2006/07 Resource Limit	**413,866**

An indicative profile of the use of the 2006-07 growth funds has been outlined below. Further discussions will be held within the relevant Modernisation and Reform Groups regarding the detailed deployment of these funds.

Secondary Care Access	6,470
Primary Care Access	1,805
Specialist Commissioning	838
Cancer (Herceptin/Alimta)	1,000
Mental Health	250
Older People	125
Children	125
Health inequalities	2,274
Drug Misuse	200
Learning Disabilities	275
Chronic Disease Management	300
	13,662

SECTION ELEVEN – OLDER PEOPLE (OVER 65) INCLUDING YOUNG PEOPLE WITH DEMENTIA

11.1 OBJECTIVES AND OUTCOMES FOR SERVICE USERS

The section concerns the commissioning of services to older people and their carers within the City of Sunderland. For the purpose of this section, older people are broadly recognised as being sixty-five and over, including older people with mental health needs, which is in keeping with the National Service Framework.
Where younger people with dementia brings them into the realms of older persons services, their needs will be considered within this section however they may be cross referenced with others e.g. mental health.

The National Service Framework for Older People was published by the Department of Health in March 2001 to improve services for older people, by ensuring fair, high quality, integrated health and social care services.

The key outcomes for older people are:

- Services that are, accessible, responsive, equitable, and delivered to a consistent standard
- To be treated as individuals and enabled to make choices about their own care
- To live at home independently for as long as possible
- To prevent unnecessary hospital admissions, emergency readmissions and facilitate timely and appropriate discharge from hospital
- Healthier and active life styles
- To be treated with respect and dignity
- To improve quality of life and independence for older people
- Increased choices for older people
- To enable increased numbers of older people to live at home
- To ensure older people are not disadvantaged by age or geographical location
- To ensure patient and users experiences are considered when developing services
- Older people experience improved quality of care
- To ensure carers are supported

11.2 NEEDS ANALYSIS

11.2.1 Demographic Information

The number of people over 65 in England has doubled in the last 70 years and older people make up one fifth of the population. In Sunderland the number of older people is increasing by 2% a year and requires health and social care services. The City of Sunderland has a total population of 280,807 residents. A breakdown of the number of residents aged 65 and over is provided below:

AGE RANGE	TOTAL	% OF TOTAL SUNDERLAND POPULATION
65 – 74	25,410	9%
75 – 84	14,303	5%
85 – 89	2,744	1%
90 and over	1,319	0.5%
TOTAL	**43,776**	**15.5%**

Source: Census 2001

11.2.2 Activity Data

Adult Services Activity

During the period 1 April 2005 to 31 March 2006, there were 3402 assessments completed for 'new' clients aged 65+. 'New' clients were those either not previously known to the department or who had previously closed cases when they re-presented. During the same period there were 6824 reviews completed for existing clients. Following an assessment, there were 2566 clients offered or provided with a service. 14 people aged 65+ from an ethnic background received an assessment and 12 people were subsequently offered or provided with a service.

Joint Activity

Intermediate Care Service
There were 1,663 clients admitted (from 1,759 referrals) to the Intermediate Care Service for the period April 2005 to March 2006, corresponding to 5.5% of the Sunderland's 70+ population. Of these, 517 were to facilitate hospital discharge and 1,151 were to prevent hospital admissions.

Continuing Health Care
The number of people as at September 2005 receiving continuing health care assistance was 212.

Free Nursing Care
The number of people as at September 2005 receiving a free nursing care payment was 422.

11.2.3 Assessment Outcomes

Adult Services' Fair Access to Care Services – Eligibility Criteria' is a policy framework and eligibility for community care services for all adults which prioritises the risks faced by individuals into four needs bands – Critical, Substantial, Moderate and Low. This ensures there is fair access to social care services for adults, based on the individuals' assessed needs and likely risks, including both immediate needs and needs which are likely to worsen for the lack of timely help. The present criteria are currently under review.

The total number of assessments undertaken during the period 2003/04 for adults (including older people and younger people with physical disabilities) was:

Assessing Team	Number of assessments	Critical	Substantial	Moderate	Low
Adult Care East Division	4044	6%	22%	41%	31%
Adult Care West Division	4378	19%	33%	37%	11%
Hospital Teams/ Intermediate Care (predominantly older people)	4265	1%	6%	32%	61%

When an Adult Services assessment is carried out with an individual, the outcome of the assessment is recorded on the computer system. In some cases, it may not be possible to meet the individuals' need or to provide the individual with their choice of preferred service and this is also recorded. This information is used to inform the commissioning of services. The needs are coded and this information is aggregated. However, further detail regarding individual circumstances would need a manual trawl of files and discussions with operational managers who have the overview of the assessment process. Further work is therefore required to ensure a robust system for informing commissioning intentions.

There are three particular outcomes from the aggregated codes that have been identified as service issues and these are noted below.

For the period 1 April 2004 to 28 February 2005 the following was recorded:

Identified objective outcome	Number of recorded cases	Client Group
Service delay due to unavailability	5	Frailty and/or temporary illness
Resource not yet developed	0	Frailty and/or temporary illness
Service user preference not yet available	0	Frailty and/or temporary illness

11.2.4 Health Needs Assessment

A heath needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. Health Needs Assessment aims to ensure that health improvement activity and health services are targeted and are accessible to those individuals who are in the greatest health need at a given point in time.

A Health Needs Assessment will be undertaken in relation to older people with functional mental illness (depression/anxiety). The outcomes will inform our commissioning intentions.

Older people are not a homogenous group but experience a range of difficulties alongside old age in general, for example social isolation, poverty and poor housing. They can access the full range of services in primary care as well as, in some practices, Specialist Nurse Practitioners for older people. They do not have a specific care pathway, but enter those appropriate to their illness.

11.3 RANGE OF PROVISION

Social Care

- Care Management Service
- Home Care Service provided by Direct Services and the Independent Sector
- 12 Community Support Workers for People with Dementia provided by Direct Services
- Personal care, both directly provided and contracted with the Independent Sector
- 2 residential homes directly provided
- 2 short break services directly provided
- Residential and Nursing homes, short break services and day care services and contracted through the Independent Sector
- A range of contracted low level preventative services, e.g. luncheon clubs and Holiday and Opportunities Fund for carers and Handy Person Service
- Services for Younger people with Dementia, including a Social Worker, Mental Health Nurse and a Support Worker
- Occupational Therapy
- Palliative Care
- The Direct Payments Scheme is available for older people who want to have choice and control over who and when their care is provided by purchasing the care themselves
- Services for older people funded under Supporting People, delivered by 15 providers. This includes sheltered housing schemes, Good Neighbourhood Warden Schemes and the Community Care Alarm Scheme, where people receive support services enabling them to continue to live at home
- A Meals at Home Service
- A directly provided Transport Services
- Prevention Assistants

Primary Care

- District Nurse Service (assessment, diagnosis and treatment)
- Day Hospital at the Galleries Health Centre
- 24/7 Team
- Urgent Care Team
- Primary Care Centres
- Minor Injuries Unit
- Retinal Screening
- Chiropody Service

- 54 GP Practices
- 54 Pharmacies
- 38 Dental Practices
- 22 Opticians
- Health Development Unit (smoking cessation etc).
- Palliative Care Services through the Hospice, St Benedict's
- Wellness Centres

Joint Provision

- Intermediate Care Service for older people including, rehabilitation and convalescence
- Community Equipment Services
- An ongoing pilot training programme of Social and Health Care Workers
- A designated Mental Health Nurse and Social Worker to support younger people with dementia
- A Social Worker as part of the 24/7 Rapid Response Team

11.4 BUDGET PROVISION – 2006/07

Adult Services

SERVICE	2006/7 FINANCIAL YEAR GROSS BUDGET (£)	% OF TOTAL OF GROSS BUDGET FOR OLDER PEOPLE
ADULT SERVICES INFRASTRUCTURE		
Fieldwork and Assessment	5,082,519	
Direct Services Management	56,017	
Business Support Unit	1,084,657	
SUB-TOTAL ADULT SERVICES INFRASTRUCTURE	**6,223,193**	**11%**
SOCIAL CARE		
Residential Services	4,070,903	
Day Care	512,463	
Home Support	6,760,000	
Community Care Alarm	1,880,036	
Meals at Home	454,485	
Luncheon Clubs	257,778	
SUB-TOTAL SOCIAL CARE	**13,935,665**	**24%**
INDEPENDENT SECTOR		
Residential Placements	19,460,328	
Nursing Placements	10,396,719	
Short Breaks	156,028	
Day Care	446,247	
Home Support	4,785,522	
Convalescent Facilities	16,071	
Companionship & Community Support	170,857	
Financial Assistance to Voluntary Organisations	175,885	
Direct Payments - Home Support	224,978	
Direct Payments	185,567	
SUB-TOTAL INDEPENDENT SECTOR	**36,018,202**	**62%**
JOINT PROVISION		
Intermediate Care	1,932,973	
Rehabilitation Service	125,951	
SUB-TOTAL JOINT PROVISION	**2,058,924**	**4%**
TOTAL OLDER PEOPLE (OVER 65)	**58,235,984**	**100%**

Sunderland TPCT

DESCRIPTION	£
Discharge Liaison Programme	37,798
Intermediate Care Pooled Budget	773,145
Community Equipment Pooled Budget	1,229,230
Free Nursing Care in Nursing Homes	2,905,578
Voluntary Sector	65,000
	5,010,751

11.5 THE STRATEGIC PLANNING PROCESS

11.5.1 Legislation and Policy Guidance

Responsibilities for supporting and caring for older people and their carers are set out in legislation and guidance which has included:

- Modernising Adult Services, Department of Health 1998
- The NHS Plan, 2000
- No Secrets, 2000
- National Care Standards Act, 2000
- National Service Framework for Older People 2001
- Sunderland Joint Strategy for Older People, 2001
- NSF for Older People – The First Plan, 2001
- Fair Access to Care Services, 2003
- Community Care (Delayed Discharges) Act 2003
- Association of Directors of Adult Services – All Our Tomorrows, 2003
- Better Health in Old Age, 2004
- Quality and Choice – A Linked Housing Strategy for Older People, July 2004
- Sunderland Teaching Primary Care Trust Nursing Strategy
- Sunderland Teaching Primary Care Trust Primary Care Strategy
- Better Government for Older People
- Link Age document, 2004
- Independence, Well Being and Choice – A Strategy for Adult Social Care Services, March 2005
- Supporting People Five Year Strategy and Annual Plan
- Extra Care Housing Strategy – Update 2006
- Sunderland Strategy
- Housing Strategy 2002-2005
- Homeless Strategy
- A Sure Start to Later Life: Ending Inequalities for Older People, 2006
- Our Health, our Care, our Say, 2006
- NSF Next Steps

11.5.2 Local Planning Process

The Older People's Partnership Action Group is responsible for raising and addressing older people's issues within the City. Membership of the group includes the wider city services e.g. Health and Social Care, Housing, Department for Work and Pension, the Police, the Fire Service, Regeneration and Community and Cultural Services. The group will be responsible for maintaining an overview of the strategic planning and development of services that older people access. The group will be a vehicle to challenge and influence partners of the Local Strategic Partnership to ensure that consideration is given to older people in their plans, policies and developments and the needs of older people are acknowledged in cross cutting strategies.

11.6 SERVICE DEVELOPMENT PRIORITIES

Our service development priorities have arisen from an analysis of a range of information described in the introduction to this strategy – individual needs assessment, demographic information, national and local planning requirements, feedback from service users, carers, staff, providers, and partners

The service development priorities are set at a strategic level and require longer-term implementation. The commissioning intentions, which follow later, are derived from these priorities and represent specific intentions over the next three years. The priorities also reflect Sunderland's vision for health and social care services. **Some priorities cut across a number of care streams and these have been indicated in brackets.**

The identified service development priorities are as follows:

Planned Care (PC)

- To commission three Extra Care developments that provides a flexible twenty-four hour service enabling older people to have more choice, independence, control and privacy – 210 units by 2007. (HM)
- To remodel existing sheltered schemes to provide extra care
- To take opportunities for further new extra care developments as part of regeneration programmes in the city
- Accommodation and care provided in care homes
- To implement an Integrated Continence Service
- To further develop the Intermediate Care Service to support the increased numbers of older people in their own homes, preventing admission to hospital and to facilitate hospital discharge (UC)
- To review provision for older people with mental health needs and develop appropriate services (UC), including integrated community mental health teams
- To reprovide existing Adult Services short break, day care and meals at home service (UC/HM)
- To modernise home care services as part of the Modernisation Programme for Older People's Services

- To further develop the role of the Social and Health Care Workers to support older people in their own homes (UC/CCI)
- To explore establishing a home improvement agency to support older people with any substantial alterations needed to their home (CCI)
- To implement protocols across health and Adult Services to diagnose, treat and care for older people with dementia and depression (UC/HM/CCI)
- To establish a post of a Support Worker and Occupational Therapist for younger people with dementia (CCI)

Urgent Care (UC)

- To implement an integrated falls service (PC/HM/CCI)
- To modernise the Community Care Service in line with Adult Services Modernisation Programme (PC)
- To have an integrated plan for Stroke Services (PC/CCI/HM)
- To modernise the Care Alarm Services as part of the modernisation of Older People's services (UC)

Care of Chronic Illness (CCI)

- To further develop Community Support for people with dementia (PC)

Health Maintenance (HM)

- To explore day opportunities within the city
- To develop a city wide Advocacy Service (building on the pilot service currently in Adult Services directly provided care homes) including specialist advocacy for people with dementia (PC)
- To develop a screening assessment service for over 75s
- To increase the range of services developed as part of an integrated preventative strategy for older people, working in partnership with the voluntary sector (PC)
- To continue the development of a Social Care Resource Directory to arrange care packages and hold intelligence on all care services availability
- To reduce social exclusion (HM)
- To reduce the fear of crime and protect vulnerable adults (HM)
- To improve access to BME communities and support to older people
- Development of a joint medication policy within the Adult Services Resource Directory

11.7 COMMISSIONING INTENTIONS

Update on short-term intentions identified for 2003/04

Intention	Achieved	Update	Issues/Barriers
To continue to maintain the low level support provision which promotes independence and supports carers	Ongoing	Financial Assistance has been maintained to enable low-level support provision.	Need to maintain the profile and importance of low level support particularly it's benefits to promote health
To review day care, short break provision and meals at home and develop options.	Review actioned	Within the modernisation programme this is an area of focus to further develop provision by the independent sector due to the re-provision of directly provided older peoples home	Five year programme across remaining older people's homes. Where it is needed to engage with other providers within the independent sector. May be financial implications
To improve short break services for older people with mental health needs as recommended by the review	Ongoing	Since the closure of Glebe Home the mental health short break service has now moved to Kentmere House, which provides 8 places to people with Mental health.	To develop independent providers to support people with mental health needs in specialist short break services
To increase the training activity provided by Partners in Care (Tyne and Wear Care Alliance)	Ongoing	Working with the Care Alliance utilising resources and looking to work together more closely in the future	Releasing staff to take up opportunities
To extend high level home care linked to the new Rapid Response Team provided by the Primary Care Trust.	Ongoing	Health and Social Care Worker training programme includes Adult Services staff in its new prevention and support team. The 24/7 Rapid Response Team is linked with the community in supporting people from unnecessarily being admitted to hospital and when they are discharged from hospital. They will support people with both social care and basic health care needs	Pilot to be evaluated and funding secured

Where funding has not yet been secured the expectation is that the existing purchasing budgets (currently committed to services), will be reviewed to identify savings and alternative ways of providing services to release funding for the medium term priorities.

The short term and medium term commissioning intensions for older people are as follows:

Short Term – (1 year: Funding Secured – 2006/2007)

- To develop the workforce of Social and Health Care Assistants informed by the evaluation of the pilot scheme (estimated 350 FTE over 5 years)
- To commission a Handyperson/Practical Support Service
- To provide more intensive/more specialist home care to support people at home
- To develop a 'screening service' for over 75s

- To commission increased capacity 'lower level' home care from the Independent Sector
- To commission alternative options for meals at home – projected 4500 meals per week to be reprovided
- To modernise the Care Alarm Service and implement a Telecare Strategy
- To develop a Prevention Assistant Support Worker role

Medium Term (2-3 years: costings and funding options are being explored)

- To further develop Advocacy Services in the City
- To establish a Social Care Resource Directory
- To commission increased day care services and develop alternative community day opportunities
- To improve access and support to BME communities to develop care management services and services to support people at home
- To commission specialist short break services
- To commission a home improvement agency to support older people with any substantial alterations within their home
- To complete phase two of the dementia service for under 65s by funding the post of a Support Worker and Occupational Therapist
- To reprovide services from the remaining Councils older people's homes
- To develop three new Extra Care Schemes in partnership with the Council's selected housing provider and to work in partnership with other providers to remodel existing sheltered housing schemes

11.8 ADDITIONAL INFORMATION

- Joint Strategy for Older People, 2001
- NSF – The First Plan, 2001
- Adult Services Business Plan, 2004
- Sunderland TPCT Nursing Strategy
- Sunderland Teaching Primary Care Trust – Primary Care Strategy, 2004
- Supporting People Five Year Strategy and Needs Analysis
- Older Peoples Housing Strategy, 2004
- Older Peoples Extra Care Housing Strategy, Update 2006
- A Sure Start to Later Life: Ending Inequalities for Older People, 2006
- Our Health, our Care, our Say, 2006
- NSF Next Steps

For further information please contact Dawn Goodson, Partnership Officer – Older People, Adult Services on 0191 566 1834

SECTION TWELVE – ADULTS WITH LONG TERM CONDITIONS (AGED 18/64)

12.1 OBJECTIVES AND OUTCOMES FOR SERVICE USERS

This section refers to those adults with long-term conditions, physical disabilities, and sensory impairments who are of working age – 18-64 years. There have been a number of recent government policy directions to guide the way services are planned and delivered.

The Disability Discrimination Act 1995 defines a person with disabilities as someone with a 'physical or mental health impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'.

Improving the Life Chances of Disabled People, White Paper, Cabinet Office, Jan 2005, sets out how, 'By 2025 disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society'. Future strategy for people should seek to realise this vision through practical measures in four key areas.

- Helping people to achieve independent living by moving progressively to individual budgets
- Improving support for families with young disabled children
- Facilitating a smooth transition into adulthood
- Improving support and incentives for getting in and staying in employment

The National Service Framework for Long-term Conditions, DoH, March 2005, sets 11 quality requirements to transform the way health and social care services support people with long-term conditions to live as independently as possible. The NSF is mainly for people with long-term neurological conditions. However, many aspects of the Quality Requirements in the NSF apply to other long-term conditions as well. The impact of this will be to develop new and improved opportunities for working in partnership with health and other local agencies that will give people with long-term conditions choice, through the provision of services planned and delivered around their individual needs; supporting them to live independently and play their full part in society.

Supporting People with Long Term Conditions (Department of Health, 2005) sets out the following strategic aim:

- To ensure that health and social care communities provide effective and systematic care and management to people who have a long term condition
- To increase the provision of care in primary, community or the home environment
- To ensure people receive high quality personalised care
- To encourage people to manage their condition and to make healthier lifestyle choices

12.2 NEEDS ANALYSIS

12.2.1 Demographic Information

Within the City of Sunderland household population of 275,596, there are 64,836 people who have a limiting long-term illness – that is any long-term illness; health problem or disability, which limits daily activities or work. Of the 64,836 people, 61, 625 of them, aged 18 and over, have a limiting long-term illness as follows:

AGE GROUP	NUMBER OF PEOPLE WHO HAVE A LIMITING LONG TERM ILLNESS
18 – 19	417
20 – 24	1,232
25 – 34	4,125
35 – 44	6,528
45 - 49	4,205
50 – 54	5,950
55 – 59	6,221
60 -64	7,411
65 – 74	14,119
75 – 84	8,997
85 – 89	1,719
90 and over	701
TOTALS	**61,625**

Source: Census 2001

The 2001 Census includes self reported economic activity status for adults aged 16-74 years; one category of which is permanently sick or disabled. Sunderland as a whole reported 10.4% in this category (equating to 21,600 persons at mid year 2002) as opposed to 5.5% for England as a whole

12.2.2 Activity Data

Adult Services Activity

During the period 1 April 2005 to 31 March 2006, there were 957 assessments completed for 'new' clients in respect of people with a long term condition. 'New' clients were those either not previously known to the department or who had previously closed cases when they re-presented. During the same period there were 959 reviews completed for existing clients. Following assessment, there were 702 clients offered or provided with a service. 19 people from an ethnic background received an assessment and 13 people were subsequently offered or provided with a service.

Joint Activity

During the period 1 June 2005 and 31 May 2006, 27,081 pieces of equipment were delivered by the Community Equipment Service within 7 working days from date of decision to supply. The overall performance of the service for 2005/06 was 90%.

12.2.3 Assessment Outcomes

Adult Services' Fair Access to Care Services – Eligibility Criteria is a policy framework and eligibility for community care services for all adults which prioritises the risks faced by individuals into four needs bands – Critical, Substantial, Moderate and Low. This ensures there is fair access to social care services for adults, based on the individuals' assessed needs and likely risks, including both immediate needs and needs which are likely to worsen for the lack of timely help. The present criteria are currently under review.

The total number of assessments undertaken during the period 2003/04 for adults (including older people and younger people with physical disabilities) was:

Assessing Team	Number of assessments	Critical	Substantial	Moderate	Low
Adult Care East Division	4044	6%	22%	41%	31%
Adult Care West Division	4378	19%	33%	37%	11%
Hospital Teams/Intermediate Care (predominantly older people)	4265	1%	6%	32%	61%

When a Adult Services assessment is carried out with an individual, the outcome of the assessment is recorded on the computer system. In some cases, it may not be possible to meet the individuals' need or to provide the individual with their choice of preferred service and this is also recorded. This information is used to inform the commissioning of services. The needs are coded and this information is aggregated. However, further detail regarding individual circumstances would need a manual trawl of files and discussions with operational managers who have the overview of the assessment process. Further work is therefore required to ensure a robust system for informing commissioning intentions.

There are three particular outcomes from the aggregated codes that have been identified as service issues and these are noted below.

For the period 1 April 2004 to 28 February 2005 the following was recorded:

Client Group	Identified objective outcome	Number of recorded cases
Physical Disability (18-64)	Service delay due to unavailability	3
Physical Disability (18-64)	Resource not yet developed	2
Physical Disability (18-64)	Service user preference not yet available	0

12.2.4 Health Needs Assessment

A heath needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. Health Needs Assessment aims to ensure that health improvement activity and health services are targeted and are accessible to those individuals who are in the greatest health need at a given point in time.

People with a physical disability or sensory impairment, as citizens of Sunderland are eligible for primary care services alongside other members of the population.

12.3 RANGE OF PROVISION

Social Care

- Assessment and Care Management Services
- Home Support Services directly provided and contracted from the independent sector
- Accessible Homes Service, Adaptations and Alterations Services
- 3 Core and Cluster Schemes for people with physical disabilities funded under Supporting People. These Core and Cluster Schemes provide homes with on site support for 24 people
- 9 bedded short break residential service directly provided for people with physical disabilities
- Day service opportunities directly provided
- Care Home services contracted from the independent sector
- A range of directly provided support at homes services including meals at home, community care alarm scheme, and Blue Badges
- Short break services contracted from specialist providers outside of the city for people with particular needs e.g. MS
- Low level preventative services such as the Gardening and Handyperson Scheme, Companionship and Community Support Worker Scheme, Luncheon Clubs and Holidays and Opportunities Fund for carers
- The Direct Payments Scheme is available for people who want to have more choice and control over their own care provision

Health Care

- District Nurse Service (assessment and treatment)
- Day Hospital at the Galleries Health Centre
- Urgent Care Team
- 24/7 Rapid Response Team
- Retinal Screening
- Chiropody Service
- 54 GP Practices
- 54 Pharmacies
- 38 Dental Practices
- 22 Opticians
- Health Development Unit (smoking cessation, teenage pregnancy etc).
- Palliative care services through the Hospice, St Benedict's

Joint Provision

- Occupational Therapy Service
- Community Equipment Service

12.4 BUDGET PROVISION – 2006/07

Adult Services

SERVICE	2006/7 FINANCIAL YEAR GROSS BUDGET (£)	% OF TOTAL OF GROSS BUDGET FOR LONG TERM CONDITIONS
ADULT SERVICES INFRASTRUCTURE		
Sensory Disability Team	350,178	
Assessment & Fieldwork	831,774	
Business Support Unit	730,250	
SUB-TOTAL ADULT SERVICES INFRASTRUCTURE	**1,912,202**	**19%**
SOCIAL CARE		
Short Break Services	549,566	
Day Care	1,212,875	
Home Support	1,547,809	
Accessible Homes Team	244,326	
SUB-TOTAL SOCIAL CARE	**3,554,576**	**35%**
INDEPENDENT SECTOR		
Residential Placements	290,018	
Nursing Placements	915,157	
Day Care	159,359	
Financial Assistance to Voluntary Organisations	48,404	
Short Break Services	27,566	
Direct Payments	146,610	
SUB-TOTAL INDEPENDENT SECTOR	**1,587,114**	**16%**
JOINT PROVISION		
Occupational Therapy Team	956,239	
Community Equipment Service	2,061,551	
SUB-TOTAL JOINT PROVISION	**3,017,790**	**30%**
TOTAL ADULTS WITH LONG TERM CONDITIONS	**10,071,682**	**100%**

12.5 THE STRATEGIC PLANNING PROCESS

12.5.1 Legislation & Policy Guidance

Responsibilities for supporting and caring for people with physical disabilities or a sensory impairment and their carers is set out in legislation and guidance which has included:

- The Chronically Sick and Disabled Person's Act 1970
- Disabled Person's Act 1986
- The National Health Service and Community Care Act 1990
- Disability Discrimination Act 1995
- The Community Care (Direct Payments) Act 1996
- Health Act 1999 "Modern Partnerships for the People"
- Care Standards Act 2000
- Carers and Disabled Children Act 2000
- Local Government Act 2000
- Health & Social Care Act 2001

12.5.2 Local Planning Process

The Sunderland Physical Disabilities Modernisation and Reform Group (MaRG) is charged locally to strategically plan and oversee the development of Physical and Sensory Impairment Services in the City. The Teaching Primary Care Trust and Adult Services also have internal planning processes to support the delivery of key service/business plans.

12.6 SERVICE DEVELOPMENT PRIORITIES

Our service development priorities have arisen from an analysis of a range of information described in the introduction to this strategy – individual needs assessment, demographic information, national and local planning requirements, feedback from service users/carers, staff, providers, and partners.

The service development priorities are set at a strategic level and require longer term implementation. The commissioning intentions, which follow later, are derived from these priorities and represent specific intentions over the next 3 years of interest to a range of providers. The priorities also reflect Sunderland's Vision for health and social care services. **Some priorities cut across a number of care streams and these have been indicated in brackets.**

The identified service development priorities are as follows:

Planned Care (PC)

- Intermediate Care Services for people under 65 discharged from hospital and requiring support in the community (UC)
- Develop alternative options for day services (HM)
- To appoint a Transition Officer to improve and develop transition pathways for all young people with a disability and their family

Health Maintenance (HM)

- Additional core and cluster accommodation schemes
- Continue to improve community equipment services
- Keep under review the need for any further integration of Adult Services and City Hospital Services Occupational Therapy Services
- Further development of support through the Accessible Homes Team e.g. advice and information about alterations
- Focused Disability Advice and Demonstration Services

Care of Chronic Illness (CCI)

- Working in partnership with health colleagues to develop dedicated Brain Injury Services within Sunderland
- Commissioning specialist providers for short/long term residential, nursing and day care provision for people with a disability as a result of degenerative and other chronic diseases e.g. Multiple Sclerosis

12.7 COMMISSIONING INTENTIONS

Update on short term intentions identified for 2003/04

Intention	Achieved	Update	Issues/Barriers
To develop outreach support for people with sensory impairment.	Yes	This service was commissioned from a Voluntary organisation on a one year contract from April 2006 to March 2007. The service is an Advice and Information Service and a Guidehelp Befriending Service to Service Users referred to the Provider by the Council following an Assessment of their individual needs by the Social and Health Care Professional.	
To improve the network of support to assist people into/back to work	Yes	The Council has taken up the responsibility for the network of support. Adult Services and the TPCT have representation on the group.	To maintain links with Corporate Group.

Where funding has not yet been secured the expectation is that the existing purchasing budget (currently committed to services), will be reviewed to identify savings and alternative ways of providing services to release funding for the medium term priorities. Wherever possible this will be undertaken with partners as a joint exercise through the Modernisation and Reform Group noted earlier.

The short and medium term commissioning intentions for adults with physical disabilities and sensory impairment are as follows:

Short Term – (1 Year: Funding Secured – 2006/2007)

- Advice and information service for people with a sensory impairment
- Guidehelp and Befriending Service for people with a sensory impairment
- To commission day opportunities

Medium Term – (2 – 3 years: Costings and Funding Options Are Being Explored)

- To commission specialist providers for residential and nursing care in particular to meet the needs of people with long term conditions
- To develop intermediate care services for people aged under 65
- Advice and Information Services for people with long term conditions
- To develop additional core and cluster accommodation schemes (not endorsed as a priority in Supporting People Strategy)
- To commission day opportunities
- To commission specialist short break opportunities

12.8 ADDITIONAL INFORMATION

- Adult Services Business Plan 2004/5
- Service Plan 2004-2006
- Supporting People Shadow Strategy 2003/2004
- Community Equipment Annual report
- Physical Disabilities Modernisation Plan
- Independence Matters, 2004
- National Service Framework for Long Term Conditions, 2005
- Our Health, our Care, our Say, 2006

For further information please contact Penny Davison, Partnership Officer – Physical Disabilities and Specialist Services, Adult Services on 0191 566 1824

SECTION THIRTEEN – ADULTS WITH MENTAL HEALTH NEEDS

13.1 OBJECTIVES AND OUTCOMES FOR SERVICE USERS

The National Service Framework (NSF) for Mental Health was published by the government in September 1999 to improve services for people with mental health problems.

The broad outcomes for people with mental health problems are:

- To prevent ill health and promote independence
- To maximise opportunities for social and economic participation
- To enable people to live at home for as long as possible
- To prevent unnecessary admission to hospital or long-term care
- To support people on discharge through appropriate Community Services provision
- To provide care and support to people who can no longer live in their own homes
- To prevent suicide

13.2 NEEDS ANALYSIS

13.2.1 Demographic Information

The National Service Framework for Mental Health published in September 1999 states that mental ill health is so common that at any one time around one in six people of working age have a mental health problem, most often anxiety or depression. One person in 250 will have a psychotic illness such as schizophrenia or bipolar affective disorder (manic depression). Most people with mental health problems are cared for by their GP and the primary care team. Generally, for every one hundred individuals that consult their GP with a mental health problem, nine will be referred to specialist services for assessment and advice or for treatment.

The City of Sunderland has a total population of 280,807 residents. A breakdown of the number of residents aged 18 and over is provided below:

AGE RANGE	TOTAL	% OF TOTAL SUNDERLAND POPULATION
18 – 19	7,811	3%
20 – 24	18,552	7%
25 – 29	17,860	6%
30 – 44	61,865	22%
45 – 59	52,842	19%
60 – 64	14,378	5%
65 – 74	25,410	9%
75 – 84	14,303	5%
85 – 89	2,744	1%
90 and over	1,319	0.5%
TOTAL	**217,084**	**77.5%**

The Centre for Public Mental Health based at the University of Durham produced a report in May 2002 entitled 'Profile of Mental Health Need, Service Provision and activity in Sunderland Teaching PCT'. This study reports that 'Sunderland is an area in which demographic data suggest that psychiatric morbidity is likely to be high in most parts, particularly in the more central areas. Town End Farm and Southwick wards north of the river, and South Hilton, Grindon, Thorney Close and Thornholme wards, south of the river show the highest likely rates of illness. Within the Study, severe mental health problems are examined from the perspective of admissions to psychiatric hospitals. It reports 'It can thus be seen that all but one of Sunderland's wards would be expected to produce above average admission rates, in the case of three wards more than double the national average'. These wards are Southwick, Thorney Close and Town End Farm.

13.2.2 Activity Data

Adult Services Activity

During the period 1 April 2005 to 31 March 2005, there were 120 assessments completed for 'new' clients. During the same period there were 92 reviews completed for existing clients. Following assessment, there were 42 clients with mental health problems offered or provided with a service. 5 people from an ethnic background received an assessment, and 0 people were subsequently offered or provided with a service.

13.2.3 Assessment Outcomes

Adult Services' Fair Access to Services – Eligibility Criteria is a policy framework and eligibility for community care services for all adults which prioritises the risks faced by individuals into four needs bands – Critical, Substantial, Moderate and Low. This ensures there is fair access to social care services for adults, based on the individuals' assessed needs and likely risks, including both immediate needs and needs which are likely to worsen for the lack of timely help. The present criteria is currently under review.

When an Adult Services assessment is carried out with an individual, the outcome of the assessment is recorded on the computer system. In some cases, it may not be possible to meet the individuals' need or to provide the individual with their choice of preferred service and this is also recorded. This information is used to inform the commissioning of services. The needs are coded and this information is aggregated. However, further detail regarding individual circumstances would need a manual trawl of files and discussions with operational managers who have the overview of the assessment process. Further work is therefore required to ensure a robust system for informing commissioning intentions.

13.2.4 Health Needs Assessment

A heath needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. Health Needs Assessment aims to ensure

that health improvement activity and health services are targeted and are accessible to those individuals who are in the greatest health need at a given point in time.

A Health Needs Assessment has been undertaken in relation to mental health and is informing the future model of hospital and community provision.

People with mental health needs, as citizens of Sunderland are eligible for primary care services alongside other members of the population.

13.3 RANGE OF PROVISION

Mental Health services are provided by Northumberland, Tyne and Wear NHS Trust (NTW), Adult Services (AS), via the Sunderland Community Mental Health Partnership which is a partnership between NTW and AS, via the TPCT and the independent sector. The Sunderland Community Mental Health Partnership (CMHP) was formed between the NTW Trust Community Services and the City of Sunderland Adult Services Mental Health Division using Section 31 Health Act Flexibilities with the key aim of improving the mental health of people in the Sunderland community through integrated, effective and responsive mental health services. The CMHP aims to:

- Enhance the experience of individuals who use services and their carers.
- Improve efficiency and reduce duplication.
- Provide more flexible, seamless patterns of services.
- Redistribute services more equitably.

The CMHP is made up of a range of both integrated clinical teams and services and several health and/or social care specific teams and services, each with a clearly defined function and is managed through a fully integrated management structure lead by a General Manager.

Joint Provision
The Sunderland Community Mental Health Partnership consists of a number of integrated teams and services:

- **Advice and Assessment Service** provides a single point of contact for Partnership services and is currently being developed. The service offers screening, advice, signposting and short-term social care support and intervention. The service also offers health support to the asylum seeker/ refugee population served by the Pegasi Practice. The service also has a BME outreach function to facilitate access to the service by BME Groups.

- **Primary Care Mental Health Teams** provide a screening, assessment and treatment service for people with common mental health problems within primary care. The team comprises nurses, graduate workers and will soon provide practice based counselling services.

- **Secondary Care Mental Health Teams** offer a comprehensive, integrated assessment, monitoring and treatment service for people who require secondary care specialist services typically those with depression, anxiety, and

obsessional compulsive disorders of more than three months duration. The service also provides time limited building- based support either preventatively or post admission to hospital for those people who require an intensive level of support irrespective of mental illness diagnosis and based on need. A range of individual and group therapy is provided both in secondary care team bases and at various venues within the community. This service also provides an Electro Convulsive Therapy Team and a range of monitoring clinics.

In addition the service provides interventions for those people with a diagnosis of personality disorder.

Urgent Care Services

- **Accident and Emergency Liaison, Self Harm Service** is based within the Sunderland Royal Hospital and provides a seven day week service assessing patients who have self harmed and also assessing and diverting those patients who have presented at accident and emergency in the first instance but who do not require acute hospital admission. The team also offer training opportunities to Sunderland Royal Staff including medical staff. The team have very close links with Crisis Team who provide additional support out of hours.

- **Crisis Resolution / Home Treatment Team** is a multi disciplinary team including a Consultant Psychiatrist providing a rapid and intensive assessment, intervention/support to patients with Severe Mental Illness who are experiencing acute mental health crisis, emotional or social crisis. The service has access to both health crisis community beds and social crisis community beds in the Thorney Close area of the City. Home-based treatment is provided when this is deemed appropriate.

- **Rehabilitation & Recovery Teams** provide Psycho-Social Intervention (PSI) driven assessment, monitoring and intervention for adults with severe and persistent mental disorders (typically schizophrenia and enduring affective disorders).

- **Assertive Outreach Teams** provide intensive assessment, monitoring and PSI intervention for adults with severe and persistent mental disorders (typically schizophrenia and enduring affective disorders) and who have complex needs and are difficult to engage with services.

- **Dual Diagnosis Service** team provides a service for those individuals with severe mental illness and substance misuse and is embedded within the assertive outreach service.

- **Adolescent Mental Health Team** provides a service for young people (aged 16-19) at the Barnes Unit. Young people receive a multi disciplinary assessment and where appropriate a treatment plan relating to mental health needs. The service also provides a specialist function regarding substance misuse and mental health; the specialist workers have links with the opiate clinic and supervise methadone programmes.

- **Early Intervention in Psychosis** services are established across the Trust, based at Monkwearmouth Hospital. EIP provides services for people aged 14-35 who are experiencing first episode psychosis.

- **Rehabilitation and Recovery Services** in Sunderland provide a range of accommodation based services including short break, vocational services and community social groups (drop in centres) and training and employment services for adults of working age provided by health, Adult Services and voluntary sector partners.

- Wellfield Project, Cherry Knowle Hospital provides 24 hour in patient rehabilitation services with fifteen beds, and a challenging behaviour service with six beds.

- **Carers' services** are delivered via dedicated workers to support carers with their caring duties and to provide opportunities for respite from caring. Carers Assessments are completed in line with Section 6 of the National Service Framework for Mental Health.

- Independent advocacy services for adult mental health service users is provided by Washington MIND

Health Provision

- Northumberland, Tyne and Wear NHS Trust is responsible for in-patient services provided at Cherry Knowle Hospital, for example, acute admission and assessment wards, Psychiatric Intensive Care Unit, Low Secure services, Continuing Care and Out Patients Clinics.

- The Teaching Primary Care Trust commissions services via Northumberland, Tyne and Wear NHS Trust, specialist services outside of Sunderland, as well as the independent sector. More than 80 % of patient episodes in mental health are delivered in primary care and 30% of people with enduring mental health problems are solely provided for by primary care.

13.4 BUDGET PROVISION – 2006/07

Adult Services

SERVICE	2006/7 FINANCIAL YEAR GROSS BUDGET (£)	% OF TOTAL OF GROSS BUDGET FOR ADULTS WITH MENTAL HEALTH NEEDS
INDEPENDENT SECTOR		
Residential Placements	292,631	
Nursing Placements	261,293	
Day Care	30,253	
Financial Assistance to Voluntary Organisations	380,082	
Direct Payments	12,444	
SUB-TOTAL INDEPENDENT SECTOR	**976,703**	**13%**
JOINT PROVISION		
Infrastructure:		
Fieldwork & Assessment	2,793,785	
Direct Services Management	275,245	
Business Support Unit	48,102	
Premises	55,015	
	3,172,147	
Services:		
Residential Services	2,758,441	
Day Care	539,508	
Home Support	127,331	
	3,425,280	
SUB-TOTAL JOINT PROVISION	**6,597,427**	**87%**
TOTAL ADULTS WITH MENTAL HEALTH NEEDS	**7,574,130**	**100%**

Sunderland TPCT

DESCRIPTION	£
Packages of Care	3,000,000
Care in the Community Residential	614,829
Assertive Outreach	401,713
Younger People with Dementia	59,811
Community Support Workers	131,649
Mental Health Matters	69,798
Social Work and Home Support	242,252
Out Of Hours Core Team	56,697
Out Of Hours Crisis Beds	24,161
Out Of Hours Help Line	171,595
Respite Care	125,636
Voluntary Sector	52,785
	4,950,926

13.5 THE STRATEGIC PLANNING PROCESS

13.5.1 Legislation & Policy Guidance

Responsibilities for supporting and caring for people with mental health problems and their carers are set out in legislation and guidance which has included:

- Mental Health Act, 1983
- Modernising Mental Health Services – Safe, Sound and Supportive, 1998
- National Service Framework (NSF) for Mental Health, 1999
- Mental Health Policy Implementation Guides, 2002
- Draft Mental Health Bill, 2004
- White Paper: Our Health, Our Care, Our Say (DoH, 2005)
- Action on Mental Health: A Guide to Promoting Social Inclusion (Social Exclusion Unit, 2005)

13.5.2 Local Planning Process

The Partnership and Modernisation Group for Mental Health, a multi-agency group including service user and carer representatives, is charged locally to strategically plan and oversee the delivery of the National Service Framework (NSF) standards and milestones by the agreed national timescales. Whilst this is the MaRG process for mental health services it also acts as the Local Implementation Team (LIT), which is a requirement under the Mental Health NSF.

The Sunderland Community Mental Health Partnership is overseen by a Governance Board, which consists of Non-Executives and Officers from Sunderland Adult Adult Services, Sunderland TPCT and Northumberland, Tyne and Wear NHS Trust who agree the Business Plan for the Partnership.

The TPCT also has a planning process, a Mental Health Strategic Team and members of this team sit on the Partnership and Modernisation Group and the Governance Board.

13.6 SERVICE DEVELOPMENT PRIORITIES

Our service development priorities have arisen from an analysis of a range of information described in the introduction to this strategy – individual needs assessment, demographic information, national and local planning requirements, feedback from service users/carers, staff, providers, and partners.

The service development priorities are set at a strategic level and require longer term implementation. The commissioning intentions, which follow later, are derived from these priorities and represent specific intentions which will be of interest to providers.

Locally for mental health services, further work was done on Sunderland's Vision for Health and Social Care Services, to develop a vision specifically for mental health services. This is called 'Models of Care for People with Mental Health Problems in Sunderland', and is currently still in draft format. Work to date by key stakeholders from the mental health community (including members of the Mental Health

Partnership and Modernisation Group) in Sunderland has focused on developing the models of care model, and having initial discussions about identifying which care streams services may fit into. The care stream "Care of Chronic Illness" was not felt to be appropriate to describe mental health needs, and was agreed to be re-named "Longer Term Care (LTC)" in the mental health model.

The identified service development priorities are listed below. It was agreed by key stakeholders involved in the development of Models of Care that the 'Health Maintenance' care stream cut across all of these service developments, as an overarching theme. Other care streams also relevant (as indicated in brackets).

Planned Care (PC)

- Further development of the Early Intervention in Psychosis Service, which is currently running in its second year (UC)
- To further develop Primary Care Services including, Primary Care Mental Health Teams. Primary Care Mental Health Teams now include Counsellor posts. Further development of the integrated teams to include psychologists, and primary care workers, working with nurses, social workers and counsellors already operating in the integrated teams, and development of practice-based counsellors, and development of the newly-appointed graduate worker posts (UC/LTC)
- To further develop Secondary Care Mental Health Teams e.g. greater provision of structured staff education packages inline with policy implementation guidance (UC/LTC)
- Develop second stage of the Advice and Assessment Service described in section 12.3.
- Develop 'mobile working' plans, to enable staff to make best use of tiem and resources available, to meet people's needs more effectively and efficiently.
- Further develop the 'Model for Sunderland' described in the third paragraph under 12.6 above.

Urgent Care (UC)

- Expand current Crisis Resolution Team to provide Home Treatment, which fully meets Policy Implementation Guidance (PC)
- Further development of Assertive Outreach Service to incorporate Dual Diagnosis Service (LTC)
- Enhancement of A & E Liaison Service to improve patient pathway and delivery of Urgent Care agenda, particularly in relation to crisis / home treatment.
- To provide a new acute hospital for people with mental health needs (PC/LTC)

Longer Term Conditions/Care of Chronic Illness (LTC/CCI)

- Development of new continuing Care In-patient beds (this service included in re-provision of Cherry Knowle Hospital) (PC)
- Further build on work already overtaken over the past year to modernise Rehabilitation and Recovery Services including housing and accommodation services, vocational services, including: day services, training and employment opportunities to meet the Social Inclusion agenda. Development of tiered Rehabilitation and Recovery Pathway model across spectrum of services: hospital and community. (UC/PC)

13.7 COMMISSIONING INTENTIONS

Update on short-term intentions identified for 2003/04

Intention	Achieved	Update	Issues/Barriers
To enhance further development opportunities for social inclusion activities	Yes, however further work required	Local Mental Health Social Inclusion Strategy to be developed via working group, following publication of Social Exclusion Unit's report: 'Mental Health and Social Exclusion', and feedback from Social Inclusion event held for mental health key stakeholders on 1st February 2005 Development of Vocational Services Manager post Further development of Vocational Services (VS) to include a range of employment, training and volunteering opportunities. VS therefore provides various support routes for people aiming to secure employment/skills: work placements within 'sheltered' environments and those provided by local employers; permitted work opportunities adopted by service as stepping-stone enabling people to gain experience and confidence to access employment opportunities in a supportive environment; employment through work placements and open employment; volunteering opportunities in voluntary & community sector. In addition, VS successfully bid for Adult & Community Learning monies (£20,000), enabling partnership working with City of Sunderland College; Hetton as a Learning Community and various Sunderland employers to support 36 people with enduring mental health needs to access vocational opportunities. Plans for VS in 2006/07: Continue forging new links within local employers to create further work placements and permitted work opportunities; considering proposals for linking with primary care teams re job retention.	Funding for any proposals that result from strategy Engagement of key stakeholders in providing socially inclusive services (as social inclusion is a wide agenda, covers many services)

		More services delivered to people in community venues, e.g. self-help groups, anxiety management groups. Review of delivery of drop-in services, to increase services commissioned from voluntary sector organisations – resulted in commissioning of an independent provider to provide this service in City Centre and Hetton.	
To further develop rehabilitation and recovery services	Yes	Rehabilitation and Recovery Services 5 year Strategy to be developed following reports from Day Services, Education, Training and Employment and Housing and Accommodation Sub Groups, which were set up to make recommendations about the future direction of Rehabilitation and Recovery Services. Strategy will also include information from work done to look at commissioning out drop-in services (which are also part of Rehab & Recovery Services) Development of tiered Rehabilitation and Recovery pathway model across spectrum of services: hospital and community.	Funding for any proposals that result from strategy Staffing implications Interface between community and in-patient services

There are currently a small number of voluntary / independent sector providers of mental health services. It is the aim of the statutory services, in particular Sunderland Community Mental Health Partnership, to support these existing organisations, and any new organisations that are set up in future, to develop their skills and expertise. This will enable them to be able to deliver more services in future that are currently provided by the statutory sector.

Short Term – (1 Year: Funding Secured – 2006/2007)

No new short-term commissioning intentions identified for 2006/07. In 2005/06, after following the appropriate tender process, the Community Mental Health Partnership successfully commissioned an independent provider to provide the drop-in services for the City Centre and Hetton that they previously provided 'in-house'. (Drop-in services are a range of community groups provided throughout the week across the city to provide socially focused outlets for people known to the services – client group is adults over the age of 18 with severe and enduring mental illness who require ongoing social care and support).

Medium Term – (2 – 3 years: Costings and Funding Options Are Being Explored)

- Further commissioning out of the remaining drop-in services currently run by the Community Mental Health Partnership is planned, subject to a review of how the City Centre and Hetton services progress after one year's operation on a contracted-out basis.
- A number of priorities for development have been identified in the Mental Health section of the Interim Housing Needs Statement (2004) (not endorsed as a priority in Supporting People Strategy):
  - Floating Support – need to provide at least- 4 floating support staff to maintain tenants in either private or social housing particularly in the city centre where no cluster accommodation is available, to facilitate people remaining in the area they have chosen to live whilst becoming more independent.
  - Direct access housing – homelessness is a real issue for people with mental illness. Identified need for an eight place direct access service
  - Supported Housing for people with mental illness who challenge services – identified need for at least six places for people who have chaotic lifestyles directly associated with mental health needs
  - Supported Housing in Washington – currently no provision for supported accommodation in this area. Needs a twelve place service developed as previously identified in service development plans in previous years
  - Supported Housing for people with mental illness and substance misuse – identified need for at least six places.
  - Supported Housing for People with Mental Illness and Learning Disabilities – identified need for at least six places for this vulnerable group
  - Supported Housing for mentally disordered offenders – six-place service needed for this group

13.8 ADDITIONAL INFORMATION

- National Service Framework for Mental Health (1999)
- Sunderland Community Mental Health Partnership Business Plan 2004 –2005
- Supporting People 5 Year Strategy (Mental Health section)
- Day Services, Education, Training and Employment for People With Mental Ill Health Final Report and Recommendations by the Rehabilitation and Recovery Services Day Services and Employment Sub Group
- Housing and Accommodation Options for People with Mental Ill Health, by the Rehabilitation and Recovery Services Housing and Accommodation Sub Group
- Interim Housing Needs Statement (2004)
- Our Heath, our Care, our Say (2006)

For further information please contact Pamela Bryan, Partnership Officer – Mental Health, Adult Services on 0191 566 1838

SECTION FOURTEEN – ADULTS WITH LEARNING DISABILITIES

14.1 OBJECTIVES AND OUTCOMES FOR PEOPLE WITH A LEARNING DISABILITY

'Valuing People: A New Strategy for Learning Disability for the 21st Century' White Paper, DoH March 2001 sets out how the Government will provide new opportunities for children and adults with learning disabilities and their families to live full and independent lives as part of their local community. The vision is based upon four key principles: Rights; Independence; Choice and Inclusion;

The key outcomes for people with learning disabilities are:

- To create more choice and control – through advocacy and a person centred approach to planning services and the support they need
- To support family carers – to increase the help and support
- To improve health – to enable people with learning disabilities access a health service designed around their individual needs, with fast and convenient care delivered to a consistently high standard, and with additional support where necessary
- To expand choice in housing – to enable people with learning disabilities and their families to have greater choice and control over where and how they live
- To enable fulfilling lives, encourage education and lifelong learning
- To maximise independence enabling people to move into employment
- To ensure people experience seamless transition when moving from children's to adult services
- To ensure equal and timely access to health and social care services
- To ensure patient and users experiences are considered when developing services

14.2 NEEDS ANALYSIS

14.2.1 Demographic Information

The formal definition of 'learning disabilities' includes the presence of a significant intellectual impairment and deficits in social functioning or adoptive behaviour which are present from childhood[4]. The diagnosis of learning disabilities can vary depending upon the person(s) making the diagnosis therefore accurately reflecting the population of people with learning disabilities is not clearly understood and recorded.

It is thought that, however, there are about 210,000 people nationally with severe and profound learning disabilities – around 65,000 are children and young people; 120,000 are adults of working age and 25,000 are older people. Is it this population who are likely to need support from services to manage the consequences of the learning disability itself. For in Sunderland there are likely to be approximately 7000 people with learning disability (based upon national prevalence). Although of these there are 1250 people who have been or are currently in contact with the Learning Disability Service and have moderate or severe learning disabilities.

4. Learning Disabilities The Fundamental Facts, Foundation for People with Learning Disabilities 2001

Evidence suggests that the number of people with a severe learning disability may increase by around 1% per annum for the next 15 years as a result of:

- People are living longer, especially people with Down's syndrome
- More children and young people with complex and more than one disability live into adulthood
- An increase in the number of school children with autism, some of whom will have a learning disability
- The numbers of people among minority ethnic groups with a learning disability is high.

14.2.2 Activity Data

Adult Services Activity

During the period 1 April 2005 to 31 March 2006, there were 26 assessments completed for 'new' clients. 'New' clients were those either not previously known to the department or who had previously closed cases when they re-presented. During the same period there were 571 reviews completed for existing clients. Following assessment, there were 19 clients with a learning disability offered or provided with a service. 1 person from an ethnic background received an assessment and subsequently was offered or provided with a service.

Joint Activity

The Learning Disability Pooled Budget information relates to joint activity between Adult Services and Sunderland TPCT. The Pooled Budget supports people, most usually in out of City placements, who have complex needs that cannot be met within current local services.

Learning Disability Pooled Budget					
Joint funding (AS & STPCT)		**STPCT funding**		**AS funding**	
4 people	£180, 331 (04 – 05)	11 people	1,280,500 (06-07)	19 people	£627,384 (04 – 05)

14.2.3 Assessment Outcomes

Adult Services' Fair Access to Care Services – Eligibility Criteria is a policy framework and eligibility for community care services for all adults which prioritises the risks faced by individuals into four needs bands – Critical, Substantial, Moderate and Low. This ensures there is fair access to social care services for adults, based on the individuals' assessed needs and likely risks, including both immediate needs and needs which are likely to worsen for the lack of timely help. The present criteria is currently under review.

The total number of assessments undertaken during the period 2003/04 for adults with learning disabilities was:

Assessing Team	Number of assessments	Critical	Substantial	Moderate	Low
East Team	108	28%	26%	21%	25%
West Team	61	38%	13%	29%	21%

When a Adult Services assessment is carried out with an individual, the outcome of the assessment is recorded on the computer system. In some cases, it may not be possible to meet the individuals' need or to provide the individual with their choice of preferred service and this is also recorded. This information is used to inform the commissioning of services. The needs are coded and this information is aggregated. However, further detail regarding individual circumstances would need a manual trawl of files and discussions with operational managers who have the overview of the assessment process. Further work is therefore required to ensure a robust system for informing commissioning intentions.

14.2.4 Health Needs Assessment

A heath needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. Health Needs Assessment aims to ensure that health improvement activity and health services are targeted and are accessible to those individuals who are in the greatest health need at a given point in time.

People with learning disabilities as citizens of Sunderland are eligible to primary healthcare services, provided by the TPCT, alongside other members of the population. Health Action Planning (a personal plan to maintain and improve the health of a person with learning disability) is a mechanism to link the individual and the range of services and supports they need, if they are to have better health. The plan is primarily for the person with learning disabilities and is usually co-produced with them. Within the Learning Disability Service and Sunderland TPCT Health Action Plans are beginning to develop in order to support and improve the health of people with learning disabilities.

13.4 RANGE OF PROVISION

The Integrated Learning Disability Service – Adult Services (AS) and Northumberland, Tyne and Wear NHS Trust (NTW) provides:

- Assessment and care management
- Independent supported living
- Residential care
- Day Services
- Short break services
- Community learning disability nursing services
- Treatment and continuing health care services

Contracted Residential Services for People with Learning Disabilities

- Northgate & Prudhoe NHS Trust – provide 6 registered residential homes
- SHAW – 2 registered residential homes
- Community Integrated Care – provide 6 registered residential homes.

Contracted Autism Specific Services for People with Learning Disabilities

- Northgate & Prudhoe NHS Trust – provide 2 registered residential homes.

Sunderland Teaching Primary Care Trust

- Nurse Practitioner –Nurse providing nursing support to people with learning disabilities in day and residential services. This service supports the mainstream health opportunities for people with learning disabilities throughout the City e.g. GPs, District Nurses.
- District Nurse Service (assessment, diagnosis and treatment)
- Day Hospital at the Galleries Health Centre
- Urgent Care Team
- 24/7 Team
- Primary Care Centres
- Minor Injuries Unit
- Retinal Screening
- Chiropody Service
- 54 GP Practices
- 54 Pharmacies
- 38 Dental Practices
- 22 Opticians
- Health Development Unit

14.4 BUDGET PROVISION – 2006/07

Adult Services

SERVICE	2006/7 FINANCIAL YEAR GROSS BUDGET (£)	% OF TOTAL OF GROSS BUDGET FOR ADULTS WITH LEARNING DISABILITIES
INDEPENDENT SECTOR		
Residential Placements	5,015,530	
Residential Placements - Autism	446,644	
Day Care	214,210	
Financial Assistance to Voluntary Organisations	10,256	
Direct Payments	32,358	
SUB-TOTAL INDEPENDENT SECTOR	**5,718,998**	**25%**
JOINT PROVISION		
Infrastructure:		
Fieldwork & Assessment	732,162	
Direct Services Management	345,855	
Business Support Unit	385,234	
Multi-Agency Panel for the Protection of Vulnerable Adults	157,587	
	1,620,838	
Services:		
Residential Services	8,648,315	
Day Care	3,468,736	
Home Support	109,060	
Outreach Support Services	400,613	
Adult Placement Scheme	120,992	
Workline - Supported Employment	64,903	
Person Centred Planning	200,787	
Avenues to Opportunities	27,293	
Sunderland People First	36,901	
Residential Pooled Budget	2,282,837	
	15,360,437	
SUB-TOTAL JOINT PROVISION	**16,981,275**	**75%**
TOTAL ADULTS WITH LEARNING DISABILITIES	**22,700,273**	**100%**

Sunderland TPCT

DESCRIPTION	£
Packages of Care	1,116,024
Residential Care	6,665,500
Pooled Budget (including LDDF)	1,622,000
Voluntary Sector	75,834
	9,478,858

14.5 THE STRATEGIC PLANNING PROCESS

14.5.1 Legislation & Policy Guidance

Responsibilities for supporting people with learning disabilities and their carers is set out in legislation and guidance which includes:

- Mental Deficiency Act, 1959
- Education Act, 1970
- White Paper Better Services for the Mentally Handicapped, 1971
- NSF for Mental Health, 1999 (ensure targets are attributable equally and explicitly to people with learning disabilities)
- The NHS Plan, 2000
- White Paper Valuing People, 2001
- NSF for Older People, 2001 (ensure targets are attributable equally and explicitly to people with learning disabilities)
- Our Health, our Care, our Say, 2006

14.5.2 Local Planning Process

The Learning Disability Partnership Board (Modernisation and Reform Group) is responsible for planning and setting priorities. This is achieved through a number of 'Valuing People Task Groups' made up of a variety of stakeholders including people with learning disabilities. These groups have responsibility for implementing the Valuing People objectives. In addition, there is a 'Fulfilling Lives Group' within the Integrated Learning Disability Service that is responsible for identifying priorities and tasks to be implemented across the Service. All Task Groups report to the Partnership Board.

The Integrated Learning Disability Service is overseen by a Governance Board, which consists of Non-Executives and Officers from Sunderland Adult Services, Sunderland TPCT and Northumberland, Tyne and Wear NHS Trust who agree the Business Plan for the integrated service.

The TPCT also has a planning process, a Learning Disability Briefing Issues Group and members of this team sit on the Partnership Board and a Partnership Governance Board.

14.6 SERVICE DEVELOPMENT PRIORITIES

Our service development priorities have arisen from a range of information including individual needs assessments, demographic information, national and local planning requirements, feedback from people with learning disabilities and their family carers, staff, providers and partners. However, as momentum for person centred planning grows then future service developments will be increasingly borne out of the aspiration and wishes of person centred plans.

The service development priorities are set at a strategic level and require longer-term implementation. The commissioning intentions, which follow later, are derived from these priorities and represent specific intentions that will be of interest to providers. The priorities also reflect Sunderland's vision for health and social care services. **Some priorities cut across a number of care streams and these have been indicated in brackets.**

The identified service development priorities are as follows:

Planned Care (PC)

- Continue to develop local community health infrastructure to support all resettlement schemes and existing learning disability population (HM)
- Develop regional Autism consortium to support people with Autism. The Learning Disabilities Partnership Board have agreed funding for Sunderland to become a members of the consortium, however this is not yet established
- Improve mainstream health opportunities and increase the use of Health Facilitation and Health Action Plans (UC/CCI/HM)
- Re-provide local service for people with challenging behaviour currently residing out of City (HM)
- Further develop work to support older family carers and in particular ensure that older family carers are supported to undertake emergency planning arrangements (HM)
- Develop a Workforce Strategy on behalf of the Partnership Board to ensure the future workforce is 'fit for purpose' (UC/CCI/HM)
- A Transition Officer is appointed to improve and develop transition pathways for all young people with a disability and their family
- A Person Centred Planning Training Officer has been appointed to further progress person centred planning
- To scope the future needs of people with learning disabilities and develop a robust Allied Health Professional team including physiotherapy, occupational therapy and speech and language therapy

Care of Chronic Illness (CCI)

- Hospital Resettlement is now completed for people who were currently residing in long stay hospitals and needed to be resettled back to Sunderland (UC)
- Respond to the changing health needs of people previously resettled from long stay hospitals (HM)

Health Maintenance (HM)

- Support people who are experiencing delayed discharge from health services and have completed their treatment
- Further progress day service modernisation
- Increase and develop the range of housing and support options for people with learning disabilities
- Ensure that all future service developments/priorities that support fulfilled lives for people with learning disabilities are borne out of the wishes and aspirations of person centred plans/approaches. A continual programme of person centred approaches/facilitators training and planning will further develop

14.7 COMMISSIONING INTENTIONS

Where funding has not yet been secured the expectation is that the existing purchasing budget (currently committed to services), will be reviewed to identify savings and alternative ways of providing services to release funding for medium term priorities. Wherever possible this will be undertaken with partners as a joint exercise through the Learning Disability Partnership Board.

The short term and medium term commissioning intentions for people with learning disabilities are as follows:

Short Term (Year 1: Funding Secured – 2006/2007

- Develop a Framework of Learning Disabilities Providers. This will include providers for:
  - Services for people with Autism Spectrum Disorder
  - Adult placement for people with a learning disability
  - Independent supported living services for people with a learning disability
  - Advocacy Services for people with a learning disability
  - Community support for people with a learning disability
- To develop opportunities to pursue day time occupation using appropriate support to enjoy a fulfilled life in the community alongside other citizens
- Continue to develop the robust local community health infrastructure to support people with learning disabilities and prevent inappropriate hospital admissions
- The continual development of individual budgets and self directed support will enable an increasing number of people to have flexible, tailor made responses to their needs

Medium Term (Years 2-3: Costing & funding options are being explored)

- Develop a local service for people who have challenging behaviour and are currently residing out of City incorporating local specialist/forensic services
- Develop Behavioural Assessment and Support Service incorporating assertive outreach and crisis intervention
- To establish the Social Care Resource Directory
- The existing learning disability local Treatment Service to be incorporated within the planned re-design of the wider mental health in-patient services
- Commission a range of responses to recognise the unique world of people with Autism Spectrum Disorder and associated robust protocols
- Respond to the expected growth of population of people with learning disabilities who have additional complex/high support needs.

14.8 ADDITIONAL INFORMATION

- The Valuing People White Paper, 2001
- Older Family Carers Strategy, 2003
- Accommodation Strategy, 2003
- Learning Disabilities Business Plan, 2003/04
- Learning Disabilities Partnership Board Work Programme, 2004/05
- Day Services Modernisation Plan, 2004
- Action for Health Framework, 2004
- Communication Strategy, 2004
- Supporting People Housing Strategy for People with a Learning Disability, 2004
- Strategic Health Authority 10 year vision/strategy for Learning Disabilities
- Our health, our care, our say, 2006

For further information please contact Judith Thompson, Partnership Officer – Learning Disabilities, Adult Services on 566 1842

SECTION FIFTEEN – PEOPLE WITH HIV/AIDS

15.1 OBJECTIVES AND OUTCOMES FOR SERVICE USERS

The main aims of the National Strategy for Sexual Health and HIV are:

- To reduce the transmission of HIV and Sexually Transmitted Illnesses (STIs)
- To reduce the prevalence of undiagnosed HIV and STIs
- To reduce unintended pregnancy rates
- To care for people living with HIV
- To reduce the stigma associated with HIV and STIs.

The key outcomes for service users are:

- Practical support for life in the community
- Access to specialist health and social care assessments and appropriate treatments
- Help to adhere to drug regimes
- Access to education, employment and leisure facilities
- Support for carers and families
- Access to wider initiatives that promote social inclusion.

15.2 NEEDS ANALYSIS

15.2.1 Demographic Information

The prevalence of HIV infection has continued to rise nationally since 1994. Men who had sex with men used to be the greatest at risk group but heterosexually acquired HIV infection has strikingly increased in recent years. The incidence of AIDS is falling in the United Kingdom largely due to the availability of effective therapy but there is evidence that new HIV infection is increasing. It is reported that in 2003 the total number of people who were HIV positive in the UK was 53,000, with the total number for Northumberland, Tyne and Wear being 369. There were an estimated 32 known patients in Sunderland who were being treated for HIV/AIDS at the beginning of May 2003.

People with HIV are a growing client group in Sunderland with approximately 50 HIV+ adults resident in the City currently with around 60% of these being female.

Gender	Category	Total number of people with HIV
Male	Asylum Seekers	5
	British White	4
	Total	**9**
Female	Asylum Seekers	26
	British White	2
	Total	**28**
Total		**37**

Source: Interim Supported Housing Needs Statement 2004

15.2.2 Activity Data

There were 13 cases of HIV/AIDS known to Adult Services during 2003 and 6 new cases during 2004.

15.2.3 Assessment Outcomes

Sunderland Adult Services', Fair Access to Care Services – Eligibility Criteria is a policy framework and eligibility for community care services for adults which prioritises the risks faced by individuals into Four Needs Bands namely, Critical, Substantial, Moderate and Low. This ensures there is fair access to social care services for adults, based on the individuals' assessed needs and likely risks, including both immediate needs and needs which are likely to worsen for the lack of timely help. The present criteria are currently under review.

The total number of assessments undertaken during the period 2003/04 within the Specialist Social Care Team (including HIV&AIDS and Palliative Care) was:

Assessing Team	Number of assessments	Critical	Substantial	Moderate	Low
Specialist Social Care Team (including HIV&AIDS and Palliative Care)	291	42%	49%	6%	3%

When a Adult Services assessment is carried out with an individual, the outcome of the assessment is recorded on the computer system. In some cases, it may not be possible to meet the individuals' need or to provide the individual with their choice of preferred service and this is also recorded. This information is used to inform the commissioning of services. The needs are coded and this information is aggregated. However, further detail regarding individual circumstances would need a manual trawl of files and discussions with operational managers who have the overview of the assessment process. Further work is therefore required to ensure a robust system for informing commissioning intentions.

We need to identify the range of services required to meet the changing needs and provide them in a way that meets the special needs of the groups concerned. This is restricted by our level of understanding of the needs of HIV+ asylum seekers and refugees. This is hampered by potential problems in communication through limited access to a confidential and reliable interpreter service in all the languages needed, and the lack of gay men services in Sunderland.

15.2.5 Health Needs Assessment

A heath needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. Health Needs Assessment aims to ensure that health improvement activity and health services are targeted and are accessible to those individuals who are in the greatest health need at a given point in time.

People with HIV or AIDS, as citizens of Sunderland, are eligible for primary care services alongside other members of the population.

15.3 RANGE OF PROVISION

Social Care

- Assessment and Care Management Services from the Specialist Social Care Team
- Access to the full range of services available from the Local Authority, including Home Care, Housing, Residential Care, Short Break Care.
- The Direct Payments Scheme is available for people who want to have choice and control over their own care provision
- Children affected by HIV (e.g. a parent is HIV+) are supported by children and families services
- Advice and support for Local Authority Staff and the public

Health Care

- Infectious Diseases unit, Newcastle General Hospital, This is a centre for HIV treatment, linking with community based services offering treatments and comprehensive care
- Department of Genito-Urinary Medicine (GUM), City Hospitals Sunderland, which is a clinic for the treatment of sexually transmitted diseases, HIV testing and pre and post counselling
- GP Services
- Pegasi Practice, Hendon Health Centre, Sunderland, which provides services for transient population including health screening and referral to GUM clinic

Joint Provision

- Support Services for people affected / infected commissioned from North East Aids Care commissioned from a Voluntary Organisation

15.5 BUDGET PROVISION – 2006/2007

Adult Services

SERVICE	2006/7 FINANCIAL YEAR	
	GROSS BUDGET (£)	% OF TOTAL OF GROSS BUDGET FOR PEOPLE WITH AIDS/HIV
ADULT SERVICES INFRASTRUCTURE		
AIDS/HIV Services	38,121	
TOTAL PEOPLE WITH AIDS/HIV	**38,121**	**100%**

Sunderland TPCT

DESCRIPTION	£
AIDS Budget	443,499
	443,499

15.5 THE STRATEGIC PLANNING PROCESS

15.5.1 Legislation and Policy Guidance

Responsibilities for supporting and caring for people affected by HIV/AIDS are set out in legislation and guidance applying to social and health care in general. Information of particular relevance includes:

- Standards for NHS Hospitals and HIV Services (BMA Foundation on AIDS)
- The National Strategy for Sexual Health and HIV

The National Strategy for Sexual Health and HIV was published by the Government for consultation in July 2001. Subsequently The National Strategy for Sexual Health and HIV Implementation Action Plan was produced in June 2002. The Independent Advisory Group on Sexual Health and HIV was established by the Department of Health in March 2003. The Recommended Standards for NHS HIV Services MedFASH were published in October 2003. In November 2004 the Department of Health published a public white paper Choosing Health, which a key point is an overhaul of sexual health services.

15.5.2 Local Planning Process

The Sexual Health Strategy Steering group (Teaching Primary Care Trust lead) has responsibility locally for the implementation of the National Strategy for Sexual Health and HIV. The HIV/AIDS Joint Working Group is a multi-agency Sub Group of this and reports to it on a regular basis. The TPCT and Adult Services also have internal planning processes to support the delivery of key service/business plans.

15.6 SERVICE DEVELOPMENT PRIORITIES

Our service development priorities have arisen from an analysis of a range of information described in the introduction to this strategy – individual needs assessment, demographic information, national and local planning requirements, feedback from service users/carers, staff, providers, and partners.

The service development priorities are set at a strategic level and require longer term implementation. The commissioning intentions, which follow later, are derived from these priorities and represent specific intentions which will be of interest to providers. The priorities also reflect Sunderland's vision for health and social care services. **Some priorities cut across a number of care streams and these have been indicated in brackets.**

The identified service development priorities are as follows:

Health Maintenance (HM)

- Heterosexual transmission in Sunderland has increased and there will be increased support needs particularly amongst women (CCI)
- To ensure that sex and relationship education is provided appropriately and includes relevant information about sexuality and HIV
- To raise awareness of HIV/AIDS by promoting services available through information sharing and training
- To support prevention campaigns and ensure that people living with HIV are included and have access to condoms and information about safe sex
- To encourage and support the provision of services for gay men including young men services and maintain and develop links to facilitate a single assessment approach locally and with the regional unit at Newcastle working to agreed and shared standards
- To ensure access to appropriate housing to maintain health and well-being.

15.7 COMMISSIONING INTENTIONS

Short and Long term commissioning intentions will be subject to priorities to be developed by the Sexual Health Strategy Group. Whilst these are being developed the service will be maintained at its present level. Needs will be identified and recommendations made to the Sexual Health Strategy Group as promoted by the National Strategy for Sexual Health and HIV.

Short Term – (1 Year : Funding Secured – 2006/2007)

- The provision of support services for people affected / infected by HIV and Aids

15.8 ADDITIONAL INFORMATION

- AIDS and HIV Infection in Sunderland Report, 2001/02
- Supporting People Shadow Strategy, 2003/04
- HIV/Social Care Information and Guidance for the North East and Cumbria, (Moving Towards a Better Standard), 2002
- Networking for quality in HIV Treatment and Care – Medical
- Foundation for Sexual Health and AIDS (MEDFASH), 2002
- National Strategy for Sexual Health and HIV, 2002
- Sexual Health and HIV Commissioning Toolkit (DoH), 2003
- Choosing Health (DoH), 2004
- Our health, our care, our say, 2006

For further information please contact Penny Davison, Partnership Officer – Physical Disabilities and Specialist Services, Adult Services on 566 1824

SECTION SIXEEN – DRUGS AND ALCOHOL

16.1 OBJECTIVES AND OUTCOMES FOR SERVICE USERS

In December 2002 the Government launched the Updated Drug Strategy. This built upon, and adapted the Government's Drug Strategy Tackling Drugs to Build a Better Britain, launched in 1998. Aiming to reduce the harm that drugs cause to society, communities, individuals and their families, the Drug Strategy has four key elements:

- Communities – reducing drug-related crime and its impact on communities
- Treatment and harm minimisation – reducing drug use and drug-related offending through treatment and support
- Reducing drug-related death through harm minimisation
- Reducing supply –reducing the supply of illegal drugs on our streets

The Updated Drug Strategy set out plans to break the link between drugs and crime by extending, enhancing and integrating a range of criminal justice interventions from arrest to court and beyond. It requires a more effective and co-ordinated approach to working within problem drug users in the Criminal Justice System in order to move them into treatment and away from crime.

The outcomes for service users include:

- Service expansion in order to meet the target of doubling the number of people in treatment by 2008
- People will receive treatment and support in a more timely way
- Access to an adequate range of services including advice and harm reduction; GP and specialist prescribing; detoxification and rehabilitation
- Provision of effective treatment in order to break the cycle of addiction whilst minimising the harm drugs can cause

The National Alcohol Strategy focuses on joint action and a series of measures, which include:

- Improve treatment and support for people with alcohol problems
- Provide better information to consumers about the dangers of alcohol misuse

Sunderland has developed a Drug Treatment Strategy and an Alcohol Strategy, both of which inform our commissioning intentions.

16.2 NEEDS ANALYSIS

16.2.1 Demographic Information

The City of Sunderland has a total population of 280,807 residents. A breakdown of the number of residents aged 18 and over is provided below:

AGE RANGE	TOTAL	% OF TOTAL SUNDERLAND POPULATION
18 – 19	7,811	3%
20 – 24	18,552	7%
25 – 29	17,860	6%
30 – 44	61,865	22%
45 – 59	52,842	19%
60 – 64	14,378	5%
65 – 74	25,410	9%
75 – 84	14,303	5%
85 – 89	2,744	1%
90 and over	1,319	0.5%
TOTAL	**217,084**	**77.5%**

16.2.2 Activity Data

During the period 1 April 2005 to 31 March 2006, there were 20 assessments completed by the AS Drug & Alcohol Service for 'new' clients in respect of substance misuse. 'New' clients were those either not previously known to the department or who had previously closed cases when they re-presented. During the same period there were 25 reviews completed for existing clients. Following assessment, there were 6 clients offered or provided with a service.

Drugs Services
The number of adults in drug treatment services during the period 1 April 2005 to 31 March 2006 was 786, with 49% of clients retained in treatment for more than 12 weeks. The Local Delivery Plan target for 2005/06 was 1037 adults in drug treatment services with 55% retained in treatment for more than 12 weeks.

Alcohol Services
It can be estimated (Commission on the Future of Alcohol Services 2003 Alcohol Concern) that Sunderland could expect to have in the region of 6,200 people in contact with services each year regarding alcohol related problems. During 2003/04 there were 217 people treated within Northumberland, Tyne and Wear NHS Trust for a primary alcohol related dependency. Within City Hospitals Sunderland Gastoenterology Unit, it is estimated that there are 108 new referrals annually for alcohol related liver disease and 455 patients who returned for a follow up appointment. During 2003/04 there were 671 people referred to North East Council for Addictions, with 86% for alcohol as their primary substance misuse. Over the same period, there were 98 people referred to residential rehabilitation for alcohol misuse.

16.2.3 Assessment Outcomes

Sunderland Adult Services' Fair Access to Care Services – Eligibility Criteria is a policy framework and eligibility for community care services for adults which prioritises the risks faced by individuals into Four Needs Bands namely, Critical, Substantial, Moderate and Low. This ensures there is fair access to social care services for adults, based on the individuals' assessed needs and likely risks, including both immediate needs and needs which are likely to worsen for the lack of timely help. The present criteria are currently under review.

When an Adult Services assessment is carried out with an individual, the outcome of the assessment is recorded on the computer system. In some cases, it may not be possible to meet the individuals' need or to provide the individual with their choice of preferred service and this is also recorded. This information is used to inform the commissioning of services. The needs are coded and this information is aggregated. However, further detail regarding individual circumstances would need a manual trawl of files and discussions with operational managers who have the overview of the assessment process. Further work is therefore required to ensure a robust system for informing commissioning intentions.

Drugs Services
In 2004 research was commissioned to examine the behaviours, lifestyles, views and experiences of problem drug users in Sunderland. The research findings indicate that drugs users reported that it was "difficult" to access treatment. This indicated the need to further develop service provision to increase the engagement of drug users in treatment. Currently there are no waiting lists for access to prescribing services and waiting times for other services eg counselling, day care are under review.

Alcohol Services
There is a requirement to develop in-patient and community based de-toxification and the identification of a lead Psychiatrist

16.2.4 Health Needs Assessment

A heath needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. Health Needs Assessment aims to ensure that health improvement activity and health services are targeted and are accessible to those individuals who are in the greatest health need at a given point in time. The National Drug Treatment Agency is due to advise Drug Teams on undertaking a needs assessment over 2006/07. National research on numbers of problematic drug users is awaited.

16.3 RANGE OF PROVISION

Adult Services

- Drugs and Alcohol Team which provides:
  - Assessment and case management
  - Access to rehabilitation/in-patient beds

Health Services

- Shared Care (drugs) GPs who work with the specialist service and provide services to their own patients
- GP tier 3 prescribing and health maintenance
- Harm Minimisation Training
- Host the Drugs Team who support much of the drugs multi agency work
- Non-substance misuse specific services requiring interface with alcohol treatment e.g. advice and support
- Open access alcohol treatment services e.g. support and counselling
- Structured community-based treatment services e.g. counselling, psychotherapy, community detox
- Residential services for alcohol treatment e.g. detox and rehab
- Community Addiction Team which provides day services and community prescribing.
- Inpatient treatment and residential rehabilitation services commissioned from Northumberland, Tyne and Wear NHS Trust and the independent sector

Independent Provision

- Harm reduction and needle exchange services
- Day services including counselling; psychological interventions; complimentary therapies
- Advice, support and information services offered by a wide range of professionals
- Support and advice to families and carers of people with drug problems
- The Supported Housing Project (joint project with Adult Services and NECA) has been in operation since January 2003 and is supported and funded by Supporting People, the Drugs Team and Adult Services. Current provision is 10 properties
- The 'Floating Support' project operates a flexible peripatetic service provision/facilitating a range of low to medium support to people in their own homes or tenancies provided by NECA (Supporting People)
- Drugs Intervention Programme (for those in the Criminal Justice System)

16.4 BUDGET PROVISION 2006/07

Adult Services

SERVICE	2006/7 FINANCIAL YEAR GROSS BUDGET (£)	% OF TOTAL OF GROSS BUDGET FOR DRUGS & ALCOHOL - ADULTS & YOUNG PEOPLE
INDEPENDENT SECTOR		
Alcohol & Drug Misusers	410,892	
SUB-TOTAL INDEPENDENT SECTOR	**410,892**	**65%**
JOINT PROVISION		
Community Addiction Team	222,844	
SUB-TOTAL JOINT PROVISION	**222,844**	**35%**
TOTAL DRUGS & ALCOHOL - ADULTS & YOUNG PEOPLE	**633,736**	**100%**

Sunderland TPCT

DESCRIPTION	£
Adult Pooled Treatment Budget	2,879,787
Adult Pooled Capital	23,577
Sunderland TPCT Local Delivery Plan Contribution	500,000
Total	**3,403,364**

NB does not include DIP monies

16.5 THE STRATEGIC PLANNING PROCESS

16.5.1 Legislation and Policy Guidance

Responsibilities for supporting and caring for adults with drug problems and their carers is set out in legislation and guidance which includes:

- Tackling Drugs to Build a Better Britain (1998)
- The Modernising Government White Paper (1999)
- NHS Plan (2000)
- Updated Drug Strategy (2002)
- NTA Models of Care for the Treatment of Drug Users (2002)
- Supporting People Strategy

Responsibilities for supporting and caring for those experiencing alcohol problems and developing preventative measures is being driven forward by:

- Alcohol Harm Reduction Strategy for England (2004)
- Choosing Health White (2004)

16.5.2 Local Planning Process

Drug Services

The Safer Sunderland Partnership and associated sub group (joint Commissioning Management Group for Adult Drug Treatment JCMG) are charged with responsibility for delivering the National Drugs Strategy at a local level. With representatives from the local authority, health, probation, the voluntary sector, users and carers, the JCMG takes strategic decisions on service delivery and expenditure within the four aims of the National Drugs Strategy.

The Joint Commissioning Management Group's remit is to commission appropriate services to meet the assessed needs of adult drug users in the City and oversee the Pooled Treatment Budget.

The Treatment Providers Forum is a forum for service users, carers and providers of drug services to inform the commissioning and development of services in the City.

The role of the TPCT Shared Care Monitoring Group is to oversee the development of appropriate clinical governance guidelines/training in relation to shared care.

The Drug Interventions Programme (DIP) steering group is working to ensure that suitable services are available to meet the needs of drug users within the criminal justice system.

Alcohol Services

The Alcohol Action Team was established in 2004 and is a multi agency strategy group driving forward alcohol issues in relation to treatment, prevention and control. At present it is established as a sub group of the Safer Sunderland Partnership.

16.6 SERVICE DEVELOPMENT PRIORITIES

Our service development priorities have arisen from an analysis of a range of information described in the introduction to this strategy – individual needs assessment, demographic information, national and local planning requirements, feedback from service users/carers, staff, providers, and partners.

The service development priorities are set at a strategic level and require longer term implementation. The commissioning intentions, which follow later, are derived from these priorities and represent specific intentions which will be of interest to providers. The priorities also reflect Sunderland's vision for health and social care services. **Some priorities cut across a number of care streams and these have been indicated in brackets.**

The growth and development of drug treatment services in Sunderland will be achieved through the expansion of community based services and creating additional treatment places in primary care. The expansion will be supported by independent service providers and clinical support from the specialist service.

The identified service development priorities are as follows:

Health Maintenance (HM)

- To improve the needle exchange and harm reduction service

Planned Care/Care of Chronic Illness (PC/CCI)

- To develop increased prescribing capacity in primary care
- To expand intermediate treatment services
- To Review and refocus service provision within the specialist Community Addictions Team to focus on dual diagnosis.
- To maintain and where required increase the treatment capacity for referrals from the criminal justice system as part of the Drug Interventions Programme
- To develop more wrap around support
- To increase the number of problem drug users in structured treatment programmes and increase the proportion of drug users from the most deprived wards
- To recruit an additional 3000 practitioners to the drug treatment workforce
- To increase efficiency of treatment services – indicated by reduced waiting times
- To increase the proportion of people successfully sustaining or completing treatment programmes year on year
- Development of Community Alcohol Workers linking with primary care and offering community based detoxification and support
- To implement a model based upon four tiers, which will offer seamless pathways and assessment processes for the individual. Individuals will receive treatment in the community provided by GPs
- To develop an Approved Provider Scheme.

Urgent Care (UC)

- To develop in-patient detoxification and the identification of a local Psychiatrist (alcohol)

16.7 COMMISSIONING INTENTIONS

Update on short-term intentions identified for 2003/04

Intention	Achieved	Update	Issues/Barriers
Needle Exchange – to appoint an external consultant to undertake a review of current service provision of behalf of DAT	Yes	JCMG subsequently agreed to undertake this work internally. Following which a tendering exercise was undertaken in order to commission a new service provider to co-ordinate and expand harm reduction and needle exchange services. Service now in place.	New premises to meet expansion required
To identify a local model for inpatient drug detoxification services and commission services based on agreed model	Yes	Completed by Working group and model agreed. In-patient detoxification services commissioned locally via a block contract with one provider and spot purchases with other various providers	None identified

Short Term – (1 Year: Funding Secured – 2006/2007)

- Implement harm reduction strategy including specific action on drug related deaths, preventing accidental overdose, preventing the spread of blood borne viruses and other infections and ensure appropriate facilities for the safe disposal of used injecting waste
- Review the quality of existing day care provision and assess demand prior to agreeing commissioning intentions
- Extend intermediate care provision for non criminal justice clients within primary care
- Commission work to develop and deliver workforce and training and development strategy
- Extend shared care with GPs
- Commission expert support to help develop Carer led services
- Commission a dual diagnosis service (alcohol and drugs)
- Commission a complete community prescribing and support service (alcohol and drugs)
- To extend supervised consumption programmes from Pharmacists
- Commission an Initial Assessment Service subject to outcomes of the current pilot (alcohol and drugs)
- Commission peer/user led services which help develop employment/learning opportunities for service users

16.8 ADDITIONAL INFORMATION

- Tackling Drugs To Build A Better Britain 1998
- The Modernising Government White Paper 1999
- The NHS Plan 2000
- The National Treatment Agency – Models of Care for substance misuse treatment 2002
- Safer Sunderland Partnership – Crime Disorder and Drugs Strategy

- Drug Strategy Performance Agreement 2004/05
- Sunderland Treatment Plan 2005
- City of Sunderland Alcohol Strategy

For further information please contact Sue Bostock, DAT Commissioning Officer, Sunderland TPCT on 0191 553 7958 and Peter Carlin-Page, Alcohol and Substance Misuse Co-ordinator, Sunderland TPCT on 0191 529 7158

SECTION SEVENTEEN – PEOPLE NEEDING PALLIATIVE CARE

17.1 OBJECTIVES AND OUTCOMES FOR SERVICE USERS

The National Service Framework (NSF) for Older People (Standard 2), refers to 'dignity in end of life care', as a key intervention for the NHS and local Councils. A joint responsibility in providing support for those who are dying is referred to in Standard 11 of the National Minimum Standard Report of the Care Standards Act 2000.

The key outcomes to be achieved for people needing Palliative Care are:

- Access to specialist health and social care assessments and appropriate treatments
- Support not only to service users, but also to their families, Carers and significant others, throughout the dying process and thereafter providing support to the bereaved.

17.2 NEEDS ANALYSIS

17.2.1 Demographic Information

Baseline data from the Office of National Statistics (ONS), indicated that in the year 2000, 1668 people died from a life threatening illness. Assuming that two-thirds were palliative prior to their death, and if we attach a single carer or family member to each, potentially 2,200 people could benefit from Adult Services support at some stage in their care pathway.

17.2.2 Activity Data

Sunderland patients can access a range of services provided mainly by external partners and voluntary groups. For 2005/06:

- 69 people accessed complementary therapies
- 229 people received a relation CD
- 62 people accessed respite services within a nursing home setting and their own home
- 65 people accessed counselling services
- 195 people received chemotherapy at home services
- 87 people accessed volunteer driver services
- An additional 286 patients were seen earlier by the extended out of hours palliative care nursing service

17.2.3 Assessment Outcomes

Sunderland Adult Services' Fair Access to Care Services - Eligibility Criteria is a policy framework and eligibility for community care services for adults which prioritises the risks faced by individuals into Four Needs Bands namely, Critical, Substantial, Moderate and Low. This ensures there is fair access to social care services for adults, based on the individuals' assessed needs and likely risks,

including both immediate needs and needs which are likely to worsen for the lack of timely help. The present criteria are currently under review.

The total number of assessments undertaken during the period 2003/04 within the Specialist Social Care Team (including HIV&AIDS and Palliative Care) was:

Assessing Team	Number of assessments	Critical	Substantial	Moderate	Low
Specialist Social Care Team (including HIV & AIDS and Palliative Care)	291	42%	49%	6%	3%

When a Adult Services assessment is carried out with an individual, the outcome of the assessment is recorded on the computer system. In some cases, it may not be possible to meet the individuals' need or to provide the individual with their choice of preferred service and this is also recorded. This information is used to inform the commissioning of services. The needs are coded and this information is aggregated. However, further detail regarding individual circumstances would need a manual trawl of files and discussions with operational managers who have the overview of the assessment process. Further work is therefore required to ensure a robust system for informing commissioning intentions.

17.2.4 Health Needs Assessment

A heath needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. Health Needs Assessment aims to ensure that health improvement activity and health services are targeted and are accessible to those individuals who are in the greatest health need at a given point in time.

People with palliative care needs, as citizens of Sunderland, are eligible for primary care services alongside other members of the population.

17.3 RANGE OF PROVISION

Social Care
The Adult Services Specialist Social Care Team provides information, assessment, care services (respite care, therapy sessions) and support to individuals who need palliative care and also support to their carers, family members and significant others. The care that is provided includes access to the full range of social service provision, subject to assessed need and in close co-operation with independent and other statutory bodies, as well as the following:

- Assessment and Care Management Services from the Specialist Social Care Team
- Access to the full range of services available from the Local Authority, including Home Care, Housing, Residential Care, Short Break Care.
- The Direct Payments Scheme is available for people who want to have choice and control over their own care provision.

Health Care

- In-patient Care at St Benedict's Hospice
- Day Care at the day hospice
- Out -patient care and Home visits by Medical Consultants and Specialist Registrar
- Lymphoedema Service provided by St Benedict's Hospice
- Hospital/ Community Specialist Palliative Care Nursing Team St. Benedict's Hospice
- Education
- Volunteers
- District Nursing Service
- Out of Hours Palliative Care
- GP Services
- Marie Curie Nursing Service

Joint Provision

- Offering Options Project and Caring Together Project – provides a range of care including family support, Nursing Home Palliative Respite, complementary therapies and information for families.

17.4 BUDGET PROVISION 2006/7

Adult Services

The finance information for palliative care services cannot be disaggregated from the finance of the other services detailed thoughtout this strategy.

Sunderland TPCT

DESCRIPTION	£
St Benedict's Hospice	1,897,000
	1,897,000

17.5 THE STRATEGIC PLANNING PROCESS

17.5.1 Legislation and Policy Guidance

Joint responsibilities for providing support for people who are dying is set out in:

- Standard 2 of the National Service Framework for Older People and Standard 11 of the Care Standards Act 2000
- NICE Guidance on supportive and palliative care for people with cancer 2004

17.5.2 Planning Process

Palliative Care needs are being addressed by the Cancer MaRG. There are also two Sub Groups, the Adult Palliative Care Project Group, and the Northern Cancer Network where palliative care issues are addressed.

17.6 SERVICE DEVELOPMENT PRIORITIES

Our service development priorities have arisen from an analysis of a range of information described in the introduction to this strategy – individual needs assessment, demographic information, national and local planning requirements, feedback from service users/carers, staff, providers, and partners.

The service development priorities are set at a strategic level and require longer term implementation. The commissioning intentions, which follow later, are derived from these priorities and represent specific intentions, which may be of interest to a range of providers.

The identified service development priorities are as follows:

Planned Care (PC)

- To extend palliative care services to people affected by advanced progressive and incurable illness with a diagnoses other than cancer (non cancer palliative care).
- To pursue long term funding for part time Care Manager post and administrative support currently funded by the New Opportunities Fund for three years to allow us to ensure that the service can continue to include non cancer palliative care.
- To develop closer integration with health providers
- To inform and develop systems and procedures that ensure social care standards are maintained and improved when appropriate alongside the implementation of continuing health care at home and other community settings.
- To support training and awareness raising in partnership with Sunderland Teaching Primary Care Trust.
- To explore the linkage between the Adult Services Volunteer Services and the increasing number of self help groups supported by the Offering Options Project.
- To improve overall links between voluntary sector services including health services.

17.7 COMMISSIONING INTENTIONS

Where funding has not yet been secured the expectation is that the existing purchasing budget (currently committed to services), will be reviewed to identify savings and alternative ways of providing services to release funding for the medium term priorities. Wherever possible this will be undertaken with partners as a joint exercise through the District Cancer Group noted earlier.

Short Term – (1 Year: Funding Secured – 2006/2007)

- Specialist Home Care Service for Palliative Care

17.8 ADDITIONAL INFORMATION

- Manual of Cancer Services and the Government's Cancer Plan
- Palliative Care 2000 – Commissioning through partnership, National Council for Hospice and Specialist Palliative Care
- National Service Framework for Older People
- Calman Hine Report 1995
- NICE Guidance on supportive and palliative care for people with cancer 2004

For further information please contact Penny Davison, Partnership Officer – Physical Disabilities and Specialist Services, Adult Services on 0191 566 1824

SECTION EIGHTEEN – CARERS

One in eight people in Britain are now a Carer. Without this extensive caring, many older, frail, sick or disabled people would need the support of statutory services. For example, they might need to enter a residential or nursing home or go into hospital. This could be a detriment to the quality of life for some people needing care and would be a considerable cost to the taxpayer. In communities the networks of giving and of supporting relatives, friends and neighbours are part of the fabric of society that keeps people together.

18.1 OBJECTIVES AND OUTCOMES FOR CARERS

National legislation and policy, such as the Carers (Equal Opportunities) Act 2004 recognises the vital role played by Carers. The policies aim to give Carers the opportunity to lead a more fulfilling life and support them to continue to care.

The key outcomes for Carers are:

- Carers will receive information about their rights in a more consistent way
- Carers will be told of their rights to a Carers assessment
- The carers work, training, education and leisure needs and wishes will be taken into account during an assessment
- Carers will receive more joined up and co-ordinated services

18.2 NEEDS ANALYSIS

18.2.1 Demographic Information

It is difficult to give an exact number of how many Carers there are in Sunderland. However, for the first time, the 2001 Census asked a question about any voluntary care provided to look after, or give any help or support to family members, friends, neighbours or others because of long term physical or mental ill-health or disability, or problems relating to old age. In Sunderland, there are approximately 30,762 carers in Sunderland and it is estimated that about 8,000 (25%) of these carers spend 50 hours or more caring per week. This represents a significant proportion of the overall population of the City. This means that is important to recognise that people who care are contributing citizens of Sunderland. The proportion of such "heavy" care has increased since 1993.

AGE GROUP	NUMBER OF PEOPLE WHO PROVIDE UNPAID CARE BETWEEN 1 TO 19 HOURS PER WEEK	NUMBER OF PEOPLE WHO PROVIDE UNPAID CARE BETWEEN 20 TO 49 HOURS PER WEEK	NUMBER OF PEOPLE WHO PROVIDE UNPAID CARE 50 OR MORE HOURS PER WEEK	TOTAL
18 - 19	275	59	52	**386**
20 - 24	774	114	149	**1,037**
25 – 34	2,285	496	808	**3,589**
35 – 44	4,225	931	1,445	**6,601**
45 – 49	2,488	523	805	**3,816**
50 – 54	2,803	650	967	**4,420**
55 – 59	1,904	499	938	**3,341**
60 - 64	1,396	378	880	**2,654**
65 – 74	1,589	452	1,570	**3,611**
75 – 84	425	158	608	**1,191**
85 – 89	35	13	47	**95**
90+	6	6	9	**21**
TOTAL	**18,225**	**4348**	**8,328**	**30,762**

Source: Census 2001

18.2.2 Activity Data

The number of carers involved in Carers assessments indicates the extent to which a council is working with and for Carers. One national Adult Services Performance Assessment Framework indicator relates to the involvement of Carers in all assessments undertaken. This measures the number of carers receiving an assessment either jointly or via a Carers assessment.

During the period 1 April 2005 to 31 March 2006 there were 36 carers aged 18 years and over assessed or reviewed separately. Over the same period there were 6673 carers assessed or reviewed jointly with the client. 1683 carers assessed or reviewed received a 'carer specific' service and 5026 carers received information or advice only.

18.2.3 Health Needs Assessment

A heath needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. Health Needs Assessment aims to ensure that health improvement activity and health services are targeted and are accessible to those individuals who are in the greatest health need at a given point in time.

Carers, as citizens of Sunderland are eligible for primary care services alongside other members of the population.

18.3 RANGE OF PROVISION

All the services provided to service users will benefit Carers e.g. short breaks and equipment and these services are noted throughout each client section. There is also a range of specific services directed to Carers noted below.

Social Care

- Fieldwork and Assessment Services including Mental Health Carers Assessment Workers and Learning Disabilities Carers Assessment Workers
- Carer Support Workers for parents of children with disabilities
- The Direct Payments Scheme is available for Carers who want choice and over how they receive services to support them as Carers
- Holidays and Opportunities Fund provided through Sunderland Carers Centre
- Companionship Scheme
- Action for Carers into Employment Project provided through Sunderland Carers Centre
- One project provided through the Bangladeshi Centre to identify and support male and female carers from the Bangladeshi community funded through grant assistance.

Health Care

- Community Nursing Service (assessment, diagnosis and treatment)
- Day Hospital at the Galleries Health Centre
- Urgent Care Team
- 24/7 Team
- Primary Care Centres
- Minor Injuries Unit
- Retinal Screening
- Chiropody Service
- 54 GP Practices
- 54 Pharmacies
- 38 Dental Practices
- 22 Opticians
- Health Development Unit (smoking cessation etc).
- Palliative Care Services through the Hospice, St Benedict's

Joint Provision

- Carers Emergency Card
- Carers Service via Carers Centre and Alzheimer's Society
- Carers Support Service via the Alzheimer's Society

18.4 BUDGET PROVISION – 2006/07

The financial information for Carers cannot be disaggregated from the finance of other services, except for the financial information regarding funding to Voluntary Organisations, as follows:

	£
Adult Services	923, 396
Sunderland TPCT	108,467

18.5 THE STRATEGIC PLANNING PROCESS

18.5.1 Legislation and Policy Guidance

Responsibility for supporting and caring for Carers is set out in legislation and guidance including:

- The Carers (Equal Opportunities) Act 2004
- Disabled Children's Act 2000
- Carers (Recognition and Services) Act 1995

18.5.2 Local Planning Process

Patient, Public, Carer and Service User Involvement Modernisation and Reform Group (MaRG) is a cross cutting MaRG for involving carers in the planning process and each individual MaRG includes carer involvement in the Planning Process. The Adult Services Management team is made up of Divisional Mangers from all service areas along with key personnel from the point of delivery teams. The Divisional Managers meet on a quarterly basis with carers and carer organisations. The purpose of these meetings is to focus on key issues effecting the relationship between the Directorate and Carers. The TPCT and Adult Services also have internal planning processes to support the delivery of key service/business plans. Carer representatives are also involved in the majority of the MaRGs where modernisation and service developments are agreed.

18.6 SERVICE DEVELOPMENT PRIORITIES

Our service development priorities have arisen from an analysis of a range of information described in the introduction to this strategy- individual needs assessment, demographic information, national and local planning requirements, feedback from service users, carers, staff, providers, and partners

The service development priorities are set at a strategic level and require longer-term implementation. The commissioning intentions, which follow later, are derived from these priorities and represent specific intentions over the next three years.

Through the implementation of the Carers (Equal Opportunities) Act 2004 it is a key priority to ensure other directorates and health agencies are aware of their responsibilities. The successful application for Beacon Status Council for the

Support of Carers has provided a significant opportunity to disseminate good practice locally, regionally and nationally. The Act and Beacon Status Council has supported the following service development priorities:

- To raise the profile of Carers needs across the city to ensure more support from all Council directorates/other bodies
- To improve the health of Carers
- To improve the number of separate assessments of Carers
- To have a joined up response to Carers needs
- To help carers stay in/return to work
- To involve carers in the training of Health and Social Care staff
- To ensure Carers are involved in planning and monitoring services
- To help Carers continue to care where that is their desire
- To improve the information available for carers
- To give Carers a break from their caring role
- To work with the Voluntary Sector in meeting the needs of Carers
- To provide opportunities for peer support
- Support and training to ensure carers have the confidence to be involved in groups such as the MaRGs
- Carer specific training in informal settings
- Independent support (advocacy) at meetings
- Support and a 'listening ear'

18.7 COMMISSIONING INTENTIONS

Short Term – (1 year: Funding Secured – 2006/2007)
All of the Commissioning Intentions outlined throughout the other client sections will benefits Carers and have not been repeated here. It is expected that the range of provision identified in Section 18.3 will also continue to be commissioned specifically for Carers.

18.8 ADDITIONAL INFORMATION

- National Service Framework for Mental Health, 1999
- National Service Framework for Older People, 2001
- Learning Disability Older Family Carers Strategy, 2004
- Adult Services Business Plan, 2004
- Integrated Learning Disability Service Business Plan, 2004
- Sunderland Community Mental Health Partnership Business Plan, 2004
- Carers Beacon Status Bid, 2004

For further information please contact Graham Burt, Partnership Officer – Carers, Adult Services on 0191 566 1829

SECTION NINETEEN – BLACK AND MINORITY ETHNIC GROUPS AND ASYLUM SEEKERS

19.1 OBJECTIVES AND OUTCOMES FOR BLACK AND MINORITY ETHNIC (BME) GROUPS AND ASYLUM SEEKERS

Key objectives and outcomes for service users include:

- Increase take-up of existing services by working with BME groups to identify barriers to access and to eliminate or reduce those barriers.
- Increase the level of cultural appropriateness of existing services.
- Identify gaps in provision for BME groups where more specialist services may be required.
- Consult with and involve BME customers and groups, to ensure that new and existing services are planned and developed in ways that are appropriate to varied cultural needs.
- Develop and extend contact with BME representative groups and actual / potential service providers, as a means of increasing awareness of services and shaping those services.
- Take positive action to achieve a more diverse workforce.
- Improve the level of cultural awareness and anti-discriminatory practice amongst staff and providers.
- Assist the City Council to achieve Level 2 of the Local Government Equality Standard.

19.2 NEEDS ANALYSIS

19.2.1 Demographic Information

The 2001 Census indicated that 1.9% (5,228) of Sunderland's total population, belong to a Black and Minority Ethnic (BME) group. This figure does not include asylum seekers.

AGE GROUP	18-24	25-39	40-54	55-64	65-69	70-74	75-79	80-84	85+	TOTAL
ETHNIC GROUP										
White: British	24,540	57,337	57,123	28,782	13,342	11,729	8,869	5,270	4,031	**211,023**
White: Irish	194	127	165	96	44	50	39	19	13	**747**
White: Other	722	497	283	115	46	48	42	15	13	**1781**
Mixed: White and Black Caribbean	27	50	19	8	3	3	6	4	0	**120**
Mixed: White and Black African	43	43	11	0	6	0	3	0	0	**106**
Mixed: White and Asian	99	96	27	6	6	0	3	6	0	**243**
Mixed: Other	37	52	27	12	0	0	3	0	0	**131**
Asian or Asian British: Indian	154	274	179	56	23	18	7	0	3	**714**
Asian or Asian British: Pakistani	77	109	53	22	6	6	7	3	0	**283**
Asian or Asian British: Bangladeshi	154	258	77	27	17	7	0	0	0	**540**
Asian or Asian British: Other Asian	42	124	66	32	3	3	3	0	3	**276**
Black or Black British: Black Caribbean	12	20	27	3	6	3	3	0	0	**74**
Black or Black British: Black African	48	125	37	3	7	3	3	0	0	**226**
Black or Black British: Other Black	6	7	6	0	0	0	0	0	0	**19**
Chinese or Other Ethnic Group: Chinese	179	175	120	37	21	8	9	0	0	**549**
Chinese or Other Ethnic Group: Other Ethnic Group	30	120	82	14	3	0	0	0	0	**249**
TOTAL	**26,364**	**59,414**	**58,302**	**29,213**	**13,533**	**11,878**	**8,997**	**5,317**	**4,063**	**217,081**

19.2.2 Activity Data

The total number of adults from a BME group receiving a service as at 31 January 2004, is detailed below by gender and ethnicity

Ethnic Background			Total Adults
	Female	Male	
Asian or British Asian	9	13	**22**
Asian or Asian British Bangladeshi	2	2	**4**
Asian or Asian British Indian	9	6	**15**
Asian or Asian British Pakistan	0	1	**1**
Black or Black British African	4	1	**5**
Black or Black British	0	0	**0**
Black or Black British Caribbean	1	1	**2**
Mixed background	0	1	**1**
Mixed White & Asian	0	0	**0**
Mixed White and Black African	1	1	**2**
Mixed White and Black Caribbean	0	0	**0**
Other Ethnic Group	10	8	**18**
Chinese	4	3	**7**
Filipino	0	0	**0**
TOTAL	**40**	**37**	**77**

Source: Adult Services Diversity Plan 2004/06

The total number of service users, as at 31 January 2004 by gender and disability was as follows:

	Female				Male				Total
Ethnic Background	**LD**	**PD**	**MH**	**SI**	**LD**	**PD**	**MH**	**SI**	
Asian or British Asian	4	6	0	0	1	3	1	0	**15**
Asian or Asian British Bangladeshi	0	2	0	0	1	1	0	0	**4**
Asian or Asian British Indian	1	1	7	0	0	4	1	1	**15**
Asian or Asian British Pakistan	0	0	0	0	0	1	1	0	**2**
Black or Black British African	0	3	0	0	0	1	0	0	**4**
Black or Black British	0	0	0	0	0	0	0	0	**0**
Black or Black British Caribbean	1	1	0	0	0	1	0	0	**3**
Mixed background	0	0	1	0	0	0	1	0	**2**
Mixed White & Asian	0	0	0	0	0	0	0	0	**0**
Mixed White and Black African	0	0	0	0	1	1	0	0	**2**
Mixed White and Black Caribbean	0	0	0	0	0	0	0	0	**0**
Other Ethnic Group	0	6	2	1	0	4	3	1	**17**
Chinese	1	2	1	0	0	1	0	2	**7**
Filipino	0	0	0	0	0	0	0	0	**0**
TOTAL	**7**	**21**	**11**	**1**	**3**	**17**	**7**	**4**	**71**

Source: Adult Services Diversity Plan 2004/06

19.2.3 Health Needs Assessment

A heath needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. Health Needs Assessment aims to ensure that health improvement activity and health services are targeted and are accessible to those individuals who are in the greatest health need at a given point in time.

19.3 SERVICE PROVISION

All of the service provision listed throughout the other client sections is available to people from a black and minority ethnic group and asylum seekers, following an assessment of need.

19.4 BUDGET PROVISION 2006/07

SERVICE	2006/7 FINANCIAL YEAR	
	GROSS BUDGET (£)	% OF TOTAL OF GROSS BUDGET FOR ASYLUM SEEKERS
SOCIAL CARE		
Interim Asylum Seekers Scheme	31,500	
SUB-TOTAL SOCIAL CARE	**31,500**	**100%**
TOTAL ASYLUM SEEKERS	**31,500**	**100%**

19.5 THE STRATEGIC PLANNING PROCESS

19.5.1 Legislation and Policy Guidance

Responsibilities for promoting equal opportunities and eliminating race discrimination are set out in the Race Relations Act 1976, the Race Relations [Amendment] Act 2000 and the Equality Standard for Local Government.

The Race Relations [Amendment] Act 2000 gives the local authority important new duties in respect of promoting equal opportunities and eliminating race discrimination. It requires the Council to publish a Race Equality Scheme setting out its programme for meeting these duties. It also spells out the need to regularly consult stakeholders on this plan. It also requires that we monitor and report on key aspects of our Employment Practices to demonstrate that jobs and opportunities are open to all.

The Equality Standard for Local Government, is not statutory, but forms part of the 'Best Value' regime for local authorities. Also, the Equality Standard covers a broader range of equalities than race. At present, it asks us to look at our equality practices in respect of Race. The 2000 Act and the Equality Standard represent key 'drivers' for public authorities generally and local authorities in particular, in respect of the of the development of appropriate services for BME groups.

19.6 SERVICE DEVELOPMENT PRIORITIES

- Support an additional 25 BME people/families to achieve culturally appropriate individual solutions to meet their assessed needs
- Engage in a continuous consultation programme with all stakeholders
- Seek advice from BME experienced people from other localities and review approaches accordingly
- Engage with Asylum and Refugee support workers, in order to establish numbers of people with learning disabilities within this group
- Ensure that equality actions and issues are included in partnership arrangements
- From the National Service User survey, record more specific data regarding gender, ethnicity, age and disability
- Audit the accessibility of services to BME groups
- Increase the level to which assessments address the individual needs of children and families from BME communities and also increase the level to which their needs are reflected in the services offered
- Promote a positive image and anti-discriminatory language
- Provide staffed information stand at events like the annual 'Mela' and respond to enquires
- Audit referrals from BME groups where outcome is 'No Further Action'
- Identify cultural customs/practises and take all possible steps to meet identified individual requirements and needs of specific minority groups, including access to e.g. translation and interpretation services
- Identify cultural and ethnicity issues arising from assessment process
- Review current public information for availability and accessibility to BME groups and update this information with relevant partners
- Strengthen links with advice providers who work specifically with groups from ethnic minorities and different cultural backgrounds to aid planning and delivery of services
- Address equalities issues in the course of Social Care Governance Work
- Facilitate joint work and events with local agencies, such as TAPS
- Examine the potential for contracting services with BME providers
- Achieve Adult Service actions for Level 2 of Equality Standard
- Facilitate action on findings of local research on BME groups
- Plan and begin implementation of key actions from Impact Needs/Requirements Assessments
- Appoint Social Care Development Post in Older People's Services

19.7 Commissioning Intentions

All of the commissioning intentions outlined throughout the other client sections will benefit the BME population and have therefore not been repeated in this section.

For further information please contact David Elliott, Policy and Development, Adult Services on 0191 566 1626

APPENDIX ONE

DEMOGRAPHIC INFORMATION

Source: Census 2001

AGE RANGE	TOTAL	% OF TOTAL SUNDERLAND POPULATION
18 – 19	7,811	3%
20 – 24	18,552	7%
25 – 29	17,860	6%
30 – 44	61,865	22%
45 – 59	52,842	19%
60 – 64	14,378	5%
65 – 74	25,410	9%
75 – 84	14,303	5%
85 – 89	2,744	1%
90 and over	1,319	0.5%
TOTAL	**217,084**	**77.5%**

AGE GROUP	18-24	25-39	40-54	55-64	65-69	70-74	75-79	80-84	85+	TOTAL
ETHNIC GROUP										
White: British	24,540	57,337	57,123	28,782	**13,342**	**11,729**	**8,869**	**5,270**	**4,031**	**211,023**
White: Irish	194	127	165	96	44	50	39	19	13	**747**
White: Other	722	497	283	115	46	48	42	15	13	**1781**
Mixed: White and Black Caribbean	27	50	19	8	3	3	6	4	0	**120**
Mixed: White and Black African	43	43	11	0	6	0	3	0	0	**106**
Mixed: White and Asian	99	96	27	6	6	0	3	6	0	**243**
Mixed: Other	37	52	27	12	0	0	3	0	0	**131**
Asian or Asian British: Indian	154	274	179	56	23	18	7	0	3	**714**
Asian or Asian British: Pakistani	77	109	53	22	6	6	7	3	0	**283**
Asian or Asian British: Bangladeshi	154	258	77	27	17	7	0	0	0	**540**
Asian or Asian British: Other Asian	42	124	66	32	3	3	3	0	3	**276**
Black or Black British: Black Caribbean	12	20	27	3	6	3	3	0	0	**74**
Black or Black British: Black African	48	125	37	3	7	3	3	0	0	**226**
Black or Black British: Other Black	6	7	6	0	0	0	0	0	0	**19**
Chinese or Other Ethnic Group: Chinese	179	175	120	37	21	8	9	0	0	**549**
Chinese or Other Ethnic Group: Other Ethnic Group	30	120	82	14	3	0	0	0	0	**249**
TOTAL	**26,364**	**59,414**	**58,302**	**29,213**	**13,533**	**11,878**	**8,997**	**5,317**	**4,063**	**217,081**

AGE GROUP	NUMBER OF PEOPLE WHO PROVIDE UNPAID CARE BETWEEN 1 TO 19 HOURS PER WEEK	NUMBER OF PEOPLE WHO PROVIDE UNPAID CARE BETWEEN 20 TO 49 HOURS PER WEEK	NUMBER OF PEOPLE WHO PROVIDE UNPAID CARE 50 OR MORE HOURS PER WEEK	TOTAL
18 - 19	275	59	52	**386**
20 - 24	774	114	149	**1,037**
25 – 34	2,285	496	808	**3,589**
35 – 44	4,225	931	1,445	**6,601**
45 – 49	2,488	523	805	**3,816**
50 – 54	2,803	650	967	**4,420**
55 – 59	1,904	499	938	**3,341**
60 - 64	1,396	378	880	**2,654**
65 – 74	1,589	452	1,570	**3,611**
75 – 84	425	158	608	**1,191**
85 – 89	35	13	47	**95**
90+	6	6	9	**21**
TOTAL	**18,205**	**4,279**	**8,278**	**30,762**

AGE GROUP	NUMBER OF PEOPLE WHO HAVE A LIMITING LONG TERM ILLNESS
18 – 19	417
20 – 24	1,232
25 – 34	4,125
35 – 44	6,528
45 - 49	4,205
50 – 54	5,950
55 – 59	6,221
60 -64	7,411
65 – 74	14,119
75 – 84	8,997
85 – 89	1,719
90 and over	701
TOTAL	**61,625**

APPENDIX TWO

GLOSSARY OF TERMS/ABBREVIATIONS

AS	Adult Services
Assessment	A process whereby the needs of an individual are identified and their impact on daily living and quality of life
Best Value	Councils are required to review their services and seek continuous improvement in services and related indicators, including nationally set indicators and ones set locally by the Council. Best Value performance indicators are structured into five domains which together describe all aspects of performance; these are national priorities and strategic objectives; cost and efficiency; effectiveness of service delivery and outcomes; quality of services for users and carers and fair access
Care of Chronic Illness (CCI)	One of the care streams outlined within the Vision for Services in Sunderland. Provided in the home, in General Practices and from locality based Resource Centres, supported by specialist interest practitioners, specialist consultants and multi-agency teams, working mainly in the community but 'in-reaching' to hospital as necessary
Carer	A person, usually a relative or friend, who provides care on the voluntary basis implicit in relationships between family members.
CHS	City Hospitals Sunderland NHS Foundation Trust
CSCI	Commission For Social Care Inspection – Regulatory body who monitors the performance of Adult Services
Commissioning	The process of specifying, securing & monitoring services to meet identified needs
Community Equipment Services	Community Equipment Services provide the equipment, including assistive technology, that play a vital role in enabling disabled people of all ages to maintain their health and independence
Core and Cluster Schemes	The schemes consist of a number of bungalows centred around a core house which provides a base from which support can be delivered to the local community. The aims of the schemes are to support and promote the independent of people, enabling them to live an independent and dignified life in their own home and in the community for as long as possible.
DAT	Drug Action Team
Day Services	Day Services provide support to people who have disabilities to take part in a range of activities, either in Adult Services buildings or within the wider community
Direct Payments	Cash payments from Adult Services to an individual who has been assessed as requiring a service, to purchase their own care (people using Direct Payments can not purchase Local Authority care)
Early Intervention in Psychosis	Provides services for people aged 14 - 35 who are experiencing their first episode of psychosis. Service functions are to assess people where there are possible early indications of psychosis, and provide a quality support service, both through own staff and through linking with other specialist teams. This includes support from Social Worker, Psychiatrist, Psychologist, Community Psychiatric Nurse, Occupational Therapist, etc) that will improve long term outcome and recovery.
Eligibility Criteria	Criteria used to assess if a person is eligible for a service
Extra Care Housing	This is a style of housing and care for older people that falls between traditionally established sheltered housing schemes and the accommodation and care provided in residential nursing/care homes. It is seen as having the potential to be an important element in integrated approaches to the housing, health and social care needs of an ever increasing aging population
Health Maintenance (HM)	One of the care streams outlined within the Vision for Services in Sunderland. Health Maintenance Is advice and support provided at different points throughout a person's lifespan by user/carer/voluntary groups and frontline staff in Health and the Local Authority in order to keep people 'well'.

Home Improvement Agency	Home Improvement Agencies are not for profit, locally based organisations that assist vulnerable homeowners or private sector tenants who are older, disabled or on low income to be advised and supported in relation to repairing, improving, maintaining or adapting their home
Integrated Continence Service	Includes identification, assessment and care of people with incontinence, including help to maintain continence. Services are organised across primary care and specialist services
Intermediate Care	A short period of intensive rehabilitation and treatment to enable patients to return home following hospitalisation or to prevent admission to long term residential care; or intensive home care at home to prevent unnecessary hospital admission
Local Delivery Plan (LDP)	Outlines funding intentions and priorities across the Health and Social Care Community
MACOG	Multi-Agency Chief Officer Group – this group is the Chief Executives from the 3 NHS Trusts the Director of Adult Services and the Director of Children's Services
MaRG	Modernisation and Reform Group – multi-agency groups responsible for service planning, redesign and modernisation
NECA	North East Council for Addictions provides advice and support services to people with addictions
NTW	Northumberland, Tyne and Wear NHS Trust – responsible for providing specialist care for people with mental health problems, learning disabilities and addictions
Planned Care (PC)	One of the care streams outlined within the Vision for Services in Sunderland. Provided in the home, in community settings, by General Practices and their teams and from locality based Resource Centres filtering into specialist hospital centres
Practice Based Commissioning	Practice Based Commissioning transfers the responsibilities of assessing the needs of the population, ensuring services are available to meet those needs and establishing accountability for health outcomes, along with the associated budget from the TPCT to primary care clinicians, including nurses. They will determine the range of services to be provided for their population with the TPCT acting as their agent to undertake any required procurements and to carry out the administration tasks to underpin these processes
Primary Care	Services provided by GPs, dentists, pharmacists, optometrists and ophthalmic medical practitioners together with district nurses and health visitors
Service User	A person who is receiving health and/or social care services
Short Break Care	Some people rely on a regular carer most of the time for different kinds of care and support. Sometimes it is important for people and their carers to have a break from each other. Short breaks provide the chance for this to happen.
SHA	Strategic Health Authority
Sunderland Community Mental Health Partnership	The CMHP formed in 2003, bringing together Northumberland, Tyne and Wear NHS Trust and Sunderland Adult Services mental health staff, with the key role of improving the mental health of people in the Sunderland community through integrated, effective and responsive community mental health services that enhance the experience of individuals that use services and their carers and provide a more flexible, seamless service.
TPCT	(Sunderland) Teaching Primary Care NHS Trust – responsible for commissioning health services; providing primary care services and improving the health of the population in Sunderland
Urgent Care (UC)	One of the care streams outlined within the Vision for Services in Sunderland. Provided in the home, from locality based Urgent Care Centres and hospital emergency casualty facilities
Vulnerable Adults	Adults who are vulnerable by virtue of long-term frailty, disability, communication difficulties, addiction or caring responsibilities. This vulnerability means their quality of life is adversely affected over a long period

Sunderland
City Council

Item No.6

HEALTH & WELL-BEING REVIEW COMMITTEE **12TH JULY, 2006**

POLICY DEVELOPMENT & REVIEW 2006/07: SCOPE

LINK TO WORK PROGRAMME: POLICY DEVELOPMENT & REVIEW

Report of the City Solicitor

1. Purpose of Report

1.1 To determine detailed terms of reference for this review.

1.2 To set out some background information on:

- What Diabetes is …
- The National Policy Framework …
- Incidence of Diabetes in the City …
- Changing arrangements for the health management of diabetes …

2. Background

2.1 At its meeting on 14th June, 2006 the Committee agreed to focus 2006/07 policy development and review activity on diabetes. Diabetes is an issue of growing importance. Already known about diabetes nationally [Diabetes UK] is that:

- At least 3% of the population has diabetes. This figure rises to 6% in people aged 65 and over - particularly important in an ageing City
- Diabetics have a higher chance of developing serious health problems including heart disease, stroke, high blood pressure, circulation problems, nerve, kidneys and eye damage. The risk is particularly high for those who are very overweight, smoke or who are not physically active
- The risk of developing Type 2 diabetes increases by up to ten times in people with a body mass index of more than 30. BMI is a measure of body fat based on height and weight and applies to both adult men and women. BMI categories are: underweight = <18.5, normal weight = 18.5-24.9, overweight = 25-29.9 and obesity = 30+ ①
- Life expectancy is reduced on average by 20 years for those with Type 1 diabetes and up to 10 years in Type 2 diabetes
- By the time people are diagnosed with Type 2 diabetes, 50% have evidence of complications
- In the UK people with diabetes spend 1.1 million days in hospital every year
- Britain has the fastest growing rate of obesity in the developed world

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① BMI = weight in kilograms ÷ height in meters squared.

Example: Height = 165 cm (1.65 m), Weight = 68 kg
Calculation: 68 ÷ $(1.65)^2$ gives a BMI of 24.98 or normal body weight

- 80% of people with diabetes die from cardiovascular disease
- People with diabetes are 2 to 3 times more likely to have a stroke
- 1,000 diabetics start kidney dialysis every year in the UK
- Diabetes is the leading cause of blindness in people of working age in the UK
- The rate of lower limb amputation in people with diabetes is 15 times higher than for people without the condition
- The NHS spends c5% of its budget treating diabetes and its effects
- At present rates, NHS spend will rise to 10% of total budget by 2011.

but ...

- Effectively controlling Type 2 diabetes can reduce the risk of:
    - heart disease by 44 %
    - stroke by 46%
    - kidney disease by 33%
    - eye disease by 33%

- Effectively controlling Type 1 diabetes can reduce the risk of:
    - new eye disease by 76%
    - worsening of existing eye disease by 54%
    - early kidney disease by 54%
    - more serious kidney problems by 39%
    - nerve damage by 60%

- Statin therapy for people with diabetes can reduce the number of:
    - heart attacks by 36%
    - strokes by 48%

3. Detailed Scope for the Review

3.1 Set out below is a suggested scope for the review of:

'What actions can the City take to reduce risks of residents developing Type 2 diabetes ?'

3.2 The scope was developed with key stakeholders including members of the Diabetes Modernisation and Reform Group (MaRG) such as the lead clinician, the patient representative and Sunderland TPCT's project manager (primary care) for diabetes. Given the positive role of the Council in terms of active lifestyles issues (see paragraph 2.1 above), the Community & Cultural Services Wellness Manager was also involved. Recognising the importance of public/stakeholder engagement, the TPCT's Patient and Public Involvement Co-ordinator participated.

3.3 Whilst the scope above is strongly recommended, other reviews were looked at too including: increasing diabetic diagnosis, reviewing outcomes from current medical interventions and the scope for enhancing self care. However, the scope at 3.1 was considered to presents the best option for this Committee because:

- It avoids duplication with the existing commitments in the Diabetes MaRG work programme
- It can assess the 'burden' on future commissioning strategies - noting if models used to predict future numbers of diabetics are borne out
- Gives a focus on where Members can add most value in terms of new strands of thought in a developing policy base
- It utilises the skills and experiences of this Committee to stimulate community engagement in the prevention of illhealth - ie stopping people being ill in the first place. There is scope also for keeping the review 'real' by active engagement. Focus groups might, for example, be considered to test awareness of risks, eg the Council's own workforce (14,000 employees) or people of South Asian or Afro-Caribbean origin who are more susceptible to Type 2 diabetes - but small in terms of local population profile. This might, in addition, help the local evidence-base when sharing the Committee's recommendations at part II of the Expert Jury - Community Scrutiny event
- It provides a good basis for joint working across a range of organisations with an interest in the wellness agenda
- It has links to the Council's forthcoming CPA Assessment - particularly in terms of the theme around 'ambitions for the community'
- It can review how locally Standards in the National Service Framework for Diabetes (see paragraph 5. below) have been delivered
- A review including Type 1 diabetes considers too many medical issues

3.4 It is recognised there is still a considerable volume of work to be undertaken as part of this topic. Other issues that may emerge, that are not part of the defined terms of reference, will therefore need to be deferred - possibly for review at a later date.

3.5 The review will be conducted within the budget of the Committee.

4. Background Information

4.1 What is Diabetes ?

4.1.1 Diabetes mellitus is a condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. It cannot be cured, but can be managed very successfully as a long-term condition.

4.1.2 Glucose comes from the digestion of starchy foods such as bread, rice and potatoes, from sugar and other sweet foods, and from the liver which produces glucose naturally. Blood glucose levels are measured in millimols per litre of blood. This is shortened to mmol/l. On average, people should aim for 4 - 7 mmol/l before meals, rising to no higher than 10 mmol/l two hours after meals.

4.1.3 Insulin is vital for life. It is a hormone produced by the pancreas that helps glucose enter the cells where it is used as 'fuel'.

4.1.4 The main symptoms of untreated diabetes are increased thirst, going to the toilet regularly - especially at night, extreme tiredness, weight loss, genital itching or regular episodes of thrush, and blurred vision.

4.1.5 There are two main types of diabetes. These are:

- Type 1 diabetes
- Type 2 diabetes

4.1.6 **Type 1** diabetes develops if the body is unable to produce insulin and often develops before the age of 40. It usually arrives quickly - over a few weeks - and symptoms are normally very obvious. It is treated by insulin injections and diet and regular exercise is recommended. Nobody knows for sure why cells become damaged but the most likely cause of type 1 diabetes is an abnormal reaction of the body to the cells themselves. This may be triggered by a viral or other infection

4.1.7 **Type 2** diabetes develops when the body can make insulin - but not enough - or when insulin that is produced does not work properly (known as insulin resistance). In most cases this is linked with being overweight. There are also strong links to family history and to women who have given birth to a large baby. Type 2 diabetes develops slowly and symptoms are usually less severe. Some people may not notice any symptoms at all and their diabetes is only picked up in a routine medical check up. Some people may put the symptoms down to 'getting older' or 'overwork'. Type 2 diabetes usually appears in people over 40 years although particularly in South Asian and African-Caribbean people it appears more in those aged 25+. This said, more and more Caucasian children are being diagnosed with the condition, some as young as seven. Type 2 diabetes is treated with lifestyle changes such as a healthier diet, weight loss and increased physical activity. Tablets and/or insulin may also be required to achieve normal blood glucose levels

4.2 People can greatly reduce their risk of developing Type 2 diabetes by controlling blood glucose and blood pressure levels and by eating healthily and doing regular physical activity. Sharing this message with the population of Sunderland would be the key focus for this review.

5. The National Policy Context

Overview -

5.1 The National Service Framework (NSF) for Diabetes set out the first ever concerted effort to make sure people, wherever they live, receive the same excellent standards of care. The Department of Health (DoH) has further produced a Delivery Strategy in 2003 setting out targets to be met within the NHS and three progress reports (2004, 2005 and 2006).

5.2 When the NSF was published, it was estimated there were 1 million + people with diagnosed Diabetes. The DoH website now indicates c 2.35m people in England. This is estimated to grow to about 2.5m people by 2010.

National Service Framework -

5.2.1 The NSF sets out twelve standards and key interventions necessary to raise diabetes care by 2013. These are précised below and shown in full in Appendix A:

Standard 1:		Prevention of Type 2 Diabetes
Standard 2:		Identifying people with Diabetes
Standard 3:		Empowering people with Diabetes
Standard 4:		Clinical Care of Adults
Standard 5:	]	
Standard 6:	]	Clinical Care of Children & Young People
Standard 7:		Management of Diabetic Emergency
Standard 8:		Admissions into Hospital
Standard 9:		Diabetes & Pregnancy
Standard 10:	]	
Standard 11:	]	Long-term Conditions
Standard 12:		

6. Incidence of Diabetes in the City

6.1 The TPCT is able to produce accurate and 'rolling' figures of confirmed cases of diabetes as part of the QMAS system. As at 31st March, 2006 there were 10,424 local people (or 3.6% of the local population) with Type 1 and Type 2 diabetes.

6.2 QMAS (Quality Management and Analysis System) is a new single, national ICT system that gives GP practices and PCTs objective evidence and feedback on the quality/amount of care for patients. The system shows how well each practice is doing, measured against national achievement targets detailed in the GP's contract. This links to how GPs are financially rewarded.

6.3 As GP practices are rewarded financially, payment rules are implemented consistently. QMAS ensures this is achieved.

7. Changing arrangements for the health management of diabetes

7.1 The TPCT advise that local diabetes guidelines for the medical treatment of diabetes are currently in the process of being reviewing through the Diabetes MaRG.

8. Next Steps

Member Information -

8.1 It is suggested that further information is provided, by memo, once the detailed scope of the review has been agreed. This will assist in the aim of the Expert Jury approach of giving Members detailed information in advance of key witnesses. Memos are suggested to give more time at Committee meetings for other items in a busy work programme.

8.2 Initially, it is suggested detail should include:

- **An analysis of the NSF:** This will ascertain what key targets there are for partners to meet in terms of highlighting and addressing community risks/risk-taking behaviours. This can also be supported by information on local target setting

- **The Expert Patient Programme as it relates to diabetes:** A report on the national Expert Patient Programme was included in the 2006/07 work programme for the Committee (for this meeting). Following discussion with the Chairman, it was recognised that information might, in fact, best be expressed in terms of how it relates to a particular issue or topic - such as diabetes. The Expert Patient Programme promotes self-management for people with long term conditions. Whilst not pivotal to a review on reducing community risks of developing Type 2 diabetes, information would indicate how people/families are being enabled into making more decisions about care/reducing known risks. More time would also be available for other aspects of the work programme
- **The Council's work to support the Wellness Agenda:** Diabetes is a key area identified within the Councils' wellness strategies. The Wellness Manager in Community & Cultural Services could identify what interventions are in place, why they are there and what proposals there are for developing services. This could address strategies in relation to obesity, physical activity and smoking cessation. Models used successfully elsewhere could also be reflected upon. Given the joined-up nature of wellness partnerships in the City, any information will cross-cut Community & Cultural Services, the NHS and other linked agencies/voluntary organisations/Council Directorates

8.3 Members agreed the use of an 'Expert Jury' approach and 12th, 19th and 26th January, 2007 have been canvassed for part I, the Member evidence gathering day (likely 10:00 - 15:00hrs). Work continues on part II, a date for the Community Scrutiny event (likely to be at the Crowtree Leisure Centre), but the Committee is asked to chose which of the above dates should be used for part I of this review.

Sharing the review topic widely -

8.4 The Council will be including an item in the next issue of its *Sunrise* magazine on 2006/07 study topics for all six Review Committees. Feedback from local people - together with views from local voluntary organisations (from an article in the next Adult/Social Care *Compact* newsletter) will assist the review/provide a reflection on new areas for information memos.

Witnesses -

8.5 Initial consideration has been given as to witnesses the Committee might like to hear from in January, 2007. It is suggested, as before, these represent key sectoral interests. Witnesses would likely include:

- **Patients:** The MaRG has patient representation and can canvass a suitable patient voice
- **Carers:** The Carers' Centre - who could be asked to support the review
- **Voluntary Sector:** A regional representative of Diabetes UK. Diabetes UK is the leading voluntary organisation in the area of study
- **Clinician:** Dr Henry Choi - who is the Clinical Lead on the Diabetes MaRG. He is also a local GP. Hearing from Dr Choi will provide an insight into both the views of the MaRG and from general practice

- **Modern Matron:** When patients and the public were consulted about how the NHS could be improved, one of the messages that came through was a call for the return of a matron figure. The 2000 NHS Plan introduced modern matrons - senior sisters and charge nurses to be easily identifiable to patients and with authority and support to make sure the fundamentals of care are right

8.6 It is also fully recognised that in addition to key witnesses there will be a wide range of voices to hear from as part of this review. The Community Scrutiny event being organised will ensure these views are heard. Work by officers will provide early notification of both the agreed scope for the review and how people might be involved.

9. Recommendation

9.1 The Review Committee is recommended to:

i) Note baseline information contained in this report and indicate what further information is needed if any;

ii) Agree a date for part I of the Expert Jury (evidence gathering day);

iii) Agree that information on the national Expert Patient Programme, included in the work programme, is delivered as part of this review rather than a separate report

10. Background Papers

Agenda & Minutes 14th June, 2006 Health & Well-Being Review Committee

www.diabetes.org.uk

The Expert Patient: A New Approach to Chronic Disease Management for the 21st Century
Department of Health, December 2001)

National Service Framework for Diabetes: Standards
(Department of Health, December, 2001)

National Service Framework for Diabetes: Standards - Supplementary Material
(Department of Health, March, 2002)

National Service Framework for Diabetes: Delivery Strategy
(Department of Health, January, 2003)

National Service Framework for Diabetes: One Year On
(Department of Health, April, 2004)

National Service Framework for Diabetes: Two Years On
(Department of Health, March, 2005)

National Service Framework for Diabetes: Turning the Corner: Improving Diabetes Care
(Department of Health, June, 2006)

NHS Plan
(Department of Health, July 2000)

www.doh.gov.uk

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Appendix A

Standard 1: The NHS will develop, implement and monitor strategies to reduce the risk of developing Type 2 diabetes in the population as a whole and to reduce inequalities in the risk of developing Type 2 diabetes

Standard 2: The NHS will develop, implement and monitor strategies to identify people who do not know they have diabetes

Standard 3: All children, young people and adults with diabetes will receive a service which encourages partnership in decision-making, supports them in managing their Diabetes and helps them to adopt and maintain a healthy lifestyle. This will be reflected in an agreed and shared Care Plan in an appropriate format and language. Where appropriate, parents and carers should be fully engaged

Standard 4: All adults with diabetes will receive high-quality care throughout their lifetime, including support to optimise the control of their blood glucose, blood pressure and other risk factors for developing the complications of Diabetes

Standard 5: All children and young people with diabetes will receive consistently high-quality care and they, with their families and others involved in their day-to-day care, will be supported to optimise the control of their blood glucose and their physical, psychological, intellectual, educational and social development

Standard 6: All young people with diabetes will experience a smooth transition of care from paediatric diabetes services to adult diabetes services whether hospital or community based, either directly or via a young people's clinic. The transition will be organised in partnership with each individual and at an age appropriate to and agreed with them

Standard 7: The NHS will develop, implement and monitor agreed protocols for rapid and effective treatment of diabetic emergencies by appropriately trained health care professionals. Protocols will include the management of acute complications and procedures to minimise the risk of recurrence

Standard 8: All children, young people and adults with diabetes admitted to hospital, for whatever reason, will receive effective care of their diabetes. Wherever possible, they will continue to be involved in decisions concerning the management of their diabetes

Standard 9: The NHS will develop, implement and monitor policies that seek to empower and support women and pre-existing diabetes and those who develop diabetes during pregnancy to optimise the outcomes of their pregnancy

Standard 10: All young people and adults with diabetes will receive regular surveillance for the long-term complications of diabetes

Standard 11: The NHS will develop, implement and monitor agreed protocols and systems of care to ensure that all people who develop long-term complications of diabetes receive timely, appropriate and effective investigation and treatment to reduce their risk of disability and premature death

Standard 12: All people with diabetes requiring multi-agency support will receive integrated health and social care

Sunderland City Council

Item No.7

HEALTH & WELL-BEING REVIEW COMMITTEE **12TH JULY, 2006**

CONFERENCE FEEDBACK REPORT: AMBEX 2006

LINK TO WORK PROGRAMME: MONITORING & EVALUATION

Report of the City Solicitor

1. Purpose

1.1 To provide the Committee with feedback from the annual conference of the Ambulance Service Association, 'AMBEX 2006'.

2. Background

2.1 At its meeting on 14th June, 2006 the Committee approved attendance by Councillor Stephenson at the annual conference of the ASA. The ASA is the 'voice of public sector ambulance services'. Sunderland acts as 'host' health overview and scrutiny committee for ambulance issues in the Northumberland, Tyne & Wear Strategic Health Authority.

2.2 Following the Department of Health's 'Taking Healthcare to the Patient', the emergency care sector is undergoing fundamental change, including new Ambulance Trust boundaries from 1st July, 2006. The 2006 conference was timed to find out how service and structural developments will effect patients and provide an opportunity to meet key decision-makers including:

- Sir Ian Carruthers, Interim Chief Executive of the NHS
- Lord Warner of Brockley, Minister of State for NHS Reform
- Peter Bradley CBE, National Ambulance Adviser to the Department of Health

2.3 In addition to conference speeches there was also an opportunity to join workshop sessions and Councillor Stephenson chose:

- Technology and Healthcare – the ambulance radio replacement programme
- The National Stroke Strategy

2.4 Whilst attendance at the full three days of the conference and exhibition was not considered necessary, the Friday 30th June session provided a valuable insight into 'where next' for ambulance services.

2.5 In addition to enhancing the Committee's knowledge of key issues, Member attendance and feedback also provides a new way of working that isn't reliant on officer reports and updates at Committee meetings.

3. Recommendation

3.1 That the Review Committee notes feedback from Councillor Stephenson on the 2006 conference of the Association of Ambulance Services.

4. Background Papers

Agenda & Minutes committee meeting 14th June, 2006

Taking Healthcare to the Patient: Transforming NHS Ambulance Services (Department of Health, June 2005)

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City Solicitor

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Addendum

HEALTH & WELL-BEING REVIEW COMMITTEE **12TH JULY, 2006**

CONFERENCE FEEDBACK REPORT: AMBEX 2006

LINK TO WORK PROGRAMME: MONITORING & EVALUATION

Report of the City Solicitor

To receive a written feedback report from Councillor Bill Stephenson who attended the annual conference of the Ambulance Services Association on behalf of the Committee.

Feedback is focuses on three main areas:

1. Technology and Healthcare – the ambulance radio replacement programme
2. National Stroke Strategy
3. Ministerial Address

1. Technology and Healthcare – the ambulance radio replacement programme

Drivers:

VHS spectrum radio band obsolete 2008. O.F.C.O.M. will be withdrawing ambulance bands.

Problems of compatibility and flexibility

Operational problems

Objectives:

Replacement of all radio equipment in England

Bring improvements over existing cover i.e. clarity, capacity, reliability... interoperability.

Ensure operability is not affected and ensure maintenance of duty of care to patients during data transmission.

Comply with Ambulance Review service requirements to improve service

At present there is not a joined-up fit in ambulance service operations due to the limitations of analogue equipment. Intention is to replace the functionality of analogue communication, not simply replace the equipment with digital. This will result in operational changes as well as equipment.

Digital equipment will deliver improved flexibility and resilience of control room functions, together with improved interoperability and increased security through encryption of transmissions.

Radio equipment will be fitted with GPS, including hand portables for paramedics.

The digital equipment will deliver much improved coverage in buildings, enabling control room to track personnel on site and improve communication and transmission of information on scene to control room and interoperable between other emergency services. Radios will be fitted with an emergency button which, when activated, will transmit the position of on site personnel and alert control to need for support. This will operate inside of buildings and enable control room to monitor on site conversations.

Resilience:

Control centres are in geographic locations. 'Dark Site' is an emergency back up system, should one or more Trust control centres become inoperative. Few people (apparently) know where these are located. Currently it takes up to eight hours to activate. Digital equipment will enable more efficient communications with an extra 'umbrella' cover of interlinked control rooms at a network level where other control rooms within a Trust will be able to take over communications for a disabled centre. It will also only need 5 to 10 minutes to activate 'Dark Sites'. Similarly, other control rooms could take over the extra work load should a centre become overwhelmed with call queuing or call blocking.

Base station output is about 1000 times weaker than a mobile phone mast output.

Advantages/Improvements:

* Trend monitoring
* Reduce health inequalities. Underpins health equality audits
* Managing recourses. E.g. access to resource centres i.e. 'as crow flies' as against 'shortest path' .comparisons
* Planning services to assess impact of new proposals against demographics/geographics

There is an increasing demand and a widening role for emergency care with about 1million journeys to A&E

Accenture Emergency Care Solution. (Inclusive in the contract development programme). Will deliver an:

Emergency Transport Patient Care Record.
With:

*Patient care record began at point of care.
*Continuous electronic recording during entire patient journey
*Real time patient information continuously, wirelessly, transmitted between

ambulance and hospital.
* Instant, on demand access to patient care record
* C.A.D interface to other medical devices
* Integrated knowledge and guideline databases.
* Auto data input on scene or on route to receiving unite I.e. hospital - ready for electronic transfer includes all clinical, medical, diagnostic data and 'vulnerable patient' concerns. Receiving faulty can be input in data transfer enabling receiving faulty server to pick up transmission as a report enabling priorities to be identified and arrangements set in motion pre patient arrival.

Patient Benefits
* Integrated clinical information system with seamless patient hand over. (Verbal handover will still be carried out but electronic data will already be available)
* Hospital has details of patient condition pre arrival.
* Treatment, care plans etc can be guided by current best practice and agreed local care pathways.
* There is current and accurate patient care data available.
* Patient care record begins at point of first contact.
* Data is collected in real time.
* Immediate information transfer direct to receiving unit

2. National Stroke Strategy (Prof. Roger Boyle, Director - Heart Disease and Stroke. Dept of Health)

Prof Boyle began by saying that the D of H must "do same for stroke management as did for heart disease". He said there was a need for a comprehensive quality care service, not just centres of excellence and a need to build a consensus and momentum in the development of the national stroke strategy.

Strategy aims:

* Raise public awareness of risk factors and symptoms of stroke / the need for urgent admission to hospital/and improve primary and secondary prevention of risk factors
* Ensure rapid access to high quality and appropriate diagnostic and treatment services to those who suffer TIAs (Transient Ischemic Attack)
* To accelerate emergency response to stroke / improve coordination between different agencies and professionals/Improved access to CT scanning
* Recommend the models of service provision and ways of working in the acute phase of stroke, appropriate to delivering new services
* Improved support in transfer of patients from hospital to home / provision of long tern post stroke support services
* Ensure development of workforce in number and skills to deliver the strategy.

Project Groups:

As a result of the stroke conference in March of 2006 Dept of Health set up 6 expert project groups, including stroke survivors, professionals, and voluntary sector reps including Connect, Different Strokes, and The Stroke Assoc. to develop

recommendations on key areas:

* Public awareness and prevention
* TIA s and minor stroke
* Emergency response
* Workforce
* Hospital stroke care
* Post hospital Stroke care

First meeting took place in May 2006 and next meeting in Sept 2006.

The aim is encapsulated in, fewer strokes, faster treatment, fuller support, higher standards and patient feedback.

He referred to the need to link MHS and Social Care disciplines and the new emergency treatments which have markedly improved recovery from stroke.

However he went onto say that stroke is not treated as an emergency and care is too variable and too little to meet needs. He said 37% of men and 36% of women die from stroke and three times as many women die from stroke than die from breast cancer and an Audit office report shows Britain is lagging behind the rest of the world. On the up side he said that the death rate is falling. There was a target of a 40% reduction of death from stroke by 2010 and this had already been achieved, but there is a lot more to do.

Prof Boyle went on to talk about changing the response of hospitals to stroke, as already stated, at presently a stroke is not treated as an emergency and the ambulance service is front line in this change of attitude. There is a need to get G.Ps not visit the patient but to dial 999 thereby saving up to half an hour and to get the ambulance service to categorise a stroke as an 'A' response and not a 'B'. There is a three hour window of opportunity in stroke cases and a large proportion of strokes are reported in the early a.m. as the victim wakes up, but it is not known just when the attack actually occurred.

Stroke attack patients should be transported straight to the best manner hospital, as occurs with heart attack patients, not simply the nearest hospital.

The Prof wound up by telling us that it is lifestyle changes which are responsible for most of the reduction in stroke attacks, 60% as opposed to 40% reduction due to improved treatment. He made reference to the adverse effects of smoking and a high salt content diet and the positive effects of exercise, 5 a day and regular 'life checks'. His last comment was that there are too many policies which cause confusion and there is a need to streamline service delivery. Which I thought was very none PC of him and immensely encouraging.

3. Ambex 2006. Ministerial Address. Lord Warner

Referred to last year as being 'another record year for the ambulance service', the Minister said he got few complaints about the service from M.Ps. The inference being that they got few from their constituents. He said that fewer patients were

being taken to A&E and more being treated on site or in their homes, or being refereed to more appropriate service providers. He referred to angioplasty and defibrillators but not to strokes, which I found interesting, if not indicative, and, of course, to the Trust mergers consultation.

He said that changes were critical to the long term success of the ambulance services and welcomed the establishment of the new Ambulance Trusts (1st July 2006). He referred to the digital communication contracts and all the improvements that would bring. He mentioned the development of better 'Hot Zone and personal Protection equipment and the increased protection to ambulance crews and other emergency workers which the new offence of 'obstruction of emergency workers' will bring.

Where next?:

Lord Warner said the new ambulance trusts were vital to improved emergency service provision and together with the new digital equipment would be delivering the core business of a high quality 999 service, and maintaining the trust and confidence of the public.

He said the new Trusts and new communication equipment were essential in maintaining performance against earlier 'clock start' - that is the point at which the control room hands the job to an ambulance and is measured against the 'A' or 'B' category response times. He said there would be a further £25m capital to help Trusts achieve improved performance, but he expected performances to be reported transparently and accurately and maintained against the earlier clock start. He referred to new ways of working and taking health care to the patient with services designed around the patients needs. What he called. 'The right response, first time, on time.'

He said more patients were to be treated in the community, with patients being treated in their homes, saving about a million unnecessary journeys to hospital. He referred to the progression and development of workforce skills, clinical focus and 'career pathways', the need for the development of pre hospital care and ambulance Trusts to engage in dialog with other health professionals.
Lord Warner referred to the new Urgent Care Strategy due out later in the year and the need for a simplification and clarity in what service was needed to be accessed by the public. He also made passing reference to the difficulties of ambulance services in rural areas.

To wind up, the Minister returned to his theme of maximising efficient use of recourses, commissioning of services and the efficiencies of better trained staff and better equipment and the integration wit all other NHS service providers.

It seemed the only constant was change, with a bit more money but demands for massive improvements and service delivery.

It's nice to know we are not the only ones suffering in constantly having to update ourselves on a fast moving national agenda.

Councillor Bill Stephenson