

**At a meeting of the HEALTH AND WELL-BEING SCRUTINY COMMITTEE held in the WASHINGTON PRIMARY CARE CENTRE on TUESDAY, 19<sup>TH</sup> JULY, 2011 at 5.30 p.m.**

**Present:-**

Councillor Walker in the Chair

Councillors Fletcher, Francis, Hall, Maddison, F. Miller, Padgett, Snowdon, Shattock and Waller.

**Also in Attendance:-**

Lorraine Arbon	-	Sunderland Council
Karen Brown	-	Sunderland Council
Alan Cormack	-	NHS South of Tyne and Wear
Claire Harrison	-	Sunderland Council
Graham King	-	Sunderland Council
David Noon	-	Sunderland Council
Tony Quinn	-	Northumberland Tyne and Wear NHS Trust
Julie Whitehouse	-	Sunderland Teaching Primary Care Trust

**Apologies for Absence**

Apologies for absence were received on behalf of Councillor N. Wright.

**Minutes of the Last Meeting of the Committee held on 8<sup>th</sup> June, 2011**

1. RESOLVED that the minutes of the meeting of the Committee held on 6<sup>th</sup> April, 2011 be confirmed and signed as a correct record.

**Declarations of Interest**

Councillors Shattock and F. Miller both declared a personal interest in items 4 and 5 on the agenda as the parent of a child with learning disabilities.

## **Sunderland Learning Disabilities Campus Completion**

The Chief Executive submitted a report (copy circulated) which informed Members of the completion of the programme to support people with learning disabilities to move on from NHS Campus accommodation and which provided background information to a presentation on the subject from Alan Cormack, NHS South of Tyne and Wear and Tony Quinn, NTW NHS Foundation Trust.

(For copy report and presentation – see original minutes).

Mr. Cormack and Mr. Quinn having provided the Committee with a detailed presentation on the operation of the programme addressed comments and questions from Members in relation to the following issues:-

- the housing model adopted.
- the sustainability of the day to day support costs.
- care arrangements for people with learning disabilities and Challenging Behaviour.
- the strides made in care improvements from the regimes formerly applied in hospitals such as Prudhoe and Cherry Knowle.
- the key role play by the care staff especially at the transition stage.

Members warmly welcomed the success of the programme. Councillor Snowdon believed the programme had been handled brilliantly and managed extremely sensitively. The Chairman offered his congratulations to Mr. Cormack and Mr. Quinn and asked that the Committee's thanks be relayed to all the staff involved in delivering the programme.

In conclusion, Councillor Shattock asked if a further feedback report could be submitted to the Committee in 12 to 18 months time. Mr. Cormack and Mr. Quinn confirmed that they would be happy to do so.

### **2. RESOLVED that:-**

- (i) the report and presentation be received and noted, and
- (ii) a further feedback report be submitted in 12 to 18 months time.

## **Care Standards Linked to Staffing within Care Homes**

The Executive Director of Health, Housing and Adult Services submitted a report (copy circulated) which informed the Committee of the outcomes of the planned programme of activity undertaken by the Health, Housing and Adult Services, Social Care Governance Team. This included monitoring the quality of services, providing guidance, advice and support in respect of service improvement to providers and reporting back the results of monitoring.

(For copy report – see original minutes).

Councillor Fletcher referred to paragraph 3.10 and expressed concern that very few homes could provide evidence of how they had identified training that was specific to the needs of people living in the home. She also highlighted that only 18 homes included safeguarding training in their inductions and expressed concern that only 42% of homes provide basic level training in dementia.

Councillor Hall noted that the care homes were businesses and that training cost money. She asked did the Council look at how homes managed their training. Ms. Arbon confirmed that this was looked at as part of the assessments undertaken by the Social Care Governance Team. Advice could be given and homes signposted in the right direction. The Tyne and Wear Care Alliance (TWCA) had made resources available to support providers to meet the requirements of the Common Induction Standards, including training, advice, access to support and workshops. A workshop day had been held on 23<sup>rd</sup> June on planning aspects and scenarios for care planning. The session had only just scratched the surface and the intention was to undertake more, either organised by the Council or jointly with the TWCA.

In response to a further enquiry from Councillor Hall, Mr. King advised that the training provided by TWCA was generally done so free of charge through funding secured from European grants. Since its inception the TWCA had secured £10 million in this way enabling at least 75% of care staff to achieve qualifications at NVQ Level 2.

Councillor Snowden referred to paragraph 3.4 which advised that 23 out of 25 providers were using the Common Induction Standards appropriately to support staff. She enquired as to how many care homes were operated by the remaining 2 providers as a percentage of the total number of care homes in the City. Mr. King advised that he did not have that information to hand but would provide a written response.

In addition Councillor Snowden asked how the homes standard was promoted? Ms. Arbon advised that once the ratings were finalised they would be published on the Council's website in a similar fashion to the 'scores on the doors' food safety ratings.

The Chairman expressed concern that despite a requirement that staff receive 6 supervisions per year, to date only 44% of homes were compliant. He believed the consequences of this should be considered during future commissioning rounds. Ms. Arbon confirmed that things had to get better and in fact there had been an improvement from a figure of 28% in 2009. It was a factor that was linked to fee levels. Focused improvement activity was planned in order to improve on the 44% compliance figure.

In response to a further enquiry from the Chairman, Mr. King advised that the Council when commissioning operated with an organisation called Care North East who negotiate prices annually or sometimes over a two year deal. The Local Authority would pay more for a gold standard home so there was an incentive for homes to reach that standard. There was currently about a £40 per week difference between fees for standard and gold homes. Currently only 11 homes had reached the gold standard however many more were now moving up through the rankings.

Work would continue to remove poor providers from the market in a managed fashion.

Councillor Shattock stated she was very interested in Section 4 of the report (Homes for People with Learning Disabilities). In the setting of a residential home you needed to be able to trust staff to look after your loved ones. Care work was generally perceived to be a poorly paid, low status, low value occupation. If the manager of a home was not good enough then the staff were likely to be not good enough. Councillor Shattock expressed concern that whilst a high percentage of homes were able to demonstrate that safeguarding training had been received by staff, only 14 homes could demonstrate that managers had received responsible persons training. Mr. King acknowledged that this could be a problem but by way of reassurance informed Members that in terms of care work it was increasingly being seen as a profession of choice especially following the development of the Pathways to Care scheme.

In response to an enquiry from Councillor Francis, Ms. Arbon confirmed that the effects of staff turnover could be a problem. If the Governance Team became aware of a problem they would raise it and, if appropriate, they could use the safeguarding route. In reality the Council only had a limited control over the business matters of private homes.

The Chairman having asked Mr. King and Ms. Arbon to continue 'Knocking on doors' he thanked them for their report and it was:-

3. RESOLVED that the report be received and noted.

### **Review of Rehabilitation and Early Supported Discharge from Hospital**

The Chief Executive submitted a report (copy circulated) on proposals in relation to the Committee's forthcoming review of Rehabilitation and Early Supported Discharge from Hospital.

(For copy report – see original minutes).

Karen Brown, Scrutiny Officer presented the report which outlined the proposed terms of reference for the review, potential sources of evidence, methods of enquiry together with a proposed timetable and approach to the review.

The Chairman referred to paragraph 8.2 regarding the potential to nominate up to 4 co-opted representatives to sit on the Committee for the period of the review. It was additionally suggested that a representative from a service user group be nominated. Completed nomination forms would be circulated to Members for their approval with a view to seeking Council approval for the co-optee appointments at its September meeting.

4. RESOLVED that the approach and scope of the review be endorsed.

## **Visit to Older People's Day Hospital and Inpatient Facilities**

The Chief Executive submitted a report (copy circulated) on a visit undertaken by Members of the Committee to Grange Day clinic and Wearmouth View hospital on 23<sup>rd</sup> June, 2011.

(For copy report – see original minutes).

Members commented that the visit had been extremely useful. Councillors Francis and Shattock highlighted that it had provided a useful example of what could be achieved with an excellent manager. Councillor Shattock noted that there were no male members of staff and additionally that the high glass roof space tended to amplify noise in the building.

5. RESOLVED that the report be received and noted.

## **Request to Attend Conference**

The Chief Executive submitted a report (copy circulated) which sought approval for the attendance of Members of the Committee at two workshops to be held on 5<sup>th</sup> and 9<sup>th</sup> September in York and Middlesbrough respectively.

(For copy report – see original minutes).

6. RESOLVED that approval be given to Member attendance at the above Conferences and that expressions of interest be forwarded to Karen Brown at the earliest opportunity.

## **Annual Work Programme 2011-12**

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

(For copy report – see original minutes).

Claire Harrison, Scrutiny and Area Support Officer having presented the report, it was:-

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

## **Forward Plan – Key Decisions for the Period 1<sup>st</sup> July, 2011 to 31<sup>st</sup> October, 2011**

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

(For copy report – see original minutes).

Claire Harrison, Scrutiny and Area Support Officer, having presented the report it was:-

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

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

(Signed) P. WALKER,  
Chairman.

**RESPONSE FROM CABINET – 22 JUNE 2011****POLICY REVIEWS –  
MALNUTRITION AND DEHYDRATION IN HOSPITAL, AND  
HEALTH OF THE EX-SERVICE COMMUNITY****JOINT REPORT OF THE EXECUTIVE DIRECTOR OF HEALTH, HOUSING AND ADULT  
SERVICES AND THE PORTFOLIO HOLDER FOR HEALTHY CITY****1. Purpose of the Report**

- 1.1 The purpose of this report is to provide feedback from the Cabinet meeting held on 22 June 2011, which considered the Health and Wellbeing Scrutiny Committee's Policy Review Final Reports into Malnutrition and Dehydration in Hospitals and the regional policy review of the Health of the Ex-Service Community.

**2. Background Information**

- 2.1 On 22 June 2011, Cabinet considered the Final Reports of the Health and Wellbeing Scrutiny Committee into Malnutrition and Dehydration in Hospitals and Health of the Health of the Ex-Service Community. This report provides feedback from the Portfolio Holder following the Cabinet's consideration of the recommendations.
- 2.2 The outcomes of the investigation into Malnutrition and Dehydration in Hospitals conducted by the Health and Wellbeing Scrutiny Committee are the responsibility of City Hospitals Sunderland however; all of the recommendations were endorsed by Cabinet and the report is within the service area covered by the Healthy City Portfolio Holder.
- 2.3 Following on from this report, progress towards completion of the actions will be monitored through an Action Plan, with standardised six monthly monitoring reports to be presented to the Committee.

**3. Response from Cabinet to the Policy Review**

- 3.1 Following consideration of the Final Reports, Cabinet approved the recommendations in their entirety. Details of each recommendation and proposed actions to be taken following approval by Cabinet are provided in the **Appendix A** Malnutrition and Dehydration in Hospitals **Appendix B** Health of the Ex-Service Community.

**4. Recommendations**

- 4.1 That Members note the proposed actions detailed within the Action Plans, appended to this report and seek clarification on its content where felt appropriate.

## **5. Background Papers**

### **5.1 Cabinet Agenda, 22<sup>nd</sup> June 2011**

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## Appendix A

### Health and Wellbeing Scrutiny Committee Malnutrition in Hospitals Policy Review Recommendations 2010/11

Ref	Recommendation	Action	Owner	Due Date	Progress Commentary
1.	The Trust should review roles and responsibilities to enhance patient choice which includes the role for volunteers and the role of the catering department;	Extend Housekeeper Service and present options including cost and benefits to patients  Ward presence by catering manager/supervisors - Ensure a formal schedule of ward visits is established with evidence of feedback from each visit with follow up action plans	City Hospitals Sunderland	August 2011  Completed	
2.	To ensure rigorous monitoring the Board should analyse data on: - The number of patients identified as malnourished or at risk of malnourishment - The compliance rate with MUST - Targets to be set for improvement in compliance with screening - Actioning of MUST scores	Monthly catering reports - Report to Nutritional Steering Group, highlighting follow up actions completed or outstanding	City Hospitals Sunderland	Completed	
3.	To support an approach of consistent best practice, the Trust should consider the use of all available communication tools for the promotion of nutrition for example, newsletters, bulletin boards, and internet to keep this as a priority in the minds of everyone		City Hospitals Sunderland		

	all of the time, similar to the 'Wash Your Hands' campaign;				
4.	The Trust should aim to achieve consistency so that patient choice is delivered with access to a menu, easier access to appropriate versions of the menu, and consistent delivery of alternative menu choices;	Menus displayed at all ward entrances Menus available at all bedsides Menu on 'Hospedia' Meal Ordering Pilot Electronic meal ordering - evaluation of options to be presented to Nutritional Steering Group	City Hospitals Sunderland	Completed Completed July 2011 July 2011 August 2011	
5.	To enhance the eating environment and opportunities for patients to control their enjoyment of a meal, the Trust should consider the use of designated dining areas away from the bed where the physical layout allows this;		City Hospitals Sunderland		

6.	<p>To enhance the quality of food the following options should be consistently applied and communicated to patients:</p> <ul style="list-style-type: none"> <li>- A range of common condiments and sauces should be available either routinely or on request</li> <li>- Portion sizes should be offered to patients in small, medium and large sizes</li> <li>- Milky drinks should be offered to patients in the evenings</li> <li>- Handy snack boxes of pre-packaged fruit, cheese, biscuits should be readily available to patients; and</li> </ul>	<p>New beverage trolley - maximise opportunities to offer increased range of choice of beverages and lite bite items from trolley. Ensure full training and consultation, with established standard operational procedures</p> <p>Food Choices - Develop lite bite offering in line with new beverage trolley</p>	City Hospitals Sunderland	<p>August 2011</p> <p>August 2011</p>	
7.	To further enhance assistance to patients a red tray system should be provided to ensure a link between a patient needing assistance and an uneaten meal left on the plate.		City Hospitals Sunderland		

## Appendix A

### Health and Wellbeing Scrutiny Committee

#### Malnutrition in Hospitals: Policy Review recommendations 10/11

Ref	Recommendation	Action	Owner	Due Date	Progress Commentary
1.	The Trust should review roles and responsibilities to enhance patient choice which includes the role for volunteers and the role of the catering department;	Extend Housekeeper Service and present options including cost and benefits to patients  Ward presence by catering manager/supervisors - Ensure a formal schedule of ward visits is established with evidence of feedback from each visit with follow up action plans	City Hospitals Sunderland	August 2011  Completed	
2.	To ensure rigorous monitoring the Board should analyse data on: - The number of patients identified as malnourished or at risk of malnourishment - The compliance rate with MUST - Targets to be set for improvement in compliance with screening - Actioning of MUST scores	Monthly catering reports - Report to Nutritional Steering Group, highlighting follow up actions completed or outstanding	City Hospitals Sunderland	Completed	
3.	To support an approach of consistent best practice, the Trust should consider the use of all available communication tools for the promotion of nutrition for example, newsletters, bulletin boards, and internet to keep this as a priority in the minds of everyone all of the time, similar to the 'Wash Your Hands' campaign;		City Hospitals Sunderland		

4.	The Trust should aim to achieve consistency so that patient choice is delivered with access to a menu, easier access to appropriate versions of the menu, and consistent delivery of alternative menu choices;	<p>Menus displayed at all ward entrances</p> <p>Menus available at all bedsides</p> <p>Menu on 'Hospedia'</p> <p>Meal Ordering Pilot</p> <p>Electronic meal ordering - evaluation of options to be presented to Nutritional Steering Group</p>	City Hospitals Sunderland	<p>Completed</p> <p>Completed</p> <p>July 2011</p> <p>July 2011</p> <p>August 2011</p>	
5.	To enhance the eating environment and opportunities for patients to control their enjoyment of a meal, the Trust should consider the use of designated dining areas away from the bed where the physical layout allows this;		City Hospitals Sunderland		
6.	<p>To enhance the quality of food the following options should be consistently applied and communicated to patients:</p> <ul style="list-style-type: none"> <li>- A range of common condiments and sauces should be available either routinely or on request</li> <li>- Portion sizes should be offered to patients in small, medium and large sizes</li> <li>- Milky drinks should be offered to patients in the evenings</li> <li>- Handy snack boxes of pre-packaged fruit, cheese, biscuits should be readily available to patients; and</li> </ul>	<p>New beverage trolley - maximise opportunities to offer increased range of choice of beverages and lite bite items from trolley. Ensure full training and consultation, with established standard operational procedures</p> <p>Food Choices - Develop lite bite offering in line with new beverage trolley</p>	City Hospitals Sunderland	<p>August 2011</p> <p>August 2011</p>	

7.	To further enhance assistance to patients a red tray system should be provided to ensure a link between a patient needing assistance and an uneaten meal left on the plate.		City Hospitals Sunderland		
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## NE Regional Scrutiny Review of Health and Well-being needs of ex-service community Implementation Plan

R1	NE LA's consider the costs/benefits/best methods of collecting future information about members of armed forces "soon to leave", their likely destination and the demands this will place on localities.				
	Action:	Lead Responsibility:	Deadline Date:	Notes:	Date Completed:
A	<b>( highlight each action )</b>  Identify a lead authority to progress this recommendation and recommendation 5 and provide guidance to the armed forces on the level and type of information needed by NE local authorities	( Regional issue ) LA Lead to be determined by meeting of NE Chief Executives.	<b>Sept 2011 Progress Update Needed re all recs</b>	<b>( highlight any specific issues which affect progress )</b>	
1	<b>( highlight each step needed to be taken )</b>				
2	This recommendation and recommendation 5 are closely linked and it is considered that councils across the region would require the same type of information from the armed forces. It is proposed that a report be presented to a meeting of NE Chief Executives on the implementation of the recommendations of the regional scrutiny review highlighting issues which would benefit from a regional approach and the identification of a lead authority to progress specific recommendations.				

R2	NE LA services should actively ask the question of those they provide services for " have you served in the UK Armed Forces?"				
	Action:	Lead Responsibility:	Deadline Date:	Notes:	Date Completed:
A	Through Access to Housing Services the question will be asked and included on any new forms.	<b>NE Local Authorities</b>  Peter J Smith, Housing Advice Manager, HHAS	<b>Sept 2011- Progress Update</b>	This has been progressed within the development of the new Sub Regional Choice Based Lettings scheme and the question has been included in the proposed new application form.	<b>December 2011</b>

<b>R3</b>	<b>That all organisations providing ( or potentially providing) services for the ex-service community should encourage veterans to voluntarily identify themselves by asking “ have you served in the UK Armed Forces”</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		NE Strategic Partnerships  Jessica May	Sept 2011- Progress Update		

<b>R4</b>	<b>That HM Government should consider the potential for individual's NHS or National Insurance numbers to be used to identify their veteran status to improve identification of needs and services that might be available. This might be considered alongside the proposal by the Task Force on the military covenant for the creation of Veteran's cards.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		HM Government - MOD and DOH	Sept 2011- Progress Update		

<b>R5</b>	<b>That formal information sharing protocols and arrangements are established between the armed forces and local authorities across the NE to help enable LAs to properly assess/ plan to meet needs of the ex-service community as a specific group</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>	Identify a lead authority to work with the armed forces to progress this recommendation and recommendation 1 and provide guidance to the armed forces on the level and type of information needed by NE local authorities to enable them to better plan to meet the needs of ex-service personnel and their families	( Regional issue )  LA Lead to be determined by meeting of NE Chief Executives.  J Lighten MOD Military / Civil Integration Team	Sept 2011 Progress Update		
<b>1</b>	This recommendation and recommendation 1 are closely linked and it is considered that councils across the region would require the same type				



	of information from the armed forces. It is proposed that a report be presented to a meeting of NE Chief Executives on the implementation of the recommendations of the regional scrutiny review highlighting issues which would benefit from a regional approach and the identification of a lead authority to progress specific recommendations.				
<b>B</b>	<b>Following provision of guidance to armed forces request that armed forces send a proposal for a protocol for consideration</b>				

<b>R6</b>	<b>NE LAs should consider dedicating a chapter in their Joint Strategic Needs Assessments to vulnerable service leavers and their needs and identifying as a target population the ex- service community within their strategic planning processes in relation to social exclusion, anti-poverty, homelessness and offending</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>	Reference will be made in the JSNA to the needs of the ex-service community. This will inform future service provision.	<b>NE Local Authorities</b>  Paul Allen, Intelligence Hub Lead Officer, Office of Chief Executive	<b>September 2011 Progress Update</b>	It is proposed that that the 2011/12 JSNA update will be fundamentally reviewed and this will include work to establish the needs of the ex-service community.	<b>March 2012</b>

<b>R7</b>	<b>NE LAs take research forward as part of the development of JSNAs across the region ( with the North East Public Health observatory considering what data and research support it can provide)</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>	<b>Peter Kelly, Acting Regional Director of Public Health requested to allocate a lead or pick this up via the SHA - and ensure discussions with DPH across the patch, armed forces, MOD and ex-service charities to identify potential priority areas for research.</b>	<b>NE Local Authorities / Acting Regional Director of Public Health</b>  ( Regional issue)	<b>Sept 2011 Progress Update</b>		
<b>1</b>					

<b>R8</b>	<b>NE LAs request the National Housing Federation North to carry out a mapping exercise to quantify current provision of ex-service community housing provided by their members and analyse best practice both nationally and within the NE.</b>				
	<b>Action:</b>	<b>Lead</b>	<b>Deadline</b>	<b>Notes:</b>	<b>Date</b>

		<b>Responsibility:</b>	<b>Date:</b>		<b>Completed:</b>
<b>A</b>	<b>Identify a lead authority to work with National Housing Federation North</b>	<b>Monica Burns - National Housing Federation North</b>  <b>( Regional Issue)</b> <b>LA Lead to be determined by meeting of NE Chief Executives.</b>	<b>Sept 2011 Progress Update</b>		
<b>1</b>	It is proposed that a report be presented to a meeting of NE Chief Executives on the implementation of the recommendations of the regional scrutiny review highlighting issues which would benefit from a regional approach and the identification of a lead authority to progress specific recommendations				

<b>R9</b>	<b>That the National Housing Federation North works closely with NE local authorities to help plan future provision ( including the ex-service community)</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>	<b>Identify a lead authority to work with National Housing Federation North</b>	<b>Monica Burns - National Housing Federation</b> <b>( Regional Issue)</b> <b>LA Lead to be determined by meeting of NE Chief Executives</b>	<b>Sept 2011 Progress Update</b>		
<b>1</b>	It is proposed that a report be presented to a meeting of NE Chief Executives on the implementation of the recommendations of the regional scrutiny review highlighting issues which would benefit from a regional approach and the identification of a lead authority to progress specific recommendations				

<b>R10</b>	<b>That the armed forces and the Career Transition Partnership work more closely with local authorities across the region and provide them with an assessment of the likely level of demand and need for employment and skills related services in order to inform future economic and financial strategies and future provision.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>

A		<p><b>J Lighten - MOD Military/Civil Integration Project / Heather Nicholson - Career Transition Partnership</b></p>	<p><b>Sept 2011 Progress Update</b></p>	<p><b>Update: 25/08/11 KA</b> Very briefly and in summary, the Job Linkage service began in 1996, as a partnership between Sunderland Council and a number of our voluntary sector organisations, with the aim to try and tackle high levels of unemployment within the City. Today, it is delivered across the City by Sunderland North Community Business Centre (SNCBC) and operates out of 13 neighbourhood-based venues based within our communities of greatest need/deprivation. Participation is entirely voluntary and staff are able to support all residents who are out of work, to help remove barriers to work and move people closer to or into suitable sustainable employment. The service has been funded from various strategic sources, such as Neighbourhood Renewal Funding and Working Neighbourhoods Funding in the past and more recently, by Coalfields Regeneration Funding in the ex-Coalfield areas of Hetton and Houghton, along with successfully securing sub-contracts to deliver the Work Programme at a neighbourhood level.</p> <p>The service has Matrix accreditation (the quality standard for delivery of information, advice and guidance to adults) and staff are experienced guidance officers qualified to at least NVQ level 3 in Advice &amp; Guidance. In recent</p>	
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				<p>years, priority has been given to the 'hardest to help' client groups and support is consequently provided on a one-to-one basis, tailored to the individual needs of the client. Action plans are produced and progress is reviewed to ensure goals are achieved. At relevant points, referrals are made to specialist agencies (for example to give advice/support on debt or housing issues, or on substance mis-use problems). Ongoing support is given from the point of job entry, up to 26 weeks, to ensure clients settle into their new jobs and continue to develop within their role.</p> <p>Table provided by KA which summarises the numbers of clients who have been supported by Job Linkage, who were ex-service personnel</p>	
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<b>R11</b>	<b>That prison and probation services be encouraged to undertake more detailed work on the needs and nature of offending veterans</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		<b>National Offender Management Services (NOMS)</b>	<b>Sept 2011 Progress Update</b>		

<b>R12</b>	<b>That prison and probation services should consider how to make available more “signposting” to veterans charities of offenders subject to short sentences</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>

A		National Offender Management Services (NOMS)	Sept 2011 Progress Update		
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R13	That prisons, probation trusts and other partners in the statutory and voluntary sectors promote the sharing of best practice and information ( data and needs analysis )				
	Action:	Lead Responsibility:	Deadline Date:	Notes:	Date Completed:
A		National Offender Management Services NOMS	Sept 2011 Progress Update		

R14	As some sections of ex-service community are vulnerable and hard to reach NE LAs work with third sector bodies which provide an outreach service (such as ex-service charities and Norcare) to raise awareness and improve access to available support mechanisms				
	Action:	Lead Responsibility:	Deadline Date:	Notes:	Date Completed:
A	Work will be carried out with all Registered Providers and supported housing providers to ensure that outreach services are coordinated and that the identified needs of ex-service personnel are met.	NE Local Authorities  Graham Burt, Strategy Development Manager, City Services  Phil Hounsell, Service Development Manager HHAS,  Ann Dingwall, Commissioning Manager, HHAS	Sept 2011 Progress Update	Update 25/08/11 PH: It is expected that the self directed support approach and focus within our personalised service to be pro active in supporting the veteran community.	

R15	That all agencies should make use of and promote local directories of services provided by the voluntary and community sector and statutory provision for those seeking help and for those making referrals (e.g. web based directory provided by Veterans NE and Finchale College, Durham)				
	Action:	Lead Responsibility:	Deadline Date:	Notes:	Date Completed:

A	Interest, thematic hobby, signposting portal	<b>NE LAs and NE Strategic Partnerships</b>	Sept 2011 Progress Update		
	CSN, Enhanced Housing Options Community Help Booklet Community Opportunities Resource Agency	Graham Burt, Strategy Development Manager, City Services  Debbie Ross, e-Neighbourhood Programme Manager, ICT			

R16 That NE LAs examine opportunities for using digital media to improve communication with the ex-service community and raise awareness of available support mechanisms					
	Action:	Lead Responsibility:	Deadline Date:	Notes:	Date Completed:
A	E-champions signposting to ICT in community venues etc. Equip individuals through transitional period via equipment, additional support, training etc. Not everyone is ICT literate (link to Rec 15)	<b>NE Local Authorities</b>  Debbie Ross, e-Neighbourhood Programme Manager, ICT, Chief Executives	Sept 2011 Progress Update		

R17 That the National Housing Federation North is requested on behalf of NE LAs to carry out work with Registered Social Landlords to raise awareness of the housing needs of the ex-service community.					
	Action:	Lead Responsibility:	Deadline Date:	Notes:	Date Completed:
A	Identify a lead authority to work with National Housing Federation North	<b>Monica Burns - National Housing Federation North</b>  ( Regional Issue) LA Lead to be determined by meeting of NE Chief Executives	Sept 2011 Progress Update		
1	It is proposed that a report be presented to a meeting of NE Chief				20 May 2011

	Executives on the implementation of the recommendations of the regional scrutiny review highlighting issues which would benefit from a regional approach and the identification of a lead authority to progress specific recommendations				
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<b>R18</b>	<b>That an awareness raising campaign is carried out amongst staff throughout the Tyne and Wear and Tees Valley Unlimited City Regions regarding the importance of asking whether individuals are ex-service to ensure that they can be appropriately referred on to Job Centre Plus and receive their entitlement to early access to New Deal Programmes</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		<b>City Region Directors</b>	<b>Sept 2011 Progress Update</b>		

<b>R19</b>	<b>PCTs should begin conversations now with the embryonic GP Commissioning Consortia regarding the merits of commissioning for ex-service community. PCTs and Consortia should report back to members how the needs of the ex-service community are going to influence commissioning strategy during the transitional period and when Consortia have formally taken control of commissioning budgets.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		<b>NE PCT Directors of Commissioning</b>	<b>Sept 2011 Progress Update</b>		

<b>R20</b>	<p>That local authorities and other key partner organisations across the region should consider identifying a senior figure who can act as a champion for the ex-service community and establishing a central point of contact in each local authority area or sub - region to assist when members of the community experience difficulties. Examples of possible approaches include:</p> <p>i) Within local authorities, a Member Armed Forces Champion to drive improvements in services for service veterans.</p> <p>ii) Within local authorities, a named senior officer to assist the ex-service community and act as a facilitator and conduit in dealings with Councils and beyond.</p> <p>iii) Within Primary Care Trusts, named senior staff to act as Case officers/co-coordinators in PCTs to act on behalf of the ex-service community whilst assistance is required, and to consider how best to pass these responsibilities forward to GP consortia and local Health and Wellbeing Boards.</p>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>

<b>A</b>	<p>Co-ordinator role required to pull all strategic direction and actions together in one place.</p> <p>Need to be clear about what is required.</p> <p>Potential to have 12 co-ordinators across the region.</p> <p>Need to consider longevity of co-ordinator role.</p>	<p><b>Alan Caddick HHAS</b>  <b>Head of</b>  <b>Housing/Cllr</b>  <b>Hall/SWITCH/GP</b>  <b>Consortia</b></p>	<p><b>Sept 2011</b>  <b>Progress</b>  <b>Update</b></p>		
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<b>R21</b>	<b>That the Association of North East Councils should be asked to explore with the NHS, the armed forces and other partners across the region how stronger networking within and between existing groups may be taken forward. This should include joined up planning and performance monitoring.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		<b>ANEC</b>	<b>Sept 2011</b> <b>Progress</b> <b>Update</b>		
<b>1</b>					

<b>R22</b>	<b>That LAs should consider how to bring together voluntary organisations large and small with a specific interest in the welfare of the ex-service community in light of the Government's response to the task force on the Military Covenant.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>	<p>Area VCS Network at local level (1 in each of the 5 areas of the City)</p> <p>Whole family approach</p>	<p><b>NE Local Authorities</b></p> <p>Graham Burt, Strategy Development Manager, City Services</p>	<p><b>Sept 2011</b>  <b>Progress</b>  <b>Update</b></p>		
<b>1</b>					



R23 NE LAs strongly recommended to explore options for establishing and publicising a central point of contact telephone number -to increase the chances of people getting the help they need and to provide a consistent standard across the region. (Model adopted by Hampshire County Council, in which telephone enquiries are channelled to a specific staff member is particularly worth consideration).					
	Action:	Lead Responsibility:	Deadline Date:	Notes:	Date Completed:
A	The Council in the development of its refreshed Customer Access Strategy will consider the access needs of the ex-service community and respond accordingly in terms of its delivery plans.	NE Local Authorities  Liz St Louis, Head of Customer Service & Development, City Services	Sept 2011 Progress Update	Developed from learning outcomes from this action plan  CORA approach  Debbie Ross highlighted a documentary where a co-coordinator/trusted link between all services and individuals was highly successful  <b>Update 25/08/11 LStL</b> An extensive programme of consultation is underway to inform the Customer Access Strategy and a final version will be available by the end of Nov 2011.	
1					

<b>R24</b>	<b>That the Homes and Communities Agency is requested on behalf of local authorities across the region to consider how it may broker assistance and ensure better co-ordination of work across the region to ensure services are being directed at the right people, including the ex-service community and how it might assist with sharing examples of best practice as part of its enabling role and within the local investment planning process undertaken with local authorities</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>	<b>Identify a lead authority to work with Homes and Communities Agency.</b>	<b>Anne Mulroy- South of Region Lead - Homes and Communities Agency</b>  <b>( Regional Issue) LA Lead to be determined by meeting of NE Chief Executives</b>	<b>Sept 2011 Progress Update</b>		
<b>1</b>	It is proposed that a report be presented to a meeting of NE Chief Executives on the implementation of the recommendations of the regional scrutiny review highlighting issues which would benefit from a regional approach and the identification of a lead authority to progress specific recommendations				

<b>R25</b>	<b>That the positive work being taken forward by Job Centre Plus in the Tees Valley is shared with Armed Forces Champions across the rest of the region with a view to ensuring a consistent approach in supporting the training and employment needs of the ex-service community</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		<b>Christina Blaney - Tees Valley Armed Forces Champion - Job Centre Plus</b>	<b>Sept 2011 Progress Update</b>		
<b>1</b>					

<b>R26</b>	<b>NE LAs should consider developing a regional veterans charter to establish uniform good practice across the region, possibly through existing regional structures such as the Association of North East Councils ( ANEC )</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>	Joint Committee seek views from all twelve NE LAs on whether they are supportive of ANEC progressing the development of a draft Regional Protocol	NE Local Authorities ( Regional Issue)		Initial discussions held with ANEC around the possibility of developing a Regional Veterans Charter. ANEC have responded positively and indicated that they would be able to develop a charter for consideration should NE local authorities wish to pursue this approach	
<b>1</b>	.				

<b>R27</b>	<b>That the Career Transition Partnership continues to work with Local Authorities and Primary Care Trusts( and successor bodies as PCTs are abolished) to ensure that the Transition Protocol is understood and that specific individuals are mandated appropriately to take on these roles.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		Heather Nicholson - Career Transition Partnership			
<b>1</b>					

<b>R28</b>	<b>That local NHS organisations work with military colleagues to ensure that people leaving the services are registered with GP's and dentists before formal discharge, so they have a “ foot in both camps” towards the end of their active service. This would ensure a smoother transition to civilian health services.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		SHA			
<b>1</b>					

<b>R29</b>	<b>That the armed forces and the Career Transition Partnership work more closely with local authorities and third sector organisations such as ex-service charities, Norcare and Mental Health North East with a view to developing a formal process for referring vulnerable service leavers into specific services.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		Heather Nicholson - Career Transition Partnership / J Lighten MOD Military / Civil Integration Project			
<b>1</b>					

<b>R30</b>	<b>That action is taken by the armed forces on discharge to ensure that Early Service Leavers are provided with effective advice and “signposting” in relation to the mental health issues they may experience on discharge from the service.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		J Lighten MOD Military / Civil Integration Project / Heather Nicholson - Career Transition Partnership			
<b>1</b>					

<b>R31</b>	<b>The effectiveness of improvements to the armed forces resettlement provision for early service leavers should be kept under review by the armed forces to ensure there is effective identification of potential vulnerability issues.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		J Lighten MOD Military / Civil Integration Project / Heather Nicholson - Career Transition Partnership			
<b>1</b>					

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<b>R32</b>	<b>That LAs should encourage Strategic Housing Authorities and registered social landlords , where possible, to adopt allocation policies which recognise the needs of the ex-service community</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>	<b>Identify a lead authority to work with Strategic Housing Authorities and registered social landlords</b>	<b>NE Local Authorities  ( Regional Issue) LA Lead to be determined by meeting of NE Chief Executives</b>			
<b>1</b>	It is proposed that a report be presented to a meeting of NE Chief Executives on the implementation of the recommendations of the regional scrutiny review highlighting issues which would benefit from a regional approach and the identification of a lead authority to progress specific recommendations				
<b>C</b>					

<b>R33</b>	<b>That the Homes and Communities Agency is requested to examine on behalf of LAs across the region identifying take up of low-cost housing products by the ex-service community and whether providers are assisting the ex-service community as well as other parts of the community.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>

<b>A</b>	<b>Identify a lead authority to work with Homes and Communities Agency</b>	<b>Anne Mulroy - South of Region Lead - Homes and Communities Agency (Regional Issue) LA Lead to be determined by meeting of NE Chief Executives</b>			
<b>1</b>	It is proposed that a report be presented to a meeting of NE Chief Executives on the implementation of the recommendations of the regional scrutiny review highlighting issues which would benefit from a regional approach and the identification of a lead authority to progress specific recommendations				

<b>R34</b>	<b>That the Homes and Communities Agency is requested to examine opportunities for the ex-service community within any revised funding arrangements as an outcome of the comprehensive spending review.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>	<b>Identify a lead authority to work with Homes and Communities Agency</b>	<b>Anne Mulroy - South of Region Lead - Homes and Communities Agency (Regional Issue) LA Lead to be determined by meeting of NE Chief Executives</b>			
<b>1</b>	It is proposed that a report be presented to a meeting of NE Chief Executives on the implementation of the recommendations of the regional scrutiny review highlighting issues which would benefit from a regional approach and the identification of a lead authority to progress specific recommendations				

<b>R35</b>	<b>That local authorities across the region examine the scope to provide housing related support for ex- service tenants once a property has been identified.</b>				
	<b>Action:</b>	<b>Lead</b>	<b>Deadline</b>	<b>Notes:</b>	<b>Date</b>

		<b>Responsibility:</b>	<b>Date:</b>		<b>Completed:</b>
<b>A</b>	Commissioning intentions for housing related support Stepping stone approach to providing personalised approach Community in-reach model/CORA model approach	<b>NE Local Authorities</b> Ann Dingwall, Commissioning Manager, HHAS	<b>Sept 2011 Progress Update</b>		
<b>1</b>					

<b>R36</b>	<b>That the new Health and Well-being Boards prioritise veterans' mental health issues, taking a lead in ensuring that on day 1 of discharge into civilian life that services are in place to meet the needs of the ex-service community in relation to both NHS and social care provision.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>	NB Jt Cttee recommendation may need to be reviewed in the light of changes to national policy - serious mental health issues may no longer go through Health and Well-Being Boards and may instead go through National Commissioning Board.	<b>NE Local Authorities</b>	<b>Sept 2011- Progress Update</b>		
<b>1</b>					

<b>R37</b>	<b>That appropriate training is provided and required by commissioners of NHS services and guidance is developed specifically for primary care providers and GPs on the lines set out on page 10 of the joint committee report.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		<b>SHA</b>	<b>Sept 2011- Progress Update</b>		
<b>1</b>					

<b>R38</b>	<b>Joint Strategic Needs Assessments should specifically identify the mental health needs of the ex-service community including families and dependants.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>	It is proposed that that the 2011/12 JSNA update will be fundamentally reviewed and this will be included. It will also be addressed in the Mental Health Needs Assessment.	<b>NE Local Authorities</b>  Paul Allen, Intelligence Hub Lead Officer, Office of Chief Executive	<b>Sept 2011- Progress Update</b>	Better understanding of needs and services e.g. housing, drug and alcohol dependency, post-traumatic stress disorder, mental health, money, etc.	
<b>1</b>					

<b>R39</b>	<b>NHS Commissioners must ensure that GP consortia arrangements prioritise the needs of the ex-service community.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		<b>NE PCT Directors of Commissioning</b>	<b>Sept 2011- Progress Update</b>		
<b>1</b>					

<b>R40</b>	<b>Local authorities and GP consortia should be actively engaged in joint planning and commissioning of services with the NHS</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>



A	<p>Raise awareness of Jt Cttee report and recommendations with NHS Directors of Commissioning across the NE</p> <p>Ensure issue is taken forward as part of the establishment of Health and Well-Being Boards</p>	<p><b>NE Local Authorities and PCT Directors of Commissioning (NE region)</b></p> <p>Paul Allen, Intelligence Hub Lead Officer, Office of Chief Executive</p>	Sept 2011-Progress Update		
1					

R41	Local Authorities should be actively engaged in the NHS Armed Forces Network and consider how they can take on a leadership role in relation to veterans mental health issues - perhaps linked to the formation of the new Health and Wellbeing Boards				
	Action:	Lead Responsibility:	Deadline Date:	Notes:	Date Completed:
A		SHA	Sept 2011-Progress Update		
1					

R42	Consideration should be given by Central Government to the need for some form of accreditation to be available to ex-service charities and Local Authorities should consider drawing up approved list of service providers				
	Action:	Lead Responsibility:	Deadline Date:	Notes:	Date Completed:
A		HM Government - MOD	Sept 2011-Progress Update		
1					

<b>R43</b>	<b>That voluntary organisations and the NHS promote self referral routes for ex-service personnel in a wide range of different ways that will help maximise their opportunity to access services.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		<b>Confederation of British Service and Ex-Service Organisations / SHA</b>	<b>Sept 2011-Progress Update</b>		
<b>1</b>					

<b>R44</b>	<b>That primary care and acute trusts should take steps to improve awareness of veteran's mental health issues among health workers generally, including appropriate training and supervision.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
<b>A</b>		<b>SHA</b>	<b>Sept 2011-Progress Update</b>		
<b>1</b>					

<b>R45</b>	<b>The Tees, Esk and Wear Valleys NHS Foundation Trust and the DOH should share widely the learning from the evaluation of the Community Veteran Mental Health pilot and particularly with commissioners, providers and the North East Mental Health Development Unit. Learning from the pilot must help to shape future statutory provision and the linkages with, and support for, the voluntary sector in the context of the Increasing Access to Psychological Therapies programme.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>

A		SHA	Sept 2011- Progress Update		
1					

<b>R46</b>	<b>Trusts should provide better basic information to veterans with clear diagnoses of Post Traumatic Stress Disorder about their condition.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
A		PCT Directors of Commissioning	Sept 2011- Progress Update		
1					

<b>R47</b>	<b>Prison Health Services need to identify veterans and evaluate needs with a particular focus on mental health and PTSD.</b>				
	<b>Action:</b>	<b>Lead Responsibility:</b>	<b>Deadline Date:</b>	<b>Notes:</b>	<b>Date Completed:</b>
A		National Offender Management Services NOMS	Sept 2011- Progress Update		
1					

## Joblinkage Ex- Armed Forces Interventions

Criteria - All programmes : All clients engaged including shares

Area	Ward	All Engaged	All Engaged into work	Engaged from 01/04/09- WNF	Engaged from 01/04/09 into Work	Currently Active
CITY	COFD	55	3	50	3	22
	EAST	47	1	33	0	9
	NORTH	50	2	47	2	12
	WASH	30	1	28	0	6
	WEST	39	1	28	0	10
	<b>Total</b>	<b>221</b>	<b>8</b>	<b>186</b>	<b>5</b>	<b>59</b>
COFD	Copt Hill	9	0	7	0	1
	Hetton	18	1	18	1	9
	Houghton	14	1	13	1	9
	Shiney Row	14	1	12	1	3
	<b>Total</b>	<b>55</b>	<b>3</b>	<b>50</b>	<b>3</b>	<b>22</b>
East	Doxford	4	0	2	0	1
	Hendon	31	1	23	0	4
	Millfield	3	0	2	0	1
	Ryhope	5	0	4	0	2
	St Micheal's	4	0	2	0	1
	<b>Total</b>	<b>47</b>	<b>1</b>	<b>33</b>	<b>0</b>	<b>9</b>
North	Castle	14	1	13	1	3
	Fulwell	2	0	2	0	0
	Redhill	17	1	17	1	5
	Southwick	10	0	8	0	2
	St Peter's	7	0	7	0	2
	<b>Total</b>	<b>50</b>	<b>2</b>	<b>47</b>	<b>2</b>	<b>12</b>
Washington	Central	5	1	4	0	2
	East	2	0	2	0	0
	North	10	0	9	0	3
	South	10	0	10	0	1
	West	3	0	3	0	0
	<b>Total</b>	<b>30</b>	<b>1</b>	<b>28</b>	<b>0</b>	<b>6</b>
West	Barnes	5	1	3	0	2
	Pallion	2	0	2	0	0
	Sandhill	11	0	9	0	2
	Silksworth	11	0	5	0	3
	St Annes	4	0	3	0	0
	St Chad's	6	0	6	0	3
	<b>Total</b>	<b>39</b>	<b>1</b>	<b>28</b>	<b>0</b>	<b>10</b>

# HEALTH AND WELLBEING SCRUTINY COMMITTEE

6 SEPTEMBER 2011

## POLICY REVIEW – MONITORING OF RECOMMENDATIONS

### REPORT OF THE CHIEF EXECUTIVE

#### 1. Purpose of the Report





- 1.1 The purpose of this report is to provide the Health and Wellbeing Scrutiny Committee with progress in relation to the Home Care Provision, Dementia Care and Health Inequalities Policy Review recommendations.

#### 2. Background

- 2.1 Following Cabinet consideration of recommendations from the Home Care Provision, Dementia Care and Tackling Health Inequalities Policy Reviews the Committee agreed that progress towards completion of the actions would be monitored through the Action Plan, with standardised six monthly monitoring reports to be presented to the Committee.

#### 3. Current Position

- 3.1 The actions agreed as part of the Committees Policy Reviews will deliver a range of improvement activity. A full overview of progress is attached as appendix A. The table below provides a summary of the number of policy review actions that have been achieved, are on schedule to be achieved, are not now deliverable, or are not on schedule to be achieved.

Policy Review	Rag Key			
	 <b>Green</b> (achieved)	 <b>Blue</b> (not deliverable)	 <b>Amber</b> (On schedule)	 <b>Red</b> (Not on schedule)
Home Care Provision	11 (100%)			
Dementia Care	23 (100%)			
Tackling Health Inequalities	28 (61%)		17 (37%)	1 (2%)

#### **4. Recommendations**

- 4.1 That Members note the progress towards completion of the actions detailed within the Action Plan appended to this report (**Appendix A**) and seek clarification on its content where felt appropriate.

#### **5. Background Papers**

- 5.1 Health and Wellbeing Scrutiny Committee City Scrutiny Committee-Home Care Policy Review 2007/08
- 5.2 Health and Wellbeing Scrutiny Committee- Dementia Care Policy Review 2008/09
- 5.3 Health and Wellbeing Scrutiny Committee-Tackling Health Inequalities Policy Review 2009/10
- 

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## Home Care Provision Policy Review Recommendations

Summary Review Progress					
					Total
0	0	0	11		11
Recommendation and Action	Owner	Due Date	RAG	Commentary	
RECOMMENDATION 1 To ensure through the commissioning process that home care providers have the organisational structures in place to deliver the agreed care to service users on an operational level.	Lowes, Sharon	31/08/2010			
1.1 To ensure through the commissioning process that home care providers have the organisational structures in place to deliver the agreed care to service users on an operational level.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured that the successful contracted home care providers have organisational structures in place, as a set of organisational quality standards was included in the contractual arrangements that formed the care and support tender process. Recommendation: Close	
RECOMMENDATION 2 To ensure that through the commissioning process home care providers have the organisational capacity and resources in place to meet the service requirements of additional home care packages.	Lowes, Sharon	31/08/2010			
2.1 To ensure that through the commissioning process home care providers have the organisational capacity and resources in place to meet the service requirements of additional home care packages.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that the successful contracted home care providers have the organisational capacity and resources in place to meet the service requirements of additional home care packages. Recommendation: CLOSE	
RECOMMENDATION 3 To ensure that all home care organisations provide zonal working arrangements for employees through coordinated and realistic work rotas.	Lowes, Sharon	31/08/2010			
3.1 To ensure that all home care organisations provide zonal working arrangements for employees through coordinated and realistic work rotas.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that all home care organisations provide zonal working arrangements for employees through coordinated and realistic work rotas. Recommendation: CLOSE	
RECOMMENDATION 4 To continue to investigate and develop more robust monitoring systems for home care providers across the city, including the use of new technologies and spot checks.	Lowes, Sharon	31/08/2010			
4.1 To continue to investigate and develop more robust monitoring systems for home care providers across the city, including the use of new technologies and spot checks.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that home care providers have in place mechanisms to monitor their own internal structures, staff and service delivery. Recommendation: CLOSE	
RECOMMENDATION 5 To look at the development of an annual survey for home care staff, service users and managers to provide a more comprehensive picture of service provision from a variety of stakeholder views.	Lowes, Sharon	31/08/2010			
5.1 To look at the development of an annual survey for home care staff, service users and managers to provide a more comprehensive picture of service provision from a variety of stakeholder views.	Lowes, Sharon	31/08/2010	★	Recommendation: CLOSE	

Recommendation and Action	Owner	Due Date	RAG	Commentary
RECOMMENDATION 6 To investigate the potential of a standardised minimum training programme for all home care staff across all local agencies with the intention that all home care workers are encouraged to enrol on NVQ level 2.	Lowes, Sharon	31/08/2010		
6.1 To investigate the potential of a standardised minimum training programme for all home care staff across all local agencies with the intention that all home care workers are encouraged to enrol on NVQ level 2.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender that home care providers have in place robust training and staff development programmes for their workforce. Recommendation: CLOSE
RECOMMENDATION 7 To improve the health and safety of care workers and ultimately service provision to service users by home care providers investing in the use of mobile phones and other technology.	Lowes, Sharon	31/08/2010		
7.1 To improve the health and safety of care workers and ultimately service provision to service users by home care providers investing in the use of mobile phones and other technology.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that the successful home care providers will utilise an electronic care monitoring system that will promote the health and safety for both the care agency and the Council. Recommendation: CLOSE
RECOMMENDATION 8 To investigate home care organisations reimbursing any fees incurred by newly recruited employees from CRB checks once they have completed an agreed term of employment.	Lowes, Sharon	31/08/2010		
8.1 To investigate home care organisations reimbursing any fees incurred by newly recruited employees from CRB checks once they have completed an agreed term of employment.	Lowes, Sharon	31/08/2010	★	CLOSED
RECOMMENDATION 9 To ensure that the induction procedures of home care organisations provide new employees with the training, initial and ongoing supervision required to perform the duties of their role.	Lowes, Sharon	31/08/2010		
9.1 To ensure that the induction procedures of home care organisations provide new employees with the training, initial and ongoing supervision required to perform the duties of their role.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that successful home care providers have in place robust recruitment, selection and induction policies, procedures and processes. Recommendation: CLOSE
RECOMMENDATION 10 To evaluate the quality of Home Care Plans and look to ensure that the plans have detailed outcomes for services users and carers and also ensure, where practicable, that the plans are easily accessible or in a pre-determined location for the home care worker.	Lowes, Sharon	31/08/2010		
10.1 To evaluate the quality of Home Care Plans and look to ensure that the plans have detailed outcomes for services users and carers and also ensure, where practicable, that the plans are easily accessible or in a pre-determined location for the home care worker.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that successful home care providers have in place robust recruitment, selection and induction policies, procedures and processes. Recommendation: CLOSE
RECOMMENDATION 11 To ensure that supervisors and contact staff of home care organisations are also fully trained to deal with emergency situations that may occur.	Lowes, Sharon	31/08/2010		
11.1 To ensure that supervisors and contact staff of home care organisations are also fully trained to deal with emergency situations that may occur.	Lowes, Sharon	31/08/2010	★	The commissioning process has ensured via the care and support tender process that the successful providers have a training programme in place for staff which is inclusive of working in an emergency situation. Recommendation: CLOSE



## Dementia Care Policy Review Recommendations

Summary Review Progress				
				Total
0	0	0	23	23
Recommendation and Action	Responsible Officer	Deadline	RAG	Progress
RECOMMENDATION 1 To clarify the prevalence and incidence of dementia in Sunderland by initially utilising information that has already been collated by the PCT and Local Authority. This will also provide a means of examining the levels of under diagnosis of dementia, which currently exist in Sunderland.	Lowes, Sharon	31/12/2009		
1.1 Initiate work with the needs analysis group to clarify incidence of dementia	Lowes, Sharon	31/12/2009	★	Closed.
RECOMMENDATION 2 To undertake the development of a Reducing Stigma Campaign that includes a focus on the positive experiences of people with dementia.	Lowes, Sharon	31/12/2009		
2.1 Work with equivalent groups in relation to information requirements	Lowes, Sharon	31/12/2009	★	The OPMHSG will continue to improve public awareness of dementia to reduce stigma and help the city's professionals identify those with cognitive impairment earlier. The PCT will provide a Memory Protection Service (MPS) from 2012 to better support and signpost people to services to help them live with their condition. The MPS will work with GP practices to improve early diagnosis. Recommendation: Close
2.2 Identify monies to fund campaigns	Lowes, Sharon	31/12/2009	★	Finances will continuously be reviewed and sourced. Recommendation: Close

Recommendation and Action	Responsible Officer	Deadline	RAG	Progress
RECOMMENDATION 3 To develop and promote a Raising Awareness Campaign that provides a coordinated approach involving all the major stakeholders.	Lowes, Sharon	not set		
3.1 Work with equivalent groups in relation to information requirements	Lowes, Sharon	31/12/2009	★	First level resources for awareness raising have been identified. The e-learning package for this training will be developed. For those staff working directly with service users or who need a higher level training, we are still awaiting completion of the training plans so that we have the numbers and target audience and then we will look to commission / develop training appropriate to those staff groups. Recommendation: Close
3.2 Identify monies to fund campaigns	Lowes, Sharon	31/12/2009	★	Finances will continuously be reviewed and sourced. Recommendation: Close
RECOMMENDATION 4 That Sunderland City Council, if the opportunity arises, should apply to be a demonstrator site for the Dementia Advisor role as outlined in the National Dementia Strategy.	Lowes, Sharon	30/04/2010		
4.1 Apply for Dementia Advisor Role demonstrator site	Lowes, Sharon	30/04/2010	★	The Memory Protection Service tender process has been finalised and was awarded to Northumberland Tyne & Wear (NTW). The service will be provided from April 2012. Recommendation: Close
RECOMMENDATION 5 To review the current Public Health Strategy in order that messages within the strategy focusing on healthy lifestyles include links to the prevention of vascular dementia.	Lowes, Sharon	30/09/2009		
5.1 Engage with the PCT	Lowes, Sharon	30/09/2009	★	Closed.
RECOMMENDATION 6 To develop a coordinated stakeholder service directory that is available to the general public that provides advice and information on dementia services through information that is already held on the Starting Point Database which, is currently in use in the city. . This process would allow for the review of the existing information that is available, taking into consideration the quality and accessibility of support throughout an individual's journey.	Lowes, Sharon	30/04/2010		
6.1 Undertake a review of information that is in use across the city	Lowes, Sharon	30/04/2010	★	Washington Mind will be responsible for the development of a service directory from October 2011 that will link into the Memory Protection Service assessment. Recommendation: Close
RECOMMENDATION 7 To review the current pathway of care identifying where changes need to be made in order that an early diagnosis and intervention can become a reality, including the referral into the pathway.	Lowes, Sharon	31/12/2009		
7.1 Audit against NDS Objectives	Lowes, Sharon	31/12/2009	★	Recommendation: Close
7.2 Develop a joint commissioning plan	Lowes, Sharon	31/12/2009	★	The Memory Protection Service tender process has been finalised and was awarded to Northumberland Tyne & Wear (NTW). The service will be provided from April 2012. Recommendation: Close

Recommendation and Action	Responsible Officer	Deadline	RAG	Progress
RECOMMENDATION 8 To review the role of the liaison service within City Hospitals to identify and address any capacity issues in service provision.	Lowes, Sharon	31/10/2009		
8.1 Undertake the review as recommended	Lowes, Sharon	30/10/2009	★	Closed.
RECOMMENDATION 9 To ensure inclusiveness when implementing the local response to the National Dementia Strategy that consideration is given to young people and people with learning disabilities who have dementia.	Lowes, Sharon	31/12/2009		
9.1 Include commissioners in the baseline audit and plan development	Lowes, Sharon	31/12/2009	★	Inclusivity is achieved by focussing on the needs of people with dementia rather than age. Support is focused on individual needs to achieve person centred outcomes. Recommendation: Close
RECOMMENDATION 10 To progress the workforce development strategy that exists in each sector (Local Authority, Public Health, and PCT) so that all dementia service providers offer good quality services to people with dementia.	Lowes, Sharon	31/10/2009		
10.1 Engage the Tyne & Wear Care Alliance	Lowes, Sharon	30/10/2009	★	Sunderland Carers Centre are working with Tyne and Wear Care Alliance to train the workforce in good practice for people with dementia and their families. The Tyne and Wear Care Alliance and South of Tyne SHA are working in partnership to support the development of 66 Dementia Liaison and Co-ordination Champions (DLCC) across the South of Tyne and Wear. Recommendation: Close
RECOMMENDATION 11 To raise awareness of the Community Mental Health Team in Sunderland, including increasing the profile of the team and how potential service users can access the service.	Lowes, Sharon	not set		
11.1 Develop a communication plan	Lowes, Sharon	31/12/2009	★	Closed.
11.2 Raise team profile and referral routes	Lowes, Sharon	not set	★	The Wellness Services continues to roll out the support service to all wellness centres across the city to enable people to access the pool etc with HHAS staff on hand to give assistance if needed. Will be liaising closely with Workforce development staff to ensure access the training specifically developed for people working with service users. Recommendation: Close
RECOMMENDATION 12 To undertake a financial exercise on current spending levels for services that provide support for people with dementia and compare this to other Local Authorities and PCTs, with a view to informing best practice in both the current and future provision of services. .	Lowes, Sharon	31/10/2009		
12.1 Establish a Task Group to progress the recommendation	Lowes, Sharon	30/10/2009	★	The PCT and Council invested in a sophisticated quantitative and financial model to simulate what both the increased number, and better case-finding, of people with dementia might mean for citywide services for people with dementia. Objectives such as greater public awareness; earlier diagnostic case-finding; and better support for people with dementia and their carers including care and support solutions closer to home would be achieved through a range of identified earlier interventions, e.g. introduction of a Memory Protection Service, each of which would also demonstrate a cost-benefit profile. The key objective in financial terms was by better supporting individuals earlier, people would delay the need for progressively more complex (and costly) interventions later, e.g. residential/nursing care. Scenario results of this modelling, which will support the PCT and Council in medium- and longer-term financial planning will be available for further discussion in commissioning terms from September 2011. Recommendation: Close

Recommendation and Action	Responsible Officer	Deadline	RAG	Progress
RECOMMENDATION 13 To review existing support services to ensure they are fit for purpose against the vision set by the National Dementia Strategy identifying good practice and clear areas for improvement.	Lowes, Sharon	30/04/2010		
13.1 Commission a Task Group	Lowes, Sharon	30/04/2010	★	The consultation has been finalised and has been circulated to key stakeholders. Recommendation: Close
RECOMMENDATION 14 To recognise the importance of third sector in delivering good quality support to people with dementia through better engagement across the statutory and third sector.	Lowes, Sharon	31/12/2009		
14.1 Review Third Sector engagement	Lowes, Sharon	31/12/2009	★	Third sector engagement will continuously be sought and supported. Dementia Cafés, run by the Third Sector, are supported in Sunderland. Recommendation: Close
14.2 Role of the Third Sector acknowledged and built into the commissioning plan	Lowes, Sharon	31/12/2009	★	Closed.
RECOMMENDATION 15 To review and strengthen existing peer support mechanisms, which could be strengthened by the statutory sector working closer with the third sector.	Lowes, Sharon	26/02/2010		
15.1 Commission a task group to undertake the review and report findings	Lowes, Sharon	26/02/2010	★	Closed.
RECOMMENDATION 16 To present a report to the Adult Social Care Partnership Board for consideration of this recommendation	Lowes, Sharon	29/01/2010		
16.1 Present a report to the Adult Social Care partnership Board	Lowes, Sharon	29/01/2010	★	The PCT will provide a Memory Protection Service (MPS) from 2012 to better support and signpost people to services to help them live with their condition. The MPS will work with GP practises to improve early diagnosis of those with dementia and address variations in case-finding between practises. Recommendation: Close
RECOMMENDATION 17 That the Health and Wellbeing Review Committee receives regular reports on the local implementation plan.	Lowes, Sharon	not set		
17.1 Report to committee on a quarterly basis	Lowes, Sharon	30/10/2009	★	Recommendation: Close
RECOMMENDATION 18 That the Health and Wellbeing Review Committee provides a written response to the Department of Health on the National Dementia Strategy.	Lowes, Sharon	not set		
18.1 Written reponse to the department of health on the National Dementia Strategy	Lowes, Sharon	not set	★	Closed.

## Health Inequalities Policy Review Recommendations

Summary Review Progress				
				Total
2	17	0	28	47
Recommendation and Action	Due date	RAG	Progress	
RECOMMENDATION 1 Establish an Elected Member champion and an Executive Management Team lead for health inequalities, who will direct a work programme including widespread officer engagement in inequalities needs assessment, equity audit and health impact assessment overseen by the Office of the Chief Executive	31/03/2011			
Neil Revely (Executive Director of Health, Housing and Adult Services) to become EMT lead for Health Inequalities	31/10/2010	★	• Neil Revely has taken the lead for Health Inequalities	
Portfolio Holder for Health and Wellbeing to become lead member for inequalities	31/10/2010	★	• Cllr Allen is now Healthy City Portfolio Holder Recommendation - CLOSE	
On the basis of the outcomes of the baseline analysis consider how sustainable work on the SDH and health equity can be incorporated	31/03/2011	★	• This again will be built into the Service Assessment Methodology to ensure that the recommendations from the services assessments incorporate SDH and Health Equity. Recommendation: CLOSE	
Undertake a 'baseline analysis' of what is currently being done to address the Social Determinants of Health (SDH) and Health Equity	31/03/2011	★	• An outcome of the Health Inequalities Service Assessment was to recommend that HI is inbuilt within the Service Assessment methodology. This will allow for a baseline analysis of every service in relation to its performance against tackling HI. Recommendation - CLOSE	
Formulate an action plan that incorporates the findings. The action plan should include short term activities, as well as long term measure for structural change.	31/03/2011	★	• The HI Service assessment formulated a number of recommendations, which will now be implemented throughout the Council through the Commissioning Board and SWOW principles	
RECOMMENDATION 2 Elected Members to be provided with appropriate specific levels of briefings around health inequalities in Sunderland and the strategic and operational actions required to reduce them in a sustainable way	30/03/2011			
Assess the quantity and quality of information available on the SDH and health equality that has been developed for awareness raising and advocacy purposes	31/03/2011	●	• As part of the SSS restructure this action will be included within the new performance management and information hub (September 2011) and as part of the evidence base of the Joint Strategic Needs Assessment	
Complement existing information on the SDH and health equity with specific facts and figures that are relevant to engage elected members (at Area Committee level and city wide) in regular briefing	31/03/2011	●	• A Child Poverty Neighbourhood management project is continuing, basing the approach on a think family and SDH approach. The model that is currently being developed in Southwick is drawing upon partner data (encompassing determinants that effect both health and poverty) at a localised level to target resources, as the project develops the findings/models will be shared with other areas of the city. Additionally with the refresh of the Local Area Plans SDH and Health Equity data will be incorporated into the plans.	
Develop communication materials (brochures, information and web-based resources etc) incorporating the information	31/03/2011	★	• The web based information that is currently available through both .gov and the Healthy City website <a href="http://www.hcsudnerland.org.uk">www.hcsudnerland.org.uk</a> have been updated. Recommendation: CLOSE	

Recommendation and Action	Due date	RAG	Progress
RECOMMENDATION 3 Appropriate briefings be undertaken with all Heads of Service and relevant officers across all directorates in relation to health inequalities, and using health needs assessment, health equity audit and health impact assessment appropriately in strategic planning and operational delivery	31/03/2011		
Develop communication materials (brochures, information and web-based resources etc) incorporating the information	31/03/2011	★	<ul style="list-style-type: none"> <li>The web based information that is currently available through both .gov and the Healthy City website <a href="http://www.hcsunderland.org.uk">www.hcsunderland.org.uk</a> have been updated.</li> <li>Recommendation: CLOSE</li> </ul>
Assess the quantity and quality of information available on the SDH and health equality that has been developed for awareness raising and advocacy purposes	31/03/2011	●	<ul style="list-style-type: none"> <li>As part of the SSS restructure this action will be included within the new performance management and information hub (September 2011)</li> </ul>
Complement existing information on the SDH and health equity with specific facts and figures that are relevant to engage decision makers (at ward level and city wide) in regular briefing	not set	●	<ul style="list-style-type: none"> <li>As above</li> </ul>
HIA training - send key staff to Health Impact Assessment training (including health equity impact assessment course)	01/04/2011	●	<ul style="list-style-type: none"> <li>Currently work is underway within the Council to update the current Impact Assessment system which is part of the project management function. The approach around an Integrated Impact Assessment model is being considered to improve effectiveness and use of the assessment system.</li> </ul>
Exchange with others on effective methodologies that communicate health promotion messages to targeted groups via social marketing approach	not set	★	<ul style="list-style-type: none"> <li>Linkages have been made through the Healthy City network with cities that are classed as areas of good practice. Training for staff around Social Marketing has begun and further investigation of Social Marketing models will continue to ensure that the Council is fully engaged with the Social Marketing approach when Public Health responsibility is transferred.</li> </ul>
Develop action plan / workshop event	31/03/2011	●	<ul style="list-style-type: none"> <li>This is currently under consideration with corporate comms to investigate possible briefings through workwise etc</li> </ul>
Organise a training session on SDH and Health equity for relevant staff, practitioners, and/or policy makers	01/04/2011	★	<ul style="list-style-type: none"> <li>Area Committees within the Washington and West areas are currently funding pilot training courses for Health Champions. The training includes: Understanding Health Improvement, Tobacco Brief Intervention, Alcohol Brief Intervention, Emotional health and resilience training and introduction to financial capability. The training is open to members, VCS and officers that currently work within the areas. The training courses are free to access and some of the courses are accredited. An evaluation of the pilot will be carried out and findings/ models will be shared across all areas of the city.</li> </ul>
RECOMMENDATION 4 Adopt a health inequalities toolkit for Sunderland, which caters for the various stakeholders across the city (including Elected Members, Council Officers, partner organisations and members of the public) to ensure that new policies and service designs consider the potential health impacts of implementation	31/08/2011		
Adopt Influencing Health toolkit (Best practice in Yorkshire and Humber)	28/02/2011	▲	<ul style="list-style-type: none"> <li>Toolkit is still with corporate communications for development - Communications are currently reviewing the range of communication methods for members.</li> </ul>
Identify and enhance opportunities to ensure recognition of the SDH and health equity in policy formation.	not set	★	<ul style="list-style-type: none"> <li>Work has started with Phil Spooner to build Health Inequalities and Social Determinant model within the Community Leadership Programme and the Joint Leadership Programme. Opportunity for Sunderland University to create / teach modules designed for officers / members around Health equity / Health inequalities to complement the Community Leadership and Joint Leadership programmes</li> </ul>
Identify how consideration for the SDH and Health equity and evaluation of policy measures can be mainstreamed into policy making processes	31/08/2011	★	<ul style="list-style-type: none"> <li>Work has started with Phil Spooner to build Health Inequalities and Social Determinant model within the Community Leadership Programme and the Joint Leadership programme. Opportunity for Sunderland University to create / teach modules design for officers / members around Health equity / Health inequalities to complement the Community Leadership and Joint Leadership programmes</li> </ul>
Identify central guidelines, common targets and mechanisms for action to address the SDH and health equity, assess where they can be established or improved	31/08/2011	●	<ul style="list-style-type: none"> <li>As above</li> </ul>
Assess whether there is coherence between the National, Local and Regional levels in efforts to	not set	●	<ul style="list-style-type: none"> <li>As above</li> </ul>



Recommendation and Action	Due date	RAG	Progress
RECOMMENDATION 5 The existing joint strategic needs assessment at a City wide, ward and 'natural neighbourhood' level to be enhanced through the development of Area Committees' role in highlighting and identifying local needs and in particular their commissioning role in supporting the delivery of local area plans in delivering services and support that meets the needs of an area	31/03/2011		
Assess what information systems are available in to analyse and monitor social determinants and health equity	not set	●	• As part of the SSS restructure this action will be included within the new performance management and information hub
Analyse whether the information systems in place are sufficient and/or how they can be improved	31/03/2011	●	• As above
Organise a training session on SDH and Health equity for relevant staff, practitioners, and/or policy makers	01/04/2011	★	• Area Committees within the Washington and West areas are currently funding pilot training courseS for Health Champions. The training includes: Understanding Health Improvement, Tobacco Brief Intervention, Alcohol Brief Intervention, Emotional health and resilience training and introduction to financial capability. The training is open to members, VCS and officers that currently work within the areas. The training courses are free to access and some of the courses are accredited. An evaluation of the pilot will be carried out and findings/ models will be shared across all areas of the city.
RECOMMENDATION 6 Develop mechanisms to ensure that the impact on reducing health inequalities are considered by all scrutiny committees and area committees as part of the work planning process	31/03/2011		
Adopt Influencing Health toolkit (Best practice in Yorkshire and Humber)	28/02/2011	▲	• Toolkit is still with corporate communications for development - Communications are currently reviewing the range of communication methods for members.
Identify how consideration for the SDH and Health equity and evaluation of policy measures can be mainstreamed into policy making processes	31/08/2011	★	• Work has started with Phil Spooner to build Health Inequalities and Social Determinant model within the Community Leadership Programme and the Joint Leadership programme. Opportunity for Sunderland University to create / teach modules design for officers / members around Health equity / Health inequalities to complement the Community Leadership and Joint Leadership programmes
Organise a training session on SDH and Health equity for relevant staff, practitioners, and/or policy makers	01/04/2011	★	• Area Committees within the Washington and West areas are currently funding pilot training courseS for Health Champions. The training includes: Understanding Health Improvement, Tobacco Brief Intervention, Alcohol Brief Intervention, Emotional health and resilience training and introduction to financial capability. The training is open to members, VCS and officers that currently work within the areas. The training courses are free to access and some of the courses are accredited. An evaluation of the pilot will be carried out and findings/ models will be shared across all areas of the city.
Complement existing information on the SDH and health equity with specific facts and figures that are relevant to engage elected members (at Area Committee level and city wide) in regular briefing	31/03/2011	●	• As part of the SSS restructure this action will be included within the new performance management and information hub (September 2011)



Recommendation and Action	Due date	RAG	Progress
RECOMMENDATION 7 Ensure that Sunderland City Council and Area Committees continue to provide support to develop a co-ordinated approach for Voluntary and Community Sector organisations across Sunderland in delivering their services within local communities and neighbourhood settings, using the Compact as the agreed framework for partnership working with the Voluntary and Community Sector be continued	31/03/2011		
Scope partners, policy, programme or project initiatives that are being planned or implemented in other sectors that affect health equity, and identify common objectives	31/03/2011	★	<ul style="list-style-type: none"> <li>The Social Determinant Model has been applied to the grants process within HHAS for next year 11/12. A corporate approach to grant funding the VCS is currently in the early stages of development. A single set of eligibility criteria has been proposed to ensure Council funding is aligned with strategic priorities (e.g. Healthy City).</li> </ul>
Ensure that all grants given to support the VCS work towards delivering services around common goals	31/01/2011	★	<ul style="list-style-type: none"> <li>Area VCS Networks were established in Dec 2009 to provide a consistent and coordinated approach to VCS engagement in the Area Committee process. Each Network is Co-Chaired by the Vice-Chair of Area Committee and a VCS representative, and three VCS Network delegates sit on each Area Committee, representing the local sector as a whole rather than individual organisations. The Networks have been successful in building the capacity of small, area-based organisations to collaborative develop and deliver community activity/services in line with local area priorities. The Networks have also played a key role in increasing volunteer involvement in activities contributing to improved health outcomes for communities by supporting local service delivery, and the act of volunteering itself is associated with improved health and wellbeing (e.g. increased social interaction and reduced isolation).</li> </ul>
Share information around SDH to all partners	not set	★	<ul style="list-style-type: none"> <li>Two Compact e-learning modules (An Introduction to the Sunderland Compact, and the Funding and Procurement Code of Practice) have been developed and rolled out across the Council to raise awareness and promote good practice among Council officers who work with the VCS.</li> </ul>
Approach organisations involved in policy and programme initiatives that have an impact upon health equity to highlight synergies and offer support	not set	★	<ul style="list-style-type: none"> <li>The Wellness Service continues to support the VCS in the delivery of the Community Wellness programme. Since 2008 the number of Community Wellness venues have increased providing opportunities for individuals to participate in physical activity within their local neighbourhood. The venues now include 2 day centres which have provided increased opportunities for vulnerable adults to activity participate in the programme. The Wellness Service works with the venues and the community groups to support the sustainability of the programme and in many venues an increase in sessions offered has occurred as a result of the sustainable model that was developed. Many of the venues now have an income stream in place as a result of this programme that has allowed for more related health improvement opportunities to be explored and further funding gained. Recommendation: CLOSE</li> </ul>
RECOMMENDATION 8 City Council to become an exemplar in ensuring employees benefit through 'Health at Work' Schemes and should engage with the regional workplace health programme	31/03/2011		
Building on good practice identify more examples of successful policies and interventions that address the social determinants of health inequalities	not set	★	<ul style="list-style-type: none"> <li>Best practice examples are being identified and researched to determine whether they would work within Sunderland. The Employee Wellness Programme has been created The aim of the programme is to improve the health &amp; wellbeing of all SCC employees via a number of methods including offering: <ul style="list-style-type: none"> <li>* opportunities to participate in a range of physical activities</li> <li>* advice on healthy eating and improved food choices</li> <li>* support in stopping smoking</li> <li>* information on managing emotional health and wellbeing, including stress</li> <li>* support to access the Exercise Referral and Weight Management Programme</li> <li>* opportunity to have a Health 4 U assessment with Occupational Health Unit, which includes a Blood Pressure, Cholesterol and Urinalysis checks</li> </ul> </li> </ul>
Exchange with other partners to consider why these policies and interventions were successful and what elements may or may not be transferable	not set	★	<ul style="list-style-type: none"> <li>Information is currently being exchanged within a Network of organisations</li> </ul>

Recommendation and Action	Due date	RAG	Progress
RECOMMENDATION 9 Through the Sunderland Partnership the Council should engage with large and medium employers of routine and manual workers across the city and assist them in implementing workplace health programmes for local workforces	31/03/2011		
Share information around SDH to all partners	not set	★	<ul style="list-style-type: none"> <li>Two Compact e-learning modules (An Introduction to the Sunderland Compact, and the Funding and Procurement Code of Practice) have been developed and rolled out across the Council to raise awareness and promote good practice among Council officers who work with the VCS.</li> </ul>
Approach organisations involved in policy and programme initiatives that have an impact upon health equity to highlight synergies and offer support	not set	★	<ul style="list-style-type: none"> <li>The Wellness Service continues to support the VCS in the delivery of the Community Wellness programme. Since 2008 the number of Community Wellness venues have increased providing opportunities for individuals to participate in physical activity within their local neighbourhood. The venues now include 2 day centres which have provided increased opportunities for vulnerable adults to activity participate in the programme. The Wellness Service works with the venues and the community groups to support the sustainability of the programme and in many venues an increase in sessions offered has occurred as a result of the sustainable model that was developed. Many of the venues now have an income stream in place as a result of this programme that has allowed for more related health improvement opportunities to be explored and further funding gained. Recommendation: CLOSE</li> </ul>
Explore links with the private sector for collaboration on initiatives that address the SDH and health equity	31/03/2011	★	<ul style="list-style-type: none"> <li>Work is ongoing with the Partnership to collate information and formulate a response, with regards to the partnership restructure (cover actions 7.4,9.1,9.2)</li> </ul>
Develop a Stakeholder map	31/03/2011	★	<ul style="list-style-type: none"> <li>As above</li> </ul>
RECOMMENDATION 10 Further explore innovative practice from across the country in relation to addressing health inequalities, in particular the example of the London Borough of Newham, to ensure that advice and guidance on benefits and re-entering employment targets the main issues facing the long-term unemployed	31/03/2011		
Exchange with other partners to consider why these policies and interventions were successful and what elements may or may not be transferable	not set	★	<ul style="list-style-type: none"> <li>Information is currently being exchanged within a Network of organisations</li> </ul>
Building on good practices identify more examples of successful policies and interventions that address the social determinants of health inequalities	not set	★	<ul style="list-style-type: none"> <li>Through both Eurocities and the WHO Healthy Cities Network, best practice examples are being identified and researched to determine whether they would work within Sunderland</li> </ul>
Identify online information sources with e.g. best practice	not set	★	<ul style="list-style-type: none"> <li>As above</li> </ul>
Contribute to or set up user friendly mechanisms to communicate applicable data and evidence to policy makers and practitioners within and outside of the health sector	not set	●	<ul style="list-style-type: none"> <li>As part of the SSS restructure this action will be included within the new performance management and information hub (September 2011)</li> </ul>
RECOMMENDATION 11 Sunderland Partnership and its delivery partnership submit a formal response to the Marmot Review to the Health and Wellbeing Scrutiny Committee, demonstrating how partners are supporting delivery for the local population around active travel plans, availability of good quality green spaces, healthy local food environments, energy efficiency in housing, reduction of fuel poverty, integration of planning and removal of barriers to community participation	31/03/2011		
Scope partners, policy, programme or project initiatives that are being planned or implemented in other sectors that affect health equity, and identify common objectives	31/03/2011	★	<ul style="list-style-type: none"> <li>The Social Determinant Model has been applied to the grants process within HHAS for next year 11/12. A corporate approach to grant funding the VCS is currently in the early stages of development. A single set of eligibility criteria has been proposed to ensure Council funding is aligned with strategic priorities (e.g. Healthy City).</li> </ul>
Approach organisations involved in policy and programme initiatives that have an impact upon health equity to highlight synergies and offer support	not set	●	<ul style="list-style-type: none"> <li>Current restructure of the LSP and themed groups to include the HWBB. The Partnership will use recommendations as basis of restructure to ensure that all new working processes are based upon a health equity concept.</li> </ul>
Explore links with the private sector for collaboration on initiatives that address the SDH and health equity	not set	●	<ul style="list-style-type: none"> <li>As above</li> </ul>
Hold 'training' and 'awareness raising' sessions with each of the Delivery groups around the agenda	not set	●	<ul style="list-style-type: none"> <li>As above</li> </ul>

Work with the Delivery and Improvement board to submit formal response	31/03/2011	●	• As above
Identify how consideration for the SDH and Health equity and evaluation of policy measures can be mainstreamed into partnership processes	not set	●	• As above

## **Health and Wellbeing Scrutiny Committee**

**August/September 2011**

**Performance Report Quarter 4 (April 2010 - March 2011)**

### **Report of the Chief Executive**

#### **1.0 Purpose of the report**

The purpose of this report is to provide Health and Wellbeing Scrutiny Committee with a performance update against the former national indicators relating to the period April to March 2011.

#### **2.0 Background**

Performance against the national indicators, particularly those identified as priorities identified in the former Local Area Agreement (LAA) have been reported to Scrutiny Committee throughout 2010/11 as part of the quarterly performance monitoring arrangements. In October 2010 the Government announced that from April 2011 there would no longer be a requirement to produce an LAA. In 2010/11 the Government also announced the demise of the National Indicator set and a move towards self regulation and improvement with an emphasis on local priorities.

As a consequence the performance framework of Sunderland City Council is being reviewed. A new framework is being developed that focuses on local priorities and the achievement of outcomes relevant to the people, place and economy of Sunderland. The new framework will form the basis of future performance reporting to scrutiny.

#### **3.0 Performance**

The following section contains an overview of performance.

##### **Adult Social Care**

The aims of adult social care both nationally and in Sunderland's Local Area Agreement are:

- To promote the independence of vulnerable individuals as far as possible at home or in specially adapted accommodation particularly to help them undertake daily living tasks, as much as they can, for themselves, such as personal care, getting around and out of their home or to exercise their rights as citizens in the community;
- To support vulnerable individuals to make choices and exercise control over daily living outcomes important to them and how they can be achieved. This includes opportunities for people to receive financial support (called Direct Payments), instead of a "menu" of services, for them to decide what care and support solutions they need when they want it in an agreed framework;
- To work with partners to ensure there are a range of preventative solutions for vulnerable people in the city to best their needs and preferences. This includes,

for example, working with health partners to ensure that support is available for people to return – and stay at – home following hospital discharge or that vulnerable people are able to access Wellness Services in the city.

National performance objectives determine the extent to which the Council is meeting the objectives outlined above. The following is a summary of progress to the end of March 2011.

*Self-Directed Support:* One of the mechanisms by which customers can be supported to make choices about their lives is via “self-direction”, i.e. to tailor their care needs to their own requirements through the provision of a Personal Plan and Budget - which can be taken as direct finance (as a Direct Payment to help people purchase their own care) or its equivalent in services - the Council will provide to help meet these needs. There has been a significant improvement in the percentage of people receiving Personal Budgets from 7.4% to 31.8% of all customers with ongoing plans in the 12 month periods ending Mar-10 and Mar-11 (NI 130). As the above figures show, the implementation of the revised care management and assessment model has enabled the target of 30% of all customers for 2010/11 to be achieved.

*Supporting People to Live Independently:* Another improvement in the care management model was accelerated access of customers with low-level needs to small items of equipment only, at the same time as using social workers more effectively. Furthermore, social workers were involved in some of the reviews of customers receiving equipment only, despite the often more technical nature of such reviews (i.e. of the equipment itself). The re-designed model means such cases are reviewed by technical staff in the Council’s Care & Support division, freeing up social workers time to focus on the cases of customers with more complex needs. The downside to this is that cases of people receiving small items of previously maintained equipment are no longer classed as having “ongoing care plans” and no longer included in the figures for the number of people supported to live independently (NI 136). Whilst increasing the number of people helped with daily living is recognised as an improvement area, it should be noted the above discussion is an administrative change of classification rather than deterioration in performance against the indicator. There were 1,893/100,000 (5,346 people) adult population supported to live independently at the end of March 2011.

*Carers whose needs were assessed or reviewed:* There was a decline in the percentage of carers whose needs were assessed or reviewed by the Council from 56.5% to 54.1% in the 12 months ending Mar-10 and Mar-11 (NI 135). Therefore the target of 61.5% for 2010/11 has not been achieved, which is disappointing and an area for improvement. A new initiative was implemented in 2009/10 to ensure all carers are offered separate carer assessments and emergency plans; this has led to the number of separate carers assessment more than doubling in 2010/11.

*Learning Disabilities:* Performance against the percentage of adults with learning disabilities in settled accommodation (NI 145) i.e. those living in their own home or with family has improved from 76.1% in 2009/10 to 77.8% in 2010/11, although still falling short of the 84% target. The performance against the percentage of adults with learning disabilities in paid employment (NI 146) has also seen a slight

improvement from 4.1% in 2009/10 to 4.4% in 2010/11, although considerably lower than the target set for 2010/11 of 7.5%. The Council is working with Community Interest Company to expand the training, volunteering and paid employment opportunities for people with learning disabilities in 2011/12.

*Timeliness of assessment and service provision:* The implementation of the new care management and assessment model in 2010/11 has helped streamlined the customers' journey through the assessment process, leading to an improvement in the timeliness of social care assessments (NI 132) from 76.8% completed in 4 weeks for new customers in 2009/10 to 87.9% in 2010/11. Although there has only been a very slight improvement in the proportion of new customers who waited no more than 4 weeks for their care package (NI 133) from 91.2% to 91.3% between 2009/10 and 2010/11.

*Joint targets with health partners:* The Council's Intermediate Care at Home (reablement) scheme, has led to positive outcomes for people remaining at home following their illness. This helped improve the proportion of older people discharged from hospital and benefiting from intermediate care/rehabilitation who are still living at home 3 months after discharge from 73% to 77% for the 2009/10 and 2010/11, respectively.

*Supporting People:* Performance against the percentage of vulnerable people who have moved on from supported accommodation in a planned way has improved from 77.6% to 79.5% for the 12 months ending Mar-10 and Mar-11 (NI 141), though not achieving the target of 87% for 2010/11. Performance deteriorated due to a higher number of Supporting People contracts aimed at supporting young people with sometimes variable and difficult to change behaviour. Contract review meetings with providers who are not consistently meeting targets and actions to improve performance have been discussed and implemented. Performance against the percentage of vulnerable people who have established or are maintaining independent living has also improved from 98.9% to 99.1% for the 12 months ending Mar-10 and Mar-11 (NI 142), although the final outturn is still below the target of 100% for 2010/11, again these issues will be discussed during the contract review meetings.

### **Health Inequalities**

At 1,231/100,000 head of population for the 2010/11 – equating to 3,467 quitters - the rate of self-reported smoking quitters declined when compared to 2009/10 (1,289).

A number of new providers agreed to provide stop smoking services across Sunderland in 2010/11, and they have been provided with training regarding smoking cessation services. Work is on-going to identify more providers, utilising mentors to engage with potential new providers whilst working across Sunderland.

Training for Tier 2 advisors took place for a range of clinical and non-clinical providers in 2010/11. Providers were provided with additional support to help achieve their performance, where this was needed, and their efforts to improve take-up were supported through both the development of "roving teams" in each

locality and a marketing approach to engage residents to access Tier 2 providers' services.

Contract negotiations are underway with Tier 3 provider to support targeted work with priority groups through increased group work with key groups in secondary care, mental health, prisons and pregnant women. Links were made with Tobacco Alliance to ensure closer alignment with the Council.

### **Sport and Leisure**

The percentage of adults participating in sport and physical activity (formerly NI8) increased in Sunderland since the last survey from 19.5% to 22.5%. Research shows that Sunderland performance levels are higher than the average scores for Tyne and Wear (21.3%), the North East (22.1%) and England (22.1%).

In fact, the Council believes that the current position in Sunderland may be even more positive than the above; these statistics are compiled over a rolling two year period (October 2008 - October 2010) for comparison purposes with the original 2005 sample size of 1000. However, the Active People Survey 4 outturn was 24.0%, a significant increase on the previous Survey's results of 19.9%.

In Sunderland, the percentage of the adult population who volunteer in sport for at least one hour a week increased from 4.9% to 7.2%. Research evidences that the Sunderland performance is higher than the average scores for Tyne and Wear (4.9%), the North East (4.9%) and England (4.5%).

Attendances at the city's leisure complexes continue to be encouraging, with a 1.5% increase in the number of such attendances for swimming between 2009/10 and 2010/11, despite the withdrawal of the free swimming programme in July 2010 and the challenging winter weather. Whilst swimming attendances were 92,600 lower than projected for 2010/11, other leisure visits were 76,500 (5%) above target.

The Council continued to drive forward participation levels in sport and physical activity, which has seen unprecedented increases not only in volunteering and adult participation levels, but also the numbers involved in coaching, competitive and organised sport. It is suggested that the improved performance is attributable to:

- Leading the work of the Active Sunderland Partnership Board to drive forward a joined up approach to increasing participation
- Investment into modern, high class sport and swimming facilities
- An affordable pricing framework for residents
- Wellness provision: 7 Wellness Centres and 8 Community Wellness venues
- Wellness service delivering preventative services to drive forward participation
  - Mums on the move / Maternity Lifestyle Service;
  - Wellness on 2 Wheels, Cycle Sunderland;
  - Wellness Walking Programme, Walks in the Park, Nordic Walking;
  - Active Sunderland Project;
- Wellness service delivering targeted services to drive forward participation;
  - Exercise Referral and Weight Management Programme
  - Lifestyle Activity and Food Programme
  - Workforce Health and Wellbeing Project
- Wellness service delivering specialist services to drive forward participation

- Specialist Weight Management Service
- Stop Smoking Service
- Football Investment Strategy, developing new facilities and pathways for participation
- Partnership working to deliver such activities such as the Active Sunderland Week, Niall's Mile, leisure centre's open weekend and the Beach Festival of Sports.

Sport England have commented on Sunderland's performance:

*"On behalf of Sport England I wish to congratulate Sunderland on their excellent Active People results. Participation rates have risen significantly since the survey was first introduced and Sunderland has seen some of the biggest increases both in the region and nationally. Sunderland have always support the importance of sport for local communities and the recent results are testament to the significant investment into facilities and the excellent sport, health and well-being opportunities provided in the city. Well done"*

Judith Rasmussen, Strategic Lead, Sport England

### **Environmental Health**

84.2% of food establishment premises were broadly compliant with the local authority's standards in 2010/11, an improvement on last year's figure, but below the target of 89%. The term "broadly compliant" incorporates new requirements produced by the Food Standards Agency, which aims to improve the consistency in the rating of premises prior to the introduction of the 'National Food Hygiene Ratings Scheme'. In Sunderland the management of food safety in local businesses was identified as an area where assistance was required prior to the introduction of our own 'Scores on the Doors' scheme. The Council provided information, advice and training to help businesses comply with these standards, and this contributed to the improvement in performance.

## **4.0 Recommendation**

The Committee considers the findings within this report, including areas of good progress made by the Council and the Sunderland Partnership and those areas that need further improvement highlighted in the report.



## Report Key

This is the level of performance at 31<sup>st</sup> March 2010 or latest available during 2009/2010. A question mark means that information is not available

This is the level of performance at 31<sup>st</sup> March 2011 or latest available during 2010/2011. A Question mark means that information is not available

The target is what we want to achieve. A question mark means that a target has not been set  
? = target not set

Performance Indicator	March 2010 Latest Data	March 2011 or Latest Data	Are we improving?	Target	Have we achieved the target?	Commentary
Total number of enquiries (libraries) (LPI010)	159,052.00	169,147.00	✓	155,000.00	★	Performance output above target at end of year
Number of active borrowers per 1,000 population (LPI013)	181.00	167.30	✗	180.00	▲	There is an ongoing programme to encourage active borrowing and reading including continued development of reading groups, author visits and promotions such as World Book Day and National Children's Book Week.

This is a comparison of March 2010 performance against March 2011 performance. The symbols mean:

Performance has improved



Performance is stable



Performance has declined



Information is not available



The traffic light is a comparison of performance at 31<sup>st</sup> March 2011 against the target. The symbols mean:

The target has been achieved



Performance is within 5% of the target














The target has not been achieved















Not applicable due to no target being set



## Adult Social Care

Performance Indicator	March 2010 Latest Data	March 2011 or Latest Data	Are we improving?	Target	Have we achieved the target?	Commentary
Percentage of items of equipment delivered within 7 working days (BV056).	91.56 %	91.80 %		93.00 %		Significant improvements in performance were not made in 2010/11 because of capacity issues in the service during the year which inhibited projected improvements. The Council is improving its delivery model for equipment and adaptations within the Over 65 Service Review.
The number of adults receiving direct payments (BV201)	301.70	302.00	n/a	337.00		One of the mechanisms by which customers can be supported to make choices about their lives is via "self-direction", which tailors their care needs to their own requirements through the provision of a Personal Plan and Budget, the latter representing the statement of direct payments.
The rate of adults per 100,000 population that are assisted directly through social services funded support to live independently. (NI136)	3,008.31	1,893.28		3,507.00		Whilst increasing the number of people helped with daily living is recognised as an improvement area, it should be noted the seemingly dramatic decline in this figure was an administrative change of classification of what constitutes "living at home" rather than being a deterioration in the customer base as a result of the revised care management and assessment process introduced in Oct-10.  In fact, the new process improved delivery and services to customers. Historically, social workers had to review those cases in which equipment needed to be maintained (e.g. bath-lifts), despite the fact that the review was often a technical one of the equipment. The revised model means such cases are reviewed by technical staff in the Council's Care & Support division, freeing up social workers time to focus on the cases of customers with more complex needs. However, historically the cases of people receiving maintained equipment were classed within the measure. These cases are now no longer included in the count of the number of people supported to live independently/helped to live at home - although they are still in receipt of this equipment.
Older people (aged 65 or over) helped to live at home per 1,000 population (BV054).	96.38	49.71		100.00		As above.
The number of adults with physical disabilities helped to live at home per 1000 population (LPI031)	6.20	2.54		6.80		As above.
The number of adults with learning disabilities helped to live at home per 1000 population (LPI032)	3.49	3.53		4.50		As above.
The number of adults with mental health problems helped to live at home per 1000 population (LPI033)	3.09	2.70		3.60		Unfortunately, little progress was made against this measure in 2010/11. This was because of the need to consider the re-commissioning of housing-related solutions for people with mental illness and to improve supported accommodation pathways for people with mental illness, which was the subject of a needs assessment to inform commissioning. Performance is therefore expected to improve in 2011/12.
The percentage of carers receiving a specific carers service as a % of clients receiving community based services (LPI034).	18.08 %	14.74 %		22.00 %		Whilst performance against this indicator has not improved partly due to capacity issues in Fieldwork & Assessment Service (see PAF D40), the Council and Carers' Centre believed that the quality of interaction and engagement between the Council and carers improved in 2010/11 with the implementation of a new initiative to ensure all carers are offered separate carer assessments and emergency plans. Improving performance against this measure remains a priority in 2010/11.
The number of admissions of supported residents aged 65 or over to residential/nursing care per 10,000 population (LPI035)	80.99	76.20		80.00		Performance against this indicator improved and target has been met.

Performance Indicator	March 2010 Latest Data	March 2011 or Latest Data	Are we improving?	Target	Have we achieved the target?	Commentary
The number of admissions of supported residents aged 18-64 to residential/nursing care per 10,000 population (LPI036)	0.90	1.01		0.62		Performance against this indicator has deteriorated and has not meet its targets due to an unexpectedly high number of admissions of people with severe mental illness from long-stay hospitals in 2010/11. The Council is working with health partners to develop better accommodation pathways for these individuals.
The % of clients allocated a single room in nursing or residential care (LPI037)	100.00 %	100.00 %		100.00 %		Stable performance and target has been met.
The % of clients receiving a review (LPI038)	81.47 %	71.36 %		79.90 %		The decline in review rates is a reflection of the capacity issues within the Fieldwork & Assessment Service in the latter half of 2010/11. This is an area for improvement for the Council in 2011/12, and the Council has started to recruit additional social care practitioners, and refining the care management model to ensure that a greater number of staff are reviewing cases.
The % of ethnic clients receiving a review (LPI039)	1.66 %	1.03 %		1.25 %		Unfortunately, performance against this measure declined in 2010/11 and this was due to capacity issues in reaching out to these communities. However, the Council has now resolved these issues and improving engagement with black and ethnic minorities remains an objective for 2011/12.
The % of ethnic clients receiving services following an assessment (LPI040)	1.09 %	1.29 %		1.00 %		Performance against this indicator improved and target has been met.
The % of older people discharged from hospital and benefiting from intermediate care / rehabilitation still living at home 3 months after discharge (NI125).	72.90 %	77.08 %		85.00 %		This has been addressed in the revised Care Management & Assessment Model which included a review of the reablement services offered and full implementation of this service from 1 April 2011.
The % of adults, older people and carers who are social care clients receiving self-directed support. (NI130)	7.42 %	31.81 %		30.00 %		Performance against this indicator improved and target has been met.
The % of carers whose needs were assessed or reviewed by the council. (NI135)	56.50 %	54.09 %		61.50 %		There was a decline in the percentage of carers whose needs were assessed or reviewed by the Council from 56.5% to 54.1% in the 12 months ending Mar-10 and Mar-11 (NI 135). Therefore the target of 61.5% for 2010/11 has not been achieved, which is disappointing and an area for improvement. A new initiative was implemented in 2009/10 to ensure all carers are offered separate carer assessments and emergency plans; this has led to the number of separate carers assessment more than doubling in 2010/11.
The % of vulnerable people (i.e. people who are receiving a Supporting People Service) who have moved on from supported accommodation in a planned way. (NI141)	77.60 %	79.52 %		87.00 %		A number of accommodation contracts particularly aimed at supporting a greater number of vulnerable people with sometimes variable and difficult to change behaviours. Such individuals' pathways and recovery can be particularly difficult to manage within the definition of the indicator. We did not meet the target as some of our sheltered housing schemes had a number of clients moving into residential/nursing homes and also one of our learning disabilities services had a user that was taken into custody.
The % of vulnerable people (i.e. people who are receiving a Supporting People Service) who have established or are maintaining independent living. (NI142)	98.87 %	99.07 %		100.00 %		We did not meet the target due to two of our services having people taken into custody during this quarter. Some services also had a small number of clients that moved on in a planned way during the quarter. One service made a higher number of evictions than usual. We will be discussing these issues with providers in July in contract management sessions that we have arranged.
The percentage of adults with learning disabilities in settled accommodation at the time of their assessment or latest review. (NI145)	76.10 %	77.78 %		84.00 %		The Council is working with Community Interest Company to expand the training, volunteering and paid employment opportunities for people with learning disabilities in 2011/12.
The percentage of adults with learning disabilities in paid employment at the time of their assessment or latest review. (NI146)	4.10 %	4.37 %		7.00 %		Although the Council made progress, it did not achieve its target for 2010/11. In 2011/12, the Council is working with a Community Interest Company to expand training, volunteering and paid work opportunities and pathways for people with learning disability and more consistently ensuring that employment options are more consistently considered in individuals' person-centred plans.

Performance Indicator	March 2010 Latest Data	March 2011 or Latest Data	Are we improving?	Target	Have we achieved the target?	Commentary
The % of new clients where the time from first contact to completion of assessment is less than or equal to four weeks. (NI132)	76.80 %	87.88 %		93.30 %		There was an improvement in performance in 2010/11, but not to the extent to which the Council hoped. This is largely as a result of capacity issues in the Fieldwork & Assessment Service in the latter half of 2010/11. This is an area for improvement for the Council in 2011/12, and the Council has started to recruit additional social care practitioners, and refining the care management model to ensure that a greater number of staff reviewing cases.
The % of new clients for whom the time from completion of assessment to provision of services in the care package is less than or equal to 4 weeks. (NI133)	91.20 %	91.33 %		93.40 %		The implementation of the new care management and assessment model in 2010/11 has helped streamline the customers' journey through the assessment process, leading to an improvement in the timeliness of social care assessments.

## Environmental Health

Performance Indicator	March 2010 Latest Data	March 2011 or Latest Data	Are we improving?	Target	Have we achieved the target?	Commentary
The percentage of satisfied customers with regulatory services. (trading standards, environmental health and licensing) (NI182)	77.70 %	78.10 %	👉	79.00 %	🟡	The performance figure has improved relative to the previous year. Given the necessarily small size of the sample set any slight change in the nature of responses leads to a disproportionate variation in the percentage figure. In the light of the improvement and the fact that the PI has been discontinued the service considers that there is no need for any further action.
The number of significant issues that the Trading Standards Service is called upon to deal with less the number that it is actually able to deal with (NI183).	3.21	2.22	👉	3.50	★	An improvement on the previous year and on target.
The percentage of food establishments within the local authority area which are broadly compliant with food law (NI184).	82.92 %	84.26 %	👉	89.00 %	⚠️	<p>This shows an ongoing improvement from last year i.e. progress is still being made toward the "target".</p> <p>The national Food Hygiene Rating System was launched in June 2011 and this may contribute to an effort by businesses to improve standards in the future.</p> <p>All businesses will be encouraged to display their rating on door stickers and this may motivate some improvement.</p> <p>Whilst we have already been contacted by good businesses seeking to improve to become "top rated", many businesses at the lower end are likely to be struggling to survive. There is a high level of turnover of these businesses and any good work by Officers to promote knowledge of hygiene and management standards disappears when the business closes.</p>

# Health Inequalities

Performance Indicator	March 2010 Latest Data	March 2011 or Latest Data	Are we Improving?	Target	Have we achieved the target?	Commentary
The rate of alcohol related hospital admissions per 100,000 population (NI039).	2,659.00	2,177.00	✓	2,251.00	★	Data relates to Dec 2010 as full year not yet available. The alcohol programme is being evaluated and this will show whether plans for reducing admissions quickly were over-ambitious but still achievable in the long term or whether services need changing to achieve the reductions.
The mortality rate per 100,000 population, from all causes at all ages - females (NI120f).	578.70	555.00	✓	530.00	●	Helped by the national health inequalities support team, a comprehensive programme of targeted lifestyle change, prevention, and identification / management of high risk people is in place including NHS Health Checks, smoking, obesity & alcohol services.  Evaluation and development of these services features in the 2011-2015 ISOP.
The mortality rate per 100,000 population, from all causes at all ages - males (NI120m).	851.00	758.00	✓	720.00	▲	As Above.
Mortality rates from all circulatory diseases per 100,000 population aged under 75 (NI121).	88.90	78.30	✓	75.49	●	As Above.
Mortality rates from all cancers per 100,000 population aged under 75 (NI122)	141.14	147.00	✗	117.03	▲	As Above.
The rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over (NI123).	1,289.00	1,230.74	✗	1,490.00	▲	3,467 reported, although this is not a smoking prevalence figure it is a proxy measure that is being used until robust prevalence figures are available. This is the number of 4 week smoking quitters on a cumulative basis.  $(3,467 \text{ divided by } 281,700) \times 100,000 = 1,230.74$
The % of women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy (NI126)	131.20 %	82.10 %	✗	90.00 %	▲	The City Hospitals performance team are working with the midwives to improve data capture, including an audit, communications work and review of processes.
The average weekly rate of delayed transfers of care from all NHS hospitals, per 100,000 population aged 18+. (NI131)	5.06	12.59	✗	15.00	▲	The PCT achieved it's target of an average rate of less than or equal to 15.  Reporting of delayed discharges has changed which makes the figures less robust. The figure reported on the FT SITREP, is a snapshot of delayed discharges and the NIS figure is the average of these snapshots over the quarter. Before August 2010 this was a weekly snapshot so we quoted the average of 13 collections, but now it is only monthly, i.e. three snapshots only. Hence, there is potential for a single untypical snapshot to skew the figures.  Significant improvements in performance against this joint health and social care indicators were not made in 2010/11 because of the underlying issues associated with urgent care services in the city. However, the Council, PCT and CHS are making progress within a joint project in 2011/12 to improve the joined-up pathways of support as both an alternative to hospitalisation and those on hospital discharge.
The number of emergency bed days (all ages). (NI134)	218,777.00	221,700.00	✗	199,096.00	▲	An increase over the previous year and also higher than the projected target.

## Sport and Leisure

Performance Indicator	March 2010 Latest Data	March 2011 or Latest Data	Are we improving?	Target	Have we achieved the target?	Commentary
The % of the population (aged 16 plus) who participate in sport for at least 30 minutes on 3 or more times a week (NI008)	19.60 %	22.50 %	👉	24.03 %	⚠️	Under achieved, but Sunderland's performance is still higher than the average for Tyne & Wear, the North East and also England.
% of population volunteering in sport and active recreation for at least one hour per week (LPI018).	4.94 %	7.20 %	👉	5.00 %	★	An improvement over previous place survey results and on target.
Total number of visits to leisure centres (LPI021)	2,265,877.00	2,265,159.00	👎	2,281,244.00	🟡	Achieved 99.3% of overall target. Only 16,085 behind target mostly due to government cut backs and the removal of Free Swimming funding which ended 31 July 2010.
Total number of swims within leisure centres (LPI022)	657,016.00	667,214.00	👉	759,815.00	⚠️	Under achieved year target by 92,601 due to government cut backs of the Free Swimming Programme.
Total number of other visits to leisure centres (LPI023)	1,608,861.00	1,597,945.00	👎	1,521,429.00	★	A decline on the previous year, although still above target.
% of Children & Young People with access to high quality play 1km (CYPP1) (LPI066)	49.00 %	70.00 %	👉	65.00 %	★	The Play Pathfinder Programme now completed has seen the development of new or significantly refurbished 28 plays areas since 2009. In 2007, just 19% of children had access to high quality play 1km from their door. Currently, 70% of children have access to high quality play facilities, which was 5% above the projected target. New facilities and programmes have been developed to enhance local provision and to make a positive contribution to social inclusion.

**PROVISION OF SOCIAL CARE FOR ADULTS WITH A LEARNING DISABILITY**

**REPORT OF THE CHIEF EXECUTIVE**

**1. Purpose of Report**

- 1.1 At the Health and Wellbeing Scrutiny Committee on 6<sup>th</sup> April 2011 the Committee received an update on the procurement of the provision of social care for adults with a learning disability within nine Residential Care Homes across the city.
- 1.2 In the last few weeks the provider of that service has announced it is going into administration. Philip Foster, Head of Service for Care & Support Services will be in attendance at the meeting to provide members with an update on the continuity of service provision following this development.

**2. Background**

- 2.1 During 2010 the Council decided to undertake a tendering exercise to ensure the service provided to the homes continued to meet the needs and expectations of service users and demonstrated value for money.
- 2.2 Following a procurement exercise which included financial checks, Choices Care Limited were awarded the contract on 15<sup>th</sup> December 2010, scoring highest on the forty eight quality requirements and submitting the best value pricing schedule.

**3. Current Position**

- 3.1 Choices Care Limited announced on 3<sup>rd</sup> August 2011 that it was going into administration. The Council has two contracts in place with Choices Care; these contracts cover 16 small registered homes for people with a learning disability and autism. There are a total of 88 people living in these 16 homes and around 270 staff providing the service. The size of homes range from 2 people to 8 people living together.
- 3.2 A letter to carers of the people living in the homes was sent on 4<sup>th</sup> August 2011, updating them on the current situation, and reassuring them that the services will be maintained and that there will be no change to the standards of care and support provided to people. Carers were also invited to a meeting on 10<sup>th</sup> August 2011. The purpose of the meeting was to update them on developments and reassure them that the standards of service provision will be maintained.



#### **4. Conclusion**

- 4.1 The Committee is asked to receive an update about the future management arrangements of these homes.

#### **Background Papers**

Scrutiny report 'Provision of Social Care for Adults with a Learning Disability'  
6<sup>th</sup> April 2011

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**POLICY REVIEW – APPOINTMENT OF CO-OPTED MEMBERS**

**REPORT OF THE CHIEF EXECUTIVE**

**1. Purpose of Report**

- 1.1 For the Scrutiny Committee to endorse the nomination of representatives on the Health & Well-Being Scrutiny Committee for a time-limited project in relation to Rehabilitation and Early Supported Discharge from Hospital.

**2. Introduction**

- 2.1 Co-opted members can make a considerable and valuable contribution to the work of a Scrutiny Committee through broadening the range of experience, skills and knowledge available to support elected members in their deliberations.
- 2.2 At its meeting on 19<sup>th</sup> July 2011 the Scrutiny Committee agreed to co-opt a number of representatives to support its policy review as non-voting members. The Council's constitution states that:

*"Each overview and scrutiny committee or sub-committee shall be entitled to recommend to Council the appointment of a number of people as non-voting co-optees."*

- 2.3 The Scrutiny Committee has agreed that the nominated representatives on the Health & Well-Being Scrutiny Committee will serve up to April 2012 when the review will be completed.

**3. Background**

- 3.1 The Committee is reminded that the Policy Review title is Rehabilitation and Early Supported Discharge from Hospital. The aim of the review is

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

- 3.2 The review will be within the following terms of reference:

1. To identify the factors which cause delays in discharging people from hospital.
2. To assess the community-based health, social care and support available after hospitalisation including intermediate care, re-ablement and other rehabilitation pathways and the expectations put on families and carer support.

3. To make recommendations to appropriate commissioners to consider how any gaps or perceived gaps in service provision can be addressed.

#### **4. Nominations**

- 4.1 Following the Scrutiny Committee in July, an invitation was issued to relevant organisations to put forward suitable nominations.

- 4.2 Three organisations have made nominations and the nominated individuals are listed below:

1. **Links Nomination**

Dr John Dean, Core Group Member

2. **Links Nomination**

Ralph S Price, Board Member

3. **AGE UK Nomination**

Victoria Brown, Operations Manager

4. **Sunderland Carers Centre Nomination**

Eibhlin Inglesby, Joint Operations Manager

#### **5. Next Steps**

- 5.1 During August members of the Scrutiny Committee received the details submitted by each nominee regarding their experience and background relevant to the policy review and their views of the contribution each individual can make to the review.

- 5.2 The Committee has agreed to forward all four nominations to Council with a recommendation for endorsement. The nominations will be considered at the September Council meeting.

#### **6. Recommendation**

- 6.1 The Committee is asked to endorse the nominees and refer the nominations to Council for appointment to the Scrutiny Committee.

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**Contact Officer:** Karen Brown, Health Scrutiny Officer  
Tel: 0191 561 1004

## **ANNUAL WORK PROGRAMME 2011-12**

### **REPORT OF THE CHIEF EXECUTIVE**

#### **1. Purpose of Report**

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

#### **2. Background**

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

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

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

#### **3. Current Position**

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

##### **1. Children's Heart Services – Health Impact Assessment**

At the Scrutiny Committee on 8<sup>th</sup> June 2011 Members were updated about the ongoing the consultation on the reconfiguration of children's heart services in England.

The consultation follows the national 'Safe and sustainable review' which is proposing four options to reduce the number of hospitals providing children's heart surgery from 11 to either six or seven. No decisions about the future of any of the centres under review will be made until after the consultation. A decision on the proposals is expected in November 2011. The Committee responded to the consultation in support of Option A which was for seven surgical centres including the Freeman Hospital, Newcastle.

The Committee was informed that an independent report on the outcome of the consultation would be available in August 2011. The interim Health Impact Assessment (HIA) report for the Safe and Sustainable review on the future of children's congenital heart services was published on 5 August 2011 following detailed analysis to identify the potential health impacts of the recommendations, including those on vulnerable communities.

The HIA process involved 26 workshops, a number of focus groups with vulnerable communities and one-to-one interviews with stakeholders and families.

The interim report states that concentrating surgical expertise onto fewer sites and bringing non-surgical care closer to home will benefit patients. The development of strong congenital cardiac networks is acknowledged to be one of the benefits to vulnerable groups as they will increase equity of access and improve the delivery of care.

The final HIA report, taking account of the outcome of public consultation, will be made available in October, prior to the decision on the proposals which is expected in November. The full HIA report is available from the following link:

[http://www.specialisedservices.nhs.uk/library/30/Health\\_Impact\\_Assessment\\_Interim\\_Report.pdf](http://www.specialisedservices.nhs.uk/library/30/Health_Impact_Assessment_Interim_Report.pdf)

## 2. End of Life Facilities

In July Committee members were notified that the PCT was starting to consult on proposals regarding a new hospice facility to be provided in Sunderland to replace St Benedict's at Monkwearmouth. The project required that an Outline Business Case (OBC) was submitted to the SHA over the summer. A full business case will then be developed and submitted to SHA later in the year (and scrutiny will be consulted fully at that stage through Committee).

## 3. Policy Review – Evidence Gathering Session

Members were notified in July that evidence gathering for the policy review would require an additional, daytime, meeting in November to hear from a number of witnesses. The date notified to the committee is Wednesday 23 November.

## 4. **Conclusion & Recommendation**

- 4.1 That Members note the updated work programme.

## 5. **Background Papers** None

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# HEALTH AND WELL-BEING SCRUTINY COMMITTEE WORK PROGRAMME 2011-12

## Appendix A

	JUNE 08.06.11	JULY 19.07.11	SEPTEMBER 6.09.11	OCTOBER 19.10.11	NOVEMBER TBC	DECEMBER 07.12.11	JANUARY 11.01.12	FEBRUARY TBC	FEBRUARY 22.02.12	APRIL 4.04.12
<b>Cabinet Referrals &amp; Responses</b>			Cabinet Response to 2010/11 Hospital Food & Veterans Policy Reviews		Policy Review: Evidence Gathering Day			Policy Review: Community Event		
<b>Policy Review</b>	Work Programme & Policy Review – Hospital Discharge & Reablement (KB)	Scope of Policy Review (KJB)	Endorse coopted representation  Setting the Scene – Delayed Discharge  Monitoring Action Plans: Dementia, Home Care, Health Inequalities	Evidence Gathering		Evidence Gathering	Evidence Gathering		Draft Report	Final Report
<b>Performance</b>			Q1 Performance Report (SL)			Q2 Performance (SL)  Draft Quality Accounts				Q3 Performance (SL)
<b>Scrutiny</b>	Safe and Sustainable: Consultation (KB)  Integrated Strategic & Operational Plan (STPCT)  Health & Well-Being Board (NR)	Campus Completion Programme (PCT/NTW)  Training Standards Care Homes (GK)	Choices Care	Meals at Home Service (PC)  Procurement of social care for adults with a learning disability – progress report (SL)  JSNA		Safe and Sustainable outcome of consultation  JSNA Consultation	Quality Standards Care Homes (SL)  Health Strategy consultation			Annual Commissioning Plan (STPCT)
<b>CCfA/Members items/Petitions</b>		Request to attend conferences  Feedback from visit to Wearmouth View	JHOSC representation	Feedback Conferences						Draft Annual Report (KB)

## FORWARD PLAN – KEY DECISIONS FOR THE PERIOD 1 SEPTEMBER – 31 DECEMBER 2011

### REPORT OF THE CHIEF EXECUTIVE

#### 1. Purpose of the Report

- 1.1 To provide Members with an opportunity to consider the Executive's Forward Plan for the period 1 September – 31 December 2011.

#### 2. Background Information

- 2.1 The Council's Forward Plan contains matters which are likely to be the subject of a key decision to be taken by the Executive. The Plan covers a four month period and is prepared and updated on a monthly basis.
- 2.2 Holding the Executive to account is one of the main functions of scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Forward Plan) and deciding whether scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.3 In considering the Forward Plan, members are asked to consider only those issues which are under the remit of the Scrutiny Committee. These are as follows:-

*General Scope: To consider issues relating to health and adult social care services*

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

#### 3. Current Position

- 3.1 The relevant extract from the Forward Plan is attached.
- 3.2 In the event of members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

#### 4. Recommendations

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

#### 5. Background Papers

Forward Plan 1 September – 31 December 2011

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## Forward Plan: Key Decisions from - 01/Sep/2011 to 31/Dec/2011

No.	Description of Decision	Decision Taker	Anticipated Date of Decision	Principal Consultees	Means of Consultation	When and how to make representations and appropriate Scrutiny Committee	Documents to be considered	Contact Officer	Tel No
01438	To agree the Social Care Contributions Policy for Personalisation	Cabinet	07/Sep/2011	Cabinet, Service Users and Ward Members, Portfolio Holders	Briefings and /or meetings with interested parties	via the Contact Officer by 19 August - Health and Wellbeing Scrutiny Committee	Report	Neil Revely	5661880
01515	To agree Procurement for First Tier Welfare Rights Service and to award contract from April 2012.	Cabinet	05/Oct/2011	Cabinet, Service Users and Ward Members, Portfolio Holders.	Briefings and /or meetings with interested parties	Via the Contact Officer by 20 September 2011 - Health and Wellbeing Scrutiny Committee.	Report and supporting papers	Graham King	5661894