

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA



Tuesday 13th June 2006

at 10.00 am

in Committee Room B

**MEMBERS: ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY
FORUM:**

Councillors Barker, Belcher, Brash, Fleet, Griffin, Lauderdale, Lilley, Rayner, Wistow, Worthy and Young.

Resident Representatives: Dennis Brightey, Mary Green and Evelyn Leck

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 To confirm the minutes of the meeting held on 25th April 2006 (*attached*)
- 4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

No items
- 5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

No items
- 6. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

No items

7. ITEMS FOR DISCUSSION

- 7.1 The Role of Adult and Community Services and Health Scrutiny Forum –
Scrutiny Support Officer
- 7.2 Determining the Scrutiny Forum's Work Programme for 2006/07 – *Scrutiny
Support Officer*

8. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

25th April 2006

Present:

Councillor: Harry Clouth (In the Chair)

Councillors: Sheila Griffin, Geoff Lilley, Maureen Waller and
Lilian Sutheran

Resident Representatives Mary Green and Evelyn Leck

Officers: Sajda Banaras, Scrutiny Support Officer
Pat Watson, Democratic Services Officer

Also in attendance: Jan Atkinson, Hartlepool & North Tees NHS Trust
Carole Pearson, Hartlepool & North Tees NHS Trust
Linda Bantoft, Hartlepool PCT
Karen Gater, Hartlepool PCT
Sandra Hill, Hartlepool PCT

70. Apologies for Absence

Apologies for absence were received from Councillors Cambridge, Cook, Lauderdale and Worthy.

71. Declarations of interest by Members

None

72. Minutes of the meeting held on 5th April 2006

The minutes were confirmed.

73. Hartlepool PCT - 'Annual Healthcheck' (Scrutiny Support Officer)

Members were introduced to Karen Gater and Sandra Hill from Hartlepool Primary Care Trust who were in attendance to address the Forum in respect of the Final Declaration around the Annual Healthcheck.

The report circulated to Members prior to the meeting reminded Members of their contribution to Hartlepool PCT's Draft Declaration in October and advised that the Forum had the opportunity to contribute to the final Declaration. Hartlepool PCT had prepared a paper which was attached at Appendix A. The paper explained the standards to be met, described performance against those standards and the process to be followed in submitting the Declaration. The Forum were asked to decide whether the previous submission remained representative of the Forum's views or whether it was felt a fresh submission was required to document the views in relation to the performance of Hartlepool PCT.

A representative of Hartlepool PCT informed members that Hartlepool PCT's Internal Audit would be attending a PCT meeting on 26th April 2006 to review the PCT's declaration. Whilst the PCT were confident that no alterations would be made to the Declaration the Forum was assured that if the declaration was modified an update report would be brought this Health Scrutiny Forum.

Members discussed concerns expressed previously in relation to Access to GPs and expressed the wish that such concerns should be included in the Forums views/comments. Karen accepted that the PCT were not 100% compliant on that standard but they were working on the issue and taking it seriously. She said that core standards were in place but continual improvement was needed.

The Scrutiny Support Officer reminded Members that any comments in relation to the declaration needed to be evidence based as comments from the Health Scrutiny Forum are included unedited into the Trusts declaration. The Chairman thanked Karen Gater and Sandra Hill for their attendance and for their input.

Decision

That the Response of this Forum be in the form of the Draft previously submitted (as at Appendix B to the report) with the addition of concerns relating to access to GP services.

74. North Tees and Hartlepool NHS Trust - 'Annual Healthcheck' (Scrutiny Support Officer)

Members were introduced to Jan Atkinson and Carole Pearson from Hartlepool & North Tees NHS Trust who were in attendance to address the

Forum in respect of the Final Declaration around the Annual Healthcheck

The report circulated to Members prior to the meeting reminded Members of their contribution to the North Tees and Hartlepool NHS Trust's Draft Declaration in October and advised that the Forum had the opportunity to contribute to the final Declaration. The Trust had prepared a paper which was attached at Appendix A. The paper explained the standards to be met, described performance against those standards and the process to be followed in submitting the Declaration. The Forum were asked to decide whether the previous submission remained representative of the Forum's views or whether it was felt a fresh submission was required to document the views in relation to the performance of North Tees and Hartlepool NHS Trust.

Carole Pearson advised the Forum that the Trust's position was unchanged following a rigorous review and double checking of evidence. Carole referred to the two standards not assured, (i) NICE guidance, and (ii) mandatory training. The actions taken or to be taken were outlined in Appendix A to the report.

In relation to the 'Hygiene Handwash' issue raised in the Forum's previous Response, Carole advised the Forum of further action that had been undertaken – the Handwashing Campaign had been re-launched, including with staff, and a review had been undertaken of facilities and locations. A Resident Representative asked if handwashing was monitored/checked. Carole advised that monthly audits are undertaken and the Patient Action Team carry out checks, report and produce action plans – scores were in excess of 87%. Members asked if it would be possible for the Forum to receive copies of the Audit Reports. Carole indicated that the reports go back to Managers and the action plan is monitored by the Governance Committee. Carole agreed that the Audit Reports could be reported to this Forum and she would request a member of the Inspection Team to attend a future meeting.

A Member referred to the final bullet point on the Forum's previous Response and expressed serious concern about recent publicity relating to 74 redundancies to be made by the Trust. Carole advised that the matter was out for consultation and assured the Forum that there would be no redundancies of front-line staff.

The Chairman thanked Carole Pearson and Jan Atkinson for their attendance and input.

Decision

The Forum confirmed that the final Response should be in line with the draft Response previously supplied.

75. Access to GP Services - Draft Final Report (*Adult and Community Services and Health Scrutiny Forum*)

The draft final report had been circulated to Members prior to the meeting.

This included the conclusions and recommendations of the Forum as a result of its inquiry, in conjunction with the PPI Forum, into Access to GP Services. A representative from Hartlepool PCT was in attendance and proposed the following slight amendments:

Page 13 point 13.1 – this should read ‘their registered population access to a primary care doctor within 48 hours and a primary care professional within 24 hours of requesting to be seen’.

Page 13 point 13.2 – A primary care professional for the purposes of monitoring is defined as someone who offers general appointments, so therefore phlebotomists and pharmacists are excluded.

Page 14 point 13.6 – The evidence gathered from the PPI forum suggests that 80% of practice offer Advanced Access, practice actually offer Improved Access.

Page 22 point 17.5 – The information re QOF points needs to be updated and a copy will be forwarded for information.

With the exception of the proposed amend at page 22, point 17.5 the Forum agreed to the above amendments/suggestions. The Forum considered that updated information around the QOF statistics at this late stage could not be accepted and should be forwarded to the Forum as part of the PCTs response to this report.

During the discussion that followed, the following issues/comments arose:

- A Member commented that some GPs were not happy with the type of people appointed to the patient panels (lack of knowledge/ability etc) and therefore GPs were backing away from the arrangement. A Resident Representative said she felt people from all walks of life were needed on the Panels.
- A Member felt that the recommendations should highlight the current shortfall of GPs. It was accepted there was concern nationally and if the PCT can help in recruitment etc then they need to do so; Linda Bantoft agreed and indicated that this was happening – The Scrutiny Support Officer referred Members to Recommendations 19.2 (a) to (c) in which this issue had been addressed.;
- In relation to quality of service assured, practice points were discussed and Linda indicated she would provide the Forum with more detailed information in the future.

The Forum thanked the Scrutiny Support Officer for her support and assistance throughout the inquiry.

Recommendations

The Adult and Community Services and Health Scrutiny Forum had received evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations are outlined below :-

Hartlepool PCT

- (a) That Hartlepool PCT establish a major campaign that explains the role of GPs and other primary care professionals to help patients get the best value from the system;
- (b) That Hartlepool PCT establish a major campaign to increase awareness of the availability of additional primary care services including nurse provision and the minor ailments scheme.
- (c) That an action-plan is devised to address the short-fall in the number of GPs in Hartlepool;
- (d) That results of the patient satisfaction survey in relation to the OOH service to this Health Scrutiny Forum and Hartlepool Primary Care PPI Forum;
- (e) That disability awareness for primary health care professionals be provided to ensure disabled patients groups gain improved access to services ;
- (f) That the PCT supports GP practices in developing a mechanism to share models of best practice in developing the role of support staff (receptionists/administrators) as facilitators to direct patients to the most appropriate care;
- (g) That the PCT research patients views in relation to advanced / improved access for *each* GP Practice via the annual survey as part of the Quality Framework in the 2006/07 municipal year;
- (h) That a summary of results of the annual patient surveys carried out as part of the Quality Framework in GP Practices be made available to this Health Scrutiny Forum and Hartlepool Primary Care PPI Forum;
- (i) That Hartlepool PCT considers PPI Forum report and makes its response to the issues raised therein available to this Health Scrutiny Forum;
- (j) That learning from the Connected Care Scheme is rolled out to other areas of deprivation in the Town;

- (k) That the PCT review patient experience of open access at Medical Centres operating the system with a view to improving access to GP Services in Hartlepool;
- (l) That the PCT audits Patient Panels in GP practices and offers support to all practices in establishing similar patient forums; and
- (m) That the funding of GP practices is reviewed;

Cleveland Local Medical Committee

- (n) That the Local Medical Committee is requested to consider the findings of the PPI Forum Report;

Hartlepool Borough Council

- (o) That the Authority develops a protocol to govern joint-working between Scrutiny and the PPI Forum;
- (p) That any new site proposed for primary care purposes is subject to a detailed assessment to ensure adequate parking facilities are available and good public transport links in so far as is practical;

Decision

The Forum agreed the draft final report with the recommendations as above.

76. Any other business

THE CHAIRMAN RULED THAT THE FOLLOWING ITEM SHOULD BE CONSIDERED BY THE COMMITTEE AS A MATTER OF URGENCY IN ACCORDANCE WITH THE PROVISIONS OF SECTION 100(B)(4)(b) OF THE LOCAL GOVERNMENT ACT 1972, IN ORDER THAT THE COMMITTEE COULD MAKE THE DECISION AT THE EARLIEST OPPORTUNITY.

Adult Learning - The Forum were reminded of their decision at the meeting held on 28th February 2006 to schedule this issue before the end of the current municipal year for consideration of the Learning Skills Council funding allocation to Hartlepool Adult Learning Service. The Scrutiny Support Officer advised that the anticipated funding details had not been received by the department and, therefore, the Forum was asked to agree to consider this issue as part of potential scrutiny topics for review in the work programme for 2006/07.

Decision

The Forum agreed to consider the Learning and Skills Council funding allocation for the Hartlepool Adult Learning Service into the work programme for 2006/07.

HARRY CLOUTH

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH REPORT

13 June 2006



Report of: Scrutiny Support Officer

Subject: THE ROLE OF THE ADULT AND COMMUNITY
SERVICES AND HEALTH SCRUTINY FORUM

1. PURPOSE OF REPORT

- 1.1 To give an overview of the role and functions of the Adult and Community Services and Health Scrutiny Forum.

2. BACKGROUND

- 2.1 The approach to Overview and Scrutiny has been developed and refined for the new Constitutional arrangements. It is informed by the Council's experience of Scrutiny over the last four years, guidance from Central Government and the experience of other authorities.
- 2.2 The role of the Scrutiny Co-ordinating Committee is briefly discussed in the following section. Following this in sections 4 and 5, there are more detailed descriptions of the roles and functions of this forum.

3. ROLE AND FUNCTIONS OF THE SCRUTINY CO-ORDINATING COMMITTEE

- 3.1 The Scrutiny Co-ordinating Committee is made up of the Chairs and Vice-Chairs of the four standing Forums and a further two Members from each Forum. This approach enables the Co-ordinating Committee to draw on the experience of a variety of Members, represent a cross-section of political views and equally represent each of the four standing Forums. The Co-ordinating Committee is responsible for the overall management of overview and scrutiny within the Authority. Other authorities' experience of scrutiny appears to have benefited from the establishment of such a body. Given the increasing importance of the scrutiny role under the new arrangements and the likely increase in workload of the scrutiny function the role of the co-ordinating committee is invaluable. The main roles and functions of the committee are as follows:-

- i) To work with the four forums to decide an annual overview and scrutiny work programme, including the programme of any ad-hoc forum that it appoints, to ensure that there is efficient use of the forums and that the potential for duplication of effort is minimised.
- ii) To lead the involvement of overview and scrutiny in the development of the budget and the plans and strategies that make up the policy framework and to delegate issues for consideration to the forums.
- iii) Where matters fall within the remit of more than one overview and scrutiny forum, to determine which of them will assume responsibility for any particular issue and to resolve any issues of dispute between overview and scrutiny forums.
- iv) To receive requests from Members, the executive and/or the full council for items to be considered by overview and scrutiny forums and to allocate them, if appropriate to one or more overview and scrutiny forum.
- v) To put in place and maintain a system to ensure reports from overview and scrutiny to the executive are managed efficiently and do not exceed any limits set out in this constitution (this includes making decisions about the priority of reports, if the volume of such reports creates difficulty for the management of executive business or jeopardises the efficient running of the council business).
- vi) To exercise the power of call-in in relation to Executive decisions made as set out in Section 21 (3) of the Local Government Act 2000, or allocate them to the appropriate overview and scrutiny forum for consideration.

4. FUNCTIONS OF OVERVIEW AND SCRUTINY FORUMS

- 4.1 The four standing overview and scrutiny forums have three main functions and these are set out in the following paragraphs:

- (a) Policy Development and Review.

Overview and Scrutiny Forums may:

- (i) Assist the Council and the Executive in the development of the budget and policy framework by in-depth analysis of policy issues;
- (ii) Conduct research, community and other consultation in the analysis of policy issues and possible options;
- (iii) Consider and implement mechanisms to encourage and enhance community participation in the development of policy options;

- (iv) Question Members of the Executive and Chief Officers about their views on issues and proposals affecting the area;
- (v) Liase with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working

(b) Scrutiny

Overview and Scrutiny Forums may:

- (i) Review and scrutinise the decisions of the executive and chief officers both in relation to individual decisions and their overall strategic direction.
- (ii) Review and scrutinise the work of the Council in relation to its policy objectives, performance targets and/or particular service areas.
- (iii) Question members of the executive and chief officers about their decisions, whether generally in comparison with the service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects.
- (iv) Review and scrutinise the performance of other public bodies in the area, requesting them to attend and address relevant scrutiny forums to speak about their activities and performance;
- (v) Investigate other issues of local concern, outside the control of the Council and other public bodies in the area, and make recommendations to the Council, the executive and/or other organisations arising from the outcome of the scrutiny process.
- (vi) Question and gather evidence from any person (with their consent)
- (vi) Make recommendations to the executive and/or the council arising from the outcome of the scrutiny process.

(c) Finance

Overview and Scrutiny Committees may exercise overall responsibility for the finances made available to them

5. THE REMIT OF THIS FORUM

- 5.1 The strategic direction of the Scrutiny Forums will be to assess, monitor and advise on the Council's progress towards the 7 priority aims of the Community Strategy whilst the operational direction of the individual Scrutiny Forums will be governed by the remits outlined in the Constitution.

The remit of the Adult and Community Services and Health Scrutiny Forum is as follows:-

To consider issues relating to specialist targeted and universal services in relation to Adults, culture and leisure and to exercise the powers of the Health and Social Care Act 2001 in considering the provision of health services at both local and regional level.

- 5.2 There will be, however, from time to time, be issues that could be considered by more than one forum and it will be for the Co-ordinating Committee to determine which forum should examine a particular issue. It is also open to the Co-ordinating Committee to appoint ad hoc forums. For example, where an issue comes within the remit of two scrutiny forums, the Co-ordinating Committee could decide to establish an ad hoc forum made up of four Members from each of those two Forums.
- 5.3 The Forum will undertake the Council's role in scrutinising the health service. Health Scrutiny is a responsibility given to Local Authority scrutineers under the Health and Social Care Act 2001. It expands upon powers given under the Local Government Act, which created the Overview and Scrutiny function so that elected members could examine local services and policies and look for ways to improve them. Health Scrutiny has much wider responsibilities, looking not only at local authorities themselves, but also at all health service providers and any other factors that affect people's health.
- 5.4 Members of the Forum also have a key role to play in joint scrutiny across the Tees Valley area and with additional local partners such as Stockton on Tees Borough Council, Durham County Council and Sedgfield and Easington District Councils whose residents are often served by the same health service providers.

6. SCHEDULE OF FORUM DATES FOR 2006/07

- 6.1 Detailed below, for Members information, are the scheduled dates for meetings of the Adult and Community Services and Health Scrutiny Forum in 2006/07. Please note that all scheduled meetings will be held in Committee Room B, with the capacity for additional meetings to be arranged where required to accommodate the needs of individual inquiries.

Tuesday, 25 July 2006 at 10.00am
 Tuesday 5 September 2006 at 9.30am
 Tuesday, 10 October 2006 at 10.00am
 Tuesday, 14 November 2006 at 10.00am
 Tuesday, 19 December 2006 at 10.00am
 Tuesday, 30 January 2007 at 10.00am
 Tuesday, 6 March 2007 at 10.00am
 Tuesday, 10 April 2007 at 10.00am

7. CONCLUSIONS

- 7.1 No specific action is required as a result of this report, however Members may have questions about the role of the Forum.

Contact Officer:- Sajda Banaras – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523 647
Email: sajda.banaras@hartlepool.gov.uk

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

13 June 2006



Report of: Scrutiny Support Officer

Subject: DETERMINING THE SCRUTINY FORUM'S WORK
PROGRAMME FOR 2006/07

1. PURPOSE OF REPORT

- 1.1 To provide the Members of the Adult and Community Services and Health Scrutiny Forum with a range of information, extracted from various sources to assist in the consideration of suitable topics for inclusion into the Forum's Work Programme for the 2006/07 Municipal Year.

2. BACKGROUND INFORMATION

- 2.1 The Adult and Community Services and Health Scrutiny Forum needs to develop a Work Programme for the 2006/07 Municipal Year, together with a timeframe for each review, for consideration by the Scrutiny Coordinating Committee on 30 June 2006. Detailed terms of reference should be developed at the start of each review.
- 2.2 As such the Director of Adult and Community Services and Joint Director of Public Health; Cabinet Members for Adult and Public Health Services and Culture, Leisure and Transportation; Local Public Service Agreement (LPSA1); Corporate Performance Plan (BVPP); Viewpoint Surveys and consultation with Patient and Public Involvement Forum's have been the foundation sources for this report to enable the Forum to compile its Work Programme.
- 2.3 However, it should be appreciated that some of the areas detailed below are continually evolving and further details will emerge throughout the year.
- 2.4 Members may also wish to factor into the work programme time to contribute to 'the annual healthcheck', which provides for overview and scrutiny committees to participate in the self-assessment process for NHS Trusts. NHS Trusts are expected to ask all Scrutiny Forums in their area for their views on the standards. The Healthcare Commission is clear that Members "are not expected to have an in-depth, expert knowledge about all the

services that a trust is providing and being assessed on". It is anticipated that the Trust(s) will publish a draft declaration in April 2007.

- 2.5 In conducting health scrutiny Members may wish to note that the Health Scrutiny Regulations enable scrutiny committees to request the attendance of an officer from a local NHS body to answer questions and NHS bodies are under a duty to comply with these requests.
- 2.5 In addition to establishing the Forum's Work Programme, the Forum may consider it appropriate to receive illustrations from service departments in relation to impending legislation and to respond on an ad hoc basis to emerging issues which would be considered appropriate for an investigation or review to be undertaken.

TOPIC	Director, Elected Mayor and Cabinet Member	PPI For a	NHS Consultation	Member(s)	Carried Forward from 2005/06 Work Programme	Viewpoint Survey January 2005 to February 2006
Primecare - Out of Hours Service		X				
Urgent Care	X					
Development of PCT Services	X					
Reconfiguration of PCTs			X			
Social Prescribing	X					

TOPIC	Director, Elected Mayor and Cabinet Member	PFI For a	NHS Consultation	Member (s)	Carried Forward from 2005/06 Work Programme	Viewpoint Survey January 2005 to February 2006
Individualised Budgets	X					
Eligibility Criteria	X					
Funding Adult learning						X
Summerhill						X
Libraries						X
Smoking						X
Sport and Recreation						X
Connected Care	X					

- 2.1 Having considered the above information together with topics identified by individual Members' for inclusion into the Work Programme, the Forum may wish to discuss various aspects contained within the Corporate Performance Plan 2006/07 to raise potential areas for consideration. They could range from areas already identified as suitable for development through Commitments or areas where the specific performance is below the targeted level. For this purpose, **Appendices A and B** detail the relevant Sections of the Corporate Performance Plan for the Panel's consideration as outlined below :-

Appendix A – Council's Priority Contributions to Community Strategy Themes 'Health and Care' and 'Culture and Leisure'; and Lifelong Learning

Appendix B - Performance Indicator Table: 'Health and Care' and 'Culture and Leisure' and Lifelong learning.

Appendix C – Local Public Service Agreement Targets and Results of relevance to the Adult and Community Services and Health Scrutiny Forum.

- 2.5 The Forum may also wish to apply a degree of emphasis on a particular source for example, would the Forum consider issues which are clearly raised as a concern by the public to carry more weight than those considered important by the service provider? In practice the Forum will need to apply a considered opinion from all sources against the individual subject area.
- 2.6 Once the Forum has identified Scrutiny topics, anticipated time frames need to be applied. It is suggested to the Forum that a standard template for applying time allocations should be treated with caution as when scoping a subject a number of complexities may arise, therefore the anticipated duration should be allocated to the subjects on an individual basis.
- 2.7 The Forum is also advised to be cautious in setting an overly ambitious Work Programme for which it may be unable to deliver.
- 2.8 In addition to the above, the Forum may also consider establishing some small Sub-Groups, known as Working Groups to look at sharp focused areas of supplementary aspects of the main topic being scrutinised.

3. RECOMMENDATIONS

- 3.1 The Adult and Community Services and Health Scrutiny Forum is requested to consider the wide range of information detailed within this report to assist in the determination of its 2006/07 Work Programme, to be approved by the Scrutiny Coordinating Committee at its meeting on 30 June 2006. Members may want to choose a maximum of two items for the coming year, which will allow for flexibility in its work programme for emerging issues and referrals from Council/Cabinet.

Contact Officer:- Sajda Banaras – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523 647
Email: sajda.banaras@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this briefing note:-

- (i) Corporate Performance Plan for 2006/07
- (ii) Community Strategy
- (iii) View point Survey – January 2005 to February 2006

Lifelong Learning and Skills

Community Strategy / Council Priority	Help all individuals, groups and organisations realise their full potential, ensure the highest quality opportunities in education and lifelong learning, and raise standards of attainment.
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Key achievements in 2005/06

To be inserted

Corporate Plan Objective: Provision of high quality learning and skills opportunities that drive economic competitiveness, widen participation and build social justice					
Ref:	Action	Milestone	Responsible Officer	Associated PIs	Links to Other Plans
LL8	Increase the participation of adults in learning, particularly amongst priority groups	Apr 06 and ongoing	Maggie Heaps	LAA 8.13 – 8.14	LAA Outcome 8
LL9	Develop new models of integrated service delivery	Apr 06 and ongoing	Maggie Heaps		LAA Outcome 8

Health and Social Care**Health and Care**

Community Strategy / Council Priority	Ensure access to the highest quality health, social care and support services, and improve the health, life expectancy and well being of the community.
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Key achievements in 2005/06

- To be inserted

Health and Care					
Corporate Plan Objective: Improved health – reduce premature mortality rates and reduce inequalities in premature mortality rates between wards/neighbourhoods.					
Ref:	Action	Milestone	Responsible Officer	Associated PIs	Links to Other Plans
HC 1	Develop pro-active approaches to prevention of ill health	Mar 07	Margaret Hunt	LAA 9.1 – 9.14 9.16 + 9.18 LAA 10.1 + 10.2	LAA Outcome 9 + 10
HC 2	Complete and launch the Hartlepool public health strategy in partnership with the PCT	Mar 07	Peter Price		LAA Outcome 9
HC 3	Develop joint delivery arrangements for public health in partnership with the PCT	Mar 07	Peter Price		LAA Outcome 9
Corporate Plan Objective: Be Healthy – health and care issues in relation to children and young people are addressed					
Ref:	Action	Milestone	Responsible Officer	Associated PIs	Links to Other Plans
HC 4	Work with partner agencies, young people, schools and families to reduce under 18 conception rate by 55%	Apr 06 and ongoing	Phill Warrillow	BVPI 197 LAA 10.3 + 10.4	LAA Outcome 10
HC 5	Engage in further discussion with partner agencies regarding improvements in Child and Adolescent Mental Health Services (CAMHS)	Apr 07	Phill Warrillow		LAA Outcome 10

Corporate Plan Objective: Be Healthy – specific care issues in relation to children and young people who are looked after are addressed					
Ref:	Action	Milestone	Responsible Officer	Associated PIs	Links to Other Plans
HC 6	Increase the number and range of foster and adoptive placements to meet local needs	Apr 06 and ongoing	Phill Warrillow	BV 49	LAA Outcome 10
HC 7	Reduce the number of placement moves for looked after children and increase the stability of placements	Apr 06 and ongoing	Phill Warrillow	BV 49	LAA Outcome 10
Corporate Plan Objective: Support vulnerable adults to exercise choice and control and to retain dignity in all aspects of their life.					
Ref:	Action	Milestone	Responsible Officer	Associated PIs	Links to Other Plans
HC 8	Implement the public engagement strategy to ensure all service developments have involvement from service users and their carers	Mar 07	Marie Horsley		LAA Outcome 11
HC 9	Increase the proportion of people who commission their own services by a variety of means such as Direct Payments or individual budgets	Mar 07	Head of Commissioning	LAA 11.5	LAA Outcome 11
HC 10	Work with Registered Social Landlords and Supporting People to increase the number and range of supported accommodation options. E.g. Joseph Rowntree Extra Care Housing.	Mar 07	Head of Commissioning	LAA 11.6	LAA Outcome 11

HC 11	Promote a culture of person centred practice to ensure that service users and their carers are at the centre of planning their support	Mar 07	Head of Commissioning	LAA 11.1 – 11.4	LAA Outcome 11
HC 12	Enable people with disabilities to have as much choice, independence and control as possible over their lives	Mar 07	Liz Bruce		LAA Outcome 11
Corporate Plan Objective: Mental Wellbeing – Promote a positive approach to the Mental Wellbeing of Hartlepool residents					
Ref:	Action	Milestone	Responsible Officer	Associated PIs	Links to Other Plans
HC 13	Support the development of a strategy to increase the social inclusion for people with mental health issues	Mar 07	Joanna Foster Adams	LAA 12.1 + 12.2	LAA Outcome 12
HC 14	Enhance the role of Community Services in the preventative mental wellbeing agenda by ensuring services are easily accessible to vulnerable groups	Mar 07	John Mennear	LAA 12.3 – 12.5	LAA Outcome 12
Corporate Plan Objective: Access to Services – To support easier access to services which are integrated and tailored to individual need					
Ref:	Action	Milestone	Responsible Officer	Associated PIs	Links to Other Plans
HC 15	To work with the community in Owton to design and implement a Connected Care Scheme	Sep 06	Head of Commissioning		LAA Outcome 13

HC 16	To implement Vision for Care in conjunction with Hartlepool Primary Care Trust so that key elements such as integrated locality teams, single assessment processes and joint commission arrangements are put in place	Mar 07	Head of Commissioning	LAA 13.14 – 13.16	LAA Outcome 13
HC 17	To ensure that services are culturally sensitive and are able to respond flexibly to the diverse needs of the community	Mar 07	John Mennear		LAA Outcome 13
HC 18	To ensure services are fully compliant with the Disability Discrimination Act	Mar 07	Margaret Hunt		LAA Outcome 13
Corporate Plan Objective: To develop the capacity of the voluntary independent and community sector to respond to the challenges of the White Paper in supporting vulnerable members of society					
Ref:	Action	Milestone	Responsible Officer	Associated PIs	Links to Other Plans
HC 19	To maximise the opportunities for additional resources through the development of appropriate partnerships with the voluntary sector	Jan 07	Margaret Hunt		
HC 20	To ensure that carers are supported effectively to support their family members for as long as they wish	Mar 07	Janet Wistow		
Corporate Plan Objective: To safeguard and improve health and well-being for people working, living and visiting the borough					
Ref:	Action	Milestone	Responsible Officer	Associated PIs	Links to Other Plans

HC21	To carry out enforcement duties and deliver high quality services through the efficient and effective use of resources	Mar 07	Ralph Harrison		
HC22	To deliver an effective Health Development Service	Apr 06 and ongoing	Ralph Harrison	LAA 10.6	LAA Outcome 10
HC23	To maintain and improve public health and safety through the enforcement of housing and nuisance legislation	Mar 07 and ongoing	Penny Garner-Carpenter		

Culture and Leisure

Community Strategy / Council Priority	Ensure a wide range of good quality, affordable and accessible leisure, and cultural opportunities
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Key achievements in 2005/06

- To be inserted

Culture and Leisure					
Corporate Plan Objective: Enrich individual lives, strengthen communities and improve places where people live through enjoyment of leisure, culture and sport					
Ref:	Action	Milestone	Responsible Officer	Associated PIs	Links to Other Plans
CL1	Provide knowledge, information and contact points for the community	Mar 07	John Mennear	LAA 29.1 LAA 29.2	LAA Outcome 29
CL2	Develop and improve sports and leisure facilities and events	Mar 07	John Mennear	LAA 29.3	LAA Outcome 29

CL3	To improve the health and wellbeing of patients referred by health practitioners via a GP referral scheme by increasing patient levels of participation in both physical and cultural related activities	Apr 06 and ongoing	Pat Usher	LAA 9.16 LAA 9.18	LAA Outcomes 9 + 29
Corporate Plan Objective: Enjoy and Achieve – Quality and range of recreational activities for children and young people improved					
Ref:	Action	Milestone	Responsible Officer	Associated PIs	Links to Other Plans
CL4	Increase the number and quality of safe and accessible places for Hartlepool children and young people to play and socialise	Apr 06 and ongoing	Sue Johnson		LAA Outcome 7 Every Child Matters
CL5	Work with partners, especially the voluntary sector, to provide a range of affordable, accessible, challenging and rewarding recreational activities for all children and young people, especially those who are socially excluded	Apr 06 and ongoing	Sue Johnson		LAA Outcome 7 Every Child Matters
Corporate Plan Objective: Cultural and leisure services, including libraries, better meet the needs of the community, especially disadvantaged areas					
Ref:	Action	Milestone	Responsible Officer	Associated PIs	Links to Other Plans
CL6	To increase opportunities for participation in a wide range of cultural and leisure activity	Mar 07	John Mennear	LAA 30.1 – 30.9	LAA Outcome 30

PERFORMANCE INDICATORS - APPENDIX B

Every council is required by the Office of the Deputy Prime Minister to collect and publish a range of Best Value performance indicators. In addition to these Government indicators, services in Hartlepool Borough Council have also set 'Local indicators' These statutory and non-statutory Best value indicators are set out in the pages that follow.

The tables provide detailed performance presented against the overall performance of the council and each of the Community Strategy themes and aims. Three of the Community Strategy themes have some relevance to this Forum, and are listed below.

⇒ Lifelong Learning and Skills	⇒ Health and Care
⇒ Culture and Leisure	

BVPIs are set by the government and information for these must be included in the plan. Some of the BVPIs have additional uses these include:-

<ul style="list-style-type: none"> • Comprehensive Performance Assessment (CPA) The means by which the Audit Commission assesses the Council's overall performance • Performance Assessment Framework (PAF) Indicators set by the government for Social Services service areas 	<ul style="list-style-type: none"> • Public Service Agreement (PSA) Agreement between local and central government to improve performance across a range of indicators based upon national and local priority • Quality of Life (QoL) These indicators cover the issues that effect how people feel about life in the local area.
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LIFELONG LEARNING AND SKILLS					
Corporate Plan Objective: Provision of high quality learning and skills opportunities that drive economic competitiveness, widen participation and build social justice					
	Ref	Definition	Outturn 2005/06	Target 2006/07	LAA Target 2008/09
LL8	LAA 8. 13	Number of learners participating in Adult Education Programmes	2830 (2004/05)	3100	3300
LL9	LAA 8. 14	Number of individuals trained to deliver activities within clubs and the community	106 (2004/05)	145	155

In 5-10 years time -

The numbers of adults participating in learning will continue to rise. This will lead to enhanced economic and social regeneration.

There will be more adults who are achieving a qualification at level 1 and level 2 and, in particular, there will be an increase in the number of adults who have a qualification in literacy and/or numeracy.

- Increase to 4000 the number of learners participating in Adult Education Programmes

Health and Care					
Corporate Plan Objective: Improved health – reduce premature mortality rates and reduce inequalities in premature mortality rates between wards/neighbourhoods.					
	Ref	Definition	Outturn 2005/06	Target 2006/07	LAA Target 2008/09
HC4	BVPI 197	Teenage Pregnancies			
HC6	BVPI 49	Stability of Placements for Looked After Children			
HC1	LAA 9.1	Life Expectancy Females (Hartlepool)	78.0 (1995-97)	79.1	79.5
HC1	LAA 9.2	Gap in Hartlepool and England Life Expectancy (Female)	1.8 (1995-97)	1.9	1.9
HC1	LAA 9.3	Life Expectancy males (Hartlepool)	72.5 (1995-97)	73.7	74.3
HC1	LAA 9.4	Gap in Hartlepool and England Life Expectancy (male)	2.3 (1995-97)	2.8	2.8
HC1	LAA 9.5	Life Expectancy Females (NRA)	77.5 (2001-03)	77.6	77.9
HC1	LAA 9.6	Gap in NRA and Hartlepool Females	1.4 (2001-03)	1.5	1.4
HC1	LAA 9.7	Life Expectancy males (NRA)	70.6 (2001-03)	70.8	71.1
HC1	LAA 9.8	Gap in NRA and Hartlepool males	2.8 (2001/03)	2.8	2.8
HC1	LAA 9.9	Mortality rates from heart disease, stroke and related diseases in people under 75 (Hartlepool) (per 100,000)	143 (2002)	135	118
HC1	LAA 9.10	Mortality rate from cancer amongst people aged under 75 (Hartlepool) (per 100,000)	157 (2002)	154	148
HC1	LAA 9.11	The prevalence of smoking among adults (Hartlepool)	34% (2004)	33%	32% (2008)
HC1	LAA 9.12	The prevalence of smoking among adults (NRA + NDC)	44% (2004)	42%	40% (2008)
HC1	LAA 9.13	Number of 4 week smoking quitters (NRA + NDC)	n/a	385	415
HC1	LAA 9.14	Number of 4 week smoking quitters (rest of Hartlepool)	n/a	315	285
HC1	LAA 9.16	Number of patients completing a 10 week programme of referred activity as a result of health practitioner recommendation (Performance expected with reward)	333 (2004/05)	3 year target	1350 (3 year)
HC1	LAA 9.18	Of those completing a 10 week programme the percentage going	n/a	3 year target	675 (3 year)

	Ref	Definition	Outturn 2005/06	Target 2006/07	LAA Target 2008/09
		onto mainstream activity (Performance expected with reward)			
HC1	LAA 10.1	Immunisation rates - percentage uptake of 2 doses of MMR at 5 years of age (Hartlepool)	79% (O < 05)	83%	90%
HC1	LAA 10.2	Immunisation rates - percentage uptake of 2 doses of MMR at 5 years of age (NRA)	74% (O < 05)	79%	87%
			Corporate Plan Objective:		
HC4	LAA 10.3	Under 18 conception rates (Hartlepool) (per 1,000)	75.6 (1998)	64	52
HC4	LAA 10.4	Under 18 conception rates (NRA) (per 1,000)	97 (1998)	82	69
HC22	LAA 10.6	Number of schools achieving the new Healthy Schools Status (Performance with reward)	n/a	n/a	36
			Corporate Plan Objective:		
HC11	LAA 11.1	The number of adults under 65 with physical disabilities whom the authority helps to live at home per 1000 adults under 65	9.71 (2004/05)	11.0	11.0
HC11	LAA 11.2	The number of adults under 65 with learning disabilities whom the authority helps to live at home per 1000 adults under 65	3.45 (2004/05)	3.7	3.7
HC11	LAA 11.3	The number of adults under 65 with mental health problems whom the authority helps to live at home per 1000 adults under 65	3.37 (2004/05)	4.5	4.5
HC11	LAA 11.4	Vulnerable Adults helped to live at home per 1,000 population: older people	118.82 (2004/05)	125	125
HC9	LAA 11.5	Vulnerable adults, or their carer, receiving direct payments per 100,000 adults	45.53	114	184
HC10	LAA 11.6	Number of people receiving intermediate care (HBC only)	900 (2004/05)	1110	1250
					LAA 11.6
Corporate Plan Objective:					
Mental Wellbeing – Promote a positive approach to the Mental Wellbeing of Hartlepool residents					

	Ref	Definition	Outturn 2005/06	Target 2006/07	LAA Target 2008/09
HC13	LAA 12.1	Suicide rates (per 100,000 population)	104 (1996)	9.1	8.8
HC13	LAA 12.2	Prescribing of high level antidepressants (ADQ/PU) (Hartlepool)	427.68 (2004/05)	423.4	414.98
HC14	LAA 12.3	Number of emergency psychiatric re-admissions as a percentage of discharges	15.71 (2004/05)	12	6
HC14	LAA 12.4	Adults aged 18-64 with mental health problems helped to live at home per 1,000 population aged 18-64	3.37	4.5	4.5
HC14	LAA 12.5	Direct payments to people with mental health needs as at 31 st March	1	6	10
Corporate Plan Objective:		Access to Services – To support easier access to services which are integrated and tailored to individual need			
HC16	LAA 13.14	Access to equipment and telecare: users with telecare equipment	0 (2004/05)	100	300
HC16	LAA 13.15	Access to social care services: percentage receiving services following assessment or review	32.22	35%	35%
HC16	LAA 13.16	Services provided to carers: Carers receiving service as a percentage of Community based clients	7.6 (2004/05)	17%	24%

In 5-10 years time -**For Children**

In line with national expectations -

Where children and young people need to be cared for away from parents, then their placements are stable and they are provided with support to achieve outcomes in line with other young people

- Young people who have been in care are able to experience life outcomes in line with others
- Children and young people are safe from abuse. Where abuse does take place they are protected from re-occurrence
- Children's Services are provided in an integrated manner, and are perceived to be so by children, young people and families
- The public, and in particular users of services, are actively involved in service planning and delivery

For Adults

In line with the local Vision for Care:-

Healthy lifestyles are increasingly chosen

- People have ready access to early support to prevent illness and promote recovery
- People enjoy more safety at home
- People are empowered to achieve a fuller and more independent life
- People are more fully involved in planning/delivery of services, and in community life
- Users and carers are helped towards greater economic activity, and to enjoy a better quality of life

Culture and Leisure					
Corporate Plan Objective:					
Enrich individual lives, strengthen communities and improve places where people live through enjoyment of leisure, culture and sport					
Ref		Definition	Outturn 2005/06	Target 2006/07	LAA Target 2008/09
CL3	LAA 9.16	Number of patients completing a 10 week programme of referred activity as a result of health practitioner recommendation (Performance expected with reward)	333 (2004/05)	3 year target	1350 (3 year)
CL3	LAA 9.18	Of those completing a 10 week programme the percentage going onto mainstream activity (Performance expected with reward)	n/a	3 year target	675 (3 year)
CL1	LAA 29.1	Engagement in museum outreach activity by under-represented groups	271 (2004/05)	300	325
CL1	LAA 29.2	Visits by C2DE (MORI definition of Working Class) visitors to the Museum of Hartlepool (based on Renaissance funded MORI visitor survey)	39% (2004/05)	40%	42%
CL2	LAA 29.3	Number of individuals trained to deliver activities within clubs and the community	106 (2004/05)	145	155

Corporate Plan Objective:			Cultural and leisure services, including libraries, better meet the needs of the community, especially disadvantaged areas		
CL6	LAA 30.1	Overall average attendance at Eldon Grove and Mill House Leisure Centre	397479 (2004/05)	362500	367500
CL6	LAA 30.2	Increase annual Leisure Centre attendances (Neighbourhood Renewal narrowing the gap)	54% (2004/05)	55%	57%
CL6	LAA 30.3	Increase proportion of residents satisfied with museums/arts (Hartlepool)	63% (2003/04)	64%	66%
CL6	LAA 30.4	Increase proportion of residents satisfied with museums/arts (Neighbourhood Renewal narrowing the gap)	9% (2003/04)	8%	7%
CL6	LAA 30.5	Increase residents satisfaction with public parks and open spaces (Hartlepool)	67% (2004/05)	75%	75%
CL6	LAA 30.6	Increase residents satisfaction with public parks and open spaces (Neighbourhood Renewal narrowing the gap)	3% (2004/05)	2%	2%
CL6	LAA 30.7	Increase residents satisfaction with libraries (Hartlepool)	77% (2003/04)	78%	79%
CL6	LAA 30.8	Increase residents satisfaction with libraries (Neighbourhood Renewal narrowing the gap)	n/a	4%	3%
CL6	LAA 30.9	Number of concessionary members of Leisure Card Scheme attending the centres four times or more during the year	1348 (2004/05)	1750	2250

In 5-10 years time -

There will be an improvement in the profile and quality of the tourism, creative and leisure industries.

There will be increased participation in a wide range of cultural and leisure activities.

There will be increased participation in physical activity

There will be a marked increase in the percentage of residents satisfied with the Local Authorities' Cultural Services by 2012/13, as compared with a 2000/1 baseline.

The number of people physically visiting or remotely accessing public library services will increase.

- Increase in engagement in museum outreach activity by under represented groups to 350 in 2010
- Visits by working class people to Museum of Hartlepool to increase to 43%
- Increased satisfaction with leisure services
- Increased annual attendance to leisure centres
- Increase in leisure card holders attendance up to 2500 by 2012.

APPENDIX C

**EXTRACT OF LOCAL PUBLIC SERVICE AGREEMENT 2:
PERFORMANCE REWARD GRANT ALLOCATION WHICH FALL UNDER
THE REMIT OF THE ADULT AND COMMUNITY SERVICES AND HEALTH
SCRUTINYFORUM**

Tgt	Outcome	Indicator	%age	Amount	Org.
7	Improving training and employment prospects for carers	Number of Carers completing education or training and achieving NVQ Level 2 or equivalent qualification, or higher. (and proportion of all carers)	50	£38,322	Hartlepool Carers
			50	£38,322	ACSD
		Number of Carers remaining in employment for a minimum of 16 hours per week, and for at least 32 weeks in the year (and proportion of all carers)	50	£38,322	Hartlepool Carers
			50	£38,322	ACSD
9	To improve the health and well-being of patients referred by health practitioners via a GP referral scheme by increasing patients levels of participation in physical activities.	Number of patients completing a 10 week programme of referred activity* as a result of health practitioner recommendation	40	£61,315	ACSD
		Of those completing 10 week programme, the percentage going onto mainstream activity**	60	£91,972	ACSD