

CABINET AGENDA



Monday 21 November 2011

at 9.15 a.m.

**in Committee Room B,
Civic Centre, Hartlepool.**

MEMBERS: CABINET:

The Mayor, Stuart Drummond

Councillors Brash, Hall, Hargreaves, Hill, Jackson, Payne, Simmons and H Thompson.

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 To receive the Record of Decision in respect of the meeting held on 7 November 2011 (previously circulated)
- 3.2 To receive the Record of Decision in respect of the meeting of Emergency Planning Joint Committee held on 8 November 2011 (previously circulated)

4. BUDGET AND POLICY FRAMEWORK

No items

5. KEY DECISIONS

- 5.1 Voluntary and Community Sector Strategy & Compact and Community Grants Pool – *Assistant Director (Community Services) and Assistant Director (Neighbourhood Services)*

6. OTHER ITEMS REQUIRING DECISION

- 6.1 Hartlepool Borough Council's Response to Caring for our Future – Shared Ambitions for Care and Support – Consultation – *Director of Child and Adult Services*
- 6.2 Proposal for a Hartlepool Hearing Loss Strategy – *Director of Child and Adult Services*
- 6.3 Local Asset Backed Vehicles – *Director of Regeneration and Neighbourhoods*

7. ITEMS FOR DISCUSSION/INFORMATION

- 7.1 Annual Report of the Hartlepool Safeguarding Children Board 2010-2011 – *Director of Child and Adult Services*
- 7.2 Quarter 2 – Council Overview of Performance and Risk 2011/12 – *Corporate Management Team*
- 7.3 Hartlepool Partnership Plan Quarter 2 (2011/12) Summary of Performance – *Assistant Chief Executive*

CABINET REPORT

21st November 2011



Report of: Assistant Director (Community Services) and
Assistant Director (Neighbourhood Services)

Subject: VOLUNTARY & COMMUNITY SECTOR STRATEGY
& COMPACT AND COMMUNITY GRANTS POOL

SUMMARY

1. PURPOSE OF REPORT

Over the past few months a number of workstreams relating to the Voluntary and Community Sector (VCS) have been progressed across the Council. The purpose of this report is to bring together those workstreams and to ask Cabinet to agree how to take these forward. The report outlines proposals for the future delivery of the Hartlepool Compact, Voluntary Sector Strategy and the Community Grants Pool. The report also makes reference to the Council's approach to funding the VCS and proposes a review of the Sustainable Procurement Strategy.

2. SUMMARY OF CONTENTS

The report outlines a number of proposals for Cabinet to consider in relation to the Council's approach to the Voluntary and Community Sector. It also sets out the background to the Hartlepool Compact, Voluntary Sector Strategy and Community Pool.

3. RELEVANCE TO CABINET

The report outlines proposals which will affect how the council works with and supports the Voluntary and Community Sector within the Borough.

4. TYPE OF DECISION

Key Decision (tests i & ii apply). Forward Plan reference numbers:

- CAS 95/11 Hartlepool Community Pool Grants Review; and
- RN 96/11 – Hartlepool Voluntary & Community Sector Strategy and Compact

5. DECISION MAKING ROUTE

Cabinet 21st November 2011

6. DECISION(S) REQUIRED

Cabinet is requested to agree:

- (i) the proposed timetable for the preparation of the new Voluntary and Community Sector Strategy and Compact as outlined in appendix 1;
- (ii) the reduction of the Community Grants Pool budget for 2012/13 by £49,000 to £408,000 to support the bridging of the budget deficit;
- (iii) the five categories that will form the basis for allocating the Community Grants Pool as identified in section 6.2 and appendix 4;
- (iv) that allocation of categories 1, 2, 3 and 4 of the Community Grants Pool will follow a commissioning process with further work to be undertaken to identify the outcomes expected through each category;
- (v) that no individual allocations for the categories be set at this stage but that a further report be brought once bids have been received for Cabinet to determine how much should be allocated to each category;
- (vi) that further work will be undertaken to determine the types of activity that will be supported through category 5 taking into consideration the emerging VCS Strategy and Compact, this will include how applications in this category will be considered by Grants Committee;
- (vii) to establish a commissioning approach for the Council which is based on the delivery of outcomes that will contribute to the Council's priorities and revise the Sustainable Procurement Strategy to reflect this approach.

Cabinet is also requested to note the intention of the Housing and Transition Portfolio Holder to establish a development group of his portfolio with elected members, VCS representatives and HBC officers to support the review of the VCS Strategy and Compact.

Report of: Assistant Director (Community Services) and
Assistant Director (Neighbourhood Services)

Subject: VOLUNTARY & COMMUNITY SECTOR STRATEGY
& COMPACT AND COMMUNITY GRANTS POOL

1. PURPOSE OF REPORT

- 1.1 Over the past few months a number of workstreams relating to the Voluntary and Community Sector (VCS) have been progressed across the Council. The purpose of this report is to bring together those workstreams and to ask Cabinet to agree how to take these forward. Workstreams have covered the Hartlepool Compact, Voluntary Sector Strategy, Hartlepool Borough Council (HBC) funding to the VCS and the Community Grants Pool.

2. BACKGROUND - HARTLEPOOL COMPACT & VOLUNTARY SECTOR STRATEGY

- 2.1 The Hartlepool Compact and Voluntary Sector Strategy (VSS) are currently two separate documents. However, the VSS recognises the importance of the Hartlepool Compact and its role as an implementation tool underpinning the VSS by setting out a series of clear codes of practice for statutory agencies and the voluntary sector to embed.
- 2.2 The Compact was developed through extensive consultation with public sector partners and the Voluntary and Community Sector (VCS) in 2008. It was endorsed by the Hartlepool Partnership and Cabinet in October 2008. The Hartlepool Compact is a written agreement containing a series of codes of good practice for engagement that are designed to improve the relationships between the VCS and other organisations in Hartlepool. The Compact was signed by 16 statutory partners that work within the Borough.
- 2.3 The Voluntary Sector Strategy, jointly commissioned by the Council and the Primary Care Trust was developed by Peter Fletcher Associates. Again the process involved extensive consultation with the VCS and other partners in the Hartlepool Partnership. The VSS was endorsed by Cabinet and the Partnership in autumn 2009. The vision of the plan is as follows: *There will be a thriving voluntary and community sector in Hartlepool that contributes fully to making Hartlepool an ambitious, healthy, respectful, inclusive, thriving and outward-looking community, in an attractive and safe environment, where everyone is able to realise their potential.* To enable this, an outcome framework was developed.

- 2.4 The intention was that the two documents together would bring about a real change in culture and help both sectors to work together more effectively and provide better services. Both documents have an action plan to help achieve this and the work is overseen by the Voluntary Sector Strategy Implementation Group. The regular representation at this group includes Neighbourhood Management, Community Services, Corporate Procurement, Adult Education, Child & Adults Support Services Development and HVDA. Several achievements have been made towards the action plans.
- 2.5 Since 2010 there have been a number of changes introduced at a central government level which have implications for both the public and voluntary sectors. The Comprehensive Spending Review published in late 2010 saw in year cuts affecting contracts with voluntary sector organisations and the onset of considerable cuts across the public sector. Like many organisations, the partners signed up to the Hartlepool Compact are currently facing financial cut backs. This will make it more challenging to work towards some of the principles of the Compact; however, it is essential that the codes are still adhered to. In addition, the Community Network, which had an integral role in the governance arrangements for the Compact, ended in March 2011 and since then an alternative body has not been identified to take on this role.
- 2.6 The updated National Compact was agreed in December 2010, showing that there is still a commitment from the current Government to the Compact. The National Audit Office is currently carrying out a review to examine the implementation of the Compact, focusing on issues of accountability and transparency. The review will conclude on the implementation of the Compact across central government, identifying and then highlighting variations in practice and making recommendations for improvements; this is expected in late 2011.

3. PROPOSAL FOR THE DEVELOPMENT OF A VOLUNTARY AND COMMUNITY (VCS) SECTOR STRATEGY AND COMPACT

- 3.1 In light of reduced resources and the developing national government policy it is now felt timely for a more fundamental review of the Voluntary Sector Strategy (VSS) and Compact. In order to ensure clarity at the local level it is proposed to bring the Strategy and Compact together into one document that will clearly set out the relationship between the Local Authority and its public sector partners and the Voluntary and Community Sector (VCS). The new VCS Strategy and Compact will be drafted using the existing documents and the new National Compact as a base.
- 3.2 The Portfolio Holder for Housing and Transition, who has responsibility for the VCS Strategy, Compact and commissioning, intends to establish a development group from his Portfolio to consider the draft. This development group will include elected members, VCS representatives and HBC officers. The development group will consider early drafts of the Strategy and Compact prior to the formal consultation process and will consider the

responses received through the consultation in the development of the final version.

- 3.3 The proposed timetable for the preparation of the new Strategy and Compact is set out in **appendix 1**. This timetable sets out that a draft of the Strategy and Compact will be brought to Cabinet in January for approval as a draft for consultation. A wide-ranging consultation process will then be undertaken over a period of 8-weeks in accordance with the current Compact code for Consultation and Policy.
- 3.4 The review will result in a new VCS Strategy and Compact for Hartlepool and in order to drive it forward new governance arrangements will need to be agreed. These new arrangements will aim to strengthen the role of the VCS in overseeing the implementation of the Strategy and Compact. A proposal for the future governance arrangements will be prepared in time to be included within the consultation on the draft Strategy and Compact.

4. BACKGROUND - COMMUNITY GRANTS POOL

- 4.1 The Community Grants Pool has provided financial assistance to support those aspects of the activities of the voluntary/community/not for profit sector that clearly reflect the aspirations of the Council's Community Strategy. The main objective of the Community Pool has been to support the activity of "strengthening communities".
- 4.2 The Community Pool has traditionally been divided into three areas:
- a proportion for 'directed lettings' which is support for groups to hire premises and a Parish council grant towards meeting costs;
 - a proportion for Hartlepool Sports Council to enable direct grants to be awarded to support individuals with proven potential in sport; and
 - thirdly the balance (the majority of the grant) which is awarded to community groups which fit one of the four funding categories, namely:
 - (i) Providers of service of strategic importance
 - (ii) Community Development / capacity building initiatives
 - (iii) Established groups not previously supported (i.e. new)
 - (iv) Other organisations and groups
- 4.3 Applications are processed against a set criteria and grant aid has generally been awarded through Grants Committee as a contribution towards the core costs of an organisations operation. Applications to the Community Grants Pool have been open to all. However, the majority of the applications have tended to be from groups that have previously received grant from the pool suggesting that some groups have become dependant on the Community Grants Pool to ensure their sustainability. The Community Pool has traditionally supported approximately 30 voluntary sector groups per annum.
- 4.4 Monitoring how the grant is spent against the proposal agreed is a major part of the grant management process. Groups who have been successful in

securing funding are expected to complete a comprehensive monitoring form at the end of the year that the grant relates to. The monitoring form captures information relating to the expenditure of the grant and other information including details of the outputs and benefits provided by the group through the funding they have received from the Community Grants Pool. Other information requested includes the make up of the management committee/board of trustees, other funding raised by the group to match the funding from the Community Grants Pool and the areas of the Borough served by the group etc.

- 4.5 As part of the Council's response to the Comprehensive Spending Review, the Community Grants Pool budget for the financial year 2011/2012 was reduced by 10 per cent on the 2010/11 budget. All information issued to current grant recipients has stressed the need to have exit strategies in place should future funding not be available. The Grants Committee met on 27th September 2011 and Members approved the payment of awards for the second half of the current financial year. Groups have been informed that the award for the period October 2011 to March 2012 will be the last funding awarded from the Community Grants Pool in its current format and that their funding will end with effect from 31st March 2011.
- 4.6 In addition to the Community Grants Pool there is also the Civic Lottery which is a historic lottery reserve that produces an annual interest payment of around £8,500 depending upon financial interest rates. The annual interest is disbursed fully by Grants Committee through a series of small grant awards up to a maximum of £2,000 to local groups. In reality, the popularity of this small grant fund results in much smaller payments of around £100 - £300 to a wide variety of community groups. The Civic Lottery will continue in 2012/13 in its current form.

5. REVIEW OF THE COMMUNITY GRANTS POOL

- 5.1 The Community Grants Pool review began in the current financial year. The intention was to have a revised Community Grants process agreed by December 2011 to allow for the scheme to be prepared and in place for April 2012 at the latest. A number of sources and documents have been drawn up on as part of the review process. This has led to the development of a number of key principles and guidance and it has been identified that these should inform any change to the criteria for the distribution of the Community Pool.
- The Council's priorities should be the driving force for the strategic direction of the Community Pool.
 - These identified priorities should lead to a greater emphasis on the 'commissioning' of services rather than grant aid for core funding.
 - Recognition should also be given to the difference between major commissioning of certain service areas and the maintenance of a healthy Voluntary and Community Sector (VCS) undertaking service provision in areas of activity that are not necessarily priorities for the

Council core services, nevertheless such groups can be important to the local community or unique to a particular provider.

- Consortia applications for areas of 'commissioned' service should be encouraged.
- Ensure where funding is removed from current recipients that sufficient notice of change is given, where this is not possible, identify contingencies and extensions of current arrangements for a reasonable period of time.
- Be mindful of the emerging outcomes of relevant Scrutiny investigation reports and where agreed, incorporate such outcomes into the revised criteria.
- Consider removal from the community pool, funds that are better placed within wider strategic considerations, for consideration elsewhere.
- Ensure that all voluntary sector organisations become eligible to be considered for emergency funding, development funding and grant matching purposes subject to annual funding being available via a small grants pot.
- Develop a 'small grants' pot and criteria for distribution.

- 5.2 Draft recommendations including the funding categories were formulated and the content of the draft funding guidelines related to the Council's priorities as stated in the Community Strategy, the Child Poverty Strategy, the Voluntary Sector Strategy and the work of the Financial Inclusion Partnership.
- 5.3 Consultation on the draft recommendations included issuing them to VCS organisations with an opportunity given for them to submit their views on the proposals. The draft recommendations have been circulated to those groups who have previously applied for funding in the last 3 years and all current recipients of funding. HVDA were also provided with a copy of the information to ensure all the VCS groups on their database had the opportunity to be informed. Responses from the VCS are included as **appendix 2** and have been taken into consideration in the formulation of the guidelines for the new grant scheme. The consultation identified a range of views and there was no general consensus of opinion. Many of the groups that responded stated that the loss of 'core funding' would be detrimental to the voluntary sector, that changing the process for awarding funding to a commissioning process from a grants process was not necessary and for some groups not possible at this point in time and could potentially open up the scheme to groups outside of Hartlepool. They also identified that working as a consortium for making bids is an area which is felt to be problematic.
- 5.4 Officers also posted the draft recommendations on the Council website and the information was circulated to all elected Members, however no responses were received.
- 5.5 Scrutiny Co-ordinating Committee (SCC) identified the need for its full involvement in the process for the review of the criteria/process for the award of Community Grants Pool. In accordance with this request and as part of

the consultation process the Committee's views were sought in relation to outline draft recommendations for the future development of the grant. SCC met to consider the proposals on 2nd September 2011 and their comments, attached as **appendix 3**, have been taken into consideration in the formulation of the final proposals for the new scheme. In principle SCC supported the outline draft recommendations. The final proposals will be presented to SCC on 11th November 2011 and their view on the proposals will be provided to Cabinet prior to the consideration of this report on 21st November 2011.

- 5.6 The review has sought to ensure that the Council's changing priorities are reflected in the new criteria for the Community Pool and that budget efficiency targets are met. A review of the current criteria in a time of economic stringency will assist in refocusing on the Council's strategic direction in respect of the VCS. It is however recognised that any review that leads to the end of core funding for the current groups accessing the Community Grants Pool will bring hardship and a requirement from them to focus closely on their grant funding exit strategies.

6. PROPOSAL FOR THE COMMUNITY GRANTS POOL 2012/13

- 6.1 Following on from the review it is now timely for Cabinet to determine the future use of the Community Grants Pool so that activities can be in place for April 2012. Firstly, Cabinet is requested to agree the total value of the Pool. In 2011/12 the total value of the Pool stands at £457,000. In order to support the bridging of the budget deficit it is proposed that the Community Grants Pool budget be reduced by £49,000 to £408,000 for 2012/13. This proposal will be considered at the Tri-partite meeting on 16th November 2011 and their view on the proposal will be provided to Cabinet on 21st November 2011.
- 6.2 Following the review the 5 categories that were identified in the draft proposals for the Community Grants Pool have been further developed and are now proposed for agreement:
1. Universal Welfare & Benefits Advice Support
 2. Universal Credit Union Support
 3. Capacity/Resource Building
 4. Universal Town-wide Specialist and/or Support Organisations
 5. Development/Investment Support Grants – "Challenge Funding"
- 6.3 Further detail on these categories is set out in **appendix 4**. Appendix 4 also sets out that £5,000 will be top-sliced from the Community Grants Pool for directed lettings and the Hartlepool Sports Council. Cabinet have previously identified the need for the Local Authority to move towards a commissioning approach with the VCS and in line with this the award of categories 1, 2, 3 and 4 will follow this approach. Cabinet have also voiced support for a commissioning approach with the VCS which encourages joined-up working through consortia proposals. It is recognised that a clear definition of what a consortia is needs to be established and that when encouraging consortia's we adhere to procurement rules. So, while consortia bids will be encouraged

it is recognised that in order to comply will competition rules for procurement individual organisations will not be precluded from applying.

- 6.4 Cabinet are requested to note that Category 3 provides more detail on the specific outcomes that will be required to be delivered by the successful organisation/consortia group. Similarly, outcomes will need to be identified for each of the other categories before a commissioning process is undertaken and it is proposed that the Assistant Director (Neighbourhood Services) in consultation with other Assistant Directors and the relevant Portfolio Holder prepares this detail.
- 6.5 In addition, further work will be undertaken to determine the types of activity that will be supported through category 5 and also how applications in this category will be considered so that this can be in place and ready to be implemented from 1st April 2012. This will be linked with the emerging VCS Strategy and Compact. The allocation of category 5 awards will be undertaken by the Grants Committee.
- 6.6 Cabinet has identified the need to provide some support to VCS organisations within Hartlepool to enable them to tender for contracts with HBC. This will be included within the VCS Strategy and Compact and Categories 3 and 5 will be used to provide some of this support.
- 6.7 Individual allocations for the proposed categories within the Community Grants Pool have not been identified. It is proposed that this be left open to the market and that funding be allocated by Cabinet against the individual categories following receipt of the proposals from VCS organisations. The balance of the Community Grants Pool will become the budget for Category 5.
- 6.8 As in previous years the Civic Lottery and the £5,000 top-slice from the Community Grants Pool for directed lettings and the Hartlepool Sports Council will be allocated by Grants Committee.

7. VCS COMMISSIONING

- 7.1 In recent years the Council has been a source of significant funding for the VCS. A recent review of the HBC funding to the VCS identified that due to the end of grant streams such as the Working Neighbourhoods Fund (WNF) the value of this funding had significantly reduced in the last year:

2010/11	145 VCS organisations supported to a total of £6,510,831
2011/12	55 VCS organisations supported to a total of £3,324,670

- 7.2 Cabinet have outlined that they would like the council to move towards a commissioning approach when working with the VCS. This commissioning

approach will be based on the delivery of outcomes that will contribute to the Council's priorities. It is recognised that we need to be clear with the VCS about how we will commission services in the future and also what support we will provide to assist them in being commissioned to deliver services on our behalf. In order to do this it is proposed that in addition to including our approach to commissioning within the VCS Strategy and Compact we also update the Council's Sustainable Procurement Strategy to reflect our approach.

8. RECOMMENDATIONS

8.1 Cabinet is requested to agree:

- (i) the proposed timetable for the preparation of the new Voluntary and Community Sector Strategy and Compact as outlined in appendix 1;
- (ii) the reduction of the Community Grants Pool budget for 2012/13 by £49,000 to £408,000 to support the bridging of the budget deficit;
- (iii) the five categories that will form the basis for allocating the Community Grants Pool as identified in section 6.2 and appendix 4;
- (iv) that allocation of categories 1, 2, 3 and 4 of the Community Grants Pool will follow a commissioning process with further work to be undertaken to identify the outcomes expected through each category;
- (v) that no individual allocations for the categories be set at this stage but that a further report be brought once bids have been received for Cabinet to determine how much should be allocated to each category;
- (vi) that further work will be undertaken to determine the types of activity that will be supported through category 5 taking into consideration the emerging VCS Strategy and Compact, this will include how applications in this category will be considered by Grants Committee;
- (vii) to establish a commissioning approach for the Council which is based on the delivery of outcomes that will contribute to the Council's priorities and revise the Sustainable Procurement Strategy to reflect this approach.

8.2 Cabinet is also requested to note the intention of the Housing and Transition Portfolio Holder to establish a development group of his portfolio with elected members, VCS representatives and HBC officers to support the review of the VCS Strategy and Compact.

9. REASONS FOR RECOMMENDATIONS

9.1 The recommendations have been prepared following a review of the current Community Grants Pool and a preliminary review of the Hartlepool Compact and Voluntary Sector Strategy which has considered recent government policy. The proposals take account of the current financial position of the Council, changes in national policy and Cabinet's will to move to a commissioning approach with the VCS.

10. BACKGROUND PAPERS

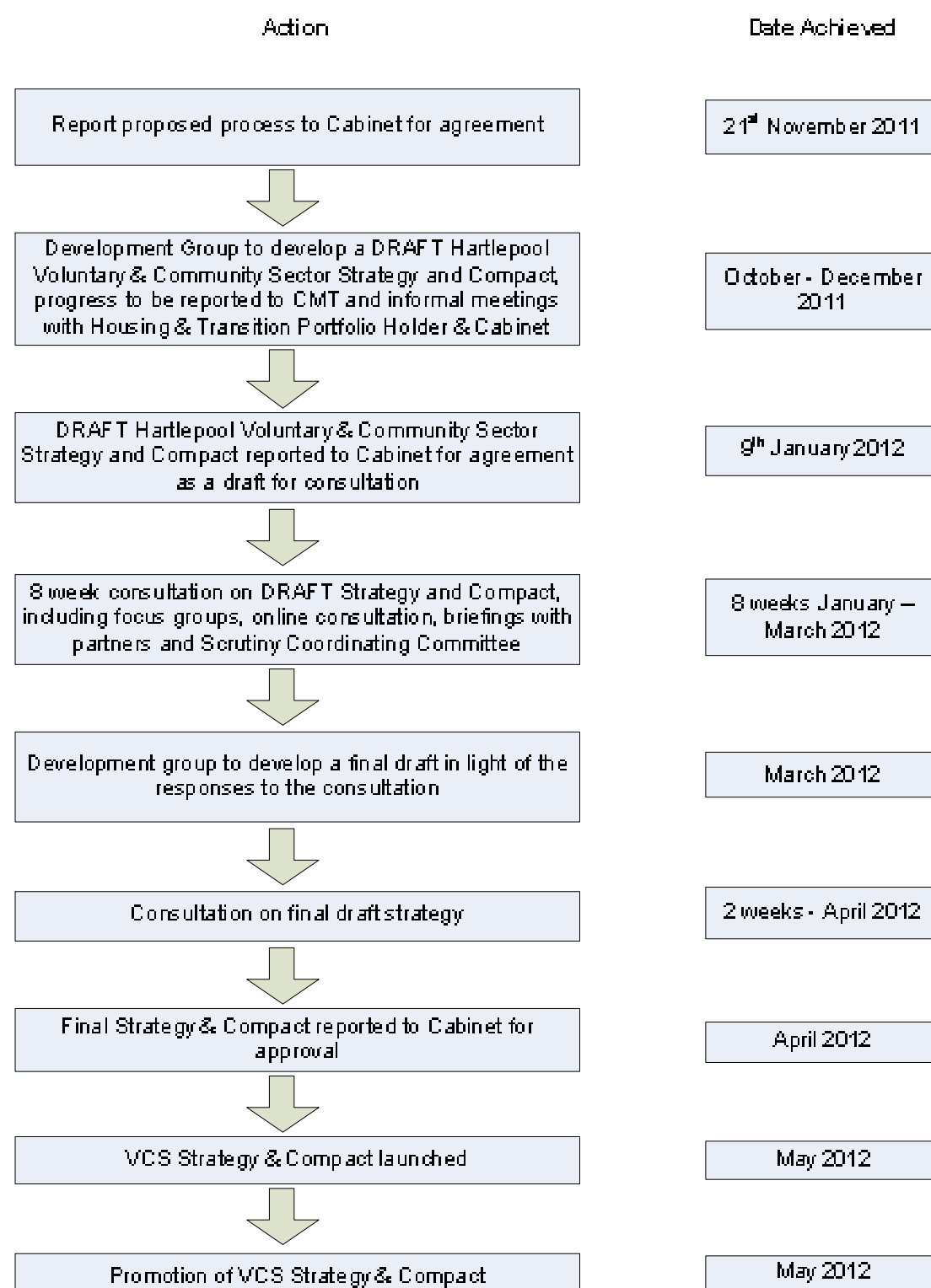
Item 9.2 from Scrutiny Co-ordinating Committee on 2nd September 2011.
Minutes from Scrutiny Co-ordinating Committee on 2nd September 2011.
Item 5.1 from Grants Committee on 27th September 2011.
Minutes from Grants Committee on 27th September 2011.
Item 9.6 from Scrutiny Co-ordinating Committee on 11th November 2011.

11. CONTACT OFFICER

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Proposed Project Plan and Timescales for the VCS Strategy & Compact



**COMMENTS RECEIVED FROM VOLUNTARY SECTOR
GROUPS REGARDING PROPOSALS TO REVIEW
COMMUNITY POOL - AUGUST 2011**

HARTLEPOOL ACCESS GROUP

Pleased that the category to which HAG fits into still remains as grant support because HAG is not yet in a position to be able to enter into the commissioning process with HBC.

HARTLEPOOL CITIZENS ADVICE BUREAU

The amount allocated for the Universal Welfare Benefit Advice Service is not enough to meet the financial and infrastructure needs of the key providers. This category should be given greater priority the allocation for this category should be in the region of £150k. The category description is misleading as local residents have advice needs over an above welfare benefits which should be recognised by the Community Pool allocation.

The grants that are proposed may be spread too thinly and in doing so not benefit any organisation in being able to carry on providing the services they currently provide.

When grants are allocated the volume of activity of the organisation, the number of volunteers used by the organisation, financial benefits for the community/individuals as a result of the work of the organisation should be taken into account.

It is difficult to see how the 'consortium' idea would work in practice. This could lead to a very competitive situation and much jockeying for position with the proposed consortium.

Hartlepool Citizens Advice Bureau as well as offering welfare benefit advice also offers advice in relation to debt, financial matters, employment law, consumer advice, taxes, housing and homelessness, community care and health etc.

Without adequate core funding the CAB will cease to exist. The 'core staff' at the CAB is involved in day-to-day advice work in addition to all of their other duties and responsibilities.

Is there going to be any public consultation on the allocation of Community Pool monies?

HARTLEPOOL VOLUNTARY DEVELOPMENT AGENCY

Category 1 – broadly supportive

Category 2 – broadly supportive

Category 3 – broadly supportive but in addition this category should include a separate allocation for a town wide capacity building/infrastructure/strategic liaison body for the VCS. This town wide role is a discreet/distinct role that is recommended in the VCS Strategy.

Category 4 – broadly supportive

Category 5 – The level of funding is too high as VCS groups can access one off grants for this purpose this allocation of funding for this category could be reduced and reallocated to the other categories. It may be necessary to award funding in consecutive years which may require any supported group to be moved to one of the other funding categories (if appropriate).

Consortia working – this is problematic - If there is duplication of effort or cost savings that could be made by shared back office functions this could be identified in the grant assessment process. A requirement of funding could be that discussions take place between relevant groups as part of the assessment process.

Where a decision is made to no longer support a group that has received support for consecutive years other options should be explored to support the group e.g. a low level contract as part of HBC's commissioning process.

Allocation of funding to the funding categories should be flexible dependant on the size and scope of the applications

HEADLAND FUTURE

The proposals seem likely to harm Hartlepool groups and risk funds being diverted to organisations outside of the locale.

Without core funding support organisations may be less likely to lever in funding from outside of Hartlepool.

Applications for funding should be assessed without reference to the previous year's award and the way the award is allocated should be made clear and made available to applicants.

The switch to commissioned schemes seems to open up the opportunity of non Hartlepool groups bidding for contracts. As these contracts would have to be advertised groups from outside of Hartlepool could apply this could harm outcomes for local residents. Community spirit could be damaged by large scale commissioning that sees residents groups potentially dissolved.

The rationale for listing a select group of agencies is not clear. If the groups listed are all supported it could create the perception that the process is unfair.

Hartlepool Credit Union seems to have been given its own funding strand , this does not seem to be reasonable.

The substantial commitment to capacity building in the proposed budget is questionable. The money would be better spent supporting core costs and delivery costs for delivery organisations.

The pairing of development and investment grants and support to groups that are experiencing difficulties is concerning. If they are to be included in the same category an amount should be ring-fenced for emergency aid otherwise there seems the risk that the entire pot could be diverted to supporting agencies. Some guidance for supporting organisations through emergency aid should be established. The use of the terms 'development grants' and 'investment grants' is ambiguous. More information is required about this funding strand.

The major changes suggested should not proceed.

HARTLEPOOL PEOPLE

The group disagrees with the statement 'duplication of like minded groups'. Many groups in Hartlepool offer similar services/support this is due to the diverse needs of the community. A consortium would still need to have access to the same level of funding to provide these services. If the services are cut then support to the community is cut.

The importance (not dependence) of Community Pool funding cannot be underestimated. Core funding is the hardest of all funding to achieve and helps to draw down other funding.

A consortia approach would be very difficult as the voluntary sector is very diverse. Commissioned services need to be clearly defined by HBC and many groups are not in a position to enter into commissioning.

Hartlepool People is best place to provide anonymity to those requiring specialist support. It would be difficult to compare neighbourhood based centres with a town wide provision.

Hartlepool People has not changed its direction to meet funding streams and has proven to have a sustainable model providing long term employment for its employees. Hartlepool People has kept the funding request within inflation year-on-year.

Hartlepool People has been in existence for 28 years it has brought in over £4m of funding to the town, employed over 200 people, offered a positive volunteering experience to thousands of people and purchased through asset transfer the building they have run service from since 1983.

WEST VIEW ADVICE & RESOURCE CENTRE

Ten groups who were previously supported are not identified as to receive future support. More than half of these groups focus on working with young people. Is there alternative support available to ensure that we don't lose these services? This could have a negative impact on the wider community.

Categories 1 & 2 – Clearly aimed to encourage partnership working which should be encouraged with commissioning/procurement requirements this could leave organisations vulnerable as national organisations with local interest could be awarded the contracts or that any lead organisation in a consortia would top slice the available funding, reducing the amount available to be spent on delivery.

WEST VIEW PROJECT

The Council needs to see groups as an enhancement to the services to local residents and not as threats to Council services. If we all work together we can provide a more varied program and cost effective service.

Option 3 – The Radical One/The Supportive One. Understanding the need to develop a partnership approach to funding applications, it is essential that HBC concentrates its efforts on ensuring the survival of its voluntary sector groups during the current economic climate.

If all the groups who are currently funded took a 10% cut in their 1/10/11 – 31/3/12 budget the Council could then make 18 month awards to these groups. The benefit to the community would be that all of these services would be saved until March 2013 giving both the services and the Council ample time to develop a partnership approach to working/funding. Establishing a working group should be the next step.

Grants are far easier to manage and more cost effective than making everything go through the whole commissioning process. Grants allow HBC to support local groups.

Review of the Community Pool
Comments from Scrutiny Co-ordinating Committee

In considering the outline draft recommendations for the future development of the grant, a number of views/suggestions were raised by the Scrutiny Co-ordinating Committee:-

CATEGORY 1 – UNIVERSAL/WELFARE AND BENEFITS ADVICE SUPPORT

Members raised concerns that the Citizens Advice Bureau in Hartlepool operated in a different way to other advice bureaus in the region and did not provide outreach provision to local estates. Members agreed that this outreach provision was essential in Hartlepool. The Forum emphasised that the monitoring of outcomes and the commitment to partnership working to achieve best value was essential.

Recommended: Members recommended that funding should be allocated to a consortia of groups bidding as one with the eligibility criteria stipulating that all organisations must form part of a community focussed and community led consortium arrangement in order to qualify for funding.

CATEGORY 2 – UNIVERSAL CREDIT UNION SUPPORT

Recommended: The Forum recommended that this category includes the Financial Inclusion Partnership and that funding should be allocated as a consortia bid.

CATEGORY 3 – CAPACITY RESOURCE BUILDING

Recommended: The Forum recommended that funding should be allocated to a consortia of groups bidding as one.

CATEGORY 4 – UNIVERSAL TOWN WIDE SPECIALIST AND/OR SUPPORT ORGANISATIONS

In relation to organisations identified for potential allocations, the Committee raised concerns over the allocation to Hartlepool Radio and questioned whether they should be included as a Community Pool recipient or whether assistance was more about regeneration and small business support.

Recommended: Members were of the view that all allocations should be monitored closely and therefore it was recommended that all recipients of funding should accept Council Elected Member representatives on their management board arrangements.

CATEGORY 5 – DEVELOPMENT/INVESTMENT SUPPORT GRANTS

Recommended: The Committee supported the proposed funding allocation of £100,000 and suggested that any funding left over from other categories be filtered back into this category.

In relation to whether a maximum/minimum threshold should apply, the Committee were of the view that whilst a need for flexibility was required, a £2,000 minimum limit should apply.

The Committee also recommended that there should be a small reserve held within this funding stream to support groups to acquire relevant accreditation and that consideration be given to providing this type of funding on a sliding scale to cover re-accreditation. E.g. Matrix accreditation initial assessment costs in the region of £3,000 (first application 100%), second application £2,000, third application £1,000 – then no further assistance available.

5.1 APPENDIX 4 - Community Grants Pool Proposal (2012/13 = £408,000)

Top-slicing of £5,000 for directed lettings and Hartlepool Sports Council. This leaves £403,000 to be split across the agreed categories. The following is proposed:

Category	Description
Category 1 - Universal Welfare Benefits and Financial Advice	Aimed at giving independent impartial advice to the most vulnerable in society to maximise awareness and entitlement to benefits, debt advice, employment law etc. The objective would be to seek one application from a consortia of groups bidding as one with the eligibility criteria stipulating that all organisations must form part of a community focussed and community led consortium arrangement in order to achieve maximum outcomes and measurable out-puts.
Category 2 - Universal Credit Union support	Aimed at supporting the existence of a Credit Union within the borough as an integral part of the work of the Financial Inclusion Partnership. It is separated from Category 1 on the basis that any provider of a Credit Union would need to be licensed and approved by the FSA. It is therefore believed to be inappropriate that it is included within category 1.
Category 3 - Capacity/ Resource Building	<p>Aimed at providing support to the borough's voluntary and community sector (VCS) on a borough-wide basis, either through one organisation or a consortia of groups bidding as one. The object being to simplify the Council's relationship with the voluntary sector and seek to achieve maximum outcomes and measurable out-puts. The organisation or consortia awarded this funding will be responsible for:</p> <ul style="list-style-type: none"> - arranging elections for VCS representation as per the Compact; - championing the VCS strategy and Compact; - supporting & developing the sector to tender for service delivery, this will include provision of training and development opportunities - maintaining an up to date and accessible list of VCS organisations within Hartlepool - provide a communication channel to the VCS
Category 4 - Universal town wide specialist support organisations	This category is maintained as a proposed series of specific core funding support grants direct to specialist groups who provide a service which can be described as universal in offer, subject to need without alienation on the grounds of age, gender or disability, accepting that not all services will be appropriate or required by the population at large at any particular pre-determined point in their lives. These services have the ability to provide personal support to individuals at times of crisis or as part of the social and economic well being of the town.
Category 5 - Development/ Investment Support Grants – "Challenge Funding"	<p>Balance of the Community Pool, be allocated towards bids for 'development' grants, 'investment' grants and emergency contributions to organisations in temporary difficulty. Grants in this category are recommended to be capped at a maximum of £8,000, with a minimum threshold of £2,000 which is the ceiling for Civic Lottery grants. This would ensure the ability to assess each submission on its merits and allow for % match funding to be offered towards agreed and approved bids. Such grants would be assessed against a set of criteria (to be established) which would seek to demonstrate and justify that any group applying was doing as much as practically possible to self help. Pro-active and imaginative organisations would stand to benefit the most; this in turn would reward the stronger and most sustainable voluntary sector organisations within the town.</p> <p>This category will ensure that on an annual basis the Community Pool is opened up to every voluntary organisation in town, the only limiting factor being the number of bids in any one year set against the funding available. It is recommended that the balance of all the Community Pool funds be set against this Challenge Funding category of support to the voluntary sector. Groups would be able to bid in successive years and it should be quite clear that this is not 'core funding' money, thereby keeping the fund free to maximise assistance on an annual basis.</p> <p>Within Category 5, funds will be allocated for groups to access to acquire relevant accreditation that they may need to have in place when tendering for services e.g. Matrix (Quality Standard for Information, Advice and Guidance services) or PQASSO (Quality Mark for VCS organisations). Officers are recommending that up to £8,000 pa is allocated from within this category budget.</p>

CABINET REPORT

21 November 2011



Report of: Director of Child and Adult Services

Subject: HARTLEPOOL BOROUGH COUNCIL'S RESPONSE TO CARING FOR OUR FUTURE: SHARED AMBITIONS FOR CARE AND SUPPORT - CONSULTATION

SUMMARY

1. PURPOSE OF REPORT

To inform Cabinet of the recent local consultation exercise on 'Caring for our Future' to inform the White Paper on social care reform in Spring 2012.

To request Cabinet's endorsement for the proposed Hartlepool Borough Council response to the Department of Health engagement exercise which requires submission by 2 December 2011. The proposed response is attached as **Appendix 1** to this report.

2. SUMMARY OF CONTENTS

It is widely accepted that the care and support system in England needs to change to secure sustainability for the future. Between November 2010 and July 2011, the Government published its Vision for Adult Social Care, The Law Commission published recommendations for simplifying Social Care Law and the Dilnott Commission on funding of Care and Support published recommendations for reforming the way people pay for their care and support.

These reports set out various proposals for reform. The Government then embarked on an engagement exercise to collate people's views on social care reform prior to publishing the Social Care Reform White Paper in Spring 2012.

Over the last two months a range of mechanisms have been put in place to capture and collate people's views on how adult social care and the funding of services should be developed over the next few years.

The Department of Health engagement response template has now been completed.

3. RELEVANCE TO CABINET

Cabinet is requested to consider and endorse the proposed response from Hartlepool Borough Council prior to its submission by 2 December 2011.

4. TYPE OF DECISION

Non Key

5. DECISION MAKING ROUTE

Cabinet, 21 November 2011

6. DECISION(S) REQUIRED

Consider endorsement of proposed response to the Department of Health.

Report of: Director of Child and Adult Services

Subject: HARTLEPOOL BOROUGH COUNCIL'S RESPONSE TO CARING FOR OUR FUTURE: SHARED AMBITIONS FOR CARE AND SUPPORT - CONSULTATION

1. PURPOSE OF REPORT

- 1.1 To inform Cabinet of the recent local exercise on 'Caring for our Future' to inform the White Paper on social care reform in Spring 2012.
- 1.2 To request Cabinet to consider and endorse the proposed Hartlepool Borough Council response to the Department of Health's engagement exercise which requires submission by 2 December 2011. The proposed response is attached as **Appendix 1** to this report.

2. BACKGROUND

- 2.1 'Caring for our Future' is an opportunity to bring together the recommendations from the Law Commission and The Commission on the Funding of Care and Support with the Government's Vision for Adult Social Care, and to discuss with stakeholders what the priorities for reform should be.
- 2.2 It is widely accepted that care and support in England needs to change. There are many reasons for this:
 - Society is changing and needs to ensure the system is sustainable into the future. Within 20 years the number of people over 85 will double and the number of people with long-term conditions will increase. At the same time there will be relatively fewer people working and paying taxes to help pay for the support provided by the Government;
 - People want greater choice and control over the care and support they receive;
 - People's expectations are rising. People expect better standards of care, to be protected from poor care, to have support to choose the care that best meets their needs and to be able to complain if they encounter problems. Delivering good quality care places a premium on ensuring the workforce has the right knowledge, skills and values;
 - Care is expensive and people often face very high care costs without being able to protect themselves. The state currently provides some

support through the social care system which is targeted on people with low incomes. The current system for getting state support is confusing which makes it difficult for people to plan financially for their future needs. There is currently little opportunity for people to protect themselves from high costs if their social care needs significantly increase. People have to use up their savings and if they have to move into a care home, they get no help with the costs of care until they have used up their housing wealth down to the last £23,000.

2.3 Between November 2010 and July 2011 three documents were published:

- Vision for Adult Social Care. This sets out the principles for a modern system of care and support based on personalisation, choice and control for people using services and robust support for carers. The emphasis is on strong, supportive communities with high quality care delivered by a diverse range of providers and a skilled workforce. People are protected against poor standards and abuse.
- The Law Commission published its recommendations for simplifying social care law by bringing together all the different elements of social care law into a single, modern, adult social care statute:
 - Wellbeing at the heart of decision making;
 - Giving carers new legal rights to services;
 - Placing duties on councils and the NHS to work together;
 - Building a single, streamlined, national assessment and eligibility framework;
 - Protecting vulnerable people with a new legal framework;
 - Putting adult safeguarding boards on a statutory footing.
- The Dilnott Commission on funding of Care and Support. This sets out recommendations for reforming the way people pay for their care and support. The Commission recommended that the amount that people have to spend on care over their lifetimes should be capped, although people in care homes would continue to pay a contribution towards their living costs. The commission also recommended that the current system of means tested support should be extended so that more people can get additional help in paying for their care. Included in the recommendations are:
 - Capping the lifetime contribution to adult social care costs to £35,000;
 - Improving the deferred payments scheme and developing the financial services sector to help people make their personal contribution;
 - Means-tested help given should increase from £23,250 to £100,000.
 - People entering adulthood with care and support needs should be eligible for free state support to meet their care needs rather than be subjected to a means test;

- Eligibility criteria for service entitlement should be set on a standardised national basis to improve consistency and fairness across England and there should be 'portability' of assessments between local authority areas;
- A robust new advice and information strategy produced in partnership with charities, local government and the financial service sector. A statutory duty should be placed on councils to provide information, advice and assistance services in their areas;
- Adult Social Care should be better integrated with other services in the wider care and support system.

2.4 In October 2011 the Government put in place the 'Caring for our Future' engagement exercise to determine people's views on the best adult social care model for the future. Six areas were identified where Government believes there is the biggest potential to make improvements to the Care and Support System. These are:

- Quality – How do we improve the quality of care and develop the future workforce to deliver quality care services;
- Personalisation – How could we give people more choice and control over the care and support they use and help them make informed decisions;
- Shaping Local Services – How could we ensure there is a wide range of organisations that provide innovative and responsive care services which meet people's needs and choices;
- Prevention – How could we support more effective prevention and early intervention to keep people independent and in good health for as long as possible;
- Integration – How could we build better connections locally between the NHS and other care services;
- The role of financial services – What role could the financial services sector play in supporting people who need to use services and their families;
- Reforming the funding of care and support – What do people think about the Commission's recommendations on managing the system of care costs.

2.5 Before completing Hartlepool Borough Council's response to the 'Caring for our Future' template, a local consultation exercise was put in place to capture the views of citizens.

3. LOCAL CONSULTATION

3.1 A questionnaire was compiled that picked up the issues covered in 'Caring for our Future'. The questionnaire was posted on line via the Council's Survey Monkey Consultation tool.

- 3.2 Details of the online questionnaire and that of the Department of Health were sent to Heads of Service, Team Managers and Modernisation Leads who were asked to forward details of the consultation to staff and to groups and boards that people were associated with. In addition the details of the questionnaire were sent to the Local Involvement Network (LINK) and Hartlepool Voluntary Development Agency (HVDA) who were asked to distribute the details to their networks.
- 3.3 A poster advertising the questionnaire was developed and distributed to all the town libraries, the community centres, care homes and other facilities such as day opportunities centres. A letter was included with the posters asking for them to be displayed in prominent places.
- 3.4 A number of face-to-face sessions were held with people. This included the Partners in Policy Making Group and the Adult Social Care Service User Focus Group. An adapted version of the questionnaire was also presented at the Learning Disability Partnership Board (LDPB). The questionnaire for LDPB was simplified to allow for the use of the Quizdom Voting system to allow responses from everyone at the Board Meeting and ensure a contribution from people with a learning disability.
- 3.5 18 people completed the online questionnaire. Of those who completed the survey:
- 29% were users of social care services
 - 29% were carers
 - 42% were employees of a care or health organisation
 - 78% of responses were female and 22% male.

The majority (39%) were aged between 45-54 years and 67% did not consider themselves to have a disability.

- 3.6 The overwhelming majority of responders agreed that:
- Care services should be of a high quality but pointed out that quality can mean different things to different people and so services should be personalized and tailored to meet individual needs to the highest standard;
 - Quality standards must include being treated with dignity and respect;
 - People should complain about poor service and all services should have robust inspections to maintain standards;
 - There should be comprehensive advice and information services available to all local residents and staff should keep up to date about what is available. Suggestions for better information included newsletters, information books, social media, leaflets and brochures. A significant number of responders voiced dismay about the increasing use of the internet as an information source;
 - Services should be better coordinated. Connected Care and the Waverley Allotment Project were both cited as examples of joining up services for people;

- People in Hartlepool did have services to choose from and they were helped to live at home;
- Information is key to people getting the help they need.

3.7 In response to the question about the role of private financial services in helping people plan and prepare for the costs associated with care services 50% said yes and 50% said no. When asked about specific statements in relation to funding, the majority results were:

- 54% agreed that people who have very little money should not have to pay anything;
- 50% disagreed that people who need care before they are 18 years old should not have to pay anything during their life;
- 67% disagreed that people who need care before they are 40 years old should not need to pay anything during their lifetime;
- 55% disagreed that everyone else who can afford to do so should pay up to £35,000 of their care costs and yet 53% disagreed that people should not have to pay any more after £35,000 suggesting a lack of clarity in the question.

4. HARTLEPOOL BOROUGH COUNCIL'S RESPONSE

4.1 The proposed response from Hartlepool Borough Council to 'Caring for our Future: Shared Ambitions for Care and Support' is contained in the Department of Health Template attached as **Appendix 1** to this report.

5. RECOMMENDATIONS

5.1 It is recommended that Cabinet considers and endorses the proposed response as Hartlepool Borough Council's collective response to the 'Caring for our Future' engagement exercise.

6. CONTACT OFFICER

6.1 Geraldine Martin, Head of Service
01429 523880

Feedback form

Caring for our future: shared ambitions
for care and support

Please send your responses by email to:

caringforourfuture@dh.gsi.gov.uk

or by post to:

**Engagement responses
Social Care Strategic policy team
Room 117, Wellington House
133–155 Waterloo Road
London, SE1 8UG**

Please submit your feedback by
2 December 2011.

Your name *

Organisation

Organisation type e.g. individual, Trust,
patient organisation etc

Email *

Telephone *

1. What are the priorities for promoting improved quality and developing the future workforce?

- a. Should there be a standard definition of quality in adult social care as quality can often be interpreted differently? What do we mean by it and how should it be defined? How could we use this definition to drive improvements in quality?
- b. How could the approach to quality need to change as individuals increasingly fund or take responsibility for commissioning their own care? How could users themselves play a stronger role in determining the outcomes that they experience and designing quality services that are integrated around their personal preferences?
- c. How could we make quality the guiding principle for adult social care? Who is responsible and accountable for driving continuous quality improvement within a more integrated health and care system?
- d. What is the right balance between a national and local approach to improving quality and developing the workforce? Which areas are best delivered at a national level?
- e. How could we equip the workforce, volunteers and carers to respond to the challenges of improving quality and responding to growth in demand? How could we develop social care leadership capable of steering and delivering this?
- f. How could we improve the mechanisms for users, carers and staff to raise concerns about the quality of care? How could we ensure that these concerns are addressed appropriately?

2. What are the priorities for promoting increased personalisation and choice?

- a. How could we change cultures, attitudes and behaviour among the social care workforce to ensure the benefits of personal budgets, including direct payments, are made available to everyone in receipt of community based social care? Are there particular client groups missing out on opportunities at the moment?
- b. What support or information do people need to become informed users and consumers of care, including brokerage services? How could people be helped to choose the service they want, which meets their needs and is safe too? How could better information be made available for people supported by public funds as well as those funding their own care?
- c. How could the principles of greater personalisation be applied to people in residential care? Should this include, as the Law Commission recommends, direct payments being extended to people [supported by the State] living in residential accommodation? What are the opportunities, challenges and risks around this?
- d. How could better progress be made in achieving a truly personalised approach which places outcomes that matter to people, their families and carers at its heart? What are the barriers? Who has responsibility and what needs to change (including legislative)?



3. How can we take advantage of the Health and Social Care modernisation programme to ensure services are better integrated around people's needs?

- a. What does good look like? Where are there good practice-based examples of integrated services that support and enable better outcomes?
- b. Where should services be better integrated around patients, service users and carers – both within the NHS, and between the NHS and local government services, in particular social care (for example, better management of long term conditions, better care of older people, more effective handover of a person's care from one part of the system to another, etc)?
- c. How can integrated services achieve better health, better care and better value for money?
- d. What, if any, barriers to integration should be removed, and how can we incentivise better integration of services at all levels?
- e. Who needs to do what next to enable integration to be progressed in a pragmatic and achievable way?
- f. How can innovation in integrated care be identified and nurtured?

4. What are the priorities for supporting greater prevention and early intervention?

- a. What do good outcomes look like? Where is there practice-based evidence of interventions that support/enable these outcomes?
- b. How could organisations across the NHS and Local Government, communities, social enterprises and other providers be encouraged and incentivised to work together and invest in prevention and early intervention including promoting health and wellbeing?
- c. How could we change cultures and behaviour so that investment in prevention and early intervention is mainstream practice rather than relying on intervention at the point of crisis? How could we create mechanisms that pay by results/outcomes?
- d. How could individuals, families and communities be encouraged to take more responsibility for their health and wellbeing and to take action earlier in their lives to prevent or delay illness and loss of independence? How could we promote better health and wellbeing in society?
- e. How could innovation in prevention be encouraged, identified and nurtured?

5. What are the priorities for creating a more diverse and responsive care market?

- a. How would you define the social care market? What are the different dimensions we need to consider when assessing the market (e.g. type of provision, client group, size of provider, market share)?
- b. How could we make the market work more effectively including promoting growth, better information for commissioners (local authorities and individuals), improved quality and choice and innovation?
- c. Does there need to be further oversight of the care market, including measures to address provider failure? If so, what elements should this approach include, and who should do it?
- d. Looking to the future, what could be the impacts of wider reforms on the market? What possible effects would the following have on the market: the recommendations of the Dilnot Commission's report, the roll out of personal budgets and direct payments, and the drive to improve quality and the workforce?

6. What role could the financial services market play in supporting users, carers and their families?

- a. In the current system, what are the main barriers to the development of financial products that help people to plan for and meet the costs of social care?
- b. To what extent would the reforms recommended by the Commission on Funding of Care and Support overcome these barriers? What kinds of products could we see under such a system that would be attractive to individuals and the industry?
- c. What else could Government do to make it easier for people to plan financially for social care costs?
- d. Would a more consistent system with nationally consistent eligibility criteria, portability of assessments and a more objective assessment process support the development of financial products? If so, how?
- e. Would the reforms recommended by the Commission on Funding of Care and Support lead to an overall expansion of the financial services market in this area? How would this affect the wider economy?
- f. What wider roles could the financial services industry play in, eg:
 - raising awareness of the care and support system
 - providing information and advice around social care and financial planning
 - encouraging prevention and early intervention
 - helping people to purchase care, or purchasing it on their behalf
 - helping to increase the liquidity of personal assets?

7. Do you have any other comments on social care reform, including the recommendations of the Commission on Funding of Care and Support?

- a. What are the strengths and weaknesses of the Commission's proposals in addressing the problems of the current system? What are the priorities for action coming out of the Commission's report, including in relation to other priorities for improvement in the system?
- b. What are the implications of the Commission's proposals on other areas of care and support reform?
- c. The Commission presented a range of options in relation to some of their recommendations, which would affect the balance between the financial cost to the individual and the taxpayer. These include:
 - the level of the cap
 - the contribution that people make to their living costs in residential care

What would be the implications of different options on the outcomes that the Commission hoped to achieve?

CABINET REPORT

21 November 2011



Report of: Director of Child and Adult Services

Subject: PROPOSAL FOR A HARTLEPOOL HEARING LOSS STRATEGY

SUMMARY

1. PURPOSE OF REPORT

- a) To highlight to Cabinet the recommendations of a review that has been undertaken to determine the needs of people living in Hartlepool who are deaf or hard of hearing;
- b) to note that actions are being taken at an operational level to address the recommendations arising from that review; and
- c) to seek support from Cabinet in the preparation of a strategic response to the review through the development of a hearing loss strategy for the Borough.

2. SUMMARY OF CONTENTS

A copy of the full review is appended to this report (**Appendix 1**) and contains a number of operational recommendations that are already being acted upon by staff within adult social care. The main body of this report highlights the three overarching recommendations that are made, and puts forward a proposal for developing a strategic response to better engage and support the deaf and hard of hearing population in Hartlepool.

3. RELEVANCE TO CABINET

Cabinet will wish to note the significant number of Hartlepool residents who are deaf or hard of hearing, amounting to around 14,700 people or 16% of the population. Given the size of this population, Cabinet will wish to consider an appropriate response to addressing their needs.

4. TYPE OF DECISION

Non-Key.

5. DECISION MAKING ROUTE

Cabinet – 21 November 2011.

6. DECISION(S) REQUIRED

Cabinet is asked to note the content of the review (appended), consider the response set out in this report, and agree to the development of a draft 'Hartlepool Hearing Loss Strategy' for further consideration at a future Cabinet meeting.

Report of: Director of Child and Adult Services

Subject: PROPOSAL FOR A HARTLEPOOL HEARING LOSS STRATEGY

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to bring to the attention of Cabinet, the recommendations of a review that has been undertaken to determine the needs of people living in Hartlepool who are deaf or hard of hearing, and to seek support for the development of a strategic response.

2. BACKGROUND

- 2.1 Hearing loss can have a significant impact on an individual's health and wellbeing. For children who are born with a hearing impairment, their language development, educational attainment and life chances can be affected. For adults with sudden or age-acquired hearing loss, there is the risk of loss of employment, social isolation, depression and mental health problems.
- 2.2 Just over 16% of the population suffer a hearing loss. This amounts to 1 in 6 people or around 14,700 people in the Hartlepool population.
- 2.3 In order to better understand the needs of deaf and hard of hearing people, a 'deep-dive' review was undertaken to supplement the wider work of the Joint Strategic Needs Assessment (JSNA). This review considered the current provision of health and social care services to Hartlepool residents, and made a number of recommendations which, at the present time, are being used to inform the content of the JSNA whilst being taken forward by officers at an operational level.
- 2.4 Members will note that the review also makes three strategic and overarching recommendations that have been the subject of further consideration by officers with a view to developing an appropriate response. These are as follows:
- a) To create a visible focal point in the town for people with hearing loss to meet, obtain information and support.
 - b) To review the commissioning of British Sign Language (BSL) interpreter services and consider the value of redesigning these in consultation with other partners across Teesside and with members drawn from the Deaf community.

- c) To develop a strategic approach to the engagement of people from the Deaf and hard of hearing communities, enabling them to be fully involved in decisions and changes to services that affect them.
- 2.5 In response to these recommendations, work is already taking place to look at an appropriate location for a deaf and hard of hearing 'centre', and a meeting has been planned with members of the Deaf community, Hartlepool Borough Council and the local NHS Trust as a starting point to developing greater community engagement whilst seeking feedback on the current model of commissioning BSL interpreter services.
- 2.6 Notwithstanding the above, this review and its recommendations also provide additional opportunities to the Council, coming at a time of increasing awareness of the levels of hearing loss in the population, which now affects more than 10million people in the UK. Its timing coincides with the publication of a national hearing loss strategy and a major programme of work recently announced by the country's largest deaf charity *Action on Hearing* (formerly know as the Royal National Institute for Deaf People). This includes a call to local commissioners and providers to "*develop local hearing loss strategies and plans in partnership with local health, social and voluntary organisations and people with hearing loss*".
- 2.7 Given the timing of this report to Cabinet, the scale of the problem in the local population, the work that has already begun to respond to the recommendations of the recent review, and the planned future engagement with the Deaf community, there is an ideal opportunity for Cabinet to build still further on this work and consider the production of a hearing loss strategy for Hartlepool. In doing so, Hartlepool is likely to be one of the first, if not *the* first, Local Authority to respond to the challenge that hearing loss presents its local community and would be an exemplar in doing so. It will also demonstrate its commitment to working with and being responsive to the needs of deaf and hard of hearing people in Hartlepool and provide focus and strategic direction for its officers in responding to the future needs of a significant group of Hartlepool residents across their life course.
- 2.8 Should this course of action be supported, a hearing loss strategy will be developed and brought back to Cabinet for further consideration.

3. RECOMMENDATIONS

- 3.1 Cabinet is asked to note the content of the review (appended), consider the response set out in this report, and agree to the development of a draft 'Hartlepool Hearing Loss Strategy' for further consideration at a future Cabinet meeting.
- 3.2 Cabinet members note the contribution from Tracey Sharp, Deputy Regional Director, Public Health Delivery, Public Health North East.

4. Key Contact Officers:-

Neil Harrison, Head of Service – Adult Social Care, 01429 523913
Louise Wallace, Assistant Director - Health Improvement, 01429 284030

The needs of people in Hartlepool with hearing loss

A report supporting the Joint Strategic Needs Assessment

Executive Summary

This document is intended to explore the potential demand for health and social care services, from Deaf, Deafened and hard of hearing people living in Hartlepool.

Deafness and hearing loss have a major impact on people's ability to communicate. Individuals face difficulties in communication within their family, in their social life, their educational attainment and employment, and with their health. It is important that such difficulties are identified so that action can be taken by the relevant authorities to minimise their impact, thereby reducing the possibility of unemployment, increasing social isolation and the emergence of mental and physical health problems.

According to data readily available, there are 970 hard of hearing and 76 Deaf people currently registered with Hartlepool Borough Council. However, these figures are just the tip of the iceberg, and using national prevalence studies, we know that hearing loss affects approximately 16%, or 1 in 6 of the population. This equates to around 14,7000 people in Hartlepool which can be confirmed, to some degree, by information provided by Hartlepool Audiology Department which has approximately 13,800 Hartlepool residents registered with their service.

Given the demographic shift to an older population (where hearing loss is more prevalent), alongside the potential for noise-induced hearing loss to begin to affect larger numbers of young people, the number of people affected by hearing loss will grow still further.

In responding to this growing need, this report was commissioned by the Hartlepool Borough Council and Hartlepool PCT. It summarises interviews with a range of people working across the health and social care sectors in Hartlepool, the collation of information from the Council's registers and the PCT's commissioning team, along with a review of published literature.

It is evident that a good range of services is already in place within Hartlepool to support both Deaf and hard of hearing people, including an advocacy service, employment of specialist sensory support staff, provision of an equipment service and the funding of a health project for Deaf people. However, there are also some areas of identified unmet need resulting in a range of recommendations made within this report to improve current service provision.

In particular, three overarching recommendations are made:

- 1) To create a visible focal point in the town for people with hearing loss to meet, obtain information and support.
- 2) To review the commissioning of BSL interpreter services and consider the value of redesigning these in consultation with other partners across Teesside and with members drawn from the Deaf community.
- 3) To develop a strategic approach to the engagement of people from the Deaf and hard of hearing communities, enabling them to be fully involved in decisions and changes to services that affect them.

Contents

INTRODUCTION	3
Definitions.....	3
Types of Hearing Loss	4
Causes of Hearing Loss.....	4
JOINT STRATEGIC NEEDS ASSESSMENTS	5
REVIEW OF THE LITERATURE AND CURRENT POLICY	6
National Study of Hearing	6
Newborn Hearing Screening Programme (NHSP)	6
Further estimates of prevalence	7
The impact and early identification of hearing loss.....	8
Tinnitus.....	8
Health.....	9
Mental Health	10
Social Care.....	10
Needs Assessments on Hearing Loss.....	11
ESTABLISHING DEMAND	12
Prevalence of Hearing Loss in Hartlepool.....	12
Newborn Hearing Screening Programme (NHSP)	12
SERVICE PROVISION FOR HARTLEPOOL RESIDENTS	14
Community & Voluntary Services.....	14
Hartlepool Deaf centre	14
Support groups.....	15
Deaf Community	15
Hard of Hearing & Deafened People	15
Support for Children	16
Adult Services	17
Registration.....	19
Access	20
Hard of Hearing assessment	20
Deafblind assessments.....	21
Deaf/BSL User assessments	22
NHS services.....	22
Audiology & Hearing Aid Fitting Services	22
Cochlear Implants.....	25
Mental Health Services.....	26
Cross-Sector Communication Support.....	27
Deaf Awareness	27
Lipreading.....	27
Interpreter services	28
CONCLUSIONS	30
Acknowledgements and Contributions.....	31
REFERENCES	32
Appendix A	34
Appendix B	35
Appendix C	36
Appendix D	38
Appendix E	39
Appendix F.....	40

INTRODUCTION

The purpose of this report is to consider the needs of people in Hartlepool who are Deaf, Deafened and hard of hearing, and to review the current provision of services with a view to making recommendations to both Hartlepool Borough Council (HBC) and Hartlepool Primary Care Trust (HPCT) on areas for service improvement.

Its focus is on health and social care, but recognising that the needs of people who have a hearing loss extend far beyond these two sections of the public sector. For example, hearing loss can also reduce ease of access to emergency services, transport and employment which is not considered in this report.

Local Authorities are in a unique position in both representing, and in being democratically accountable to, their local populations, and are able to influence the policy and practice of many partners in their local area, in order to address issues relating to health and wellbeing. Therefore, it is hoped that the recommendations in this report can serve to act as a catalyst for service improvement, not only within the HBC and HPCT, but also for other sectors and partners across Hartlepool.

Definitions

This report will use the term 'hearing loss' to refer to all of the following groups unless there is a need to identify one group specifically.

Hard of Hearing	Those for whom hearing loss is usually acquired in later life. People who are hard of hearing are usually defined as having a deficit of at least 25dB in their better ear (Davis 1995). They comprise the largest group of people with hearing loss.
Deaf	The use of this term with a capital D is used to define those who communicate predominantly through British Sign Language (BSL). Deaf people see themselves not as being disabled but as belonging to a distinct community with a common language and cultural history. With English being a second language, some Deaf people may have difficulty reading English and have a low reading age.
deaf	The use of this term, with a lower case 'd' is often used as a generic term for those who are both hard of hearing, Deafened or Deaf.
Deafened	Deafened people are those who have suffered a profound hearing loss later in life and have usually acquired oral skills, using spoken English as their first language.
Deafblind	Those who are Deafblind have dual sensory loss which they may have experienced since birth, or alternatively, as a result of Usher's syndrome which results in hearing loss and blindness in later life

Types of Hearing Loss¹

There are four levels of hearing loss defined by the quietest sound that you are able to hear, and measured in decibels (dB)

Mild Hearing Loss	<ul style="list-style-type: none">• Quietest Sound 25-39dB• Can sometimes make following speech difficult, particularly in noisy situations
Moderate hearing loss	<ul style="list-style-type: none">• Quietest sound 40-69dB• May have difficulty following speech without hearing aids
Severe hearing loss	<ul style="list-style-type: none">• Quietest sound 70-94dB• Usually need to lipread or use sign language, even with hearing aids
Profound deafness	<ul style="list-style-type: none">• Quietest sound 95dB• Usually need to lipread or use sign language

Causes of Hearing Loss

Hearing loss may be caused by interference with the transmission of sound from the outer to the inner ear (conductive hearing loss) or damage within the cochlea, the auditory nerve or auditory centres in the brain (sensorineural hearing loss). In adults the most common cause of sensorineural hearing loss is presbycusis. This is a progressive condition caused by the loss of function of hair cells in the inner ear, leading to deafness. Hearing loss in adults may also be caused by excessive exposure to noise, or by ototoxic drugs, metabolic disorders, infections or genetic factors.

Severe to profound hearing loss in children may have a genetic aetiology, or have prenatal, perinatal or postnatal causes. These include conditions such as meningitis and viral infection of the inner ear (for example, rubella or measles), as well as premature birth and congenital infections. Deafness that occurs before the development of language is described as prelingual, whereas deafness that occurs after the development of language is described as postlingual.

(NICE, 2009)

¹ Taken from *Hearing Matters*, published by *Action on Hearing Loss*, 2011)

JOINT STRATEGIC NEEDS ASSESSMENTS

Every Local Authority and Primary Care Trust is expected to complete a Joint Strategic Needs Assessment or JSNA which is intended to sit “*at the heart of local health improvement*” (LGID, 2011)

A good JSNA is intended to produce a comprehensive picture of the health and wellbeing needs of the local community, looking at what’s working, what’s not and what could work better, to use that needs assessment to negotiate and agree on priorities for health and wellbeing through a health and wellbeing strategy, and to ensure that these priorities are used to influence commissioning.

This work is intended to supplement the Hartlepool JSNA by undertaking a deep-dive assessment into the needs of Deaf and hard of hearing people living in Hartlepool. Key outputs from this report are therefore intended to be included in the JSNA in order to inform the development of the local health and wellbeing strategy and future priorities for commissioning.

Needs assessments usually make incremental changes to existing services and usually take one of three forms:

1. An epidemiological assessment looking at assessing incidence and prevalence, effectiveness and cost-effectiveness and existing services.
2. Comparative which contrasts services provided in one area with those elsewhere.
3. Corporate approach – is based on the demands, wishes and alternative perspectives of interested parties including professional, political and public views.

This report aims to take a blend of the three, looking at the application of national prevalence data to the local population, drawing on comparative information from services provided elsewhere and looking at the demands, wishes and perspectives of a range of parties.

Its content will be summarised for inclusion in the sensory disabilities section of the Hartlepool JSNA.

REVIEW OF THE LITERATURE AND CURRENT POLICY

National Study of Hearing

Between the 1980-90s, the Medical Research Council's, Institute of Hearing Research embarked upon a study of the prevalence, characteristics and determinants of hearing problems and tinnitus in the adult population of the UK. One of its objectives was to ascertain the size of the problem in terms of both the *number* of people affected, and also the *degree* to which they were affected. Described as the National Study of Hearing (NSH), this culminated in the publication of two seminal works, *The Prevalence of Hearing Impairment and Reported Hearing Disability among adults in Great Britain* (Davis, 1989) and *Hearing in Adults* (Davis, 1995).

The prevalence figures arising from this work are still used today by the Institute of Hearing Research² and are contained in Appendix A. From this work we know that just over 16% of the population would be described as having a hearing loss measured as their better ear being unable to detect sounds that are quieter than 25dB. Alternatively, this prevalence is described as affecting 1 in 6, or more than 10 million people living in the UK today with a hearing loss (Action on Hearing Loss, 2011).

We also know that hearing loss increases with age so that by the time we reach the age of 60, 37% of us (or 2 in 5) have a hearing loss and by the age of 70, this rises to more than 60% (or 3 in 5 of the population).

Newborn Hearing Screening Programme (NHSP)

The incidence of significant permanent congenital hearing impairment (PCHI)³ is about 1 in 1,000 live births with most babies being born into families with no hearing loss. This incidence almost doubles by ten years of age due to acquired hearing loss that can result from infections such as meningitis, mumps, measles, from trauma and other causes (Fortnum et al, 2001).

The most common reason for PCHI is loss of hair cells in the inner ear but it may also be due to malformation of the middle ear ossicles (small bones that transmit vibrations of the ear drum) or the ear canal. If the hearing loss is due to a problem within the inner ear (sensory), or occasionally due to abnormalities in the hearing nerve (neural), the term sensorineural hearing loss is used. Hearing loss due to a problem within the middle ear or the outer ear is called a conductive hearing loss while a combination of sensorineural and conductive hearing loss is called a mixed loss.⁴

² See <http://www.ihr.mrsc.ac.uk/about/tables.php>

³ This is defined as being a hearing impairment of the better ear of > 40dB HL over the frequencies of 0.5, 1, 2, and 4 kHz (Moderate hearing loss). A hearing loss greater than 40dB is likely to limit access to conversational speech and inhibit the development of spoken language.

⁴ Source: The UK National Screening Committee website www.screening.nhs.uk/hearing-newborn June 2011

The NHSP operates under specific national protocols and standards offering universal screening to all newborns across the country. The majority of babies are screened in hospital by trained screeners before discharge and if there are concerns about the response to this, a referral is made for a fuller hearing assessment at an audiology department by a paediatric audiologist. There is an expectation that 80% of babies with a permanent hearing loss will be identified by 6 months of age with 98% being identified by 12 months. Any babies requiring hearing aids will be fitted with them within 4 weeks. For some babies, cochlear implants may also be an option. This is described more fully below.

Further estimates of prevalence

Since the first prevalence studies were completed by Davis, further studies have tried to gather additional information on the experience of hearing loss. This includes the General Household Survey in 2002 (ONS, 2004) which confirmed a prevalence of 16% and also noted a gender difference in hearing loss between men (19%) and women (13%). The survey also found that the percentage of people who reported wearing a hearing aid at that time was only 4%.

A significant number of people also have dual sensory loss, with the number of people with severe impairments of hearing *and* vision standing at 132,000 (Robertson & Emerson, 2010) or 2 per 1000 of the general population.

Looking to the future, the number of people with hearing loss is likely to increase still further, not simply because of the aging population, but also as a result of noise induced hearing loss arising either as an occupational hazard⁵ (eg construction & manufacturing industries), or resulting from the use of MP3 players which is causing increasing levels of hearing loss in much younger age groups (Rabinowitz, 2010). The Medical Research Council estimates that four million UK adolescents are at risk of hearing damage from amplified music (Hughes et al, 1986, *cited in Action on Hearing, 2011*) and noise exposure is considered to be the major avoidable cause of permanent hearing impairment worldwide (WHO, 1997).

At local level, the numbers of people with a hearing loss tend to be vastly underrated with the focus on those who are 'registered' with their Local Authority as being Deaf or hard of hearing. However, such registration is voluntary and the number of people who are registered, tend to be the tip of the iceberg. Indeed, the WHO World Report on Disability (WHO, 2011) concluded that hearing loss is the most common cause of disability in the world (see also Appendix B)

⁵ Exposure to average noise levels at 85dB over time will cause hearing damage. In 2006 European Control of Noise at Work Regulations established the noise exposure limit as 80dB(A). It is now the remit of employers, the Health and Safety Executive and trade unions to ensure that noise at work standards are upheld. (*Source - Hearing Matters, Action on Hearing Loss 2011*).

The impact and early identification of hearing loss

Hearing loss can have a major impact on people's social and working life. In early life, it can impact on language development and educational attainment. It can also affect employment opportunities, result in social isolation, mental health problems, and depression. However, early identification of hearing loss and access to assistive technologies such as hearing aids and cochlear implants, can improve speech and language development in children and, in older people, improve their quality of life (Chisholm et al, 2007).

Whilst the newborn hearing screening programme is now able to identify children at a very early age and ensure appropriate early interventions, for adults, there is evidence of a 10-year delay in adults seeking help for their hearing loss (Davis et al, 2007 pp63). This can prevent people from receiving timely access to services and support, and means they take longer to adjust to their hearing loss and to the provision of any subsequent assistive technologies. Davis also found that of those patients visiting their GP with a hearing problem, only 41% were referred onto hospital for further intervention and only a very small percentage of people in his study (3.4%) wore hearing aids.

Despite the improved quality of life resulting from hearing aid uptake, there can also be reluctance from individuals to use these, with the reasons ranging from a denial of hearing loss, to the acceptability of the type of hearing aid dispensed, with smaller hearing aids (in the ear or in the ear canal) considered more acceptable to users (Davis et al, 2007).

Tinnitus⁶

Tinnitus is also associated with hearing loss. The word 'tinnitus' comes from the Latin word for 'ringing' and is the perception of sound in the absence of any corresponding external sound. This noise may be heard in one ear, both ears or in the middle of the head, or it may be difficult to pinpoint its exact location.

Although it is often assumed that tinnitus occurs as a result of disease of the ears, this is often not the case. The precise cause of tinnitus is still not fully understood but it is associated with noise damage to the inner ear.

Mild tinnitus is common with about 10 per cent of the population suffering from it all the time. In up to 1 per cent of adults, tinnitus may be so severe that it affects the sufferer's quality of life.

⁶ Source: The British Tinnitus Association <http://www.tinnitus.org.uk/>

Health

The health and health needs of people who are deaf pre-lingually (ie predominantly BSL users) compared to those who develop age-related hearing loss, are very different.

With regard to the former, whilst we know that as many as 40% of deaf children will have additional or complex needs (NDCS, 2010), there are limited studies into the health and lifestyle behaviours of the adult Deaf Community. However, as most health promotion materials are provided in written form, many people in the Deaf community, for whom English is a second language, may be unable to access this. Studies have therefore tended to concentrate on the health *literacy* of people in the Deaf community and the impact that providing information in alternative forms has on improved understanding, knowledge and compliance with treatment (Zazove et al, 2009).

One much quoted report of a study in Austria found evidence that Deaf people are more likely to suffer from heart disease, cancer and diabetes, linking this to differential access to health and prevention services and information. Whilst it has not been possible to establish the original source of this study, it is being used as the catalyst for an on-line survey across the UK to try to establish further, the extent of physical health problems in the Deaf community. Called the Deaf Health Research Project⁷ and funded by the Big Lottery, it is being lead by [Sign Health](http://deafhealth.org.uk/), a charity with the aim of working to improve healthcare and achieve equal access for Deaf people.

Interestingly, and whilst it is outside the scope of this study, there is some evidence that people in the Deaf community have a lower smoking prevalence than the general population. One thought is that this may be due to the failure of mass marketing campaigns to reach them, given that most campaigns are aimed at the hearing population (Zazove et al, 2009). Such findings simply serve to demonstrate the complexities of communication, and the need for further work on understanding the health needs of Deaf people.

With regard to age-related hearing loss, this is frequently associated with other long-term and age-related conditions such as diabetes (Kakrapudi et al, 2003; Bainbridge et al, 2008), tinnitus and balance disorders (which contribute as risk factors for falls and other accidental injuries (Davis et al, 2007)), and other potentially limiting conditions such as osteoarthritis.

Finally, recent research has also found evidence that people with mild hearing loss have nearly twice the chance of developing dementia compared to people with normal hearing. This risk increases threefold for those with moderate and fivefold for severe hearing loss. Influencing factors could be social isolation, loneliness and extra difficulties coping with declining mental functions sometimes brought about by hearing loss (Lin et al, 2011).

⁷ <http://deafhealth.org.uk/>

In summary, there have been few studies looking at the health of Deaf communities, and whilst many may have additional disabilities and complex needs, there is some evidence that their health needs are not being met due to the limited access to health promotion material and healthcare services. With regard to those who are hard of hearing, this is likely to exist alongside a broad range of other long term conditions such as diabetes, balance disorders and dementia and therefore it is important to ensure that such hearing loss is managed effectively in order to ensure appropriate access to and compliance with treatment for their other medical conditions.

Mental Health

There is a slightly stronger body of evidence with regard to the mental health of people with hearing loss.

With regard to the Deaf community, one study found mental health problems in 43% of Deaf children compared to 25% in their hearing counterparts (Hindley et al, 1994). There has been less research into the mental health of Deaf adults and whilst there has been a suggestion that they suffer higher suicide rates, a systematic review has been unable to draw any firm conclusions about this apart from identifying once again, that this was a significant gap in our understanding of the health needs of Deaf people (Turner et al, 2007).

There have been a greater number of studies relating to those who develop age-acquired hearing loss, the majority of which have found this to be significantly associated with the development of depressive symptoms (Wang, 2009). Such findings are unsurprising due to the sense of loss and the resultant social isolation and exclusion that may be felt by those losing their hearing.

In terms of policy in this area, the Department of Health published *Deafness and Mental Health: Towards Equity and Access* (DH, 2005). Its recommendations are summarised in Appendix C and include better collaboration and service planning between health and social services to include Needs Assessments of the mental health of Deaf people, introduction of Deaf awareness training, increased use of communication technology, improved support for Deaf children, improved data exchange between local authorities and the NHS in order to meet the needs of Deafblind people, improving access to primary care and encouraging the growth of GPs with a special interest in Deaf people.

Social Care

With regard to social care, a key document published by the Social Services Inspectorate was *Stepping away from the edge: improving services for deaf*

and hard of hearing people (DH, 1999)⁸. This document was published as a practical tool for social services departments with the aim of offering guidance to those responsible for adult services, and is still very relevant today in terms of its recommendations. These include suggestions for assessing need, cross-sectoral working, methods of consulting Deaf communities and models of commissioned services.

Needs Assessments on Hearing Loss

The National Study of Hearing referred to earlier was intended to be used by health commissioners to determine local needs by health care providers who wished to benchmark severity and risk factors in individual cases, or when monitoring their performance and comparing their patients to the national distribution of hearing impairment. However, this objective has yet to be fully achieved, with limited evidence of prevalence data being used in a systematic way at a local level to determine potential demands for service provision.

That being said, this review has found needs assessments of people with hearing loss being undertaken in a number of areas across the UK:

- the Highlands of Scotland (Robertson, 2005) - this included a high level summary of prevalence and details of current service provision across a range of agencies.
- Birmingham ((Sign & BID, 2007) - this was undertaken in response to Equity and Access (DH, 2005) in order to assess service provision and the need for mental health services against the recommendations of the report.
- Wakefield (2010) - interviews were held with 50 people from the Deaf Community to determine their health needs. The conclusions drawn included the need to be aware of the low reading age of written English, the difficulty in accessing hospital and GP services, the need to raise awareness of BSL translation services, involvement of the Deaf community in service planning, training for NHS staff on deaf awareness and basic BSL, and improving provision of accessible information (eg picture based).

Whilst there is no current requirement for health needs assessments to be undertaken in relation to people with hearing loss, there is an increasing focus on the importance of Joint Strategic Needs Assessments at a local level, and an increasing awareness of the prevalence of hearing loss in local communities. This is demonstrated by the recent publication of a Welsh Deaf Strategy (see Appendix D) and also a call to local service commissioners and providers by Action on Hearing (formerly the Royal National Institute for Deaf People) to “*..develop hearing loss strategies and plans in partnership with local health, social and voluntary organisations, and people with hearing loss*” (Action on Hearing, 2011)

⁸ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014495.pdf

ESTABLISHING DEMAND

Prevalence of Hearing Loss in Hartlepool

We know that the overall prevalence of hearing loss in the adult population is 16.1% and using prevalence tables and applying this to the population in Hartlepool, enables us to estimate that there are around 14,700 people who have a hearing loss (see Table 1). Whilst most of these are over the age of 61, there is a significant number of people of working age with a hearing loss (around 4,000).

Table 1 Number of people in Hartlepool with hearing loss

Age group	Pop of Hartlepool ⁹	% with hearing loss ¹⁰	No
under 17	19256	0.11	21
17-30	16328	1.8	294
31-40	10577	2.8	296
41-50	13810	8.2	1132
51-60	11635	18.9	2199
61-70	9373	36.8	3449
71-80	6972	60.2	4197
81+	3353	93.4	3132
Overall	91304		14720

Newborn Hearing Screening Programme (NHSP)¹¹

Following the introduction of the NHSP, 1.1 in 1,000 newborns are now being identified with a hearing impairment. By the age of 9, that figure doubles to just over 2 in a 1,000 children.

This information is collated by the local NHSP and reported upon each year. Table 2 provides information on all children diagnosed with a hearing impairment between 2005 and 2010 across the Teesside screening programme. Hartlepool currently has a total rate of 3.02 children with hearing impairment per 1,000 live births and 1.68 children per 1,000 births with bilateral hearing impairment. This is marginally higher than the national incidence of 1.1 per 1,000 births.

⁹ Based on ONS: Mid 2010 Population Estimates

¹⁰ Source: The data in this table is drawn from two sources. Age 0-17 is based on the incidence of PCHI which is currently 1.1 per 1000 births, ages 17-80+ is drawn from the National Study of Hearing (Davis, 1995).

¹¹ Source: The UK National Screening Committee website www.screening.nhs.uk/hearing-newborn June 2011

Table 2 Rate of babies per 1,000 births diagnosed with PCHI between 2004/05-2009/10¹²

PCT	bilateral	unilateral	Total
Hartlepool	1.68	1.34	3.02
North Tees	1.34	0.34	1.68
Darlington	1.04	0.15	1.19
Middlesbrough	1.76	0.25	2.01
County Durham	1.19	0.30	1.49
North Yorkshire and York (Hambleton and Richmondshire areas only)	1.17	0.50	1.68
Redcar & Cleveland	1.53	0.00	1.53
All	1.35	0.36	1.72

¹² Source: County Durham, Tees Valley, Hambleton & Richmondshire Newborn Hearing Screening Programme (CDTVH&R NHSP) Annual report 2009- 2010

SERVICE PROVISION FOR HARTLEPOOL RESIDENTS

This section sets out the range of services provided by the Voluntary Sector, Local Authority, the Primary Care Trust and the local NHS to those people living in Hartlepool with hearing loss.

Community & Voluntary Services

Hartlepool Deaf centre

For some years, Hartlepool had a Deaf centre which was run as a charity and acted as a focal point for the town for all issues relating to hearing loss, ie it served the Deaf community as a social centre, offered an advice/advocacy service and also provided a base for a local Hard of Hearing support group to meet.

Approximately three years ago, the Deaf centre closed and the building was sold. Since its closure, the funds associated with the sale have been retained by the Deaf Centre committee, and the one member of staff employed by the Deaf Centre remains employed part-time but is now based at Hartlepool Family First centre. This centre is used for some meetings by members of the Deaf community to discuss topics such as “Access to NHS Interpreting Services”, supported by a BSL interpreter where necessary. Some members of the former Deaf centre also continue to meet as a ‘social club’ at various venues in Hartlepool on Monday and Wednesday evenings.

Hartlepool PCT has part-funded the work of the Deaf Centre via Hartlepool Voluntary Development Agency (HVDA) for the past three years. Last year it commissioned a one-year *Focus on Health Project* with the aim of improving the physical and emotional wellbeing of Hartlepool’s Deaf community. This is provided at the Family First centre and has included classes in healthy eating, cookery and yoga as well as giving access to BSL DVDs on a range of topics including general health, depression, breast cancer, stress and relaxation. The sessions are supported by a BSL interpreter and written information is made more accessible through the use of BSL graphics. The funding for this project has amounted to £6000 for 2011/12 and is due to end in March 2012.

Recommendation 1:

It is uncertain whether the Focus on Health Project has been commissioned following an assessment of need. If not, HPCT is recommended to undertake an assessment of the health status of the Deaf community in Hartlepool, in order to better target the current programme of activities. This would require translation of appropriate material and could be facilitated either through the Deaf Centre or the North Regional Association for Sensory Support (NRASS) service.

Support groups

Deaf Community

With the exception of the classes held at the Family First Centre, there are no known support groups in Hartlepool for the adult Deaf community. However, HBC do commission the North Regional Association for Sensory Support (NRASS) to provide a drop-in service to provide advocacy and welfare rights advice. It is uncertain how well this has been advertised but the service has been operating out of Hartlepool Library since April 2010 for two hours every Monday morning and is provided at a cost of £10k. As part of this contract NRASS are required to provide support for 2 community group meetings which HBC are looking to utilise in the near future.

In the past 12 months, NRASS has provided advice to 84 people on 117 occasions. The most frequent need for support has been in relation to telephone calls (40 requests), letter translation and writing (22 requests), and form filling (17 requests).

NRASS is the only advocacy service available to the Deaf community in Hartlepool, as other services such as the Citizen's Advice Bureau are inaccessible due to the lack of interpreter provision. This means that it can be very difficult to address urgent issues that may arise mid-week or at week-ends and in such cases, it is understood that some people have been turning to a member of staff in JobCentre Plus (who uses BSL) for advice.

Recommendations 2 & 3:

HBC should consider using the community group meetings co-ordinated by NRASS as an opportunity to improve engagement with the Deaf community and seek their views on a range of issues affecting them which are highlighted later in this report.

HBC should also, in consultation with the Deaf community, review the provision of the NRASS contract to determine whether there is a need to extend this service or to explore the option of cross-cover with another Local Authority.

Hard of Hearing & Deafened People

It is understood that following the closure of the Deaf Centre, the hard of hearing support group simply disbanded and there are no support groups in Hartlepool for adults who are hard of hearing or Deafened.

The Audiology team in Hartlepool are aware of a strong support group running in Durham (Durham Deafened Support) and tend to refer patients there. Durham Deafened Support (DDS) report that people from Hartlepool do use their services, including a Tinnitus Support Group which has been running in Peterlee, and 1:1 support which has been offered to 3 late Deafened people

from Hartlepool. Four Hartlepool residents have also attended the week-long non-residential rehabilitation courses offered by DDS for those having difficulty in coming to terms with their hearing loss and the DDS centre in Peterlee also reports receiving numerous enquiries and visits from people in Hartlepool to test equipment and obtain advice.

With regard to children, Hartlepool Audiology team have introduced a parents and children support group that has now met three times. Invitations are sent to all parents of deaf children and the group has attracted 10-20 families at its meetings.

Recommendation 4:

HBC should assess the need for a hard of hearing support group. Should there be adequate support for one to exist in Hartlepool, the Havelock Centre may be an appropriate venue for this to be located, given that it is currently the base for the adult services team member who undertakes assessments for equipment for hard of hearing people.

Support for Children

Babies with hearing problems are picked up through the newborn hearing screening programme (NHSP) either soon after birth, or at further screens offered at the age of 7 months and on school entry. All children referred from the screening programme to Hartlepool Audiology department undergo further assessment by a paediatric audiologist (based at the One Life centre) using a two-part test. Babies can be fitted with hearing aids within 2 weeks of diagnosis and consequently, have a better chance of developing good language skills, and to thrive more easily in mainstream education. In some cases, those children who are unable to benefit from hearing aids, may be referred for assessment for a cochlear implant by the paediatric audiologist/ENT consultant, with information supplied by the peripatetic service, speech and language therapists and health visitors. This service is provided on behalf of the region at South Tees NHS Foundation Trust (see below).

Children identified through the NHSP are also referred to the peripatetic service based in Middlesbrough. This is a Tees-wide service that has remained in place following the abolition of Cleveland County Council in 1996, offering support to children from birth to the age of 19 by Teachers of the Deaf. Until recently, it had been usual practice for the Hartlepool audiology team to invite the peripatetic teaching service to the child's second test to ensure early intervention from Teachers of the Deaf, and to facilitate good communication and relationship building with parents and the child. Recently, this has not been possible due to a lack of resources in the peripatetic team. Instead, arrangements may be made for an assistant audiologist to accompany the peripatetic teacher on their initial visit to the home to establish links with the family. The child will then stay under the care of the paediatric audiologist with annual reviews held in the clinic.

It was noted by the Head of Audiology that there is no dedicated paediatric social worker to whom referrals can be made and that this was a gap. Also, there is no paediatric speech and language therapy service.

Recommendation 5:

HBC may wish to consider the provision of a dedicated paediatric social worker to work with children identified through the Newborn Hearing Screening Programme

HBC, along with the other Councils across Teesside currently fund the peripatetic service which has been operating for some years in the absence of a Service Level Agreement. Limited information is provided to HBC Children's team on the criteria for referral of children into the service and also the interventions and level of support offered to each child. However, it is known that the number of children supported by the service across Teesside has doubled from 246 in 2004/05 to 511 in 2010/11 and that this includes 95 children from Hartlepool.

The peripatetic service supports those children attending mainstream schools which would always be the first option for a child. In addition, there are two schools that have special units with dedicated communication support staff including Sunnyside School and Kings Academy in Middlesbrough, and also two special schools; Springwell primary school and Catcote secondary school in Hartlepool. HBC along with the other Teesside Councils are currently reviewing the level of future service provision including the introduction of a detailed Service Level Agreement.

Recommendation 6:

HBC should continue to review its arrangements with the peripatetic service in order to ensure that Hartlepool Borough Council receives timely and accurate information enabling it to appropriately support children identified with a hearing impairment.

Adult Services

Three Council officers have a remit to support all Hartlepool residents with a sensory loss. Originally comprising a small sensory support team, a decision was made to base the three members of staff within different locality teams, whilst continuing to work on sensory support across the whole of the Borough. Given the specialist nature of their work, it has proven difficult for their workload to be covered by colleagues in the locality team during any absences arising from annual leave and/or sickness. This has resulted in 'backlogs' of work with longer waiting times for assessment of referrals. Some recent changes to their location that has taken place during the writing of this report may provide greater potential for 'joint work' in relation to cases and arrangements for cover.

Recommendation 7:

HBC may wish to review the arrangements of these three staff to work as a 'virtual team' or to ensure the suitability of alternative 'cover' for annual leave and other absences.

The officer in the North locality team, deals mainly with assessments of Deafblind people or those with dual sensory loss; the officer based in the Independent Living Centre at the Havelock, deals mainly with those who are hard of hearing; the third officer working within the discharge team at Hartfields, deals mainly with Deaf people who use BSL as their first language. In each case, the referral process and the nature of assessments are slightly different although all follow a similar process adopted throughout the Council.

In the main, referrals are received via the duty team and are based on an algorithm to ensure referrals are made to the appropriate member of the sensory support staff. These include referrals to undertake assessments for installation of fire alarms which then require an onward referral by the sensory support staff to the Fire service.

Recommendation 8:

HBC should look at how this algorithm could be improved further by obtaining feedback from officers in receipt of the referrals. For example, referrals to undertake assessments for installation of fire alarms could be made to the Fire service at the same time as the referral to the officer in the South Locality team, thereby reducing waiting times.

Following referral, a home visit will take place for an initial assessment of need and in many cases equipment is then issued to the person. In some cases, a further assessment may be needed using a Self Directed Assessment Questionnaire (SDAQ) which is then taken to a panel who will determine whether a direct payment is needed in order to pay for the support required to meet a person's more complex needs. At the present time, 24 people on the D/deaf and Hard of Hearing registers are in receipt of regular Direct Payments.

Difficulties have been reported in being able to represent people's needs adequately using the SDAQ. The form appears, at the present time, better able to assess physical disabilities rather than needs arising from sensory loss.

Recommendation 9:

HBC may wish to consider reviewing the content of the SDAQ form to ensure that the needs of those with sensory loss can be determined and then ensure appropriate training is provided for staff in its application.

Registration

Local authorities are required to maintain registers of people who are blind, partially sighted, deaf with speech, deaf without speech and hard of hearing¹³. Therefore, during assessment, consent may also be obtained from the individual to include their details on the Council's register.

Although there are no formal examination procedures for determining whether a person is deaf or hard of hearing, for the purposes of Section 29, cases are classified as follows:

- Deaf - Those who (even with a hearing aid) have little or no useful hearing
- Hard of hearing - Those hearing who (with or without a hearing aid) have some useful hearing and whose normal method of communication is by speech, listening and lip reading.

This information is then collated nationally and published every three years by the Department of Health; the last report accounting for data up to March 2010 at which point a decision was taken to discontinue this central collation¹⁴. For comparative purposes, the data from the last report for all Local Authorities in the North East is included in Appendix D.

The Deaf and Hard of Hearing registers in Hartlepool are managed through the OLM Care First database which supports the broader work of the Adult Services team. At the present time, 1046 people are registered with the Council as being either Deaf (76) or Hard of Hearing (970). Of these, 60% registered as Hard of Hearing are over the age of 75 (see Table 3 below). The average age of those on the Deaf register is 50.

Table 3: Numbers of people on HBC register

Age Group	Deaf	Hard of Hearing	Total
0-17	3	8	11
18-64	57	184	241
65-74	9	166	175
75+	7	612	619
Total	76	970	1046

It is noted that the 11 children registered as either Deaf or hard of hearing with the Council is in marked contrast to the 95 children currently registered with the peripatetic service. Whilst registration is, of course voluntary, it was not possible to interview anyone from the peripatetic service to determine what information is given to parents about the possibility of registration and the potential benefits that registration and social care assessment might bring.

¹³ Under Section 29 of the National Assistance Act 1948 and Local Authority Circular (93)10

¹⁴ The Information Centre (2010) People registered Deaf or Hard of hearing Year ending 31 March 2010, in England.

Recommendation 10:

Through the Tees wide review of the peripatetic service, clarification should be sought of the working arrangements between Hartlepool Hospital; James Cook Hospital and the Special Educational Needs Team including the provision of information to families of children with hearing loss.

Further interrogation of the HBC databases also established that 7 children were identifiable through the Care First database (and hence the Deaf and Hard of Hearing register), but that there were also 9 additional children on the ICS database (being used by the children's team) that had not been included on the Deaf or Hard of Hearing register.

Recommendation 11:

HBC should review the process for the transfer of information between Care First and ICS to ensure the inclusion of children on the deaf and hard of hearing register.

Access

There is no 'marketing' material as such (ie information leaflets or flyers) for any of the sensory loss services provided by the Council, and no information is provided on the Council website about the services available to those people who have sensory loss.

Recommendation 12:

HBC should consider developing leaflets about the support that may be available to people with sensory loss (eg equipment provision, travel concessions, VAT exemption) as well as placing this information on their website. Such leaflets could also be offered to the local Audiology departments and the peripatetic service enabling their staff to provide appropriate information to patients attending for appointments and for parents referred through the Newborn Hearing Screening Programme.

With regard to hearing aid users, induction loops are available in all interview rooms in the Council's main reception area as well as the Council Chamber and Committee Room B. It is uncertain whether they are tested regularly and whether staff using the rooms understand their use.

Finally, there would appear to be particular difficulties for the Deaf community in accessing the service which is described more fully below.

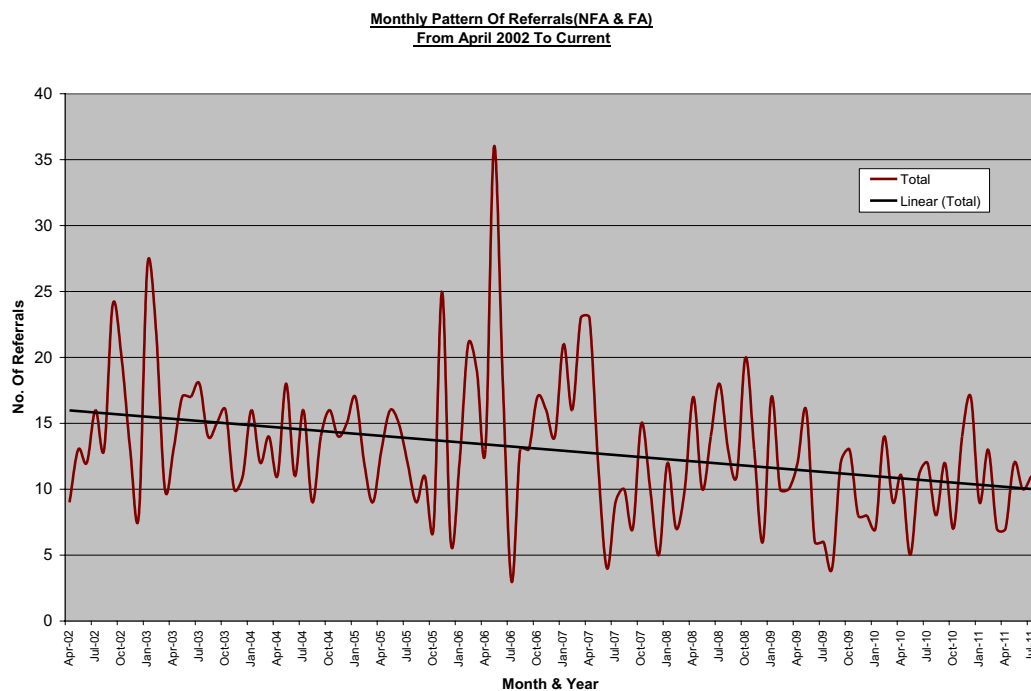
Hard of Hearing assessment

Whilst some referrals come through the Duty Team, many also come via the Audiology Department at Hartlepool General Hospital and the fire brigade, and, whilst there is no marketing material for the service, some referrals seem to be as a result of word of mouth amongst services users.

At assessment, individuals are usually given equipment 'on the spot', comprising telephone or TV adaptations, listening devices and door bells. An onward referral is also made to the Fire service to arrange a visit for the fitting of a smoke alarm. For those people in social housing, the housing association will arrange installation of doorbells and smoke alarms.

Once this assessment has been made and equipment provided, an entry is placed on the register with the person's details but the case is effectively 'closed'.

A slowing down in the numbers of referrals has been noted and one possible reason being put forward for this, is the closure of the Deaf centre (3 years ago) which acted as a centre for provision of information about Council services. Further investigation found an average of 9 referrals per month in the last quarter and confirms that there has been a consistent fall in referrals over time. Between 2003-2008, the average number of referrals per annum was 168, but between 2009-2010, the average number of referrals per annum had fallen to 124.



Deafblind assessments

Most referrals come either from hospital Ophthalmology consultants or through internal referrals from other teams. Self referrals also occur through awareness raised by 'Blind welfare'. In the main, most referrals are for adults but sometimes children are referred, particularly with respect to support required by parents and this is done working closely with the peripatetic service for children and the Children's Disability Team.

Following referral, equipment may be provided in the form of talking books and liquid level readers which are held by the social worker. Deafblind

referrals require more complex and ongoing solutions, demonstrated by a higher active caseload.

Deaf/BSL User assessments

The social care support worker in the North Locality team works part-time with the Deaf community over 18. All referrals from BSL users come to this officer and whilst these are mainly adults, in a small number of cases, support may be offered to the families of Deaf children working jointly with the peripatetic service.

Most referrals from BSL users are made directly to the social care support worker by SMS text message, rather than through the Duty team. Whilst this is partly due to the fact that the worker is well known to the Deaf community, it is also thought to be due to the perceived difficulties experienced in accessing the Duty Team by telephone and where oral communication is difficult for those whose preferred language is BSL. Such difficulties are likely to be experienced in accessing all HBC services.

Recommendation 13:

HBC should explore this issue further, seeking the views of the Deaf community in order to explore possible solutions to improve access to its services.

Assessment is undertaken to determine the need for items of equipment such as door chimes, alerts and text phones. An SDAQ may also be undertaken where the person's needs are more complex, for example in determining the need for ongoing communication support.

Whilst most Deaf people known to the service do live independently, there are approximately 5 people who currently require long-term, continuous support.

NHS services

Audiology & Hearing Aid Fitting Services

Once hearing loss is suspected, either through the NHSP programme or following a visit to a GP, it would be usual for a referral to be made to an ENT consultant for further investigations or direct to an Audiology department for a hearing test.

Audiology departments in the main deal with age acquired hearing loss and will do hearing aid fittings, battery replacement and repairs. They may also offer specialist support for those suffering from Tinnitus or balance problems.

ENT departments will deal with more complex cases requiring surgery or the investigation and treatment of underlying medical interventions.

There are currently three providers of audiology services for Hartlepool residents; North Tees and Hartlepool NHS Foundation Trust (principally through the University Hospital of Hartlepool), South Tees NHS Foundation Trust (for provision of all ENT Services, including outreach services in Hartlepool), and Spec Savers who provide audiology testing and hearing aid dispensing for those with adult hearing loss.

The contract arrangements for each is different in that South Tees is a block contract, whilst Hartlepool and Spec Savers operate on a tariff basis which includes assessment, fitting and 3 year follow-up.

Spec Savers – Direct referrals are received from GPs in relation to patients who have age acquired hearing loss. For 2010/11, a total of 37 people from Hartlepool were fitted with hearing aids (See Table 4). This amounts to just over 2% of the total contract volume across Teesside.

Table 4. Number hearing aid fittings by Spec Savers

PCT	No	%
Hartlepool	37	2.49%
Middlesbrough	486	32.66%
Stockton	721	48.45%
Redcar & Cleveland	242	16.26%
Unknown	2	0.13%
Total	1488	100.00%

South Tees – This is managed on a block payment and therefore activity is not available at PCT level. However, data provided by the audiology department itself indicates that in 2010/11 there were 673 attendances in total for audiology services, 21 of which were for hearing aid provision.

Patients are not routinely advised of the option of assessment by HBC sensory support staff, but this may be discussed on an individual basis, following which a referral may be made. A standard proforma is used for such referrals.

Patients have a choice of behind-the-ear (BTE) or in-the-ear (ITE) hearing aids with more than 70% opting for the latter. This choice is due to the fact that James Cook Hospital, unusually, has its own lab from which it can produce and dispense ITE hearing aids. Replacement batteries are provided throughout a network of battery suppliers including the One Life centre and other health centres across the town.

All staff in the team have had deaf awareness training and two staff have had BSL training to Level II standard.

North Tees and Hartlepool – This service operates from three sites, One Life, University Hospital of Hartlepool and Peterlee Community Hospital. Most patients are referred into the service directly by their GP, although other professional groups can also refer. The Trust is commissioned to provide a tariff based service, with patients entering a 3 year care pathway following initial diagnosis and fitting of their hearing aid. After 3 years the patient can either self refer back into the service or opt for another hearing aid provider.

The service operates its appointment system through “choose and book”. Quality of the service is measured through QET which includes a patient survey undertaken twice a year. A minicom service is available as well as an induction loop in the department.

In the past two years, there have been over 4,800 referrals each year into the department and 1386 hearing aid fittings in 2010/11. More than 23,085 patients are registered on the audiology database since its installation in June 2006 (covering both Hartlepool and Durham areas) of which approximately 13,800 are Hartlepool residents. These patients have either been referred for a diagnostic assessment or are under care for hearing aid rehabilitation.

With regard to the type of hearing aid offered, in the main these are BTE, although ITE aids are also offered via an NHS contract. In 2010/11, there were 450 double fittings and 948 single fittings. It has not been possible to establish the proportion of fittings that were BTE and ITE but it is understood that BTE hearing aids are dispensed as a rule.

Recommendation 14:

Evidence suggests that low take-up of hearing aids may be due to cosmetic reasons (Davis et al, 2007, p55) and the PCT may wish to explore the value of offering patients greater choice of ITE and BTE hearing aids in their commissioning plans for hearing aid provision.

Pre-and post- fitting questionnaires are completed by patients and during the consultation, an assessment is made by the audiologist of the patient’s needs, to determine the appropriateness of referral to HBC sensory support team. If it is considered beneficial to the patient, a referral is made using a standard proforma. There is no written information provided to patients about the services offered by HBC, but patients are encouraged to ring the Duty Officer to self refer and audiology staff may also assist by using a proforma they have developed providing some basic patient details.

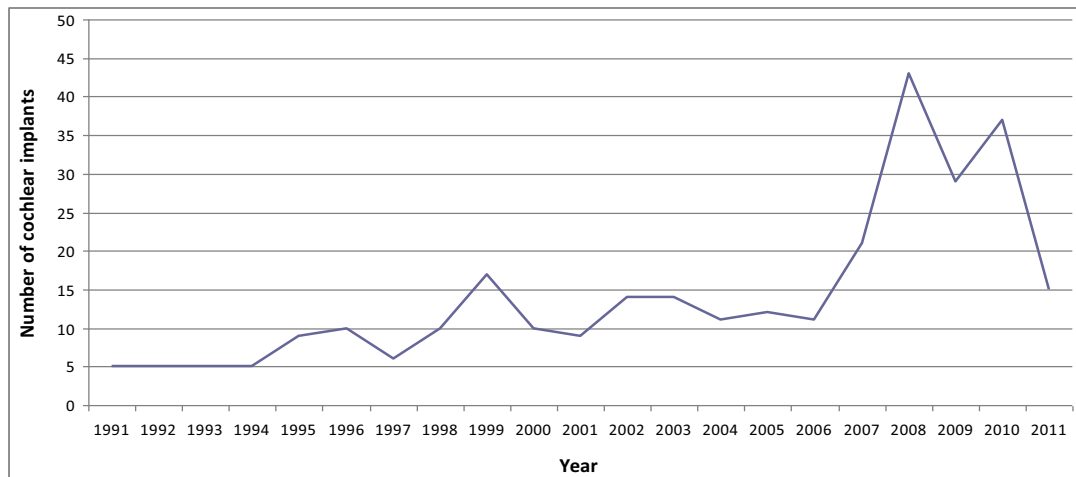
It was reported that interpreter services are used infrequently but when required, a proforma will be completed and faxed to the company with patient and appointment details. Most of the staff have received BSL training to level 1. The staff have also offered a deaf awareness course over the past two years, funded through the SHA workforce team, for other staff within the Trust and also externally to nursing homes in the area. The team used to hold information sessions at the Deaf Centre, but its closure has meant the loss of a focal point in the town in order to do this, along the stoppage of the hearing

club that used to meet there. Instead, awareness raising events have been planned at the Grand Hotel which have proved successful.

Cochlear Implants

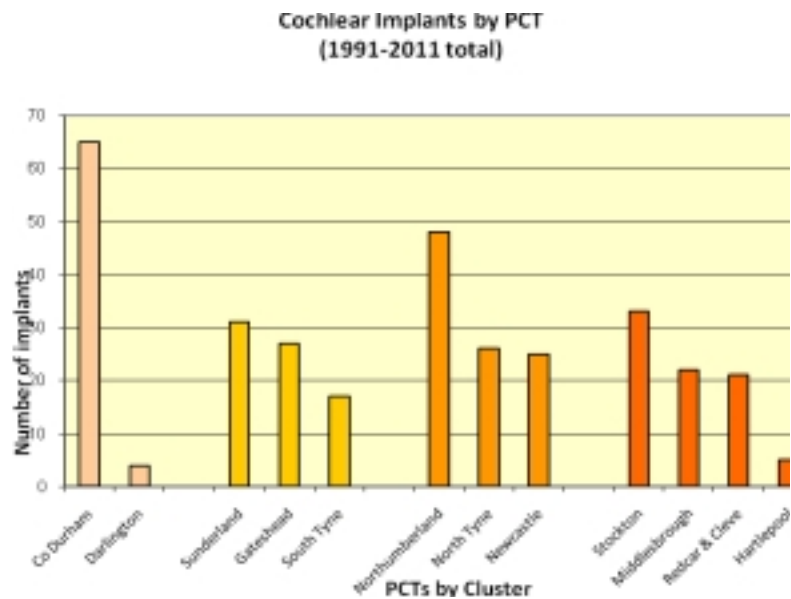
For some children (and also adults), cochlear implants may be an option. NICE guidance (NICE, 2009) has been published to help guide decisions relating to suitability, and include those people with severe to profound deafness who do not gain benefit from hearing aids. This may be an option for either one or both ears.

South Tees NHS Foundation Trust provides the regional cochlear implant service, commissioned via the Northern Specialist Commissioning Service. There is no waiting list for implants, but demand has risen from 1991 when the service was first commissioned and only 7 implants were carried out, to 43 in 2010. The table below demonstrates the rise in demand over time particularly since 2007.



In the past 20 years, only 5 implants have been received by Hartlepool residents, (3 adults and 2 children); with 3 implants being provided in 2010 alone.

A single implant costs £24,263 whilst a double implant costs £39,190. A comparison of demand on the service by PCT can be seen in the following graph.



For those children who have received implants, a monthly support group meets at James Cook Hospital for parents and families, and a paediatric family liaison officer is employed one day a week to offer support. A newsletter is also produced and events organised for families and children.

Mental Health Services

Following the publication of *Mental Health and Deafness: Towards Equity and Access*, the NE lead commissioner for Mental Health services, undertook a one-year needs analysis, including community engagement activities, and developed a proposal for a core community mental health service for Deaf people. This comprises three staff (a consultant psychiatrist and 2 community psychiatric nurses) working across the region and providing clinics within each PCT cluster. Referrals to the team are made via other community mental health teams. The team are all trained to BSL level 2 but also operate using appropriately trained interpreters and efforts are made to ensure consistency of interpreters for individual patients.

The support offered to patients is community based as there are no in-patient services. Any individual therefore requiring in-patient care would be referred to Greater Manchester Mental Health Trust. There are no specialist services for children.

Recommendation 15

As the evidence indicates that up to 40% of Deaf children have mental health problems, HPCT should review the current provision of mental health services available to their population of children and young people, working with partners to achieve economies of scale and consider the development of links between local CAMHS services and the National Deaf Service for Children (as recommended in *Equity and Access*, 2005).

In addition, a course was established at the University of Northumbria in Newcastle (UNN) on mental health and deafness, funded through the mental health commissioning unit. Two modules continue to run on 'Supporting Deaf People with Mental Health Issues' and 'Supporting Deaf People with Complex Mental Health Needs'. The courses run twice a year with the next intakes in September 2011 and February 2012 for 12 people. The course attracts audiologists, nurses, social workers for deaf people and interpreters, amongst others, and is available free (funded through the SHA) to NHS staff. It is uncertain how widely the take up has been for NHS and social care staff working in Hartlepool. A third programme of work has also been developed in relation to CAMHS and around 30 interpreters have undertaken this training in the NE. These courses have been supported by a series of masterclasses.

Recommendation 16:

HPCT should continue to commission this course and, along with HBC, should advertise its availability to staff working in Hartlepool.

Cross-Sector Communication Support

Deaf Awareness

The starting point for improving communication with Deaf people is Deaf awareness. As well as the three sensory support staff working within HBC, a number of other council staff have received communication and deaf awareness training. In line with Hartlepool Workforce Training and Development Plan a number of staff across health and social care, including the private and voluntary sector have had training in the following:

- Visual awareness – 10 people
- IDeA Low Vision – 134 people
- British Sign language – 13 people
- Communication Tactics – 53 people
- Developing Communication Tactics – 1 person

Recommendation 17:

That deaf awareness training continues for staff in both HBC and HPCT and is included in mandatory induction training.

Lipreading

For some people with hearing loss, lip-reading can be a vital skill enabling them to continue to communicate with others. However, there are no lip-reading classes available in Hartlepool and those people who do enquire about the availability of such support are usually referred to Durham Deafened Support (DDS). Information gained from DDS confirms that they do provide unfunded lipreading classes for 5 Hartlepool residents

Lipreading classes are also available in Guisborough although it is uncertain whether any Hartlepool residents attend these classes.

Recommendation 18:

HBC and HPCT should survey the Hard of Hearing community in order to determine their needs for social and communication support, including lipreading provision and the availability of a support group. This should include dialogue with Durham Deafened Support to determine how these needs are currently being met.

Interpreter services

The provision of BSL interpreting services available to people living in Hartlepool is complex with each sector commissioning different services and operating on differing commissioning cycles.

- The Deaf Centre uses the North East Interpreters Network to contract individual BSL interpreters for their healthy project.
- The Tees PCT Cluster commissions BSL and interpreting services for primary care (including GPs, ophthalmology and dental services). Three companies have 'preferred provider' status: Interpreting Translation Language & Cultural Training (ITL), Every Day Language Solutions (ELS) and Interpreting Plus. This contract is due for renewal in April 2012.
- South Tees Foundation Trust commissions Every Day Language Solutions for its BSL interpreter services.
- Hartlepool Borough Council and Tees, Esk and Wear Valley Mental Health Trust (lead by Darlington Council) have recently retendered for their interpreter service but due to the limited response to this, it is currently drawing up a list of individual interpreters who can be contracted on an individual basis and subject to the preferences of individual Deaf people.
- North Tees and Hartlepool Foundation Trust commissions Every Day Language Solutions for its BSL interpreter services.

The usual process for booking an interpreter would be for the organisation with whom the Deaf person has an appointment, to contact the interpreter service provider. However, this can mean that the Deaf person will have no choice over the interpreter and will be unaware of who their interpreter is until they turn up for their appointment. For those people who have a series of appointments or are attending to discuss a sensitive or distressing issue, this uncertainty can create added anxiety and a lack of continuity resulting in the Deaf person having to explain the same points to each new interpreter. Some research has also highlighted the fact that many Deaf people may be unable to fully understand their interpreter (HealthDeafinitions, 2009) and so, offering a choice of interpreter along with improving continuity of interpreter provision across organisational boundaries (ie between primary to secondary care appointments) can go some way to improving this situation along with greater compliance with treatment.

A number of further issues have also been highlighted during this review including concerns about interpreter qualifications, access to interpreters in

emergency situations and the length of interpreter bookings, which may not be long enough to accommodate possible clinic waiting times. It has also become apparent that there are wider concerns about BSL interpreter provision across the Teesside area which has been the subject of a separate review undertaken by LINks on behalf of Redcar & Cleveland, Middlesbrough and Stockton-on-Tees¹⁵.

Recommendations 19 & 20

HBC should engage the Hartlepool Deaf community in developing a service specification for a BSL interpreter service and work with partners to ensure that such services are commissioned to a consistently high standard across organisations, ensuring continuity of service as far as possible across the patient pathway, and where appropriate checks and feedback is sought on the provision of that service.

HBC and HPCT should review arrangements for emergency interpreter provision for example using 'stand-by' cross-sectoral interpreters across Teesside, or the use of a service such as Signtranslate,¹⁶

Many Deaf people, are becoming increasingly reliant on new technology through the use of social media, smartphones, texting and Video Interpreting Services (VIS) such as Signtranslate highlighted above. HBC therefore introduced such a VIS last year at a cost of £300 pm but unfortunately, it was used less than a handful of times and has since been removed. Differing opinions have been offered for the lack of uptake ranging from how well the service had been marketed, to whether there were dialect difficulties in the VIS using interpreters from London, to the simple fact that people prefer to communicate through an interpreter, face to face.

Recommendation 21:

HBC should consider seeking the views of the Deaf Community in determining why the VIS was unsuccessful and establish the best means for Deaf people to access the council services in the future.

¹⁵ Middlesbrough, Redcar and Cleveland, Stockton-on-Tees Local Involvement Networks, Sensory Impairment Report (May 2011)

¹⁶ www.signtranslate.com is run by SignHealth and provides an on-line webcam link to BSL interpreters for use in emergency situations. It can offer instant help for Deaf people in communicating with medical staff and log in is available for GP practices and hospitals. The use of Signtranslate was a recommendation in *Mental Health and Deafness: Equity and Access* in 2005 to be introduced as speedily as possible, but the current uptake is unknown.

CONCLUSIONS

It is evident that a good range of services is already in place to support both Deaf and hard of hearing people in Hartlepool, ranging from the early identification of children through the newborn hearing screening programme, the provision of a peripatetic teaching service, the provision of an advocacy service, identified specialist sensory support staff, provision of an equipment service and a health project for Deaf people.

Using the national prevalence tables to provide an estimate of hearing loss in the Hartlepool population, it is apparent that a large proportion of the population with hearing loss may already be known to health and social care services, demonstrated by the large numbers of patients registered with the audiology department. Such penetration into the community means that individuals can be provided with appropriate support and treatment, reducing the potential for their social isolation.

However, there are also some areas of identified unmet need resulting in a range of recommendations that have been made throughout the report with regard to improving current service provision. These are set out in full in Appendix F.

In addition, three overarching recommendations are made which, if implemented, will serve as the basis for continuing work to meet the needs of those with hearing loss and should form the starting point for addressing service improvements. These are:

- a) To create a visible focal point in the town for people with hearing loss to meet, obtain information and support. This could fulfil a number of functions, including providing a central information resource, a base for a Hard of Hearing support group, lipreading classes and PCT funded health-focused workshops. There may be some value in exploring whether the Family First centre could be used for this, given that a number of meetings for Deaf community are already held there, or alternatively, the Havelock centre, from where the majority of equipment for those with hearing loss is distributed.
- b) To review the commissioning of BSL interpreter services and consider the value of redesigning these in consultation with other partners across Teesside and with members drawn from the Deaf community.
- c) To develop a strategic approach to the engagement of people from the Deaf and hard of hearing communities, enabling them to be fully involved in decisions and changes in services affecting them.

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Anne Windram, Rehabilitation Officer, Hartlepool Borough Council

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Appendix A

MRC Institute of Hearing Research Prevalence of hearing impairment in the Adult GB population Age group: 18-80, Gender: Overall, Occupational Group: Overall

Table B5124-1	Age Group = 18-80					Gender = OVERALL					Occupational group = OVERALL					Total cases = 2663
	Threshold dB HL:															
	0	5	10	15	20	25	30	35	40	45	50	55	65	75	85	95
Prevalence	93.4	72.1	49.9	32.7	22.6	16.1	11.2	8.2	5.8	3.9	2.9	2.1	1.1	0.7	0.4	0.2
Lower CI	91.8	70.0	47.9	31.1	21.3	15.0	10.3	7.4	5.1	3.4	2.5	1.7	0.8	0.5	0.2	0.1
Upper CI	94.7	74.1	51.8	34.4	24.0	17.3	12.1	9.1	6.5	4.4	3.3	2.5	1.4	1.0	0.7	0.5
Design Effect	1.52	1.21	1.01	0.91	0.83	0.81	0.78	0.80	0.79	0.65	0.62	0.65	0.69	0.79	0.93	1.09
Number	2567	2185	1701	1249	962	754	574	450	341	255	200	149	78	43	22	10

Age group: 18-30, Gender: Overall, Occupational Group: Overall

Table B5124-4	Age Group = 18-30					Gender = OVERALL					Occupational group = OVERALL					Total cases = 401
	Threshold dB HL:															
	0	5	10	15	20	25	30	35	40	45	50	55	65	75	85	95
Prevalence	82.6	43.0	18.7	6.9	2.6	1.8	0.6	0.4	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Lower CI	77.5	37.4	14.8	4.7	1.4	1.0	0.3	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Upper CI	86.8	48.7	23.3	10.0	4.6	3.2	1.2	0.8	0.7	0.6	0.1	0.1	0.1	0.1	0.9	0.9
Design Effect	1.25	1.17	1.12	1.05	0.98	0.84	0.54	0.55	0.52	0.53	0.20	0.20	0.28	-	-	-
Number	342	196	98	41	19	15	9	6	5	4	2	2	1	0	0	0

Age group: 31-40, Gender: Overall, Occupational Group: Overall

Table B5124-5	Age Group = 31-40					Gender = OVERALL					Occupational group = OVERALL					Total cases = 331
	Threshold dB HL:															
	0	5	10	15	20	25	30	35	40	45	50	55	65	75	85	95
Prevalence	92.8	68.5	26.9	13.8	5.6	2.8	2.3	1.4	1.1	1.1	1.0	0.8	0.7	0.7	0.6	0.6
Lower CI	88.4	54.0	21.6	10.1	3.5	1.6	1.2	0.6	0.4	0.4	0.3	0.2	0.1	0.1	0.1	0.1
Upper CI	95.6	66.6	32.9	18.6	8.8	4.9	4.5	3.3	3.1	3.1	3.0	3.0	3.0	3.0	3.1	3.1
Design Effect	1.28	1.21	1.19	1.14	1.05	0.91	0.96	0.98	1.04	1.07	1.11	1.19	1.27	1.27	1.36	1.36
Number	313	219	113	62	30	19	15	10	8	7	5	3	2	2	1	1

Age group: 41-50, Gender: Overall, Occupational Group: Overall

Table B5124-6	Age Group = 41-50					Gender = OVERALL					Occupational group = OVERALL					Total cases = 450
	Threshold dB HL:															
	0	5	10	15	20	25	30	35	40	45	50	55	65	75	85	95
Prevalence	97.4	74.6	48.3	25.2	13.5	8.2	6.0	4.0	2.3	1.7	1.2	0.7	0.3	0.3	0.1	0.1
Lower CI	95.2	69.9	43.3	21.4	10.9	6.4	4.4	2.8	1.5	1.1	0.8	0.4	0.1	0.1	0.0	0.0
Upper CI	98.6	78.8	53.3	29.6	16.7	10.5	8.0	5.8	3.5	2.6	2.0	1.6	0.9	0.8	0.6	0.3
Design Effect	1.11	1.12	1.09	1.02	0.92	0.81	0.83	0.81	0.69	0.65	0.60	0.71	0.63	0.65	0.60	0.49
Number	440	351	244	146	92	66	48	34	23	18	14	8	4	3	2	1

Age group: 51-60, Gender: Overall, Occupational Group: Overall

Table B5124-7	Age Group = 51-60					Gender = OVERALL					Occupational group = OVERALL					Total cases = 682
	Threshold dB HL:															
	0	5	10	15	20	25	30	35	40	45	50	55	65	75	85	95
Prevalence	98.7	90.8	68.9	43.3	28.8	18.9	11.0	7.8	5.6	4.0	2.9	2.1	0.9	0.4	0.1	0.1
Lower CI	97.4	88.0	64.9	39.4	25.7	16.3	9.1	6.4	4.4	3.0	2.1	1.4	0.6	0.1	0.0	0.0
Upper CI	99.4	93.0	72.7	47.1	32.2	21.8	13.2	9.5	7.1	5.4	4.0	3.1	1.5	0.9	0.3	0.3
Design Effect	1.13	1.16	1.13	1.04	0.96	0.95	0.87	0.78	0.78	0.80	0.73	0.76	0.66	0.80	0.47	0.47
Number	674	630	512	365	272	192	129	102	77	56	44	32	17	5	2	2

Age group: 61-70, Gender: Overall, Occupational Group: Overall

Table B5124-8	Age Group = 61-70					Gender = OVERALL					Occupational group = OVERALL					Total cases = 527
	Threshold dB HL:															
	0	5	10	15	20	25	30	35	40	45	50	55	65	75	85	95
Prevalence	100.0	97.7	86.3	65.1	50.8	36.8	25.3	16.2	10.7	7.4	5.7	4.1	2.3	1.4	1.0	0.6
Lower CI	99.3	95.3	82.4	59.9	45.9	32.5	22.2	13.6	9.0	6.1	4.7	3.2	1.6	0.9	0.5	0.3
Upper CI	100.0	98.9	89.4	70.0	55.8	41.2	28.7	19.2	12.6	8.9	7.0	5.2	3.4	2.3	1.8	1.4
Design Effect	-	1.33	1.19	1.24	1.17	1.07	0.88	0.89	0.68	0.62	0.58	0.61	0.66	0.70	0.71	0.80
Number	527	518	470	383	320	256	198	150	110	83	68	51	28	16	11	5

Age group: 71-80, Gender: Overall, Occupational Group: Overall

Table B5124-9	Age Group = 71-80					Gender = OVERALL					Occupational group = OVERALL					Total cases = 272
	Threshold dB HL:															
	0	5	10	15	20	25	30	35	40	45	50	55	65	75	85	95
Prevalence	99.6	99.6	95.5	87.1	74.0	60.3	47.0	40.0	29.7	17.6	12.4	9.3	4.0	2.5	1.0	0.1
Lower CI	98.0	98.0	90.0	80.6	66.6	52.9	40.2	33.3	23.8	14.3	10.0	7.2	2.8	1.6	0.4	0.0
Upper CI	99.9	99.9	98.0	91.6	80.2	67.3	53.9	47.1	36.3	21.5	15.3	11.8	5.6	4.0	2.3	0.8
Design Effect	0.98	0.98	1.54	1.38	1.32	1.25	1.17	1.20	1.16	0.81	0.68	0.65	0.60	0.62	0.72	0.63
Number	271	271	264	252	229	206	175	148	118	87	67	53	26	17	6	1

Appendix B

Source: WHO World Report on Disability

Table D.1. Prevalence of moderate and severe disability (in millions), by leading health condition associated with disability, and by age and income status of countries

Health condition ^(b,c)	High-income countries ^(a) (with a total population of 977 million)		Low-income and middle-income countries (with a total population of 5 460 million)		World (population 6 437 million)
	0–59 years	60 years and over	0–59 years	60 years and over	All ages
1 Hearing loss ^(d)	7.4	18.5	54.3	43.9	124.2
2 Refractive errors ^(e)	7.7	6.4	68.1	39.8	121.9
3 Depression	15.8	0.5	77.6	4.8	98.7
4 Cataracts	0.5	1.1	20.8	31.4	53.8
5 Unintentional injuries	2.8	1.1	35.4	5.7	45.0
6 Osteoarthritis	1.9	8.1	14.1	19.4	43.4
7 Alcohol dependence and problem use	7.3	0.4	31.0	1.8	40.5
8 Infertility due to unsafe abortion and maternal sepsis	0.8	0.0	32.5	0.0	33.4
9 Macular degeneration ^(f)	1.8	6.0	9.0	15.1	31.9
10 Chronic obstructive pulmonary disease	3.2	4.5	10.9	8.0	26.6
11 Ischaemic heart disease	1.0	2.2	8.1	11.9	23.2
12 Bipolar disorder	3.3	0.4	17.6	0.8	22.2
13 Asthma	2.9	0.5	15.1	0.9	19.4
14 Schizophrenia	2.2	0.4	13.1	1.0	16.7
15 Glaucoma	0.4	1.5	5.7	7.9	15.5
16 Alzheimer and other dementias	0.4	6.2	1.3	7.0	14.9
17 Panic disorder	1.9	0.1	11.4	0.3	13.8
18 Cerebrovascular disease	1.4	2.2	4.0	4.9	12.6
19 Rheumatoid arthritis	1.3	1.7	5.9	3.0	11.9
20 Drug dependence and problem use	3.7	0.1	8.0	0.1	11.8

Notes: a. High-income countries are those with 2004 Gross National Income per capita of US\$ 10 066 or more in 2004, as estimated by the World Bank (5).

b. GBD disability classes III and above.

c. Disease and injury associated with disability. Conditions are listed in descending order by global all-age prevalence.

d. Includes adult onset hearing loss, excluding that due to infectious causes; adjusted for availability of hearing aids.

e. Includes presenting refractive errors; adjusted for availability of glasses and other devices for correction.

f. Includes other age-related causes of vision loss apart from glaucoma, cataracts and refractive errors.

Source (3).

Appendix C

Mental Health and deafness: Towards Equity and Access Summary of recommendations:

1. That consideration should be given to conducting local Needs Assessments of the mental health of Deaf people.
2. Primary Care and Hospital Trusts are asked to include Deaf awareness training in their training and development curricula for all front line staff. Local voluntary groups and local authority social services departments are likely to be able to provide the appropriate expertise.
3. A telemedicine pilot should be established between one of the specialist providers and a suitable remote site to explore whether further developments of this kind can be justified.
4. That the BSL/English translation software developed by SIGN is made available to primary and secondary care as speedily as possible.
5. Area Child Protection Committees should review local procedures, policies and training programmes to ensure that the needs of Deaf children are recognised and can be met.
6. There should be links developed between the National Deaf Service for Children and local CAHMS Teams for advice and consultation.
7. The use of video-links for this purpose should be piloted and proposals for roll-out of this facility developed should this prove useful.
8. That Local Implementation Teams and CAHMS development teams make arrangements to access the data held by Local Authorities on Deafblind people as a starting point in considering how they might meet the needs of this group.
9. That the specialist services consider how they wish to manage referrals of Deafblind individuals in future and what additional expertise or specialisation is required
10. That consideration should be given to conducting a needs assessment of Deafblind people alongside any undertaken for Deaf people.
11. Every primary care facility should have a minicom and a service agreement with a translation service which includes BSL.
12. Consideration be given to the potential role of Gateway Workers in assisting Deaf people with a mental health problem to the service most likely to be of assistance at that time.
13. That a proposal for a Healthy Living Centre pilot be developed in one or two areas initially.
14. Primary Care Trusts consider whether there is a practice within their boundaries who could develop a special interest in the needs of Deaf people.
15. That specialist CPNs are recruited to those parts of the country with the greatest need for an enhanced service.

16. That consideration is given to replicating the Deaf Enhanced Support Team model.
17. That the pattern of referrals, lengths of stay and eventual disposal of service users at Mayflower Hospital is carefully monitored with a view to establishing whether there is a firm case for a further medium secure unit.
18. Mental Health Trusts involved in Prison Inreach should seek to identify Deaf prisoners with mental health problems and seek specialist advice on their management. Alternatively, if it were possible at some stage for the Prison Service to designate one prison as having a distinct role in managing Deaf prisoners, specialist inreach could be considered.
19. That local Needs Assessments take account of the number of Deaf elders who may require residential care.
20. Those responsible for planning carer support should be aware of the need to consider those carers who may have particular needs.
21. In any needs assessment, attention needs to be paid to the implications of cultural and ethnic diversity
22. In considering how to meet their aspirations for race equality, NHS bodies need to be aware of groups with particular access needs.
23. Staff working in mental health settings should be encouraged to learn BSL and those in specialist services to acquire a fluency that would allow them to carry out their professional functions.
24. Attention should be given to means of increasing the number of Deaf people employed in mental health services at all levels. Support, Time and Recovery Workers (DH, 2003) may provide a model of how this could be done relatively quickly.
25. Consideration needs to be given to the best mechanisms for increasing the pool of skilled interpreters. This may also need to encompass the employment status of such individuals. This will need to involve a number of agencies.
26. The feasibility of developing specialist training in mental health for interpreters should be explored by the specialist providers.

Appendix D

Welsh Deaf Strategy 2011

Ensuring Equality of Opportunity:

- Ensuring all public service providers in Wales are aware of their responsibilities under the Equality Act 2010 by sending out guidance for all public services and Welsh government departments.
- Incorporate deaf awareness training into current disability equality training delivered to existing and new public service staff.
- Issue specific guidance to public transport operators in Wales around how to make public travel accessible to people with hearing loss.
- Ensure that basic deaf awareness is included within the initial Teacher training course.
- Ensure school inspections are able to identify good practice and areas for improvement by training Estyn inspectors to understand more about deaf education.
- Ensure that all new educational buildings have good acoustic environments.

Better Hearing Support:

- a) A pilot of a community-based screening programme for people over the age of 65 through GP surgeries.
- b) Pilot 'Hear to Help' services across all of Wales to ensure that hearing aid support can be accessible to everyone with hearing loss.
- c) Provide clear direction to local authorities so they are able to better plan support services for deaf children.
- d) Encourage more professionals to specialise in working with deaf children.
- e) Work to ensure that NICE guidance on cochlear implants is upheld.

Enhance Quality of Life:

- Introduce guidance ensuring that all staff in care homes are trained in basic hearing aid care and maintenance, receiving deaf awareness training.
- Educate on the issue of protecting hearing from an early age through public health messaging.
- Better access to lip-reading classes and more support and information about their availability.
- Guidance to help people with hearing loss access arts, entertainment and leisure in Wales.
- Encourage more museums to have signed tour guides.
- Work to promote the Me2 project in Wales.
- Will encourage local authorities to include specific targets for deaf people within their strategies and plans.
- Conduct a review into how local authorities should work collaboratively to secure specialist social worker provision for deaf children, young people and their families across Wales.
- Support deaf children and their families from the point of diagnosis with help and support.

Appendix E

People registered as deaf or hard of hearing in England, 31 March 2010

	People registered as deaf or hard of hearing	People registered as deaf by age				
		All Ages ¹	0-17	18-64	65-74	75 or over
ENGLAND	212,900	56,360	2,160	30,100	6,700	17,370
NORTH EAST	16,820	3,010	205	1,610	360	835
Unitary Authorities	8,885	1,440	150	875	155	260
Darlington	480	50	0	25	10	10
Durham	2,280	260	-	185	30	40
Hartlepool	1,015	70	-	55	5	-
Middlesbrough	1,125	270	10	185	20	55
Northumberland	790	365	95	150	40	75
Redcar & Cleveland	1,055	195	10	125	25	35
Stockton-on-Tees	2,140	235	30	150	20	35
Metropolitan Districts	7,935	1,570	55	735	205	575
Gateshead	2,155	210	-	120	30	60
Newcastle-upon-Tyne	1,955	240	-	165	40	30
North Tyneside	1,600	800	25	250	90	435
South Tyneside	170	95	-	55	25	10
Sunderland	2,055	230	20	145	25	40

	People registered as deaf or hard of hearing	People registered as hard of hearing by age				
		All Ages ¹	0-17	18-64	65-74	75 or over
ENGLAND	212,900	156,540	2,235	25,815	20,475	107,885
NORTH EAST	16,820	13,810	110	2,490	2,050	9,160
Unitary Authorities	8,885	7,445	75	1,540	1,175	4,655
Darlington	480	435	0	100	65	270
Durham	2,280	2,020	20	510	305	1,185
Hartlepool	1,015	945	-	185	175	585
Middlesbrough	1,125	860	5	160	110	580
Northumberland	790	425	25	100	80	225
Redcar & Cleveland	1,055	860	10	150	130	575
Stockton-on-Tees	2,140	1,905	15	340	310	1,245
Metropolitan Districts	7,935	6,365	35	950	875	4,500
Gateshead	2,155	1,945	-	285	275	1,380
Newcastle-upon-Tyne	1,955	1,720	10	215	200	1,295
North Tyneside	1,600	800	10	105	95	590
South Tyneside	170	75	0	20	10	45
Sunderland	2,055	1,825	15	325	295	1,190

Appendix F

Full list of recommendations

1. It is uncertain whether the Focus on Health Project has been commissioned following an assessment of need. If not, HPCT is recommended to undertake an assessment of the health status of the Deaf community in Hartlepool, in order to better target the current programme of activities. This would require translation of appropriate material and could be facilitated either through the Deaf Centre or the North Regional Association for Sensory Support (NRASS) service.
2. HBC should consider using the community group meetings co-ordinated by NRASS as an opportunity to improve engagement with the Deaf community and seek their views on a range of issues affecting them which are highlighted later in this report.
3. HBC should also, in consultation with the Deaf community, review the provision of the NRASS contract to determine whether there is a need to extend this service or to explore the option of cross-cover with another Local Authority.
4. HBC should assess the need for a hard of hearing support group. Should there be adequate support for one to exist in Hartlepool, the Havelock Centre may be an appropriate venue for this to be located, given that it is currently the base for the adult services team member who undertakes assessments for equipment for hard of hearing people.
5. HBC may wish to consider the provision of a dedicated [paediatric social worker to work with children identified through the Newborn Hearing Screening Programme
6. HBC should continue to review its arrangements with the peripatetic service in order to ensure that Hartlepool Borough Council receives timely and accurate information enabling it to appropriately support children identified with a hearing impairment
7. HBC may wish to review the arrangements of these three staff to work as a 'virtual team' or to ensure the suitability of alternative 'cover' for annual leave and other absences.
8. HBC should look at how this algorithm could be improved further by obtaining feedback from officers in receipt of the referrals. For example, referrals to undertake assessments for installation of fire alarms could be made to the Fire service at the same time as the referral to the officer in the South Locality team, thereby reducing waiting times.
9. HBC may wish to consider reviewing the content of the form to ensure that the needs of those with sensory loss can be determined and then ensure appropriate training is provided for staff in its application.
10. Through the Tees wide review of the peripatetic service, clarification should be sought of the working arrangements between Hartlepool Hospital; James Cook Hospital and the Special Educational Needs Team including the provision of information to families of children with hearing loss.
11. HBC should review the process for the transfer of information between Care First and ICS to ensure the inclusion of children on the deaf and hard of hearing register.
12. HBC should consider developing leaflets about the support that may be available to people with sensory loss (eg equipment provision, travel concessions, VAT exemption) as well as placing this information on their website. Such leaflets could also be offered to the local Audiology departments and the peripatetic service enabling their staff to provide appropriate information to patients attending for

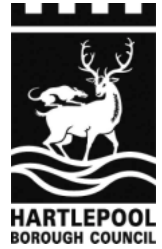
appointments and for parents referred through the Newborn Hearing Screening Programme.

13. HBC should explore this issue further, seeking the views of the Deaf community in order to explore possible solutions to improve access to its services.
14. Evidence suggests that low take-up of hearing aids may be due to cosmetic reasons (Davis et al, 2007, p55) and the PCT may wish to explore the value of offering patients greater choice of ITE and BTE hearing aids in their commissioning plans for hearing aid provision.
15. As the evidence indicates that up to 40% of Deaf children have mental health problems, HPCT should review the current provision of mental health services available to their population of children and young people, working with partners to achieve economies of scale and consider the development of links between local CAMHS services and the National Deaf Service for Children (as recommended in Equity and Access, 2005).
16. HPCT should continue to commission this course and, along with HBC, should advertise its availability to staff working in Hartlepool.
17. That deaf awareness training continues for staff in both HBC and HPCT and is included in mandatory induction training.
18. HBC and HPCT should survey the Hard of Hearing community in order to determine their needs for social and communication support, including lipreading provision and the availability of a support group. This should include dialogue with Durham Deafened Support to determine how these needs are currently being met.
19. HBC should engage the Hartlepool Deaf community in developing a service specification for a BSL interpreter service and work with partners to ensure that such services are commissioned to a consistently high standard across organisations, ensuring continuity of service as far as possible across the patient pathway, and where appropriate checks and feedback is sought on the provision of that service.
20. HBC and HPCT should review arrangements for emergency interpreter provision for example using 'stand-by' cross-sectoral interpreters across Teesside, or the use of a service such as Signtranslate.
21. HBC should consider seeking the views of the Deaf Community in determining why the VIS was unsuccessful and establish the best means for Deaf people to access the council services in the future.

Overarching Recommendations

- a) To create a visible focal point in the town for people with hearing loss to meet, obtain information and support. This could fulfil a number of functions, including providing a central information resource, a base for a Hard of Hearing support group, lipreading classes and PCT funded health-focused workshops. There may be some value in exploring whether the Family First centre could be used for this, given that a number of meetings for Deaf community are already held there, or alternatively, the Havelock centre, from where the majority of equipment for those with hearing loss is distributed.
- b) To review the commissioning of BSL interpreter services and consider the value of redesigning these in consultation with other partners across Teesside and with members drawn from the Deaf community.
- c) To develop a strategic approach to the engagement of people from the Deaf and hard of hearing communities, enabling them to be fully involved in decisions and changes in services affecting them.

CABINET REPORT
21st November 2011



Report of: Director of Regeneration and Neighbourhoods

Subject: LOCAL ASSET BACKED VEHICLES

SUMMARY

1. PURPOSE OF REPORT

The purpose of the report is to advise Cabinet of the outcome of initial options appraisal work undertaken to determine the viability and appropriateness of creating an Asset backed Vehicle to facilitate development in Hartlepool.

2. SUMMARY OF CONTENTS

The report provides an overview of Asset Backed Vehicles and the relevance and appropriateness to Hartlepool. It also considers other alternative methods to deliver regeneration.

3. RELEVANCE TO CABINET

The report reviews the role of land & property in delivering strategic regeneration outcomes and opportunities to ensure maximum social economic & wellbeing benefits.

4. TYPE OF DECISION

Non Key decision

5. DECISION MAKING ROUTE

Cabinet 21st November 2011.

6. DECISION(S) REQUIRED

Cabinet are recommended to:

- i) Consider the findings within the report.
- ii) Acknowledge that although an Asset Backed Vehicle has distinct potential advantages, the cost, risks and timescale associated with procurement are not viable in relation to size of portfolio and delivery timescales.
- iii) Approve the continued flexible approach to land and property disposals/development using a range of both traditional disposal arrangements and contractual joint ventures to facilitate regeneration and the generation of capital receipts on a case by case basis to achieve the resources needed to meet one-off strategic costs identified in the MTFS.
- .iv) Revisit the potential for an Asset Backed Vehicle if a future business case is to come forward.

Report of: Director of Regeneration and Neighbourhoods

Subject: LOCAL ASSET BACKED VEHICLES

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to advise Cabinet of the outcome of initial options appraisal work undertaken to determine the viability and appropriateness of creating an Asset backed Vehicle to facilitate development in Hartlepool.

2. BACKGROUND

- 2.1 Traditionally Hartlepool's regeneration objectives are achieved through either the disposal of its land and property assets to a developer and then using the capital receipts to invest in regeneration projects, or by borrowing monies to invest in a development scheme.
- 2.2 In either scenario the asset is lost subject to either a single capital receipt being achieved or development taking place on the land using debt finance that needs to be repaid over time. This piecemeal approach can restrict the speed at which regeneration takes place and fails to capture the innovation and funding leverage of the private sector.
- 2.3 To achieve a more progressive delivery mechanism consideration has been given to the creation of an Asset Backed Vehicle. This is a Public Private Partnership arrangement designed to encourage the parties to pool resources including finance, planning powers, land buildings and experience in order to maximise output both in terms of capital receipts and sustainable development across a range of sites in the town.
- 2.4 As a result the Council would jointly agree projects which the partner would fund and the Council would benefit from the land value and a share of the profit at the end.
- 2.5 There are key advantages in that we would jointly control development and the Council share in the development profit as well as making sure that development happens.
- 2.6 Other benefits include development of an overarching agreement to deliver regeneration against a strategic vision for the area. The partnership has a joint incentive to maximise financial returns and where appropriate to cross subsidise less viable schemes. The vehicle

ensures a continuous flow of development, maximising the skills and finance of the Private sector with the powers of the Council in terms of asset holding, planning and Compulsory Purchase as examples to deliver long-term benefits.

- 2.7 Although it is clear that there are potential significant benefits there are also significant costs in procuring a suitable partner estimated to be between £500,000 and £1M. In addition the timescale to set up the vehicle would be in excess of 12 months. The arrangement introduces a shared risk for the Council over a long term commitment.
- 2.8 An opportunity, associated with work previously undertaken by the Regional Improvement and Efficiency Programme, was taken to jointly commission a study within Stockton Council into the potential of an Asset Backed Vehicle which would look at individual and joint options for such a vehicle.
- 2.9 Specialist consultants Jones Lang Lasalle have reviewed the Council's and Stockton's portfolio to determine whether there is sufficient development potential to attract a suitable development partner. This option would also increase viability as set up costs would be shared.
- 2.10 Consideration has also been given to Hartlepool creating its own vehicle taking in to account the costs/benefits.

3. CONSIDERATIONS

- 3.1 Subsequent to the study Stockton have decided to pursue an alternative contractual Joint Venture independently..
- 3.2 Although the Council have a number of attractive development sites that would be of interest it is considered that the potential is marginal and there would be a need to increase the scale of opportunities to be successful.
- 3.3 In the current market and with a limited land portfolio but with a wide range of output requirements in terms of regeneration/housing objectives the option to enter into individual development agreements provides the greatest flexibility and enables us to test the market on a regular basis to ensure we achieve the best deal at that time without the commitment of a single Joint Venture in which all of our assets/ projects are contained.
- 3.4 The potential development of an Asset Back Vehicle also needs to be considered against the overall financial position of the Council. In particular the need to achieved capital receipts of £4.5m over the next three years to address the forecast shortfall in funding for one-off strategic costs, which include anticipated redundancy/early retirement costs and Housing Market Renewal commitments.

- 3.5 As a result it is currently considered that an Asset Backed Vehicle is not viable for Hartlepool on an individual basis but this may alter in the future as more sophisticated arrangements develop that are pre-procured, cheaper and more flexible.

4. DELIVERY STRATEGY AND FINANCIAL BUSINESS CASE

- 4.1 In the absence of an Asset backed Vehicle further work has been undertaken with Jones Lang Lasalle to review the whole market in terms of delivery options to ensure that Hartlepool are maximising returns and development opportunities.
- 4.2 It is considered that currently there are a number of delivery options for Hartlepool but the 2 highest scoring areas include

Option A Contractual/Existing Joint Ventures

Option B 'Council Does Everything'

Option A Each site requires an individual flexible approach, Joint Ventures may be appropriate particularly for larger schemes or where the Council require facilities to be provided by the developer as part of the development process. Joint ventures provide the opportunity for the Council to undertake a range of schemes with different developers regularly testing the market and reducing the risk associated with a long term commitment. A partnership approach maximises the skills of both the Public & Private sectors and shares risk and reward.

Option B The Council would act as a development company undertaking and facilitating direct development on both its own and additional land to be acquired. Although this increases the overall risk and investment by the Council it also maximises control in terms of deliverability and financial return.

- 4.3 Option A may take the form of the approach the Council has taken at Seaton Carew and Option B may be linked to a potential acquisition/development strategy to be considered by the Council.
- 4.4 Although the two options in 4.2 may produce the best results for Hartlepool other options that may emerge will be considered as appropriate.
- 4.5 Importantly to enable successful development by any of the options, Hartlepool has to develop a reputation for facilitating and encouraging

appropriate development with a joined up approach through Members and officers. This reputation is essential to provide the confidence for funders and developers to invest in the town and be willing to work with the Council to deliver its aspirations.

- 4.6 As part of the Council's investigation into income generation projects it was recognised that the Council already has many powers to develop projects and that these could be progressed on a case-by-case basis rather than entering into special vehicle arrangement without a full business case and at risk. Members and officers were able to consider this at the recent Eversheds / APSE workshop event.

5. SUMMARY AND RISK ANALYSIS

- 5.1 The viability of creating an Asset Backed Vehicle for Hartlepool has been considered in conjunction with an external consultant. Although distinct benefits are achievable through a vehicle to deliver regeneration outcomes, the commercial viability and significant unbudgeted costs are barriers at this time and would involve risk particularly in tying up assets rather than producing capital receipts which are key in the MTFs.
- 5.2 The principle of a Corporate Joint venture is still correct and longer term we may capture more value but the upfront costs are unpalatable with no guarantees of long term benefit when set against a relatively small portfolio.
- 5.3 The Council can continue to deliver regeneration outcomes through a combination of delivery mechanisms that are considered acceptable and suitable to capture value and long term social economic and wellbeing benefits for the town on a case-by-case basis therefore reducing risk.

6. RECOMMENDATIONS

- 6.1 Cabinet are recommended to:
- i) Consider the findings within the report.
 - ii) Acknowledge that although an Asset Backed Vehicle has distinct potential advantages, the cost, risks and timescale associated with procurement are not viable in relation to size of portfolio and delivery timescales.
 - iii) Approve the continued flexible approach to land and property disposals/development using a range of both traditional disposal arrangements and contractual joint ventures to facilitate regeneration and the generation of capital receipts on a case by

case basis to achieve the resources needed to meet one-off strategic costs identified in the MTFS.

- .iv) Revisit the potential for an Asset Backed Vehicle if a future business case is to come forward.

CABINET REPORT

21 November 2011



Report of: Director of Child and Adult Services

Subject: ANNUAL REPORT OF THE HARTLEPOOL SAFEGUARDING CHILDREN BOARD 2010 - 2011

SUMMARY

1. PURPOSE OF REPORT

- 1.1 To inform Cabinet of the publication of the Annual Report of Hartlepool Safeguarding Children Board that reports on the effectiveness of children's safeguarding in the local area.

2. SUMMARY OF CONTENTS

- 2.1 The main report, (**Appendix 1**) gives detailed information from the various areas of work and analysis of the management statistics. This is supported by a summary document (**Appendix 2**) which is more public facing and outlines the headlines from the main report.
- 2.2 In the foreword to the report, the Chair of the Board commended member agencies for their hard work during the year when most of the targets set by the Board had been achieved and three major pieces of work having been completed. The findings of these major pieces of work form the basis for the work plan of the forthcoming year which are contained in the Business Plan for 2011-2012 detailed near the end of the annual report.

3. RELEVANCE TO CABINET

- 3.1 Cabinet has responsibility for the safeguarding remit of the local authority and the Munro Report of Child Protection (2010) recommends the existing statutory requirements for each Local Safeguarding Children Board (LSCB) to produce and publish an annual report for the Children's Trust Board should be amended, to require its submission to the Chief Executive and Leader of the Council. Presenting the Annual Report to Cabinet meets this recommendation.

4. TYPE OF DECISION

Non-key decision.

5. DECISION MAKING ROUTE

Cabinet

6. DECISION(S) REQUIRED

To receive the report.

Report of: Director of Child and Adult Services

Subject: ANNUAL REPORT OF THE HARTLEPOOL
SAFEGUARDING CHILDREN BOARD 2010 - 2011

1. PURPOSE OF REPORT

- 1.1 To inform Cabinet of the publication of the Annual Report of Hartlepool Safeguarding Children Board that reports on the effectiveness of children's safeguarding in the local area.

2. BACKGROUND

- 2.1 The Apprenticeships, Skills, Children and Learning Act 2009 introduced the requirement for Local Safeguarding Children Boards to produce and publish an Annual Report on the effectiveness of safeguarding in the local area. The report should provide an assessment of local safeguarding, set against a comprehensive analysis of the local area safeguarding need. It should recognise achievements and the progress that has been made in the local area as well as providing a realistic assessment of the challenges that still remain.
- 2.2 At the Board meeting on 13th September 2011, Hartlepool Safeguarding Children Board approved the Annual Report and Business Plan and the Summary Report. It is published on the Board website www.lscbhartlepool.org
- 2.3 Overall the report notes a successful year for the work of the Board. Three major pieces of work on Domestic Violence, Neglect and Thresholds for Access to Services were completed and the recommendations accepted by the Board. The resultant action plans are being tackled in the current year. The analysis of constituent agencies self audit of safeguarding arrangements concluded that there were a minimal number of actions needing to be achieved to ensure full compliance with the requirements. A further self audit will be completed during the current year.
- 2.4 A full multi agency learning and development programme is in place and the number of staff completing safeguarding training has continued to increase.
- 2.5 The Annual report analyses child protection activity in Hartlepool and notes there was a drop in the number of children subject of a protection plan at the end of the year. The main safeguarding issue for children in the town continues to be neglect, most frequently linked to parental substance misuse.

- 2.6 During the year the Board undertook one multi-agency Learning Review which was carried out following concerns about the management of an individual case to identify whether there were any lessons that could be learned for future safeguarding practice. The learning from the review has been cascaded to multi agency staff and the action plan has been implemented including the development of a training module on safeguarding children with disabilities which has been included in the programme for future years.
- 2.7 The Board has confirmed that the overarching outcome of “Children live safely in Hartlepool” supported by four subsidiary outcomes relating to Domestic Violence, Neglect, Risk taking by Adolescents and living in safe environments continues to be the priority and form the basis of the 2011/12 work plan.

3. RECOMMENDATIONS

- 3.1 That the report be received.



Annual Report and Business Plan 2011



Hartlepool Safeguarding Children Board
Annual Report and Business Plan 2011

**Agreed by Hartlepool Safeguarding Children Board on 12th July 2011
and agreed and published on 13th July 2011**

The Board acknowledges the hard work that has been done by staff of all agencies throughout the last year that has contributed to the successful progress made on the priorities set out in the Annual Report and Business Plan 2010. Chairs of Subgroups and Task and Finish Groups are also thanked for their written contributions that are contained within this report.

FOREWORD

REPORT FROM THE CHAIR

It is again my pleasure to review and summarise the work of Hartlepool Safeguarding Children Board in this Annual Report and Business Plan. The report records the achievement of the past year and following the successful Development Day the priorities that the Board will be carrying forward into the forthcoming year.

Safeguarding Children is everyone's responsibility and HSCB provides the means to ensure that the safety and welfare of the children is at the heart of every organisation's work. We live in a world of change and the recent publication of the Munro Review of Child Protection makes recommendations that confirm the valuable contribution made by Safeguarding Boards and strengthens their role in terms of learning and assuring themselves that the learning has been effective. Other changes relate to the introduction of Health and Wellbeing Boards and a lessening of Children's Trusts.

In the past year each of the standing subgroups of HSCB have worked through their action plans effectively and virtually all targets have been met in terms of the measurable outputs of each. All of those outputs have been related back to the outcomes that were identified at the beginning of the year and related to enhancing the safety and wellbeing of all children in Hartlepool.

Two major pieces of work in relation to Domestic Violence and Neglect were undertaken with contributions from a wide range of agencies. Both were completed in the timescales set and led to significant reports that provided recommendations that now need to be addressed in the forthcoming year. A third piece of work relating to the entry point for services was an audit of professional understanding of the thresholds to be applied which resulted in a thought provoking report whose conclusions and recommendations will also be carried forward during this coming year.

Another successful Development Day was held in March 2011 that helped to review the previous years work and set the priorities for the year ahead. The three major reports already referred to provide considerable material for discussion on a multi agency basis with work identified moving forward to 2011/12.

From the Development Day, the overarching outcome for the Board of –

Children live safely in Hartlepool
was agreed.

To support that overarching outcome, the following six outcomes were identified –

- 1. Children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect.**
- 2. Children and young people live free from the impact of Domestic Abuse.**
- 3. Children and young people live free from the impact of parental mental ill-health.**
- 4. Adolescents in Hartlepool are supported to make safer choices and are safeguarded from significant harm.**

5. **Children and young people safely access and use existing and emerging technologies to aid their enjoyment and achievement.**
6. **Staff working with children and young people are suitably trained to meet their needs.**

As reported in last years Business Plan, the Board has moved forward with the appointment of an Independent Chair and two Lay Members.

I would like to take this opportunity to thank colleagues in partner agencies and those who support the work of the Board for their commitment and hard work to the Board itself and its subgroups which have resulted in significant work being done to ensure that children in fact do live safely in Hartlepool. While handing over the responsibilities of Chairing the Board to Eileen Hinds, I will, of course, continue to be a member of the Board.

Nicola Bailey
Chair of Hartlepool Safeguarding Children Board

Executive Summary

Progress of Business Plan 2010/11

Three major pieces of work were commissioned and completed during the year.

They were:

- A Total Place Review of Services that addressed the issues of Domestic Violence
- An in-depth review of issues in relation to neglect of children; and
- A detailed study of how children are referred to and enter the Child Protection System in Hartlepool.

Each piece of work culminated in a report which made detailed findings and recommendations that will form the basis of the work for the Board and its subgroups for the forthcoming year.

One of the priority areas for the year, a study into how Adolescents in Hartlepool can be supported to make safer choices and be safeguarded from significant harm, was delayed so that the overall demand on the resources of the Board and its members could be kept manageable within the year. The Chair, Members and Terms of Reference of the group were confirmed, in October 2010 and it is hoped that the work of this group will be reported to the Board in the autumn, 2011.

Each of the standing subgroups successfully completed the vast majority of their workplans during the year.

A significant development during the year has been agreement of the four Teesside Boards to the production of a joint set of revised web based Child Protection Procedures which comply with Working Together 2010. These will provide an easily accessible source of the Child Protection Procedures for staff of all agencies as well as the public.

Outcomes for 2011/12

In March 2011, during the Board Development Day, under its overarching outcome of seeking to ensure that Children live safely in Hartlepool, the following outcomes were re-affirmed

- 1. Children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect.**
- 2. Children and young people live free from the impact of Domestic Abuse.**
- 3. Children and young people live free from the impact of parental mental ill-health.**
- 4. Adolescents in Hartlepool are supported to make safer choices and are safeguarded from significant harm.**
- 5. Children and young people safely access and use existing and emerging technologies to aid their enjoyment and achievement.**
- 6. Staff working with children and young people are suitably trained to meet their needs.**

The work of each subgroup will be linked to one or more of these key outcomes retaining the Board's commitment to an Outcomes Based Accountability framework as the approach to the work of the Board.

Section 1

Governance and accountability arrangements

Role, function and structure of Hartlepool Safeguarding Children Board and Subgroups

The Hartlepool Safeguarding Children Board continues to meet bi-monthly and has been chaired by the Director of Child and Adult Services. From July 2011, it will have an Independent Chair, representatives from all appropriate agencies and groups, including two Lay Members, and the outcome of ensuring that “Children live safely in Hartlepool” remains a prime objective for each of the agencies and organisations represented on the Board. The work of the Board continues to be achieved through a number of standing groups and time limited task and finish groups which report to the Executive and the Board.

Executive Group

Since its formation in August 2008, the Executive Group has continued to support the work of the Board. The increasing volume of work for the Board has resulted in an expansion of the work of the Executive Group and at the Development Day in March 2011, it was recognised that the Terms of Reference of the Executive Group needed to be updated to reflect those changes. The Executive manages much of the process work of the Board and makes recommendations to the Board on these matters.

Other Groups

Serious Case Review Panel

The Serious Case Review Panel is a standing sub group and is convened if it is considered that the circumstances of any child meet or may meet the criteria for a Serious Case Review. Any agency can request that the Serious Case Review Panel meets to consider the circumstances of a child. When the panel is convened an independent chair is arranged in accordance with the requirements of Working Together 2010.

The remit of the Serious Case Review Panel is to commission and oversee the production of Serious Case Reviews under Section 8 of ‘Working Together to Safeguard Children 2010.

Child Death Overview Panel

The Child Death Overview Panel continues to be managed by Redcar and Cleveland Safeguarding Children Board on behalf of Hartlepool, Middlesbrough, Stockton and Redcar and Cleveland Boards. The objectives of the panel are to review the deaths of all children and consider how they might have been prevented or similar deaths might be prevented in the future. They also identify patterns or trends across the four Boards and report to each individual Board on that basis.

Serious Case Review Implementation Group

In addition to managing the implementation of any recommendations and action plans arising from Serious Case Reviews, Learning Reviews or Local Management Reviews generated by Hartlepool Safeguarding Children Board, this group also seeks to extract any learning from published Serious Case Reviews from elsewhere in the country. This significant task is shared with the Boards of Middlesbrough, Redcar and Cleveland and Stockton – again to prevent duplication of effort.

eSafety Group

The eSafety Group has arisen from the recognition that the electronic environment presents safeguarding challenges so that young people can enjoy all of the advantages of this developing part of life while retaining control over their own safety. Promoting safe use is a particularly important message that this group seeks to pursue.

Practice, Policy and Procedure Subgroup

A number of groups report to the Practice, Policy and Procedure group so that the work of each is integrated with the others and issues arising from one can be considered jointly with those also reporting to this group.

During this year, the Board appointed a fulltime Business Manager to assist the Executive Group in its functions. Arising from the appointment, the opportunity has been taken to revise the structure of the standing groups of the Board and their reporting lines.

Communication Group

The Communication Group co-ordinates the efforts to increase the public awareness of the work of the Board and promote safe messages for parents, children and those working with them.

Safeguarding User Group

The Safeguarding User Group provides a forum for multi agency practitioners to share experiences of implementing the practice, guidance and procedures of the Board and provides an opportunity to problem solve issues that arise, contribute to the continuous improvement of practice and initiate discussion for the development of further guidance.

Hidden Harm Network Group

The Hidden Harm Group is tasked with progressing joint working in relation to Substance Misuse and is developing strong links with Adult Services. The group are planning a Conference in June 2011 to raise the profile of this work and in particular concentrating on the impact on the children of families where substance misuse is present.

Running/Missing from Home/Care Group

This multi agency group monitors the implementation of the Teeswide Protocol and local procedures. This is an evolving area of work and the group will continue to seek best practice from elsewhere and incorporate it as appropriate.

Performance and Quality Assurance Subgroup

The remit of the Performance and Quality Assurance Group is to monitor and evaluate the effectiveness of the Board and its partners in delivering local safeguarding practice. The group reports through various different means including self reporting audits e.g. section 11 audit or Children subject to a Child Protection Plan for a second or subsequent time as well as themed pieces of work that address single issues e.g. the Threshold Audit which was completed in conjunction with Teesside University and reported in March 2011.

Learning and Development Subgroup

This group undertakes the planning, development, delivering, monitoring and evaluation of a comprehensive multi agency Learning and Development Programme for the Children's Workforce in Hartlepool. By so doing, they are seeking to effectively provide those staff with a means to enhance their practice in relation to Safeguarding Children.

The relationship between Hartlepool Safeguarding Children Board and the Children's Trust Board

While Working Together 2010 saw the two Boards having an arrangement whereby each can challenge the work of the other in relation to safeguarding children, the change in Government has led to a change in the statutory arrangement for the Children's Trust Board. During this period of transition, positive links have been retained between the two Boards.

The creation of Health and Wellbeing Boards will provide a new arrangement for challenging and scrutiny to the work of the Board. Over the year as these developments unfold, the Board will seek to ensure governance and accountability arrangements are given full consideration.

Membership and Attendance

The membership of Hartlepool Safeguarding Child Board complies with the requirements of Working Together 2010.

Members of the Board have a strategic role in relation to safeguarding and promoting the welfare of children and young people within their organisation and are able to speak for their organisation with authority, commit their organisation on resources, policy on practice matters and able to hold their own organisation to account.

In addition to those organisations statutorily required to be represented, there is also representation on the Board from Adult Social Care, Adult Safeguarding, Substance Misuse Service, Schools and Colleges, the Voluntary Sector and the Fire Brigade.

Very near the end of the year, the Board were successful in recruiting an Independent Chair and two Lay Members who attend the first meeting of the 2011/12. The following table details Board Membership –

**Hartlepool Safeguarding Children Board Membership
April 2010 – March 2011**

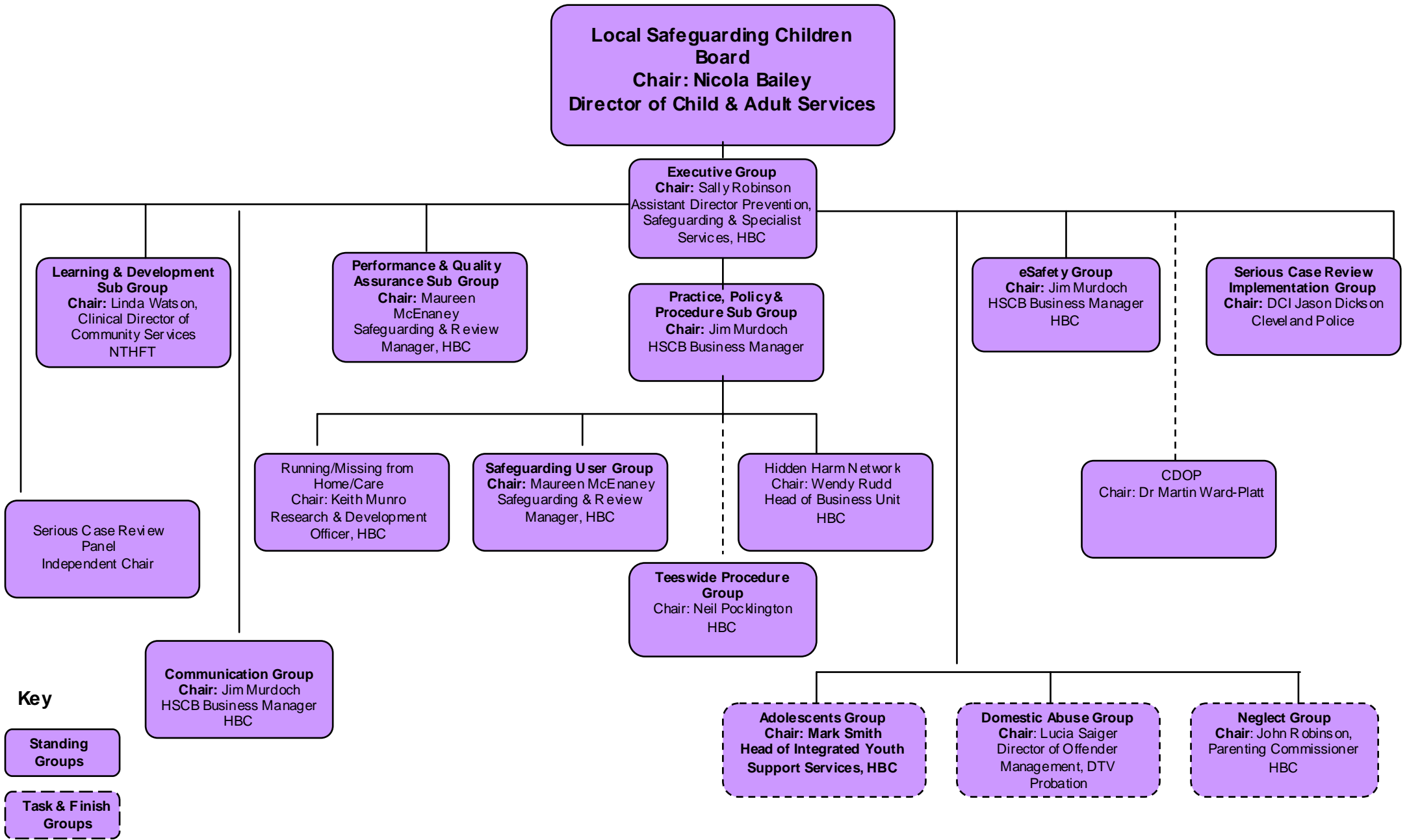
Hartlepool Borough Council	Job Title
Nicola Bailey (Chair)	Director of Child and Adult Services
Alison Mawson	Head of Community Safety and Prevention
Caroline O'Neill	Assistant Director, Performance and Achievement
Cath Hill	Councillor and Cabinet Member – Lead Member for Children
Danny Dunleavy	Youth Offending Service Manager
Geraldine Martin	Head of Adult Services
Jacqui Rogers	Safeguarding Support Officer
Jim Murdoch	HSCB Business Manager
John Lovatt	Acting Assistant Director – Operations
Maria Richardson	HSCB Learning and Development Co-ordinator
Maureen McEnaney	Head of Safeguarding and Review
Nigel Johnson	Housing Services Manager
Pam Simpson	Strategic Lead in Adult Safeguarding and Vulnerability
Sally Robinson	Assistant Director, Prevention, Safeguarding and Specialist Services
Sue Johnson	Assistant Director of Planning and Service Integration
Health (PCT)	Job Title
Alex Giles	Tees Designated Nurse Safeguarding Children
Anne Moore	Director of Nursing and Clinical Quality, Tees PCTS, Safeguarding and DIPC
Celia Weldon	Director of Corporate Affairs
Dr Kailash Agrawal	Clinical Director – Paediatrics and Child Health
Health (Foundation Trusts)	Job Title
Cath Siddle	Deputy Director of Nursing (North Tees & Hartlepool NHS Foundation Trust)
Lesley Mawson	Associate Director of Nursing or Compliance (Tees, Esk and Wear Valleys NHS Foundation Trust)
Linda Watson	Clinical Director, Community Services (North Tees & Hartlepool NHS Foundation Trust)
Margaret Brett	Lead Senior Nurse Safeguarding Adults Directorate of Nursing and Governance (Tees, Esk and Wear Valleys NHS Foundation Trust)
Strategic Health	Job Title
Sam Crammond	Strategic Head of Child & Maternity Services
CAFCASS	Job Title
Alison Wild	Service Manager
Education	Job Title
Alison Darby	Headteacher – Kingsley Primary School
Carole Horseman	Vice Principal – Hartlepool Sixth Form College
Margaret Bousfield	Headteacher – Fens Primary School
Tricia Wetherell	Head of Division – Hartlepool College of Further Education
Cleveland Police	Job Title
Jason Dickson	Detective Inspector
Jon Green	Detective Chief Inspector, Hartlepool District Manager
Lynn Beeston	Chief Inspector
Peter McPhillips	DCI Public Protection
Probation	Job Title
Lucia Saiger	Director of Offender Management
Barnardos	Job Title
Julia Moller	Assistant Director Children's Services
Lisa Graham	Children's Services Manager – Barnardos
Substance Misuse Service	Job Title
Karen Clark	Substance Misuse Treatment Centre Manager

Cleveland Fire Brigade	Job Title
Wendy Dewhirst	Schools Education Manager
Helen Williams	CYP Services Manager

Board Attendance 2010/11

A common view in a small Authority is that the active participants in the Board and its subgroups and task and finish groups are very limited in number. However, an analysis given in Appendix 2 clearly shows that there are at least 85 individuals who have contributed directly to the work of the Board in terms of its work groups. A record has been kept of percentage attendance of individuals and the size of the Authority is clearly contributing to the vast majority of members not being able to achieve 100% attendance, although most are able to send a substitute in their place for Board meetings. The table will also be used by the various subgroups to identify those individuals where considerable demands are made of them in terms of membership of several groups. The review of membership of the various groups should lead to a lessening of demand on individuals but will require a commitment by member agencies to release other staff to ensure that the work of the subgroups retains contributions from those agencies.

Detailed table of percentage attendance at the Board and subgroups is attached at Appendix 2.



Key

Standing Groups

Task & Finish Groups

Budget

Funding 2010/11

Breakdown of income. Agencies	Amount
Hartlepool BC	£95,592
Cleveland Police	£14,068
Hartlepool PCT	£31,519
North Tees PCT (Non payment from 09/10)	-£14,159
CAFCASS	£550
Probation	£761
Child Death Grant	£18,000
TOTAL INCOME	£146,331

Breakdown of Expenditure	
50% Safeguarding Managers salary (Apr-Sept 10)	£15,124
25% Safeguarding Managers salary (Oct 10-Mar 11)	£7,615
50% Business Manager salary (Oct 10-Mar 11)	£36,277
50% Training Officer salary plus travel costs	£18,985
50% Development Officer salary (Apr-Sept 10)	£18,985
25% Development Officer salary (Oct 10-Mar 11)	£12,133
LSCB Admin salary	£20,665
SUBTOTAL SALARIES	£129,602
Multi Agency Training	£18,125
Supplies and Services	£14,702
Professional Fees	£14,455
Child Death Contribution	£18,000
SUBTOTAL EXPENDITURE	£65,282
TOTAL EXPENDITURE	£194,884

Reserves Carry forward	£78,232
Reserves used to balance budget	£48,553
Reserves carried forward	£29,679

Funding 2011/12

Breakdown of income.	Amount
Agencies	
Hartlepool BC	£97,982
Cleveland Police	£14,068
Hartlepool PCT	£31,519
CAFCASS	£564
Probation	£761
Child Death Grant	£16,000
TOTAL INCOME	£160,894

Breakdown of Expenditure	
Business Manager salary	£59,686
25% Safeguarding Manager salary	£14,922
50% Training Officer salary	£18,574
50% Development Officer salary	£18,574
LSCB Admin salary	£21,019
SUBTOTAL SALARIES	£132,775
Multi Agency Training	£18,125
Supplies and Services	£5,421
Professional Fees	£4,661
Independent Chair	£9,500
Child Death Contribution	£16,000
SUBTOTAL EXPENDITURE	£53,707
TOTAL EXPENDITURE	£186,482

Reserves carry forward	£29,679
Reserves used to balance budget	£25,588
Reserves carried forward	£4,091

Statistical Information

As part of its responsibilities, the Child and Adult Services Department of the Local Authority maintains statistical information in relation to the Child Protection processes. This management information assists the Board to satisfy itself that the agencies are facing the challenge of child protection effectively and efficiently.

Case Conferences

Information about conferences has been gathered and collated for the months of January to March 2011. As a measure of the effectiveness of the conferences to share information and provide a sound basis for decision making, particular attention has been taken to the attendance of those invited and whether written reports were presented to the conference. Tables 1 and 2 give a summary of that information.

% Attendance at Conferences January – March 2011	
Agency	% attendance when invited
Social Care	100
Health Visitors	92
Schools	88
School Nurses	78
Social Care Team Managers	44
Police	11
Senior Nurse Child Protection	10
Legal Adviser	3
GP	0

As can be seen there is a very wide range of attendance. Traditionally, it has always been recognised that GPs find it difficult to attend conferences and in this quarter they were only invited to 22 conferences (all 16 Initial and 6 of the 22 Review conferences and none of the 24 when cessation of the protection plan was the expected outcome).

% Reports presented to Conference January – March 2011	
Agency	% Reports submitted when invited
Social Care	100
Schools	95
School Nurses	91
Health Visitors	84
Police	74
GPs	68

The top groups in Table 1 remain high in this table and more positively the Police and GPs have been able to present a significant proportion of reports for conferences. While this is good, their contribution to the discussion and possible challenge is lost by not attending.

Conferences are stressful for parents and wherever possible they should start on time to alleviate some of that stress. In addition, delays are wasteful of professional time and every effort should be made to reduce delay to a minimum. Table 3 gives details for the quarter.

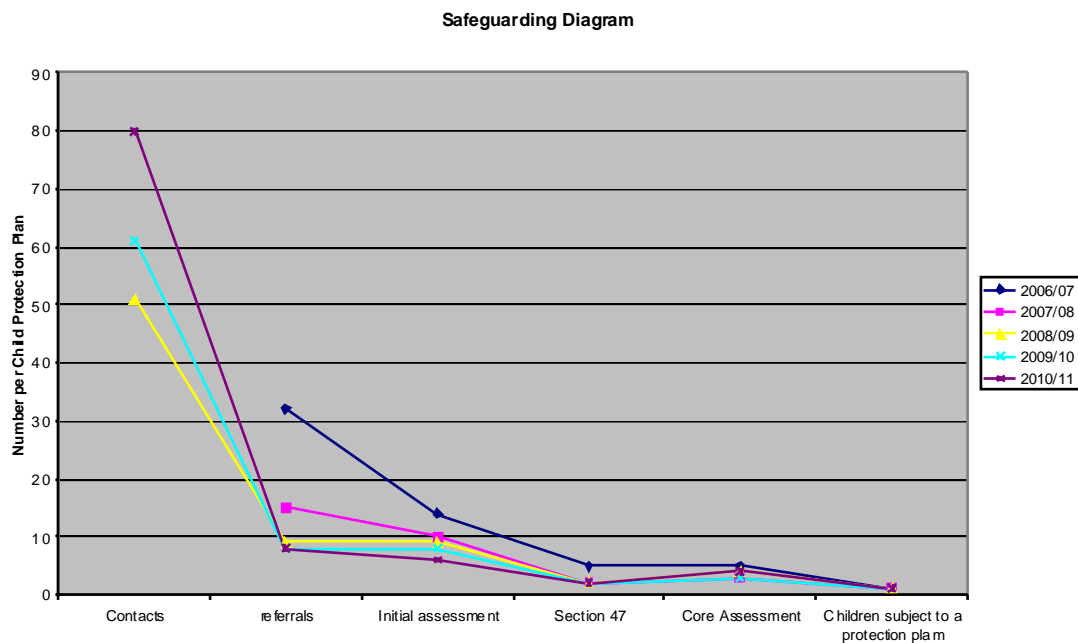
Reasons for Conference starting late	
Reason	Number of Conferences
Parents reading reports	24
Parents late for conference	6
Chair talking to Parents	3
Chair late	2
Baby being fed by Mother	1
Total	36
% of conferences	58%

A recurring theme over many years has been the late submission of reports that results in parents not having had the opportunity to read them prior to the conference. Occasionally, parents have not made themselves available to staff to do so but this does not explain the very high number at the top of the table and agencies must address this issue individually and jointly. Other Boards have adopted a joint report strategy to assist parents, by not having to read a great deal of repetition. If this approach were considered by this Board, the priority of timely information sharing before the conference needs to be emphasised within agencies to ensure that parents could have access to the joint reports in advance of the case conference.

The Safeguarding Diagram

This diagram is used to show graphically the safeguarding process from an initial concern being expressed to a child being placed on a Child Protection Plan. There are a very large number of initial contacts made with the Local Authority Duty Team where there is some expression of concern about a child. The next stage of the safeguarding process is a child protection referral. Part of that process is the Social Worker visiting the home and seeing the child and completing an Initial Assessment from which a Social Work Manager will determine if the concerns are great enough to justify a multi agency strategy discussion and decision, under Section 47 of the Children Act 1989. For those children where the level of risk is deemed to be continuing and of concern will then have a multi agency core assessment completed and for some of those children a case conference will determine that the child becomes subject to a protection plan. Given the huge disparity of numbers, the average number of contacts involving some level of concern (7,993 during 2010/11) and the relatively low number of children becoming subject to a protection plan each year (99 in 2010/11) the following diagram shows the levels of each stage that results in one child becoming subject to a protection plan. This allows comparisons across years being easily made visually.

Figure 1



The Safeguarding Diagram clearly shows that of the contacts made to the Local Authority duty system approximately 90% of them result in requests for information being given immediately, advice shared or callers redirected to the relevant universal services. Only 10% of contacts result in a referral that involves a visit by a Social Worker and the completion of an initial assessment. Less than a quarter of those referrals are identified as child protection cases that undergo a section 47 investigation, prior to a decision on whether a case conference will be convened.

The completion of a Core Assessment is a critical part of gathering information about a child and in completing all child protection cases. However, one is also completed for all looked after children and those with complex needs.

The pattern for the child protection process over the last 3 years has remained stable. As noted elsewhere in this report, the Threshold Audit completed last year highlighted the high number of contacts that do not result in a referral and their proposals for change will be implemented during the forthcoming year.

Referral to Safeguarding and Specialist Services

Figure 2

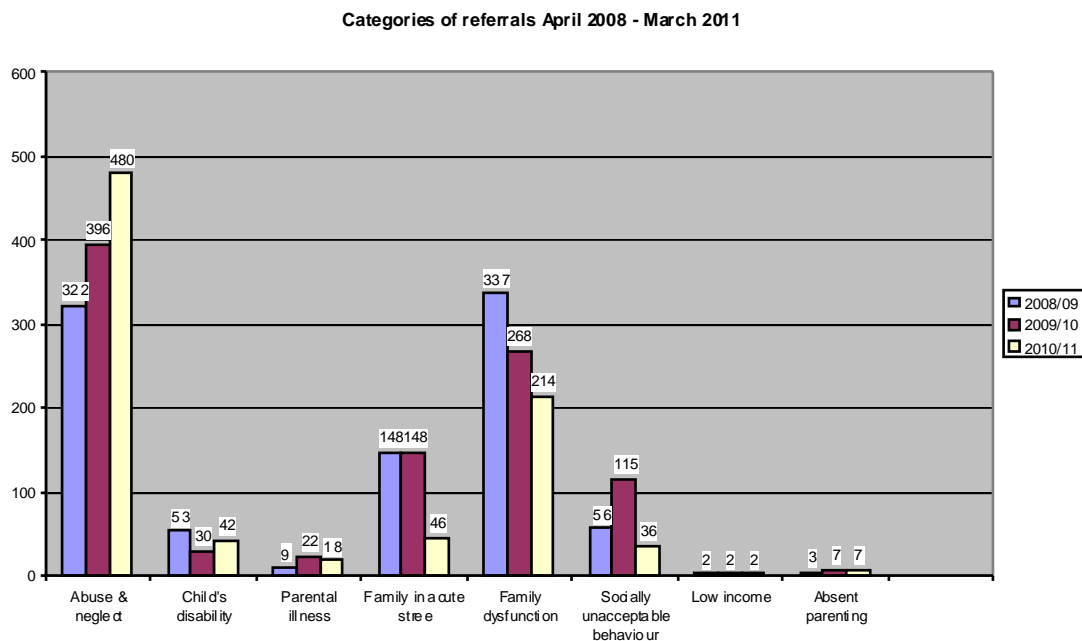
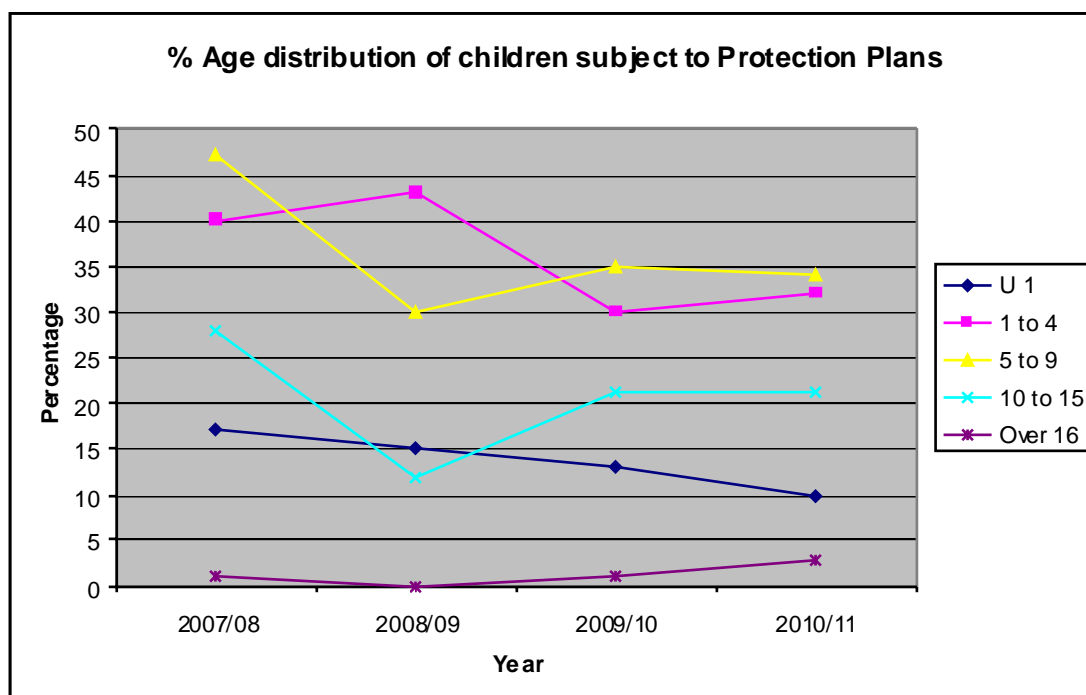


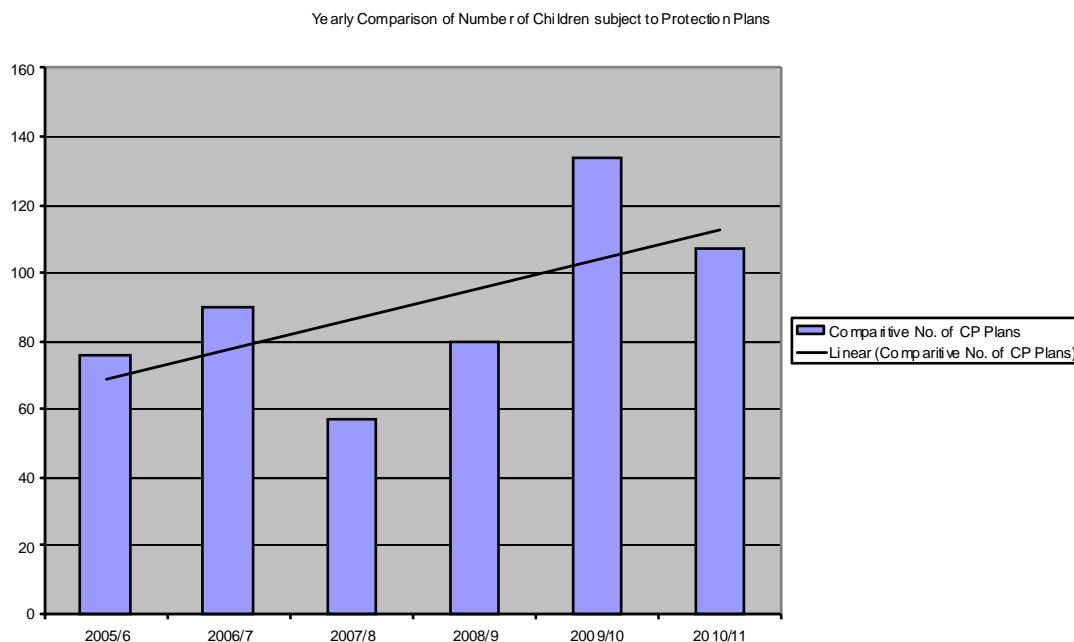
Figure 2 gives detail of the categories of referrals received by the Local Authority over the last three years. It is easily seen that the number of referrals in relation to abuse and neglect have continued to increase over the 3 year period. It needs to be noted that in recording this information at the point of referral, there is a hierarchical process in place. Effectively, this means that the primary category is the one that is recorded so that if there is both abuse/neglect and parental illness then it will be recorded only in the abuse and neglect category.

Figure 3



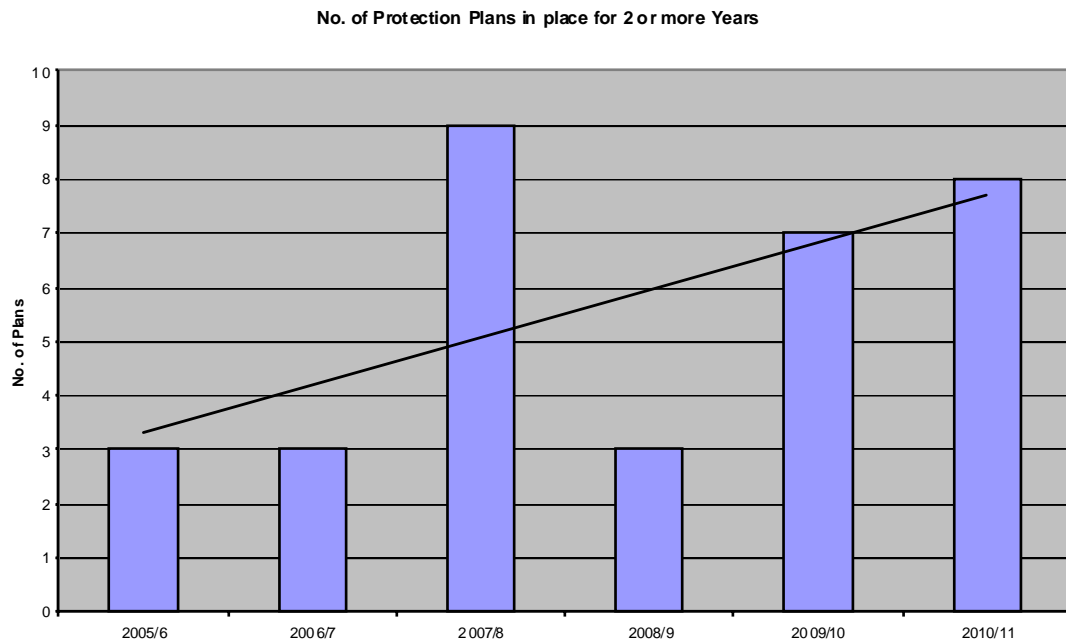
The figure confirms the continuing pattern for the highest risks to children in the age groups age 1 to 9 with over two thirds of all children subject to a plan falling within these ages. There is no discernable reason for the recent increase in the number of those over 16, other than the individual circumstances of those young people. The actual numbers, rather than the proportions as shown in this table, have only increased by a few and is not seen as indicative of a trend developing.

Figure 4



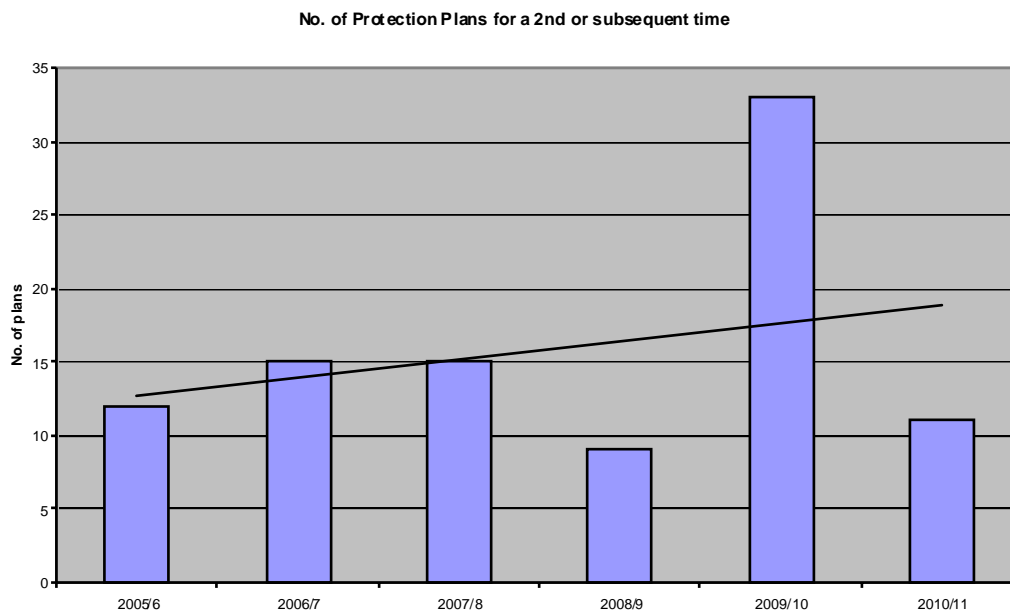
During 2010/11, the trend of the previous three years for significant increases has been reversed. There are two main reasons for this reversal. The number of new cases has reduced and this may be partially due to the diminution of the 'Baby P' factor in raising public awareness of the risks to children. This pattern is well established nationally whenever there are highly publicised cases. In conjunction with the reduction of new children becoming subject of a protection plan, there has been the natural throughput of the child protection system whereby children have become much safer due to successful implementation of their protection plan. In some cases this has resulted in children remaining or returning home to the full time care of their parents without the need for a plan or in some cases a firm mandate for the children to remain away from home permanently in substitute family care. There is an expectation that families and their children will respond to the inputs via the child protection plan and change effected. A significant consequence of this when there has been a 'bulge' in new cases as evidenced in the last two years will be a corresponding significant drop in the number of children subject to protection plans when they have progressed through the implementation of those plans. However, the trend line clearly demonstrates that there is still an underlying upward movement of children becoming subject of a protection plan. This has repercussions for staff of all agencies where such children are given significant priority within their work. Board Members should be aware of this upward trend so that the appropriate resources can be maintained/increased.

Figure 5



In 2010/11, numerically there were only 8 children where their protection plan had been in place for more than 2 years. As noted earlier, there is an expectation that the risks to children will have reduced sufficiently within 24 months of input from agencies so that there is no longer a need for a protection plan. Lack of progress within the protection plan presents a challenge to agencies with the initiation of care proceedings being one option for the Local Authority to consider. Bearing in mind that the vast majority of children subject to protection plans are categorised under neglect, the need for a longer period to ensure that any improvement has been maintained is crucial when being considered by case conferences. This has certainly contributed to a number of the 8 noted this last year. Notwithstanding the relatively small numbers involved it is noticeable yet again that there is an upward trend over the last six years and this may be an issue that the performance and quality group can consider as part of their work plan.

Figure 6

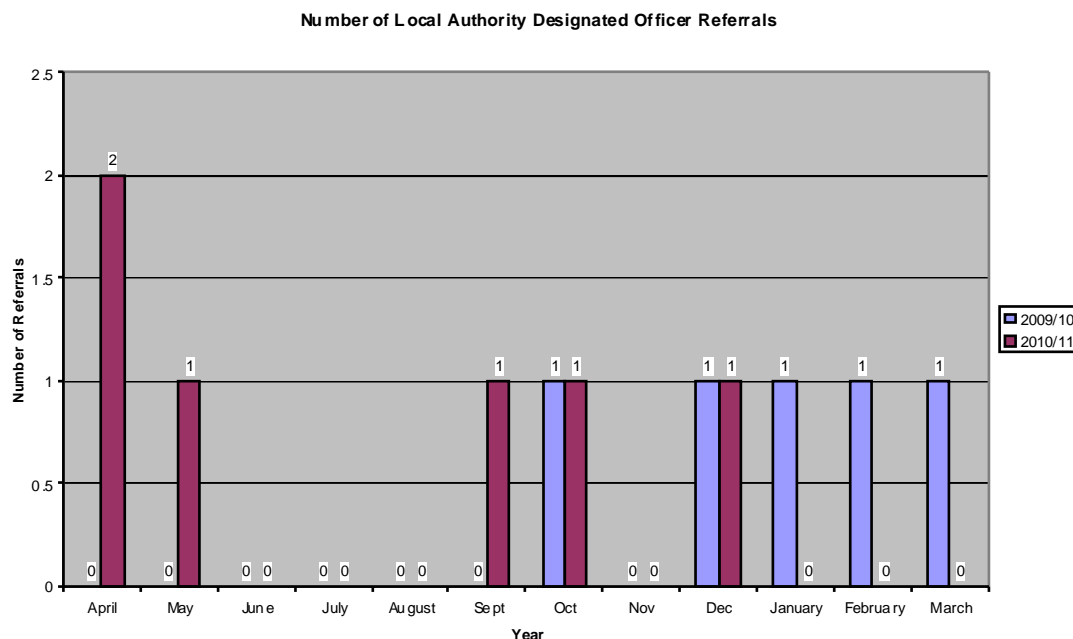


The out turn figure for 2010/11 is 11 children who have become subject of a protection plan for a second or subsequent time. The performance and quality group have looked at each of those cases as part of their work plan and concluded that generally case conferences had reached a reasonable conclusion in agreeing to the plan being stopped. However, a high proportion of the subsequent plans have arisen from the category of neglect where the care provided by families has deteriorated to the point when a protection plan is once more required. The time span between one plan ceasing and another starting has been as long as two and half years, confirming that the original decision to remove children from the protection plan was justified. Often there have been different circumstances arising within the family that has generated the deterioration in conditions e.g. one partner leaving the household permanently.

Like the previous two figures, there is a small upward trend, disregarding last year's significantly high number.

It should be noted, however, that in many cases, the children are members of the same family with either two or three children within the family. Consequently, the number of families involved last year was numerically small at four.

Figure 7



Any concern or allegation with regard to a member of staff is considered under the Managing Allegations against staff procedures. This requires consideration of the nature of the allegation under the following criteria:

- Behaved in a way that has harmed, or may have harmed, a child;
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved in a way that indicates s/he is unsuitable to work with children.

and making appropriate recommendations for future actions.

In the figure above, it should be noted that there are no allegations for the period April 2009 to September 2009 due to the system only starting in October 2009. The figures for the part year are shown to give at least some comparison. Whilst numbers remain are low, it must be remembered that each of these allegations involved a person who should have satisfied the safer recruitment process and indeed may have done so – proving that there is a constant need for vigilance.

Over the 2010/11 period LADO referrals have included inappropriate photographs published on Facebook, drug misuse and allegations of assault. The outcomes from the investigations have concluded with all cases being closed following appropriate advice and guidance being issued.

Section 2

Serious Case Reviews

Hartlepool Safeguarding Children Board set up a Serious Case Review Implementation Group to monitor action plans arising from Serious Case Reviews or Learning Reviews commissioned by the Board and to consider the lessons to be learned for such reviews published by other Boards and whether any recommendations should be implemented locally.

In March 2011, Hartlepool Safeguarding Children Board commissioned a Learning Review in respect of a sibling group who had been made subject of Care Orders a few weeks earlier. There had been significant input to the family from agencies over many years addressing neglect issues within the family. A joint chronology and commentary is being produced and a series of learning events will be delivered to staff of all agencies during the forthcoming year.

The Learning Review on *Jimmy*, reported in last year's annual report, was completed during the year with presentations to staff from all agencies as well as changes made to internal agency procedures to address the issues identified during the Review. An additional training module concentrating on issues of disability has been established by the Board; its first delivery in March 2011 was successful and will be repeated twice each year.

The Implementation group also considered the recommendations from Serious Case Reviews conducted in the Tees area and raised them with the Executive Group with a view to them being implemented by this Board.

During the year, with the benefit of non recurrent PCT Funding, a report was commissioned across Tees to investigate the effectiveness of lessons being learned from Serious Case Reviews. Staff groups from all agencies were interviewed to assist in this piece of research. It is anticipated that this research will highlight barriers to learning and proposals will be made about how Boards can assist the learning process. The final report will be presented to Boards in the autumn of 2011.

Child Death Review Panel

The requirement for the Board to have a Child Death Review Panel is met by its inclusion in the Tees Child Death Overview Panel (CDOP) that serves all 4 Tees Boards. It is independently chaired by a senior paediatrician and is fully operational with clear lines of accountability and reporting. It is notified of all child deaths in the Tees area. It is administered by Redcar & Cleveland Board on behalf of the other Boards. It is funded jointly and funding has been established at least for the next 2 years, April 2011 to March 2013.

While able to report back to individual Boards about child deaths in their area it also has the advantage of being able to report on the wider Tees picture thus making its recommendations more relevant to agencies that cover all four Boards. Recommendations made during the year have arisen mostly from deaths in the other Board areas but have been no less relevant for practice in Hartlepool.

Section 3

Progress on Outcomes Identified for 2010-2011

Outcome 1 *All children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect*

A major piece of work was completed over several months culminating in a comprehensive report to the Board in March 2011 that highlighted a number of recommendations. In considering the report, the Board recognised that the implementation of the recommendations would take some time and would require the creation of a task and finish group to assist in the process and ensure that momentum was retained. At the Board's development day, discussion on the issues raised by the findings and recommendations resulted in positive ways in which individual Board members could assist in the timely and successful implementation of the recommendations.

Future work in this area will be helped by the very successful conference on Neglect commissioned by the Board and held on the 1st April 2011. Those who attended heard from a nationally recognised expert in this field, a parent, a young person as well as practical examples from the work of local staff. The value of a nationally recognised tool to capture information and assist analysis was demonstrated in the afternoon session and this will greatly assist staff from various agencies to describe and understand the families' circumstances and lead to more informed and effective decision making in all cases.

Outcome 2 *Children live free from the impact of domestic abuse*

The work of the Task and Finish Group looking at this issue was done in conjunction with the Children's Trust and Safer Hartlepool Partnership, chaired by the council's Chief Executive and involved a Total Place Review. This resulted in the comprehensive collection of information on this diverse area of work and identified a wide range of provision, sources of funding and an apparent lack of clarity in how all of the services worked together especially from the consumer's view point. Recommendations were framed in terms of the wider agenda of this complex issue and stretched beyond the protection of children, although the implementation of the recommendations will ultimately lead to improved outcomes for the children involved. When this report was discussed by the Board, it was quickly realised how the range of funding streams had an effect on how services were co-ordinated and what efforts would need to be made to ensure the provision of consistent and seamless services from a wide range of providers with clearer pathways. Integration is a key focus for the work in this area over the next year and again a task and finish group of staff will be actively involved in ensuring that the recommendations are progressed by the agencies represented on the Board.

Outcome 3 *All adolescents in Hartlepool are supported to make safer choices and safeguarded from significant harm*

Work on this outcome was deferred until part way through the year to ensure that there was capacity to provide significant focus to this issue. During the year, several pieces of work linked to this outcome have been tackled by other groups e.g. the Council's Children's Scrutiny Forum looked at Homeless 16 and 17 year olds and the safe use of Social Networking sites and a joint agencies group, with young people as part of the group, revised and updated the guidance on Personal Relationships and Sexual Health for Young People.

In February 2011, the formal group addressing this outcome was convened and work is now well underway. It is anticipated this group will present its findings to the Board in the late autumn.

Threshold Audit Report

The Performance and Quality Assurance Group's work plan included a major investigation into Thresholds of Need with the following objectives:

- To determine multi agency understanding of the threshold for children and young people's social care interventions
- To evaluate the quality and appropriateness of decision making at the "doorway" into children and young people's social care
- To confirm that practitioners who work with children and young people thoroughly understand when, why and how they should share information
- To obtain the views of professionals who make referrals to children's social care about current processes for accepting and screening referrals
- To highlight good practice and what is working well whilst identifying areas where practice needs strengthening

This audit was completed in conjunction with Teesside University and the report was presented to the Board in March 2011. The report comprehensively detailed the findings of the audit and made recommendations aimed at strengthening and developing arrangements for the future. During 2011/12 these recommendations are to be implemented within the various organisations providing services to children and this implementation monitored on a quarterly basis by the Board until the actions agreed have been completed.

Recurring Outcomes

Private Fostering

During the year there was a revision of the printed material and posters raising awareness/advising the public about the need to notify Child and Adult Services of any private fostering arrangements. The topic is incorporated into the first level multi-agency training delivered by the Board, to ensure that awareness is raised amongst all staff of the Board of the requirements of private fostering. In January 2011, National Private Fostering Week provided an opportunity to use the local newspaper and radio station to raise public awareness of the need to notify the local authority and subsequently be visited and supported by social work staff.

Running/Missing from Home/Care (RMHC)

The Cross Tees protocol developed in conjunction with Cleveland Police has been fully implemented locally and is supported by local procedures. With the assistance of voluntary agencies and in conjunction with the statutory authorities, all children and young people who go missing are interviewed by a professional and the family offered assistance as appropriate.

The Local Authority and the Police have made steady progress in addressing the statutory guidance for RMHC. The partnership has produced good data that exceeds the expectations within the statutory guidance e.g. identifying children in need who have become RMHC. There is also positive evidence that practice and good processes are in place that reduced the total number of episodes of RMHC in 2010/11 when measured against the comparison year of 2009/10. Further training for those conducting the return interviews is planned for 2011/12

Water Safety

Since 2004 with the reintroduction of the Beach Lifeguard Service the Beach Safety Team have organised and delivered various water safety initiatives.

A training week is organised annually, this involves groups of primary school children doing a mini beach lifeguard competition. The activities include a water safety talk, rope throw to a target, flag race, use of rescue board and a wading rescue. There is a trophy for the school with the most points at the end of the week. The sessions will be delivered from July 4th – 8th; and 140 children are expected to participate.



Lynnfield School 7/7/2010

A Beach Safety campaign is held prior to the bathing season via the Life Channel which is a short media message shown on screens targeted at schools and doctors surgeries.

The Beach Lifeguard service deliver beach safety talks at the beach for school groups, also providing lifeguard cover for some school events, in or around open water. All the work undertaken around water safety is promoted through the local media; all initiatives are subject to a press release, or press campaign, including the Rookie lifeguard training and the competition winning team.

Every year there is a press release for the start of the lifeguard service which starts for the Whit holidays, this includes advising people to swim where the lifeguards are and do a water safety follow up prior to the school summer holidays.

The service works very closely with Hartlepool Mail, reporting any incidents the Lifeguards have dealt with on a weekly basis; if appropriate they will do a press release for some incidents to emphasise the safety message at the beach.

Learning and Development Subgroup Annual Report 2010/11

The Learning and Development Subgroup priorities for 2010/11 were to plan, coordinate and deliver a comprehensive, effective inter-agency learning and development programme and to evaluate and undertake quality assurance of all single and multi agency learning and development activities provided.

Achievements

The group has considered a range of learning and development issues during the year including the learning and development needs identified by individual agency workforce development representatives or as a result of the work of the other subgroups. Achievements of the group include:

- **Development and delivery of an inter-agency learning and development programme:** the group has successfully developed, coordinated, promoted and delivered a comprehensive inter-agency safeguarding and child protection learning and development programme, which incorporates the wider safeguarding agenda. Each course has been reviewed and redesigned to ensure it is up to date and includes the most recent research and theory. All events include information on the Common Assessment Framework and information sharing principles and where relevant, they have also included learning from local Serious Case Reviews, Learning Reviews and Management Reviews.
- **Establishment of a multi agency team of front line practitioners to support the delivery of safeguarding and child protection learning and development:** Several front line practitioners from different disciplines are supporting the delivery of safeguarding and child protection learning and development thus ensuring that delivery is undertaken on a multi agency basis whenever possible.
- **Supporting the development of an appropriate safeguarding and child protection learning and development programme for schools and childcare settings:** The group has worked in partnership with the local authority to provide Hartlepool schools and childcare settings with a plan of accessible safeguarding and child protection training to meet the needs of the service and Ofsted inspection requirements.
- **Procurement of learning and development providers:** The group implemented a comprehensive quotation questionnaire ensuring that all external learning and development providers are evaluated against both quality (65%) and cost (35%) prior to them being commissioned to provide safeguarding and child protection learning and development.
- **Impact evaluation of safeguarding and child protection learning and development on working practices:** the group have analysed the impact evaluation feedback from practitioners on how they have incorporated learning from the programme into their working practices.
- **Delivery of a Neglect Conference:** the group commissioned and coordinated an interagency conference in relation to Neglect which included a nationally renowned keynote speaker, Senior Manager, Social Worker, Young Care Leaver, Parent and other key personnel to enable practitioners to receive a clear understanding of the impact Neglect has on children and young people.

- **Development of a working group of workforce development representatives to:**
 - develop toolkits to undertake the work of the learning and development subgroup action plan;
 - evaluate quotation questionnaires received from learning and development providers in relation to the commissioning of training;
 - review, update and develop safeguarding and child protection learning and development courses.

Priorities

In 2011/12 the priorities will be to:

- Continue to build on our success by reviewing existing multi-agency safeguarding and child protection learning and development activities, as identified by local, regional and national imperatives and feedback from practitioners and their managers.
- Continue to ensure appropriate staff access relevant courses by monitoring attendances on a role per agency basis.
- Continue to co-ordinate, support and develop front line practitioners to enable them to deliver learning and development effectively.
- Quality assure single agency learning and development provided by all agencies to ensure it is up to date and that the content is appropriate to the target audience prevents duplication and where possible is delivered on an inter-agency basis in partnership with other agencies.
- Continue to deliver the Safeguarding Children with Disabilities training course which was recently developed in response to recommendations from a recent Learning Review in Hartlepool and assess the impact of learning from this session.
- Work in partnership with the Probation Service to ensure that MAPPA training is provided to the Child and Adult workforce in Hartlepool in response to a recent sub regional serious case review.
- Update the learning and development strategy in line with the Munro Review recommendations.
- Incorporate learning and development requirements into the HSCB inter-agency learning and development programme in response to the other HSCB subgroups, local and regional Serious Case Reviews, Learning Reviews, Management Reviews and commissioned work within agencies of the children's workforce.
- Explore the options for safeguarding and child protection training sessions being commissioned on a Teeswide basis.

Section 4

Outcomes for 2011-12

At its development day in March 2011, the Board reviewed the outcomes that it had set the previous year. Three major reports had very recently been presented to the Board confirming the importance of the issues for safeguarding and it was also recognised that the recommendations would take some time to implement and embed into practice. It was agreed that the emphasis that the Board had placed on those issues remained a focus for its work throughout this forthcoming year.

However, it was also recognised that there are other outcomes where significant work is currently being done under the auspices of the Board through the various groups that report to the Executive Group. Consequently, the framework in appendix one was agreed.

The outputs from all standing groups and ad hoc Task and Finish groups will relate to at least one of the Specific Outcomes in their action plans. The group action plans are attached in the appendices so that a complete picture of the work of the Board is available together.

Appendix 1

Outcomes sought by the Board and the action plans to achieve them

The overarching Outcome for the Board is that:

Children live safely in Hartlepool

Specific Outcomes to help deliver the overarching Outcome are:

- 1. Children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect**
- 2. Children and young people live free from the impact of Domestic Abuse**
- 3. Children and young people live free from the impact of parental mental ill-health**
- 4. Adolescents in Hartlepool are supported to make safer choices and are safeguarded from significant harm**
- 5. Children and young people safely access and use existing and emerging technologies to aid their enjoyment and achievement**
- 6. Staff working with children and young people are suitably trained to meet their needs**

The outputs from all subgroups and ad hoc task and finish groups will relate to at least one of the specific outcomes and in their action plans will identify clearly that outcome(s)

Action plans are attached so that a complete picture of the work of the Board is available together.

Practice, Policy and Procedure Subgroup

Outcomes	Outputs	Actions	Who	Time scales	RAG
<p>Children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect</p> <p>Children and young people live free from the impact of Domestic Abuse</p> <p>Children and young people live free from the impact of parental mental ill-health</p>	<p>To ensure that the outcomes of the Board are progressed efficiently via the action plans of the Running/Missing from Home/Care Group; Safeguarding User Group; Hidden Harm Network and Teeswide Procedures Group</p>	<ul style="list-style-type: none"> To receive updates from each designated group following their meetings and consider any actions required to assist the group to achieve their outcomes To make recommendations to the Executive Group on issues arising from these groups or this group. 	<p>Group members</p> <p>Chair of group</p>	<p>After meetings of each group</p> <p>10 working days prior to a meeting of the Executive Group</p>	
<p>Adolescents in Hartlepool are supported to make safer choices and are safeguarded from significant harm</p>	<p>Production of a local procedure on forced marriage to support statutory guidance</p>	<ul style="list-style-type: none"> Produce guidance to support procedure contained in the Tees wide child protection procedures 	<p>Business Manager</p> <p>Business</p>	<p>July 2011</p> <p>July 2011</p>	

			Manager		
Children live safely in Hartlepool	Continue to implement the programme of review of all strategies, policies, procedures and practice guidance of Hartlepool Safeguarding Children Board, including Teeswide Procedures	<ul style="list-style-type: none"> • Complete review within programme and commission changes 	PPP Group	March '12	

Performance and Quality Assurance Subgroup

Outcomes	Outputs	Actions	Who	Timescale	RAG
<p>Children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect</p> <p>Children and young people live free from the impact of Domestic Abuse</p> <p>Children and young people live free from the impact of parental mental ill-health</p> <p>Adolescents in Hartlepool are supported to make safer choices and are safeguarded from significant harm</p> <p>Children and young people safely access and use existing and emerging technologies to aid their enjoyment and achievement</p>	Section 11 self assessment audit to be completed	<ul style="list-style-type: none"> Report on the findings of the section 11 audit and actions required to ensure compliance 	Performance & Quality Assurance Group	Report to Board March 2012	
Children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect	Ensure the Implementation of the Threshold Audit Actionplan	<ul style="list-style-type: none"> Maintain actionplan Assist as needed Report to Board if necessary 	Performance and Quality Assurance Group	March 2012	

<p>Children and young people live free from the impact of Domestic Abuse</p> <p>Children and young people live free from the impact of parental mental ill-health</p> <p>Adolescents in Hartlepool are supported to make safer choices and are safeguarded from significant harm</p>					
<p>Children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect</p> <p>Children and young people live free from the impact of Domestic Abuse</p> <p>Children and young people live free from the impact of parental mental ill-health</p> <p>Adolescents in Hartlepool are supported to make safer choices and are safeguarded from significant harm</p>	<p>Audit of the quality of protection plans and appropriateness of decision making to discontinue a plan</p>	<ul style="list-style-type: none"> • Determine scope of audit and audit tool • Engage multi agency team to complete audit • Undertake audit • Report to HSCB on findings and recommendations to improve practice 	<p>Performance and Quality Assurance Group</p>	<p>July 2011</p>	

<p>Children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect</p> <p>Children and young people live free from the impact of Domestic Abuse</p> <p>Children and young people live free from the impact of parental mental ill-health</p> <p>Adolescents in Hartlepool are supported to make safer choices and are safeguarded from significant harm</p>	<p>Case File Audits to be completed</p>	<ul style="list-style-type: none"> An on going programme of case file audits to be identified and implemented 	<p>Performance and Quality Assurance Group</p>	<p>Report to Board March 2012</p>	
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Learning and Development Subgroup

Outcomes	Outputs	Actions	Who	Timescale	RAG
Staff working with children and young people are suitably trained to meet their needs.	Develop an HSCB Learning and Development Programme for the 2011/12 learning and development plan providing detailed course information.	<ul style="list-style-type: none"> Produce and distribute via email and publish an electronic version on the HSCB website. 	HSCB Learning & Development Coordinator / HSCB Learning and Development Subgroup.	To be completed by April 2011	
Staff working with children and young people are suitably trained to meet their needs.	Ensure single agency learning and development is implemented and effective and of a quality to meet the HSCB's standards.	<ul style="list-style-type: none"> Establish a process to implement the quality assurance of all single agency learning and development within all agencies. Implement above process by quality assurance of all single agency learning and development activities within Hartlepool. 	Working Group	<p>To be completed by June 2011</p> <p>To be completed by March 2012</p>	
Staff working with children and young people are suitably trained to meet their needs.	Establish if any duplication of single agency training can be delivered in partnership between agencies.	<ul style="list-style-type: none"> To contribute to the Teeswide Group to combine Teeswide Learning and Development. 	Clinical Director of Community Services, North Tees and Hartlepool NHS Foundation Trust/HSCB Business Manager/HSCB Learning & Development Coordinator	To be completed by March 2012	
Staff working with children and young people are suitably	Evaluate the effectiveness of learning and development on working practices.	<ul style="list-style-type: none"> Further promotion of the need for and process for undertaking impact 	Working Group	To be completed by March 2012	

training to meet their needs.		evaluations to all agencies.			
Staff working with children and young people are suitably trained to meet their needs.	Undertake an audit process for ensuring appropriate staff access courses.	<ul style="list-style-type: none"> Establish relevant staff to attend appropriate role related inter-agency training at all levels. Ongoing Investigation of agencies attendees relating to job roles. 	<p>Working Group</p> <p>HSCB Learning & Development Coordinator/HSCB Learning & Development Subgroup</p>	To be completed by March 2012	
Staff working with children and young people are suitably trained to meet their needs.	Identify the course requirements and volumes for the 2012/13 learning and development plan.	<ul style="list-style-type: none"> Consultation with Safeguarding Team, Organisational Managers and all HSCB member agencies. Undertake a Learning and Development Needs Analysis to scope number of employees requiring HSCB Inter-agency learning within all of children's workforce organisations via questionnaires and focus groups, etc. Consider learning and development recommendations from Analysis of Serious Case Reviews 2001 – 2007 Report and Taking Action: 	<p>HSCB Learning & Development Coordinator</p> <p>Working Group</p>	To be completed by December 2011	

		<p>Ofsted's Evaluations of Serious Case Reviews 1st April 2007 to 31st March 2008 and recent local Serious Case Reviews, Management Reviews and Learning Reviews.</p> <ul style="list-style-type: none"> Establish expected costs and request funding from Hartlepool HSCB for Inter-agency Learning and Development Programme 2012/13. 	HSCB Learning & Development Coordinator	To be completed by January 2012	
Staff working with children and young people are suitably training to meet their needs.	Develop a HSCB Interagency Learning and Development Strategy for 2011/12	<ul style="list-style-type: none"> Review current practice and produce a Learning and Development Strategy which is fit for purpose. 	HSCB Learning & Development Coordinator	To be completed by June 2011	

eSafety Group

Outcomes	Outputs	Actions	Who	Timescale	RAG
Children and young people safely access and use existing and emerging technologies to aid their enjoyment and achievement	That policies, procedures, protocols and practices support children and young people in accessing and utilising technology safely to aid their enjoyment and achievement;	<ul style="list-style-type: none"> • Develop an eSafety Strategy • Develop an action plan to implement the eSafety strategy • Develop criteria to evaluate success of strategy <ul style="list-style-type: none"> ○ Educate & empower children, carers, parent & children's workforce • Produce where required LSCB policies, procedures and protocols in relation to e Safety. 	<p>Group</p> <p>Group</p> <p>Group</p> <p>Group</p> <p>Group</p>	<p>July 11</p> <p>Aug 11</p> <p>Aug 11</p> <p>Mar 12</p> <p>Mar 12</p>	
Children and young people safely access and use existing and emerging technologies to aid their enjoyment and achievement	That LSCB minimum standards and supporting guidance on eSafety are in place for all staff working with children and young people and families;	<ul style="list-style-type: none"> • Produce LSCB minimum standards and supporting guidance for: <ul style="list-style-type: none"> ➤ safeguarding children in their use of digital technologies ➤ acceptable use policies for all staff and volunteers across all sectors of the children's workforce in using digital technologies • Provide clear expectations and minimum standards for individual agencies that need to develop policies and procedures • Provide a rating standard to 	<p>Group</p> <p>Group</p> <p>Group</p>	<p>July 11</p> <p>July 11</p>	

		organisations & schools to show that standards have been met.		July 11	
Children and young people safely access and use existing and emerging technologies to aid their enjoyment and achievement	All staff / volunteers are aware of the acceptable use of computers and digital technology and receive training on eSafety;	<ul style="list-style-type: none"> • Ensure that all organisations that work with children have appropriate acceptable use policies in place and that staff/volunteers have signed and received copies. • Support the development and implementation of training programmes that promote eSafety on a multi agency basis • Ensure appropriate links between acceptable use policies and staff disciplinary procedures and allegations management procedures • Take a more forensic approach in order to tackle grooming and cyber bullying 	Group Group Group Group	Mar 12 Mar 12 Mar 12 Mar 12	
Children and young people safely access and use existing and emerging technologies to aid their enjoyment and achievement	There is a consistent minimum approach to eSafety across Hartlepool	<ul style="list-style-type: none"> • Develop and implement methods to communicate/raise awareness of eSafety issues across Hartlepool making use of existing e-safety resources • Develop an e safety charter for children in the town 	Group Group	Oct 11 Oct 11	
Children and young people safely access and use existing	That eSafety is incorporated into all aspects of our work	<ul style="list-style-type: none"> • To support the development of safe and secure ICT 	Group	Dec 11	

<p>and emerging technologies to aid their enjoyment and achievement</p>	<p>with children and families;</p>	<p>infrastructures, including the use of portable personal equipment.</p> <ul style="list-style-type: none"> • Ensure that all staff/volunteers working with children have received training in relation to eSafety • eSafety issues to be incorporated into all relevant policies, procedures and practice guidance of the LSCB 	<p>Group</p>	<p>Mar 12</p>	
<p>Group</p>				<p>Mar 12</p>	
<p>Children and young people safely access and use existing and emerging technologies to aid their enjoyment and achievement</p>	<p>That organisations increase awareness of eSafety both for themselves and within the community. This will include maximising awareness of existing eSafety resources;</p>	<ul style="list-style-type: none"> • Undertake consultation activity with a variety of community groups on the understanding of eSafety issues and community requirements • Develop and implement an awareness raising campaign for communities, children, families and organisation in relation to eSafety making use of existing eSafety resources 	<p>Group</p>	<p>Dec 11</p>	
<p>Group</p>				<p>Jan 12</p>	
<p>Children and young people safely access and use existing and emerging technologies to aid their enjoyment and achievement</p>	<p>That each statutory agency in Hartlepool has an identified eSafety lead and clear lines of responsibility/accountability in place;</p>	<ul style="list-style-type: none"> • HSCB to invite agencies to nominate a named eSafety lead officer. This list will be maintained on HSCB website 	<p>Business Manager</p>	<p>Dec 11</p>	

<p>Children and young people safely access and use existing and emerging technologies to aid their enjoyment and achievement</p>	<p>That appropriate communication is in place between all relevant agencies and groups including other subgroups of the LSCB;</p>	<ul style="list-style-type: none"> • Explore opportunities for cross agency, cross LSCB and regional working • The distribution list for the minutes of the eSafety group meetings to be agreed to incorporate other relevant bodies and sub groups. 	<p>Group Board Administrator</p>	<p>Oct 11 June 11</p>	
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Communication Group

Outcomes	Outputs	Actions	Who	Timescale	RAG
All outcomes of the Board	Publication of the Annual Report and Business Plan 10/11	<ul style="list-style-type: none"> • Draft to be prepared • Final draft to be submitted • Report to be published on website • Distribution of link to report 	HSCB members JM JR JR	Apr '11 May '11 July '11 July '11	
All outcomes of the Board	Website to be continuously updated	<ul style="list-style-type: none"> • Website Forward Plan to be prepared • Website development • Audit of website use 	Communication Group JR JR	May '11 Mar '12 Mar '12	
All outcomes of the Board	Public information leaflets to be produced with regard to serious case reviews	<ul style="list-style-type: none"> • Production of FAQ leaflets • Distribution of leaflets through website link 	JR JR	June '11 June '11	

All outcomes of the Board	Production of a 2 monthly news letter	<ul style="list-style-type: none"> • News letter to be produced after each Board 	JR	Two monthly	
Children and young people live free from the impact of Domestic Abuse	Promote a wider awareness with regard to Hidden Harm	<ul style="list-style-type: none"> • Promote use of assessment tool • Leaflet and poster campaign 	<p>Communication Group</p> <p>Communication Group</p>	<p>Oct '11</p> <p>Oct '11</p>	
Children and young people safely access and use existing and emerging technologies to aid their enjoyment and achievement	Promote a wider awareness with regard to E Safety Including social networking	<ul style="list-style-type: none"> • Promote the adoption of the eSafety Strategy by all agencies represented on the Board • Promote the eSafety standards by encouraging agencies to achieve the 'Gold' standard as effectively as possible 	<p>Communication Group</p> <p>Communication Group</p>	<p>Oct '11</p> <p>Mar '12</p>	
All outcomes of the Board	Press releases	<ul style="list-style-type: none"> • Forward Plan to be set up • Plan to be reviewed quarterly 	<p>Communication Group</p> <p>Communication Group</p>	<p>Apr '11</p> <p>Quarterly</p>	

All outcomes of the Board	Publication of the Annual Report and Business Plan 12/13	<ul style="list-style-type: none">• Draft to be prepared	HSCB members	March '12	
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Appendix 2

Updated Multi-agency action plan from the Learning Review on *Jimmy*

RECOMMENDATION	ACTIONS	WHEN	LEAD OFFICER	INTENDED OUTCOME	PROGRESS	SYSTEM OF AUDIT / EVIDENCE	RAG
Recommendation 1: The LSCB should ensure that the multi-agency training strategy and programme address issues for the identification of abuse and neglect in children who have disabilities and/or complex health needs, that professionals who work with such children and their families access the training and that it is refreshed at appropriate intervals.	Training to address issues for the identification of abuse and neglect in children who have disabilities and/or complex health to be developed	31/12/10	Julie Hutchinson / Maria Richardson	All staff will be aware of, and apply, the additional components of assessment with regards a child's disability	Training course developed and due to be delivered on 31 st March 2010	Training Course developed	Green
	Child with disability module to be included in the LSCB training programme and delivered at least twice per year	31/3/11	Maria Richardson		Module incorporated into next years draft programme	Included in LSCB Training programme	Green
	Monitoring of impact of training to be completed by all agencies in receipt of the training	31/12/11	Training coordinators of agencies		System in place to monitor impact assessments – will be evaluated following training 31/3/11	Monitoring report to be presented to Performance & Quality assurance sub group	Green
Recommendation 2: The LSCB should request a review of arrangements for	Care Coordination Steering Group to commission a review	31/12/10	Mark Gwilt/ Julie Hutchinson/	Children with complex health needs will	Review completed and draft ready for	New guidance and documentatio	Green

RECOMMENDATION	ACTIONS	WHEN	LEAD OFFICER	INTENDED OUTCOME	PROGRESS	SYSTEM OF AUDIT / EVIDENCE	RAG
<p>the co-ordination of multi-agency and multi-disciplinary services to disabled children and those with complex health needs, with a view to ensuring effectiveness in the following areas of practice:</p> <ul style="list-style-type: none"> key working (or other arrangement to support service coordination and information sharing) multi-agency assessment multi-agency planning arrangements for reviewing the multi-agency plan 	<p>of the guidance and documentation supporting the Care Coordination programme, paying particular attention to the guidance for Key workers and the need for them to be proactive in the role.</p> <p>Care Coordination Steering Group to issue revised guidance</p> <p>Guidance to be included in the training module referred to in recommendation 1</p>		<p>Dr M McKinty</p> <p>Mark Gwilt</p> <p>Julie Hutchinson/ Maria Richardson</p>	<p>receive a coordinated multi agency, multi disciplinary service that is determined by a comprehensive assessment of their and their family's needs and is proactively monitored by a Key Worker and aided by a regular review process</p>	<p>consideration by Steering Group in January 2011. This includes new guidance for Key Workers</p>	<p>n published</p> <p>Key Worker guidance included in the Training module regarding children with complex health needs</p>	
<p>Recommendation 3: The LSCB should check that appropriate guidance to staff for the management of missed new and follow up health appointments for children is in place, and that health providers regularly monitor compliance with the guidance.</p>	<p>Health agencies to review and revise guidance to staff with regard to missing appointments</p>	<p>31/03/11</p>	<p>Alex Giles</p>	<p>To ensure effective practice in managing missed appointments for children so that a balance between being child centred</p>	<p>Process has started</p>	<p>Audit report</p>	<p>Amber</p>
	<p>Health agencies to monitor compliance with the new guidance</p>	<p>31/12/11</p>	<p>Alex Giles</p>	<p>Route not yet determined</p>	<p>Monitoring report to be presented to Performance</p>	<p>Amber</p>	

RECOMMENDATION	ACTIONS	WHEN	LEAD OFFICER	INTENDED OUTCOME	PROGRESS	SYSTEM OF AUDIT / EVIDENCE	RAG
				and efficiency is maintained		& Quality assurance sub group	
Recommendation 4: The LSCB should request that guidance to all health and medical staff who have responsibility for the measurement and monitoring of growth in disabled children and those with complex health needs is reviewed and revised as necessary. Staff should be guided to draw to the attention of the paediatrician who has clinical responsibility for the child's medical care, any measurement which indicates the possibility of a departure from the expected growth curve for the child and to: <ul style="list-style-type: none"> ensure that measurements of height or length as well as weight and head circumference are routinely taken, 	a. Review of guidance to all health and medical staff to be conducted	31/1/11	Alex Giles	To ensure all staff are fully aware of guidance with regards to the measurement and monitoring of growth in disabled children and those with complex health needs, and that these measurements are recorded consistently and appropriately.	Process has started	Audit report available	Green
	b. Guidance to be revised as appropriate	31/3/11	Alex Giles			Guidance published	Green
	c. Guidance to be issued to all staff about their responsibility to alert senior staff about any divergence from normal growth curves	31/3/11	Alex Giles			Guidance published	Green
	d. Guidance to be issued to ensure measurements are taken consistently and recorded on centile charts	31/3/11	Alex Giles			Guidance published	Green

RECOMMENDATION	ACTIONS	WHEN	LEAD OFFICER	INTENDED OUTCOME	PROGRESS	SYSTEM OF AUDIT / EVIDENCE	RAG
<ul style="list-style-type: none"> ensure that measurements are always entered onto a centile chart. 							
<p>Recommendation 5: The LSCB should undertake with partner agencies, a review of arrangements for the supervision of staff who work with children and families, to ensure that each agency has in place appropriate arrangements (with regard for the role and responsibility of the agency) which aim to ensure that staff are well supported and that decisions and actions are challenged as appropriate.</p>	Multi agency Supervision audit to be undertaken to review agency supervision arrangements, ensuring each agency has in place appropriate supervision arrangements for staff who work with children and families,	31/3/11	Maureen McEnaney	Staff receive regular supervision that ensures that they are well supported and decisions and actions are challenged as appropriate	Has been referred to the Performance and Quality Assurance sub group of the Hartlepool Safeguarding Children Board to repeat the audit carried out last year and report to the Board	Audit report available	Green
<p>Recommendation 6: The LSCB to request that agencies demonstrate that all staff working with children are familiar with, as a minimum, section 3 of <i>Safeguarding disabled children practice guidance</i>,</p>	Multi agency audit to be undertaken to demonstrate that all staff working with children are familiar with, as a minimum, section 3 of	31/3/11	Maureen McEnaney	Staff are fully familiar with, as a minimum, section 3 of <i>Safeguarding disabled children</i>	Has been referred to the Performance and Quality Assurance sub group of the Hartlepool	Multi agency audit report available	Green

RECOMMENDATION	ACTIONS	WHEN	LEAD OFFICER	INTENDED OUTCOME	PROGRESS	SYSTEM OF AUDIT / EVIDENCE	RAG
DCSF, 2009. In addition that staff with strategic or planning responsibilities are familiar with section 4 of this guidance.	<p><i>Safeguarding disabled children practice guidance</i>, DCSF, 2009 and staff with strategic or planning responsibilities are familiar with section 4 of this guidance.</p> <p>Knowledge of this guidance to be incorporated into existing training modules</p>	31/3/11	Maria Richardson	<i>practice guidance</i> , DCSF, 2009 and incorporate it into their practice	Safeguarding Children Board	Included in LSCB Training programme	Green

Appendix 3

Name	Agency	Board	%	Exec	%	PPP	%	P&QA	%	L&D	%	Comms	%	User	%	eSafet y	%	SCR Imp	%	HH	%	RMHC	%	Total
Alan Ions	Police																					1		1
Alastair Rae	Chief Executives											1	63											1
Alex Giles	Health	1	83	1	100	1	0	1	0									1	100					5
Alison Darby	Education	1	100																					1
Alison Mawson	Safer Hartlepool	1	50									1	13											2
Alison Wild	CAFCASS	1	67									1	13	1	0									3
Angela Tatum	Barnardos											1	100	1	100									2
Angie Binn s	Health											1	0											1
Anne Brock	Health					1	50	1	40	1	100			1	60									4
Anne Moore	Health	1	50																					1
Ben Hewitt	Avanticom											1	50											1
Beth Storey	C&A Services																					1		1
Carmel Jackson	C&A Services							1	20															1
Carole Horseman	Education	1	67																					1
Caroline O'Neill	C&A Services	1	50																					1
Caroline Wilkinson	C&A Services																			1	50			1
Cath Hill	Lead Counsellor	1	33																					1
Cath Siddle	Health	1	0																					1
Celia Weldon	Health	1	50																					1
Chris Hart	C&A Services																			1	75			1
Claire Young	Health											1	63											1

Margaret Brett	Health	1	100																1	
Maria Richardson	C&A Services	1	83			1	50	1	40	1	100			1	0				5	
Mark Smith	C&A Services					1	67												1	
Margaret Wharrier	C&A Services									1	40								1	
Matt Mason	Police									1	33			1	80	1	100		3	
Maureen McEnaney	C&A Services	1	100	1	78	1	33	1	80	1	40	1	50	1	100			1	67	8
Melissa Pout	Police											1	0						1	
Mick Young	Northern Grid															1	67		1	
Mike Cane	Police					1	50	1	80										2	
Mike Smith	C&A Services															1	100		1	
Nicola Bailey	C&A Services	1	67																1	
Nicola Dunleavy	C&A Services																	1	1	
Nichola Benson	C&A Services																	1	1	
Nigel Johnson	Housing	1	100																1	
Pam Simpson	C&A Services	1	40																1	
Paul Kelly	C&A Services							1	100										1	
Peter McPhillips	Police	1	100	1	0														2	
Pip Harkness	CAMHS													1	80				1	
Rachel Fawcett	Fire Brigade											1	25						1	
Ricky Brown	C&A Services															1	50		1	
Roni Checksfield	C&A Services																	1	1	

Sally Robinson	C&A Services	1	100	1	100									1	67					3		
Sarah Gaffney-Williams	Probation																	1	25		1	
Sharon Robson	Health																	1	50		1	
Shawna Gibson	DISC											1	20					1	25		2	
Sheila O'Connor	C&A Services					1	67					1	100								2	
Sue Coverdale	C&A Services													1	100						1	
Sue Johnson	C&A Services	1	100	1	75			1	100							1	100				4	
Sue Lewins	C&A Services									1	0										1	
Theresa Flaherty	Health									1	60										1	
Tracey Stage	Police													1	100						1	
Trevor Smith	C&A Services													1	100						1	
Tricia Wetherell	Education	1	67																		1	
Vik Walby	C&A Services											1	0								1	
Wendy Dewhirst	Fire Brigade	1	0							1	20										2	
Wendy Rudd	C&A Services					1	33					1	100					1	100		3	
Total		38		11		16		17		19		16		23		12		8		11		7
Average % attendance			72		70		54		64		51		40		54		76		88		70	



Annual Report 2010-11 and Business Plan 2011-12 Summary

Outgoing Chair commends agencies for Safeguarding efforts



In the foreword to the report Nicola Bailey, Director of Child & Adult Services, who has Chaired the Hartlepool Safeguarding Children Board for 2 years, confirmed that virtually all targets had been achieved.

Two major pieces of work in relation to Domestic Violence and Neglect were undertaken with contributions from a wide range of agencies. Both were completed in the timescales set and led to significant reports that provided recommendations that now need to be addressed in the forthcoming year. A third piece of work relating to the entry point for services was an audit of professional understanding of the thresholds to be applied which resulted in a thought provoking report whose conclusions and recommendations will also be carried forward during this coming year.

The Director also thanked colleagues in partner agencies for their commitment and hard work to ensure that children in fact do live safely in Hartlepool.

She extended a warm welcome to Eileen Hinds, the Board's new Independent Chair who takes up the role at the beginning of the 2011-12 year



Hartlepool Safeguarding Children Board

Safeguarding Children is everyone's responsibility and HSCB provides the means to ensure that the safety and welfare of the children is at the heart of every organisation's work.

We live in a world of change and the recent publication of the Munro Review of Child Protection makes recommendations that confirm the valuable contribution made by Safeguarding Children Boards and strengthens their role in terms of learning and assuring Board Members that the learning has been effective.

Priorities for 2011-12

The Hartlepool Board annual Development Day in the spring confirmed the overarching outcome for the Board as

"Children Live Safely in Hartlepool"
and determined the outcomes on which the Board will focus in 2011-12.

Outcomes

1. Children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect.
2. Children and young people live free from the impact of Domestic Abuse
3. Adolescents in Hartlepool are supported to make safer choices and are safeguarded from significant harm



Review of last year

Three major pieces of work were commissioned and completed during the year. They were:

- A Total Place Review of Services that addressed the issues of Domestic Violence
- An in-depth review of issues in relation to neglect of children; and
- A detailed study of how children are referred to and enter the Child Protection System in Hartlepool

One of the priority areas for the year, a study into how Adolescents in Hartlepool can be supported to make safer choices and be safeguarded from significant harm, was delayed so that the overall demand on the resources of the Board and its members could be kept manageable within the year. The Chair, Members and Terms of Reference of the group were confirmed in October 2010 and it is planned that the work of this group will be reported to the Board in autumn, 2011.

A significant development during the year has been agreement for the four Teeswide Boards to the production of a joint set of revised web based Child Protection Procedures which comply with Working Together 2010. These will provide an easily accessible source of the Child Protection Procedures for staff of all agencies as well as the public.

Each of the standing groups successfully completed the vast majority of their workplans during the year.



Organisation of the Board

The Hartlepool Safeguarding Children Board continues to meet bi-monthly. From July 2011, it will have an Independent Chair, representatives from all appropriate agencies and groups, including two Lay Members and the outcome of ensuring that "Children live safely in Hartlepool" remains a prime objective for each of the agencies and organisations represented on the Board. The work of the Board continues to be achieved through a number of standing groups and time limited task and finish groups which report to the Executive Group and the Board.

The Executive Group continues to support the work of the Board. The Executive Group manages much of the process work of the Board and reports to the Board on these matters.

Groups supporting work of the Board

Serious Case Review Panel

The Serious Case Review Panel is convened if it is considered that the circumstances of any child meet or may meet the criteria for a Serious Case Review. The remit of the Serious Case Review Panel is to commission and oversee the production of Serious Case Reviews under Section 8 of 'Working Together to Safeguard Children 2010'. The panel met once during the year and as the criteria for a Serious Case Review were not recommended to the Board that a Learning Review be initiated and this is currently being done.

Child Death Overview Panel

The Child Death Overview Panel continues to be managed by Redcar & Cleveland Safeguarding Children Board on behalf of Teesside Boards. The objectives of the panel are to review the deaths of all children and consider how they might have been prevented or similar deaths might be prevented in the future. They also identify patterns or trends across the four Boards and report to each individual Board on that basis.

Hidden Harm Network Group

The Hidden Harm Network Group is progressing joint working in relation to Substance Misuse and is developing strong links with Adult Services. The group are planning a Conference in June 2011 to raise the profile of this work and in particular concentrating on the impact on the children of families where substance misuse is present.

Serious Case Review Implementation Group

In addition to managing the implementation of any recommendations and action plans arising from Serious Case Reviews, Learning Reviews or Local Management Reviews generated by Hartlepool Safeguarding Children Board, this group also seeks to extract any learning from published Serious Case Reviews from elsewhere in the country.

Safeguarding User Group

The Safeguarding User Group provides a forum for multi agency practitioners to share experiences of implementing the practice, guidance and procedures of the Board and provides an opportunity to problem solve issues that arise, contribute to the continuous improvement of practice and initiate discussion for the development of further guidance.

Running/Missing from Home/Care Group

This multi agency group monitors the implementation of the Teeswide Protocol and local procedures. All children are interviewed independently on their return home to determine if there are safeguarding issues, including child sexual exploitation.

eSafety

The eSafety Group has arisen from the recognition that the electronic environment presents safeguarding challenges so that young people can enjoy all of the advantages of this developing part of life while retaining control over their own safety. Promoting safe use is a particularly important message that this group seek to pursue.

Performance & Quality Assurance Subgroup

The remit of the Performance & Quality Assurance Group is to monitor and evaluate the effectiveness of the Board and its partners in delivering local safeguarding practice. The group reports through various means including self reporting audits. A major piece of work done was the Threshold Audit which was completed in conjunction with Teeswide University and reported in March 2011.

Learning & Development Subgroup

This group undertakes the planning, development, delivering, monitoring and evaluation of a comprehensive multi agency Learning & Development Programme for the Children's Workforce in Hartlepool. By so doing, they are seeking to effectively provide those services with a means to enhance their practice in relation to Safeguarding Children.

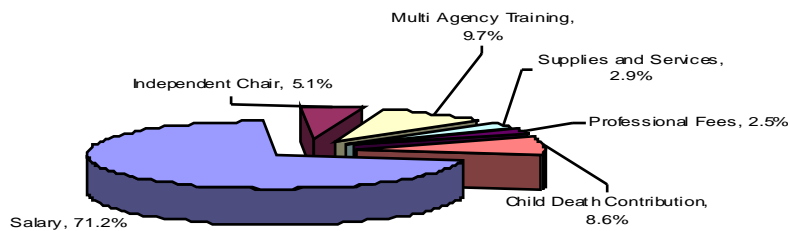
Communication Group

The Communication Group co-ordinates the efforts to increase the public awareness of the work of the Children's Workforce in Hartlepool. It also provides safe messages for parents, carers and the public working with them.

Funding 2011-12

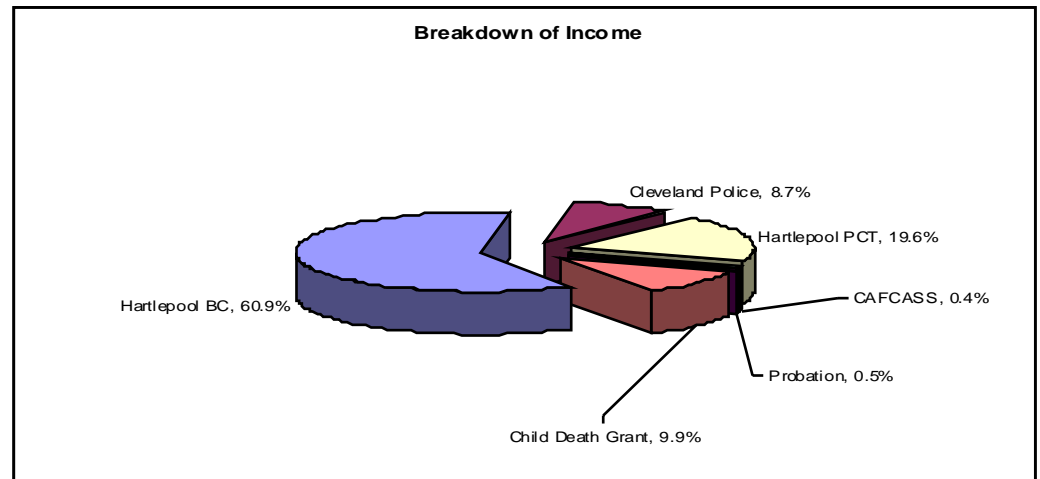
Expenditure

Breakdown of Expenditure



Contributions

7.1 APPENDIX 2

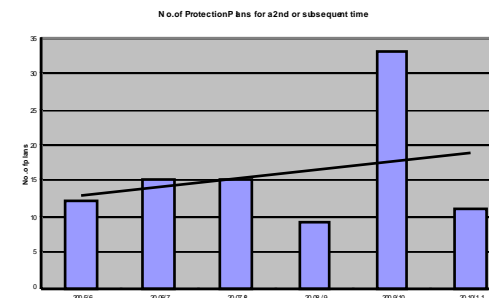
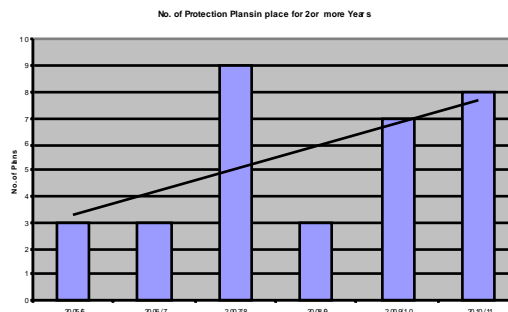
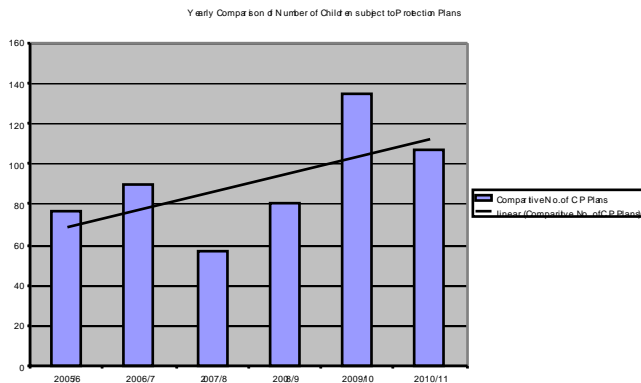


The expenditure during the year 2010-11 exceeded the income and reserves have been used to balance the budget. This has resulted in the reserve carried forward to the year 2011-12 only being £4,091.

With limited opportunity for agencies to increase their contributions, savings will need to be identified in the funding for 2012-13.

Performance

Statistical Analysis
 The following three charts give an overall view of the performance in relation to children who become subject of Child Protection Plans. They demonstrate that staff are working well to ensure that children become subject to Protection Plans appropriately and only remain on them while the risks are high. While the percentages may seem high the low numbers artificially inflate the percentages.



During 2010/11, the trend of the previous three years for significant increases has been reversed. There are two main reasons for this reversal. The number of new cases has reduced and this may be partially due to the diminution of the 'Baby P' factor in raising public awareness of the risks to children. However, the trend line clearly demonstrates that there is still an underlying upward movement of children becoming subject of a protection plan. This has repercussions for staff of all agencies where such children are given significant priority within their work. Board Members should be aware of this upward trend so that the appropriate resources can be maintained/increased.

In 2010/11, numerically there were only 8 children where their protection plan had been in place for more than 2 years. Notwithstanding the relatively small numbers involved it is noticeable yet again that there is an upward trend over the last six years and this may be an issue that the performance and quality group can consider as part of their work plan.

The out turn figure for 2010/11 is 11 children who have become subject of a protection plan for a second or subsequent time. Like the previous two figures, there is a small upward trend, disregarding last year's significantly high number. It should be noted, however, that in many cases the children are members of the same family with either two or three children within the family. Consequently, the number of families involved last year was numerically small at four.

Management Information Trends

The main report gives the detailed breakdown of management information relating to referrals and characteristics of children subject to Protection Plans. However, the Board noted the following trends:

Stable pattern of less than a quarter of all initial assessments identifying child protection

Children ages 1-9 have continued to constitute at least 2/3 of all children subject to a protection plan over several years.

The number of referrals in relation to abuse/neglect has increased for the last three years (322, 396, 480)

Number of children still subject to plans after 2 years shows a slight upward trend but total number is still only 8 children

A similar slight upward trend was noted over 6 years in relation to children made subject of a protection plan for a second or subsequent time with a total of 11 children from only 4 families. The Performance and Quality Assurance group audit of those cases confirmed that correct decisions had been made to cease the earlier plans.

After 3 years of significant increases, the number of children subject to a Child Protection Plan has dropped BUT there remains a general upward trend over the last six years.

Concerns of allegations against staff remains low at 6 and all have been resolved following appropriate advice and guidance issued.



Serious Case Reviews

The Learning Review of Jimmy, a child with a disability, reported in last year's annual report, was completed during the year with presentations to staff from all agencies as well as changes made to internal agency procedures to address the issues identified during the Review. An additional training module concentrating on issues of disability has been established by the Board; its first delivery in March 2011 was successful and will be repeated twice each year.

Recommendations from Serious Case Reviews conducted in the Tees area have also been implemented by this Board.

In March 2011, Hartlepool Safeguarding Children Board commissioned a Learning Review in respect of a sibling group who had been made subject of Care Orders a few weeks earlier. There had been significant input to the family from agencies over many years addressing neglect issues within the family. A series of learning events will be delivered to staff of all agencies during the forthcoming year.

During the year, with the benefit of non recurrent PCT funding, a report was commissioned across Tees to investigate the effectiveness of lessons being learned from Serious Case Reviews. The final report will be present to Boards in the autumn of 2011.

Main learning points from the Review of Jimmy:

- Multi-agency training strategy and programme address issues for the identification of abuse and neglect in children who have disabilities and/or complex health needs.
- A review of arrangements for the co-ordination of multi-agency and multi-disciplinary services to disabled children and those with complex health needs, including information sharing.
- Appropriate guidance to staff for the management of missed new and follow up health

Learning & Development

A critical aspect of the Board's work is to ensure that the staff of all agencies involved in work with children and young people are appropriately trained and have the opportunity to develop skills that will enhance their safeguarding roles. All agencies aligned to the Board provide single agency training to their staff and ensure that the relevant staff receive multi agency training according to their needs.

In the last year, the Learning and Development Group have:

Established a multi agency team of frontline practitioner to support the delivery of safeguarding and child protection learning and development.

Successfully developed, coordinated, promoted and delivered a comprehensive up to date inter-agency safeguarding and child protection learning and development programme which incorporates the wider agenda and the latest research

Analysed the impact evaluation feedback from practitioners on how they have incorporated learning from the programme into their working practices.

Assisted the development of an appropriate safeguarding and child protection learning and development programme for schools and childcare settings.

Commissioned and coordinated an interagency conference in relation to Neglect which included a nationally renowned keynote speaker, Senior Manager, Social Worker, Young Care Leaver, Parent and other key

Board Business Plan 2011-12

Within the overarching and specific outcomes adopted by the Board noted earlier the following table gives the Board Business Plan at a glance. The groups identified as responsible for the milestones will develop their own action plans to ensure their delivery.

1. Children and Young People live in households where they are properly cared for, all of their needs are met and they are free from the impact of Neglect.

Milestones for 2011-12	How will it be delivered	Group responsible for delivery	Time for completion	How will impact be demonstrated	Progress (RAG)
Implement the multi-agency use of the Graded Carer Profile in all Neglect cases	Specific training in the use of the tool to be provided by the Board; commitment by all member agencies to adopt the use of the Profile	Learning & Development Group Member agencies	March 2012	Audit of use of the Profile will be built into the Management Information data set of the local authority and the Board	
Five percent reduction in the number of families where children become subject to a protection plan under the category of Neglect	Increased use of Common Assessment Framework and the Graded Carer Profile by staff of all agencies	Assistant Director, Prevention, Safeguarding & Specialist Services and Neglect Task Group; Operational staff of all agencies	March 2012	Actual reduction should indicate positive impact	
Twenty five percent reduction in the number of families where the Protection plan lasts more than two years and the issue is Neglect	Use of the Graded Carer Profile	Assistant Director, Prevention, Safeguarding & Specialist Services and Neglect Task Group; Operational staff of all agencies	March 2012	Actual reduction should indicate positive impact	

R= will not be achieved in timescale of needs additional resources A= In progress and likely to meet timescale G= Achieved and location of evidence of impact

2. Children and Young People live free from the impact of Domestic Abuse

Milestones for 2011-12	How will it be delivered	Group responsible for delivery	Time for completion	How will impact be demonstrated	Progress (RAG)
Five percent reduction in the number of families where children become subject to a protection plan under the category of Domestic Abuse	Staff of all agencies complete CAF as soon as domestic violence is identified; Domestic Violence training to be provided on multi agency basis	Domestic Violence Task Group; Learning and Development Group	March 2012	Actual reduction should indicate positive impact	
10% increase in number of families subject to CAF where the Domestic Abuse is a significant issue	CAF Strategy implementation action plan	CAF Strategy Group	March 2012	CAF Strategy Group to address impact within their report to Board. Increase would indicate that the issue is being dealt with earlier and when it is less intense and more amenable to improvement.	
Twenty five percent reduction in the number of families where the Protection plan lasts more than two years and the issue is Domestic Abuse.	Perpetrators will be processed through the Criminal Justice System to engage with perpetrator programmes and also if not convicted, to attend voluntary perpetrator programmes; Appropriate support to victims to be in place alongside perpetrator attendance at programmes	Operational staff of relevant agencies	March 2012	Reduction would indicate that more families are resolving the underlying precipitators of DV and reducing/stopping repeat episodes	

R= will not be achieved in timescale of needs additional resources A= In progress and likely to meet timescale G= Achieved and location of evidence of impact

3. Adolescents in Hartlepool are supported to make safer choices and are safeguarded from significant harm

Milestones for 2011-12	How will it be delivered	Group responsible for delivery	Time for completion	How will impact be demonstrated	Progress (RAG)
Distribution of recently revised Young Person's Guide to Sexual Health & Personal Relations to all young people receiving a service from member agencies	All agencies to commit to distribution on an ongoing basis, using written or electronic media	Adolescents Task Group	December 2011	Possible audits to be proposed to existing participation groups and their report(s) presented to Board	
Receive the final report of the Adolescents Task Group	Production of final report following wide consultation and discussion, especially with young people.	Adolescents Task Group	March 2012	These will be detailed in the final report of the Task group	
R= will not be achieved in timescale of needs additional resources A= In progress and likely to meet timescale G= Achieved and location of evidence of impact					

4. Children and Young People live in environments where they are safe and supported appropriately

Milestones for 2011-12	How will it be delivered	Group responsible for delivery	Time for completion	How will impact be demonstrated	Progress (RAG)
Member agencies to achieve improved outcomes in the annual Section 11 self assessment audit	Survey to be completed by all member agencies and returns collated and analysed and feedback given to agencies and the Board	Performance and Quality Assurance Group	Report to Board March 2012	Audit and analysis will be published. Report will identify impact of positive findings and risks arising from non-compliance.	

7.1 APPENDIX 2

Publication of web based Tees wide Child Protection Procedures	Work commissioned by Tees wide Procedures Group	Business Manager and Tees Procedures Group	March 2012	Feedback from Safeguarding User Group
The Board needs to establish continuous evaluation of the decisions made on referrals and assurance of understanding of thresholds across agencies and organisations via annual review.	Review will be part of the work plan of the Performance & Quality Assurance group	Safeguarding & Review Manager and Threshold Task Group	March 2012	Annual Report to Board will include Impact on Services to Children
Revise and implement the quality assurance framework that assists the Board to assure itself of the quality of the work done under it	Group to revise and recommend changes that they can then implement	Performance and Quality Assurance Group	March 2012	Board will be in a stronger position to demonstrate impact of its work in safeguarding children
Determine a rolling programme of audits [self and independent] on the work done on behalf of the Board	As per Performance and Quality Assurance Group action plan	Performance and Quality Assurance Group	Report to Board at the end of each audit	Each report to include an assessment of the impact of the issue in improving performance or quality of the work done
Develop an HSCB Learning and Development Programme for the 2012/13 learning and development plan.	Consulting with member agencies; assessing training needs; procuring providers.	Learning and Development Group	January 2012	All courses must include an element that makes subsequent impact assessment accessible for collation by the Learning and Development Group who will report to the Board
Ensure single agency learning and development is implemented and effective and of a quality to meet the Board's standards.	As per Learning and Development Group Action Plan	Learning and Development Group	Report to Board in March 2012	Report should address this
Contribute to any Teeswide initiatives to consolidate training across the Tees area and NE region	Participation by Board staff	Learning and Development Group; Business Manager	March 2012	Annual Learning and Development Group report

7.1 APPENDIX 2

Increase by 10 percent the number of staff completing an impact assessment of their training input to their practice	Promotion of existing framework and further analysis	Learning and Development Group	Report to Board in March 2012	Report to Board should give data and examples of changes made within practice
All staff working with children and young people to attend suitable training to meet their needs.	As per Learning and Development Group action plan	Learning and Development Group	Report to Board in March 2012	Audit by each agency re Impact assessments done by staff following training input to be collated by Learning and Development Group
Develop an eSafety charter for children in the town	Consulting young people, using specialist ITC staff and resources for advice	eSafety Group; IYSS Participation Group	December 2011	
Educate & empower children, carers, parent & children's workforce in terms of eSafety	Provision of training courses, public awareness material and using full range of media to deliver the critical messages	eSafety Group; Learning and Development Group	March 2012	Reduction in reported instances where unsafe use has had damaging consequences
That LSCB minimum standards and supporting guidance on eSafety are in place for all staff working with children and young people and families	Implementation of eSafety Strategy, Standards and associated guidance by individual agencies	eSafety Group	March 2012	Survey and audit of individual agencies to measure compliance and identify shortfall
<p>R= will not be achieved in timescale of needs additional resources A= In progress and likely to meet timescale G= Achieved and location of evidence of impact</p>				

Full Report is available from:

**Hartlepool Safeguarding Children Board
Child & Adult Services Department
Hartlepool Borough Council
Level 4
Civic Centre
Victoria Road
Hartlepool
TS24 8AY**

Contact: 01429 523825

Email: HSCB@hartlepool.gov.uk OR HSCB@hartlepool.gcsx.gov.uk

Website: www.lscbhartlepool.org



If you have concerns about a child please contact:

The Duty Team - 01429 523 872 (During working hours)

The Emergency Duty Team - 08702 402 994 (Out of hours)

In an emergency contact the Police - 01429 221 151

Safeguarding Children is everyone's responsibility

CABINET REPORT

21 November 2011



Report of: Corporate Management Team

Subject: QUARTER 2 – COUNCIL OVERVIEW OF PERFORMANCE AND RISK 2011/12

SUMMARY

1. PURPOSE OF REPORT

To inform Cabinet of the progress made against the Council's 2011/12 Corporate and Departmental Plans, for the period ending 30 September 2011.

2. SUMMARY OF CONTENTS

The report describes progress made against the actions, performance indicators included in the Corporate Plan and three departmental plans for 2011/12 and risks included in the Council's risk register.

3. RELEVANCE TO CABINET

Cabinet and the individual Portfolio Holders have overall responsibility for the monitoring of the Corporate Plan and three departmental plans.

4. TYPE OF DECISION

Non key.

5. DECISION MAKING ROUTE

Cabinet 21 November 2011.

6. DECISION(S) REQUIRED

Cabinet is asked to note the current position with regard to performance.

Report of: Corporate Management Team

Subject: QUARTER 2 – COUNCIL OVERVIEW OF PERFORMANCE AND RISK 2011/12

1 PURPOSE OF REPORT

- 1.1 To inform Cabinet of the progress made against the Council's 2011/12 Corporate and Departmental Plans, for the period ending 30 September 2011.

2 BACKGROUND

- 2.1 The Corporate Plan was agreed by Council on 14 April 2011 and the three Departmental Plans were agreed by Cabinet on 8 April 2011.
- 2.2 All of the plans contain an action plan setting out how the Council proposed to deliver the Council's priority outcomes. Key Performance Indicators are also included which can then be used to monitor progress throughout the year or at the year end. Departmental Plans also contained a section listing the Risks that could prevent the Department from delivering the priority outcomes.
- 2.3 The Council's Performance Management System (Covalent) is used to collect and analyse progress against the actions, performance indicators and risks detailed in the Corporate Plan and the three Departmental Plans. The information in the system was used to prepare this report.
- 2.4 The structure of the report is:

Paragraphs	Content
3.1- 3.11	Council overview of performance and risk
4.1 – 4.6	Child and Adult Service Departmental Plan
5.1 – 5.11	Regeneration and Neighbourhoods Departmental Plan
6.1 – 6.9	Chief Executives Department
7.1	Recommendations

3 PERFORMANCE AND RISK MANAGEMENT

Council Overview of Performance and Risk

- 3.1 In total the three departmental plans, include 169 actions, 164 performance indicators to deliver and measure improvements across key priority areas (outcomes) identified in the Community Strategy and Council Corporate Plan.
- 3.2 Of the 164 indicators 51 have targets set and can be monitored on a quarterly basis so only these indicators are included in this report. The remaining indicators have targets which can only be assessed after the year end or have no target and are for monitoring purposes only.
- 3.3 Officers have assessed progress against these indicators and the actions included in the plans, making judgements based on progress to the 30 September 2011. Progress is categorised as: -

PI Target achieved or Action Completed
PI On track to achieve target or Action to be completed
PI /Action Progress acceptable
PI /Action Intervention Required
PI Target not achieved or Action not Completed

- 3.4 The Corporate Plan addresses the key priorities and issues facing the Council, and includes an action plan that draws the key actions and performance indicators from the Council's three Departmental Plans. The Corporate Plan 2011/12 action plan includes 59 actions and 25 performance indicators.
- 3.5 Charts 1 and 2 below summarises officers' assessments of the Corporate Plan actions and indicators that have targets **and** are measurable throughout the year. As at 30 September 2011, the position was a positive one, with: -
- 54 actions (92%) have already been completed or assessed as being on target to be achieved by their scheduled completion date
 - 18 indicators (72%) have already achieved their year end target or been assessed as being on track to do so
 - 2 actions (3%) and 4 PIs (16%) have been assessed as having made acceptable progress
 - The remaining 3 actions (5%) and 3 PIs (12%) have been assessed as requiring intervention or no longer being possible to complete (1 action). Further information relating to these actions and indicators can be found later in the report – see 5.3, 5.4, 6.3 and 6.5.

Chart 1: Corporate Plan Overall Action Progress – to 30 September 2011

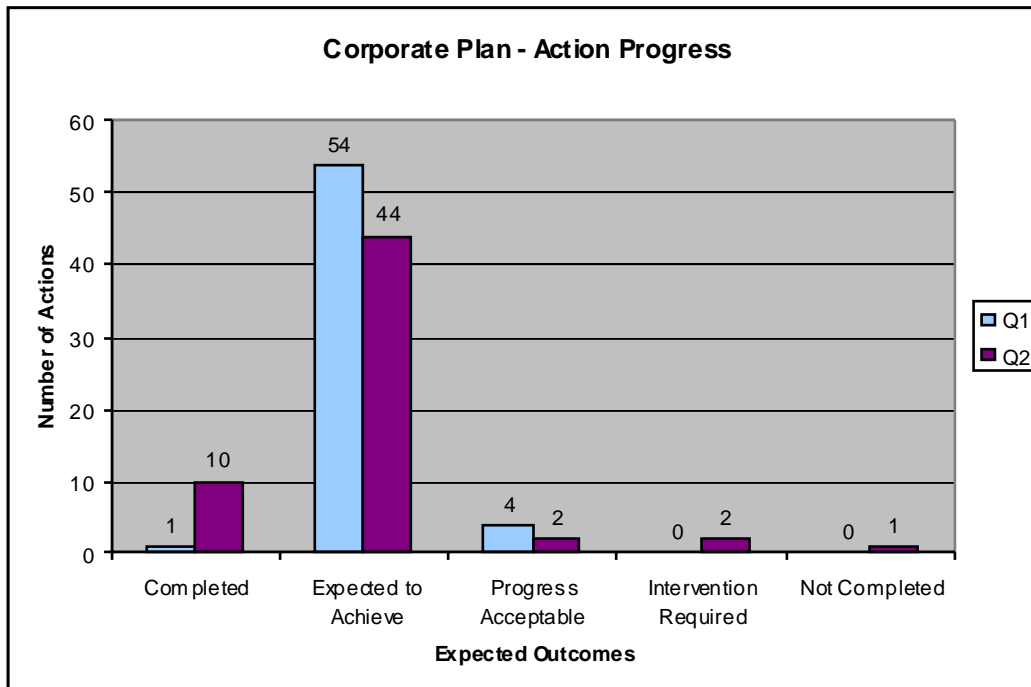
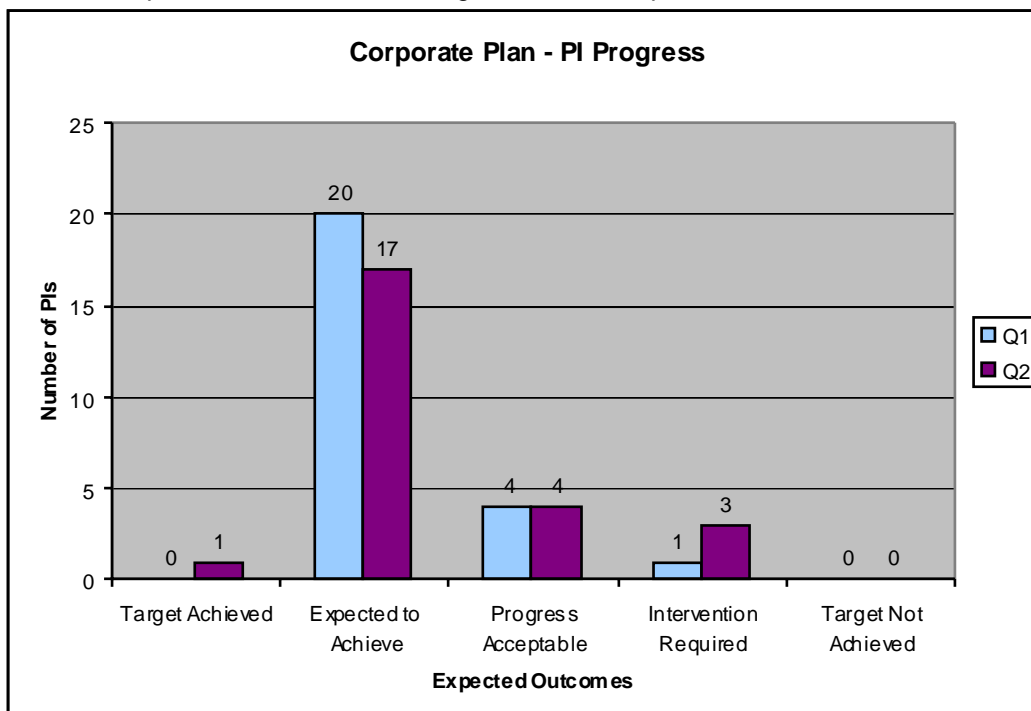


Chart 2: Corporate Plan Overall PI Progress – to 30 September 2011



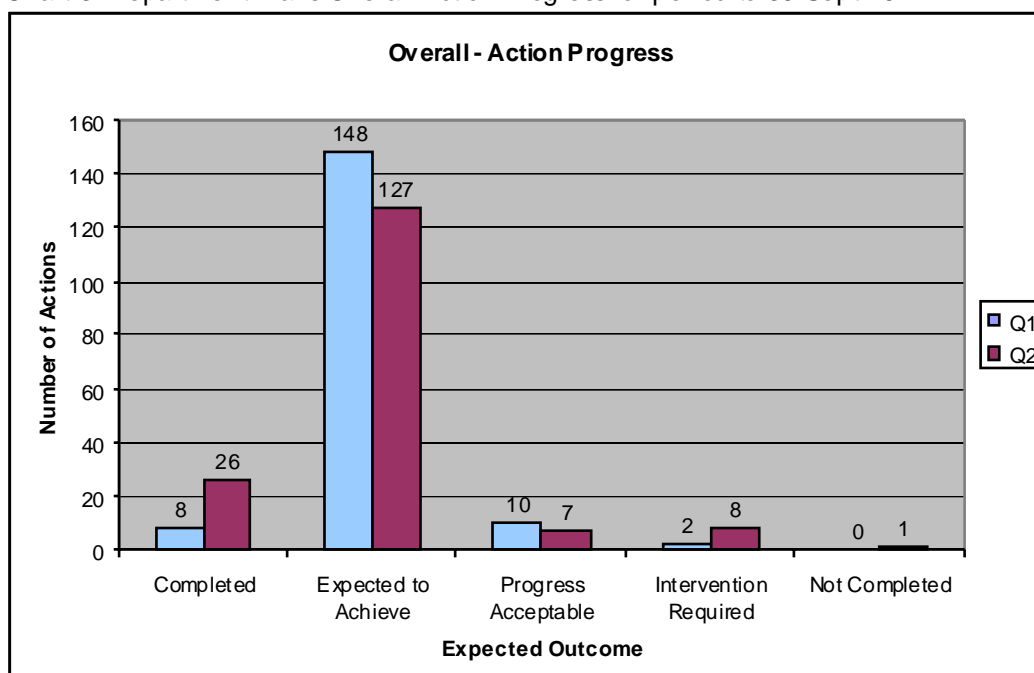
3.6 As previously stated (in para 3.2) the three departmental plans include 169 actions and 51 performance indicators that can be monitored on a quarterly basis. Progress is illustrated in Charts 3 and 4.

- Across all 3 Departmental Plans progress is good,

- Over 90% of actions have already been completed or are expected to be achieved; and
- 80% of PIs either having already reached their targets or are expected to do so.

3.8 Of the 169 actions 4% (7 actions) have been assessed as having made acceptable progress (down from 10 actions in quarter 1), with the remaining 9 actions (5%) having been assessed as requiring intervention or marked as no longer being possible to complete.. This is an increase from 2 actions in quarter 1, and there is more detail later in the report, in the relevant departmental plan sections.

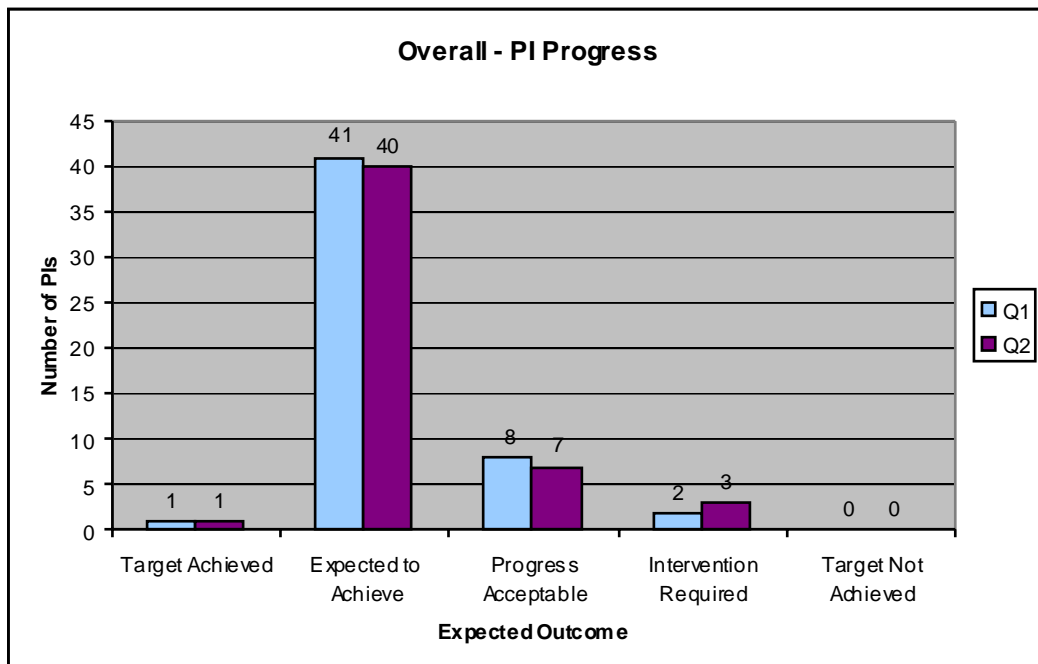
Chart 3: Department Plans Overall Action Progress for period to 30 Sept 2011



3.9 Chart 3, above, also shows that the number of actions completed has increased from 8 at the end of quarter 1 to 26 at the end of quarter 2. This has contributed to the fall in those actions expected to be completed on time from 148 to 127 over the same period.

3.10 Chart 4, detailing the progress made for PIs shows that 48 indicators (94%) have been assessed as having already achieved target, being on track to do so or having made acceptable progress. The remaining 3 indicators have been flagged as requiring intervention. As with the actions, these indicators are shown later in the report.

Chart 4: Department Plans Overall PI Progress for period to 30 Sept 2011



3.11 There were 87 risks identified across the Council. These are now being managed in accordance with the Council's Risk Management Framework agreed by Performance Portfolio Holder on 23 March 2011. This splits risks into Actively Managed Risks: those where additional control measures are being pursued or need highlighting and monitoring through senior managers and elected member and Accepted Risks: those risks that have been identified by departments as under control. Accepted risks continue to be monitored by individual departments to ensure the risk is kept at an acceptable level. Sections 4.5, 5.10 and 6.3 of this report provide an update about progress on all Actively Managed Risks.

DEPARTMENTAL PERFORMANCE MONITORING

4 Child and Adult Service Department Plan 2011/12

4.1 The Child and Adult Departmental Plan contributes to 11 outcomes, spread across 6 themes:

- Jobs and the Economy
- Lifelong Learning and Skills
- Health and Wellbeing
- Community Safety
- Culture and Leisure and Community Learning
- Strengthening Communities

Following the recent reorganisation of the Council’s Cabinet the work of the department cuts across the remit of 5 Portfolio Holders:

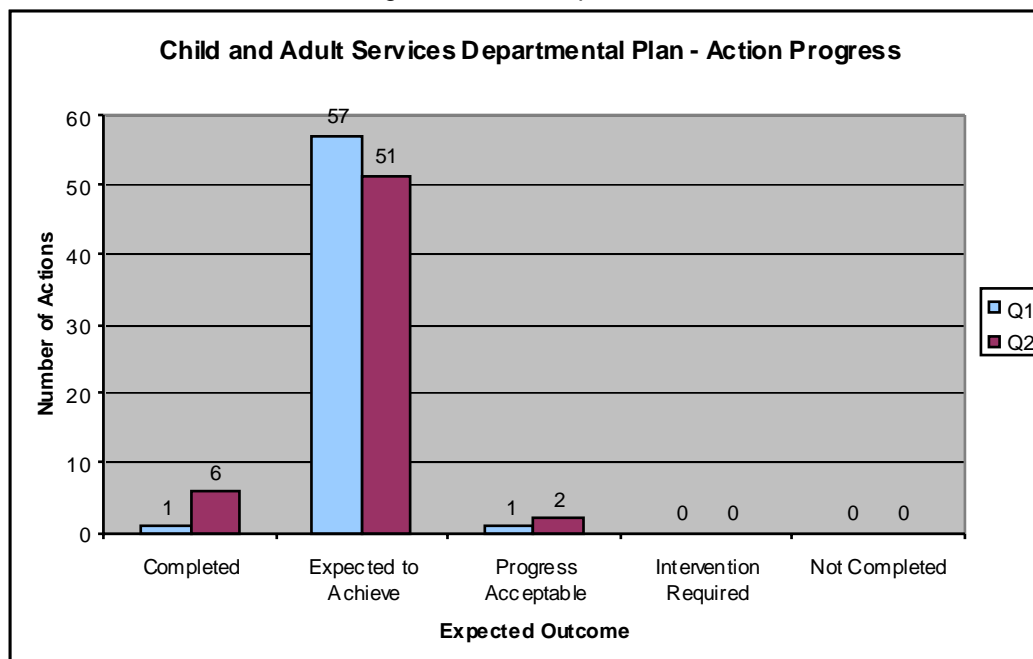
- Adult and Public Health
- Children’s Services
- Culture, Leisure and Tourism
- Community Safety and Planning
- Regeneration and Economic Development

Included in the departmental plans were 59 actions and 87 performance indicators spread across the 6 outcomes, together with 17 risks from the Council’s Risk Registers.

Actions

4.2 As can be seen in the chart below, overall progress is good with 57 actions (97%) already having been completed or assessed as being on target to be achieved by their scheduled completion date – a small drop from 58 actions in quarter 1. The remaining two actions (3%) have been assessed as having made acceptable progress.

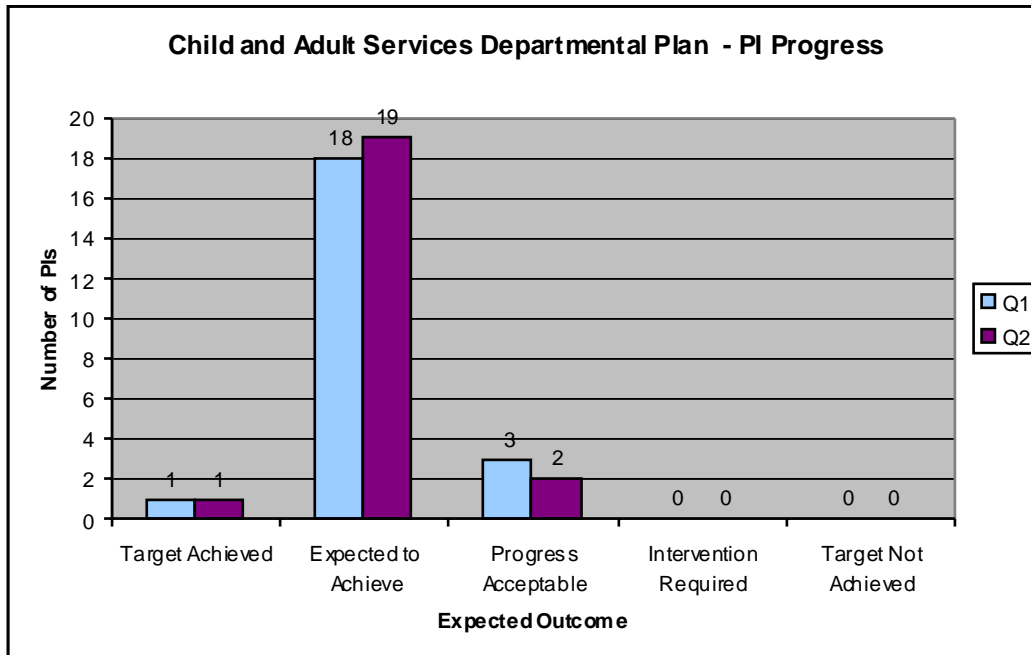
Chart 5: CAD Overall Action Progress – to 30 September 2011.



Performance Indicators

4.3 Chart 6, below, summarises officers’ assessments of the 22 Performance Indicators that have targets **and** are measurable throughout the year. As at 30 September 2011, the position was a positive one, with all indicators either having already achieved year end target, having been assessed as being expected to achieve year end target or having had made acceptable progress.

Chart 6: CAD Targeted Performance Indicators - Progress to 30 September 2011.



A further 65 indicators have targets which can only be assessed at the year end or are for monitoring purposes only.

Summary of Performance by Portfolio

4.4 The table below provides a summary of progress against actions and performance indicators by portfolio.

Table 1: CAD Overall Action Progress – to 30 September 2011.

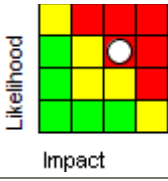
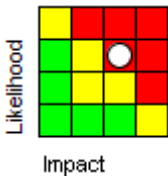
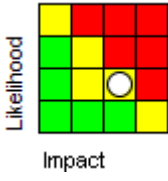
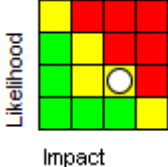
Portfolio	Completed	Expected to Achieve	Progress Acceptable	Intervention Required	Not Completed
Adult & Public Health	0	15	2	0	0
Children's Services	3	20	0	0	0
Culture, Leisure and Tourism	1	7	0	0	0
Regeneration and Economic Development	0	3	0	0	0
Community Safety and Planning	2	6	0	0	0
Total	6	51	2	0	0

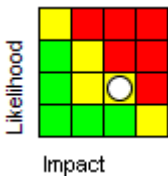
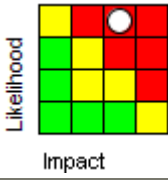
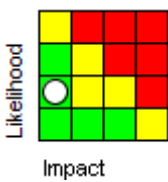
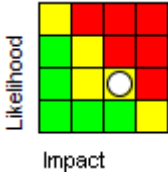
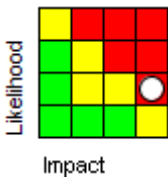
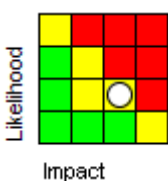
Table 2: Performance Indicator progress to 30 September 2011

Portfolio	Completed	Expected to Achieve	Progress Acceptable	Intervention Required	Not Completed
Adult & Public Health	0	14	1	0	0
Children's Services	0	2	1	0	0
Culture, Leisure and Tourism	1	3	0	0	0
Regeneration and Economic Development	0	0	0	0	0
Community Safety and Planning	0	0	0	0	0
Total	1	19	2	0	0

Risk Registers

4.5 There are 7 risks on the Accepted Risk Register within the Child and Adult Department and a further 10 on the Actively Managed Risk. The table below provides a summary of the position of the risks on the Actively Managed Risk Registers along with details as to what action is being taken with regards to these risks.

Code	Title	Current Risk Rating	Latest Note
CAD R001	Services issues as a result of insufficient budget allocation or changes in national funding/grants (Actively Managed)		2011/12 cuts will add to risk, even though balanced as carefully as possible
CAD R002	Increased demand on services due to demographic pressures and current economic climate (Actively Managed)		Economic position is expected to add to demand for care etc, and reduce ability to pay for services
CAD R003	Failure to provide statutory services to safeguard children & vulnerable adults and protect their well-being. (Actively Managed)		No change to risk score. Government response to Munro Report of Child Protection has been published with majority of recommendations accepted. Service has robust management oversight and quality assurance arrangements in place to monitor effectiveness of child protection services and this is reported at a strategic level by the Safeguarding Children Board.
CAD R004	An increase in the number of schools falling below Performance Achievement Standard (Actively Managed)		2011 results not yet available.

Code	Title	Current Risk Rating	Latest Note
CAD R005	Failure to meet the statutory duties and requirements vested within the Child and Adult Services department (Actively Managed)		No change to risk status - internal controls being maintained.
CAD R006	Alcohol investment by does enable the provision of sufficient services to meet the increased level of need (e.g. PCT for clinical and treatment interventions, Offender programmes such as Alcohol Treatment Requirements (Actively Managed)		Total Place exercise across all organisations planned for Q3/Q4 to analyse and determine business case for alcohol investment. Discussions with transition GP Consortia re commissioning intentions ongoing.
CAD R007	Adverse publicity and community tension (e.g. in regard to reintegration of drug users, offenders back into community, drug related deaths, establishing community services/Pharmacist) (Actively Managed)		Annual programme of campaigns and activity in place to inform community and offer opportunity to alleviate tensions between substance misuse client group and community. Regular press releases and radio interviews held to advise on positive case studies and change to recovery focus in treatment. Further engagement of families in treatment regimes and service users group volunteering and undertaking community projects to address prejudice.
CAD R008	Damage / Disruption due to violence to staff, health & safety incidents or poor working conditions (Actively Managed)		Violence to staff procedure and guidance has been reviewed corporately and are with the trade unions for approval. Training is ongoing via the H&S wellbeing team. The VAS group meet on a monthly basis to review EPR entries. All teams have procedures in place for out of office and out of hours working, the lone working policy currently being reviewed by out of office H&S meeting.
CAD R009	Failure to plan future needs and be able to respond to market pressures. (Actively Managed)		No change to risk score. There are current pressures in relation to the provision of residential care for young people. Feasibility study is being undertaken on sub regional basis to consider joint commissioning of provision of services to looked after children with residential care highlighted as a priority. Likelihood commissioning will be progressed on Tees wide basis early in new year. Continued reduced reliance on independent foster care due to success of in house provision of having sufficient capacity to meet demand. Recent adoption training group has been completed which will generate increase in pool of prospective adopters to meet demands anticipated within system. Of concern is recent increase in number of children looked after in last 3 months. This is due largely to number of sibling groups entering care. Development of services for children on the edge of care has taken place with the aim of reducing the overall number of children looked after over the coming year.
CAD R011	Failure to work in effective partnerships with NHS, including risk of cost shunting. (Actively Managed)		Issues have arisen recently in relation to Continuing Healthcare funding and a perception that the PCT are reviewing high cost cases and attempting to pass costs to LA. Situation is monitored through panels and issues have been raised with senior management within the PCT. No adverse impact on budgets

Code	Title	Current Risk Rating	Latest Note
			overall at this stage.

4.6 For the period up to 30 September 2011 the Child and Adult Services Department have identified a number of achievements and issues including: -

- The national flu vaccination campaign is underway with people over 65 years and in at risk groups being invited to be vaccinated.
- Promotion of emotional well-being in children and young people via implementation of the Targeted Mental Health in Schools Strategy has been completed successfully. A comprehensive training plan has been delivered with good engagement from schools. There is evidence of schools growing in confidence and competence regarding emotional well-being and thinking/acting differently as a result. Evaluations have shown positive results.
- The Youth Crime Action Plan restorative element is fully embedded within the Youth Offending Service team and is linked to all orders and preventative work. This also includes Young people on Anti Social Behaviour contracts.
- Analysis of un-validated Key Stage 4 data for 2011 results shows that no Hartlepool secondary schools are below the floor standard for the percentage of pupils achieving 5 or more A*-C grades at GCSE or equivalent including English and mathematics.
- HYPED, the commissioned service providing substance misuse services for young people is reporting that young people are responding well to the new pathway into service and their presence in schools and with other partners is making access easier. The current trend is that more young people are contacting the service and that these young people are coming through an increasing number of referrers.
- Hartlepool won NE Tourism Event of the year with the Tall Ships Races 2010 in the NE Tourism Awards in October.
- Green flag achieved for Summerhill and Ward Jackson Park for 2011
- Quest Accreditation achieved for Mill House Leisure Centre and a separate achievement for the Headland Leisure Centre.
- Learning Outside the Classroom (LOTC) gold standard achieved for Carlton Outdoor education centre.
- Outdoor Activities have achieved the AALA licence for 2011/12
- VACAS accreditation for museums service awarded. MATRIX standard for information provision awarded to

library. QUEST accreditation awarded for sports development.

- Approximately 3000 visitors attended the Olympic Legacy event in July.
- New programmes have been developed to allow residents access to Skills training and qualifications

5 Regeneration and Neighbourhoods Department Plan 2011/12

5.1 The Regeneration and Neighbourhoods Departmental Plan contributes to 20 outcomes, spread across 8 themes:

- Jobs and the Economy
- Lifelong Learning and Skills
- Health and Wellbeing
- Community Safety
- Environment
- Housing
- Strengthening Communities
- Organisational Development

Following the recent reorganisation of the Council's Cabinet the work of the department cuts across the remit of 8 Portfolio Holders:

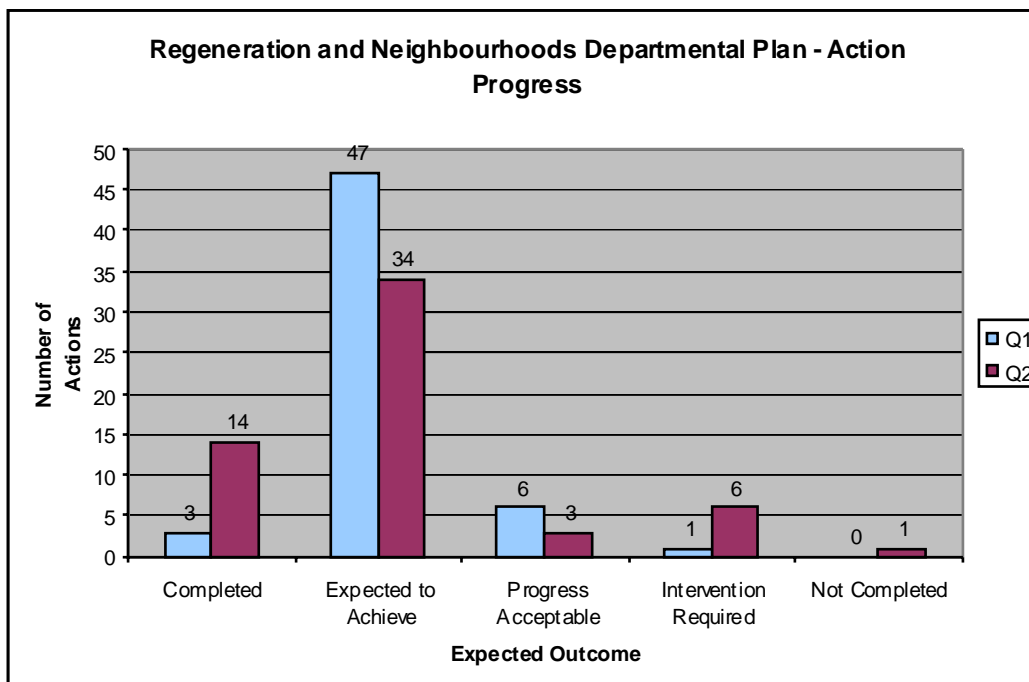
- Regeneration and Economic Development Portfolio
- Finance and Procurement Portfolio
- Community Safety and Planning Portfolio
- Culture, Leisure and Tourism Portfolio
- Adult and Public Health Portfolio
- Transport and Neighbourhoods Portfolio
- Housing and Transition Portfolio
- Children's Services

Included in the departmental plans were 58 actions and 43 performance indicators spread across the 20 outcomes, together with 36 risks from the Council's Risk Registers.

Actions

5.2 As can be seen in the chart below, overall progress is good with 51 actions (88%) have already been completed, being assessed as being on target to be achieved by their scheduled target date, or having made acceptable progress – although this is down from 56 actions in quarter 1. The remaining 7 indicators (12%) have been flagged up as requiring intervention or not being achieved – an increase from 1 action at the end of quarter 1.

Chart 7: Overall Action Progress – to 30 September 2011.



5.3 The 6 actions that were flagged as requiring intervention are described below in more detail. All 6 of the actions have proposed new dates and Cabinet is asked to agree to the revised completion dates.

Outcome: Hartlepool has increased levels of investment and is globally competitive			
Ref	Action	Due Date	Note
RND11/12-JE06	Deliver a new marketing plan for economic development to promote Hartlepool as a place to work, live and visit	31-Jul-2011	NEW DATE CHANGE REQUEST - From July 2011 to March 2012 due to changes in activity within Economic Development, reviewing of website & social media activity. New developments for marketing activity (Enterprise Zones) and the development of the Economic Regeneration Strategy have led to a delay in the development of the marketing plan.
RND11/12-JE07	Redesign destinationhartlepool.com in line with the future of the regional destination management system	30-Sep-2011	NEW DATE CHANGE REQUEST - From September 2011 to February 2012 The website is being developed in partnership with Middlesbrough Council. Consultation with Council or Portfolio Holders has led to an additional stage of work on this project which will

			align the destinationhartlepool and investinhartlepool together and also to increase the range of information on the website. This development and integration should be completed by Feb 2012.
Outcome: Hartlepool has reduced crime and repeat victimisation			
Ref	Action	Due Date	Note
RND11/12-CS02	Produce in conjunction with partners, an action plan which will aim to deliver a multi agency response to tackling domestic abuse	30-Jun-2011	DATE CHANGE REQUEST - From 30.06.11 to 31.01.12 as the Domestic Violence Forum has not met for sometime due to staffing issues.
Outcome: Offending and re-offending has reduced			
Ref	Action	Due Date	Note
RND11/12-CS06	Explore opportunities for restorative justice with adult offenders	31-Jul-2011	DATE CHANGE REQUEST - From 31.07.11 to 19.03.12. Project is over running due to staffing changes within the division.
RND11/12-CS07	For Prolific & Priority Offenders (PPO) & High Crime Causers (HCO), re-introduce the design out crime team by working with Probation Trust	31-Jul-2011	DATE CHANGE REQUEST - From 31.07.11 to 31.03.12 as the outcome of the funding bid will not be known until December 2011, if unsuccessful we will need to identify further funding.
Outcome: Vulnerable people have improved access to accommodation which meets their need			
Ref	Action	Due Date	Note
RND11/12-HO05	Implement further changes to Common Allocations Policy approved from review	31-Aug-2011	DATE CHANGE REQUEST - From 31.08.11 to 31.03.12 Delays in assessing impact of social housing reform legislation which came into force after consultation on Policy review was completed, final approval for implementation going to HBC Cabinet in November but this also needs to be completed by all partners in the sub region therefore final completion date put back to end of March 2012.

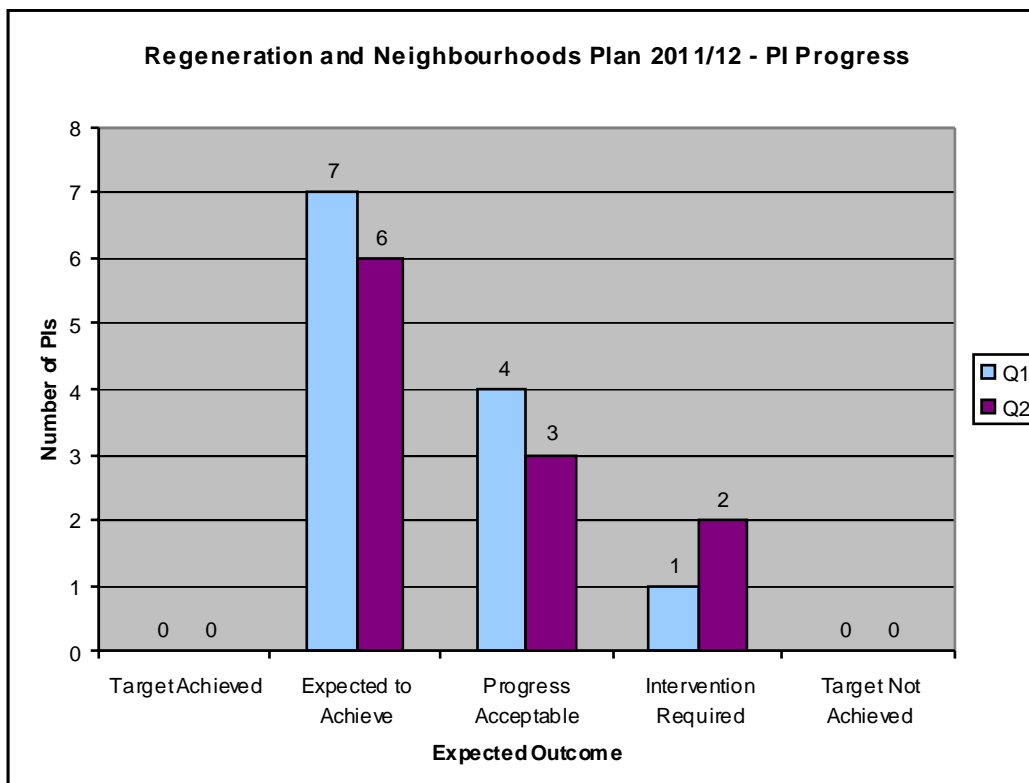
- 5.4 The remaining action was flagged up as ‘not completed’ and further information is provided below. Cabinet is asked to agree that this action is removed from the Departmental Plan and not included in future reports.

Outcome: People have greater access to employment and skills opportunities			
Ref	Action	Due Date	Note
RND11/12- JE08	Achieve sub contracting arrangements under the Department for Work and Pensions (DWP) Work Programme with Prime providers	30-Sep-2011	Due to the terms and conditions of the contract, Cabinet determined that the potential financial risks were too high for the Council to bear and therefore the Council has not entered into contractual arrangements to deliver the DWP Work Programme as a Prime Provider subcontractor.

Performance Indicators

- 5.5 Chart 8, below, summarises officers’ assessments of the 11 Performance Indicators that have targets **and** are measurable throughout the year. It can be seen that, as at 30 September 2011, the position was a positive one, with 9 indicators (82%) either having been assessed as being expected to achieve year end target or having had made acceptable progress – down from 11 indicators at the end of quarter 1. The remaining 2 indicators (an increase from one indicator in quarter 1) have been flagged up as requiring intervention, and further information is provided below.

Chart 8: Targeted Performance Indicators - Progress to 30 September 2011.



5.6 The two indicators that have been assessed as requiring intervention are detailed below: -

Outcome: Be Healthy – children enjoy good physical, social and emotional health and live a healthy lifestyle				
Ref	Indicator	Q2 Outturn	Year End Target	Note
NI 52a	Percentage uptake up of school meals - Primary Schools	56.9%	61.0%	Take up of school meals in September 2011 has stayed steady in some schools and increased in others but at this time there is still a concern in relation to take up.
NI 52b	Percentage take up of school meals - Secondary Schools	44.9%	53.0%	Take up of school meals in September 2011 has increased in secondary schools with the new intake, but at this time there is still a concern in relation to take up as the trend normally shows a down turn towards the end of the next quarter. (LB 18/10/11)

5.7 There is one indicator, shown below, that is no longer collected and has therefore been removed from the Departmental Plan and from the analysis shown in this report.

Ref	Indicator	Reason for Deletion
RPD P035	Number of Criminal damage crimes in Hartlepool	The Safer Hartlepool Crime and Disorder Strategy has decided to focus on Criminal Damage to dwelling, so this indicator has been removed from the Departmental Plan.

5.8 A further 32 indicators have targets which can only be assessed at the year end or are for monitoring purposes only.

Summary of Performance by Portfolio

5.9 The tables below summarise progress against actions and performance indicators by portfolio.

Table 3: RND Overall Action Progress – to 30 September 2011.

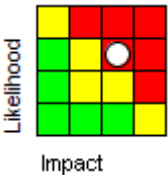
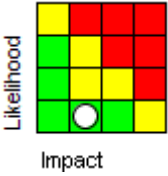
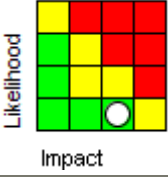
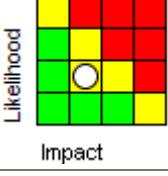
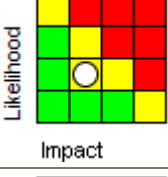
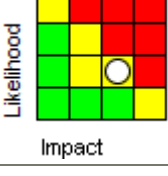
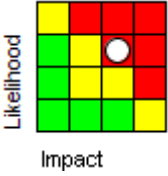
Portfolio	Completed	Expected to Achieve	Progress Acceptable	Intervention Required	Not Completed
Regeneration & Economic Dev.	4	12	0	2	1
Finance and Procurement	3	2	0	0	0
Community Safety & Planning	1	5	2	3	0
Culture, Leisure and Tourism	1	3	0	0	0
Adult and Public Health	0	1	0	0	0
Transport and Neighbourhoods	1	10	1	0	0
Housing and Transition	4	1	0	1	0
Children's Services	0	0	0	0	0
Total	14	34	3	6	1

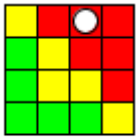
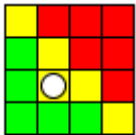
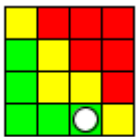
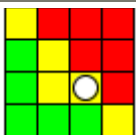
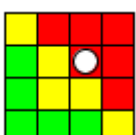
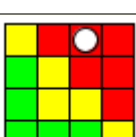
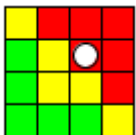
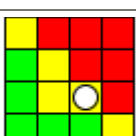
Table 4: Performance Indicator progress to 30 September 2011

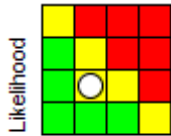
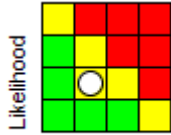
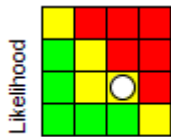
Portfolio	Completed	Expected to Achieve	Progress Acceptable	Intervention Required	Not Completed
Regeneration & Economic Dev.	No performance indicators to be monitored on a quarterly basis				
Finance and Procurement	No performance indicators to be monitored on a quarterly basis				
Community Safety & Planning	0	0	2	0	0
Culture, Leisure and Tourism	0	0	1	0	0
Adult and Public Health					
Transport and Neighbourhoods	0	4	0	0	0
Housing and Transition	0	2	0	0	0
Children's Services	0	0	0	2	0
Total	0	6	3	2	0

Risk Registers

5.10 There are 18 risks on the Accepted Risk Register within the Regeneration and Neighbourhoods Department and a further 18 on the Actively Managed Risk. The table below provides a summary of the position of the risks on the Actively Managed Risk Registers along with details as to what action is being taken with regards to these risks.

Code	Title	Current Risk Rating	Latest Note
RND R015	Failure to secure funding for delivery of empty homes strategy (Actively Managed)		Funding has been identified by the pilot project; this will start to produce outputs in quarters 3 and 4.
RND R051	Failure to comply with DDA legislation in Council buildings (Actively Managed)		No change SCRAPT funding bid for 2011/2012 to address shortcomings % pass rate will increase substantially
RND R052	Council liability for RTA related accidents resulting from employees driving whilst on council business (Actively Managed)		Currently being monitored through installed system and included within the vehicle maintenance scheduling.
RND R053	Failure to effectively implement selective licensing (Actively Managed)		A review has been undertaken using internal audit and the action plan is now being robustly implemented.
RND R054	Failure to maintain highway infrastructure to acceptable standard resulting in additional cost implications through insurance claims (Actively Managed)		No change at present.
RND R055	Failure to provide an effective transport infrastructure for disabled people (Actively Managed)		The Dial a Ride Service discontinued in April 2010 however a programme of dropped crossings and low floor bus infrastructure installation will continue throughout the year.
RND R056	Failure of service providers to focus resources on neighbourhood renewal areas (Actively Managed)		Cabinet have recommended a change from Focusing on 10% disadvantaged communities to 5% - NAPs may merge and will be co-terminus to Ward Boundaries. Development of Ward Plans Option progressing. Performance Management Framework to be developed.

Code	Title	Current Risk Rating	Latest Note
RND R057	Reduction in funding for Housing Investment (Actively Managed)	 <p>Likelihood</p> <p>Impact</p>	Some funding announcements have been made regarding Capital programmes but they are 50% less than what was bid for. Other announcements are awaited.
RND R058	Continued support of partners in partnership activities (Actively Managed)	 <p>Likelihood</p> <p>Impact</p>	Regeneration Team continue to review/update/develop NAP's and work with partners to agree priorities. Officers continue to engage with partners at local and Tees Valley level through existing partnerships. Recent success in securing Enterprise Zone status
RND R059	Failure to provide a 'sound' Planning Policy Framework leading to a lack of clear planning guidance (Actively Managed)	 <p>Likelihood</p> <p>Impact</p>	Existing Controls remain in place. Working towards Core Strategy adoption in 2012
RND R060	Failure to deliver current regeneration programmes (Actively Managed)	 <p>Likelihood</p> <p>Impact</p>	Continue to engage with TV partners in ensuring Hartlepool's priorities are recognised. Looking to identify funding including HBC resources to help deliver key priorities.
RND R061	Inability to meet very high levels of local housing needs including affordable housing (Actively Managed)	 <p>Likelihood</p> <p>Impact</p>	This risk remains high particularly in view of the recession and the numbers of people on the housing waiting list. Funding for affordable housing provision has significantly reduced within this financial year and this will impact on delivery in following years. Work is ongoing to facilitate the development of new affordable homes with Registered Providers and developers through Section 106.
RND R062	Effective delivery of housing market renewal affected by external decisions and funding (Actively Managed)	 <p>Likelihood</p> <p>Impact</p>	The outcome of the transition fund bid is still awaited.
RND R063	Lack of resources to maintain building stock (Actively Managed)	 <p>Likelihood</p> <p>Impact</p>	Reduced capital programme for 2011/2012 will have an impact upon building stock and place additional pressure on Centralised budgets. 2012/2013 there is unlikely to be a CCFT budget, we may have a capital receipt budget to draw upon.
RND R064	Failure in asset management planning to make best use of assets in terms of acquisition, disposal and occupation (Actively Managed)	 <p>Likelihood</p> <p>Impact</p>	Controls and programmes in place executing and monitoring progress. Contingency arrangements agreed with Finance re Capital receipts.

Code	Title	Current Risk Rating	Latest Note
RND R079	Failure to meet the statutory requirements of the Regeneration and Neighbourhoods department (Actively Managed)	 <p>Likelihood</p> <p>Impact</p>	Ongoing monitoring of the requirements of potential legislative changes.
RND R080	Failure to monitor and maintain Council owned trees (Actively Managed)	 <p>Likelihood</p> <p>Impact</p>	An inspection programme of highways trees is in place, prioritising high traffic area. Where issues are identified remedial action is being taken to address the identified issue.
RND R081	Failure to provide sound planning advice / enforcement in relation to waste sites in the borough (Actively Managed)	 <p>Likelihood</p> <p>Impact</p>	Waste sites are complex planning issues, whilst advice is given in good faith, We do not have specialist planning officers who deal with these as their main element of work. Where necessary we do use consultants or Counsel on particular contentious planning issues, as an example Niramax. Monthly meetings to discuss problem sites occur and multi agency visits carried out, group working well albeit some issues can be protracted.

5.11 For the period up to 30 September 2011 the Regeneration and Neighbourhoods Department have identified a number of achievements and issues including: -

- The environment agency have completed the bathing water sampling for the 2011 season, the results show that all three beaches are compliant with the higher guideline standard.
- The Green Flag award for 2011 has been awarded to both Ward Jackson Park and Summerhill, along with Seaton beach achieving the Quality Coast award.
- A review has taken place of the Dyke House / Stranton and Grange Neighbourhood Action Plan (NAP). This was completed in August 2011 and was ratified by the Dyke House / Stranton / Grange NAP Group, Portfolio Holder and Hartlepool Partnership.
- The latest figures released, for the year 2009, show that Hartlepool has seen an impressive 14% reduction in CO2 emissions throughout the Local Authority area since 2005. This is encouraging, and shows that Hartlepool is progressing well against the EU target of a 20% by 2020.
- The Council has explored initiatives with Hartlepool College of Further Education to respond to emerging offshore wind opportunities, and the College are now offering a range of additional courses to their existing technical programmes.
- A protocol for joint working between Anti Social Behaviour Unit and Youth Offending Services (YOS) in relation to those young people causing anti social behaviour has been

developed. A three strikes policy has been operational since May 2011 and there is also now a protocol in place to refer young people found drinking to restorative practice overseen by the YOS team

- Evidence to extend selective licensing to other areas has been evaluated and a report presented to Cabinet in September. At this meeting Cabinet agreed to postpone extending selective licensing into further areas of Hartlepool until issues identified within the existing scheme have been resolved.
- Further good progress continues to be made in bringing homes in the private sector occupied by vulnerable households up to the decent homes standard. So far this year 25 homes have been made decent through grants / loans and enforcement.

6 Chief Executive's Department Performance Overview 2011/12

6.1 The Chief Executive's Departmental Plan contributes to 7 outcomes, spread across 2 themes:

- Jobs and the Economy
- Organisational Development

The work of the department cuts across the remit of 2 Portfolio Holders:

- Finance and Procurement
- Performance

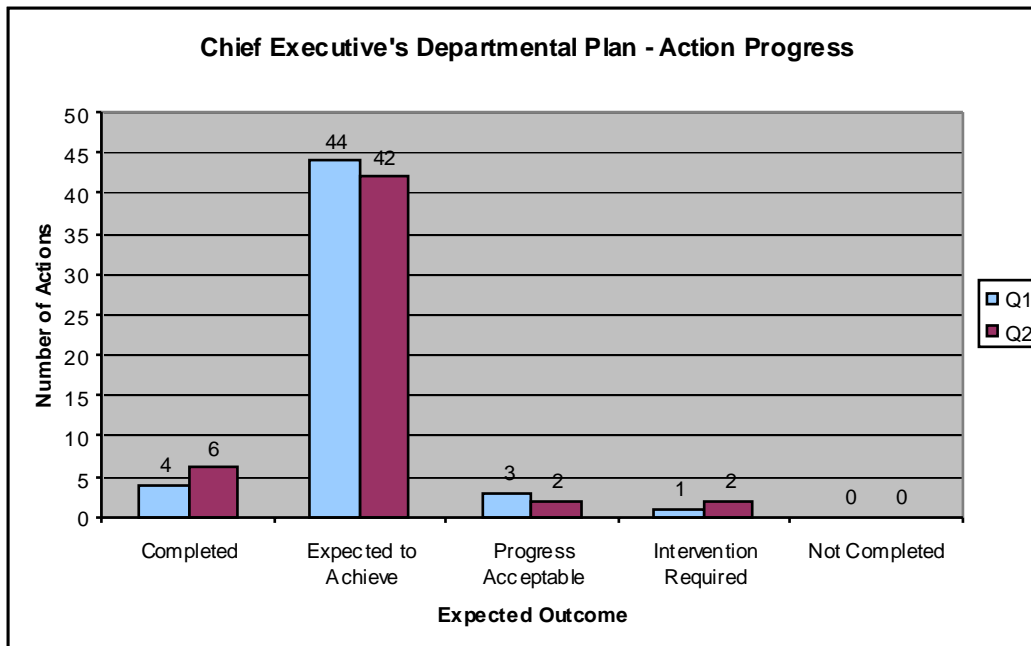
Included in the departmental plan were 52 actions and 33 performance indicators spread across the 7 outcomes, together with 11 risks from the Council's Risk Registers.

Actions

6.2 As can be seen in the chart below, overall progress across the department shows that 6 actions (12%) have already been completed and a further 42 (81%) have been assessed as being on target to be achieved by their scheduled completion date, which when combined is the same total as at the end of quarter 1. A further 2 actions (4%) (down from 3 in quarter 1) have made acceptable progress, with the remaining 2 actions (4%) (up from 1 in quarter 1) flagged up as requiring intervention and further information for these 2 actions is provided below.

Chart 9: CED Overall Action Progress – to 30 September 2011.

7.2 Cabinet 21.11.11 Quarter 2 council overview of performance and risk



6.3 Two actions have been flagged up as requiring intervention (as at 30 September) and these are shown below in more detail. One of the actions has a proposed new date and Cabinet is asked to agree to the new completion date: -

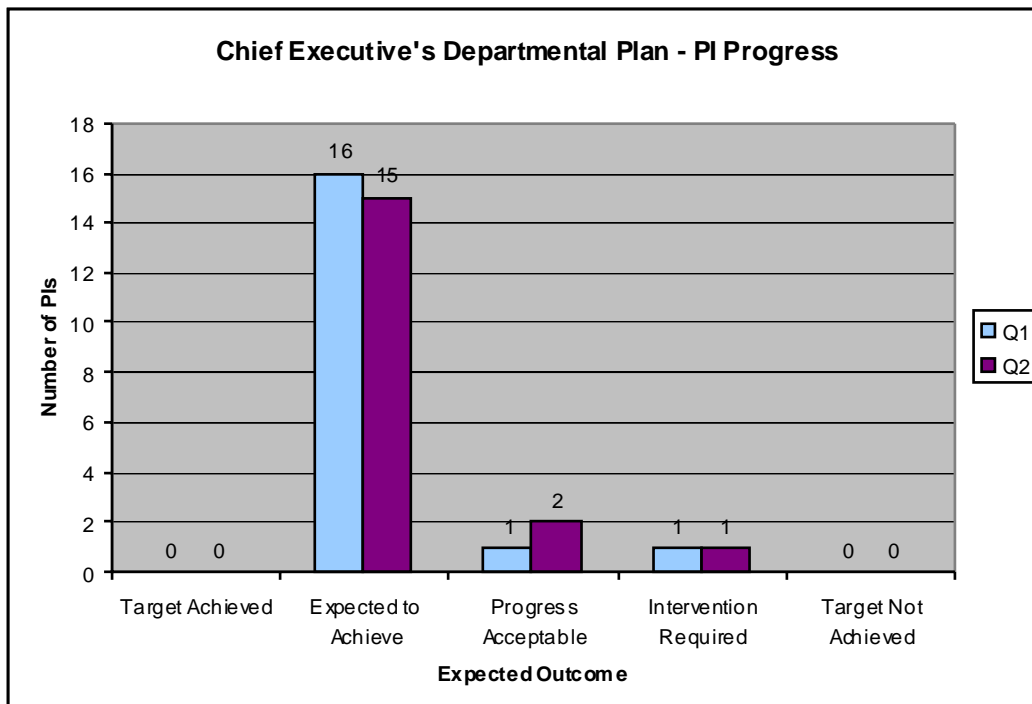
Outcome: Maintain effective Performance, Finance and Risk Management Arrangements			
Ref	Action	Due Date	Note
CED11/12-OD026	Develop and agree revised Performance and Risk Management Framework for the Council taking account of Coalition Government policy	31-Jul-2011	DATE CHANGE REQUEST - From 31.07.11 to 31.03.12 Revised and streamlined performance and risk arrangements are in operation for 2011/12. Arrangements will be kept under review as lessons are learnt and further information on Government developments is made available transparency guidance and single list of information requirements. Best Value guidance was published by Government in September 2011 and this is now being considered. Revised arrangements will also be driven by outcome of budget plans for 2012/13. Completion date for this action is to be extended until 31/3/2012.

Outcome: Deliver effective Member and Workforce arrangements, maximising the efficiency of the Council's Democratic function			
Ref	Action	Due Date	Note
CED11/12-OD036	Agree revised Member arrangements following discussions with Members	31-May-2011	As at the end of September the report had not been considered by Cabinet. (Latest Update is that report was considered by Cabinet on 7 November 2011)

Performance Indicators

6.4 Chart 10, below, summarises officers' assessments of the 18 Performance Indicators that have targets **and** are measurable throughout the year. It can be seen that, as at 30 September 2011, the position was a positive one, with 17 of the 18 indicators either having been assessed as being expected to achieve year end target or having had made acceptable progress – the same figure as quarter 1. The remaining indicator has been flagged up as requiring intervention, and further information is provided below.

Chart 10: CED Targeted Performance Indicators - Progress to 30 September 2011.



6.5 One indicator has been assessed as requiring intervention and this is detailed below: -

Ref	Indicator	Q1 Outturn	Year End Target	Note
CEDFI P004	Average time to process new Housing Benefit/Council Tax Benefit claims	31.88 days	20 days	Performance has been impacted by the implementation of Free School Meals Administration and by the DWP Atlas Project. An Improvement Plan has been developed and is being implemented and has seen a reduction from 35.4 days in quarter 1. Further changes are being introduced in Quarter 3 covering first point of contact handling of new claims and obtaining supporting evidence to further improve speed of claim processing.

6.6 A further 15 indicators have targets which can only be assessed at the year end or are for monitoring purposes only.

Summary of Performance by Portfolio

6.7 The tables below summarise progress against actions and performance indicators by portfolio.

Table 5: CED Overall Action Progress – to 30 September 2011.

Portfolio	Completed	Expected to Achieve	Progress Acceptable	Intervention Required	Not Completed
Finance and Procurement	2	7*	1*	0	0
Performance	4	36*	2*	2	0
Total	6	42*	2*	2	0

*Note totals include 2 actions that are reported in both Portfolios (1 Expected to Achieve and 1 Progress Acceptable)

Table 6: Performance Indicator progress to 30 September 2011

Portfolio	Target Achieved	Expected to Achieve	Progress Acceptable	Intervention Required	Target Not Achieved
Finance and Procurement	0	1	0	0	0
Performance	0	14	2	1	0
Total	0	15	2	1	0

Risk Registers

6.8 There are 5 risks on the Accepted Risk Register within the Regeneration and Neighbourhoods Department and a further 29 on the Actively Managed Risk. The table below provides a summary of the position of the risks on the Actively Managed Risk Registers along with details as to what action is being taken with regards to these risks.

Code	Title	Current Risk Rating	Latest Note
CED R059	Failure to integrate equality into all aspects of the Council's work leading to non compliance with legislation and Council aims (Actively Managed)	<p>Likelihood</p> <p>Impact</p>	Reviewed in light of Equality Act 2010 and action plan in progress. Working in close liaison with NE Regional Employees Organisation Equalities Officer group.
CED R088	Future and Current Equal Pay Claims including settlement of, or adverse findings in ET of existing equal pay claims (Actively Managed)	<p>Likelihood</p> <p>Impact</p>	Legal Services continue to present arguments to remedies proposals and vigorously defend outstanding claims including the 223 recent claims presented by the trade unions on behalf of their members
CED R089	Experiencing failure or lack of access to Critical ICT systems (Actively Managed)	<p>Likelihood</p> <p>Impact</p>	The system arrangements are under review through service / contract meetings to ensure that adequate arrangements are in place.
CED R090	Failure to meet the statutory requirements of the Chief Executive's department (Actively Managed)	<p>Likelihood</p> <p>Impact</p>	There is ongoing monitoring of the requirements of the potential legislative changes in respect of the Localism Bill, Open Public Services White Paper and finance and welfare reform consultations through Chief Executive's department management team in conjunction with responses to white papers and consultation documents through Cabinet and update reports as appropriate.
CED R091	Failure to have corporately adequate arrangements in place to manage and deliver the budget strategy and the BT programme (Actively Managed)	<p>Likelihood</p> <p>Impact</p>	The programme is being actively managed as part of the overall Budget process. Schedules are established for the reporting and decision making in line with the overall budget timetable. A number of 2012/13 savings have been achieved early and the part year savings in 2011/12 has been in the 2012/13 MTFS.

6.9 For the period up to 30 September 2011 the Chief Executive's Department have identified a number of achievements and issues including: -

- A Positive Living Finance event was held at Belle Vue Centre and a Benefits and Credit Union event has been held at the Masefield Centre.
- 84 special Council Tax reductions have been awarded since April 2011 with a value of £38,000
- The Corporate Complaints Procedure has been revised and is available on the Council's Website
- The Council's use of Survey Monkey as a Consultation Tool is expanding
- Since April there have been 123 Adult and 54 Junior Credit Union Saving Accounts opened.

7 RECOMMENDATION

7.1 Cabinet is asked to: -

- note the current position with regard to performance.
- agree the proposed date changes to the actions included in para. 5.3 and para. 6.3
- agree to the removal of action RND11/12- JE08 as detailed in para. 5.4

8. CONTACT OFFICER

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CABINET REPORT

21st November 2011



Report of: Assistant Chief Executive

Subject: HARTLEPOOL PARTNERSHIP PLAN QUARTER 2
(2011/12) SUMMARY OF PERFORMANCE

SUMMARY

1. PURPOSE OF REPORT

To update Cabinet on performance against the Hartlepool Partnership Plan for 2011/12 at the end of quarter 2, September 2011.

2. SUMMARY OF CONTENTS

The 2011/12 Hartlepool Partnership Plan includes 24 outcomes, structured around the eight Community Strategy Themes. This report summarises the performance against targets and **appendix 1** outlines the progress made in each theme.

3. RELEVANCE TO CABINET

The Hartlepool Partnership Plan sets out agreed activities that the Hartlepool Partnership intends to progress during 2011/12 to deliver the priorities set out in the Community Strategy.

4. TYPE OF DECISION

None (for information only).

5. DECISION MAKING ROUTE

- Cabinet 21st November 2011

6. DECISION REQUIRED

Cabinet is asked to note the current position with regard to performance on the Hartlepool Partnership Plan 2011/12.

Report of: Assistant Chief Executive

Subject: HARTLEPOOL PARTNERSHIP PLAN QUARTER 2
(2011/12) SUMMARY OF PERFORMANCE

1. PURPOSE OF REPORT

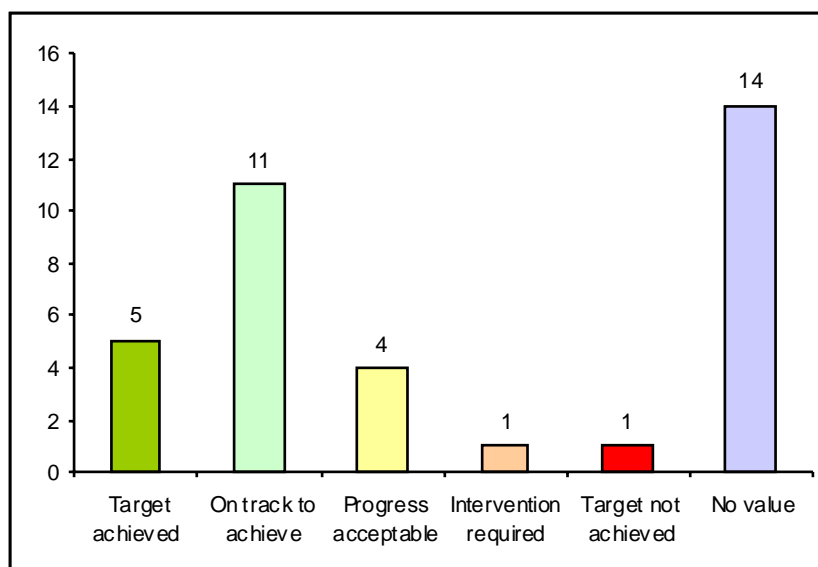
- 1.1 To update Cabinet on performance against the Hartlepool Partnership Plan for 2011/12 at the end of quarter 2, September 2011.

2. BACKGROUND

- 2.1 The Hartlepool Partnership Plan was agreed by Cabinet on 8th April 2011 and by the Hartlepool Partnership Board on 8th July 2011. The Plan includes 24 outcomes, structured around the eight Community Strategy Themes. A number of Performance Indicators (PIs) and actions are identified for each outcome. For 2011/12 there are 2 types of PI, targeted and monitored.

3. QUARTER 2 OVERALL PERFORMANCE 2011/12

- 3.1 At the end of September 2011 good progress is being made in delivering the outcomes of the Hartlepool Partnership Plan. For 2011/12 there are 41 PIs with targets set. A number of targets have been achieved or are on track to achieve. This report is based on quarter 2 return information from the end of September 2011. The following graph and table set out overall performance on targeted PIs at the end of quarter 2, please note that a number of PIs are reported annually and they therefore have been identified as having no value at this current point in time or on track to achieve:



Graph 1: Quarter 2 - Overall Performance

Theme						No Value	Total
Jobs and The Economy	0	3	0	0	0	2	5
Lifelong Learning and Skills	2	0	0	0	1	3	6
Health and Wellbeing	0	6	2	1	0	6	15
Community Safety	0	0	1	0	0	1	2
Environment	0	0	1	0	0	1	2
Housing	0	2	0	0	0	0	2
Culture and Leisure	2	0	0	0	0	1	3
Strengthening Communities	1	3	0	1	0	1	6
Overall	5	14	4	2	1	15	41

Table 1: Quarter 2 - Overall Performance

Key:

	Target achieved
	On track to achieve target
	Progress acceptable
	Intervention Required
	Target not achieved

- 3.2 Further detail on progress for each outcome is provided in the quarter 2 update report included as appendix 1.
- 3.3 Earlier on today's agenda Cabinet considered the report 'Quarter 2 – Council Overview of Performance and Risk 2011/12'. This report outlined a number of requests for date changes to actions for Cabinet approval (paragraphs 5.3 and 6.3). As the Hartlepool Partnership Plan is aligned with the Departmental and Corporate Plans a number of those actions are also included within this action plan and if Cabinet has approved those date changes this plan will also be updated. In addition, the following requests for removal of a PI and action within outcome 15 'Hartlepool has an improved natural and built environment' have been received and Cabinet is requested to agree they are removed and not included in future reports:

Outcome: Hartlepool has an improved natural and built environment		
Ref	Performance Indicator	Note
RND P054	Percentage of population that have basic (300m 2-20ha) criteria met	Due to capacity issues this will not be assessed this year. Consideration will be given to reviewing for 2012/13.

Outcome: Hartlepool has an improved natural and built environment			
Ref	Action	Due Date	Note
HPP11/12 - EN01	Undertake an audit of current provision of Accessible Natural Greenspace on ANGSt (as part of Hartlepool Gi strategy)	31-Mar-2012	Due to capacity issues there is no resource available to undertake this audit this year. Consideration will be given to undertaking the audit in 2012/13.

4. RECOMMENDATIONS

4.1 Cabinet is asked to: -

- note the current position with regard to performance on the Hartlepool Partnership Plan 2011/12;
- agree the removal of PI RND P054 and action HPP11/12 - EN01 as outlined in paragraph 3.3.

5. BACKGROUND PAPERS

5.1 The Hartlepool Partnership Plan 2011/12 is available at www.hartlepoolpartnership.co.uk

6. CONTACT OFFICER

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HARTLEPOOL PARTNERSHIP PLAN 2011-12

Quarter 2 Performance Update

(April - September 2011)

Performance & Partnerships Team

Civic Centre

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Hartlepool TS24 8AY

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Email: hartlepoolpartnership@hartlepool.gov.uk


Telephone: 01429 284147

Outcome 1: Hartlepool has increased levels of investment and is globally competitive

Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
NI 166	Median earnings of employees in the area	Antony Steinberg	£453.50	2011/12	No further data is available at present, level remains at £435.50.
NI 171	New business registration rate - the proportion of new business registration per 10,000 resident population (aged 16+)	Antony Steinberg		2011/12	New data still not released.

Actions for Improvement

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
HPP11/12 - JE01	Fully develop the 20,000 sq. ft. extension to the UK Steel Enterprise (UKSE) Innovation Centre at Queens Meadow Business Park	Simon Hamilton; Antony Steinberg	31-Mar-2012	 Action on Track	New Centre now over 40% let which is well ahead of business plan target letting rate.
RND11/12- JE01	Investigate and pursue funding opportunities to deliver Innovation Skills Quarter Gateway Scheme	Rob Smith	31-Mar-2012	 Action on Track	A public consultation on a potential first phase of works, involving improvements to Church Square has recently been completed. The consultation involved a wide range of activities including exhibitions, drop-in sessions with officers, presentations and an online questionnaire. The results will be presented to the Regeneration,


					Economic Development and Skills Portfolio Holder on the 14th October 2011. Council will then make a decision whether to approve Cabinets request to vire the £390,000 uncommitted balance of the Capital Major Regeneration Projects budget for the scheme.
RND11/ 12- JE02	Support PD Ports in the delivery of offshore wind facilities at Victoria Harbour by encouraging inward investment and job creation	Antony Steinberg	31-Mar-2012	 Action on Track	Gamesa has announced that Hartlepool and Dundee have been short listed as a major offshore wind manufacturing centre, decision likely to be in around 6 months time. The Port Estate has been granted enhanced capital allowance Enterprise Zone Status which will improve our competitiveness.





Outcome 2: People have greater access to employment and skills opportunities

Performance Indicators – Targeted							
Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
NI 117	Percentage of 16 to 18 year olds who are not in education, employment or training (NEET)	James Sinclair	6.9%	6.8%	2010/11		Longer term changes to legislation and opportunities for young people already make the likelihood of achieving the 2011/12 NEET target unlikely. Changes include the introduction of Foundation Learning, changes to the funding of young people remaining in education (EMA), the raising the participation age agenda (RPA) and reductions in the staffing levels of the IYSS. In addition, the change in reporting legislation from educational establishment to residency and extending the target age range from 16-18 to 16-19. Hartlepool has always benefited from young people attending local provision who reside in other areas of Tees Valley & Durham. The current NEET figure is approx 9.2% against an aspirational target of 8%. NEET reduction weeks are planned for Nov, Dec & Jan to ensure the best efforts to progress young people are made. Personal advisors will also be allocated a specific caseload of NEET Young People who are deemed vulnerable, with a view to supporting with any barriers to progression.

Performance Indicators – Monitored					
Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
NI 151	Overall Employment rate (proportion of people of working age population who are in employment)	Antony Steinberg	61.6%	Q2 2011/12	The employment rate rose slightly from 60.3% in 2009 to 61.6% in 2010 , the GB rate over the same period reduced from 70.7% to 70.3%
NI 152	The percentage of Working age people who are claiming out of work benefits	Antony Steinberg; Patrick Wilson	24.2%	Q2 2011/12	From November 2010 to February 2011 out of work benefits rose from 24.1% to 24.2%, mirroring trends in worklessness indicators.
NI 153	The percentage of working age people claiming out of work benefits in the worst performing neighbourhoods	Antony Steinberg	35.1%	Q2 2011/12	Slight increase in benefit take up of 0.9% which is in line with associated trends in employment rate and unemployment.
NI 171	New business registration rate - the proportion of new business registration per 10,000 resident population (aged 16+)	Antony Steinberg		2011/12	New data still not released.
RPD P045	Employment Rate (16-24) - proportion of 16 to 24 year olds who are in employment (LAA H9)	Antony Steinberg	44.5	Q2 2011/12	Youth employment rate continues to be below north east and GB levels and remains a key concern.
RPD P052	Unemployment rate (Hartlepool) - The proportion of economically active people who are unemployed (LAA JE5)	Antony Steinberg	7.3	Q2 2011/12	From July 2011 to September 2011 there has been an increase in unemployment form 7.1% to 7.3% mirroring trends on key comparators.
RPD P054	Youth Unemployment rate (Hartlepool) The proportion of economically active 18 to 24 year olds	Patrick Wilson	33.8	Q2 2011/12	Youth unemployment remains a major concern and has increased from 29.9% in May 2011 to 33.8% in August 2011. It is important to note that in recent

	who are unemployed (LAA JE7) [A]				months, there have been changes on how youth unemployment rates are now reported. From now on, NOMIS will show the percentage of claimants as a proportion of the resident population of the same age (18-24 years). Previously it showed claimants as a percentage of all claimants. Although the overall number of young people unemployed will remain the same, through the new reporting mechanism, the youth unemployment percentage rate is currently at 17.4% as of September 2011.
RPD P055	Youth Unemployment rate (Neighbourhood Renewal narrowing the gap) The proportion of economically active 18 to 24 year olds who are unemployed (LAA JE8) [A]	Patrick Wilson	34.8	Q2 2011/12	Youth unemployment has shown a significant increase from 31.8% to 34.8% although the increase is lower than the overall Hartlepool increase during the same time period. Please note that the NRS figures are based on the superceded calculation now applied to larger areas where the youth unemployment figure is based on the number of young people unemployed as a percentage of the number of young people residing in the town.

Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CAD11/ 12- JE01	Reduce the level of young people who are Not in Employment, Education or Training (NEET) by implementing NEET Strategy.	James Sinclair	31-Mar-2012	 Action on Track	The Integrated Youth Support Service (IYSS) is now at the key reporting period for the year (November 11 to January 12). Despite the changes outlined below the current NEET figure remains positive. Quarter 2 percentage of young people NEET is 6.5% and

					given that we await further information relating to actual College intake the figure is positive and compares favourably with recent years. The team will continue to work within the tried and tested plan to manage any issues that may occur.
CAD11/12-JE04	Ensure all young people have the appropriate skills and qualifications to equip them for further and higher education and for the world of work so that they are well prepared to gain employment.	Tom Argument	31-Mar-2012	 Action on Track	The local authority is working in partnership with schools and Economic Development to develop an appropriate strategy to prepare young people for the world of work and access to higher education. However, the Wolf review suggests that work experience should no longer be a statutory entitlement at Key Stage 4 and should be developed Post 16 as part of higher quality internships. The local authority 11-19 team will explore how this can be implemented over the coming months.
HPP11/12 - JE02	To implement and develop the Job Centre Plus Offer including 'Get Britain Working' Measures	Peter Clark	31-Mar-2012	 Action on Track	Employer Engagement team at Hartlepool Jobcentre Plus are working with employers and key stakeholders to maximise job opportunities for claimants to support their progression into work before reaching WP status. GBW measures are being delivered and are on target.
HPP11/12 - JE03	To develop the new localised 'Work Programme'	Peter Clark	31-Mar-2012	 Action on Track	WP provision in place
HPP11/12 - JE04	To increase the number of Work Clubs across Hartlepool	Peter Clark	31-Mar-2012	 Action Progress acceptable	No additional Work Clubs have been opened since last report

RND11/ 12- JE09	Develop 3 employment and training initiatives in partnership with key stakeholder for residents which meet the demands of the local labour markets and the business community	Diane Martin	31-Mar-2012	▶ Action on Track	Continuing to develop the project proposals. The Work Programme sub contract arrangement with Avanta was declined after reports to Cabinet due to the risk element to the Council. The Flexible Support Fund bid put forward by Hartlepool on behalf of the five LA's is progressing through the National DWP team, and although flexibilities were supposed to be with the District Manager of JCP there seems to be areas out of control of the District. ESF Families progressing - four Primes have asked HBC to be the Lead Provider if they are successful - decision 21st Oct 2011 - deliver commences Dec 11. Innovation Fund - ongoing with talks with stakeholders held and now in a position to come up with a model project for potential Investment by primes/social investors. Late Autumn applications - with decision spring summer 12. All will target most vulnerable groups.
RND11/ 12- JE11	Continue to implement Targeted Recruitment & Training clauses and section 106 agreements, set targets and monitor beneficiaries of regeneration initiatives	Diane Martin	31-Mar-2012	▶ Action on Track	TRT workflow demonstrated to key dept leads and to the Asst Director of Resources for comment. Workflow tool appears to suit need and would provide greater efficiency between depts in approaching TRT opportunities. Further developments need to be shared with Managers and Asst Directors on taking this work forward as part of an income generation strategy for the Council to support employment, training and skills development




					in Hartlepool.
RND11/ 12- JE12	Continue the delivery of the Worksmart programme to support local businesses with 10 seminars	Mick Emerson	31-Mar-2012	 Action on Track	Further 4 seminars completed and new University Accredited course commenced


Outcome 3: Fewer children in Hartlepool experience the effects of poverty

Performance Indicators – Targeted

Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
CSD 116	Proportion of children in poverty - the gap between Hartlepool and the North East region	Danielle Swainston	-4.8%	-4.8%	2009/10		It is extremely unlikely in the current climate that there will be any major reductions in the child poverty rate and the target has been revised to aim to maintain the gap between Hartlepool and the North East Region. This has been agreed with Government NE.

Actions for Improvement





Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CAD11/12-JE05	Implement the Child Poverty Strategy and Action Plan	Danielle Swainston	31-Mar-2012	 Action On track	Child Poverty plan written - progress reviewed by steering group
CAD11/12-JE06	Enhance working between local services to ensure child poverty is central to organisational planning and commissioning of services	Danielle Swainston	31-Mar-2012	 Action On track	Child Poverty plan written - being implemented by partners. Reduction of Child Poverty also key aim in Early Intervention Strategy
HPP11/12 - JE05	Implement Family Intervention Projects with focus on Child Poverty issues	Lynne Beeston	31-Mar-2012	 Action On track	The team around the household pilot is now operational and 8 families have been identified and interventions have been started. Each of the targeted families have profiles that include living in poverty or behaviours that lead them to being impoverished.

					Operational links have been made across partners and a multi agency approach is being pursued. The steering group is meeting regularly and is made up of Officers at a senior level in each of their organisations.
HPP11/12 - JE06	Implement Peoples Millions project - debt advice programme	Val Evens	31-Mar-2012	 Action On track	The focus of this project is budgetary advice Delivery started in January 2011 and ends Dec 2011, unless further funding can be found to continue. The project has been externally evaluated and is proving to provide value for money. Clients have saved over £300,000 per year, by changing their spending habits, the service is over-subscribed, to date 230 new clients have accessed the service of which 55% were referred too and received specialist debt advice.

Outcome 4: People have greater access to financial information, advice and support particularly those currently excluded

Performance Indicators – Targeted							
Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
CEDFI P026	Number of Credit Union savings accounts opened by school age / college age individuals	John Morton	100	54	2011/12	PI On track to achieve target	From April to date there have been 123 adult accounts and 54 juniors
CEDFI P027	Number of successful applications for Council Tax reductions	John Morton	100	84	2011/12	PI On track to achieve target	84 reductions awarded from 1.4.11 with the monetary value of £37,986
CEDFI P029	Number of Credit Union Savings Accounts opened by Adults	John Morton	150	123	2011/12	PI On track to achieve target	From April to date there have been 123 adult accounts and 54 juniors

Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CED11/12-JE001	Deliver Money Matters engagement programme in prioritised neighbourhoods	Carol Jones	31-Mar-2012	▶ Action On track	Positive living Finance event held @ Belle Vue Centre, Benefits and Credit Union event held @ Masefield Centre. Further future Money Matters roadshow scheduled for delivery at Civic Centre.
CED11/12-JE002	Develop financial capability / awareness amongst Hartlepool College students	Carol Jones	31-Mar-2012	▶ Action On track	Moneyskills event agreed with College and will be delivered 18 Oct.
CED11/	Support the development of	Carol Jones	31-Mar-	▶ Action	Working with Credit Union and Tilly Bailey Irvine on

12- JE003	outreach services via the Children's Centre Network to engage with children and their extended families		2012	On track	partnership developments via childrens centres.
CED11/ 12- JE004	Promote availability of special council tax reductions and discretionary housing benefit hardship payments	Margaret Wrigglesworth	31-Mar-2012	 Action On track	84 reductions awarded since April 2011 with a value of £38,000
HPP11/ 12 - JE07	Develop financial capability amongst College Sector students	Wendy Morris	31-Mar-2012	 Action On track	Following last year's successful display and information stand during National Student Money week, a display stand by Carol Jones (HFIP Development Officer) and colleagues of Hartlepool Financial Inclusion Partnership at Hartlepool College of Further Education to coincide with National Student Money Week is scheduled to take place from 12-16 March 2012 to promote financial support services in Hartlepool.
HPP11/ 12 - JE08	Develop referral channels from DWP to West View Advice and Resource Centre on financial awareness and budgeting support	Peter Clark	31-Mar-2012	 Action Intervention required	Owing to reorganisation within External Relations Team, Carole Parker, JCP Specialist Support Manager will take responsibility for this task from 18 October 2011.
HPP11/ 12 - JE09	Implement Money Matters Roadshow events programme	Carol Jones	31-Mar-2012	 Action Progress acceptable	The HFIP Action Plan which will include details of future FIN promotional work via Money Matters Roadshows and other events has not yet been approved by the Executive Group for this financial year. However a series of Anti Loan Shark sessions have been organised by partners to provide advice, information and access to support for victims of illegal and other predatory lenders. It is anticipated that the Action Plan will be approved in the next quarter

HPP11/ 12 - JE10	Support the development and sustainability of Hartlepool Credit Union as a provide of financial products to support the transition into work	Anne Mcgrath	31-Mar-2012	▶ Action On track	Current membership - Adults 1702/Junior 1505. Growth fund loans this quarter 46. Loyalty loans this quarter 22. We support and engage with users of Children's Centre's throughout the town and continue working via Hartlepool Financial Inclusion Partnership, West View Advice & resource centre, HVDA, Five Lamps and Connected Care. A draft business plan has been produced and submitted to the FSA and all Board members for comments. New Initiatives are being developed in partnership with Durham County Credit Union & Five Lamps CDFI to take the credit union into the Prison service Durham, Frankland & Kirklevington to provide assistance & support to the financially excluded.
HPP11/ 12 - JE11	Develop DWP referrals to Hartlepool Credit Union to raise awareness of the third sector as opposed to door step lenders and loan sharks	Peter Clark	31-Mar-2012	● Action Intervention required	Owing to reorganisation within External Relations Team, Carole Parker, JCP Specialist Support Manager will take responsibility for this task from 18 October 2011.

Outcome 5: To promote opportunities for all children and young people to meet their potential by accessing good quality teaching and curriculum provision which fully meets their needs and enables them to participate in and enjoy their learning.

Performance Indicators – Targeted							
Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
NI 72	Percentage of children achieving at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy	Lynne Pawley; Danielle Swainston	53.5%	62.5%	2011/12	PI Target achieved	<ul style="list-style-type: none"> · Targeted approach implemented to support schools, settings and childminders in embedding EYFS. · Bespoke training available to schools and settings through targeted approach. · STEPS assessment continuing to be supported in schools · Outdoor project in place to improve EYFS outcomes. · Introduction of Quality Assurance “Quest for Quality” partnership for childminders. · Outcome focused Children’s Centres activities including parenting programmes from pregnancy to 5. Introduction of RAG process for FNE providers (C.O 5/5/11)
NI 92	Percentage gap between the lowest achieving 20% of children in the Early Years Foundation Stage Profile and all children	Danielle Swainston	34.1%	28.2%	2011/12	PI Target achieved	<ul style="list-style-type: none"> · Targeted approach implemented to support schools, settings and childminders. · Implement and monitor PNS CLLD programme. · Educational Psychology team carrying out area SENCO role, supporting all EYs settings to identify childrens needs early. · Small Steps team supporting children with additional needs. · Outcome focussed Children’s Centre activities

							<p>targeting children with additional needs.</p> <ul style="list-style-type: none"> · Family Support Workers working with families and identified needs · Speech and language pilot taking place in South of town – early identification with family support package. <p>(C.O. 5/5/11)</p>
NI 75	Percentage of pupils achieving 5 or more A*- C grades at GCSE or equivalent including English and Maths	Caroline O'Neill	57.1%	49.6%	2010/11	PI Target not achieved	<p>(C.O 5/5/11) The LA failed to meet the 2010 target as a result of the very disappointing performance of 1 secondary school in particular which missed its own target, agreed by governors, by in excess of 8%. This inevitably had a very negative impact on the LA as a whole.</p> <p>Swift action has been taken to address this underperformance with a new SIP and HT being appointed to the school.</p> <p>Although the LA target of 51.7% was narrowly missed there continues to be an upward trend in relation to the % of pupils achieving 5 or more A*-C grades at GCS.E</p> <ul style="list-style-type: none"> · Support the secondary school subject groups, including the English and mathematics collaborative group, to promote school to school support to raise standards of attainment · Introduce the Wakefield Data Tracking system to support schools to provide targeted interventions for pupils who are not meeting their expected level of progress · Review the curriculum in all secondary schools to ensure all young people have access to the

						English baccalaureate if appropriate. <ul style="list-style-type: none"> English Martyrs School's early entry GCSE programme has demonstrated improved performance at Key stage 4 in English compared to 2009-10
NI 73	Percentage of pupils achieving level 4 or above in both English and Maths at Key Stage 2	Lynne Pawley	82.0%		2010/11	<ul style="list-style-type: none"> Deliver Specific Support Programme to 4 targeted schools (includes elements of PNS ISP (Intensifying Support Programme). Provision of a range of bespoke CPD opportunities including APP, Assessment for Learning moderation classroom management, lesson planning, differentiation and tracking. Support schools with identification and support for underperforming groups. Conduct full data analysis. Conduct full school reviews of teaching & learning in 2 schools causing the LA concern. Provide additional support to lower performing schools through bespoke support to Middle leaders, senior leaders and classroom teachers. Implement and monitor 1-1 tuition across all primary schools. Continue to support CLLD across the LA on the Every Child Counts programme. College evidence of support needed from School Improvement Partners Support Governing Bodies on bespoke monitoring and evaluating self review CPD. (C.O. 5/5/11)
NI 93	Percentage of pupils progressing by 2 levels in	Lynne Pawley	94.0%		2010/11	No Hartlepool schools sat KS2 tests - Teacher assessment data added to documents section

	English between Key Stage 1 and Key Stage 2						<ul style="list-style-type: none"> · Deliver Specific Support Programme to 4 targeted schools (includes elements of PNS ISP (Intensifying Support Programme). · Provision of a range of bespoke CPD opportunities including APP, Assessment for Learning moderation classroom management, lesson planning, differentiation and tracking. · Support schools with identification and support for underperforming groups. Conduct full data analysis. · Conduct full school reviews of teaching & learning in 2 schools causing the LA concern. · Provide additional support to lower performing schools through bespoke support to Middle leaders, senior leaders and classroom teachers. · Implement and monitor 1-1 tuition across all primary schools. · Continue to support CLLD across the LA on the Every Child Counts programme. · College evidence of support needed from School Improvement Partners · Support Governing Bodies on bespoke monitoring and evaluating self review CPD. · Support identified schools through literacy consultant support. (C.O. 5/5/11)
NI 94	Percentage of pupils progressing by 2 levels in Maths between Key Stage 1 and Key Stage 2	Lynne Pawley	92.0%		2010/11		<p>No schools in Hartlepool sat KS2 tests - data based on Teacher assessments added to the documents section</p> <p>(c.O.5/5/11)</p>

						<ul style="list-style-type: none"> · Deliver Specific Support Programme to 4 targeted schools (includes elements of PNS ISP (Intensifying Support Programme)). · Provision of a range of bespoke CPD opportunities including APP, Assessment for Learning moderation classroom management, lesson planning, differentiation and tracking. · Support schools with identification and support for underperforming groups. Conduct full data analysis. · Conduct full school reviews of teaching & learning in 2 schools causing the LA concern. · Provide additional support to lower performing schools through bespoke support to Middle leaders, senior leaders and classroom teachers. · Implement and monitor 1-1 tuition across all primary schools. · Continue to support CLLD across the LA on the Every Child Counts programme. · Collect evidence of support needed from School Improvement Partners · Support Governing Bodies on bespoke monitoring and evaluating self review CPD. · Support identified schools through numeracy consultant support.
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Performance Indicators – Monitored					
Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
CSD P041	Percentage of pupils achieving 5 or more A*-C grades at GCSE or equivalent	Caroline O'Neill			

Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CAD11/12-LL01	Analyse Early Years Foundation Stage Profile (EYFSP) data and challenge schools with anomalies. Provide support and Continuous Professional Development (CPD) to identified schools. Monitor impact through Foundation Stage Profile software.	Lynne Pawley	30-Sep-2011	✔ Action Completed	All schools with anomalies challenged and assessments updated. Overall EYFSP results rose from 2010.
RND11/12-LL01	Through Hartlepool skills partnership, produce new skills strategy and action plan	Antony Steinberg	31-Dec-2011	▶ Action On track	Draft strategy out for internal consultation prior to wider external consultation.

Outcome 6: Provision of high quality learning and skills opportunities that drive economic competitiveness, widen participation and build social justice.

Performance Indicators – Monitored

Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
ACS P053	Number of learners participating in Adult Education Programmes (LAA LLS23)	Diane Goodwin; Craig Taylor	780	Q2 2011/12	This is the number of people participating in Adult Education Programmes currently in the academic year 2011/12. Due to reporting by academic year, we have made a manual note to state that we are on track to achieve the target.

Actions for Improvement

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
RND11/12-LL02	Explore initiatives with Hartlepool College of Further Education to respond to emerging offshore wind opportunities	Diane Martin	30-Sep-2011	✔ Action Completed	Ongoing dialogue and meetings at all levels. The Lep are taking the lead role in establishing Inward Investment opportunities and through DORs and HEDs the main Offshore partnership is taking shape. Econ Dev discussing joint initiatives at sub regional level through the TVU Employment & Skills Group, trying to link funding bids for training, worklessness to the emerging opportunities. HCFE are offering a range of additional courses to their existing technical programmes and the need for entry level programmes needs continuing dialogue with HCFE.
RND11/12-LL04	Continue to develop and implement education – Business links to encourage entrepreneurship and	Mick Emerson	30-Nov-2011	▶ Action On track	Preparations underway for Enterprise Week 2011

	highlight future career opportunities by organising Enterprise week				
HPP11/12 - LL01	Produce a skills action plan as part of the Economic Regeneration Strategy	Diane Martin	31-Mar-2012	▶ Action On track	ERS consultation complete and draft strategy from 1st Sept waiting feedback. Once accepted the Action plan will fall out of the strategy and overseeing delivery of the actions will be part of the newly established Economic Regeneration Forum with owners of the actions identified.
HPP11/12 - LL02	Gather from partnership members information on qualitative and quantitative data that can be shared to enable monitoring of Hartlepool qualifications and achievements	Diane Martin	31-Mar-2012	▶ Action On track	Ongoing - SFA have established what info can be shared and supplied. Issue with DWP Work Programme Prime Providers and data sharing - despite continuous dialogue between the Primes and the LA's and through the NEAC the Primes have been issued with contractual statement from DWP saying they can not share info on performance until after the initial evaluation is carried out in July 12. this embargo means we can not obtain information on the impact of the delivery in our localities and if it is making a difference in the most deprived wards in Hartlepool. The feelings and thoughts of the LA@s has been taken forward through the LEPs and through the North East Association of Councils.
CAD11/12-LL04	Ensure access to high quality learning opportunities that increase the skills and qualification of local residents via implementing the Adult Education Service Plan	Maggie Heaps	31-Jul-2012	▶ Action On track	New programmes have been developed to allow residents access to Skills training and qualifications



Outcome 7: Improve health by reducing inequalities and improving access to services.

Performance Indicators – Targeted

Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	Louise Wallace	TBC	1258	August 2011	PI Intervention required	The rate of hospital admissions for alcohol related harm for August YTD is 1258 per 100k population (1149 admissions / 91300 population), for Hartlepool PCT.
NI 123	Stopping smoking - rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over	Alison Barber; Carole Johnson	1406	790	August 2011	PI On track to achieve target	The number of quitters as at end of August 2011 (YTD) is 579 which equates to a rate of 789.905 per 100k population (16+). 1379 people have set a quit date (YTD). August YTD target is 493 quitters and a rate of 672.578 per 100k population (16+). The year end target for 11/12 for number of quitters is 1406 and the year end target rate is 1918.145 per 100k population (16+).
NI 123 (NRA)	Stopping smoking (Neighbourhood Renewal Area narrowing the gap indicator) - number of 4 week quitters	Alison Barber; Carole Johnson	TBC	293	2011/12	PI On track to achieve target	For the first quarter of 11/12 there was a total of 367 4-week quitters Town wide - 293 of these were from the NRA

Performance Indicators – Monitored					
Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
NI 120a	All-age all cause mortality rate - Females (directly age standardised mortality rate per 100,000 population)	Alison Barber; Louise Wallace	538	2010/11	Progress is heading in the right direction with this indicator although the causes of early mortality are still very complex. Implementation of the smoking ban and smoking cessation initiatives and the cardiovascular disease primary prevention programme are all contributing to improve life expectancy and the reduction in the heart attack rate.
NI 121	Mortality rate from all circulatory diseases at ages under 75 (directly standardised rates per 100,000 population aged under 75)	Alison Barber; Louise Wallace	78.33	2009/10	Impact of CVD primary prevention programme and smoking ban likely reasons for the good progress in this area.
NI 122	Mortality rate from all cancers at ages under 75 (directly standardised rates per 100,000 population aged under 75)	Louise Wallace			Data will be available at a later date.
NI 120b	All-age all cause mortality rate - Males (directly age standardised mortality rate per 100,000 population)	Alison Barber; Louise Wallace	791	2010/11	Progress slower for males than females on this indicator. Implementation of the smoking ban and smoking cessation initiatives and the cardiovascular disease primary prevention programme are all contributing to improve life expectancy and the reduction in the heart attack rate.



Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CAD11/12-HW02	Ensure coordination of mental health activity across the town	Geraldine Martin	31-Mar-2012	▶ Action On track	Creative Support is now delivering "Choices for Life" across the town. A MH replacement for the LIT has not yet been developed.
CAD11/12-HW03	Ensure implementation of the Cardiovascular Primary Prevention programme across all practices in Hartlepool	Louise Wallace	31-Mar-2012	▶ Action On track	This programme continues to be rolled out across all practices. This programme is now being linked to the early detection and awareness raising of cancer symptoms amongst at risk patients.
CAD11/12-HW04	Implement the Healthy Places, Healthy Lives early detection of cancer programme across Hartlepool	Louise Wallace	31-Mar-2012	▶ Action On track	The Early Detection and Awareness Raising of Cancer Signs and Symptoms Programme is well underway. The results of the cancer awareness measure showed an increase in knowledge regarding signs and symptoms amongst the general population. This is being backed up by the 'Be Clear on Cancer Campaign'. The Health Scrutiny Investigation into cancer is also underway and the public health team are providing evidence as part of this. The Assistant Director for Health Improvement has also briefed the Cabinet about the cancer awareness programme and there has been positive media coverage on the importance of cancer screening programmes. The public health team has also participated in an educational session with local GPs on the 'Be Clear on Cancer Campaign'.
CAD11/12-HW05	Ensure all eligible people particularly in high risk groups take up the opportunity to be vaccinated	Louise Wallace	31-Mar-2012	▶ Action On track	The national flu vaccination campaign is underway with people over 65 years and in at risk groups being invited to be vaccinated. This is being led by

	especially in relation to flu				the Tees Public Health Team and each of the GP practices is expected to provide assurance that they are promoting the uptake of flu vaccination amongst their patients and can meet demand. The Assistant Director of Health Improvement has briefed the local Clinical Commissioning Consortia regarding childhood vaccination uptake and has urged that this is promoted to ensure a 95% herd immunity in the local population, particularly in relation to the MMR vaccine.
CAD11/ 12- HW07	Refresh the Public Health Strategy in the light of the Health White Paper	Louise Wallace	31-Mar-2012	 Action On track	The refresh of the Joint Strategic Needs Assessment (JSNA) is underway. The process for refreshing JSNA has been presented to Corporate Management Team, Cabinet and the Shadow Health and Well Being Board who will take responsibility for ensuring the JSNA is produced and used to inform the planning and commissioning of services. This in turn will inform the development of the Health and Well Being Strategy.
CAD11/ 12- HW09	Influence the commissioning of effective evidence based Stop Smoking Services and work collaboratively through the Smoke Free alliance to reduce illicit tobacco across the town	Louise Wallace	31-Mar-2012	 Action On track	The Stop Smoking Services continue to perform well. The Tobacco Alliance continues to do excellent work regarding the impact of illicit tobacco sales. FRESH continue to deliver hard hitting campaigns regarding smoking impact including 'Take 7 Steps and Every Breath you Take'.

Outcome 8: Be healthy – children enjoy good physical and emotional health and live a healthy lifestyle.

Performance Indicators – Targeted							
Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
LAA HW P001	Percentage of women smoking during pregnancy	Deborah Gibbin; Carole Johnson	20	23.84	2011/12	PI Progress acceptable	Target for the year was achieved
NI 56(ix)	The percentage of children in Year 6 who are obese	Louise Wallace	TBC	22.1%	2010/11		22.1 figure relates to Sept 2009 to August 2010. This is down from 25.6% in 2007/8 and 22.8% in 2008/9. Information last updated nationally at March 2011.
NI 112	The change in the rate of under 18 conceptions per 1,000 girls aged 15-17, as compared with the 1998 rate	Alison Barber; Deborah Gibbin; Sheila O'Connor	-55%	-24.2%	2010/11		The second quarter of the 2010 under 18 conception data was released by the Office for National Statistics (ONS) on August 22nd. The rate of under-18 conceptions was 53.2 per 1000 girls aged 15-17 – <u>17.65% lower</u> than the rate of 64.6 for second quarter 2009. For under-18 conceptions, the rolling quarterly average continues to fall and is at its lowest since quarterly data collection began.
LAA HC20	Under 18 conception rates (NRA) (per 1,000 females aged 15-17)	Deborah Gibbin	44	85.9	2009/10		The second quarter of the 2010 under 18 conception data was released by the Office for National Statistics (ONS) on August 22nd. The rate of under-18 conceptions was 53.2 per 1000 girls aged 15-17 – <u>17.65% lower</u> than the rate of 64.6 for second quarter 2009. For under-18 conceptions, the rolling quarterly average

							continues to fall and is at its lowest since quarterly data collection began.
NI 55(iv)	The percentage of children in Reception who are obese	Louise Wallace	TBC	9.1%	2010/11		A multi-agency group - Healthy Weight, Healthy Lives - has been re-established to look at the whole issue of being a healthy weight for both children and adults. One of the agenda items will be to look at the results of the child measurement programme and see how the proposed pathway was used by the school nursing service and what changes, if any need to be implemented. A healthy weight strategy is currently being developed which will guide future work for all of the population. The local authority has achieved funding through British Heart Foundation for the next 3 years to look at coronary heart disease prevention with children and young people. One of the key strands will be healthy eating targeting children and their parents.'

Actions for Improvement						
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note	
CAD11/12-HW11	Implement Breast Feeding Strategy	Louise Wallace	31-Mar-2012	 Action On track	The Breastfeeding Co-ordinator continues to make good progress to implement the Hartlepool Breastfeeding Strategy with a particular focus on training frontline staff.	
CAD11/12-	Implement Smoking in Pregnancy Action Plan	Carole Johnson	31-Mar-2012	 Action On track	The draft action plan has been agreed by all relevant partners and is being implemented and	



HW14					monitored through the North of Tees Smoking in Pregnancy Steering Group
CAD11/ 12- HW16	Implement Teenage Pregnancy Strategy and action plan	Louise Wallace	31-Mar-2012	 Action On track	Progress remains good in this area. The Teenage Pregnancy Service is fully participating in plans to create a risk and resilience model when working with vulnerable people recognising the contribution of excessive alcohol use, other substances etc potentially leading to the unintended consequence of teenage pregnancy. The service is working with the early intervention review that is ongoing for provision post 2012.


Outcome 9: Children & young people are safe.

Performance Indicators – Targeted

Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
NI 62	Percentage of children looked after at 31 March with three or more placements during the year	Jane Young	10.0%	5.4%	2010/11		There has been a further reduction this year. The mechanisms to identify placements that appear to be under stress are well established and specific input from experienced staff has led to children and young people remaining in placement. The matching process has also contributed to the higher levels of positive outcome.
CSD P035	Children who became the subject of a Child Protection plan, or who were registered per 10,000 population under 18	Sally Robinson	36	47.9	2010/11		From 2010 there has been a significant increase in the number of children subject to a child protection plan which peaked in 2011. This may be due in part to the impact of the death of Baby Peter on child protection services. The last six months have seen a reduction in the numbers of children subject to a child protection plan, however, ensuring the safety and well being of children is the highest priority and child protection services continue to respond to a number of issues locally which impact upon the well being of children, most notably, neglect, domestic abuse and substance misuse. The Local Safeguarding Children Board has these issues as its priority outcomes and leads the strategic work to tackle the root cause of these issues.

Performance Indicators – Monitored					
Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
NI 43	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody	Sally Robinson	3.8%	2011/12	Currently completing quarter 2 statutory return. Data will not be available until November 2011.

Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CAD11/12-HW18	Embed the Youth Crime Action Plan process	Jacque Gofton	31-Mar-2012	 Action On track	Triage has moved forward at speed and is now utilised as a Pre Reprimand Disposal (PRD), referrals are regular and lines of communication with the Police are excellent. We have also expanded Triage into 3 different stages: Triage 1 – PRD, Triage 2 – Prevention Team Support offered at the end of each Court Order, Triage 3 – Intense targeting and monitoring of all known high crime causers (Deter Young Offender, DYO) The restorative element is fully embedded within the YOS team and is linked to all orders and preventative work this also includes Young people on ASB contracts
CAD11/12-HW21	Implement the strategic priorities from the Looked After Children strategy	Jane Young	31-Mar-2012	 Action On track	The Looked After Strategy implementation is being progressed through the Multi-agency Looked After Partnership (MALAP).

CAD11/ 12- HW22	Develop the work of the Local Safeguarding Children Board via implementing local work plan.	Jim Murdoch	31-Mar-2012	 Action On track	The Task groups taking forward the Board's Business plan have reported that they are all on target to complete their work in the given timescale.
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Outcome 10: Vulnerable adults are supported and safeguarded and people are able to maintain maximum independence while exercising choice and control about how their outcomes are achieved.

Performance Indicators – Targeted							
Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
NI 130	Percentage of adults and carers (aged 16+ but caring for an adult) receiving self-directed support	Jill Harrison	65.0	82.5	Q2 2011/12	PI On track to achieve target	Performance is currently exceeding year end target - this is made up of 1625 clients currently in receipt of a personal budget (out of a cohort of 1969 clients who could possibly receive a Personal Budget), giving a half year figure of 82.5% - which is above the year end target of 65%.
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information as a percentage of all people receiving a community based service	Steve Thomas	23.0%	16.2%	Q2 2011/12	PI On track to achieve target	Performance is in line with year end target of 23% - the first 6 months figure of 16.2% is made up of 719 people getting carers assessment, advice etc.
NI 136	Number of people supported to live independently through social services (all adults) per 100,000 population	Jill Harrison	4700.00	5377.00	Q2 2011/12	PI On track to achieve target	On target to reach year end figure of 4700. This is a snapshot figure at the end of each month, and is currently well over the target figure.
ACS P051	Access to equipment and telecare: users with telecare equipment (LAA HC37b)	Steve Thomas	725	753	Q2 2011/12	PI On track to achieve target	This figure is ahead of the year end target of 725, which is very good half year performance.
NI 132	Percentage of adults	Kath	85.0%	80.4%	Q2	PI	Performance has dipped under the level of the

	where time from first contact to completion of assessment is less than or equal to four weeks	Millican			2011/12	Progress acceptable	year end target of 85% up to the end of September- data for the first 6 months of the year (646 assessments completed in time out of 803) gives a figure of 80.4%. This reduction has mainly been caused by a reduced level of assessments being completed within 28 days during August and September (only 70% in Aug and 65% in Sep).
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Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CAD11/12-HW24	Work with strategic partners to further develop reablement services ensuring that funding is used effectively to meet the needs of all client groups (including people with dementia and disabilities) and to prevent hospital admissions.	Phil Hornsby; John Lovatt	31-Mar-2012	🟡 Action Progress acceptable	Work with strategic partners continues through a Teeswide Strategic Steering Group for Reablement and at a local level, a presentation was given to GPs and clinicians at a recent lunch and learn event.
CAD11/12-HW25	Maximise use of preventative approaches such as assistive technology to support people to maintain their independence.	Phil Hornsby; John Lovatt	31-Mar-2012	🟡 Action Progress acceptable	Contractual issues delaying implementation of low level support services but increased use of assistive technology progressing well.
CAD11/12-HW26	Increase the number of people accessing personal budgets through focused work	Geraldine Martin; Sarah Ward	31-Mar-2012	🟢 Action On track	Hartlepool has been successful, along with Darlington, in bidding to become a Pathfinder to explore new ways of supporting children with special educational needs and disabilities, which will include the development of personal budgets. Work is continuing to develop personal budgets for

					carers.
CAD11/ 12- HW27	Develop a Centre for Independent Living to bring together services for people with disabilities and support people to retain their independence.	Neil Harrison	31-Mar-2012	 Action On track	The CIL is now receiving income from its meeting and training rooms, and plans to invest in improving its information advice and guidance service. 2 Modern apprenticeships are now supporting the CIL.





Outcome 11: Hartlepool has reduced crime and repeat victimisation.

Performance Indicators – Targeted

Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
RPD P028a	Number of reported crimes in Hartlepool (one year only)	Sally Forth	7,120	3,130	Q2 2011/12	PI Progress acceptable	Figures only to end of August to date.

Performance Indicators - Monitored

Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
RPD P031a	Number of incidents of local violence (assault with injury and assault without injury) (one year only)	Sally Forth	459	Q2 2011/12	Figure to end august at this time.
RND P046	Percentage of unsuccessful (broken) cases due to victim witness issues	Sally Forth		2011/12	Information has been requested from the police. I will continue to chase.
RND P047	Percentage of successful domestic violence prosecutions	Sally Forth		2011/12	Data has been requested from the police. Will continue to chase.
NI 32	Repeat incidents of domestic violence	Sally Forth		Q2 2011/12	This information has been requested from the Police and again chased wk/commencing 10/10/11.

Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
RND11/1 2-CS02	Produce in conjunction with partners, an action plan which will aim to deliver a multi agency response to tackling domestic abuse	Sally Forth	30-Jun-2011	 Action Intervention required	DATE CHANGE REQUEST - From 30.06.11 to 31.01.12 as the Domestic Violence Forum has not met for sometime due to staffing issues.
HPP11/1 2 - CS02	Analyse hate crime data, including hot spot analysis	Sally Forth	30-Sep-2011	 Action Completed	Data was collated for the Silver Prevent group meeting of 6th October 2011.
HPP11/1 2 - CS01	Develop a repeat victim protocol	Sally Forth	31-Jan-2012	 Action Progress acceptable	Discussions have taken place involving the police, Victim Support, Housing Hartlepool and the ASBU on taking this forward. An outline process has been agreed and will commence once the new in post Police Problem Solving co-ordinator has received the relevant training.
RND11/1 2-CS01	Assist partners to implement national guidance locally under tackling organised crime groups in Hartlepool	Sally Forth	31-Mar-2012	 Action Progress acceptable	New Organised crime strategy was published by the Home Office on 29th July, and a report outlining its key elements with implications for the Safer Hartlepool Partnership was taken to the SHP executive meeting in September 2011.

Outcome 12: There is reduced harm caused by drugs and alcohol misuse.



Performance Indicators - Targeted



Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
NI 30	Reduction in the reoffending rate of prolific and other priority offenders in Hartlepool in relation to reduction nationally (Ratio)	Chris Catchpole; Chris Hart; Leanne Henderson; Gemma Sparrow	TBC		Q4 2010/11		Iquanta indicated that for quarter four there were 195 offences committed against the predicted 236. There was a 28% reduction in offending against the baseline. Target achieved.

Performance Indicators – Monitored

Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
NI 40	Change in number of drug users recorded as being in effective treatment compared to 2007/08 baseline	Chris Hart	721	Q1 2011/12	The National Treatment Agency who validate the data are engaged in the review of targets and future outcome measures this may add to the current 3 month time-lapse for providing data on numbers into effective treatment (i.e. 12 weeks in treatment). Change to measure that now relates to 'Percentage growth in successful completions since 2010/11' = Total 15% (Opiates 31% and non opiate - 7%) this exceeds the national performance of 4% (Opiate 8% and non opiate 1%)
ACS P082	Number of alcohol users successfully completing treatment and recovering from	Sharon Robson			The numbers of alcohol users successfully completing treatment and recovering from their dependency is difficult to comment on at this stage. The information will be gained through NEPHO & NTA and their information is 3-




	their dependence				months behind. The total number is also only done as a yearly figure therefore data would not be ratified until 2012.
ACS P083	Number of alcohol related violent crimes	Sally Forth			This PI needs further discussion between partners as to the precise data to be collected.

Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CAD11/12-CS04	Deliver comprehensive education and prevention campaigns re substance misuse	Sharon Robson	30-Jun-2011	 Action On track	<p>In the last quarter the campaign timetable has delivered 3 promotional campaigns around substance misuse. 1. In July a Minimum Pricing Campaign began to education members of the public around the pricing of alcohol and the impact a minimum price per unit could have on the health of individuals & families and the NHS and associated organisations. The results are ongoing and further updates will be given in the next report. 2. In July the Needle Exchange took the lead on the promotion of Harm Minimisation to coincide with World Hepatitis Day. 3. In September NACRO took the lead along with The Albert Centre in delivering various activities for young people for Fresher's Week at the College of Further Education. All three campaigns were successful and succeeded in delivering educational messages out around Substance Misuse.</p> <p>The Training Programme is still only in draft format but progress is being made and updates will be given as soon as the training from this programme commences to deliver.</p>
CAD11/12-	Establish criminal justice alcohol programmes for	Gemma Sparrow	30-Sep-2011	 Action On	The first cohort for Alcohol Structured Intervention ended on 16.09.11. Performance data is being evaluated by the

CS03	offenders			track	Criminal Justice Integrated Team Data Manager. The results will be reported in the next quarterly update. The second cohort will begin on 17.10.11. Learning from the first cohort will be incorporated to improve the effectiveness of the intervention.
CAD11/ 12- CS01	Integrate drug and alcohol treatment and recovery programmes in line with new Drug Strategy	Chris Hart	31-Dec-2011	 Action On track	Common case files and integrated processes implemented within drug services. Limited progress with joint files in alcohol services systems, compounded by different locations for service delivery. Specifications for services 2012/13 require drug and alcohol single access and case management delivery. Increased recovery programmes and support now available and being expanded. Whole system/Total place exercise underway for future alcohol investment.
HPP11/ 12 - CS03	Deliver 2011/12 Alcohol Harm Reduction Strategy Action Plan	Chris Hart	31-Mar-2012	 Action On track	Strategy and 2011/12 annual plans approved and being implemented. Strategy Group monitoring activity and due to receive detailed Q1 report which is green with no exceptions or issues to report.

Outcome 13: Communities have improved confidence and feel more cohesive and safe.



Performance Indicators – Monitored					
Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
RPD P034	Number of Deliberate fires (Hartlepool)	Sally Forth; Steve Patton		Q2 2011/12	Information was requested week commencing 10/10/11 from Fire Brigade. Unfortunately their systems are down. Data will be updated once available.

Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
RND11/ 12- CS05	Agree and publish agreed minimum standards for dealing with anti-social behaviour across partners	Sally Forth	30-Nov-2011	 Action Progress acceptable	The revised policies and procedures along with the minimum standards are to be discussed at the SHP executive meeting of November 2011.
RND11/ 12- CS03	Ensure the development of the PREVENT agenda as guided by the local Silver group against an accurate and updated action plan	Sally Forth	31-Mar-2012	 Action On track	A draft action plan was considered by the Silver group at its meeting on 4th October 2011. This along with revised terms of reference are to be developed at a separate meeting in October 2011.
RND11/ 12- CS04	Implement year one of new anti-social behaviour strategy action plan	Nicholas Stone	31-Mar-2012	 Action On track	<u>Issue 1 - Develop mediation capability in Hartlepool</u> 2 mediation training courses have occurred with a 3rd course to be arranged before Dec end 2011. (date to be confirmed) As a result a total of 13 personnel have received mediation

					training. The ASBU Complaint Procedure has been updated to ensure mediation is now considered for all complaints received by the Unit.
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Outcome 14: Offending and re-offending has reduced.

No Performance Indicators identified for this Outcome.

Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
RND11/12-CS06	Explore opportunities for restorative justice with adult offenders	Sally Forth	31-Jul-2011	 Action Intervention required	DATE CHANGE REQUEST - From 31.07.11 to 19.03.12. Project is over running due to staffing changes within the division.
RND11/12-CS07	For Prolific & Priority Offenders (PPO) & High Crime Causers (HCO), re-introduce the design out crime team by working with Probation Trust	Sally Forth	31-Jul-2011	 Action Intervention required	DATE CHANGE REQUEST - From 31.07.11 to 31.03.12 as the outcome of the funding bid will not be known until December 2011, if unsuccessful we will need to identify further funding.

Outcome 15 Hartlepool has an improved natural and built environment


Performance Indicators - Targeted

Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
LAA Env P001	Number of Volunteer days spent working on nature conservation	Ian Bond	725	300	Q2 2011/12	PI Progress acceptable	The total for Q2 2011/12 is higher than usual due principally to the contribution of the Wild Green Spaces project, which commenced in the middle of Q1. Another significant factor was the contribution made by INCA volunteers doing the Seal Monitoring on Greatham Creek. The seal monitoring takes place mainly in Q2 therefore this element will not be contributing in Q3 & Q4. The figures are missing any volunteer numbers from East Durham & Houghall students however their activity is minimal in Q2 due to term times but may well increase significantly over other quarters.

Performance Indicators - Monitored

Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
NI 197	Improved Local Biodiversity – proportion of Local Sites where positive conservation management has been or is being implemented	Ian Bond	35%	2010/11	The performance for this indicator was verified by the Tees Valley Local Sites Partnership at its meeting on 22nd March 2011. A copy of the minutes of that meeting, confirming this has been uploaded.


RND P054	Percentage of population that have basic (300m 2-20ha) criteria met	Ian Bond				It is proposed to delete this indicator
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Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
HPP11/12 - EN01	Undertake an audit of current provision of Accessible Natural Greenspace on ANGSt (as part of Hartlepool Gi strategy)	Ingo Schüder	31-Mar-2012		It is proposed to delete this Action
RND11/12-EN02	Continue the preparation of the Local Development Framework including publication of the Core Strategy and development of Supplementary Planning Document's/Development Plan Document's in accordance with Local Development Scheme	Derek Gouldburn	31-Mar-2012	 Action On track	Following informal briefings to Cabinet, consultation feedback from the 2nd Preferred Options stage were reported formally to Cabinet in September. Cabinet discussed issues relating to key sites and policies and provided feedback to officers regarding these. The Publication Document is now being prepared and will be presented to Cabinet for endorsement and consultation in January. Preparation of SPDs for the Town Centre, Seaton Carew and Planning Obligations are progressing although priority is being given to delivering the Core Strategy

Outcome 16: Quality local environments where public and community open spaces are clean, green and safe.

Performance Indicators - Targeted							
Code	Indicator	Assigned To	Target 2010/11	Current Value	Last Update	Expected Outcome	Latest Note
NI 192	Percentage of household waste sent for reuse, recycling and composting	Craig Thelwell	45.00%	47.90%	Q2 2011/12	PI On track to achieve target	The continuation of the trial on the waste from the transfer station and the introduction of carpet recycling has seen an increase in the percentage recycled in comparison to this quarter last year.

Performance Indicators - Monitored						
Code	Indicator	Assigned To	Current Value	Last Update	Latest Note	
RND P050	Percentage of streets that fall below acceptable level of cleanliness	David Frame		2011/12	New in-house monitoring system now in place, to take place twice per annum. First tranche completed and results presently being collated for analysis.	

Actions for Improvement						
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note	
RND11/12-EN04	Achieve green Flag Award for Ward Jackson Park, Summerhill and Quality Coast award for Seaton beach	Chris Wenlock	31-Mar-2012	 Action Completed	Green Flag awarded to Ward Jackson Park and Summerhill 2011. Quality Coast Award achieved for Seaton 2011.	

Outcome 17: Provide a sustainable, safe, efficient, effective and accessible transport system .

Performance Indicators – Monitored

Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
NI 48	The percentage change in number of children killed or seriously injured during the calendar year compared to the average of the previous 3 years	Mark Reed		2011/12	Figures recorded on a yearly basis so nothing can be inputted at this stage, however figures to date show that there may be a slight increase for NI48.
NI 47	The percentage change in the number of people killed or seriously injured in road traffic accidents during the calendar year compared to the average of the previous 3 years	Mark Reed		2011/12	Figures are recorded on a yearly basis so nothing can be inputted at this stage, however, figures to date show that there may be a slight increase for PI47.

Actions for Improvement


Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
RND11/12-EN05	Deliver the Local Transport Plan (LTP)	Mike Blair	31-Mar-2012	 Action On track	Highway Structural Maintenance works complete. Other projects at various stages of delivery.

Outcome 18: Hartlepool is prepared for the impacts of climate change and takes action to mitigate the effects

Performance Indicators – Monitored

Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
NI 186	Percentage per capita reduction in CO2 emissions in the LA area	Paul Hurwood	14.0	Q2 2011/12	2009 figures released, and show that Hartlepool has seen an impressive 14% reduction since 2005. This is encouraging, and shows that Hartlepool is progressing well against the EU target of a 20% by 2020.

Actions for Improvement

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
RND11/12-EN09	Develop and submit Covenant of Mayors, Sustainable Energy Action Plan (SEAP) and develop the borough-wide action plan to reflect the SEAP	Paul Hurwood	31-Mar-2012	 Action On track	Discussions held with EU regarding precisely what amendments must be made to SEAP. Deadline for amendments is end Feb 2012. Work continues to promote carbon reduction, including activities/communications through the CAN-DO group, which is increasingly looking to promote carbon reduction to the wider community. One other Northeast local authority is already considering withdrawing from Covenant, and it is anticipated that others may follow. An update regarding this will be added as and when further information is available. Borough wide carbon reduction figure currently at a very promising 14% reduction since 2005. Covenant of Mayors target is 21% by 2020. Various promotions, backed by the Council's Carbon Action Now - Departmental Officers (CAN-DO) Group, such as the forthcoming Energy Saving Week (24-28 October) are influencing change.

RND11/12-EN10	Establish Service Level Agreement's with all schools to deliver Eco-schools/Green Flag programme.	Helen Beaman	31-Mar-2012	 Action On track	There are now a total of 14 Hartlepool schools which have signed up to one or more of the Green schools packages offered by the Waste and Environmental Services Team
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Outcome 19: Hartlepool has a more balanced housing provision


Performance Indicators - Targeted

Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
NI 155	Number of affordable homes delivered (gross)	Amy Waller	80	64	Q2 2011/12	PI On track to achieve target	A further 58 affordable homes were completed during quarter 2
LAA H P001	Number of private dwellings empty for over 6 months and brought back into use	Amy Waller	58	27	Q2 2011/12	PI On track to achieve target	27 empty dwellings brought back into use so far this year through enforcement and advice.

Performance Indicators - Monitored

Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
RPD P042	The proportion of vulnerable households occupying homes in the private sector, which meet decent homes standard.	Joanne Burnley		2011/12	15 homes made decent through enforcement and grants/loans so far this year.

Actions for Improvement

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
RND11/12-HO01	Research & develop local policies, procedures & protocols, to bring	Nigel Johnson	31-Oct-2011	 Action	Research and development of the relevant policies and procedures has




	empty homes back into use.			Completed	been completed ready for implementation.
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Outcome 20 The quality of existing housing has been improved

Performance Indicators - Monitored

Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
RPD P042	The proportion of vulnerable households occupying homes in the private sector, which meet decent homes standard.	Joanne Burnley		2011/12	15 homes made decent through enforcement and grants/loans so far this year.

Actions for Improvement

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
RND11/12-HO03	Evaluate evidence to extend selective licensing to other areas, consult residents and landlords and make recommendations to Cabinet	Lynda Igoe	30-Sep-2011	 Action Completed	At their meeting in September Cabinet agreed to postpone extending selective licensing into further areas of Hartlepool until issues identified within the existing scheme have been resolved.
HPP11/12 - HO01	Continue ongoing programme of insulation upgrades, boilers, doors and windows	Kenny Taylor	31-Mar-2012	 Action On track	On Track with planned programme work.
RND11/12-HO02	Encourage improvements to private sector homes to meet & exceed 'decent homes standard'	Nigel Johnson	31-Mar-2012	 Action On track	The Council is encouraging improvements to private sector homes through a menu of options which includes advice and assistance and enforcement when necessary. The empty homes pilot scheme is underway and loans for




					improvement works continue to be issued through the Regional Loans Fund.
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Outcome 21 Vulnerable people have improved access to accommodation which meets their need

Performance Indicators - Monitored

Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
RND P051	Number of households where homelessness has been prevented through Local Authority action	Lynda Igoe	4.59	Q2 2011/12	During Q1 82 households were prevented from being homeless, which 2.2 per thousand households in the town


Actions for Improvement

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
RND11/12-HO05	Implement further changes to Common Allocations Policy approved from review	Lynda Igoe	31-Aug-2011	 Action Intervention required	New Date change request - Delays in assessing impact of social housing reform legislation which came into force after consultation on Policy review was completed, final approval for implementation going to HBC Cabinet in November but this also needs to be completed by all partners in the sub region therefore final completion date put forward to end of March 2012.
HPP11/12 - HO02	Continue to carry out adaptations to enable vulnerable people to remain living independently in their own home	Kenny Taylor	31-Mar-2012	 Action On track	Tees Valley Region awarded extra 200k to adaptations budget. Utilising Customer Profile to liaise with disabled customers re extra adaptation requirements.
RND11/12-	Continue to monitor tenancy failure to	Lynda Igoe	31-Mar-		Monitoring returns with tenancy failure

HO04	all social housing providers		2012	Action Completed	information are now being received from all social housing providers
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Outcome 22: People enjoy equal access to leisure, culture, sport, libraries and community learning which enrich their lives, improve the places where they live, and strengthen communities.



Performance Indicators - Targeted							
Code	Indicator	Assigned To	Target 2010/11	Current Value	Last Update	Expected Outcome	Latest Note
NI 9	Percentage of adult population who have used a public library in last year	Graham Jarritt; Chris Rogers; Kay Tranter	44.0%	47.4%	2011/12	PI Target achieved	Target achieved
LAA CL P001	Number of people from vulnerable groups engaged in culture, leisure activities and sport	Leigh Keeble	1,112	5,907	2011/12	PI Target achieved	2736 from Rob Ryan/275 from Zoe Rickleton - Qtr 2 2011/12
NI 10	Percentage of adult population who have attended a museum or gallery in last year	David Worthington	54.9%		2010/11		NE-SEC data shows participation rates in the North East are 53.4%. National average 34.5%. Individual data for specific performance of individual museums and galleries is still not available.

Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CAD11/12-	Work closely with key partners and groups to deliver programmes of	Pat Usher	31-Mar-	 Action On	<u>Recreation Development</u> An estimated 3000 people attended the July

CL03	activity to meet the sport and physical activity needs of the Hartlepool community increasing participation by 1%		2012	track	<p>celebratory event which was a massive success.</p> <p>The Sailing Club- despite a a short window to advertise the open day had 36 people enrol on the course.</p> <p>Planning permission has been granted for the BMX track at Summerhill however the outcome of the BIFFA bid will not be known until November 2011.</p> <p>Footie Tots session sees between 12 and 19 children attend each week</p> <p>Street League started on the 30th September with approx 90 young people attending. Work undertaken to promote Halloween event at Headland Sports Hall through text messaging system, council sales board, HBC email, posters and flyers and press release.</p> <p>38 people are now signed up to the text messaging system.</p> <p><u>Sport and Physical Activity Development</u> Pilot in Queen's Meadow has been running for 7 weeks and has shown some excellent changes in participation and also mobility, memory and coordination. Week one there were very few residents taking part and the ability of participants was very restricted. A programme of exercises was developed for two groups. One group was the Dementia unit and the other was the residential care</p>
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				<p>only. Participation has increased week by week and at last weeks session all participants except 2 were taking part in the session. Range of movement has increased for some residents, hand pattern coordination has shown significant improvement and residents have remembered the activities before us instructing them therefore it has supported memory function. A full summary report will be produced and it is hoped this programme can be rolled out.</p> <p>Walk about in Hartlepool Calendar has been produced and has 73 walks available for people to participate in during the next quarter. This does not include closed walks ran by MIND, Incontrollable and other services.</p> <p>Curling started on 2/9/11, engaging around 40 adults on a weekly basis. There has been a fee introduced to support and sustain this long term and discussions are being had with the Headland to continue this.</p> <p>Small Sided Football League is being promoted but the up take hasn't been very good so far. This has been flagged with HUCSF and they are hoping to host some taster sessions to generate interest. Alice House sessions as part of the Together Programme have been excellent, the hospice have fed back that the sessions are having a positive impact upon their service users and this has resulted in a further two sessions being scheduled for different clients at different times of the week.</p>
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				<p>Nordic Walking has had an excellent response and what was originally one session has developed into three sessions with a waiting list that would accommodate a further session.</p> <p><u>Leisure Facilities:</u> <u>Mill House Leisure Centre</u></p> <p>Summer Activity Programme took place Additional Junior Swimming Lessons Additional Junior Fitness Inductions which included free induction / Active Card Super pass Promotion – Free Upgrade</p> <p>Swimming Club – Two Early Morning Swimming Sessions and Two additional evenings taken up.</p> <p>Durham County Football Association booked the main hall to start a “Disability Football League”</p> <p>Promotion of Ladies Only Fitness Session took place</p> <p>Promotion of Adult Swimming Lessons took place</p> <p>Promotion of the Fitness Suite / memberships took place which include free swims.</p> <p><u>Headland Sports Hall</u></p> <p>Summer Activity Programme took place Heat Basketball Camp to place during the holidays Additional Junior Fitness Inductions which included</p>
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					free induction / Active Card Super pass Promotion – Free Upgrade
CAD11/ 12- CL04	Target and support the Voluntary Sector through the provision of grant funding and development of initiatives and to raise standards	John Mennear	31- Mar- 2012	 Action On track	The Community Pool review is now being considered as part of the review of the Voluntary sector strategy and the Compact which will go to Cabinet in late 2011. Meanwhile the second half year tranche of funding has been released via Grants Committee to the 2011/12 recipient groups.
CAD11/ 12- CL06	Deliver Renaissance Programme to improve access to Museum Services and develop new audiences	David Worthington	31- Mar- 2012	 Action On track	Renaissance programme on track, potential for transformation funding in 2012/13 now confirmed by ACE.



Outcome 23: Local people have a greater voice and influence over local decision making and the delivery of services

Performance Indicators - Targeted

Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
RND P052	Number of Community/Voluntary sector groups and organisations supported/signposted/assisted	Fiona Stanforth	TBC	32	Q2 2011/12	PI On track to achieve target	The information has been collected from the Neighbourhood Development Officers and Community Regeneration Team for Quarter 2, 32 groups / organisations have been supported / signposted or assisted. Target is yet to be set.

Actions for Improvement

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
RND11/12-SC02	Complete update of Neighbourhood Action Plan for North Hartlepool and commence consultation on updating another (priority area to be determined)	Tracy Rowe	31-Mar-2012	 Action Progress acceptable	North Hartlepool Issues Paper complete. The HBC Review of Community Involvement and Engagement is now complete, however, the future delivery model of NAP's is yet to be determined. The development of Action Plan update therefore on hold.
RND11/12-SC03	Prepare the 2012/13 Compact Action Plan with partners	Fiona Stanforth	31-Mar-2012	 Action On	Under review. A way forward is currently being discussed, expected November

				track	2011.
RND11/12-SC05	Produce local improvement plan for empowering communities in line with the Big Society & localism agenda	Denise Ogden	31-Mar-2012	 Action On track	Neighbourhood Management Strategy Action Plan currently being prepared to reflect Community Involvement and Engagement review, Ward boundaries and NM Review together with Localism Bill duty once in place.
RND11/12-SC06	Implement the action plan in relation to the Neighbourhood Management empowerment agenda	Clare Clark	31-Mar-2012	 Action On track	Implementation of the action plan is well underway and a report to the Portfolio Holder is planned for December. The report will highlight progress against current actions, any gaps that need to be addressed, and a proposed new action plan for implementation that will reflect the recent review into local community engagement mechanisms together with changes in national policy relating to the empowerment of communities.





Outcome 24: Make a positive contribution – people are involved with the community and society.

Performance Indicators – Targeted							
Code	Indicator	Assigned To	Target 2011/12	Current Value	Last Update	Expected Outcome	Latest Note
HP P003	Number of new businesses (retail outlets, restaurants, cafes and hotels) meeting the minimum Fairtrade Foundation requirements	Peter Spires	10	4	2011/12	PI Intervention required	No other businesses or community groups contacted due to lack of resources. This needs addressing possibly with some backing from HBC. Breakdown of outturn is 3 shops and 1 cafe.
NI 111	Number of first time entrants to the Youth Justice System aged 10-17 per 100,000 population (aged 10-17)	Sally Robinson	1000	202	Q1 2011/12	PI On track to achieve target	Currently completing the quarter 2 statutory return. Data for quarter 2 will not be available until November 2011.
HP P002	Percentage of businesses (retail outlets, restaurants, cafes and hotels) participating in the Fairtrade Town scheme meeting the minimum Fairtrade Foundation requirements	Peter Spires	100.00	100.00	2011/12	PI On track to achieve target	This is approximately twice the number of premises required by the Fairtrade Foundation under the present rules, but the new rules are more stringent and some premises will drop out of this list. Note that list is made up of 36 shops and 15 catering establishments.
LAA SC P005	Percentage of young people with learning disabilities participating in their Section 140 assessments	Sally Robinson	100	100	2010/11	PI Target achieved	Quarter 4 (2010/2011) All current Year 11's with a Statement of SEN (and also young people identified by their respective SENCO) who intend to access local post 16 provision in Year 12 have actively participated in Section

							140 assessments. Work is underway to explore ways in which the assessment can be brought in line with other assessments and ways in which the plans derived from the assessment can be produced in formats that are more suitable to the young person's learning needs.
HP P004	Number of schools participating in the Fairtrade School Status programme	Peter Spires	3	5	2011/12	PI Target achieved	There are five schools active in our Fairtrade Schools sub group. One (fens) is already a Fairtrade school and at least two of the others are registered for the scheme. More active support from HBC would help.

Performance Indicators – Monitored					
Code	Indicator	Assigned To	Current Value	Last Update	Latest Note
HP P001	Number of people who volunteer	Keith Bayley		2011/12	The HVDA Survey will be sent to groups in October 2011 with the findings analysed by December 2011

Actions for Improvement					
Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CAD11/12-SC03	Improve the level of young people's participation in positive activities via implementing the relevant action plan integration and targeted plan.	Mark Smith	31-Mar-2012	 Action On track	Quarter 2: Data is unavailable at this stage following the upgrade to a new Management Information System. It is anticipated that reporting functions will be rectified by November and the supply of

					data relating to the participation of local young people in positive activities will updated accordingly.
HPP11/12 - SC01	To seek funding to continue supporting volunteering in Hartlepool	Keith Bayley	31-Mar-2012	 Action On track	Some funding has been secured to maintain the work of the volunteer centre for 2011/12.
HPP11/12 - SC02	To ensure that the VCS groups benefit from funding and procurement opportunities	Keith Bayley	31-Mar-2012	 Action On track	HVDA continues to promote funding opportunities and encourage groups to register for procurement opportunities
HPP11/12 - SC03	To refresh the VCS Strategy	Keith Bayley	31-Mar-2012	 Action On track	The strategy has been delivered by the voluntary sector implementation group and a process report and revised action plan will be presented to the Councils Cabinet in November 2011.
HPP11/12 - SC04	Review the renewal approach taking account of new guidelines in respect of minimum 'product lines' issue by the Fairtrade Foundation	Martin Green	31-Mar-2012	 Action On track	We are progressing a renewal application based partly on the old/partly on the new guidelines. This is expected to be submitted before Christmas