

PLEASE NOTE TIME OF MEETING

SCRUTINY CO-ORDINATING COMMITTEE AGENDA



8 March 2013

at 9.00 a.m.

**in the Council Chamber,
Civic Centre, Hartlepool**

MEMBERS: SCRUTINY CO-ORDINATING COMMITTEE:

Councillors Ainslie, C Akers-Belcher, S Akers-Belcher, Beck, Cook, Fisher, Gibbon, Hall, James, Loynes, Payne, Richardson, Shields, Tempest, Wells and Wilcox.

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 To confirm the minutes of the meetings held on 8 February 2013.
- 4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE COUNCIL TO REPORTS OF THE SCRUTINY COORDINATING COMMITTEE**

No items.
- 5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS FROM COUNCIL, EXECUTIVE MEMBERS AND NON EXECUTIVE MEMBERS**

No items.
- 6. FORWARD PLAN**

No items.



PLEASE NOTE TIME OF MEETING

7. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS

- 7.1 Council Plan and Departmental Plans 2013/14 - *Assistant Chief Executive/Director of Child and Adult Services and Director of Regeneration and Neighbourhoods*
- 7.2 Health and Wellbeing Strategy - *Director of Public Health*

8. CONSIDERATION OF FINANCIAL MONITORING/CORPORATE REPORTS

- 8.1 Quarter 3 – Council Overview of Performance and Risk 2012/13 - *Corporate Management Team*

9. ITEMS FOR DISCUSSION

Six Monthly Monitoring of Agreed Scrutiny Co-ordinating Committee's Recommendations

- 9.1 Six Monthly Monitoring of Agreed Scrutiny Co-ordinating Committee's Recommendations - *Scrutiny Manager*

10. CALL-IN REQUESTS

No items.

11. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

FOR INFORMATION:

- i) **Date of Next Meeting 22 March 2013 at 1.00 p.m. at the Civic Centre, Hartlepool.**



SCRUTINY CO-ORDINATING COMMITTEE

MINUTES

8 FEBRUARY 2013

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool

Present:

Councillor Christopher Akers-Belcher (In the Chair)

Councillors: Jim Ainslie, Stephen Akers-Belcher, Paul Beck, Brenda Loynes, Robbie Payne, Carl Richardson, Linda Shields and Sylvia Tempest.

Also Present: In accordance with Council Procedure Rule 4.2;
Councillor Kaylee Sirs as substitute for Councillor Angie Wilcox.

Elizabeth Briggs – Age UK Teesside
Alison Thompson – West View Advice and Resources Centre
Graeme Cadas – Job Centre Plus

Officers: Danielle Swainston, Head of Access and Strategic Planning
Patrick Wilson, Employment Development Officer
Nigel Johnson, Housing Services Manager
Leon Green, Public Health Intelligence Specialist
Joan Stevens, Scrutiny Manager
David Cosgrove, Democratic Services Team

162. Apologies for Absence

Councillors Cook, Fisher, Gibbon, Hall, James, Wells and Wilcox.

163. Declarations of interest by Members

None.

164. Confirmation of the minutes of the meetings held on 25 January 2013

Confirmed.

165. Responses from the Council, the Executive or Committees of the Council to Reports of the Scrutiny Co-ordinating Committee

No items.

166. Consideration of request for scrutiny reviews from Council, Executive Members and Non Executive Members

No items.

167. Forward Plan

No items.

168. Consideration of progress reports/budget and policy framework documents

No items.

169. Consideration of financial monitoring/corporate reports

No items.

170. Measuring Child Poverty: A Consultation on Better Measures of Child Poverty *(Scrutiny Manager)*

The Head of Access and Strategic Planning outlined the background to the government's new proposals in terms of defining indicators for the measurement of poverty. The Head of Access and Strategic Planning highlighted the changes over the previous measures and some of the shortfalls in the new proposals in so much as they were indicators rather than clear measurements. An example was that of children being in a failing school as one of the body of indicators being taken to produce an overall definition of being in poverty; failing schools were not exclusive to areas of deprivation.

The Scrutiny Manager in her introduction had highlighted the tight timescales involved in the government's consultation and the Head of Access and Strategic Planning commented that the Association of North East Councils (ANEC) was preparing a response on behalf of all northeast authorities. The major concern with the new indicators was that without a specific measure of household income there would be no definition of where

additional money needed to be focussed.

The Chair confirmed that in his role as Chair of the Children's Services Scrutiny Forum he had attended a meeting with Councillor Simmons and the Head of Access and Strategic Planning very recently on the consultation. One of the clear issues that became apparent from the new indicators was the standard and suitability of accommodation in the private rental sector.

Members expressed their concern at the short timescales involved in the consultation. Members also expressed a wish to see any draft response to the consultation in advance of its submission. The Chair indicated that the draft response could be circulated to Members immediately following the meeting but that any responses would need to be submitted to the Scrutiny Manager by lunchtime on Tuesday 12 February. At this time, the only member involvement in the preparation of the draft response was the Chair and Councillor Simmons which was the reason for bringing this matter to this meeting of the Committee. The government had instigated a very tight consultation period.

Members were very concerned at the potential affects on many low income families and those in receipt of benefits from the government's welfare reforms. The changes to council tax benefit would mean many households having to face a bill they had not had before together with potentially less money coming in because of other benefit changes and the bedroom tax.

The Head of Access and Strategic Planning commented that the national median income had fallen and if this measure was the one to be used by government it would seem that there were be fewer families in poverty. The Rowntree Trust had indicated that through the welfare reforms it anticipated that there would be a greater number of children in poverty. Across Hartlepool it was anticipated that through the welfare reforms and dependent on the measure utilised, as many as 30-32% of all children would be in poverty with specific peaks in some wards, such as Stranton of over 50%.

Specific concerns around the bedroom tax and how this could affect those families with disabled or special needs children were raised by a Member. That some of these families could be financially penalised or made to have children share a room was considered to be a deplorable move by the government and Members requested that the response to the consultation include reference to this specific situation.

The Chair indicated that the draft response to the consultation document would be circulated to Members immediately following the meeting but that there would be a very short period for Member responses due to the very tight deadline set by the government.

Recommended

That the report be noted and, subject to the inclusion of Members comments, the submission of a response to the consultation be approved..

171. Scrutiny Investigation in to the JSNA Topic of 'Poverty' - JSNA Poverty Entry *(Scrutiny Manager)*

The Public Health Intelligence Specialist gave the Committee an update as to the content of the Joint Strategic Needs Assessment (JSNA) entry relating to Poverty.

Members commented on the impact of the welfare reforms on people who had previously been in receipt of incapacity benefit and had now been moved onto the new ESA – Employment and Support Allowance. This was a source of severe stress for many in this situation. The representative from West View Advice and Resources Centre indicated that from the numbers seeking advice, the migration of people to ESA was a daily issue. Most seemed to cope initially though many were still appealing the decision. The ESA could leave single people with only £71 per week to live on.

Members commented that the forms that had to be completed for the ESA were extremely long and in the majority of cases people were required to complete them over the phone with a Department of Work and Pensions (DWP) member of staff. The West View Advice and Resources Centre representative indicated that they were offering advice to people in advance of this process as to what kind of information they needed to have to hand so it could be completed in one call. The centre also offered the use of phones to people as the calls could be quite expensive for those who only had a mobile and also a member of staff to sit with them through the process to help in giving the required information.

Members expressed concern that there still appeared to be quite a number of people not claiming all the benefits they were entitled to and questioned what was being done to help people claim. The Head of Access and Strategic Planning reported that through the Families Information and Support Hub (FISH) one of the issues staff tackled with new families was 'were they claiming all the benefits they were entitled to'. The service's aims did not include providing specialist financial advice but from recent statistics only 18% of the families entitled to working tax credits were accessing them to support childcare costs.

The Employment Development Officer commented that much of the work undertaken by his team was around getting working age people into employment. However, it had to be noted that around 60% of children living in poverty lived in a household where at least one parent worked. This was due mainly to low hourly rates of those in employment which was a significant issue across the North East. Around 30% of all working adults in Hartlepool had no recognised qualifications. Job Centre Plus and partners continue to help people find work, but there are currently insufficient jobs to meet demand. The local authority was working closely with Job Centre Plus and National Apprenticeship Service to promote the apprenticeship programme to local employers.

Recommended

That the report be noted and that as and when information came to light that would impact on the JSNA entry it be fed through so the document was up to date and reflected the situation within the town.

172. Scrutiny Investigation in to the JSNA Topic of 'Poverty' - Adult and Older Person Poverty *(Scrutiny Manager)*

The Scrutiny Manager indicated that in scoping its Poverty JSNA investigation, the Committee had agreed to focus its discussions into three main areas. These being poverty as it relates to i) adult and older people, ii) Children and Families and iii) Welfare Reform and how it is reflected in the JSNA.

Discussions at today's meeting focused on adult and older people poverty and to assist the committee in its consideration of the JSNA entry a number of practical case studies / scenarios were provided. Representatives from West View Advice and Resources Centre and officers led members through each scenario and the advice / assistance provided.

With the assistance of the scenarios provided, Members explored each of the questions contained within the JSNA entry, as they applied to adult and older persons poverty, and made the following comments:-

What is the Level of Need in the Population?

- i) Members commented that the information on children in poverty was based on 2010 statistical information and therefore out of date. The Head of Access and Strategic Planning stated that the national statistical information was always two to three years out of date. *Members suggested that as soon as updated information was received it should be fed into the JSNA entry.*
- ii) Members commented that they would wish to see updated information on the number of children receiving free school meals. There was still in some corners a stigma attached to receiving free schools meals. Lack of internet access could also be an issue that could hold back children particularly with home work. The Head of Access and Strategic Planning commented that people who were not in poverty could often be very judgemental about what those in poverty could and could not do without. The internet and children having the latest clothes or trainers were good examples. These issues were being looked at for inclusion in future statistical information.

What Services are Currently Provided?

- i) Members highlighted the absence of various activities undertaken in addressing poverty issues across Hartlepool, and in particular the

absence of reference to Connected Care or the West View Advice and Resources Centre. The Public Health Intelligence Specialist commented that with the JSNA now being a live document on the internet it was much easier to adapt and update the document to reflect changes in the background information.

Members suggested that the entry should be updated to more accurately reflect the breadth of activities being undertaken in Hartlepool.

What is the Projected Level of Need?

- i) The Committee reiterated its concerns regarding the impact of loan sharks on those in financial difficulty and the contributor role they play in pushing people and families further into poverty. *Members suggested that the effect / impact of loan sharks should be reflected in the JSNA entry.*
- ii) Members were of the view that the projected level of need described in the JSNA entry should be more representative of the situation on a local basis, rather there having a focus on national figures and trends. *Members suggested that an assessment of local needs / impacts should be included in the entry to build upon the national information provided.*
- iii) The Committee highlighted the impact of the bedroom tax as one of a number of welfare reform initiatives that will put further pressure on those in and on the borders of poverty. Attention was also drawn to the need to address the shortfall in two bedroom homes that exists in the town. *Members suggested that the issues and implications of the bedroom tax need to be reflected in the JSNA entry.*

Who is at Risk and Why?

- i) Members sought statistical information on the numbers affected by the welfare reforms seeking advice through council or voluntary services. Members sought information on a ward by ward basis where possible to give a clear indication of where those affected by the welfare reforms were located.
- ii) The Committee was advised that other authorities compile information in relation to the level and type of enquiries by ward. Members felt that similar information should be compiled in Hartlepool and that this would help identify patterns in terms of levels and types of advice sought. The Chair commented that this information could be utilised alongside the demographic profiling of wards that was already available and would be useful in the commissioning of future services. It should also be utilised to update the JSNA on a regular basis, to maintain its accuracy as a living document.

Members:

- *Requested that the Scrutiny Manager circulate the requested information to the Committee;*
- *Suggested that the provision of such statistical information should be built into any future contract arrangements let by the authority.*
- *Suggested that the information be used to inform / update the JSNA on a regular basis, to maintain its accuracy as a living document.*

What needs might be Unmet?

- i) Following on from concerns expressed in minute 171, regarding the migration of people to the Employment and Support Allowance, Members were concerned that whilst most seemed to cope initially, many were still appealing decisions. *On this basis, it was felt that the impact of the migration needed to be reflected in terms of future potential unmet needs.*

What Evidence is there of Effective Intervention?

- i) Members noted that this section of the JSNA reflected only high level academic indicators of effective intervention. Members were of the view that there was clear need for the JSNA to be responsive to the local situation and include a reflection of the significant amount of work being undertaken locally in tackling poverty issues. This included the successes of the voluntary and community sector as well as the services provided by the local authority.

Whilst the Committee was advised that the requirement for this element of the entry to focus on high level national indicators, had been agreed as a template for all JSNA's, Members were of the view that this should not be the case. *Members suggested that in order to have a document that effectively influences the towns Health and Wellbeing Strategy, and subsequently the services commissioned, the JSNA must be reflective of the position in Hartlepool and not a national perspective.*

What People Say?

- i) Members were concerned that the content of this section was primarily based on the views of children and young people. *The Committee suggested that the content of this section should be expanded to include the views of other sections of the community i.e. older people and families and that evidence from other sources such as the older people's strategy could potentially be utilised.*

What Additional Needs Assessment is Required? - The Committee was happy with the content of this section of the Poverty JSNA entry.

What are the Recommendations for Commissioning?

- i) Members noted and welcomed the advice being given by the West View Advice and Resources Centre in relation to people opening accounts with the Credit Union in order to ensure continued access to benefit payments. Members discussed practical barriers to the provision of services as quickly as possible to help alleviate, or remove people and families from, poverty. In doing so, emphasis was placed upon the importance of debt advice and the challenges facing providers in the provision of appointments and the speed at which benefits are processed and payments initiated.

Members suggested that the importance, and effectiveness, of debt advice services in helping families and individuals in poverty should be clearly referenced in the JSNA entry in terms of the commissioning of future services.

Recommended

- i) That Members comments be noted and the suggested additions fed into the JSNA entry as a living document; and
- ii) That voluntary sector and in particular West View Advice and Resources Centre be congratulated on their work in aiding those most adversely affected by the government's welfare reforms.

173. Call-In Requests

No items.

174. Any Other Items which the Chairman Considers are Urgent

The Chair reminded Members that at the next meeting on 15 February, the Committee would host a presentation and question and answer session with the newly elected Cleveland Police and Crime Commissioner, Mr Barry Copping.

The meeting concluded at 11.40 a.m.

CHAIR

SCRUTINY COORDINATING COMMITTEE

Date: 8 March 2013



Report of: Assistant Chief Executive

Subject: COUNCIL PLAN 2013/14

1. PURPOSE OF REPORT

- 1.1 To enable the Scrutiny Coordinating Committee to consider and comment on the final draft of the proposed Council Plan for 2013/14.

2. BACKGROUND

- 2.1 The Council's Service Planning Framework has been developed over the last few years. In previous years the Corporate Plan has identified the key priorities for the Council, with the three Departmental Plans expanding on how the key priorities would be delivered.
- 2.2 As detailed in the report to Scrutiny Coordinating Committee on 19 October 2012 from 2013/14 the three Departmental Plans are to be brought together to form the Council Plan which will set out collectively how the key priorities/outcomes that the Council have identified will be delivered. With no requirement to produce a separate Corporate Plan the unintended duplication and reporting of actions that appear in both the Corporate Plan and the departmental plans will be eliminated, without losing the focus that having three separate Departmental Plans brings to the overall process.
- 2.3 The Outcome Framework was reviewed and updated as part of the service planning process in 2012/13. Discussions took place with Council Officers from across all Departments on the revision of the Outcome Framework for 2013/14 and, as reported to Scrutiny Coordinating Committee on 19 October 2012, the framework has not radically changed.
- 2.4 As in previous years detailed proposals have been considered by each of the Scrutiny Forums in January. **Appendix A** summarises the issues raised and includes the relevant departmental responses to those issues.

3. TIMETABLE

- 3.1 The Council Plan forms part of the Budget and Policy Framework and final approval rests with full Council.

- 3.2 Following this meeting the proposed final draft of the Council Plan will be considered by Cabinet at their meeting on 18 March 2013.
- 3.3 Final approval of the Council Plan will be by Council at their meeting on 11 April 2013.
- 3.4 The Council Plan is still a working document and as such there are areas where information could change particularly where existing strategy action plans are being reviewed over the next month (for example the Housing Strategy and Economic Regeneration Strategy). Where this does occur the information will be included in the final draft of the Plan for consideration by Cabinet and/or full Council.

4. 2013/14 COUNCIL PLAN

- 4.1 The proposed Council Plan is attached at **Appendix B** and this sets out how the Council propose to deliver the priority outcomes. The plan contains the Performance Indicators and targets, where available, which will be used to monitor progress throughout 2013/14.
- 4.2 In line with previous years the timetable for producing the Council Plan means that target information can not be included at this stage for all Performance Indicators as the information is not yet available. However, a detailed year end performance report will be produced for Elected Members later in the year which will include those targets not able to be set at this point in time.
- 4.3 Officers will monitor progress against the key actions and performance indicators included in the Council Plan and progress on these will be reported throughout the year to Elected Members.

5. RECOMMENDATIONS

- 5.1 The Scrutiny Coordinating Committee is asked to consider and comment on the proposed Council Plan.

Contact Officer: - Catherine Grimwood
Performance and Partnerships Manager
Tel: 01429 284322
E-mail: Catherine.Grimwood@Hartlepool.gov.uk

Summary of Scrutiny Forum Discussions – January 2013

Members of all Scrutiny Forums welcomed the opportunity to comment on the proposals. Discussions were wide ranging and a number of issues regarding service provision were discussed.

The proposed 2013/14 Council Plan has been amended as a result of the discussions, specifically:

Outcome 7 – To promote opportunities for all children and young people to reach their full potential by accessing good quality teaching and curriculum provision which fully meets their needs and enables them to participate in and enjoy their learning

Members raised concerns about the numbers of secondary schools deemed satisfactory/requires improvement by OFSTED and the impact this may have on the numbers of pupils attaining 5 A*-C grades at GCSE (including English and Maths). Members were particularly concerned about the effects on looked after children and suggested that it should be considered moving the related indicators from monitored to targeted, with the national average being suggested as a suitable target.

The indicators and targets, where they have been set, are included in Outcome 7 of the Council Plan, and are summarised below:

Code	Indicator	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 99	Percentage of looked after children reaching level 4 in English at Key Stage 2	40%	50%*	30%*	CAD
NI 100	Percentage of looked after children reaching level 4 in mathematics at Key Stage 2	40%	50%*	30%*	CAD
NI 101	Percentage of looked after children achieving 5 A*- C GCSEs (or equivalent) at Key Stage 4 (including English and mathematics)	25%	13%	35%	CAD
NI 102a	Percentage gap between pupils eligible for free school meals and their peers achieving at least level 4 in English and Maths at Key Stage 2	Not Applicable (monitored)	To be set	To be set	CAD
NI 102b	Percentage gap between pupils eligible for free school meals and their peers achieving 5 A*- C grades at GCSE (and equivalent) including GCSE English and Mathematics at Key Stage 4	Not Applicable (monitored)	To be set	To be set	CAD

7.1 Appendix A

* Note: specifically for NI 99 and NI 100 the targets are reached based on the pupils currently Looked After and on the assumption that it will be the same pupils at the measurement point. Each individual's current and prior attainment is taken into account when setting the targets hence the variation. The cohort is very small in numbers and therefore a small change in attainment can result in a significant change in the PI outturn.

Outcome 28 - Deliver effective customer focussed services, meeting the needs of diverse groups and maintaining customer satisfaction

Extra action added in following comments made at Scrutiny Coordinating Committee:

Undertake a review of the advice and guidance services provided by the council to the public with a view to determining their most effective delivery and as part of this a review of the current provision of services through the contact centre”

The action, shown below, has been added to Outcome 28 in the proposed Council Plan.

Action	Due Date	Assignee	Dept
Undertake a review of the advice and guidance services provided by the council to the public with a view to determining their most effective delivery and as part of this a review of the current provision of services through the contact centre	Aug 13	Graham Frankland	CED

SECTION 1 OUTCOME DETAILS			
Outcome:	1. Hartlepool has improved business growth and business infrastructure and an enhanced culture of entrepreneurship	Theme:	Jobs and the Economy

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Engage with existing and potential landlords, agents and developers to respond to issues raised in the property audit. (ERS1.5)	Mar 14	Mick Emerson	RND
Deliver Business Advice and Brokerage – programme of targeted account management with key businesses. Develop and maintain relationships with individual businesses (ERS1.8)	Mar 14	Mick Emerson	RND
Increase the awareness of opportunities for businesses to become involved in providing products and services to HBC and the wider public sector (ERS 1.9)	Mar 14	Mick Emerson	RND
Continued provision of Incubation support service including mentoring, pre-start support (Enterprise Coaching), financial assistance, brokerage and other initiatives. (ERS 1.12)	Mar 14	Mick Emerson	RND
Engage with schools and colleges to increase awareness of self-employment and entrepreneurship by undertaking visits by businesses to schools and visa versa. (ERS 1.13)	Mar 14	Mick Emerson	RND
Engage with DWP Providers to offer unemployed individuals a wider package of support where appropriate to enter into self-employment. (ERS 1.15)	Mar 14	Mick Emerson	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 171	New business registration rate - the proportion of new business registration per 10,000 resident population (aged 16+)	Mick Emerson	Monitor	Financial	Not required			RND
RND P060	Number of jobs created	Mick Emerson	Monitor	Financial	Not required			RND
RND P056	Percentage occupancy levels of Hartlepool business premises	Mick Emerson	Monitor	Financial	Not required			RND
RND P085	Business stock (businesses units in Hartlepool)	Mick Emerson	Monitor	Financial	Not required			RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R050	Continued economic uncertainty	Antony Steinberg	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	2. Hartlepool has attracted new investment and developed major programmes to regenerate the area and improve connectivity	Theme:	Jobs and the Economy

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Research emerging funding opportunities and prepare bid submissions to secure financial resources (ERS 2.20)	Mar 14	Gemma Day	RND
Develop the Innovation and Skills Quarter (ISQ) to assist with the regeneration of the town centre (ERS 2.21)	Mar 14	Rob Smith	RND
Develop the tourism infrastructure and visitor offer through the delivery of the Seaton Carew Master Plan (ERS 2.23)	Mar 14	Andrew Golightly	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 171	New business registration rate - the proportion of new business registration per 10,000 resident population (aged 16+)	Mick Emerson	Monitor	Financial	Not required			RND
NEW	Value of income from external funding sources	Mick Emerson	Monitor	Financial	Not required			RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R029	Inability to achieve external funding to support the delivery of long term regeneration targets.	Antony Steinberg	RND
RND R050	Continued economic uncertainty	Antony Steinberg	RND
RND R060	Failure to deliver current regeneration programmes	Antony Steinberg	RND
RND R071	Failure to deliver local economic objectives as a result of shifts in policies and priorities of external partners.	Antony Steinberg	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	3. Hartlepool has increased employment and skills levels with a competitive workforce that meets the demands of employers and the economy	Theme:	Jobs and the Economy

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	Child and Adult Services Department
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Complete research into skills gaps in Hartlepool (ERS 3.50)	Mar 14	Patrick Wilson	RND
Implement the Going Forward Together model to target young people classified as the most 'high risk' of becoming NEET (Not in Employment, Education or Training).	Mar 14	Patrick Wilson	RND
Reduce the level of young people who are Not in Employment, Education or Training (NEET) by implementing NEET Strategy.	Mar 14	Mark Smith	CAD
Re-write the Hartlepool 11-19 Strategy.	Mar 14	Tom Argument	CAD
Provide support for vulnerable young people to enable them to be economically active.	Mar 14	Tom Argument/Mark Smith	CAD
Ensure access to high quality learning opportunities that increase the skills and qualifications of local residents via implementing the Adult Education Service Plan	Jul 14	Maggie Heaps	CAD
Increase the take up of Apprenticeships by liaising with local employers to increase opportunities	Jul 14	Maggie Heaps	CAD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 117	Percentage of 16 to 18 year olds who are not in education, employment or training (NEET)	Mark Smith	Targeted	Financial	7.2%	6.8%	6.6%	CAD
NI 79	Percentage of young people achieving a Level 2 qualification by the age of 19	Tom Argument	Targeted	Financial Year	82.0%	83.0%	84.0%	CAD
NI 80	Percentage of young people achieving a Level 3 qualification by the age of 19	Tom Argument	Targeted	Financial Year	49%	49.5%	50%	CAD
NI 81	Percentage gap in the achievement of a Level 3 qualification by the age of 19 between those	Tom Argument	Targeted	Financial Year	22.5%	22.5%	21%	CAD

7.1 Appendix B

	claiming free schools meals at academic age 15 and those that were not							
NI 82	Percentage of young people who were in receipt of free school meals at academic age 15 who attained Level 2 Qualifications by the age of 19	Tom Argument	Targeted	Financial Year	65.4%	67.4%	68.4%	CAD
NI 91	Percentage of 17 year-olds in education or training	Tom Argument	Targeted	Financial Year	86%	88%	90%	CAD
NI 106	Percentage gap between those young people from low income backgrounds and those that are not progressing to higher education	Kelly Armstrong	Targeted	Financial Year	21%	20%	20%	CAD
NEW	Number of apprenticeships offered by the council to care leavers	Jane Young	Monitor	Financial	Not required			CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R071	Failure to deliver local economic objectives as a result of shifts in policies and priorities of external partners.	Antony Steinberg	RND
CAD R027	Failure to meet statutory duties and functions in relation to the post 16 cohort and raising of the participation age	Mark Smith	CAD

SECTION 1 OUTCOME DETAILS			
Outcome:	4. Hartlepool has increased economic inclusion of adults and is tackling financial exclusion	Theme:	Jobs and the Economy

Lead Dept:	Chief Executives	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Implement and review Discretionary Council Tax Support Framework	Dec 13	Julie Pullman	CED
Respond to Welfare Reform changes by engaging and supporting affected households	Mar 14	Julie Pullman	CED
Implement a programme of Benefits and Free School Meals take up initiatives	Mar 14	Julie Pullman	CED
Develop referral channels for adults to access financial advice services and financial products	Mar 14	John Morton	CED
Implement and Review Communication and Customer Handling Strategies linked to new Local Council Tax Support Scheme	Sep 13	John Morton	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
CEDFIP026	Number of Credit Union accounts opened by adults.	John Morton	Targeted	Financial Year	200	300	400	CED

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
	None Identified		

SECTION 1 OUTCOME DETAILS			
Outcome:	5. Hartlepool has a boosted visitor economy	Theme:	Jobs and the Economy

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Develop and implement a 2 year marketing and communication plan to raise the profile as a place to invest and visit, utilising appropriate research data (ERS 5.65)	Mar 14	Jo Cole	RND
Review and improve visitor information links between visitor locations to improve connectivity in Hartlepool. (ERS 5.66)	Mar 14	Jo Cole	RND
Develop Destination Hartlepool / Invest in Hartlepool websites and social media activity. (ERS 5.67)	Mar 14	Jo Cole	RND
Develop and deliver bespoke training courses, including the 'Discover Hartlepool' and 'My Hartlepool' projects. (ERS 5.68)	Mar 14	Jo Cole	RND
Engage with schools and colleges to raise the profile of the visitor economy to the potential new workforce through bespoke awareness raising events. (ERS 5.72)	Mar 14	Jo Cole	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RND P092	Visitor numbers	Andrew Golightly	Monitor	Financial	Not required			RND
RND P093	Value of visitor economy	Andrew Golightly	Monitor	Financial	Not required			RND
RND P094	Number of unique visitors to destination Hartlepool website	Andrew Golightly	Targeted	Financial	Not required	30,000	TBC	RND
RND P095	Number of social media followers	Andrew Golightly	Targeted	Financial	Not required	1,500	TBC	RND
NI 151	Overall Employment rate (proportion of people of working age population who are in employment)	Antony Steinberg	Monitor	Financial	Not required			RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R071	Failure to deliver local economic objectives as a result of shifts in policies and priorities of external partners.	Antony Steinberg	RND
RND R050	Continued economic uncertainty	Antony Steinberg	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	6. Fewer Hartlepool children experience the effects of poverty	Theme:	Jobs and the Economy

Lead Dept:	Child and Adult Services	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Develop training package for family workforce to identify poverty issues and support parents in poverty	Mar 14	Danielle Swainston	CAD
Develop partnership outreach process to ensure that families understand and plan for Welfare Reform	Mar 14	Danielle Swainston	CAD
Support workforce to identify risk factors re: child poverty/welfare reform and implement appropriate packages of support	Mar 14	Danielle Swainston	CAD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 116	Proportion of children in poverty	Danielle Swainston	Targeted	Financial Year	Not required	28%	TBC	CAD
New	Proportion of children living in workless households	Danielle Swainston	Targeted	Financial Year	TBC	TBC	TBC	CAD
NI 117	Percentage of 16-18 year olds who are Not in Education, Employment or Training (NEET)	Mark Smith	Targeted	Financial Year	7.2%	6.8%	6.6%	CAD
NI 102a	Percentage gap between pupils eligible for free school meals and their peers achieving at least level 4 in English and Mathematics at Key Stage 2	Mark Patton	Targeted	Academic Year	14% (11/12)	12% (12/13)	10% (13/14)	CAD
NI 102b	Percentage gap between pupils eligible for free school meals and their peers achieving 5 A*-C grades at GCSE (and equivalent) including GCSE English and Mathematics at Key Stage 4	Tom Argument	Targeted	Academic Year	30% (11/12)	29% (12/13)	28% (13/14)	CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
None Identified			

SECTION 1 OUTCOME DETAILS			
Outcome:	7. To promote opportunities for all children and young people to reach their full potential by accessing good quality teaching and curriculum provision which fully meets their needs and enables them to participate in and enjoy their learning	Theme:	Lifelong Learning and Skills

Lead Dept:	Child and Adult Services	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
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.	Sept 14	Mark Patton	CAD
Work with schools to ensure that all pupils are making progress that is in-line with or exceeds national expectations in order to achieve a secure Level 2b in reading, writing and mathematics at Key Stage 1 and provide additional support and challenge to those schools where this standard is not or is unlikely to be met.	Sept 14	Mark Patton	CAD
Analyse Key Stage 2 data in English and mathematics. Identify schools below the government floor standard in combined English and mathematics and with below average progress in English and mathematics separately.	Mar 14	Mark Patton	CAD
Analyse Key Stage 4 data. Identify schools below the government floor standard for 5A*-C (including English and mathematics) and report to Portfolio Holder under Council's schools causing concern.	Mar 14	Tom Argument	CAD
Implement appropriate actions from Children and Young Person's Plan and 14-19 strategy	Mar 14	Dean Jackson	CAD
Provide challenge, intervention and support in inverse proportion to school success.	Sept 14	Dean Jackson	CAD
Implement all actions identified in the Learning Difficulties & Disabilities (LDD) action plan	Mar 14	Zoe Westley	CAD
Challenge all schools to reduce the existing achievement gap in English and mathematics between pupils in receipt of free school meals and all other pupils by accelerating the attainment and progress of these vulnerable learners	Mar 14	Dean Jackson	CAD
Monitor the impact on attainment of the additional Pupil Premium funding in all schools and encourage Governing Bodies to hold their schools to account for its use.	Mar 14	Dean Jackson	CAD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
New	Increase the number of pupils meeting the Year 1 Phonics standard	Mark Patton	Monitor	Academic Year	Not required			CAD
NI 73	Percentage of pupils achieving level 4 or above in both English and Maths at Key Stage 2	Mark Patton	Targeted	Academic Year	78% (11/12)	79% (12/13)	81% (13/14)	CAD
NI 93	Percentage of pupils progressing by 2 levels in English between Key Stage 1 and Key Stage 2	Mark Patton	Targeted	Academic Year	88% (11/12)	89% (12/13)	92% (13/14)	CAD
NI 94	Percentage of pupils progressing by 2 levels in Maths between Key Stage 1 and Key Stage 2	Mark Patton	Targeted	Academic Year	86% (11/12)	87% (12/13)	92% (13/14)	CAD
NI 99	Percentage of looked after children reaching level 4 in English at Key Stage 2	Zoe Westley	Targeted	Academic Year	National Average (Figures to be inserted when available)			CAD
NI 100	Percentage of looked after children reaching level 4 in mathematics at Key Stage 2	Zoe Westley	Targeted	Academic Year	National Average (Figures to be inserted when available)			CAD
NI 102a	Percentage gap between pupils eligible for free school meals and their peers achieving at least level 4 in English and Maths at Key Stage 2	Mark Patton	Targeted	Academic Year	14% (11/12)	12% (12/13)	10% (13/14)	CAD
NI 104	Percentage gap between pupils identified as having Special Educational Needs (SEN) and their peers achieving level 4 or above in both English and Maths at Key Stage 2	Zoe Westley	Monitor	Academic Year	Not required			CAD
CSD P046	Number of primary schools below the government floor standard at Key Stage 2	Mark Patton	Monitor	Academic Year	Not required			CAD
CSD P048	Number of primary schools with more than 15 pupils in the 15% persistent absence category for autumn and spring term combined	Jackie Webb	Monitor	Academic Year	Not required			CAD
NI 75	Percentage of pupils achieving 5 or more A*- C grades at GCSE or equivalent including English and Maths	Tom Argument	Targeted	Academic Year	58% (11/12)	60% (12/13)	62% (13/14)	CAD
NI 101	Percentage of looked after children achieving 5 A*- C GCSEs (or equivalent) at Key Stage 4 (including English and mathematics)	Zoe Westley	Targeted	Academic Year	National Average (Figures to be inserted when available)			CAD
NI 102b	Percentage gap between pupils eligible for free school meals and their peers achieving 5 A*- C	Tom Argument	Targeted	Academic Year	30% (11/12)	29% (12/13)	28% (13/14)	CAD

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	grades at GCSE (and equivalent) including GCSE English and Mathematics at Key Stage 4							
NI 105	Percentage gap between pupils identified as having Special Educational Needs (SEN) and their peers achieving 5 A*- C grades or equivalent including English and Maths at Key Stage 4	Zoe Westley	Monitor	Academic Year	Not required			CAD
CSD P040	Percentage of pupils achieving the English Baccalaureate	Tom Argument	Monitor	Academic Year	Not required			CAD
CSD P041	Percentage of pupils achieving 5 or more A*- C grades at GCSE or equivalent	Tom Argument	Monitor	Academic Year	Not required			CAD
New	Number of secondary schools below the government floor standard at Key Stage 4	Tom Argument	Monitor	Academic Year	Not required			CAD
NI 87	Percentage of Secondary school pupils who are persistently absent	Jackie Webb	Monitor	Academic Year	Not required			CAD
New	Number of schools with attendance above the national average for autumn and spring term combined	Jackie Webb	Monitor	Academic Year	Not required			CAD
ACS P096	Percentage of primary schools identified as causing concern (High and Medium/High Risk)	Dean Jackson	Monitor	Academic Year	Not required			CAD
ACS P097	Percentage of secondary schools identified as causing concern (High and Medium/High Risk)	Dean Jackson	Monitor	Academic Year	Not required			CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R001	Service issue as a result of insufficient budget allocation or changes in national funding/grants (Actively Managed)	Jill Harrison	CAD
CAD R004	An increase in the number of schools falling below Performance Achievement Standard (Actively Managed)	Dean Jackson	CAD
CAD R005	Failure to meet the statutory duties and requirements vested within the Child and Adult Services department (Actively Managed)	Dean Jackson	CAD
CAD R012	Failure to plan school provision appropriately	Peter McIntosh	CAD
CAD R015	Failure to carry out specific duties and/or comply with regulatory codes of practice	Dean Jackson	CAD
CAD R031	Failure to recruit and retain staff in educational support services (Actively Managed)	Dean Jackson	CAD

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CAD R032	Increase in the number of schools falling below national average for pupil attendance (Actively Managed)	Dean Jackson	CAD
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SECTION 1 OUTCOME DETAILS			
Outcome:	8. Provision of high quality community learning and skills opportunities that widen participation and build social justice	Theme:	Lifelong Learning and Skills
Lead Dept:	Child and Adult Services	Other Contributors:	

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Ensure a wide range of learning opportunities are available which encourage participation in Lifelong Learning via implementation of the Adult Education Service Plan	Jul 14	Maggie Heaps	CAD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
ACS P053	Number of learners participating in Adult Education Programmes	Maggie Heaps	Monitor	Academic Year	Not required			CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R047	Failure to fulfil the targets for recruitment set by the SFA leading to loss of income (Actively Managed)	John Mennear	CAD
CAD R048	Failure to reach the minimum levels of performance for the SFA or Ofsted (Actively Managed)	John Mennear	CAD
CAD R049	Failure of MIS and IT systems preventing return of electronic data for funding purposes (Actively Managed)	John Mennear	CAD
CAD	Failure to recruit or retrain sufficient staff in key areas of a changing programme offer (Actively Managed)	John Mennear	CAD

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R050			
CAD R051	Failure of partnerships resulting in insufficient venues to deliver training (Actively Managed)	John Mennear	CAD

SECTION 1 OUTCOME DETAILS			
Outcome:	9. Improve health by reducing inequalities and improving access to services	Theme:	Health and Wellbeing

Lead Dept:	Child and Adult Services	Other Contributors:	Regeneration and Neighbourhoods Chief Executives
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Develop a corporate approach to measuring excessive winter deaths	Sep 13	Louise Wallace	CAD
Be an active lead partner in the delivery of the physical activities workstream for Public Health	Mar 14	Pat Usher	CAD
Ensure implementation of the NHS health check programme	Mar 14	Louise Wallace	CAD
Implement the early detection and awareness of cancer programme across Hartlepool	Mar 14	Louise Wallace	CAD
Ensure that the department has procedures in place to meet the requirements of the Equality Act 2010 by co-ordinating activities across the department to contribute to the items included in the Equality & Diversity Action Plan	Mar 14	Leigh Keeble	CAD
Ensure all eligible people (particularly in high risk groups) take up the opportunity to be vaccinated especially in relation to flu	Mar 14	Louise Wallace	CAD
Ensure all eligible groups for respective screening programmes are aware and able to access screening	Mar 14	Louise Wallace	CAD
Ensure implementation of the Health and Wellbeing Strategy	Mar 14	Louise Wallace	CAD
Review Joint Strategic Needs Assessment (JSNA) through the Health and Wellbeing board	Mar 14	Louise Wallace	CAD
Influence the commissioning of effective based Stop Smoking and work collaboratively through the Smoke Free alliance to reduce illicit tobacco across the town	Mar 14	Louise Wallace	CAD
Ensure the development of a comprehensive plan to protect the health of the population	Mar 14	Louise Wallace	CAD
Ensure the delivery of comprehensive sexual health services	Mar 14	Louise Wallace	CAD
Work with colleagues to improve Public Health through the Health Protection and Improvement elements of the Core Public Health Strategy.	Mar 14	Sylvia Pinkney	RND

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Co-ordinate town wide workplace health promotion campaigns involving partner organisations and other businesses.	Mar 14	Stuart Langston	CED
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SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 39	Alcohol related hospital admissions	Louise Wallace	Targeted	Financial Year	2494	TBC	TBC	CAD
NI 123	Stopping smoking	Carole Johnson	Targeted	Financial Year	1929	1929	1929	CAD
NI 123 (NRA)	Stopping smoking (Neighbourhood Renewal Area narrowing the gap indicator)	Carole Johnson	Targeted	Financial Year	700	800	800	CAD
P081	GP Referrals - The number of participants completing a 10 week programme of referred activity	Pat Usher	Targeted	Financial Year	325	300	TBC	CAD
P035	GP Referrals – of those participants completing a 10-week programme for the percentage going onto mainstream activity	Pat Usher	Targeted	Financial Year	50%	70%	TBC	CAD
P080	Vascular Risk Register (Vital Signs)	Louise Wallace	Monitor	Financial Year	Not required			CAD
NI 120a	All-age all cause mortality rate - Females	Louise Wallace	Monitor	Calendar Year	Not required			CAD
NI 120b	All-age all cause mortality rate - Males	Louise Wallace	Monitor	Calendar Year	Not required			CAD
NI 121	Mortality rate from all circulatory diseases at ages under 75	Louise Wallace	Monitor	Calendar Year	Not required			CAD
NI 122	Mortality for all cancers aged under 75	Louise Wallace	Monitor	Calendar Year	Not required			CAD
NI 184	Percentage of food establishments in the area which are broadly compliant with food hygiene law.	Sylvia Pinkney	Targeted	Financial	89%	90%	90%	RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD	Failure to make significant inroads in Health Impact	Carole Johnson;	CAD

R014		Louise Wallace	
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SECTION 1 OUTCOME DETAILS			
Outcome:	10. Give every child the best start in life	Theme:	Health and Wellbeing

Lead Dept:	Child and Adult Services	Other Contributors:	Regeneration and Neighbourhoods
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Review and update local breastfeeding annual action plan	Mar 14	Carole Johnson	CAD
Implement Child Measurement Programme	Mar 14	Deborah Gibbin	CAD
Ensure a range of Physical Activity opportunities are available for children & young people (up to age 25)	Mar 14	Pat Usher	CAD
Review , update and implement Smoking in Pregnancy Action Plan	Mar 14	Carole Johnson	CAD
Work with partner agencies, young people, schools and families to tackle substance misuse (including alcohol)	Mar 14	John Robinson	CAD
Review the Substance Misuse Service for young people and future commissioning options	Jun 13	Ian Merritt	CAD
Implement the British Heart Foundation Younger Wiser Programme	Mar 14	Deborah Gibbin	CAD
Review the process of Public Health Transition and ensure the transition is complete	Mar 14	Louise Wallace	CAD
Increase the uptake of child vaccinations	Mar 14	Deborah Gibbin	CAD
Implement the Child Poverty Action Plan	Mar 14	Danielle Swainston	CAD
Develop a Children & Young People obesity pathway	Mar 14	Deborah Gibbin	CAD
Implement the Early Intervention Strategy	Mar 15	Danielle Swainston	CAD
Embed common assessment as a means to identify and respond to need	Oct 13	Danielle Swainston	CAD
Implement the Early Years Pathway delivering targeted support to children pre birth to five	Sep 13	John Robinson	CAD

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Implement findings of the education catering consultation exercise undertake in primary schools.	Dec 13	Karen Oliver	RND
Undertake consultation in secondary schools to identify improvements and increase the uptake of pupils taking schools meals	Mar 14	Karen Oliver	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
LAA HW P001	Percentage of women smoking at time of delivery	Carole Johnson	Targeted	Financial Year	20%	19%	18%	CAD
NI 53a	Prevalence of breastfeeding at 6- 8 w ks from birth - Percentage of infants being breastfed at 6- 8 weeks	Deborah Gibbin/Carole Johnson	Monitor	Financial Year	Not required			CAD
CSD P049a	Measles, Mumps and Rubella (MMR) immunisation rate – children aged 2 (1st dose)	Deborah Gibbin	Monitor	Financial Year	Not required			CAD
CSD P049b	Measles, Mumps and Rubella (MMR) immunisation rate – children aged 5 (2nd dose)	Deborah Gibbin	Monitor	Financial Year	Not required			CAD
New	Uptake of Diphtheria, Tetanus, Polio, Pertussis, Hib immunisations (by age 2 years)	Deborah Gibbin	Monitor	Financial Year	Not required			CAD
NI 55(iv)	The percentage of children in Reception who are obese	Deborah Gibbin	Monitor	Financial Year	Not required			CAD
NI 56(ix)	The percentage of children in Year 6 who are obese	Deborah Gibbin	Monitor	Financial Year	Not required			CAD
NI 112	The change in the rate of under 18 conceptions per 1,000 girls aged 15- 17, as compared with the 1998 rate	Deborah Gibbin	Monitor	Financial Year	Not required			CAD
New	Children achieving a good level of development at age 5	Danielle Swainston	Monitor	Academic Year	Not required			CAD
NI 117	Percentage of 16 to 18 year olds who are Not in Education, Employment or Training (NEET)	James Sinclair/Mark Smith	Targeted	Financial Year	7.2%	6.8%	6.6%	CAD
NI 75	Percentage of pupils achieving 5 or more A*-C grades at GCSE or equivalent including	Tom Argument	Targeted	Academic Year	58% (11/12)	60% (12/13)	62% (13/14)	CAD

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	English and Maths							
New	Number of children defined as a Child in Need, rate per 10,000 population under 18	Sally Robinson	Monitor	Financial Year	Not required			CAD
NI 52a	Percentage uptake of school meals – Primary Schools	Lynne Bell	Targeted	Financial	62%	63%	65%	RND
NI 52b	Percentage uptake of school meals – Secondary schools	Lynne Bell	Targeted	Financial	54%	54%	55%	RND
NSD P064	Percentage uptake of free school meals - Primary schools	Lynne Bell	Targeted	Financial	88%	95%	95%	RND
NSD P065	Percentage uptake of free school meals – Secondary schools	Lynne Bell	Targeted	Financial	60%	75%	75%	RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R025	Failure to meet statutory duties and functions in relation to childcare sufficiency	Danielle Swainston	CAD
CAD R026	Failure to deliver Early Intervention Strategy	Sally Robinson	CAD
RND R088	Failure to achieve sufficient uptake of school meals	Karen Oliver	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	11. Children & young people are safe	Theme:	Health and Wellbeing

Lead Dept:	Child and Adult Services	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Implement the 2013-14 Youth Justice strategic plan	Mar 14	Mark Smith	CAD
Implement the learning from inspection and sector lead improvement	Mar 14	Sally Robinson	CAD
Develop and deliver Looked After Children (LAC) strategy 2013 – 2016	Mar 16	Jane Young	CAD
Develop and deliver Looked After Children (LAC) strategy Year 1 action plan	Mar 14	Jane Young	CAD
Deliver the work of the Local Safeguarding Children Board via the annual business plan	Mar 14	Jim Murdoch	CAD
Implement the Early Intervention strategy	Mar 15	Sally Robinson	CAD
Embed common assessment as a means to identify and respond to need	Oct 13	Danielle Swainston	CAD
Implement the Early Years Pathway delivering targeted support to children pre birth to five	Sep 13	John Robinson	CAD
Implement the recommendations of the Munro review	Mar 14	Wendy Rudd	CAD
Embed the voice of the child and the child's journey in front line practice	Mar 14	Wendy Rudd	CAD
Develop a commissioning strategy for Children in Need; Looked After Children and Children with a Disability	Apr 13	Ian Merritt	CAD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
CSD P035	Children who became the subject of a Child Protection (CP) plan, or were registered per 10,000 population under 18	Sally Robinson	Targeted	Financial Year	40	40	40	CAD
NI 59	Initial assessments for children's social care carried out within ten working days of referral	Wendy Rudd	Targeted	Financial Year	80%	80%	80%	CAD
NI 60	Core assessments for children's social care that were carried out within 35 working days of their commencement	Wendy Rudd	Targeted	Financial Year	70%	75%	75%	CAD
NI 62	Stability of placements of looked after children: number of moves	Jane Young	Targeted	Financial Year	10%	10%	10%	CAD
NI 63	Stability of placements of looked after children: length of placement	Jane Young	Targeted	Financial Year	70%	70%	75%	CAD
NI 64	Child protection plans lasting two years or more	Maureen McEnaney	Targeted	Financial Year	8%	8%	8%	CAD
NI 65	Children becoming the subject of a Child Protection Plan for a second or subsequent time	Maureen McEnaney	Targeted	Financial Year	10%	10%	10%	CAD
NI 66	Looked after children cases which were reviewed within required timescales	Maureen McEnaney	Targeted	Financial Year	95%	90%	90%	CAD
NI 67	Child protection cases which were reviewed within required timescales	Maureen McEnaney	Targeted	Financial Year	100%	90%	90%	CAD
NI 43	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody	Sally Robinson	Monitor	Financial Year	Not required			CAD
NI 19	Rate of proven re-offending by young offenders	Sally Robinson	Monitor	Financial Year	Not required			CAD
NI 111	Number of first time entrants to the Youth Justice System aged 10-17 per 100,000 population (aged 10-17)	Sally Robinson	Monitor	Financial Year	Not required			CAD
New	Rate of assessments per 10,000 of the CYP population	Wendy Rudd	Monitor	Financial Year	Not required			CAD

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New	Rate of section 47 enquiries per 10,000 of the CYP population	Wendy Rudd	Monitor	Financial Year	Not required	CAD
New	Percentage of referrals leading to the provision of a social care service (as defined by the child becoming CIN)	Danielle Swainston	Monitor	Financial Year	Not required	CAD
New	Percentage of referrals to children's social care from different agencies	Danielle Swainston	Monitor	Financial Year	Not required	CAD
New	Percentage of referrals to children's social care that result in No Further Action following referral	Danielle Swainston	Monitor	Financial Year	Not required	CAD
New	Percentage of referrals to children's social care that result in No Further Action following assessment	Danielle Swainston	Monitor	Financial Year	Not required	CAD
New	Rate of violent and sexual offences against 0-17 per 10,000 CYP population	Police – TBC	Monitor	Financial Year	Not required	CAD
New	Rate of children becoming subjects of a child protection plan for physical abuse	Maureen McEnaney	Monitor	Financial Year	Not required	CAD
New	Rate of children becoming subjects of a child protection plan for emotional abuse	Maureen McEnaney	Monitor	Financial Year	Not required	CAD
New	Rate of children becoming subjects of a child protection plan for sexual abuse	Maureen McEnaney	Monitor	Financial Year	Not required	CAD
New	Rate of children becoming subjects of a child protection plan for neglect	Maureen McEnaney	Monitor	Financial Year	Not required	CAD
New	Rate of Initial Child Protection Conferences per 10,000 population	Maureen McEnaney	Monitor	Financial Year	Not required	CAD
New	Length of time a child is considered to be a child in need at 31 March and for episodes of need that have ended during the year	Wendy Rudd	Monitor	Financial Year	Not required	CAD
New	Percentage of children becoming subject to a CP plan for a second or subsequent time (within 2 years)	Maureen McEnaney	Monitor	Financial Year	Not required	CAD
New	Percentage of child in need cases that close with 6 months of the CPP end date	Wendy Rudd	Monitor	Financial Year	Not required	CAD
New	Percentage of child in need cases that close with 6 months of ceasing to be looked after	Wendy Rudd	Monitor	Financial Year	Not required	CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R017	Failure to recruit & retain suitable staff in childrens services (Actively Managed)	Sally Robinson	CAD
CAD R019	Failure to plan for future need and ensure sufficient placement provision to meet demand (Actively Managed)	Sally Robinson	CAD
CAD R020	Insufficient capacity in the independent sector to meet placement demand (Actively Managed)	Ian Merritt	CAD
CAD R021	Increased demand on services due to socio-economic pressures (Actively Managed)	Sally Robinson	CAD
CAD R022	Failure to provide statutory services to safeguard children and protect their well-being (Actively Managed)	Sally Robinson	CAD
CAD R023	Impact of change to funding arrangements across Children's Services (Actively Managed)	Sally Robinson	CAD
CAD R024	Failure to meet statutory duties and functions in relation to the Youth Offending Service (Actively Managed)	Mark Smith	CAD
CAD R029	Failure to effectively manage risks exhibited by young people and families (Actively Managed)	Sally Robinson	CAD
CAD R030	Failure to deal with sensitive, personal or confidential information in a secure way, resulting in loss of data with associated fines, loss of public confidence and/or damage to reputation.	Kay Forgie, Trevor Smith	CAD
CAD R054	Failure to ensure awareness and training of staff regarding safeguarding (Actively Managed)	John Mennear	CAD

SECTION 1 OUTCOME DETAILS			
Outcome:	12. 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	Theme:	Health and Wellbeing

Lead Dept:	Child and Adult Services	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Increase the number of people using assistive technology as a means to remain independent.	Mar 14	Geraldine Martin	CAD
Continue to increase the number of people accessing personal budgets through focused work in mental health services, developing personal budgets for carers and continued work with health partners.	Mar 14	Geraldine Martin	CAD
Further develop local arrangements to safeguard vulnerable adults, ensuring the engagement of all strategic partners and an appropriate and timely response to any new legislation that is introduced.	Mar 14	John Lovatt	CAD
Implement the recommendations from the Hearing Loss Strategy, as well as supporting people with a disability into employment.	Mar 14	Neil Harrison	CAD
Develop services to provide information and support to carers with a focus on short breaks and access to employment opportunities.	Mar 14	Geraldine Martin	CAD
Work collaboratively with partners to implement the National Dementia Strategy in Hartlepool.	Mar 14	Geraldine Martin	CAD
Continue to work in partnership with health partners to develop robust reablement services that promote maximum independence, facilitate people living in their own homes, avoid unnecessary admissions to hospital and enable timely and safe hospital discharges.	Mar 14	Geraldine Martin	CAD
Continue to promote independence and facilitate recovery for people with mental health needs by increasing the numbers of personal budgets and direct payments, promoting independence and increasing volunteering and employment opportunities.	Mar 14	Geraldine Martin	CAD
Continue to explore ways to improve efficiency and effectiveness of all services through benchmarking, new delivery models and collaborative working with other local authorities and strategic partners where appropriate, in order to deliver savings within adult social care that minimise impact on people using services.	Mar 14	Jill Harrison	CAD
Improve the transitions process to ensure every child and young person in transition (aged 14-25) with a disability has a person centred outcome focused plan for adulthood.	Mar 14	Neil Harrison	CAD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 125	Achieving independence for older people through rehabilitation / intermediate care	John Lovatt	Monitor	Financial Year	Not required			CAD
NI 130b	Social care clients receiving Self Directed Support	Geraldine Martin	Targeted	Financial Year	70%	80%	90%	CAD
NI 131	Delayed Transfers of Care (attributable to social care)	John Lovatt	Targeted	Financial Year	0	0	0	CAD
NI 132	Timeliness of social care assessment (all adults)	John Lovatt	Targeted	Financial Year	85%	85%	85%	CAD
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Geraldine Martin	Targeted	Financial Year	25%	30%	35%	CAD
NI 136	People supported to live independently through social services (all adults)	John Lovatt	Monitor	Financial Year	Not required			CAD
NI 145	Adults with learning disabilities in settled accommodation	Neil Harrison	Targeted	Financial Year	73%	73%	80%	CAD
NI 146	Adults with learning disabilities in employment	Neil Harrison	Monitor	Financial Year	Not required			CAD
NI 149	Adults in contact with secondary Mental Health in settled accommodation	Geraldine Martin	Targeted	Financial Year	70%	70%	70%	CAD
NI 150	Adults in contact with secondary mental health services in employment	Geraldine Martin	Monitor	Financial Year	Not required			CAD
P050	Access to equipment; percentage equipment delivered in 7 days.	Geraldine Martin	Targeted	Financial Year	91%	91%	91%	CAD
P051	Access to equipment and telecare: users with telecare equipment	Geraldine Martin	Targeted	Financial Year	1000	1250	1500	CAD
P066	Admissions to residential care – age 65+	John Lovatt	Targeted	Financial Year	90%	90%	TBC	CAD
P072	Clients receiving a review	John Lovatt	Targeted	Financial Year	75%	75%	75%	CAD
P079	Number of Safeguarding Referrals	John Lovatt	Monitor	Financial Year	Not required			CAD
P085	Proportion of people provided with a reablement package in the period per 1000 population of adults (over 18)	Trevor Smith	Monitor	Financial Year	Not required			CAD
P086	% of people provided with a reablement	Trevor Smith	Targeted	Financial Year	Not	TBC	TBC	CAD

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	package in the period as a % of clients referred for community care assessments in the period				Required			
P087	% of reablement goals (user perspective) met by the end of a reablement package/episode (in the period)	Trevor Smith	Targeted	Financial Year	Not Required	TBC	TBC	CAD
P088	% of people who received intermediate care or reablement package on discharge from hospital who remain at home 91 days after discharge (NI 125)	Trevor Smith	Targeted	Financial Year	Not Required	TBC	TBC	CAD
P089	% of people who have <u>no</u> ongoing care needs following provision of a completed reablement package	Trevor Smith	Monitor	Financial Year	Not required			CAD
P090	% of people not completing a reablement package as a total of those starting a reablement package in the period	Trevor Smith	Monitor	Financial Year	Not required			CAD
P091	% of people whose need for home care intervention has reduced through the provision of a reablement package	Trevor Smith	Monitor	Financial Year	Not required			CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R011	Failure to work in effective partnerships with NHS, including risk of cost shunting. (Actively Managed)	Jill Harrison	CAD
CAD R030	Failure to deal with sensitive, personal or confidential information in a secure way, resulting in loss of data with associated fines, loss of public confidence and/or damage to reputation.	Kay Forgie, Trevor Smith	CAD
CAD R033	Failure to plan for future need and ensure sufficient placement provision to meet demand within adult social care. (Actively Managed)	Jill Harrison	CAD
CAD R034	Insufficient capacity in the independent sector to meet placement demand within adult social care. (Actively Managed)	Geraldine Martin	CAD
CAD R035	Increased demand on adult social care services due to demographic pressures. (Actively Managed)	Jill Harrison	CAD
CAD R037	Failure to achieve targets in relation to assessments within 28 days and annual reviews, due to increased pressures on services. (Actively Managed)	John Lovatt	CAD
CAD R038	Failure to provide statutory services to safeguard vulnerable adult. (Actively Managed)	Jill Harrison	CAD
CAD R039	Impact of change to funding arrangements across adult social care services. (Actively Managed)	Jill Harrison	CAD
CAD	Failure to deliver the Reablement Strategy. (Actively Managed)	Jill Harrison	CAD

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R040			
CAD R041	Failure to recruit & retain suitable staff in adult social care. (Actively Managed)	Jill Harrison	CAD
CAD R043	Delayed transfers of care from hospital due to reduced capacity and changing working arrangements for hospital discharge. (Actively Managed)	John Lovatt	CAD
CAD R054	Failure to ensure awareness and training of staff regarding safeguarding (Actively Managed)	John Mennear	CAD

SECTION 1 OUTCOME DETAILS			
Outcome:	13. Hartlepool has reduced crime and repeat victimisation	Theme:	Community Safety

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Deliver in conjunction with partners a strategic assessment which is monitored through the Safer Hartlepool Partnership executive.	Dec 13	Lisa Oldroyd	RND
Deliver the Domestic Violence strategy action plan.	Mar 14	Sally Forth	RND
Ensure a co-ordinated approach to meeting the needs of victims of crime & disorder taking a victim centred approach	Mar 14	Sally Forth	RND
Implement CCTV Action Plan	Mar 14	Nicholas Stone	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RPD P029a	Number of Domestic Burglaries	Ian Worthy	Monitor	Financial	Not required			RND
RPD P028a	Number of reported crimes in Hartlepool	Ian Worthy	Monitor	Financial	Not required			RND
RPD P031a	Number of incidents of local violence (assault with injury & assault without injury)	Ian Worthy	Monitor	Financial	Not required			RND
RND P065	Number of repeat victims of crime	Ian Worthy	Monitor	Financial	Not required			RND
NI 32	Number of repeat incidents of domestic violence	Ian Worthy	Monitor	Financial	Not required			RND
RNDP047	Percentage of domestic related successful prosecutions	Ian Worthy	Monitor	Financial	Not required			RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R031	Failure to maintain co-operation of partners in CCTV operation	Sally Forth	RND
RND R032	Failure of officers to fully embrace their responsibilities under the terms of Section 17, Crime and Disorder Act 1998	Sally Forth	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	14. There is reduced harm caused by drugs and alcohol misuse	Theme:	Community Safety

Lead Dept:	Child and Adult Services	Other Contributors:	Regeneration and Neighbourhoods
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Ensure effective integrated treatment of Drug and Alcohol services	Mar 14	Chris Hart	CAD
Ensure effective criminal justice initiatives following appointment of the Police Crime Commissioner (PCC)	Mar 14	Chris Hart	CAD
Strengthen safeguarding and address Hidden Harm issues within substance misuse services	Mar 14	Karen Clark	CAD
Monitor Substance Misuse Action Plan as a key element of the Community Safety Plan	Mar 14	Sally Forth	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 30	Re-offending rate of prolific and other priority offenders.	Chris Hart	Targeted	Financial Year	Not Required	TBC	TBC	CAD
ACS P098	Number of substance misusers going into effective treatment – opiate	Chris Hart	Targeted	Financial Year	711	732	754	CAD
ACS P099	Proportion of substance misusers that successfully complete treatment – Opiate	Chris Hart	Targeted	Financial Year	10%	12%	TBC	CAD
ACS P100	Proportion of substance misusers who successfully complete treatment and re-present back into treatment within 6 months of leaving treatment	Chris Hart	Targeted	Financial Year	10%	10%	TBC	CAD
NI 39	Reduce alcohol related hospital admissions	Chris Hart	Targeted	Financial Year	Not Required	2% reduction year on year	TBC	CAD

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RND P073	Incidents of drug dealing and supply	Lisa Oldroyd	Monitor	Financial	Not required	RND
RND P074	Number of young people found in possession of alcohol	Lisa Oldroyd	Monitor	Financial	Not required	RND
NEW	Perceptions of people using or dealing drugs in the community	Lisa Oldroyd	Monitor	Financial	Not required	RND

SECTION 4 RISKS				
Code	Risk	Assignee	Dept	
CAD R006	Alcohol investment does not enable the provision of sufficient services to meet the increased level of need. (Actively Managed)	Michelle Chester; Chris Hart	CAD	
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)	Michelle Chester; Chris Hart	CAD	
CAD R018	Government reduces grant allocations i.e. Pooled Treatment and DIP (Drug Intervention Programme)	Michelle Chester; Chris Hart	CAD	

SECTION 1 OUTCOME DETAILS			
Outcome:	15. Communities have improved confidence and feel more cohesive and safe	Theme:	Community Safety

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	Chief Executives
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Implement the PREV ENT action plan as guided by the Silver group.	Mar 14	Sally Forth	RND
Develop new Anti-Social Behaviour Strategy and action plan in line with Government policy	Mar 14	Sally Forth	RND
Monitor the implementation of the community cohesion framework action plan	Mar 14	Adele Wilson	RND
In conjunction with partners improve reporting, recording, and responses/interventions to vulnerable victims and victims of hate crime.	Mar 14	Nicholas Stone	RND
Introduce restorative practice across Safer Hartlepool partners to give victims a greater voice in the criminal justice system.	Mar 14	Sally Forth	RND
Assist the implementation of the Safer Hartlepool Partnership Communications Action Plan to improve public reassurance	Mar 14	Alastair Rae	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RPD P035	Number of criminal damage to dwellings	Rachel Parker	Monitor	Financial	Not required			RND
RPD P034	Number of deliberate fires in Hartlepool	Rachel Parker	Monitor	Financial	Not required			RND
NEW	Number of individuals attending WRAP workshops	Sally Forth	Targeted	Financial	225	300	TBC	RND
NEW	Number of Anti-social Behaviour Incidents reported to the Police	Rachel Parker	Monitor	Financial	Not required			RND
NEW	Perceptions of drunk or rowdy behaviour as a problem	Rachel Parker	Monitor	Financial	Not required			RND

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NEW	Number of reported Hate Incidents	Rachel Parker	Monitor	Financial	Not required			RND
NEW	Number of partners trained in restorative practice	Sally Forth	Targeted	Financial	Not required	300	TBC	RND

SECTION 4 RISKS								
Code	Risk					Assignee		Dept
RND R032	Failure of officers to fully embrace their responsibilities under the terms of Section 17, Crime and Disorder Act 1998					Sally Forth		RND

SECTION 1 OUTCOME DETAILS			
Outcome:	16. Offending and re-offending has reduced	Theme:	Community Safety

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Monitor delivery of the offending and re-offending action plan	Mar 14	Sally Forth	RND
Work with the Probation service to implement Fast Forward – a tenancy awareness course aimed at preparing their client group to sustain a tenancy with a view to meeting the requirements of the Good Tenant Scheme.	Mar 14	Nicholas Stone	RND
Embed the Think Families, Think Communities (TF/TC) approach to reducing crime and anti-social behaviour, improving educational attendance and reducing worklessness, resulting in reduced costs to the public purse.	Mar 14	Lisa Oldroyd	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RND P067	Re-offending rates of High Crime Causers (HCCs) (adults)	Lisa Oldroyd	Targeted	Financial	7.8	TBC	TBC	RND
NEW	Number of Families Engaged through Think Families / Think Communities (TF/TC) Programme	Lisa Oldroyd	Targeted	Financial	97	229	TBC	RND
NEW	Number of families where results have been claimed through Think Families/Think Communities (TF/TC)	Lisa Oldroyd	Targeted	Financial	Not required	86	TBC	RND
NEW	Number of successful tenancies sustained through Fast Forward Programme	Nicholas Stone	Monitor	Financial	Not required			RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R032	Failure of officers to fully embrace their responsibilities under the terms of Section 17, Crime and Disorder Act 1998	Sally Forth	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	17. Hartlepool has an improved natural and built environment	Theme:	Environment

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Adopt the Hartlepool Local Plan which sets out the spatial vision, strategic objectives and core policies for the Borough for the next 15 years	Aug 13	Chris Pipe	RND
Adopt a Green Infrastructure SPD (Supplementary Planning Document) which will safeguard and improve the built and natural environment within the Borough.	Mar 14	Chris Pipe	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
None Identified								

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R059	Failure to provide a 'sound' Planning Policy Framework leading to a lack of clear planning guidance	Christine Pipe	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	18. Quality local environments where public and community open spaces are clean, green and safe	Theme:	Environment

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Encourage volunteer and community input into local green space management.	Mar 14	Deborah Jefferson	RND
Investigate funding opportunities for the development of green space areas across the town.	Mar 14	Chris Wenlock	RND
Consult, develop and deliver year 1 projects of capital improvements to allotment sites.	Mar 14	Helen Beaman	RND
Develop and deliver a more integrated approach to environmental enforcement with key stakeholders.	Mar 14	Alison Carberry	RND
Undertake a review of service delivery and implement changes in street cleansing, grounds maintenance and highways to reflect the proposed revisions to refuse rounds	Dec 13	Jon Wright	RND
Work in conjunction with partners to develop local environmental work placement opportunities that add value to the existing service by improving the quality of the local environment	Mar 14	Jon Wright	RND
Monitor identified Contaminated Land sites, taking action as identified.	Mar 14	David Wilson	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RND P070	No. of Volunteer days spent working on local green space management initiatives	Deborah Jefferson	Monitor	Financial	Not required			RND
RND P061	Achieve Quality Coast Award for Seaton Carew beach	Debbie Kershaw	Targeted	Financial	Yes	Yes	Yes	RND
RND P050	Percentage of streets that fall below an acceptable level of cleanliness	Jon Wright	Targeted	Financial	12.5	12.5	TBC	RND
NEW	Number of individuals gaining work	Jon Wright	Monitor	Financial	Not required			RND

	experience and accredited qualifications					
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SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R075	Financial and environmental implications of addressing contaminated land issues	David Wilson	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	19. Provide a sustainable, safe, efficient, effective and accessible transport system	Theme:	Environment

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Seek funding for highway improvements in the A689/ Wynyard area, particularly through developer contributions. (ERS 2.30)	Mar 14	Mike Blair	RND
Deliver year 3 schemes as identified in the Local Transport Plan 2011 -15	Mar 14	Peter Frost	RND
Develop the Integrated Transport Unit through partnership, collaboration and income related strategies, sustaining core services	Mar 14	Paul Robson	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 167	Congestion – average journey time per mile during the morning peak	Peter Frost	Monitor	Financial	Not required			RND
NI 47	The % 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.	Peter Frost	Targeted	Calendar	33	31	TBC	RND
NI 48	The % change in the number of Children killed or seriously injured in road traffic accidents during the calendar year compared to the average of the previous 3 years.	Peter Frost	Targeted	Calendar	6	6	TBC	RND
NI 168	The percentage of principal roads where maintenance should be considered	Mike Blair	Targeted	Financial	4%	12%	TBC	RND
NI 169	The percentage of non-classified roads where maintenance should be considered	Mike Blair	Targeted	Financial	4%	12%	TBC	RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R054	Failure to maintain infrastructure to acceptable standard resulting in additional cost implications through insurance claims	Mike Blair	RND
RND R078	Failure to develop an integrated transport strategy	Paul Robson	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	20. Hartlepool is prepared for the impacts of climate change and takes action to mitigate the effects	Theme:	Environment

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Undertake tender process for the development of a wind generation scheme at Brenda Road.	Sep 13	Paul Hurwood	RND
Implement actions of the Joint Strategic Needs Assessment (JSNA) Scrutiny review with regard to the environment.	Mar 14	Paul Hurwood	RND
Deliver the carbon reduction strategy and associated action plans	Mar 14	Paul Hurwood	RND
Develop and deliver a programme of community 'energy efficiency' and climate change adaption promotions	Mar 14	Paul Hurwood	RND
Engage with Hartlepool Chamber of Commerce to disseminate information on climate change adaptation.	Mar 14	Paul Hurwood	RND
Consult and promote a community 'Collective Energy Switching' programme throughout the Borough	Mar 14	Dave Hammond	RND
Implement changes to Waste Management Service including changes to kerbside collections; route optimisation and provision of 4 day working week for refuse operatives.	Jul 13	Craig Thelwell	RND
Secure approval and implement wave over topping protection works at the Town Wall	Mar 14	David Wilson	RND
Undertake phase 2 of the Seaton Carew sea defence works	Mar 14	David Wilson	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 185	Percentage CO2 reduction from local authority operations	Paul Hurwood	Monitor	Financial	Not required			RND

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NI 186	Percentage per capita reduction in CO2 emissions in the LA area	Paul Hurwood	Monitor	Financial	Not required			RND
NI 191	Number of kilograms of residual household waste collected per household	Fiona Srogi	Targeted	Financial	710	705	700	RND
NI 192	Percentage of household waste sent for reuse, recycling or composting	Fiona Srogi	Targeted	Financial	45%	47%	49%	RND
NI 193	Percentage of municipal waste land filled	Fiona Srogi	Targeted	Financial	5%	5%	5%	RND

SECTION 4 RISKS				
Code	Risk	Assignee	Dept	
RND R067	Failure to achieve recycling targets resulting in loss of income and additional costs.	Fiona Srogi	RND	
RND R076	Consequences of climate change through the failure of the Council to tackle climate issues locally	Paul Hurwood	RND	
RND R087	Income fluctuations in the market for recyclable materials resulting in difficulties in budget planning and forecasting.	Fiona Srogi	RND	

SECTION 1 OUTCOME DETAILS			
Outcome:	21. Hartlepool has an improved and more balanced housing offer that meets the needs of residents and is of high quality design	Theme:	Housing

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Collate information about the distribution of all registered provider tenure types across the town and use this to assess the impact of new products on tenure choice across the borough. (Housing Strategy 1A7)	Mar 2014	Nigel Johnson	RND
Continue to achieve improvements in the number of private sector homes constructed to lifetime home standards and relevant government energy efficiency levels. (Housing Strategy 1B1)	Mar 2014	Chris Pipe	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 155	Number of affordable homes delivered (gross)	Nigel Johnson	Targeted	Financial	80	50	TBC	RND
LAA H P002	Sustainable homes constructed (Housing Strategy)	Chris Pipe	Targeted	Financial	50	TBC	TBC	RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R057	Reduction in funding for housing investment	Nigel Johnson	RND
RND R061	Inability to meet very high levels of local housing needs including affordable housing	Nigel Johnson	RND
RND R062	Effective delivery of housing market renewal affected by external decisions and funding	Nigel Johnson	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	22. Hartlepool has improved housing stock where all homes across tenures offer a decent living environment	Theme:	Housing

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Work with landlords to prevent homes from becoming long-term empty through early intervention.	Mar 14	Amy Waller	RND
Implement actions following the outcome of the consultation and evaluation of the selective licensing review.	Mar 14	Lynda Igoe	RND
Registered providers to improve their stock to 'decent homes plus' standard (Housing Strategy 2B2)	Mar 14	Nigel Johnson	RND
Support landlords to carry out energy efficiency works to deal with excess cold hazards through education and promotion of the benefits (Housing Strategy 2E2)	Mar 14	Nigel Johnson	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
LAA H P001	Number of long term (over 6 months) empty homes brought back into use.	Nigel Johnson	Targeted	Financial	57	TBC	TBC	RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R015	Failure to secure funding for delivery of empty homes strategy	Nigel Johnson	RND
RND R061	Inability to meet very high levels of local housing needs including affordable housing	Nigel Johnson	RND
RND R062	Effective delivery of housing market renewal affected by external decisions and funding	Nigel Johnson	RND

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RND R053	Failure to respond to and implement changes to selective licensing	Nigel Johnson	RND
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SECTION 1 OUTCOME DETAILS			
Outcome:	23. Housing Services and housing options respond to the specific needs of all communities within Hartlepool	Theme:	Housing

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Review and monitor the impact of welfare and social housing reforms on tenancy sustainability, homelessness, tenancy satisfaction and vulnerable people on the housing waiting list.	Mar 14	Karen Kelly	RND
Implement changes to the Choice Based Letting (CBL) scheme (Common Allocations Policy) following the review in 2012	Mar 14	Karen Kelly	RND
Assist people to maintain independent living through the provision of minor adaptations.	Mar 14	Karen Kelly	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
RND P051	Number of households where homelessness has been prevented through Local Authority action	Lynda Igoe	Targeted	Financial	12	9	9	RND
RPD P107	Average waiting time for a Disabled Facility Grant to be completed	Karen Kelly	Targeted	Financial	Not required	95 days	TBC	RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R070	Failure to provide correct housing advice to the public.	Lynda Igoe	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	24. People enjoy equal access to leisure, culture, sport, libraries which enrich their lives, improve the places where they live, and strengthen communities.	Theme:	Culture and Leisure

Lead Dept:	Child and Adult Services	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Achieve Service Accreditation as required across community services.	Mar 14	John Mennear	CAD
Develop on-line booking services across community services, including sports & culture	Mar 14	David Worthington / Pat Usher	CAD
Work closely with key partners and groups to deliver programmes of activity to meet the sport and physical activity needs of the Hartlepool community, increasing participation opportunities.	Mar 14	Pat Usher	CAD
Undertake a strategic lead for the delivery of Sport and physical activity through the Community Activities Network	Mar 14	Pat Usher	CAD
Improve access to Culture & Information services and develop new audiences.	Mar 14	David Worthington	CAD
Implement Olympic Legacy Action Plan	Mar 14	Pat Usher	CAD
Implement revised sport & physical activity strategy action plan	Mar 14	Pat Usher	CAD
Implement outcome of the agreed scrutiny report into the museum collections action plan	Mar 14	David Worthington	CAD
Implement reviewed archaeology delivery arrangements to safeguard the service	Mar 14	Robin Daniels	CAD
Identify, determine and evaluate alternative management arrangements for community services	Mar 14	John Mennear	CAD
Revision and adoption of the Indoor Sports Facilities Strategy	May 13	Pat Usher	CAD
Conduct twice yearly review of the Playing Pitch Strategy (2012)	Mar 14	Pat Usher	CAD
Review implications of Income generation, funding, savings, charging strategies on service provision	Mar 14	John Mennear	CAD
Plan and deliver a number of events, in partnership with other Cultural organisations in the Tees Valley, in relation to the festival of the North East and the centenary of beginning of World War I.	Mar 14	David Worthington	CAD

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To review the provision of Children's holiday craft/arts workshops across Community Services to ensure the most effective delivery and marketing methods.	Mar 14	David Worthington	CAD
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SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 9	Use of public libraries	David Worthington	Monitor	Financial Year	Not required			CAD
NI 10	Visits to museums and galleries	David Worthington	Monitor	Financial Year	Not required			CAD
LAA CL P001	Number of people from vulnerable groups engaged in culture, leisure activities and sport	Leigh Keeble	Targeted	Financial Year	1,115	1,115	1,115	CAD
P059 (LAA CL 003)	Overall average attendance at Mill House, Brierton and Headland Leisure Centres	Pat Usher	Targeted	Financial Year	410,000	TBC	TBC	CAD
P062	Number of housebound people receiving a home visit from the home library service once every 3 weeks, for as long as they require the service.	David Worthington	Targeted	Financial Year	567	567	TBC	CAD
PO84	Maintain & enhance the Historic Environment Record (HER) via % reviewed, edited and added.	Robin Daniels	Monitor	Financial Year	Not required			CAD
P011	People in organised school trips to museums / galleries	David Worthington	Monitor	Financial Year	Not required			CAD
New	No of volunteers actively engaged for 1 hour p/w on Sport & Physical Activity delivery	Pat Usher	Monitor	Financial Year	Not required			CAD
New	Level of external partnership funding attracted to deliver new initiatives/commissioned work in Sport & Culture	Pat Usher	Monitor	Financial Year	Not required			CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R013	Failure to achieve required customer and visitor income levels	John Mennear	CAD

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CAD R044	Failure to retain suitably skilled staff in the Museum Service (Actively Managed)	John Mennear	CAD
CAD R045	Failure to deliver statutory elements of the Library Service (Actively Managed)	John Mennear	CAD
CAD R046	Failure to provide statutory service of archaeological planning advice and Historic Environment Record (Actively Managed)	John Mennear	CAD
CAD R052	Failure to meet the licensing requirements of the Adventurous Activity Licensing Authority (Actively Managed)	John Mennear	CAD
CAD R053	Failure to adhere to the recommended standards regarding pool safety management (Actively Managed)	John Mennear	CAD
CAD R055	Failure to establish new partnerships and meet funding conditions of external partners in relation to grant funding, MOU's or SLA's (Actively Managed)	John Mennear	CAD
CAD R056	Lack of adequate investment in public buildings affecting ability to income generate (Actively Managed)	John Mennear	CAD
CAD R057	Impact of recruitment freeze, gaps in staffing caused by length of time taken in process and use of redeployed staff lacking appropriate skills and experience (Actively Managed)	John Mennear	CAD
CAD R058	Failure to adhere to recommendations of the Playing Pitch Strategy (Actively Managed)	John Mennear	CAD

SECTION 1 OUTCOME DETAILS			
Outcome:	25. Local people have a greater voice and influence over local decision making and the delivery of services	Theme:	Strengthening Communities

Lead Dept:	Regeneration and Neighbourhoods	Other Contributors:	Chief Executives
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Support the development of the Voluntary & Community Sector (VCS) Strategy Action Plan	Mar 14	Fiona Stanforth	RND
Deliver the Community Pool Funding Programme	Mar 14	Fiona Stanforth	RND
Develop a Neighbourhood Plan for the Rural Area of Hartlepool in line with Neighbourhood Planning policy under the Localism Act 2011	Mar 14	Adele Wilson	RND
Develop a Neighbourhood Plan for The Headland in line with Neighbourhood Planning policy under the Localism Act 2011	Mar 14	Adele Wilson	RND
Refresh the Neighbourhood Management and Empowerment Strategy Action Plan.	Mar 14	Adele Wilson	RND
Monitor the progress of priorities outlined in the eleven Ward Profiles developed across the town.	Mar 14	Adele Wilson	RND
Support the delivery of Face the Public Events by the Strategic Partners Group and Theme Groups	Mar 14	Catherine Grimwood	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NEW	Percentage of residents feeling that they can influence decisions that affect their local area	Adele Wilson	Targeted	Financial	Not required	25%	TBC	RND
RND P052	Number of voluntary and community groups supported	Adele Wilson	Targeted	Financial	Not required	40	TBC	RND
NEW	Number of neighbourhood plans ratified	Adele Wilson	Targeted	Financial	Not required	2	TBC	RND

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R056	Failure of service providers to focus resources on neighbourhood renewal areas	Clare Clark	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	26. Make a positive contribution – people are involved with the community and society	Theme:	Strengthening Communities

Lead Dept:	Child and Adult Services	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Work in partnership with Parents Forum – 1 Hart (One Heart, One Mind, One Future) to design services	Mar 14	Tracy Liverase	CAD
Implement the participation strategy	Mar 14	Mark Smith	CAD
Work in partnership with the Children in Care Council to influence and shape corporate parenting	Mar 14	Jane Young	CAD
Provide and evaluate the impact of positive activities for children and young people	Jul 13	Mark Smith	CAD
Ensure a wide range of learning opportunities are available which encourage community involvement via implementation of the Adult Education Service Plan	Jul 14	Maggie Heaps	CAD

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
NI 110	Young people's participation in positive activities	Beth Storey	Monitor	Financial Year	Not required			CAD
New	Participation in Looked After Children reviews	Sally Robinson	Monitor	Financial Year	Not required			CAD

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CAD R028	Failure to provide reasonable access to safe and appropriate out of school activities for young people	Mark Smith	CAD

SECTION 1 OUTCOME DETAILS			
Outcome:	27. Improve the efficiency and effectiveness of the organisation	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	Regeneration and Neighbourhoods Child and Adult Services
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Develop and implement the workforce plan to support the Councils corporate efficiency programme	Mar 14	Rachel Clark	CED
Review and update Medium Term Financial Strategy (MTFS)	Mar 14	Chris Little	CED
Determine and implement a revised programme to deliver the savings required in light of MTFS and budget settlement for 2013/14 and 2014/15.	Mar 14	Andrew Atkin / Chris Little	CED
Develop proposals for consideration by members in respect of collaboration for Corporate Services.	Dec 13	Andrew Atkin / Chris Little	CED
Review contract arrangements for the corporate performance management system.	Mar 14	Catherine Grimwood	CED
Review of Corporate ICT Strategy to ensure it continues to support Corporate Objectives including opportunities to use ICT to generate efficiency savings across the Authority	Mar 14	Joan Chapman	CED
Delivery of key projects identified in ICT Strategy	Mar 14	Joan Chapman	CED
Improve awareness of information security requirements and individual responsibilities through training and online communication	Mar 14	Paul Diaz	CED
Implement HR Insight corporate toolset to improve employee establishment and organisational data	Jun 13	Kevin Shears	CED
Implement HR Insight Leave Management module	Dec 13	Kevin Shears	CED
Financially model Local Council Tax Support Scheme costs and underlying assumptions	Sep 13	John Morton	CED
Review the Council's Commissioning and Procurement Strategy	Mar 14	David Hart	RND
Deliver the accommodation strategy including the vacation of Bryan Hanson House	Mar 14	Dale Clarke	RND

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Deliver capital receipts in line with programme	Mar 14	Dale Clarke	RND
Develop a Facilities Management strategy	Jul 13	Karen Oliver	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
CEDCS P042	Actual savings from efficiency and savings Programme	Andrew Atkin / Chris Little	Targeted	Financial Year	£6.6m	£5.4m	£5.5m (initial planning assumptions)	CED
ICT PI 4	Percentage of ICT incidents resolved within agreed service levels	John Bulman	Targeted	Financial Year	96%	96%	96%	CED
ICT SI 3	Unavailability of ICT services to users	John Bulman	Targeted	Financial Year	4.25%	4.25%	4.25%	CED
CEDCS P017	Number of website hits – unique visitors	Paul Diaz	Targeted	Financial Year	325,000	+ 5%	+ 5%	CED
CEDFI P001	Percentage of Invoices paid in 30 days	Kevin Shears	Targeted	Financial Year	94%	95%	96%	CED
CEDFI P030	Percentage of Local Supplier Invoices paid in 10 days	Kevin Shears	Targeted	Financial Year	85%	85%	85%	CED
CEDFI P002	Percentage of Council Tax Collected	Roy Horseman	Targeted	Financial Year	97%	95%	95%	CED
CEDFI P003	Percentage of Business Rates Collected	Roy Horseman	Targeted	Financial Year	98%	98%	98%	CED

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CED R073	Maintain skill and knowledge of appropriate employees across the Council in relation to PM, risk, consultation, complaints and data quality procedures through the Efficiency and Savings Programme	Catherine Grimwood	CED
CED R089	Experiencing failure or lack of access to Critical ICT systems (Actively Managed)	Andrew Atkin	CED
CED R091	Failure to have corporately adequate arrangements in place to manage and deliver the budget strategy and the savings programme	Andrew Atkin; Chris Little	CED
CED	The Council is targeted by individuals / organisations in order to launder money from criminal activity	Chris Little	CED

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R042			
CED R043	Treasury management decisions on borrowing and investment fail to optimise benefit for council	Chris Little	CED
CED R053	Poor workforce planning and development may lead to poor service delivery / behaviour by employees	Wally Stagg	CED
CED R054	A major health and safety accident or incident may occur as a result of employees actions or inactions	Stuart Langston	CED
CED R056	Failure of external occupational health etc suppliers / providers to consistently provide services, leading to HR not delivering services to departments.	Stuart Langston	CED
CED R057	Failure to achieve external income leading to budget reductions resulting in a reduction of staff.	Wally Stagg	CED
CED R068	Failure to carry out a statutory process	Peter Devlin	CED
CED R069	Failure to support the HR aspects of the savings programme leading to a detrimental impact on services	Rachel Clark, Gillian Laight, Wally Stagg, Alison Swann	CED
CED R072	The Council becomes a target for fraudulent activities	Noel Adamson	CED
CED R083	Failure to provide council services during emergency conditions	John Morton	CED
CAD R008	Damage / Disruption due to violence to staff, health & safety incidents or poor working conditions (Actively Managed)	Peter McIntosh	CAD
CAD R016	Failure to safeguard physical assets and ensure contingencies in place	Peter McIntosh	CAD
RND R085	Failure to achieve the Council's Capital Receipts target because of the difficult economic climate and market conditions	Dale Clarke	RND
RND R047	Failure to execute procurement activities within the guidelines leading to challenges to contract award decisions.	David Hart	RND

SECTION 1 OUTCOME DETAILS			
Outcome:	28. Deliver effective customer focussed services, meeting the needs of diverse groups and maintaining customer satisfaction	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	Regeneration and Neighbourhoods
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Replace contact centre telephony solution	Mar 14	Christine Armstrong	CED
Enhance booking system capabilities	Mar 14	Christine Armstrong	CED
Improve on-line facilities for customers	Mar 14	Christine Armstrong	CED
Deliver contact centre roll-in and service development programme	Mar 14	Christine Armstrong	CED
Ensure that the Council has procedures in place to meet the requirements of the Equality Act 2010 by co-ordinating activities across departments to meet the items included in the Equality & Diversity Action Plan	Mar 14	Christine Armstrong	CED
Coordinate corporate complaints process and responses to Local Government Ombudsman complaints	Mar 14	Catherine Grimwood	CED
Provide training and support to ensure appropriate consultation mechanisms are employed by council employees	Mar 14	Catherine Grimwood	CED
Complete View point surveys 40, 41 and 42	Mar 14	Catherine Grimwood	CED
Promote and disseminate the results of the Hartlepool Household Survey	Oct 13	Catherine Grimwood	CED
Review DWP Funded Discretionary Housing Payment Policy Framework	Sep 13	Julie Pullman	CED
Develop Engagement Strategy for DWP Universal Credit Roll out	Sep 13	Julie Pullman	CED
Enhance monitoring arrangements for Registration Service performance management framework	Mar 14	Christine Armstrong	CED
Undertake a review of the advice and guidance services provided by the council to the public with a view to determining their most effective delivery and as part of this a review of the current provision of services through the contact centre	Aug 13	Graham Frankland	RND

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
CEDCAWS P001	Average wait in seconds for telephone calls to be answered	Julie Howard	Targeted	Financial Year	30 secs	30 secs	30 secs	CED
CEDCAWS P002	Average wait in minutes for face to face customers without an appointment	Julie Howard	Targeted	Financial Year	15 mins	15 mins	15 mins	CED
CEDCAWS P003	% of Contact Centre emails handled the same day	Julie Howard	Targeted	Financial Year	90%	90%	90%	CED
CEDCAWS P004	% of Contact Centre enquires handled at the first point of contact	Julie Howard	Targeted	Financial Year	85%	85%	85%	CED
New	% of customers satisfied with Contact Centre service delivery	Julie Howard	Targeted	Financial Year	90%	90%	90%	CED
CEDCS P062	Total Complaints investigated by LGO Investigative Team (including Reports Issued)	David Hunt	Monitor	Financial Year	Not required			CED
CEDCS P063	Number of Complaint Reports Issued by LGO Investigative Team	David Hunt	Monitor	Financial Year	Not required			CED
COMPLAINTS P3	Total Number of Corporate Complaints Upheld or Partly Upheld	David Hunt	Monitor	Financial Year	Not required			CED
New	Average number of View Point Questionnaire responses	Lisa Anderson	Monitor	Financial Year	Not required			CED
CEDCS P057	Percentage of View Point Questionnaire responses made online	Lisa Anderson	Monitor	Financial Year	Not required			CED
CEDFIP004	Average time to process new Housing Benefit / Council Tax Support claims	Julie Pullman	Targeted	Financial Year	20 days	20 days	20 days	CED
CEDFI P005	Average time to process Housing Benefit / Council Tax Support changes in circumstances	Julie Pullman	Targeted	Financial Year	9 days	9 days	9 days	CED
Reg1(i)	% births registered within 42 days	Elaine Cook	Monitor	Financial Year	Not required			CED
Reg1(ii)	% still-births registered within 42 days	Elaine Cook	Monitor	Financial Year	Not required			CED
Reg1(iii)	% deaths registered within 7 days, excluding registrations following post mortems and inquests	Elaine Cook	Monitor	Financial Year	Not required			CED

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Reg1(iv)	% deaths after post mortem registered within 7 days	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg2.A.1(i)	% birth registration/declaration appointments offered within 7 days	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg2.A.1(ii)	% still-birth registration/declaration appointments offered within 2 working days	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg2.A.1(iii)	% death registration/declaration appointments offered within 2 working days	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg2.A.1(iv)	% notice of marriage/civil partnership appointments offered within 7 days	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg2.A.2	% of registration customers seen within 10 minutes of appointment time	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg3	% registration certificate applications processed within 7 days of receipt	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg4	% of satisfied customers for registration service	Elaine Cook	Monitor	Financial Year	Not required	CED
Reg5	Number of formal complaints received (actual and as % of all registrations)	Elaine Cook	Monitor	Financial Year	Not required	CED

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
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)	Andrew Atkin	CED
CED R052	Failure of Contact Centre to improve service delivery	Christine Armstrong	CED
CED R028	Failure to provide Statutory Registration duties (including IT system)	Christine Armstrong	CED

SECTION 1 OUTCOME DETAILS			
Outcome:	29. Maintain effective governance arrangements for core business and key partnerships	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Provide full opinion on Governance arrangements to the Audit and Governance Committee	May 2014	Noel Adamson	CED
Support of the development and updating of the Constitution	Mar 14	Peter Devlin/ Amanda Whitaker	CED
Support of Council's Governance structure	Mar 14	Amanda Whitaker	CED
Implement findings of Peer Review Action Plan	TBC	Corporate Management Team	CED
Evaluate the effectiveness of partnership arrangements in the Borough including the Strategic Partners Group and Theme Groups and ensure that appropriate governance arrangements are in place.	Dec 13	Catherine Grimwood	CED
Award new ICT contract	Oct 13	Joan Chapman	CED
Ensure lawfulness and fairness of decisions	Mar 14	Peter Devlin	CED
Maintain and promote Councils whistle blowing policy	Mar 14	Peter Devlin	CED
Promote and maintain high standards of conduct by members and co-opted members	Mar 14	Peter Devlin	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
None Identified								

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CED R037	Failure to embed risk management framework leads to service/governance failures resulting in reputation/financial loss	Catherine Grimwood	CED
CED R094	Failure to deliver a new ICT contract	Andrew Atkin	CED
CED R095	Failure to have in place effective governance arrangements	Andrew Atkin; Peter Devlin	CED
CED R007	Decision making meetings not taking place due to a loss of council facilities or serious problems preventing Councillors / staff attending	Amanda Whitaker	CED
CED R060	Failure to deliver an effective Corporate Legal Service	Alyson Carmen	CED
CED R079	Full opinion on governance arrangements not provided	Noel Adamson	CED

SECTION 1 OUTCOME DETAILS			
Outcome:	30. Maintain effective Performance, Finance and Risk Management Arrangements	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Implement reclassification and valuation of highways assets	Dec 13	Chris Little	CED
Produce statement of accounts	Jun 14	Chris Little	CED
Review 2013/14 service planning approach and make recommendations to improve service planning for 2014/15	Oct 12	Catherine Grimwood	CED
Agree and implement service planning framework for 2014/15	May 14	Catherine Grimwood	CED
Coordinate quarterly performance and risk reporting for 2013/14 to ensure well informed decision making and accountability of Members and senior managers	May 14	Catherine Grimwood	CED
Undertake performance indicator review to ensure adherence to data quality policy	Mar 14	Catherine Grimwood	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
None Identified								

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CED R031	Performance management arrangement fails to operate as intended resulting in unanticipated service/governance failure within the Council / Partnership	Catherine Grimwood	CED
CED R063	Lack of data quality for performance information results in poor decision making and worsening performance	Catherine Grimwood	CED

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CED R076	Partnership structures no longer fit for purpose resulting in relationship breakdown between Hartlepool Borough Council and key partners.	Catherine Grimwood	CED
CED R096	Lack of data quality of consultation conducted results in poor decision making and worsening performance	Catherine Grimwood	CED
CED R080	Statutory deadlines for the production of the Councils accounts may not be met	Chris Little	CED

SECTION 1 OUTCOME DETAILS			
Outcome:	31. Maintain the profile and reputation of the Council	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Produce 4 editions of the community magazine, Hartbeat, on a zero budget	Mar 14	Alastair Rae	CED
Ensure that appropriate mechanisms are in place to ensure effective communication in relation to new public health responsibilities	Apr 13	Alastair Rae	CED
Ensure that effective mechanisms are in place to explain the budget pressures facing the Council	Jun 13	Alastair Rae	CED
Continue to develop social networking and new media opportunities to promote the work and services of the Council	Mar 14	Alastair Rae	CED
Seize opportunities to promote Hartlepool Council and the town in general on a national and international platform	Mar 14	Alastair Rae	CED
Ensure that the public relations income generation target is met	Mar 14	Alastair Rae	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
CEDCS P027	The percentage of readers who read some or most of the content of Hartbeat	Alastair Rae	Monitor	Triennial	Not required			CED
New	Increase the number of 'followers' and 'likes' on Twitter and Facebook	Alastair Rae	Monitor	Financial Year	Not required			CED

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
CED	The failure to maintain a positive/excellent reputation.	Alastair Rae	CED

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R005			
CED R092	The risk of ineffective delivery of PR representation when the Council PR Team is representing more than one organisation	Alastair Rae	CED
CED R051	Failure to comply with legislation leading to unlawful acts, loss of morale, poor industrial relations and / or accidents to employees resulting in industrial, criminal or civil action against the Council.	Wally Stagg	CED
CED R055	Significant breach of confidentiality and / or personal data security creating poor industrial relations and morale leading to criminal and / or civil proceedings and adverse publicity	Rachel Clark	CED
CED R062	The risk of a breach of conduct by elected members / co-opted members	Peter Devlin	CED

SECTION 1 OUTCOME DETAILS			
Outcome:	32. Deliver effective Member and Workforce arrangements, maximising the efficiency of the Council's Democratic function	Theme:	Organisational Development
Lead Dept:	Chief Executives	Other Contributors:	

SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Review Workforce Strategy including Member Development	Mar 14	Wally Stagg	CED
Improve the control of significant health and safety risks to ensure that they are identified and that they are appropriately managed.	Mar 14	Stuart Langston	CED
Develop and implement the Council's annual health promotion plan.	Mar 14	Stuart Langston	CED
Implement the Equal Pay Audit action plan (Year 1)	Mar 14	Wally Stagg	CED
Respond to the JNC for Local Governments Review of its Job Evaluation Scheme	Mar 14	Wally Stagg	CED
Support of the development and updating of the constitution, to reflect the changes to policy and the Law	Mar 14	Peter Devlin	CED
Provide legal advice and support to officers and members	Mar 14	Peter Devlin	CED
Support of School Admission and Exclusion Appeal Hearings	Mar 14	Amanda Whitaker	CED
Maintain and develop the statutory Scrutiny function and Work Programme	Mar 14	Joan Stevens	CED
Monitor recommendations made across all Overview and Scrutiny Investigations and report progress to relevant Committees – Jul 13 and Jan 2014	Mar 14	Joan Stevens	CED
Prepare and deliver the Overview and Scrutiny Annual Report (2012/13)	Mar 14	Joan Stevens	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
CEDCS P012	Percentage of draft Minutes of Non Policy Committee meetings produced within 10 days of the meeting	Amanda Whitaker	Monitor	Financial Year	Not required			CED
CEDCS P013	Percentage of draft Minutes of Policy Committee meetings produced within 4 days of the meeting	Amanda Whitaker	Monitor	Financial Year	Not required			CED
CEDCS P014	Percentage of Minutes of Policy Committee meetings published within 5 days of the meeting	Amanda Whitaker	Monitor	Financial Year	Not required			CED

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
New	That a material safety breach of health and safety legislation is identified by the HSE resulting in a significant Fee for Intervention (FFI) being applied.	Stuart Langston	CED
CED R088	Future and current equal pay claims including settlement of, or adverse findings in ET of existing equal pay claims	Wally Stagg	CED
CED R061	Electoral problems / failures / legal challenges lead to Mayor / Councillors not being elected to Council	Peter Devlin	CED

SECTION 1 OUTCOME DETAILS			
Outcome:	33. Ensure the effective implementation of significant government policy changes	Theme:	Organisational Development

Lead Dept:	Chief Executives	Other Contributors:	
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SECTION 2 ACTIONS			
Action	Due Date	Assignee	Dept
Review implementation of Open Data White paper requirements	Oct 13	Catherine Grimwood	CED
Implement and monitor Local Welfare Support Scheme (Local Social Fund responsibility)	Dec 13	John Morton	CED
Implement and monitor Local Council Tax Support scheme	Sep 13	John Morton	CED
Implement Government Auto Enrolment Pension Reforms	Jun 13	Kevin Shears	CED
Implement PAYE Real Time Information programme	Apr 13	Kevin Shears	CED
Develop implementation strategies for Pension Changes 2014	Mar 14	Kevin Shears	CED
Implement Council Tax exemptions / discounts technical changes	Mar 14	Roy Horseman	CED
Implement statutory acts of compliance with regards to new and emerging legislation including commencement provisions and secondary legislation of the Localism Act 2011, Police Reform and Social Responsibility Act 2011, Protection of Freedom Act 2012 and the Health and Social Care Act 2012.	Mar 14	Peter Devlin	CED

SECTION 3 PERFORMANCE INDICATORS & TARGETS								
Code	Indicator	Assignee	Targeted or Monitor	Collection Period (e.g. Financial/academic)	2012/13 Target	2013/14 Target	2014/15 Target	Dept
None Identified								

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
None Identified			

SCRUTINY CO-ORDINATING COMMITTEE REPORT



Report of: Director of Public Health

Subject: FINAL DRAFT OF THE JOINT HEALTH AND
WELLBEING STRATEGY

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to present to Scrutiny Co-ordinating Committee the final draft of the joint Hartlepool Health and Wellbeing Strategy (JHWS) for comment.
- 1.2 Members requested at a previous meeting, that they wished only to be updated on the changes since the second draft of the strategy in the interests of efficiency. Therefore, the changes that have been made are highlighted in section 3. A copy of the final draft of the strategy is available in the member's library and online.

2. BACKGROUND

- 2.1 NHS reforms require the Local Authority with partner agencies including the NHS to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA). The final strategy must be adopted by April 2013. The strategy should focus on not only protecting the health of the population but improving it through a range of evidence based interventions.
- 2.2 The strategy is based on the Marmot Report (2010) focusing on the following policy areas:
 - Give every child best start in life
 - Enable all children and young people to maximise capabilities
 - Enable all adults to maximise capabilities
 - Create fair employment and good work for all
 - Ensure a healthy standard of living for all
 - Create and develop healthy and sustainable places
 - Strengthen the role and impact of ill health prevention

3. CONSIDERATIONS FOR SCRUTINY CO-ORDINATING COMMITTEE

3.1 The following amendments have been made to the draft Health and Well Being Strategy since the second draft was presented to the Forum in January 2013:

- Foreword added
- Section 3. The Case for improving Health and Wellbeing in Hartlepool.

The map showing life expectancy within our old wards has been replaced with two new maps. The first (figure 1) shows levels of deprivation within our new wards and the second (figure 2) shows the Standard Mortality Ratio within the new Wards and the correlation between poor health and deprivation.

- Section 7. Strategic Priorities

The Key Outcomes and Objectives of the strategy have been added to this section.

- Section 8. Strategy Ownership and Review.

This section has been added to explain the strategy ownership and how the Annual Action Plan will be managed and reviewed.

- Appendix 3 - The NHS Hartlepool Stockton on Tees CCG Plan on a page has been updated.

3.2 The annual action plan for the strategy is still being revised and the final version of this plan will be presented with the strategy to full Council in April 2013.

4. NEXT STEPS - PROCESS AND TIMESCALES

4.1 The following timetable below outlines the next steps in final political approval of the Strategy.

Step 4 - Political Approval for Strategy. March – April 2013.		
Where	Description	Date of Meeting
Health Scrutiny Forum	Final Strategy for approval	7 March 2013
Scrutiny Co-ordinating Committee	Final Strategy for approval	8 March 2013
Shadow Health & Wellbeing Board	Final Strategy for approval	11 March 2013

Cabinet	Final Strategy for approval	2 April 2013
Council	Final Strategy for approval	11 April 2013

5. RECOMMENDATIONS

- 5.1 Scrutiny Co-ordinating Committee is asked to comment on the final version of the Hartlepool Health and Wellbeing Strategy and note that the strategy and final action plan will be presented to Council in April 2013.

6. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

Appendix A - Draft Hartlepool Health and Wellbeing Strategy and Action Plan.

Appendix B - Equality Impact Assessment of Draft Health and Wellbeing Strategy.

7. BACKGROUND PAPERS

- 7.1 Report to Scrutiny Co-ordinating Committee on 27th July 2012 regarding consultation process for Health and Well Being Strategy.

Report to Scrutiny Co-ordinating Committee on 19th October 2012 regarding first draft of Health and well Being Strategy.

Report to Scrutiny Co-ordinating Committee on 19th January 2013 on second draft of Health and Well Being Strategy.

8. CONTACT OFFICER

Louise Wallace
Director of Public Health
4th Floor Civic Centre
Hartlepool Borough Council

HARTLEPOOL HEALTH AND WELLBEING STRATEGY 2013-18

|

DRAFT

Foreword

Healthy people living longer, healthier lives is the aspiration of the Hartlepool Health and Wellbeing Board.

This newly created Board brings together a range of agencies, including the Council and the Clinical Commissioning Group for the NHS, with a joint ambition to support people to make healthier choices, maximise opportunities for wellbeing and ensure a healthy standard of living for all.

This Strategy sets out how the Health & Wellbeing Board for Hartlepool intends to achieve this ambition.

The Strategy is not all about treating illness, although high quality accessible services are vital when needed; it is also about helping people to make healthier choices. Detecting illness early and ensuring people get effective and timely treatment is essential. Equally important for health is the need for people to live in good quality, affordable housing, with education and employment opportunities to maximise control and capabilities, as well as achieving a good standard of living for all.

This Strategy intends to address the challenges of ill health and premature death in Hartlepool. In Hartlepool there is a 9 year gap between affluent and deprived communities in how long a man might expect to live. This life expectancy gap is 7 years for women. This is a great social injustice, which is unfair and needs tackling through all of the interventions and actions proposed through this Strategy.

This Strategy is based on what you, the people of Hartlepool, have told the Health & Wellbeing Board matters. The public consultation that was undertaken when developing this Strategy showed that the people of Hartlepool wanted their children to have the “best start in life”.

Through the energy, effort and drive of all involved in this Strategy, that is what we aim to do. Not only give the “best start in life”, but the best health and wellbeing throughout life and make Hartlepool a healthier, happy and vibrant town.

Partnership organisations

To be added: Sign-up page with organisations' logos.

1. Vision

The vision of the Hartlepool Health & Wellbeing Strategy is to:

Improve health and wellbeing and reduce health inequalities among the population of Hartlepool.

This will be achieved through integrated working, focusing on outcomes and improving efficiency.

2. Purpose

The Joint Health and Wellbeing Strategy (JHWS) is a strategic document outlining how Hartlepool Borough Council, Hartlepool and Stockton Clinical Commissioning Group and other key organisations, through the Health and Wellbeing Board, will address the health and wellbeing needs of Hartlepool and help reduce health inequalities.

The Health and Social Care Act (2012) establishes Health and Wellbeing Boards as statutory bodies responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment and Health and Wellbeing Strategy for their area¹. The Strategy is underpinned by the Joint Strategic Needs Assessment (JSNA) and together they will provide a foundation for strategic, evidence-based, outcomes-focused commissioning and planning for Hartlepool².

3. The case for improving health and wellbeing in Hartlepool

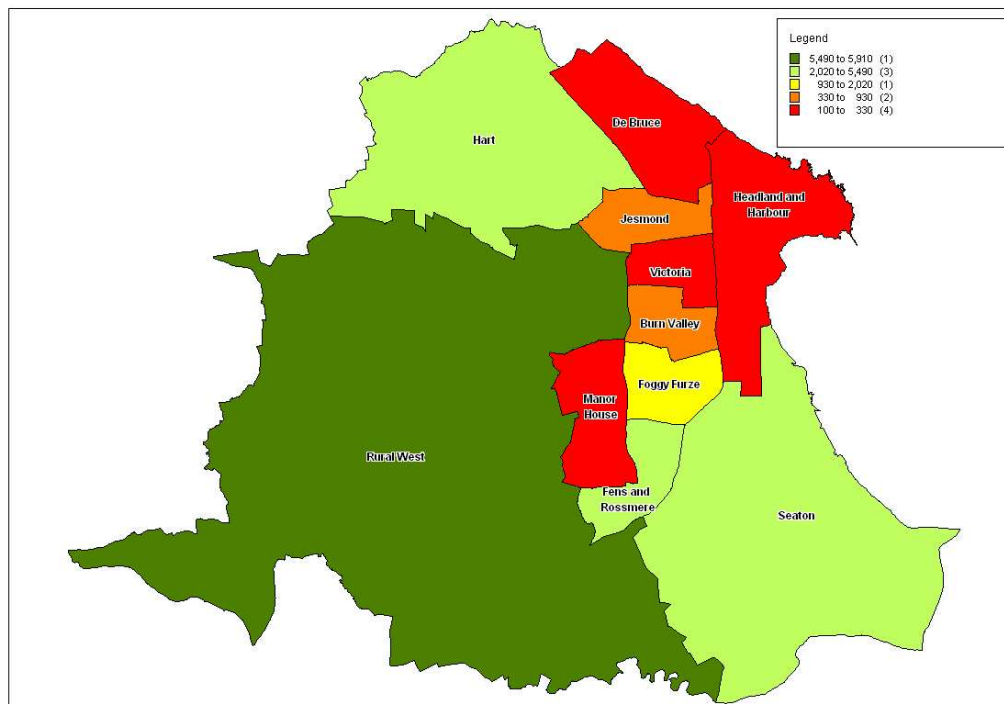
Health in Hartlepool is generally improving. There has been a fall in early deaths from heart disease and stroke; and the rate of road injuries and deaths is better than the England average³.

However, there is still much to do (**Box 1**). Health in Hartlepool is still worse than the national average. Levels of deprivation are higher and life expectancy is lower than the national average. **Figure 1** shows the levels of deprivation in Hartlepool and **Figure 2** shows the difference in Standard Morality Ratio (SMR) between the deprived and more affluent areas of the Borough.

Box 1: At a glance: Health initiatives and challenges in Hartlepool³

- Levels of deprivation are higher and life expectancy is lower than the England average.
- Inequalities exist: life expectancy is 9 years lower for men living in the most deprived areas, compared to least deprived areas. The difference is 7 years for women.
- Over the last 10 years, the death rate from all causes has fallen for men but has fluctuated for women.
- The early death rate from cancer has changed little over the last 10 years.
- Both the death rate from smoking and the percentage of mothers smoking in pregnancy are worse than the England average.
- Alcohol-related hospital admissions are higher than the national average.
- Childhood immunisations rates are significantly lower than the national average.
- 25% of Year 6 pupils are classed as obese, this is the highest in the Tees Valley.

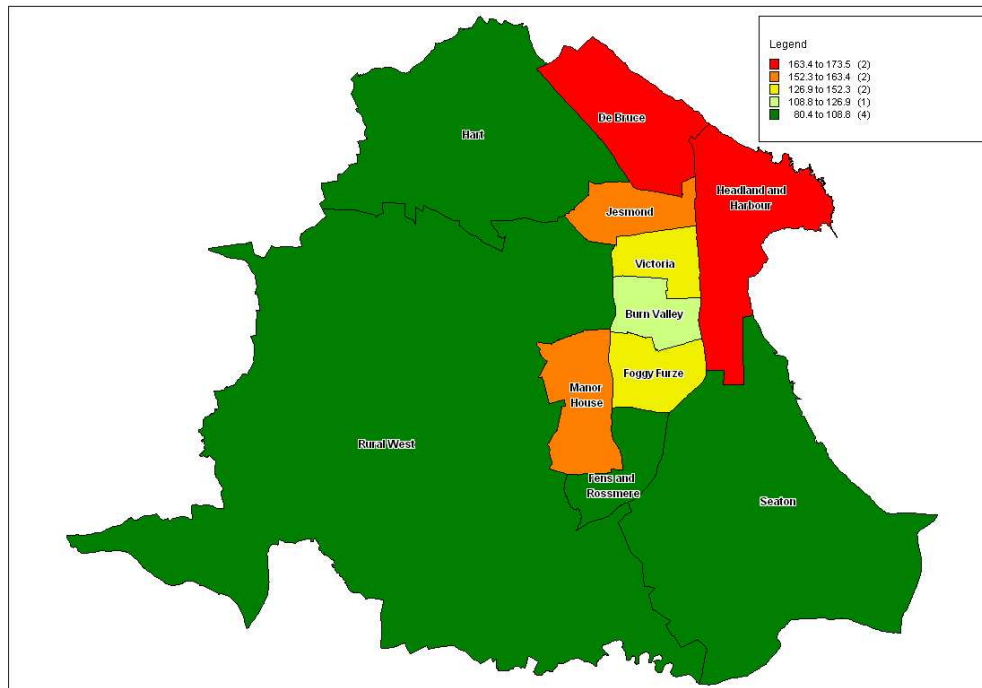
Figure 1: Index of Multiple Deprivation at Ward level in Hartlepool



The Index of Multiple Deprivation provides a relative measure of deprivation in small areas across England. They are based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to general lack of resources and opportunities. The above map shows the levels of deprivation within Hartlepool by Ward. The IMD 2010, tells us that there are high levels of deprivation within six of Hartlepool's eleven wards; those being De Bruce, Headland and Harbour,

Victoria, Manor House, Jesmond and Burn Valley. There is a clear correlation between levels of deprivation and poor health. The lower a persons social position the more likely it is that his or her health will be worse.

Figure 2: Standard Mortality Ratio in Hartlepool (Ages 0 – 64)

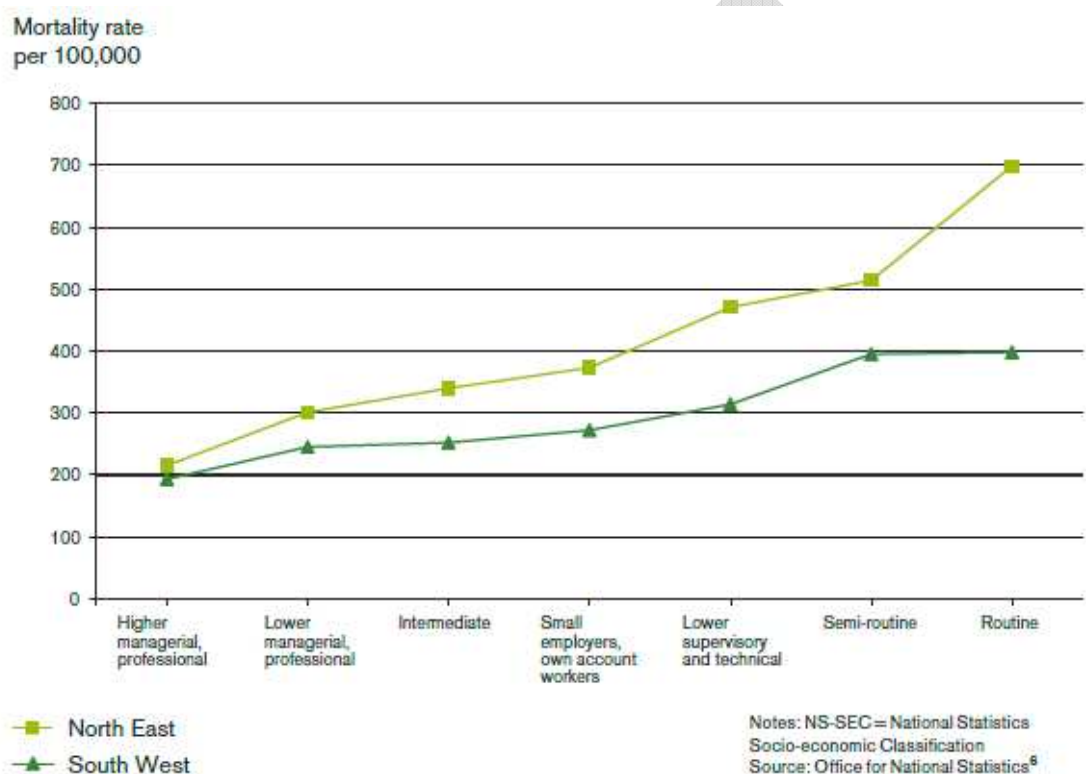


The Standard Mortality Ratio (SMR) compare local death rates with national ones. They are calculated by dividing the actual number of deaths in an area by the number that would be expected using National death rates by ages and sex of the population. The resulting number is multiplied by 100. If an area has an SMR of 100, this indicates that local death rates are similar to National rates. If they are greater than 100, this indicates higher death rates than the national average and vice versa. SMRs are often used as proxy indicators for illness and health within an area. Clearly there is a link between SMR and levels of deprivation with Hartlepool's most disadvantaged Wards having a significantly higher score than the national average.

There is a 9 year difference in male life expectancy between the most advantaged and the most disadvantaged wards in Hartlepool^{3,14}. We know that socio-economic inequalities lead to inequalities in life expectancy and disability-free life expectancy. Furthermore, the relationship between these is finely graded – for every decrease in socio-economic conditions, both life expectancy and disability-free life expectancy drop. Social and economic inequalities are important causes of this relationship⁴. In his *Strategic Review of Health Inequalities in England* (2010)⁴, Prof. Sir Michael Marmot argues that fair distribution of health, wellbeing and sustainability will impact positively on the country's economic growth. To improve health and wellbeing, action is needed

across all social determinants of health to reduce health inequalities; and to make a difference, action to improve health and wellbeing should be across all socio-economic groups but tailored to a greater scale and intensity as the level of disadvantage increases⁴. As demonstrated in **Figure 3**, the effect of socioeconomic disadvantage on life expectancy is greater in more disadvantaged areas. However, the effect is also more pronounced in the North East compared to the South West, for all socioeconomic groups.

Figure 3: Age-standardised mortality rates by socioeconomic classification (NS-SEC) in the North East and South West regions, men aged 25-64, 2001-2003⁴



We also know that focusing on early years interventions – giving children the best start in life – helps deliver the greatest benefits in health inequalities and economic terms. Health and wellbeing improvements delivered during childhood can reap benefits both in early life and throughout the individual's life-course⁴.

4. What does this Strategy cover?

This Strategy outlines the strategic health and wellbeing priorities for Hartlepool. It builds on the good work already underway, whilst maximising the opportunity for better integration of services and closer partnership working presented by moving much of the NHS Public Health services, into Local Authorities. Working together with other areas in the North East will help achieve better outcomes and

value, for the 'big issues' in health and wellbeing⁵. The Strategy supports the ten themes of *Better Health, Fairer Health* (2008)^{5,6} – the North East's vision and 25 year plan for improving Health and Wellbeing which is supported by other Local Authorities across the North East (**Box 2**).

Box 2: *Better Health, Fairer Health* (2008)⁶

- Economy, culture and environment
- Mental health, happiness and wellbeing
- Tobacco
- Obesity, diet and physical activity
- Alcohol
- Prevention, fair and early treatment
- Early life
- Mature and working life
- Later life
- A good death

'Health and Wellbeing' has a broad remit and it will be important for a range of partner organisations to work together, to deliver improvement. This Strategy focuses on areas of work impacting directly on health and wellbeing, or acting as clear 'wider determinants' of health and wellbeing.

The National Review of Health Inequalities, 'Fair Society, Healthy Lives', led by Prof. Sir Michael Marmot, drew on extensive global research into Health inequalities. Reflecting on inequalities in our society and health inequalities in particular, Prof. Sir Marmot stated: *'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. Greater intensity of action is likely to be needed for those with a greater social and economic disadvantage. But focussing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem'*.

The Marmot review identified six 'Areas for Action'. These are:

- Give every child the best start in life;
- Enable all children, young people and adults to maximise their capabilities and have control over their lives;
- Create fair employment and good work for all;
- Ensure a healthy standard of living for all;
- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill health prevention.

To focus activity in these areas, the key outcomes within this strategy reflect these wider determinants.

Other elements of health and wellbeing (initially summarised by Dahlgren and Whitehead in their social model of health⁷ - **Appendix 1**) will be outside the direct remit and influence of the Health and Wellbeing Board and its partner organisations. They will be delivered through associated strategies and work programmes within Hartlepool Borough Council, the NHS and associated partners. Communication and governance processes will ensure links between departments and strategies to limit duplication, further build joint working and integration and enable economies of scale. The action plan underpinning the Strategy will define the activities needed to deliver the outcomes in the Strategy, and the partners responsible. The work will take place in the context of local service provision, including the Momentum project, which focusses on redesigning services and providing care closer to home.

5. Our Values

To work together successfully and achieve the vision set out in this Strategy, it is important that all organisations involved sign up to and work within, a set of shared values^{8,9}. For Hartlepool, these values fit with the proposed operating principles for Boards⁸ and the Board Terms of Reference. The values are:

- Partnership working and increased integration^{2,8} across the NHS, social care and Public Health
- Focus on health and wellbeing outcomes
- Focus on prevention
- Focus on robust evidence of need and evidence of 'what works'
- Ensure the work encompasses and is embedded in the three 'domains' of Public Health practice: Health Protection, Health Services and Health Improvement¹⁰
- Shared decision-making and priority-setting, in consultation with CCGs and other key groups
- Maintain an oversight of and work within the budgets for health and wellbeing
- Support joint commissioning and pooled budget arrangements, where all parties agree this makes sense
- Maximise the process of democratic accountability and develop the Strategy and related plans in consultation with the public and service users

The Health and Wellbeing Board and the Health and Wellbeing Strategy provide the opportunity to maximise partnerships and evidence base, generating new ways of tackling health and wellbeing challenges. This includes recognising and mobilising the talents, skills and assets of local communities to maximise health and wellbeing¹¹.

6. Identifying our key outcomes

The Strategy's key outcomes and objectives have been developed in consultation with stakeholders and with the following in mind:

- Services Hartlepool Borough Council will be mandated to provide from April 2013¹². The services are listed in **Appendix 2**.
- Clinical Commissioning Group draft plans
The Strategy has been developed in close liaison with the Clinical Commissioning Group for Hartlepool and Stockton-on-Tees, whose draft Clear and Credible plan¹³ has highlighted key challenges: cardiovascular disease; cancer; smoking –related illness e.g. COPD; alcohol-related disease. These areas reflect the results of a 2010 public engagement campaign, which recorded the views of 1883 people regarding priorities for them and their families. See **Appendix 3** for an overview of the draft CCG commissioning plan.
- The Health and Wellbeing Strategy should be read in conjunction with the Joint Strategic Needs Assessment (JSNA). The JSNA is currently being refreshed through engaging partners and will outline the commissioning intentions for health and social care. The JSNA website address is <http://www.teesjsna.org.uk/hartlepool/>
- Hartlepool Public Health Transition Plan
The transition plan outlines the proposed activity to be funded through the Public Health budget (**Appendix 4**).

Stakeholder engagement and consultation

It is very important that this Strategy reflects both the evidence available about population health and wellbeing need; and the views and priorities of stakeholders. Stakeholders have been involved throughout the development of the Strategy, including the public, service users and partner organisations. The Shadow Health and Wellbeing Board membership which owned the Strategy included LINKS representation, democratically elected members, NHS organisations and Local Authority representation.

A full consultation process provided the opportunity to identify the public's priorities for health and wellbeing in Hartlepool; and the outcomes of the consultation have been reflected in the priorities for the Strategy. The consultation process and a summary of its outcomes is outlined in **Appendix 5**.

7. Strategic priorities and objectives

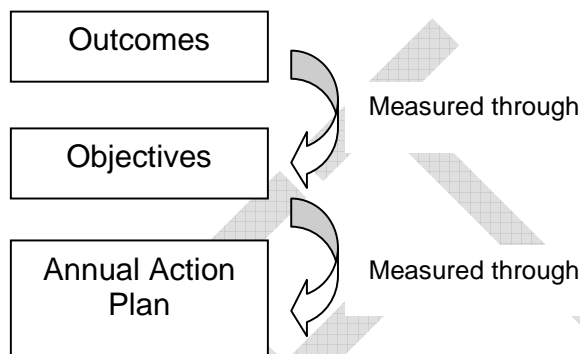
The outcomes outlined within the Strategy reflect the 'areas for action' identified by Marmot reflecting the wider determinants of health and wellbeing.

The key objectives that sit beneath each outcome are aligned with a number of key strategies being delivered across the Borough to ensure the effective coordination of delivery. The objectives show how the Health and Wellbeing Board for Hartlepool will deliver on the outcomes identified, and meet the challenge set out by Marmot's suggested 'areas for action'. The key objectives are:

Outcome 1: Give every child the best start in life	
Objective A	Reduce child poverty
Objective B	Deliver early intervention strategy
Outcome 2: Enable all children and young people to maximise their capabilities and have control over their lives	
Objective A	Children and young people are empowered to make positive choices about their lives
Outcome 3: Enable all adults to maximise their capabilities and have control over their lives	
Objective A	Adults with health and social care needs are supported to maintain maximum independence.
Objective B	Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved.
Objective C	Meet Specific Housing Needs
Outcome 4: Create fair employment and good work for all	
Objective A	To improve business growth and business infrastructure and enhance a culture of entrepreneurship
Objective B	To increase employment and skills levels and develop a competitive workforce that meets the demands of employers and the economy
Outcome 5: Ensure healthy standard of living for all	
Objective A	Address the implications of Welfare Reform
Objective B	Mitigate against the impact of poverty and unemployment in the town
Outcome 6: Create and develop healthy and sustainable places and communities	
Objective A	Deliver new homes and improve existing homes, contributing to Sustainable Communities
Objective B	Create confident, cohesive and safe communities
Objective C	Local people have a greater influence over local decision making and delivery of services
Objective D	Prepare for the impacts of climate change and takes action to mitigate the effects
Objective E	Ensure safer and healthier travel
Outcome 7: Strengthen the role and impact of ill health prevention	
Objective A	Reduce the numbers of people living with preventable ill health and people dying prematurely
Objective B	Narrow the gap of health inequalities between communities in Hartlepool

Delivery on the objectives will be ensured through an annual action plan which supports this Strategy. The action plan specifies the detailed initiatives to deliver on the objectives and will also include, amongst others, the indicators identified in the Public Health Outcomes Framework¹⁵. **Figure 2** summarises the mechanism for ensuring delivery on the key outcomes.

Figure 2: Delivering on the key outcomes



Due to the broad nature of health and wellbeing, improvements will only be seen if the health and wellbeing agenda is also embedded in wider relevant Local Authority strategies and services. The action plan outlines how this is being done.

8. Strategy ownership and review

This Strategy is owned by the Health and Wellbeing Board. Although the Strategy is a 5 year document it will be reviewed by the Board every 3 years to ensure that it remains relevant and continues to reflect local priorities.

Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will set out agreed timescales for delivery and clear ownership for the actions. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The key risks for implementing the Strategy will also be identified. The Board will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough.

The next review of the Health & Wellbeing Strategy will take place by April 2016.

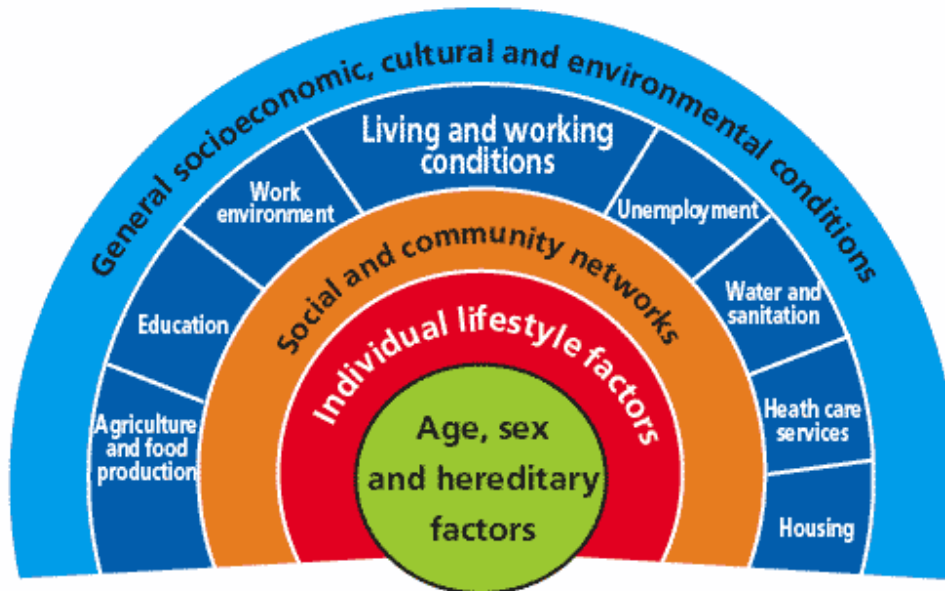
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Appendices

Appendix 1: Social model of health (Dahlgren and Whitehead, 1998)⁷



Appendix 2:

Local Authority mandated services¹²

Under the coalition government's proposals for the new Public Health system, Local Authorities will be mandated to provide the following from April 2013:

- Appropriate access to sexual health services
- Steps to be taken to protect the health of the population, in particular, giving the Director of Public Health a duty to ensure there are plans in place to protect the health of the population
- Ensuring NHS commissioners receive the public health advice they need
- The National Child Measurement Programme
- NHS Health Check assessment

Consideration is also being given locally to the various additional services not covered by this list, which would be important to continue to provide e.g. stop smoking services.

Appendix 3: NHS Hartlepool and Stockton-On-Tees CCG – Plan on a Page 2013/14

13

Vision (CCP page 7)		Strategic Aims (CCP page 12)		Transformational Work Streams & Cross cutting themes (CCP page 12)		Prioritised Initiatives (Commissioning Intentions) [link to outcome framework domains]		Outcome framework	Risks
<div>To build 21st century health services for and with the Stockton-On-Tees and Hartlepool communities so that health inequalities reduce and wellbeing continuously improves.</div> <div><div>Bringing care closer to home</div><div>Tackling Health Inequalities</div><div>Caring for an ageing population</div><div>Addressing our priority health conditions</div><div>Improving quality in primary care</div><div>Ensuring quality and patient safety</div><div>Improving patient experience</div><div>Seeking best value for money within budget</div></div>						<div>Health and Wellbeing</div> <div>Priority</div> <div>Maternal smoking at delivery</div>	<ul style="list-style-type: none">Commission sufficient capacity to meet the demand of the screening programmesWork with Primary Care Providers to increase uptake of bowel screeningReduce Hospital Admissions in relation to alcohol;<ul style="list-style-type: none">Signposting to support services offered to patients identifiedCollaborate with Public Health in relation to delivery of the alcohol strategy and determine future requirements for commissioned servicesReduce smoking prevalence;<ul style="list-style-type: none">Collaborate with Public Health to develop a joint strategy in relation to smoking cessation services to improve access and attendance and focus on improving the quit rate of women smoking at time of deliveryEnsure the smoking cessation services are linked to the Community Renaissance TeamsReduce COPD Admissions<ul style="list-style-type: none">Carry out a review of acute and community respiratory servicesCommission a range of preventative initiatives such self care packs and patient education	<div>Preventing people from dying prematurely</div> <div>Enhancing quality of life for people with long-term conditions.</div> <div>Helping people recover from episodes of ill health or following injury</div> <div>Ensuring that people have positive experience of care</div> <div>Treating and caring for people in a safe Environment and protecting them from harm:</div>	Monitoring effective partnership and membership engagement
						<div>Out of Hospital Care</div> <div>Priority</div> <div>Emergency</div> <div>Readmissions within 30 days of discharge</div> <div>From hospital</div>	<ul style="list-style-type: none">Improve the Quality of Care within Residential and Nursing Homes<ul style="list-style-type: none">All residential/ nursing home patients will have a regularly reviewed Health Care Plan (HCP)Triage and signpost patients who are not appropriate to be seen in A&E to the relevant care provider in order to support the re-education programmeImplement management plans for all patients identified by the LACE tool as being at high risk of readmissionReview and audit of the new community services modelDeveloping integrated health care facilities in Stockton, Billingham, Hartlepool and YarmTo improve the quality and capacity in Primary Care<ul style="list-style-type: none">Better understand capacity and demand within Primary Care to determine future commissioning intentContinue to support Primary Care in reducing variation in General Practice, both in terms of quality and financial spendReduction in readmissions		Balancing capacity and demand to counter the financial pressures of an ageing and growing population and technological advances
						<div>Acute In-Hospital Care</div>	<ul style="list-style-type: none">Continued Reduction in C2C ReferralsReduction in N:R ratio and review of Nurse delivered clinicsExtend the Hartlepool plastics service to include access for Stockton patientsChoose & Book<ul style="list-style-type: none">Ensure letters are reviewed prior to clinics to ensure patients are attending correct clinicsEnsure patients are redirected to most appropriate clinics where wrong referral has been madeEnsure advice and guidance is available via Choose and BookImplement revised MSK pathway<ul style="list-style-type: none">Pathway to include direct access to core Physiotherapy and direct access to MSKThe CCG expects where referral is sent to incorrect, referral will automatically refer on to appropriate service without sending back to GP or requesting a re-referralWork with providers to reduce the number of delayed dischargesReview of Commissioner Requested Services (CRS) to establish any additional services the CCG requiredWork with Provider to ensure that routine services are offered 7 days a week		Contract Signature for 13/14
						<div>Mental Health, Learning Disabilities and Dementia</div> <div>Priority</div> <div>Estimated diagnosis Rate for people with Dementia</div>	<ul style="list-style-type: none">Robust and accurate registers of patients with DementiaDevelopment of a pilot memory clinic within a primary care settingPerinatal Mental Health – to ensure compliance with NICE guidance including potential for specialist community serviceContinued development of Mental Health Payment by ResultsEnsure CAMHS services meet NICE requirements and improves assessment to diagnosis waiting timesReview of 'Stepping Forward' model for vulnerable, high activity MH patientsOut of Area specialist placements/rehab services - to identify potential opportunities for developing services for low volume/high cost cases closer to homeTEWV Primary Care Therapy Services - align both the funding and contract management to the existing Any Qualified ProviderDevelopment of alternative rehabilitation and recovery services to support complex individual residentsReview current commissioning arrangements for specialist sensory assessments and develop local pathwayE-Communications<ul style="list-style-type: none">Implementation of e-discharge solution which transfers information directly into clinical system (inpatient and outpatients)Implementation of Choose and Book, including advice and guidanceProvide independent assessments of individuals with Learning Disabilities to establish to most appropriate packages of care that fulfils their needsMovement of patients from autism inpatient and assessment of treatment beds into community based settingsWork collaboratively with Social Care Commissioners to deliver improved, joined up services to people whose needs are complex and whose behaviour is challenging to servicesIdentify all young people that require a Health Action PlanSupport Health funded individuals through bridging packagesSupport the use of quality checkers to advise on and highlight areas that may require reasonable adjustment		Impact of transition of specialist commissioning to NHSCB
						<div>Medicines Optimisation</div>	<ul style="list-style-type: none">Improve Costs in relation HCD spend<ul style="list-style-type: none">Commissioned services will continue to use defined and standard list of drugs and indications that will be accepted for pass-through paymentExisting contracts held by providers will be reviewed, and the CCG will be consulted on these prior to entering or re-negotiating a contract, for the provision of specialist drugs via a third party providerTo improve the quality of discharge information and medication supply<ul style="list-style-type: none">Patients will be provided with at least 28 days supply of long-term medicines, appliances and nutritional supplements on dischargePatients will be supplied a "monitored dosage system" where this was in use prior to admission, or has been deemed necessary by valid assessment during the in-patient stayPatients will be supplied full treatment course for all drugs where a defined treatment course is indicated e.g. antibiotics, steroidsSelf administration of medication in secondary care		Delay in implementing Momentum: Pathways to Healthcare

Appendix 4: Hartlepool Public Health Transition Plan: Proposed activity to be funded from the Public Health budget

NB: Subject to confirmation of the budgets available.

Public health topic	Proposed activity to be funded from Public Health budget
Sexual health	Testing and treatment of sexually transmitted infections, fully integrated termination of pregnancy services, all outreach and preventative work
Immunisation against infectious disease	School immunisation programmes, such as HPV.
Seasonal mortality	Local initiatives to reduce hospital admissions and seasonal excess deaths
Accidental injury prevention	Local initiatives such as falls prevention and reducing childhood injuries
Public mental health	Mental health promotion, mental illness prevention and suicide prevention
Nutrition	Locally led initiatives
Physical activity	Local programmes to reduce inactivity; influencing town planning such as the design of built environment and physical activities role in the management / prevention of long term conditions
Obesity programmes	Local programmes to prevent and treat obesity, e.g. delivering the National Child Measurement programme; commissioning of weight management services
Drug misuse	Drug misuse services, prevention and treatment
Alcohol misuse	Alcohol misuse services, prevention and treatment
Tobacco control	Tobacco control local activity, including stop smoking services, prevention activity, enforcement and awareness campaigns
NHS Health check	Assessment and lifestyle interventions
Health at work	Local initiatives on workplace health and responsibility deal
Prevention and early presentation	Behavioural/ lifestyle campaigns/ services to prevent cancer, long term conditions, campaigns to prompt early diagnosis
Children's public health 5-19	The Healthy Child Programme for school age children, school nurses, health promotion and prevention interventions by the multi professional team
Community safety and violence prevention and response	Specialist domestic violence services that provide counselling and support services for victims of violence including sexual violence
Social exclusion	Support for families with multiple problems, such as intensive family based interventions
Dental Public Health	Targeting oral health promotion strategies to those in greatest need.

Appendix 5: Consultation process for identifying objectives

The Strategy consultation ran from June – October 2012, in line with Local Authority consultation processes and statutory responsibilities. It consisted of:

A 'Face the Public' event

Approximately 70 people attended, representing a range of organisations from the community, voluntary and statutory sector and elected members.

A resource-allocation exercise

Set up in a range of venues including the shopping centre, the library, children's centres, GP surgeries and youth centres. The exercise asked members of the public to allocate £25 'virtual pounds' across the Marmot policy areas. 465 members of the public took part. 'Giving every child the best start in life' was the most popular priority amongst participants with almost 30% of the total budget allocated to this area.

When broken down by the type of venue, 'giving every child the best start in life' is the most popular priority across all venues, however this percentage is significantly less in the results obtained within libraries, where there was a more even spread across each priority area.

The next most popular was 'ensure a healthy standard of living for all' (16%).

An online survey

Open to the general public, the survey asked respondents to prioritise a range of suggested interventions listed under each Marmot policy area. Respondents were asked to choose the 3 most important issues under each Marmot area. They were:

- Give every child the best start in life – levels of child poverty (60%) and better parenting (62%). Next most popular: early years education (up to age 5) 25%
- Enable all children and young people to maximise their capabilities and have control over their lives – employment and training (60%), educational attainment (48%), aspirations of young people
- Enable all adults to maximise their capabilities and have control over their lives – employment and training opportunities (81%), aspiration levels (58%), educational attainment (57%)
- Create fair employment and good work for all – access to good jobs (78%), access to good quality training (52%), young people not in education or training (46%)
- Ensure a healthy standard of living for all – job opportunities (63%), having the level of income needed for leading a healthy life (55%), unemployment levels (43%)
- Create and develop healthy and sustainable places – levels of anti-social behaviour (53%), access to good quality housing for all (48%), good quality transport (37%)

- Strengthen the role and impact of ill health prevention – levels of obesity (62%), smoking levels (56%), alcohol intake (48%)

Free-text comments generally fitted with the areas of work that were presented as options for responders in the rest of the survey.

Consultation was also carried out with existing members of the LINKS. The draft Strategy was also shared with the CCG, through discussion at the CCG locality meeting, and through CCG membership on the Health and Wellbeing Board.

DRAFT

**HARTLEPOOL HEALTH AND WELLBEING STRATEGY
2013-18**

DRAFT

Foreword

Healthy people living longer, healthier lives is the aspiration of the Hartlepool Health and Wellbeing Board.

This newly created Board brings together a range of agencies, including the Council and the Clinical Commissioning Group for the NHS, with a joint ambition to support people to make healthier choices, maximise opportunities for wellbeing and ensure a healthy standard of living for all.

This Strategy sets out how the Health & Wellbeing Board for Hartlepool intends to achieve this ambition.

The Strategy is not all about treating illness, although high quality accessible services are vital when needed; it is also about helping people to make healthier choices. Detecting illness early and ensuring people get effective and timely treatment is essential. Equally important for health is the need for people to live in good quality, affordable housing, with education and employment opportunities to maximise control and capabilities, as well as achieving a good standard of living for all.

This Strategy intends to address the challenges of ill health and premature death in Hartlepool. In Hartlepool there is a 9 year gap between affluent and deprived communities in how long a man might expect to live. This life expectancy gap is 7 years for women. This is a great social injustice, which is unfair and needs tackling through all of the interventions and actions proposed through this Strategy.

This Strategy is based on what you, the people of Hartlepool, have told the Health & Wellbeing Board matters. The public consultation that was undertaken when developing this Strategy showed that the people of Hartlepool wanted their children to have the “best start in life”.

Through the energy, effort and drive of all involved in this Strategy, that is what we aim to do. Not only give the “best start in life”, but the best health and wellbeing throughout life and make Hartlepool a healthier, happy and vibrant town.

Partnership organisations

To be added: Sign-up page with organisations' logos.

1. Vision

The vision of the Hartlepool Health & Wellbeing Strategy is to:

Improve health and wellbeing and reduce health inequalities among the population of Hartlepool.

This will be achieved through integrated working, focusing on outcomes and improving efficiency.

2. Purpose

The Joint Health and Wellbeing Strategy (JHWS) is a strategic document outlining how Hartlepool Borough Council, Hartlepool and Stockton Clinical Commissioning Group and other key organisations, through the Health and Wellbeing Board, will address the health and wellbeing needs of Hartlepool and help reduce health inequalities.

The Health and Social Care Act (2012) establishes Health and Wellbeing Boards as statutory bodies responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment and Health and Wellbeing Strategy for their area¹. The Strategy is underpinned by the Joint Strategic Needs Assessment (JSNA) and together they will provide a foundation for strategic, evidence-based, outcomes-focused commissioning and planning for Hartlepool².

3. The case for improving health and wellbeing in Hartlepool

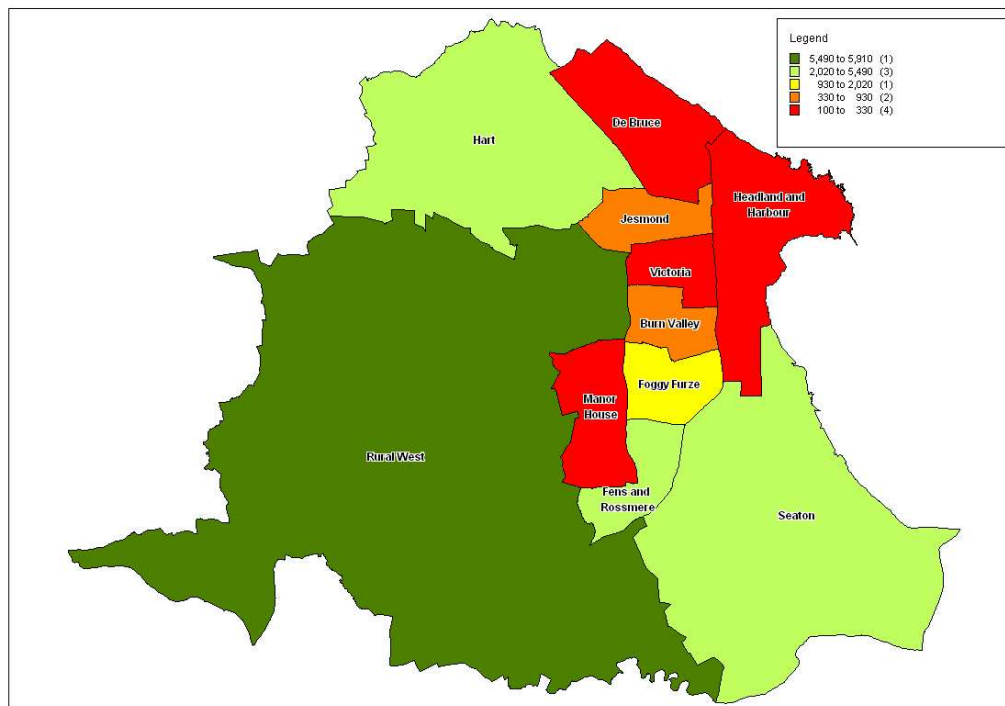
Health in Hartlepool is generally improving. There has been a fall in early deaths from heart disease and stroke; and the rate of road injuries and deaths is better than the England average³.

However, there is still much to do (**Box 1**). Health in Hartlepool is still worse than the national average. Levels of deprivation are higher and life expectancy is lower than the national average. **Figure 1** shows the levels of deprivation in Hartlepool and **Figure 2** shows the difference in Standard Morality Ratio (SMR) between the deprived and more affluent areas of the Borough.

Box 1: At a glance: Health initiatives and challenges in Hartlepool³

- Levels of deprivation are higher and life expectancy is lower than the England average.
- Inequalities exist: life expectancy is 9 years lower for men living in the most deprived areas, compared to least deprived areas. The difference is 7 years for women.
- Over the last 10 years, the death rate from all causes has fallen for men but has fluctuated for women.
- The early death rate from cancer has changed little over the last 10 years.
- Both the death rate from smoking and the percentage of mothers smoking in pregnancy are worse than the England average.
- Alcohol-related hospital admissions are higher than the national average.
- Childhood immunisations rates are significantly lower than the national average.
- 25% of Year 6 pupils are classed as obese, this is the highest in the Tees Valley.

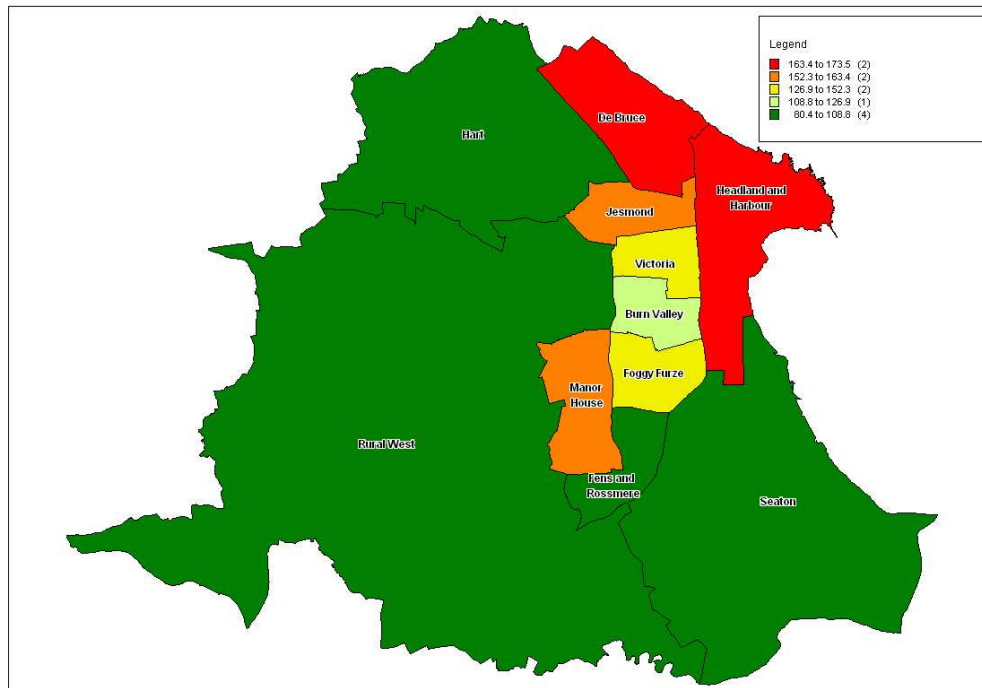
Figure 1: Index of Multiple Deprivation at Ward level in Hartlepool



The Index of Multiple Deprivation provides a relative measure of deprivation in small areas across England. They are based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to general lack of resources and opportunities. The above map shows the levels of deprivation within Hartlepool by Ward. The IMD 2010, tells us that there are high levels of deprivation within six of Hartlepool's eleven wards; those being De Bruce, Headland and Harbour,

Victoria, Manor House, Jesmond and Burn Valley. There is a clear correlation between levels of deprivation and poor health. The lower a persons social position the more likely it is that his or her health will be worse.

Figure 2: Standard Mortality Ratio in Hartlepool (Ages 0 – 64)

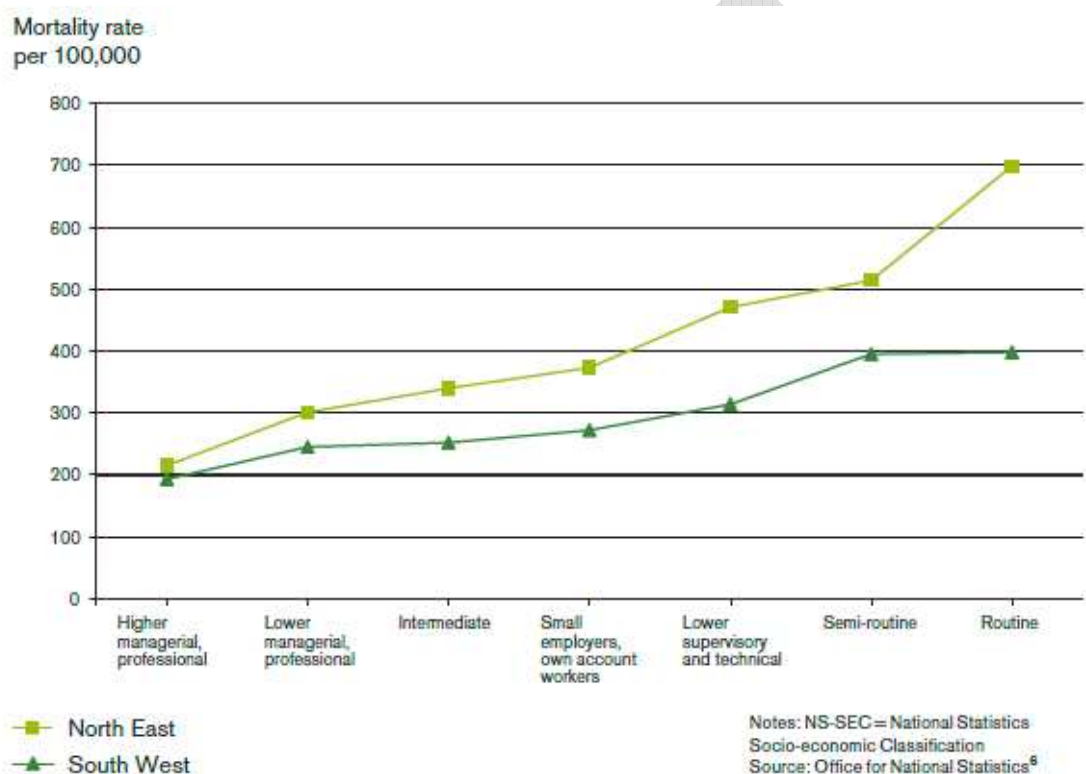


The Standard Mortality Ratio (SMR) compare local death rates with national ones. They are calculated by dividing the actual number of deaths in an area by the number that would be expected using National death rates by ages and sex of the population. The resulting number is multiplied by 100. If an area has an SMR of 100, this indicates that local death rates are similar to National rates. If they are greater than 100, this indicates higher death rates than the national average and vice versa. SMRs are often used as proxy indicators for illness and health within an area. Clearly there is a link between SMR and levels of deprivation with Hartlepool's most disadvantaged Wards having a significantly higher score than the national average.

There is a 9 year difference in male life expectancy between the most advantaged and the most disadvantaged wards in Hartlepool^{3,14}. We know that socio-economic inequalities lead to inequalities in life expectancy and disability-free life expectancy. Furthermore, the relationship between these is finely graded – for every decrease in socio-economic conditions, both life expectancy and disability-free life expectancy drop. Social and economic inequalities are important causes of this relationship⁴. In his *Strategic Review of Health Inequalities in England* (2010)⁴, Prof. Sir Michael Marmot argues that fair distribution of health, wellbeing and sustainability will impact positively on the country's economic growth. To improve health and wellbeing, action is needed

across all social determinants of health to reduce health inequalities; and to make a difference, action to improve health and wellbeing should be across all socio-economic groups but tailored to a greater scale and intensity as the level of disadvantage increases⁴. As demonstrated in **Figure 3**, the effect of socioeconomic disadvantage on life expectancy is greater in more disadvantaged areas. However, the effect is also more pronounced in the North East compared to the South West, for all socioeconomic groups.

Figure 3: Age-standardised mortality rates by socioeconomic classification (NS-SEC) in the North East and South West regions, men aged 25-64, 2001-2003⁴



We also know that focusing on early years interventions – giving children the best start in life – helps deliver the greatest benefits in health inequalities and economic terms. Health and wellbeing improvements delivered during childhood can reap benefits both in early life and throughout the individual's life-course⁴.

4. What does this Strategy cover?

This Strategy outlines the strategic health and wellbeing priorities for Hartlepool. It builds on the good work already underway, whilst maximising the opportunity for better integration of services and closer partnership working presented by moving much of the NHS Public Health services, into Local Authorities. Working together with other areas in the North East will help achieve better outcomes and

value, for the 'big issues' in health and wellbeing⁵. The Strategy supports the ten themes of *Better Health, Fairer Health* (2008)^{5,6} – the North East's vision and 25 year plan for improving Health and Wellbeing which is supported by other Local Authorities across the North East (**Box 2**).

Box 2: *Better Health, Fairer Health* (2008)⁶

- Economy, culture and environment
- Mental health, happiness and wellbeing
- Tobacco
- Obesity, diet and physical activity
- Alcohol
- Prevention, fair and early treatment
- Early life
- Mature and working life
- Later life
- A good death

'Health and Wellbeing' has a broad remit and it will be important for a range of partner organisations to work together, to deliver improvement. This Strategy focuses on areas of work impacting directly on health and wellbeing, or acting as clear 'wider determinants' of health and wellbeing.

The National Review of Health Inequalities, 'Fair Society, Healthy Lives', led by Prof. Sir Michael Marmot, drew on extensive global research into Health inequalities. Reflecting on inequalities in our society and health inequalities in particular, Prof. Sir Marmot stated: *'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. Greater intensity of action is likely to be needed for those with a greater social and economic disadvantage. But focussing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem'*.

The Marmot review identified six 'Areas for Action'. These are:

- Give every child the best start in life;
- Enable all children, young people and adults to maximise their capabilities and have control over their lives;
- Create fair employment and good work for all;
- Ensure a healthy standard of living for all;
- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill health prevention.

To focus activity in these areas, the key outcomes within this strategy reflect these wider determinants.

Other elements of health and wellbeing (initially summarised by Dahlgren and Whitehead in their social model of health⁷ - **Appendix 1**) will be outside the direct remit and influence of the Health and Wellbeing Board and its partner organisations. They will be delivered through associated strategies and work programmes within Hartlepool Borough Council, the NHS and associated partners. Communication and governance processes will ensure links between departments and strategies to limit duplication, further build joint working and integration and enable economies of scale. The action plan underpinning the Strategy will define the activities needed to deliver the outcomes in the Strategy, and the partners responsible. The work will take place in the context of local service provision, including the Momentum project, which focusses on redesigning services and providing care closer to home.

5. Our Values

To work together successfully and achieve the vision set out in this Strategy, it is important that all organisations involved sign up to and work within, a set of shared values^{8,9}. For Hartlepool, these values fit with the proposed operating principles for Boards⁸ and the Board Terms of Reference. The values are:

- Partnership working and increased integration^{2,8} across the NHS, social care and Public Health
- Focus on health and wellbeing outcomes
- Focus on prevention
- Focus on robust evidence of need and evidence of 'what works'
- Ensure the work encompasses and is embedded in the three 'domains' of Public Health practice: Health Protection, Health Services and Health Improvement¹⁰
- Shared decision-making and priority-setting, in consultation with CCGs and other key groups
- Maintain an oversight of and work within the budgets for health and wellbeing
- Support joint commissioning and pooled budget arrangements, where all parties agree this makes sense
- Maximise the process of democratic accountability and develop the Strategy and related plans in consultation with the public and service users

The Health and Wellbeing Board and the Health and Wellbeing Strategy provide the opportunity to maximise partnerships and evidence base, generating new ways of tackling health and wellbeing challenges. This includes recognising and mobilising the talents, skills and assets of local communities to maximise health and wellbeing¹¹.

6. Identifying our key outcomes

The Strategy's key outcomes and objectives have been developed in consultation with stakeholders and with the following in mind:

- Services Hartlepool Borough Council will be mandated to provide from April 2013¹². The services are listed in **Appendix 2**.
- Clinical Commissioning Group draft plans
The Strategy has been developed in close liaison with the Clinical Commissioning Group for Hartlepool and Stockton-on-Tees, whose draft Clear and Credible plan¹³ has highlighted key challenges: cardiovascular disease; cancer; smoking –related illness e.g. COPD; alcohol-related disease. These areas reflect the results of a 2010 public engagement campaign, which recorded the views of 1883 people regarding priorities for them and their families. See **Appendix 3** for an overview of the draft CCG commissioning plan.
- The Health and Wellbeing Strategy should be read in conjunction with the Joint Strategic Needs Assessment (JSNA). The JSNA is currently being refreshed through engaging partners and will outline the commissioning intentions for health and social care. The JSNA website address is <http://www.teesjsna.org.uk/hartlepool/>
- Hartlepool Public Health Transition Plan
The transition plan outlines the proposed activity to be funded through the Public Health budget (**Appendix 4**).

Stakeholder engagement and consultation

It is very important that this Strategy reflects both the evidence available about population health and wellbeing need; and the views and priorities of stakeholders. Stakeholders have been involved throughout the development of the Strategy, including the public, service users and partner organisations. The Shadow Health and Wellbeing Board membership which owned the Strategy included LINKS representation, democratically elected members, NHS organisations and Local Authority representation.

A full consultation process provided the opportunity to identify the public's priorities for health and wellbeing in Hartlepool; and the outcomes of the consultation have been reflected in the priorities for the Strategy. The consultation process and a summary of its outcomes is outlined in **Appendix 5**.

7. Strategic priorities and objectives

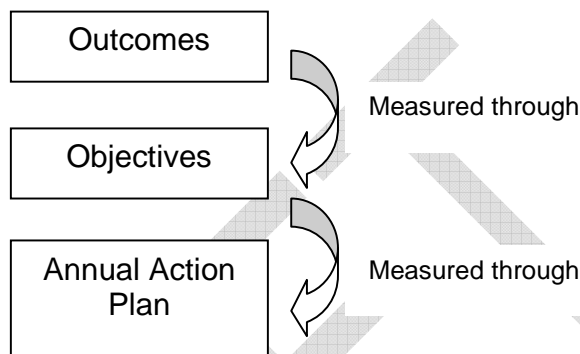
The outcomes outlined within the Strategy reflect the 'areas for action' identified by Marmot reflecting the wider determinants of health and wellbeing.

The key objectives that sit beneath each outcome are aligned with a number of key strategies being delivered across the Borough to ensure the effective coordination of delivery. The objectives show how the Health and Wellbeing Board for Hartlepool will deliver on the outcomes identified, and meet the challenge set out by Marmot's suggested 'areas for action'. The key objectives are:

Outcome 1: Give every child the best start in life	
Objective A	Reduce child poverty
Objective B	Deliver early intervention strategy
Outcome 2: Enable all children and young people to maximise their capabilities and have control over their lives	
Objective A	Children and young people are empowered to make positive choices about their lives
Outcome 3: Enable all adults to maximise their capabilities and have control over their lives	
Objective A	Adults with health and social care needs are supported to maintain maximum independence.
Objective B	Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved.
Objective C	Meet Specific Housing Needs
Outcome 4: Create fair employment and good work for all	
Objective A	To improve business growth and business infrastructure and enhance a culture of entrepreneurship
Objective B	To increase employment and skills levels and develop a competitive workforce that meets the demands of employers and the economy
Outcome 5: Ensure healthy standard of living for all	
Objective A	Address the implications of Welfare Reform
Objective B	Mitigate against the impact of poverty and unemployment in the town
Outcome 6: Create and develop healthy and sustainable places and communities	
Objective A	Deliver new homes and improve existing homes, contributing to Sustainable Communities
Objective B	Create confident, cohesive and safe communities
Objective C	Local people have a greater influence over local decision making and delivery of services
Objective D	Prepare for the impacts of climate change and takes action to mitigate the effects
Objective E	Ensure safer and healthier travel
Outcome 7: Strengthen the role and impact of ill health prevention	
Objective A	Reduce the numbers of people living with preventable ill health and people dying prematurely
Objective B	Narrow the gap of health inequalities between communities in Hartlepool

Delivery on the objectives will be ensured through an annual action plan which supports this Strategy. The action plan specifies the detailed initiatives to deliver on the objectives and will also include, amongst others, the indicators identified in the Public Health Outcomes Framework¹⁵. **Figure 2** summarises the mechanism for ensuring delivery on the key outcomes.

Figure 2: Delivering on the key outcomes



Due to the broad nature of health and wellbeing, improvements will only be seen if the health and wellbeing agenda is also embedded in wider relevant Local Authority strategies and services. The action plan outlines how this is being done.

8. Strategy ownership and review

This Strategy is owned by the Health and Wellbeing Board. Although the Strategy is a 5 year document it will be reviewed by the Board every 3 years to ensure that it remains relevant and continues to reflect local priorities.

Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will set out agreed timescales for delivery and clear ownership for the actions. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The key risks for implementing the Strategy will also be identified. The Board will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough.

The next review of the Health & Wellbeing Strategy will take place by April 2016.

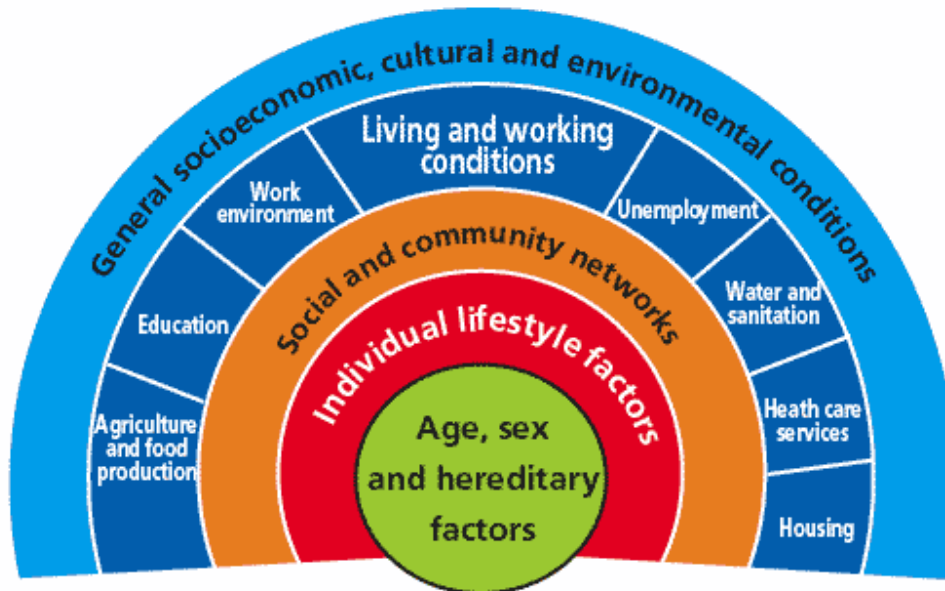
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Appendices

Appendix 1: Social model of health (Dahlgren and Whitehead, 1998)⁷



Appendix 2:

Local Authority mandated services¹²

Under the coalition government's proposals for the new Public Health system, Local Authorities will be mandated to provide the following from April 2013:

- Appropriate access to sexual health services
- Steps to be taken to protect the health of the population, in particular, giving the Director of Public Health a duty to ensure there are plans in place to protect the health of the population
- Ensuring NHS commissioners receive the public health advice they need
- The National Child Measurement Programme
- NHS Health Check assessment

Consideration is also being given locally to the various additional services not covered by this list, which would be important to continue to provide e.g. stop smoking services.

Appendix 3: NHS Hartlepool and Stockton-On-Tees CCG – Plan on a Page 2013/14

13

Vision (CCP page 7)	Strategic Aims (CCP page 12)	Transformational Work Streams & Cross cutting themes (CCP page 12)	Prioritised Initiatives (Commissioning Intentions) [link to outcome framework domains]	Outcome framework	Risks
To build 21 st century health services for and with the Stockton-On-Tees and Hartlepool communities so that health inequalities reduce and wellbeing continuously improves.	Bringing care closer to home	Health and Wellbeing	<ul style="list-style-type: none"> Commission sufficient capacity to meet the demand of the screening programmes Work with Primary Care Providers to increase uptake of bowel screening Reduce Hospital Admissions in relation to alcohol; <ul style="list-style-type: none"> Signposting to support services offered to patients identified Collaborate with Public Health in relation to delivery of the alcohol strategy and determine future requirements for commissioned services Reduce smoking prevalence; <ul style="list-style-type: none"> Collaborate with Public Health to develop a joint strategy in relation to smoking cessation services to improve access and attendance and focus on improving the quit rate of women smoking at time of delivery Ensure the smoking cessation services are linked to the Community Renaissance Teams Reduce COPD Admissions <ul style="list-style-type: none"> Carry out a review of acute and community respiratory services Commission a range of preventative initiatives such as self care packs and patient education 	Preventing people from dying prematurely Enhancing quality of life for people with long-term conditions. Helping people recover from episodes of ill health or following injury Ensuring that people have positive experience of care Treating and caring for people in a safe Environment and protecting them from harm:	Monitoring effective partnership and membership engagement
	Tackling Health Inequalities	Out of Hospital Care	<ul style="list-style-type: none"> Improve the Quality of Care within Residential and Nursing Homes <ul style="list-style-type: none"> All residential/ nursing home patients will have a regularly reviewed Health Care Plan (HCP) Triage and signpost patients who are not appropriate to be seen in A&E to the relevant care provider in order to support the re-education programme Implement management plans for all patients identified by the LACE tool as being at high risk of readmission Review and audit of the new community services model Developing integrated health care facilities in Stockton, Billingham, Hartlepool and Yarm To improve the quality and capacity in Primary Care <ul style="list-style-type: none"> Better understand capacity and demand within Primary Care to determine future commissioning intent Continue to support Primary Care in reducing variation in General Practice, both in terms of quality and financial spend Reduction in readmissions 		Balancing capacity and demand to counter the financial pressures of an ageing and growing population and technological advances
	Caring for an ageing population	Acute In-Hospital Care	<ul style="list-style-type: none"> Continued Reduction in C2C Referrals Reduction in N:R ratio and review of Nurse delivered clinics Extend the Hartlepool plastics service to include access for Stockton patients Choose & Book <ul style="list-style-type: none"> Ensure letters are reviewed prior to clinics to ensure patients are attending correct clinics Ensure patients are redirected to most appropriate clinics where wrong referral has been made Ensure advice and guidance is available via Choose and Book Implement revised MSK pathway <ul style="list-style-type: none"> Pathway to include direct access to core Physiotherapy and direct access to MSK The CCG expects where referral is sent to incorrect, referral will automatically refer on to appropriate service without sending back to GP or requesting a re-referral Work with providers to reduce the number of delayed discharges Review of Commissioner Requested Services (CRS) to establish any additional services the CCG required Work with Provider to ensure that routine services are offered 7 days a week 		Contract Signature for 13/14
	Addressing our priority health conditions	Mental Health, Learning Disabilities and Dementia	<ul style="list-style-type: none"> Robust and accurate registers of patients with Dementia Development of a pilot memory clinic within a primary care setting Perinatal Mental Health – to ensure compliance with NICE guidance including potential for specialist community service Continued development of Mental Health Payment by Results Ensure CAMHS services meet NICE requirements and improves assessment to diagnosis waiting times Review of 'Stepping Forward' model for vulnerable, high activity MH patients Out of Area specialist placements/rehab services - to identify potential opportunities for developing services for low volume/high cost cases closer to home TEWV Primary Care Therapy Services - align both the funding and contract management to the existing Any Qualified Provider Development of alternative rehabilitation and recovery services to support complex individual residents Review current commissioning arrangements for specialist sensory assessments and develop local pathway E-Communications <ul style="list-style-type: none"> Implementation of e-discharge solution which transfers information directly into clinical system (inpatient and outpatients) Implementation of Choose and Book, including advice and guidance Provide independent assessments of individuals with Learning Disabilities to establish to most appropriate packages of care that fulfils their needs Movement of patients from autism inpatient and assessment of treatment beds into community based settings Work collaboratively with Social Care Commissioners to deliver improved, joined up services to people whose needs are complex and whose behaviour is challenging to services Identify all young people that require a Health Action Plan Support Health funded individuals through bridging packages Support the use of quality checkers to advise on and highlight areas that may require reasonable adjustment 		Impact of transition of specialist commissioning to NHSCB
	Improving quality and patient safety	Medicines Optimisation	<ul style="list-style-type: none"> Improve Costs in relation HCD spend <ul style="list-style-type: none"> Commissioned services will continue to use defined and standard list of drugs and indications that will be accepted for pass-through payment Existing contracts held by providers will be reviewed, and the CCG will be consulted on these prior to entering or re-negotiating a contract, for the provision of specialist drugs via a third party provider To improve the quality of discharge information and medication supply <ul style="list-style-type: none"> Patients will be provided with at least 28 days supply of long-term medicines, appliances and nutritional supplements on discharge Patients will be supplied a "monitored dosage system" where this was in use prior to admission, or has been deemed necessary by valid assessment during the in-patient stay Patients will be supplied full treatment course for all drugs where a defined treatment course is indicated e.g. antibiotics, steroids Self administration of medication in secondary care 		Transition and pace of change
	Seeking best value for money within budget	Personalisation Caring PPI Prevention Innovation			Delay in implementing Momentum: Pathways to Healthcare

Appendix 4: Hartlepool Public Health Transition Plan: Proposed activity to be funded from the Public Health budget

NB: Subject to confirmation of the budgets available.

Public health topic	Proposed activity to be funded from Public Health budget
Sexual health	Testing and treatment of sexually transmitted infections, fully integrated termination of pregnancy services, all outreach and preventative work
Immunisation against infectious disease	School immunisation programmes, such as HPV.
Seasonal mortality	Local initiatives to reduce hospital admissions and seasonal excess deaths
Accidental injury prevention	Local initiatives such as falls prevention and reducing childhood injuries
Public mental health	Mental health promotion, mental illness prevention and suicide prevention
Nutrition	Locally led initiatives
Physical activity	Local programmes to reduce inactivity; influencing town planning such as the design of built environment and physical activities role in the management / prevention of long term conditions
Obesity programmes	Local programmes to prevent and treat obesity, e.g. delivering the National Child Measurement programme; commissioning of weight management services
Drug misuse	Drug misuse services, prevention and treatment
Alcohol misuse	Alcohol misuse services, prevention and treatment
Tobacco control	Tobacco control local activity, including stop smoking services, prevention activity, enforcement and awareness campaigns
NHS Health check	Assessment and lifestyle interventions
Health at work	Local initiatives on workplace health and responsibility deal
Prevention and early presentation	Behavioural/ lifestyle campaigns/ services to prevent cancer, long term conditions, campaigns to prompt early diagnosis
Children's public health 5-19	The Healthy Child Programme for school age children, school nurses, health promotion and prevention interventions by the multi professional team
Community safety and violence prevention and response	Specialist domestic violence services that provide counselling and support services for victims of violence including sexual violence
Social exclusion	Support for families with multiple problems, such as intensive family based interventions
Dental Public Health	Targeting oral health promotion strategies to those in greatest need.

Appendix 5: Consultation process for identifying objectives

The Strategy consultation ran from June – October 2012, in line with Local Authority consultation processes and statutory responsibilities. It consisted of:

A 'Face the Public' event

Approximately 70 people attended, representing a range of organisations from the community, voluntary and statutory sector and elected members.

A resource-allocation exercise

Set up in a range of venues including the shopping centre, the library, children's centres, GP surgeries and youth centres. The exercise asked members of the public to allocate £25 'virtual pounds' across the Marmot policy areas. 465 members of the public took part. 'Giving every child the best start in life' was the most popular priority amongst participants with almost 30% of the total budget allocated to this area.

When broken down by the type of venue, 'giving every child the best start in life' is the most popular priority across all venues, however this percentage is significantly less in the results obtained within libraries, where there was a more even spread across each priority area.

The next most popular was 'ensure a healthy standard of living for all' (16%).

An online survey

Open to the general public, the survey asked respondents to prioritise a range of suggested interventions listed under each Marmot policy area. Respondents were asked to choose the 3 most important issues under each Marmot area. They were:

- Give every child the best start in life – levels of child poverty (60%) and better parenting (62%). Next most popular: early years education (up to age 5) 25%
- Enable all children and young people to maximise their capabilities and have control over their lives – employment and training (60%), educational attainment (48%), aspirations of young people
- Enable all adults to maximise their capabilities and have control over their lives – employment and training opportunities (81%), aspiration levels (58%), educational attainment (57%)
- Create fair employment and good work for all – access to good jobs (78%), access to good quality training (52%), young people not in education or training (46%)
- Ensure a healthy standard of living for all – job opportunities (63%), having the level of income needed for leading a healthy life (55%), unemployment levels (43%)
- Create and develop healthy and sustainable places – levels of anti-social behaviour (53%), access to good quality housing for all (48%), good quality transport (37%)

- Strengthen the role and impact of ill health prevention – levels of obesity (62%), smoking levels (56%), alcohol intake (48%)

Free-text comments generally fitted with the areas of work that were presented as options for responders in the rest of the survey.

Consultation was also carried out with existing members of the LINKS. The draft Strategy was also shared with the CCG, through discussion at the CCG locality meeting, and through CCG membership on the Health and Wellbeing Board.

DRAFT

Outcome 1: Give every child the best start in life	
Objective A	Reduce child poverty
Objective B	Deliver early intervention strategy
Outcome 2: Enable all children and young people to maximise their capabilities and have control over their lives	
Objective A	Children and young people are empowered to make positive choices about their lives
Outcome 3: Enable all adults to maximise their capabilities and have control over their lives	
Objective A	Adults with health and social care needs are supported to maintain maximum independence.
Objective B	Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved.
Objective C	Meet Specific Housing Needs
Outcome 4: Create fair employment and good work for all	
Objective A	To improve business growth and business infrastructure and enhance a culture of entrepreneurship
Objective B	To increase employment and skills levels and develop a competitive workforce that meets the demands of employers and the economy
Outcome 5: Ensure healthy standard of living for all	
Objective A	Address the implications of Welfare Reform
Objective B	Mitigate against the impact of poverty and unemployment in the town
Outcome 6: Create and develop healthy and sustainable places and communities	
Objective A	Deliver new homes and improve existing homes, contributing to Sustainable Communities
Objective B	Create confident, cohesive and safe communities
Objective C	Local people have a greater influence over local decision making and delivery of services

Objective D	Prepare for the impacts of climate change and takes action to mitigate the effects
Objective E	Ensure safer and healthier travel
Outcome 7: Strengthen the role and impact of ill health prevention	
Objective A	Reduce the numbers of people living with preventable ill health and people dying prematurely
Objective B	Narrow the gap of health inequalities between communities in Hartlepool

**** Identifies Public Health Outcome Framework Indicators**

OUTCOME 1: GIVE EVERY CHILD THE BEST START IN LIFE

LEAD OFFICER: SALLY ROBINSON, ASSISTANT DIRECTOR (PREVENTION, SAFEGUARDING AND SPECIALIST SERVICES), HBC

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Immunisation Strategy
- Breastfeeding Strategy
- Stop Smoking Maternal Action Plan
- Healthy Schools
- Teenage Pregnancy Strategy & Action Plan
- Children & Young People's Plan
- Child Poverty Strategy
- Clinical Commissioning Group Commissioning Plan
- Public Health Transition Plan
- Early Intervention Strategy

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- North Tees & Hartlepool NHS Foundation Trust
- Hartlepool & Stockton Clinical Commissioning Group
- Children's Strategic Partnership
- Teenage Pregnancy Strategy Group
- 'Be Healthy' Group
- Immunisation Strategy Group
- Child Poverty Strategy Group
- Cleveland Casualty Reduction Group
- Tees health Childhood Injury Prevention Group

- Living Streets – LSTF Hartlepool Walk to School Project.

OBJECTIVE A – REDUCE CHILD POVERTY

Performance Indicator		Data Source & Responsible Organisation	Collection Period	Annual Target
**NI 116	**NI 116 Proportion of Children living in poverty	HMRC	Annually	No current target as government reviewing measurement
	Proportion of children living in workless households	DWP	Annually	
	Rate of family homelessness	DCLG	Annually	

ACTION	ASSIGNED TO	DUE DATE
Ensure that children who live in poverty are safe	Sally Robinson	March 2015
Deliver Family-wise project	Anthony Steinberg	March 2015
Improve skill levels in parents and children	Danielle Swainston	March 2015
Increase benefit take up rate including in work and out of work benefits	Danielle Swainston	March 2015
Prevent those at risk falling into poverty	Danielle Swainston/John Robinson	March 2015
Where it is evident that a family is experiencing poverty, take action to mitigate its effects	Danielle Swainston/John Robinson	March 2015

RISK			
Code	Risk	Assignee	Dept
CAD R025	Failure to meet statutory duties and functions in relation to childcare sufficiency	Danielle Swainston	CAD
RND R088	Failure to achieve sufficient uptake of school meals	Karen Oliver	RND

OBJECTIVE B – DELIVER EARLY INTERVENTION STRATEGY

Performance Indicator		Data Source & Responsible Organisation	Collection Period	Annual Target
	**School Readiness	TBC (Placeholder)	TBC	TBC
	**low birth weight of term babies	ONS	TBC	TBC
NI53a	** Prevalence of breast-feeding at 6-8 wks from birth - Percentage of infants for whom breastfeeding status is recorded	TBC	Financial Year	Monitor
LAAHW P001	**Percentage of women smoking at time of delivery	HBC	Financial Year	19%
NI 55 (iv)	**The percentage of children in reception who are obese	HBC	Financial Year	Monitor
NI59 (ix)	**The percentage of children in year six who are obese	HBC	Financial Year	Monitor
New	Children achieving a good level of development at age 5	HBC	Academic Year	Monitor

NI 117	**Percentage of 16 – 18 year olds who are not in education, employment or training (NEET)	HBC	Financial Year	6.8%
NI 112	**The change in rate of under 18 conceptions per 1000 girls aged 15 – 17, as compared to 1998 rate.	DoH	Financial Year	Monitor
	**Infant Mortality	ONS	Annual	Annual
	**Tooth decay in children aged five years	TBC	4 Yearly	
NI 75	Percentage of pupils achieving 5 or more A* - C grades at GCSE or equivalent including English and Maths	HBC	Academic Year	60%
New	Number of children defined as defined as Child In Need, rate per 10,000 per population	HBC	Financial Year	Monitor
	**Child development at 2 – 2.5 Years	TBC (Placeholder)		

ACTION	ASSIGNED TO	DUE DATE
Implement Early Intervention Strategy	Danielle Swainston	March 2015
Embed common assessment as a means to identify and respond to need	Danielle Swainston	October 2013
Provide a multi agency single point of contact for information, advice, guidance and access to services for children and their families	Danielle Swainston	March 2013
Implement the Early Years Pathway delivering targeted support to children pre birth to five	John Robinson	September 2013
Deliver an integrated 0-19 multi agency family support service for children who require support additional to that provided by universal services.	John Robinson	March 2013
Provide integrated support for young people via the One Stop Shop	Mark Smith	March 2013
Promotion and delivery of the Hartlepool Independent Travel Training scheme.	Paul Watson/Jayne Brown	March 2014

RISKS			
Code	Risk	Assignee	Dept
CAD R026	Failure to deliver Early Intervention Strategy	Sally Robinson	CAD
CAD R017	Failure to recruit & retain suitable staff in children's services (Actively Managed)	Sally Robinson	CAD
CAD R019	Failure to plan for future need and ensure sufficient placement provision to meet demand (Actively Managed)	Sally Robinson	CAD
CAD R020	Insufficient capacity in the independent sector to meet placement demand (Actively Managed)	Ian Merritt	CAD
CAD R021	Increased demand on services due to socio-economic pressures (Actively Managed)	Sally Robinson	CAD
CAD R022	Failure to provide statutory services to safeguard children and protect their well-being (Actively Managed)	Sally Robinson	CAD
CAD R023	Impact of change to funding arrangements across Children's Services (Actively Managed)	Sally Robinson	CAD
CAD R024	Failure to meet statutory duties and functions in relation to the Youth Offending Service (Actively Managed)	Mark Smith	CAD
CAD R029	Failure to effectively manage risks exhibited by young people and families (Actively Managed)	Sally Robinson	CAD
CAD R030	Failure to deal with sensitive, personal or confidential information in a secure way, resulting in loss of data with associated fines, loss of public confidence and/or damage to reputation.	Kay Forgie, Trevor Smith	CAD
CAD R054	Failure to ensure awareness and training of staff regarding safeguarding (Actively Managed)	John Mennear	CAD

OUTCOME 2: ENABLE ALL CHILDREN AND YOUNG PEOPLE TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

LEAD OFFICER:

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Children's & Young people's Plan
- Child Poverty Strategy
- Public Health Transition Plan
- Stop Smoking Maternal Action Plan
- Teenage Pregnancy Strategy & Action Plan
- Carers Strategy
- Clinical Commissioning Group Community Plan
- Mental Health / CAM HS Strategy

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- Children's Strategic Partnership
- Teenage Pregnancy Strategy Group
- Child Poverty Strategy Group
- North Tees, Hartlepool NHS Foundation Trust
- Tees, Esk and Wear Valley NHS Health Foundation Trust
- NHS Hartlepool & Stockton-on-Tees CCG

OBJECTIVE A: CHILDREN AND YOUNG PEOPLE ARE EMPOWERED TO MAKE POSITIVE CHOICES ABOUT THEIR LIVES

Performance Indicator		Data Source & Responsible Organisation	Collection Period	Annual Target
	**Pupil Absence	School Absence record	6 Monthly	TBC
NI 111	**Number of first time entrants to the Youth Justice System aged 10-17 per 100,000 population (aged 10-17)	PNC	Annual	TBC
NI 112	**The change in rate of under 18 conceptions per 1000 girls aged 15 – 17, as compared to 1998 rate.	ONS	Annual	TBC
	**Child development at 2-2.5 years	TBC (placeholder)	TBC	TBC
NI 117	**Percentage of 16 – 18 year olds who are not in education, employment or training (NEET)	HBC	Financial Year	6.8%
NI 70	**emergency hospital admissions caused by unintentional and deliberate injuries to children and young people	Hospital Episodes Stats	Annual	TBC
NI58	**Emotional and behavioural health of looked after children	HBC (placeholder)	Annual	TBC
	**Smoking prevalence – 15 year olds	TBC		
	**Hospital admissions as a result of self harm	Hospital Episode Stats	Annual	
NI 106	Percentage gap between those young people from low income backgrounds and those that are not progressing to higher education	HBC	Annual	20%
NI 79	Percentage of young people achieving a Level 2 qualification by the age of 19	HBC	Annual	78.5%
NI 80	Percentage of young people achieving a Level 3 qualification by the age of 19	HBC	Annual	49.5%

NI 81	Percentage gap in the achievement of a Level 3 qualification by the age of 19 between those claiming free schools meals at academic age 15 and those that were not	HBC	Annual	21%
NI 82	Percentage of young people who were in receipt of free school meals at academic age 15 who attained Level 2 Qualifications by the age of 19	HBC	Annual	21%
	Unplanned hospitalisation for asthma, diabetes & epilepsy in under 19's	CCG	Quarterly	TBC
	Emergency Admissions for Children with lower respiratory tract infections	CCG	Quarterly	TBC
	SEN children or those with disability with personal budgets and single assessment across health, social care & education	CCG, HBC, SCHOOLS	Quarterly	TBC
RPD 045	Employment rate (16-24) – proportion of 16-24 year olds who are in employment	NOMIS, HBC	Annual	2014 target 46.5%
NI 117	% of 16-18 year olds who are not in education, employment or training (NEET)	HBC	Annual	2014 target 6.5%
RPD 054	Youth unemployment rate – the proportion of economically active 18-24 year olds who are unemployed.	HBC	Annual	2014 target 14.1%

ACTION	ASSIGNED TO	DUE DATE
Reduce the level of young people who are Not in Employment, Education or Training (NEET) by implementing NEET Strategy.	Mark Smith	March 2014
Ensure access to high quality learning opportunities that increase the skills and qualifications of local residents via implementing the Adult Education Service Plan	Maggie Heaps	July 2014
Increase the take up of Apprenticeships by liaising with local employers to increase opportunities	Maggie Heaps	July 2014
Work collaboratively with LA & Schools to review and develop single assessment arrangements for children with SEN or disability	TBC	March 2014
Develop plans to increase the number of SEN and disabled children with personal budgets	TBC	March 2014

Develop plans to improve education and support to families and children/young people with chronic health conditions	TBC	March 2014
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SECTION			
Code	Risk	Assignee	Dept
CAD R001	Service issue as a result of insufficient budget allocation or changes in national funding/grants (Actively Managed)	Jill Harrison	CAD
CAD R004	An increase in the number of schools falling below Performance Achievement Standard (Actively Managed)	Dean Jackson	CAD
CAD R005	Failure to meet the statutory duties and requirements vested within the Child and Adult Services department (Actively Managed)	Dean Jackson	CAD
CAD R012	Failure to plan school provision appropriately	Peter McIntosh	CAD
CAD R015	Failure to carry out specific duties and/or comply with regulatory codes of practice	Dean Jackson	CAD
CAD R031	Failure to recruit and retain staff in educational support services (Actively Managed)	Dean Jackson	CAD
CAD R032	Increase in the number of schools falling below national average for pupil attendance (Actively Managed)	Dean Jackson	CAD

OUTCOME 3: ENABLE ALL ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

LEAD OFFICER: JILL HARRISON, ASSISTANT DIRECTOR (ADULT SOCIAL CARE), HBC

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Vision for Adult Social Care in Hartlepool
- Carers Strategy
- Mental Health Strategy
- Housing, Care & Support Strategy
- Reablement Strategy
- Telecare Strategy
- Clinical Commissioning Group Commissioning Plan

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- North Tees & Hartlepool NHS Foundation Trust
- Hartlepool & Stockton Clinical Commissioning Group
- Learning Disabilities Partnership Board
- Safeguarding Vulnerable Adults Board
- Mental Health Consultation Group
- Carers Strategy Group
- Champions of Older Lifestyles Group
- Teesside Vulnerable Adults Board
- 50+ Forum
- Housing Care & Support Group
- Long Term Conditions Planning Group

OBJECTIVE A: ADULTS WITH HEALTH AND SOCIAL CARE NEEDS ARE SUPPORTED TO MAINTAIN MAXIMUM INDEPENDENCE

Performance Indicator		Data Source & Responsible Organisation	Collection Period	Annual Target
NI 125	Achieving independence for older people through rehabilitation / intermediate care.	HBC	Financial Year	Monitor
NI 131	Delayed transfers of care attributable to social care	HBC	Financial Year	0%
NI 135	Carers receiving needs assessment or review and a specific carers service or advice and information.	HBC	Financial Year	25%
NI 136	People supported to live independently through social services.	HBC	Financial Year	Monitor
P0 50	Access to equipment: percentage delivered within 7 days	HBC	Financial Year	91%
P0 51	Access to equipment: users with telecare	HBC	Financial Year	1000
P0 66	Admissions to residential care age 65+	HBC	Financial Year	90%
	Patients with a LOS<24hrs with an overnight stay NEL admissions via A&E NEL admissions via GP/Bed bureau A&E attendances ALOS (excl O LOS) ALOS for patients discharged to a different location to admitting location Delays to transfer of care (Bed days) Acute admissions from care homes Emergency readmissions within 30 days of discharge from hospital Emergency readmission rate within 30 days of discharge from hospital	CCG		TBC

	No of ambulatory care patients			
	Carer-reported quality of life	ASC Outcome Framework		
	Health related quality of life for carers	NHS Outcome Framework		
	The proportion of people who use services who feel safe	ASC Outcome Framework		
	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	ASC Outcome Framework		
	Improving people's experience of integrated care	ASC & NHS Outcome Framework Placeholder		
	**Health related quality of life for people with long-term conditions	NHS Outcome Framework		
	Social care related quality of life	ASC Outcome Framework		

ACTION	ASSIGNED TO	DUE DATE
Continue to work in partnership with health partners to develop robust reablement services that promote maximum independence, facilitate people living in their own homes, avoid unnecessary admissions to hospital and enable timely and safe hospital discharges.	Geraldine Martin, HBC	March 2014
Increase the number of people using assistive technology as a means to remain independent.	Neil Harrison, HBC	March 2014
Develop services to provide information and support to carers	Geraldine Martin, HBC	March 2014

with a focus on short breaks and access to employment opportunities.		
Implement the recommendations from the Hearing Loss Strategy, as well as supporting people with a disability into employment.	Neil Harrison, HBC	March 2014
Work collaboratively with partners to implement the National Dementia Strategy in Hartlepool.	John Lovatt, HBC	March 2014
Improve the transitions process to ensure every child and young person in transition (aged 14-25) with a disability has a person centred outcome focused plan for adulthood.	Neil Harrison, HBC	March 2014
Continue to promote independence and facilitate recovery for people with mental health needs by increasing the numbers of personal budgets and direct payments, promoting independence and increasing volunteering and employment opportunities.	Geraldine Martin, HBC	
Development and implementation of Hartlepool Independent Travel Training Programme	Paul Watson/Jayne Brown, HBC	March 2014

OBJECTIVE B: VULNERABLE ADULTS ARE SAFEGUARDED AND SUPPORTED WHILE HAVING CHOICE AND CONTROL ABOUT HOW THEIR OUTCOMES ARE ACHIEVED.

Performance Indicator		Data Source & Responsible Organisation	Collection Period	Annual Target
NI 130b	Social care clients receiving self directed support	HBC	Financial Year	TBC
NI 146	Adults with learning disabilities in employment.	HBC	Financial Year	Monitored
NI 150	Adults in contact with secondary mental health services in employment.	HBC / TE&WV FT	Financial Year	Monitored

	Estimated diagnosis rate for people with dementia	NHS Outcome Framework		
	Dementia: effectiveness of post diagnosis care in sustaining independence and improving quality of life	NHS Outcome Framework (Placeholder)		
	**People in prison who have a mental illness or significant mental illness	TBC	TBC	TBC
	**Employment for those with a long-term health condition including those with a learning difficulty / disability or mental illness	Labour Force Survey	TBC	TBC

ACTION	ASSIGNED TO	DUE DATE
Continue to increase the number of people accessing personal budgets through focused work in mental health services, developing personal budgets for carers and continued work with health partners.	Geraldine Martin, HBC	March 2014
Further develop local arrangements to safeguard vulnerable adults, ensuring the engagement of all strategic partners and an appropriate and timely response to any new legislation that is introduced.	John Lovatt, HBC	March 2014

RISKS			
Code	Risk	Assignee	Dept
CAD R011	Failure to work in effective partnerships with NHS, including risk of cost shunting. (Actively Managed)	Jill Harrison	CAD
CAD	Failure to deal with sensitive, personal or confidential information in a secure way, resulting in loss of	Kay Forgie,	CAD

R030	data with associated fines, loss of public confidence and/or damage to reputation.	Trevor Smith	
CAD R033	Failure to plan for future need and ensure sufficient placement provision to meet demand within adult social care. (Actively Managed)	Jill Harrison	CAD
CAD R034	Insufficient capacity in the independent sector to meet placement demand within adult social care. (Actively Managed)	Phil Hornsby	CAD
CAD R035	Increased demand on adult social care services due to demographic pressures. (Actively Managed)	Jill Harrison	CAD
CAD R037	Failure to achieve targets in relation to assessments within 28 days and annual reviews, due to increased pressures on services. (Actively Managed)	John Lovatt	CAD
CAD R038	Failure to provide statutory services to safeguard vulnerable adult. (Actively Managed)	Jill Harrison	CAD
CAD R039	Impact of change to funding arrangements across adult social care services. (Actively Managed)	Jill Harrison	CAD
CAD R040	Failure to deliver the Reablement Strategy. (Actively Managed)	Jill Harrison	CAD
CAD R041	Failure to recruit & retain suitable staff in adult social care. (Actively Managed)	Jill Harrison	CAD
CAD R043	Delayed transfers of care from hospital due to reduced capacity and changing working arrangements for hospital discharge. (Actively Managed)	John Lovatt	CAD
CAD R054	Failure to ensure awareness and training of staff regarding safeguarding (Actively Managed)	John Mennear	CAD

OBJECTIVE C: MEET SPECIFIC HOUSING NEEDS

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
NI 145 Adults with learning disabilities in settled accommodation.	HBC	Financial Year	73%
NI 149 Adults in contact with secondary mental	HBC	Financial Year	70%

health services in settled accommodation.			
**Statutory homelessness: Homelessness applications	HBC		
**Statutory homelessness: Households in temporary accommodation	HBC		
Average waiting time for a Disabled Facilities Grant to be completed	HBC	Financial Year	95 Days

ACTION		ASSIGNED TO	DUE DATE
HS3B2	Improve partnership working with health and social care in service planning and delivery for older people through the Housing Care and Support Strategy Steering Group	Housing Services Manager Nigel Johnson Head of Service (C&A) Phil Homsby	March 2013
3B5	Monitor access to new and existing housing care and support schemes for people with disabilities	Head of Service (C&A) Neil Harrison	March 2015
3B9 (proposed replacement action)	Undertake a review of the current Housing Adaptations Policy and gather data to inform the new Policy and Implementation Plan.	Karen Kelly	December 2013
Proposed new action	Assist people to maintain independent living through the provision of minor adaptations.	Karen Kelly	March 2014
HS3B10	Increase the use of Assisted Technology by case finding as a preventative measure	All Registered Providers Head of Service (C&A) Phil Homsby	March 2014

RISKS			
Code	Risk	Assignee	Dept
RND R070	Failure to provide correct housing advice to the public.	Lynda Igoe	RND

OUTCOME 4: CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL
LEAD OFFICER: DENISE OGDEN, DIRECTOR OF REGENERATION & NEIGHBOURHOODS, HBC

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Economic Regeneration Strategy
- 14 - 19 Strategy

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- Economic Regeneration Forum

OBJECTIVE A: TO IMPROVE BUSINESS GROWTH AND BUSINESS INFRASTRUCTURE AND ENHANCE A CULTURE OF ENTREPRENEURSHIP

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
Business stock (business units in Hartlepool)	Annual Business Register / NOMIS, HBC	Annual	2014 target of 2,400
Percentage of newly born enterprises surviving two years	Annual Business Register / NOMIS, HBC	Annual	2014 target of 77.4%

New business registration rate – the proportion of new business registration per 10,000 resident population	Annual Business Register / NOMIS, HBC	Annual	2014 target of 30
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ACTION	ASSIGNED TO	DUE DATE
Deliver Business Advice and Brokerage – Programme of targeted account management with key businesses. Develop and maintain relationships with individual businesses.	Mick Emerson	March 2014
Continued provision of Incubation support service including mentoring, pre-start support (Enterprise Coaching), financial assistance, brokerage and other initiatives.	Mick Emerson	March 2014
Undertake 'Get Serious' awareness raising activities including marketing campaigns and events.	Mick Emerson	March 2014
Engage with DWP Providers to offer unemployed individuals a wider package of support where appropriate to enter into self-employment.	Mick Emerson	March 2014
Provision of personalised journey/travel plans to increase employment options.	Paul Watson	On-going programme.

OBJECTIVE B: TO INCREASE EMPLOYMENT AND SKILL LEVELS AND DEVELOP A COMPETITIVE WORKFORCE THAT MEETS THE DEMANDS OF EMPLOYERS AND THE ECONOMY.

Performance Indicator		Data Source & Responsible Organisation	Collection Period	Annual Target
NI 151	Overall employment rate (proportion of people of working	Annual Population	Annual	2014 target of

	age population who are in employment)	Survey, NOMIS, HBC		63%
RND P090	Self-employment rate	NOMIS, HBC	Annual	2014 target of 9%
RPD 045	Employment rate (16-24) – proportion of 16-24 year olds who are in employment	NOMIS, HBC	Annual	2014 target of 46.5%
NI 117	Percentage of 16 to 18 year olds who are in not in education, employment or training (NEET)	Department for Education, HBC	Annual	2014 target of 6.5%
RPD 054	Youth unemployment rate (Hartlepool) – The proportion of economically active 18 to 24 year olds who are unemployed	NOMIS, HBC	Annual	2014 target of 14.1%

ACTION		ASSIGNED TO	DUE DATE
Full implementation of the Raising Participation Age (RPA) Strategy		Mark Smith/Tom Argument	March 2014
Develop the 14-19 curriculum pathways in conjunction with employers from new industries and identified growth sector areas		Tom Argument	March 2014
Fully implement the 11-19 Operational Plan to raise education standards at key stage 4 and 5		Tom Argument	March 2014
Development of new partnership arrangements between Hartlepool Borough Council and the National Apprenticeship Service (NAS) to promote apprenticeship programmes to employer		Patrick Wilson	April 2013
Implementation of the Hartlepool Youth Investment Project		Patrick Wilson/Tom Argument	September 2014

RISKS			
Code	Risk	Assignee	Dept
RND R071	Failure to deliver local economic objectives as a result of shifts in policies and priorities of external partners.	Antony Steinberg	RND

CAD R027	Failure to meet statutory duties and functions in relation to the post 16 cohort and raising of the participation age	Mark Smith	CAD
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OUTCOME 5: ENSURE A HEALTHY STANDARD OF LIVING FOR ALL
LEAD OFFICER: LOUISE WALLACE – DIRECTOR OF PUBLIC HEALTH, HBC

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Child Poverty Strategy
- Children's and Young People's Plan
- Public Health Transition Plan
- Clinical Commissioning Group Commissioning Plan

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- Hartlepool and Stockton Clinical Commissioning Group

OBJECTIVE A: ADDRESS THE IMPLICATIONS OF WELFARE REFORM

ACTION	ASSIGNED TO	DUE DATE
Implement and review Discretionary Council Tax Support Framework	Julie Pullman	December 2013
Respond to Welfare Reform changes by engaging and supporting affected households	Julie Pullman	March 2014
Develop partnership outreach process to ensure that families understand and plan for Welfare Reform	Danielle Swainston	March 2014
Support workforce to identify risk factors re: child poverty/welfare reform and implement appropriate packages of support	Danielle Swainston	March 2014
Implement a programme of Benefits and Free School Meals take	Julie Pullman	March 2014

up initiatives		
Develop referral channels for adults to access financial advice services and financial products	John Morton	March 2014

OBJECTIVE B: MITIGATE AGAINST THE IMPACT OF POVERTY AND UNEMPLOYMENT ACROSS THE TOWN

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
**Fuel Poverty	HBC	TBC	TBC
Proportion of children living in workless households	DWP	Annually	

ACTION	ASSIGNED TO	DUE DATE
Develop training package for family workforce to identify poverty issues and support parents in poverty	Danielle Swainston	March 2014
Deliver Familywise project	Anthony Steinberg	March 2015
Improve skill levels in parents and children	Danielle Swainston	March 2015

OUTCOME 6: CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

LEAD OFFICER: DENISE OGDEN; DIRECTOR OF REGENERATION AND NEIGHBOURHOODS, HBC

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Housing Strategy
- Housing, Care & Support Strategy
- Fuel Poverty Strategy
- Public Health Transition Plan
- Crime & Disorder Strategy
- Local Transport Plan
- Community Cohesion Strategy
- Climate Change Strategy
- Neighbourhood Management and Empowerment Strategy
- Parks and open space
- Cleveland Casualty Reduction Group
- Tees Health Childhood Injury Prevention Group
- Cleveland Strategic Road Safety Partnership

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- Housing Partnership
- Safer Hartlepool Partnership

OBJECTIVE A: DELIVERING NEW HOMES AND IMPROVE EXISTING HOMES, CONTRIBUTING TO SUSTAINABLE COMMUNITIES

Performance Indicator	Data Source &	Collection Period	Annual Target
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	Responsible Organisation		
New homes constructed to lifetime homes standard	Housing Monitoring System HBC	Quarterly	50
Sustainable homes constructed	Housing Monitoring System HBC	Quarterly	50
Number of properties improved through the grants or loans schemes	Authority Public Protection (APP) System HBC	Quarterly	None – the numbers of properties improved will depend on funding – the overall aim to reduce waiting list
Number of long term (over 6 months) empty homes brought back into use	Authority Public Protection (APP) System and Council Tax data HBC	Quarterly	10% of long term (over 6 months) empty homes brought back into use annually
Number of social rented houses fitted with renewables such as Photo Voltaic panels and/or cells, solar hot water and air source heat pumps	RP Management Systems All Registered Providers	Annually	50
Number of excess cold HHSRS Category 1 hazards rectified	Authority Public Protection (APP) System HBC	Quarterly	None – the number of complaints received on an annual basis will vary

ACTION		ASSIGNED TO	DUE DATE
HS1A4 (proposed replacement)	Monitor the schemes included in the 2011-15 NAHP programme and report any changes to the Housing Partnership.	Nigel Johnson	March 2015

action)			
1B1	Encourage developers to meet lifetime home standards and relevant Government energy efficiency levels through negotiation and planning conditions where appropriate	Planning Services Manager Chris Pipe	March 2014
HS1C3 (proposed replacement action)	Monitor the progress of acquisition on the Carr/Hopps Street regeneration scheme	Amy Waller; Nigel Johnson	March 2015
New proposed action from 2D4	Work with landlords to prevent homes from becoming long-term empty through early intervention.	Amy Waller	March 2015
HS2E2	Support landlords to carry out energy efficiency works to deal with excess cold hazards through education and promotion of the benefits	Housing Services Manager Nigel Johnson	March 2015
HS2E4	Explore opportunities and options for encouraging property owners to retrofit homes with renewables such as Photo Voltaic panels and/or cells solar hot water and air source heat pumps	Principal Policy Officer Valerie Hastie	March 2015

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R057	Reduction in funding for housing investment	Nigel Johnson	RND
RND R061	Inability to meet very high levels of local housing needs including affordable housing	Nigel Johnson	RND
RND R062	Effective delivery of housing market renewal affected by external decisions and funding	Nigel Johnson	RND

RND R015	Failure to secure funding for delivery of empty homes strategy	Nigel Johnson	RND
RND R061	Inability to meet very high levels of local housing needs including affordable housing	Nigel Johnson	RND
RND R062	Effective delivery of housing market renewal affected by external decisions and funding	Nigel Johnson	RND
RND R053	Failure to respond to and implement changes to selective licensing	Nigel Johnson	RND

OBJECTIVE B: CREATE CONFIDENT, COHESIVE & SAFE COMMUNITIES

Performance Indicator		Data Source & Responsible Organisation	Collection Period	Annual Target
	Reduce perceptions of anti-social behaviour	Viewpoint Hartlepool Borough Council	Biannual	Reduce in comparison to baseline year – 29%
	Maintain perception level of drunk/rowdy behaviour as a problem	Viewpoint Hartlepool Borough Council	Biannual	Maintain in comparison to baseline year – 25%

	Reduce anti-social behaviour (asb) incidents reported to the police	Police recorded (asb) incidents – Cleveland Police	Quarterly	Reduce in comparison to baseline year – 8,779
	Increase the number of recorded hate incidents	Recorded Crimes and Incidents – Cleveland Police, Housing Hartlepool and Hartlepool Borough Council	Quarterly	Increase in comparison to the baseline year – 98
NI 32	**Repeat incidents of Domestic violence	NI32		
	**Violent Crime (including sexual offence)	TBC		
NI 30	**Reoffending rate of prolific and other priority offenders	HBC		
	**Percentage of population affected by noise	TBC		
	** Utilisation of green space for exercise / health reasons	National Environment Survey		
	**Social connectedness	TBC (placeholder)		
	**Older Peoples perception of community safety	TBC (placeholder)		

ACTION	ASSIGNED TO	DUE DATE
Implement the PREVENT action plan as guided by the Silver group.	Sally Forth	March 2014
Develop new Anti-Social Behaviour Strategy and action plan in line with Government policy	Sally Forth	March 2014
Monitor the implementation of the community cohesion framework action plan	Adele Wilson	March 2014
In conjunction with partners improve reporting, recording, and responses/interventions to vulnerable victims and victims of hate crime.	Nicholas Stone	March 2014

Introduce restorative practice across Safer Hartlepool partners to give victims a greater voice in the criminal justice system.	Sally Forth	March 2014
Development of route/community based local safety schemes to incorporate 20mph zones.	Peter Frost	March 2014
Reduce the anti-social impact that speeding traffic has on communities.	Paul Watson/Peter Frost	March 2014
Deliver the domestic violence action plan	Sally Forth	March 2014
Embed the Think Families / Think communities approach to reducing crime and anti social behaviour, improving educational attendance and reducing worklessness, resulting in reduced costs to the public purse.	Lisa Oldroyd	March 2014

RISKS			
Code	Risk	Assignee	Dept
RND R032	Failure of officers to fully embrace their responsibilities under the terms of Section 17, Crime and Disorder Act 1998	Sally Forth	RND

OBJECTIVE C: LOCAL PEOPLE HAVE A GREATER INFLUENCE OVER LOCAL DECISION MAKING AND DELIVERY OF SERVICES

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
Percentage of residents feeling that they can influence decisions that affect their local area	HBC	Annual	Monitored

ACTION	ASSIGNED TO	DUE DATE
Support the delivery of Face the Public Events by the Strategic Partners Group and Theme Groups	Catherine Grimwood	March 2014
Facilitate involvement of residents on a neighbourhood level by supporting existing and newly emerging resident, 'friends of' and interest groups	Adele Wilson	
Address and monitor progress on priorities outlined in the eleven ward profiles developed across the town with a particular focus on areas falling in top 5% most disadvantaged	Adele Wilson	
Address and monitor progress on priorities outlined in the eleven ward profiles developed across the town with a particular focus on areas falling in top 5% most disadvantaged	Adele Wilson	
Support the development and implementation of the Voluntary and Community Sector Strategy and Action Plan	Fiona Stanforth	
Deliver the Community Pool Funding Programme	Fiona Stanforth	

4 RISKS			
Code	Risk	Assignee	Dept
RND R056	Failure of service providers to focus resources on Hartlepool deprived areas	Clare Clark	RND

OBJECTIVE D - PREPARE FOR THE IMPACTS OF CLIMATE CHANGE AND TAKE ACTION TO MITIGATE THE EFFECTS

Performance Indicator		Data Source & Responsible Organisation	Collection Period	Annual Target
NI 185	CO ₂ reduction from local authority operations	NI185 outturn produced by Council	Financial Year	7% (currently under review, and will be smaller for 2013/14)
NI 186	Per capita CO ₂ emissions from the local authority area	NI186 outturn produced by Department for Energy & Climate Change	Calendar Year	3.75%
NI 188	Planning to Adapt to Climate Change	NI188 outturn produced by Council	Financial Year	Level 4 by end 2013/14
	**Air Pollution	TBC		
	**Public Sector organisations with board approved sustainable development management plan	TBC		

ACTION	ASSIGNED TO	DUE DATE
Implement actions of the Joint Strategic Needs Assessment	Paul Hurwood	Mar 2014

(JSNA) Scrutiny review with regard to the environment.		
Consult and promote a community 'Collective Energy Switching' programme throughout the borough	Dave Hammond / Paul Hurwood	Mar 2014
Development of travel plans and promotion of walking and cycling as an alternative to the private motor car.	Paul Watson	Mar 2014

SECTION 4 RISKS			
Code	Risk	Assignee	Dept
RND R067	Failure to achieve recycling targets resulting in loss of income and additional costs.	Fiona Srogi	RND
RND R076	Consequences of climate change through the failure of the Council to tackle climate issues locally	Paul Hurwood	RND
RND R087	Income fluctuations in the market for recyclable materials resulting in difficulties in budget planning and forecasting.	Fiona Srogi	RND

OBJECTIVE E - ENSURE SAFER HEALTHIER TRAVEL

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
NI47- People killed or seriously injured in road traffic accidents	Cleveland Police & Hartlepool Borough Council	Annually	Yes
NI48- Children killed or seriously injured in road traffic accidents	Cleveland Police & Hartlepool Borough Council	Annually	Yes

ACTION	ASSIGNED TO	DUE DATE
Develop Safer Routes to Schools to incorporate 20 mph zones, safer walking and cycling routes and local safety schemes.	Paul Watson/Peter Frost	March 2014 (Annual programme)
Develop minor safety schemes to reduce road danger and casualties and encourage safer road user behaviour.	Peter Frost	March 2014 (Annual programme)
Identify schemes to implement signalised crossings	Peter Frost	March 2014 (Annual programme)
Identify roads and routes where speeding vehicles contribute to community Safety Camera Partnership	Paul Watson	March 2014 (Annual programme)
Identify schools to benefit from 20mph zones through the safer routes to school programme	Peter Frost/Paul Watson	March 2014 (Annual programme)
Delivery of a comprehensive education, training and publicity programme in schools and to neighbourhoods.	Paul Watson	March 2014 (Annual programme)
Contribution to the management and delivery of Ridewell Tees Valley Motorcycle Training Scheme	Paul Watson	March 2014 (Annual programme)
Delivery of National Standard Bikeability Cycle Training in schools to improve safety, reduce collisions and reduce reliance on the private motor vehicle.	Paul Watson	March 2014 (Annual programme)
Development and continuation of the Schools Practical Pedestrian Training Scheme	Paul Watson	March 2014 (Annual programme)
Development and support of the Living Streets – LSTF Hartlepool Walk to School Outreach Project to promote walking to school	Paul Watson	3 Year Programme commenced September 2012.

RISKS			
Code	Risk	Assignee	Dept

RND R054	Failure to maintain infrastructure to acceptable standard resulting in additional cost implications through insurance claims	Mike Blair	RND
RND R078	Failure to develop an integrated transport strategy	Paul Robson	RND

OUTCOME 7: STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

LEAD OFFICER: LOUISE WALLACE, DIRECTOR OF PUBLIC HEALTH, HBC

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Immunisation Strategy
- Alcohol Harm Reduction Strategy
- Stop Smoking Action Plan
- Tobacco Alliance Plan
- Cardiovascular Disease Programme Plan
- National Early Detection & Awareness of Cancer Plan
- Flu Plan (Seasonal)
- Clinical Commissioning Group Commissioning Plan
- Public Health Transition Plan
- Breastfeeding Strategy
- Health Schools
- Healthy Weight, Healthy Lives Strategy
- Vision for Adult Social Care in Hartlepool
- Mental Health Strategy
- Drug Treatment Plan
- Health & Safety Service plan
- Food Law Enforcement Plan

- Alcohol Licensing Policy
- Trading Standards Service Plan
- Food Sampling Policy
- North East Outbreak Control Policy

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- North Tees & Hartlepool NHS Foundation Trust
- Hartlepool & Stockton Clinical Commissioning Group
- Immunisation Strategy Group
- Coronary Heart Disease Local Implementation Team
- Diabetes Local Implementation Team
- British Heart Foundation Group
- 'Be Healthy' Groups
- Alcohol Strategy Group
- HPA/ Public Health England
- FRESH
- BALANCE

OBJECTIVE A: REDUCE THE NUMBER OF PEOPLE LIVING WITH PREVENTABLE ILL HEALTH AND DYING PREMATURELY

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
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**Healthy life expectancy	ONS		
** Sickness absence rate: Percentage of employees who had at least one day off sick in the previous week / Number of working days lost due to sickness absence.	TBC		
** Sickness absence rate: Rate of fit notes issued per quarter	TBC		
**Differences in life expectancy and health expectancy between communities	TBC		
**Diet	TBC (placeholder)		
**Excess weight in adults	TBC		
**Successful completion of drug treatment	National drug treatment monitoring system		
**People entering prison with a substance dependence issue who are not previously known to community treatment	TBC		
2.18 Alcohol related admissions to hospital	Hospital Episode Stats		
2.17 recorded diabetes	Quality management analysis system		
2.18 Alcohol related admissions to hospital	Hospital Episode stats		
**Access to non cancer screening programmes : infectious disease testing in pregnancy – HIV, syphilis, hepatitis B, and susceptibility to rubella	TBC		
**Access to non cancer screening programmes : Antenatal sickle cell and thalassaemia screening	TBC		
**Access to non cancer screening programmes : Newborn blood spot screening	TBC		
**Access to non cancer screening programmes : Newborn hearing screening	TBC		

**Access to non cancer screening programmes : Newborn physical examinations	TBC		
**Access to non cancer screening programmes :Diabetic retinopathy	TBC		
**Take up of the NHS Health Check programme – by those eligible	TBC		
**Self reported wellbeing	TBC		
**Chlamydia diagnoses	TBC		
**Population vaccination coverage	TBC		
**People presenting with HIV at a late stage of infection	TBC		
**Treatment completion for tuberculosis	TBC		
**Comprehensive inter-agency plans for dealing with public health incidents	TBC (placeholder)		
**Mortality rate from causes considered preventable	ONS		
**Under 75 mortality rate from all cardiovascular diseases	ONS		
**Under 75 mortality from cancer	ONS		
**Under 75 mortality from liver disease	ONS		
**Under 75 mortality from respiratory disease	ONS		
**Mortality from infectious and parasitic diseases	ONS		
**Emergency readmissions within 30 days of discharge from hospital	ONS (placeholder)		
**Preventable sight loss	Certificate of Visual impairments		
**Health related quality of life for older people	TBC		

ACTION	ASSIGNED TO	DUE DATE
Commission a comprehensive healthy heart check	Director of Public Health	March 2014

programme for all eligible people across Hartlepool		
Commission a comprehensive range of accessible and equitable sexual health services	Director of Public Health	March 2014
Develop a comprehensive health protection plan for Hartlepool and provide assurance that the health of then population is comprehensively protected	Director of Public Health	March 2014
Commission a comprehensive range of services to reduce the individual and community impact of alcohol related harm	Substance Misuse Joint Strategy Group / Director of Public Health	March 2014
Commission services to ensure people maintain a healthy weight and a healthy life.	Healthy Weight Healthy Lives Strategy Group	March 2014
Deliver a comprehensive programme to improve workplace health	Director of Public Health	March 2014
Ensure effective integrated treatment of drug and alcohol services	Chris Hart	March 2014
Develop and implement a school, families and community based Safe and Active Travel programme with targeted walking and cycling promotion schemes.	Paul Watson	March 2014
Develop an active travel GP referral scheme to encourage and promote cycling as a weight management and cardiovascular disease prevention measure	Paul Watson	March 2014
Develop and implement a school, families and community based Safe and Active Travel programme with targeted walking and cycling promotion schemes.	Paul Watson	March 2014

OBJECTIVE B: REDUCE THE HEALTH INEQUALITY GAP BETWEEN COMMUNITIES ACROSS HARTLEPOOL

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
**Fuel Poverty	English Housing Survey		
**Proportion of physically active and inactive adults	TBC		
**Smoking prevalence adults	Integrated Health Survey		
**Cancer diagnosed at stages 1 & 2	TBC (placeholder)		
**Cancer screening coverage	TBC		
**Injuries due to falls in people aged 65 and over	TBC		
**Under 75 mortality rate from all cardiovascular diseases	ONS		
**Under 75 mortality from liver disease	ONS		
**Under 75 mortality from respiratory disease	ONS		
**under 75 mortality rate from cancer	ONS		
**Excess under 75 mortality rate in adults with serious mental illness	TBC (placeholder)		
**Suicide rate	ONS		
**Hip fractures in people aged 65 and over	Hospital Episode Stats		
**Excess winter deaths	ONS		
**Dementia and its impacts	TBC		
** Mortality rate from communicable diseases	TBC (placeholder)		

ACTION	ASSIGNED TO	DUE DATE
Commission a comprehensive range of services to enable people to stop smoking	Director of Public Health	March 2014
Develop a comprehensive systematic approach for addressing excessive winter deaths	Director of Public Health	September 2014
Commission services to promote positive mental health and well being	Director of Public Health	March 2014
Promote the early detection and awareness of signs and symptoms of cancer across Hartlepool	Director of Public Health	March 2014
Develop a comprehensive programme of accident prevention	Director of Public Health	March 2014
Develop a programme of adult cycling promotion and training.	Paul Watson	

RISKS			
Code	Risk	Assignee	Dept
CAD R014	Failure to make significant inroads in Health Impact	Carole Johnson; Louise Wallace	CAD

SCRUTINY CO-ORDINATING COMMITTEE

8 March 2013



Report of: Corporate Management Team

Subject: QUARTER 3 – COUNCIL OVERVIEW OF
PERFORMANCE AND RISK 2012/13

1. PURPOSE OF REPORT

- 1.1 To inform Scrutiny Coordinating Committee of the progress made against the Council's 2012/13 Corporate and Departmental Plans, for the period ending 31 December 2012.

2. BACKGROUND

- 2.1 The Corporate Plan was agreed by Council on 12 April 2012 and the three Departmental Plans were agreed by Cabinet on 19 March 2012.
- 2.2 All of the plans contain an action plan setting out how the Council proposes to deliver the Council's priority outcomes. Key Performance Indicators are also included which can then be used to monitor progress throughout the year and at 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
4.1 – 4.8	Council Overview of Performance and Risk
5.1 – 5.7	Child and Adult Services Departmental Plan Update
6.1 – 6.9	Regeneration and Neighbourhoods Departmental Plan Update
7.1 – 7.7	Chief Executives Department Update
8.1	Recommendations

3. COUNCIL OVERVIEW OF PERFORMANCE AND RISK

- 3.1 In total the three departmental plans for 2012/13 include 187 actions and 175 performance indicators (PIs) to deliver and measure improvements across key priority areas (outcomes) identified in the Community Strategy and Council Corporate Plan.
- 3.2 Officers have assessed the indicators and actions included in the plans, making judgements based on progress to the 31 December 2012. Progress is categorised as: -
- **PI target achieved or Action completed**
 - **PI on track to achieve target or Action on track to be completed**
 - **PI/Action having made acceptable progress**
 - **PI/Action requiring intervention**
 - **PI Target not achieved or Action not completed.**
- 3.3 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 2012/13 Corporate Plan includes 65 actions and 24 performance indicators (that have targets and are monitored quarterly).
- 3.4 Charts 1 and 2 below summarise officers' assessments of the Corporate Plan actions and indicators (that have targets **and** are measurable throughout the year). As at 31 December 2012, the position was a positive one, with: -
- 63 actions (97%) have already been completed or assessed as being on target to be achieved by their scheduled completion date;
 - 16 performance indicators (67%) have been assessed as being on track to achieve their year end target or having already done so;
 - One action (2%) and five performance indicators (21%) have been assessed as having made acceptable progress;
 - One action (2%) and three indicators (13%) have been assessed as requiring intervention, and further information relating to these can be found later in the report – see paragraphs 5.4, 6.3 and 6.6;

Chart 1: Corporate Plan Action Progress for period to 31 December 2012.

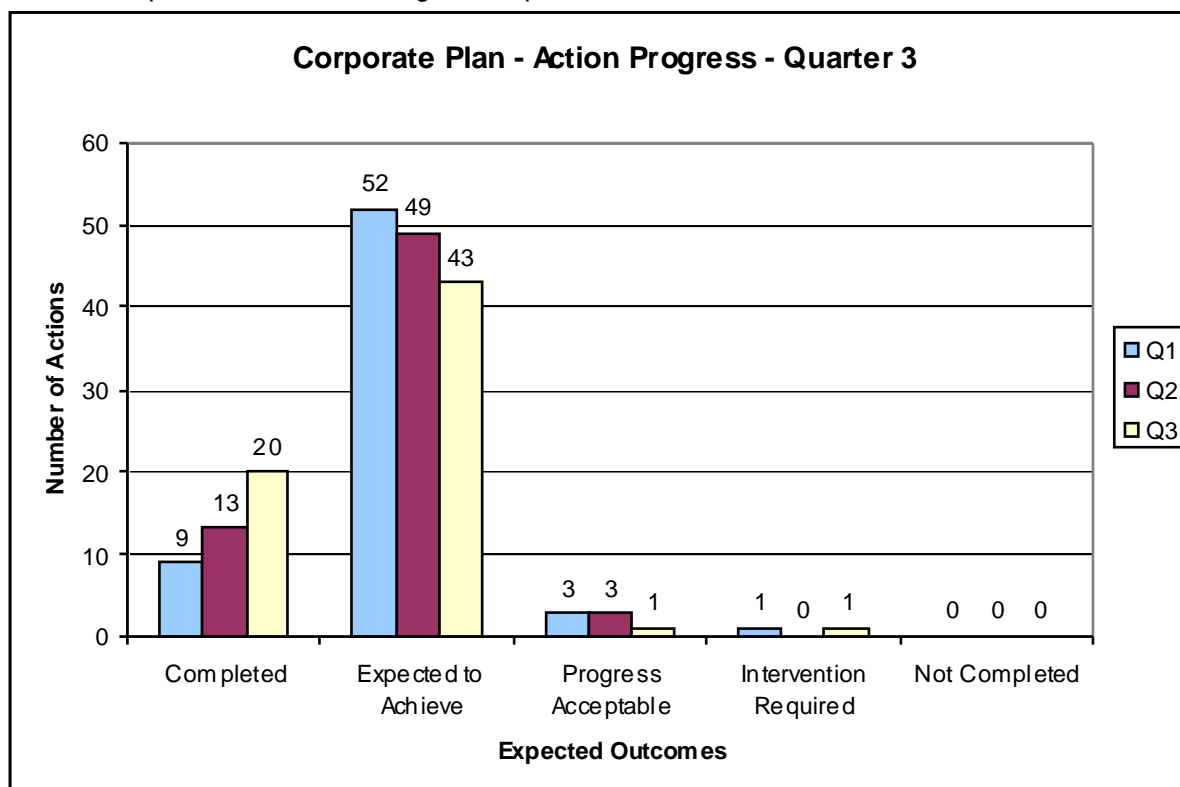
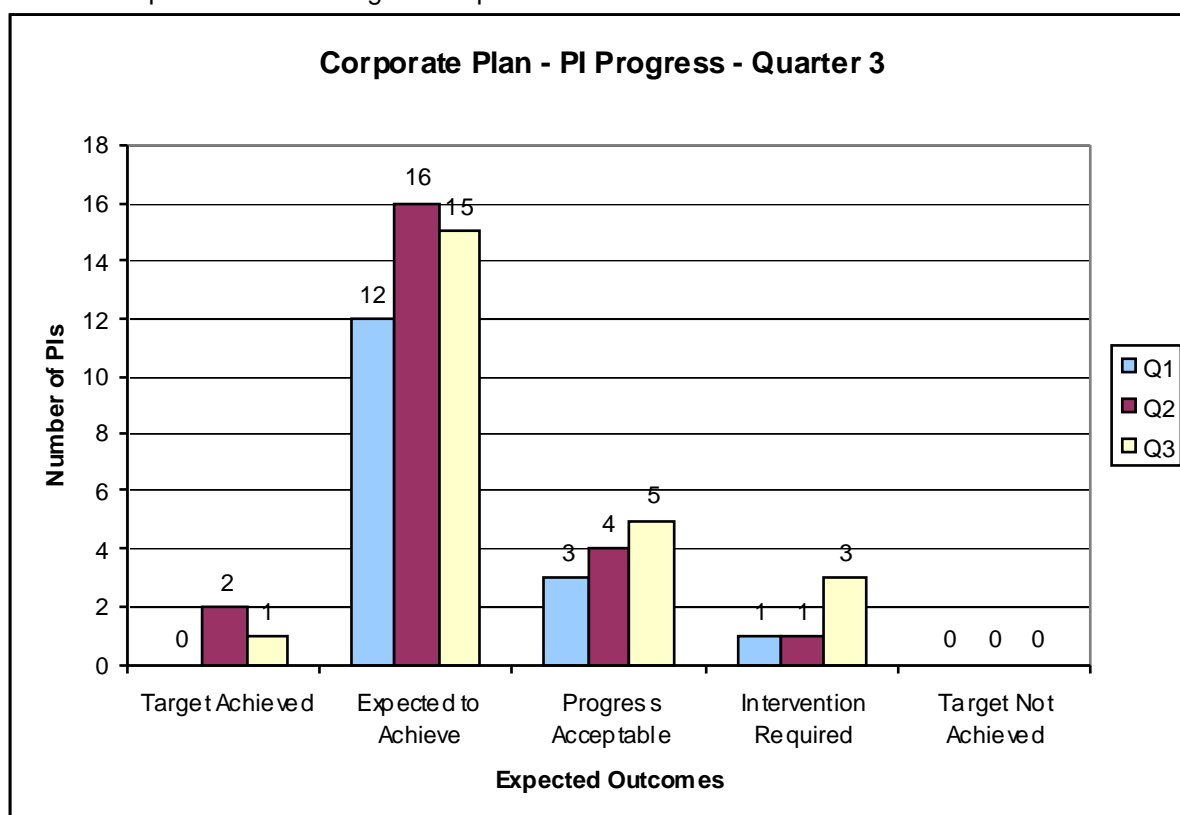


Chart 2: Corporate Plan PI Progress for period to 31 December 2012



3.5 As previously stated (paragraph 4.1) the three Departmental Plans include 181 actions and 175 performance indicators (of which, 67 can be monitored

on a quarterly basis and have had targets set). Progress is illustrated in Charts 3 and 4.

3.6 Across all 3 Departmental Plans progress is good as demonstrated in Charts 3 and 4:

- Almost 96% of actions (179 actions) are on track to be achieved;
- 3% (6 actions) have been assessed as having made acceptable progress;
- The remaining 2 actions (1%) have been flagged as requiring intervention or that it can no longer be completed. Further information relating to these actions can be found later in the report (paragraph 6.3);
- 47 indicators (70%) have been assessed as being on track to achieve their year end target or have already done so;
- 13 indicators (19%) have been assessed as having made acceptable progress;
- The remaining 7 indicators (10%) has been flagged as requiring intervention and more information is included later in the report (see paragraph 5.4 and 6.6);

Chart 3 – Departmental Plans Overall Action Progress for period to 31 December 2012

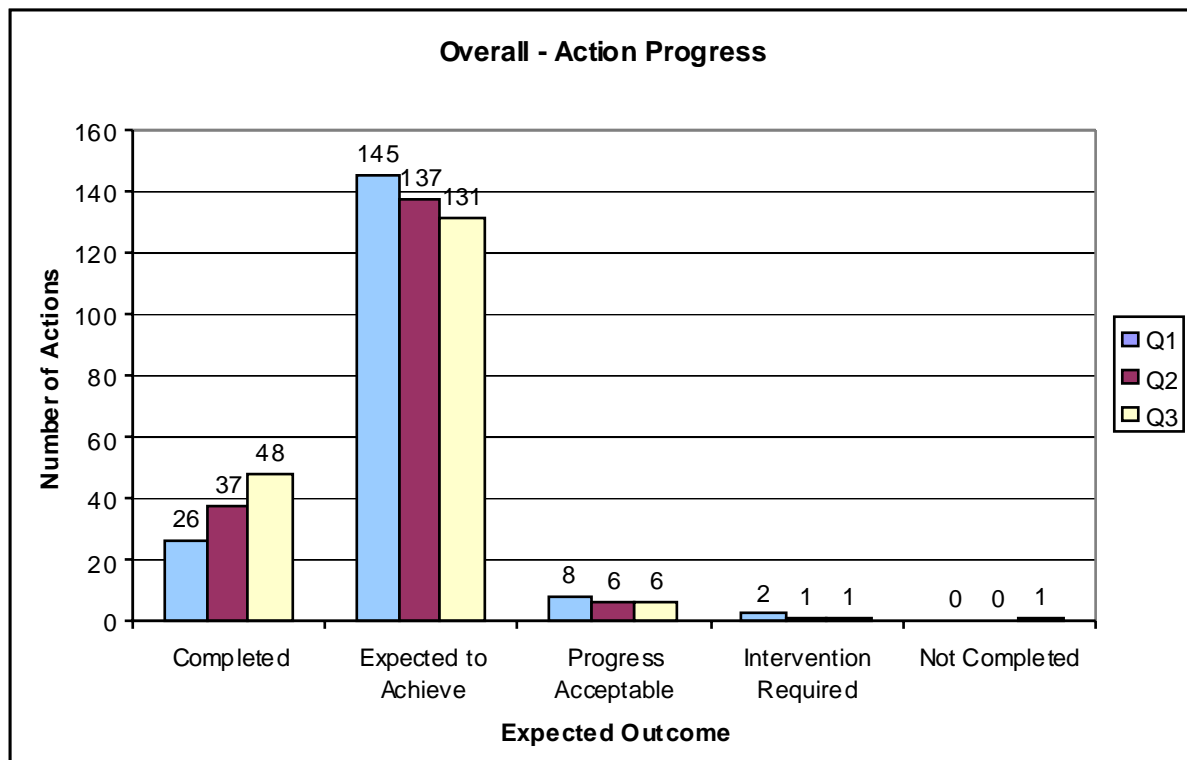
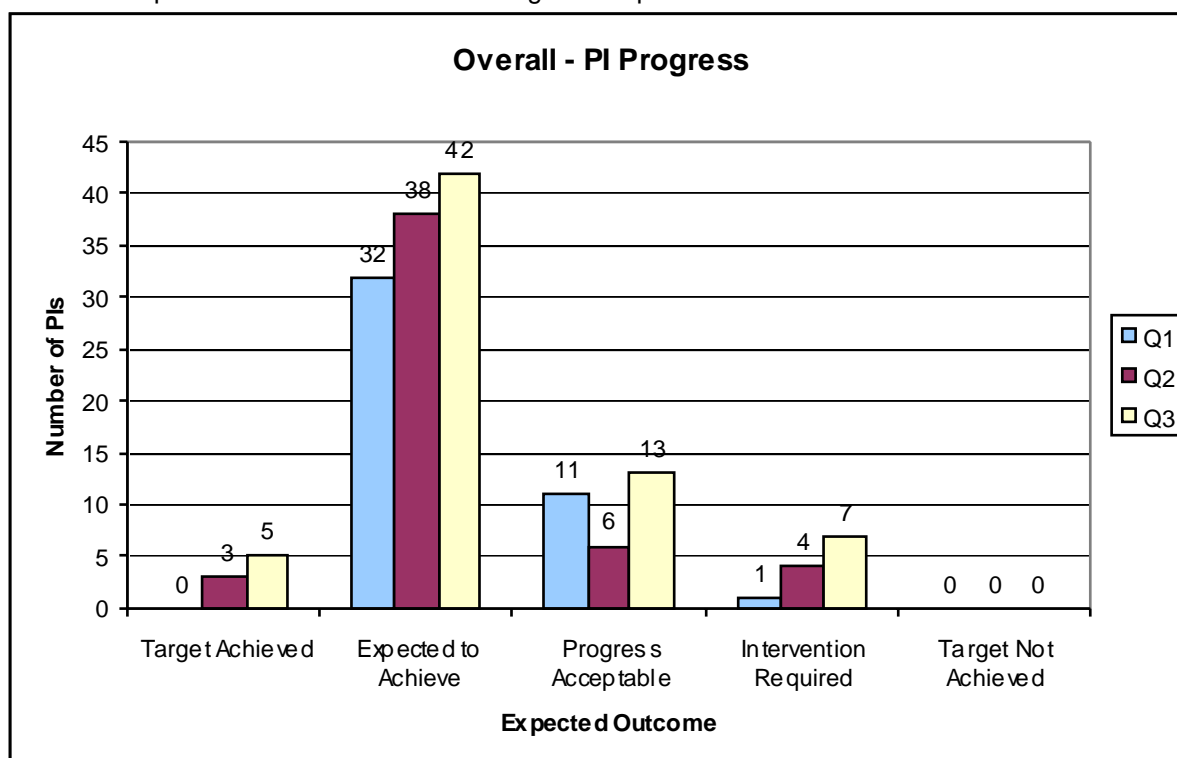


Chart 4 – Departmental Plans Overall PI Progress for period to 31 December 2012



3.7 There are 127 corporate risks have been identified across the Council. These are being managed in accordance with the Council's Risk Management Framework as agreed by Performance Portfolio Holder on 23 March 2011. This splits risks into two categories:

- **Actively Managed Risks:** those where additional control measures are being pursued or need highlighting and monitoring through senior managers and elected members; and
- **Accepted Risks:** those risks that have been identified by departments as under control.

3.8.1 Accepted risks continue to be monitored by individual departments to ensure the risk is kept at an acceptable level. These risks are assessed at least once a year in accordance with the Risk Management Framework. This reassessment exercise was completed during the quarter 2 updates and ensures that all accepted risks are up to date and reflective of the current environment. A report on the actively managed risks is included in the quarterly monitoring reports and this will continue throughout the year. The new and existing risks have been assessed within this exercise and will continue to be re-evaluated through the year as Risk Management is an on going process. Sections 5.6, 6.8 and 7.6 of this report provide an update on the Actively Managed Risks.

3.8.2 A number of queries with regards to risks were raised at the Scrutiny Coordinating Committee in December during discussion on the Quarter 2

Performance and Risk Management Report. All issues raised have been responded to through the Quarter 3 updates within this report

4. CHILD AND ADULT SERVICES DEPARTMENTAL PLAN UPDATE

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

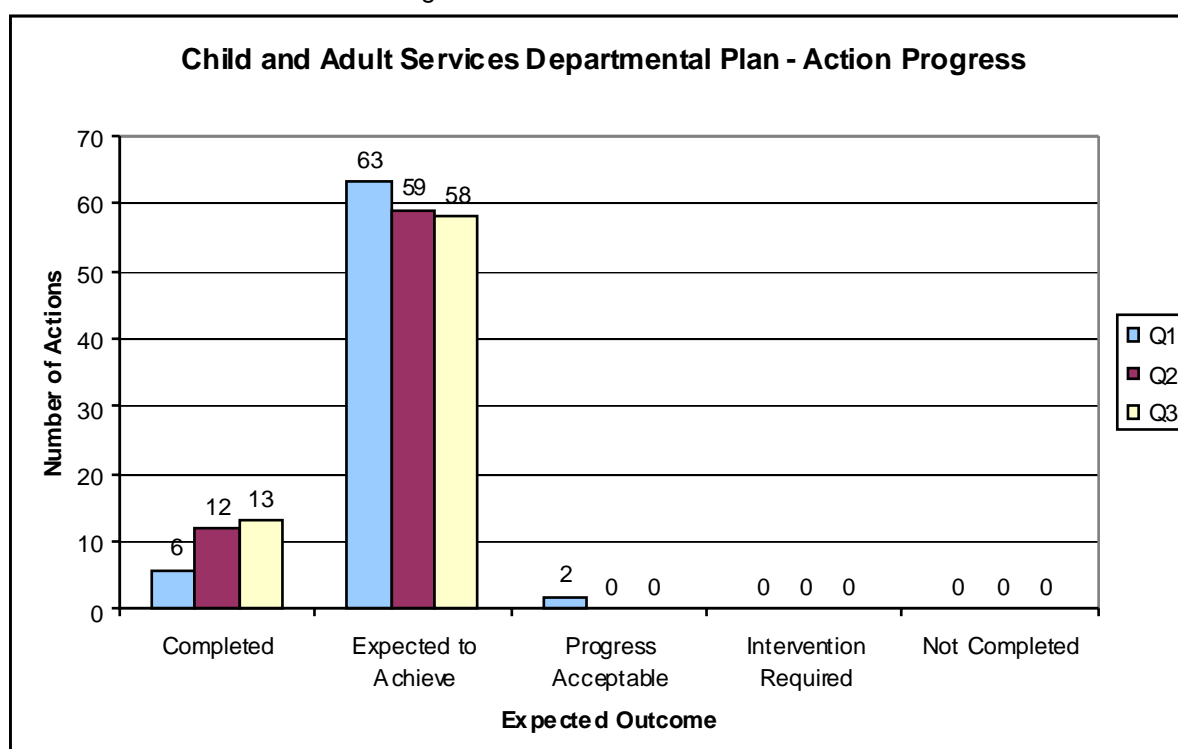
- Jobs and the Economy
- Lifelong Learning and Skills
- Health and Wellbeing
- Community Safety
- Culture and Leisure
- Strengthening Communities

4.2 Included in the Departmental Plan are 71 actions and 93 performance indicators. In addition the department has identified 52 corporate risks that are included in the Council's Risk Registers of which 11 are actively managed and 41 are accepted risks.

4.3 As can be seen in chart 5 overall progress is good with:

- 13 actions have been completed (18%) and a further 58 (82%) assessed as being on target to be achieved by their scheduled completion date;

Chart 5: CAD Overall Action Progress – to 31 December 2012



4.4 Chart 6 summarises officers' assessments of the 30 Performance Indicators that have targets **and** are measurable throughout the year. As at 31 December 2012, the position was a positive one, with:

- 20 indicators (67%) being assessed as being on track to achieve their year end target or have already done so;
- A further indicator 5 indicators (17%) have been assessed as having made acceptable progress;
- The remaining five indicators (17%) have been flagged up as requiring intervention, and they are included in table 1 below: -

Chart 6: CAD Targeted Performance Indicators – Progress to 31 December 2012

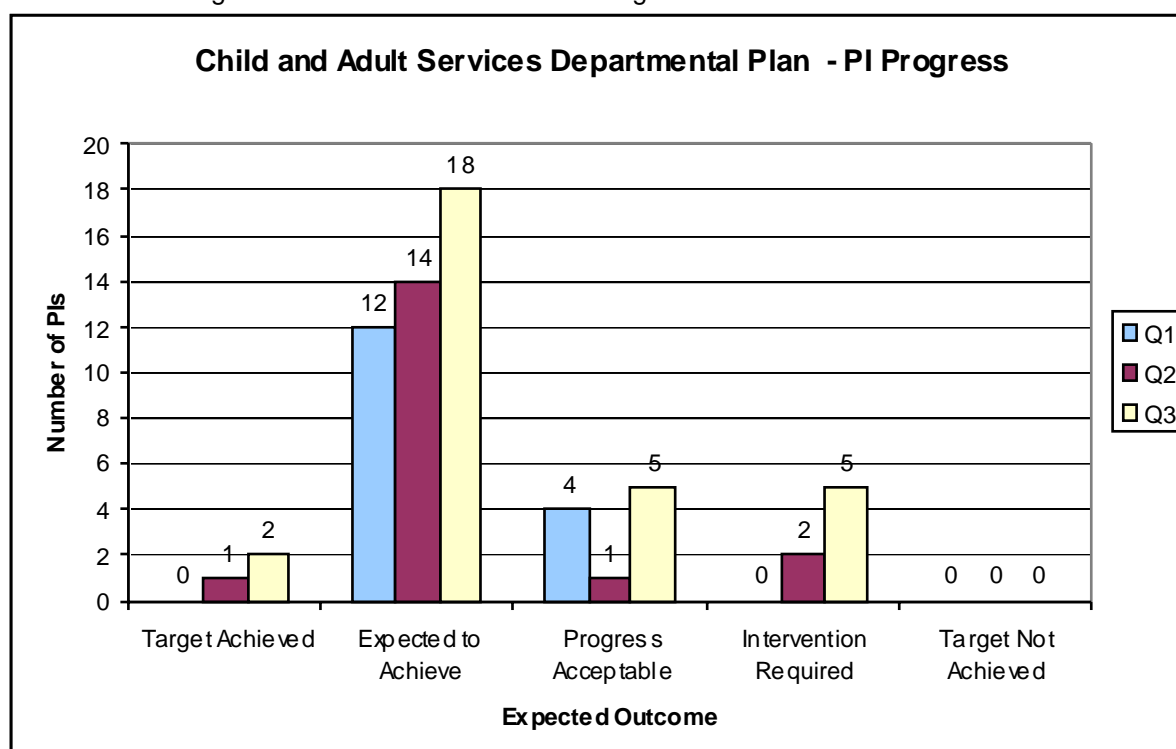


Table 1: CAD Performance Indicators requiring intervention

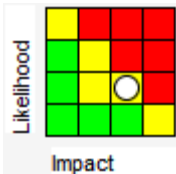
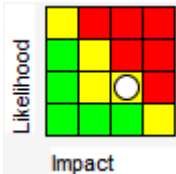
Outcome: Improve health by reducing inequalities and improving access to services				
Ref	Indicator	Q3 2012/13 Outturn	Year End Target	Note
NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	1801	2494	As it stands to date it is unlikely that the Annual Target will be met. However with the work of QIPP in Hartlepool we are working to reduce the overall Alcohol Related Hospital Admissions (ARHA) by focusing on clients who have three or more admissions under the top three diagnosis codes. By targeting these repeat admissions and addressing

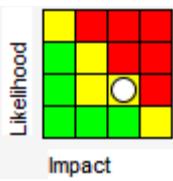
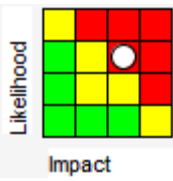
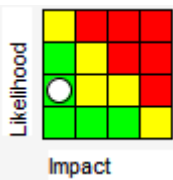
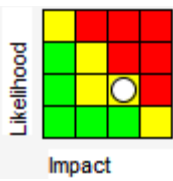
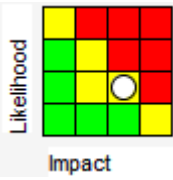
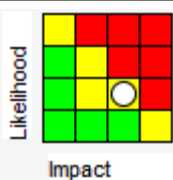
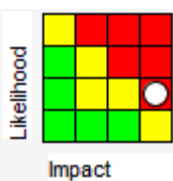
				their issues linking them into treatment services to stop further admissions. QIPP is working well and is reducing ARHA for this client group. By doing this it will have an impact on overall ARHA.
Outcome: Children and young people are safe				
Ref	Indicator	Q3 2012/13 Outturn	Year End Target	Note
NI 67	Percentage of child protection cases which were reviewed within required timescales	90%	100%	Child protection conference improvement activity underway which includes improved adherence to quality standards. A revised system of notification for conferences has been introduced from December 2012
NI 65	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time	20.6%	10.0%	There has been an increase in the number of children becoming subject to a Child Protection Plan for the second or subsequent time and as a result a planned audit activity on these cases will take place in mid February.
Outcome: 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				
Ref	Indicator	Q3 2012/13 Outturn	Year End Target	Note
ACS P072	Clients receiving a review as a percentage of adults and older clients receiving a service	38.4%	75%	This figure after 9 months is expected to be under the 75% year end target. Work has continued to identify the causes of this low figure and a number of actions have been implemented to improve performance. Detailed lists of those service users who have not yet received a review have been generated and passed on to care management teams to follow up these cases and, where relevant, complete the review and record this in CareFirst. A number of reasons for reviews not being recorded have been highlighted including sickness of key workers, recording issues and implementation of new processes.
Outcome: People enjoy equal access to leisure, culture, sport and libraries which enrich their lives, improve the places where they live, and strengthen communities				

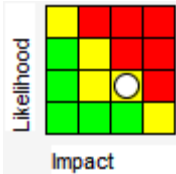
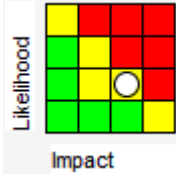

Ref	Indicator	Q3 2012/13 Outturn	Year End Target	Note
ACS P059	Overall attendance at Mill House, Brierton and Headland Leisure Centres	81,376	410,000	Total of 81,376 for the 3rd quarter of the year. This is slightly above the target set for the quarter (despite a week's pool closure due to drain down and cleaning) but cumulatively, still down by approximately 50,000 owing to the problems associated with the collection of statistics at Brierton Sports Centre when it was under different management. The Quarter 3 figures show that there was a total of 239,706 attendance against a target of 327,200. Will not achieve target set for the year and this will need to be revised for 2013/14.

- 4.5 A further 63 indicators have targets which can only be assessed at the year end or are for monitoring purposes only.
- 4.6 There are 11 Child and adults risks on the accepted risk register and a further 41 on the actively managed risk. The table below provides a summary of the position of the risks on the Actively Managed Risk Register along with details as to what action is being taken with regard to these risks.

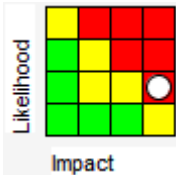

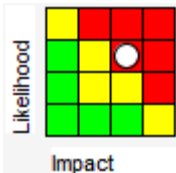
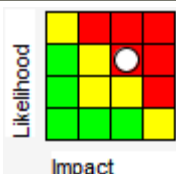
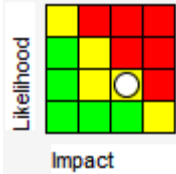
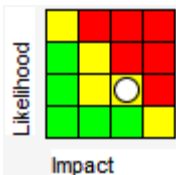
Table 2: CAD Actively Managed Risks 2012/13

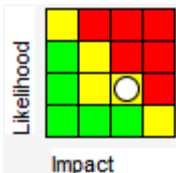
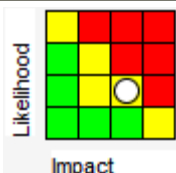
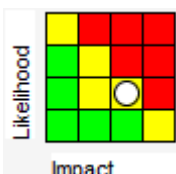
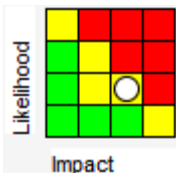
Code	Title	Current Risk Matrix	Latest Note
CAD R001	Service issue as a result of insufficient budget allocation or changes in national funding/grants (Actively Managed)		The LA intends to continue offering to schools a service level agreement that will fund the School Improvement Programme (SIP) and additional literacy & numeracy support. The £100k reduction in the Performance & Achievement budget for 2013/14 has been achieved without any reduction in front line services. (REDUCTION IN RATING)
CAD R004	An increase in the number of schools falling below Performance Achievement Standard (Actively Managed)		1 primary and 1 secondary school fell below the DfE floor target in July 2012 Performance in the secondary school is the greater concern and a number of actions have been put in place to support the school in line with the Hartlepool Schools causing concern protocol. (NO CHANGE IN RATING)

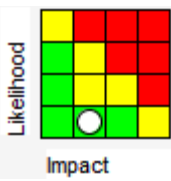

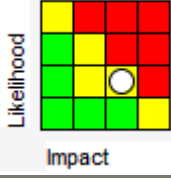
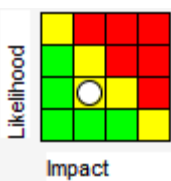
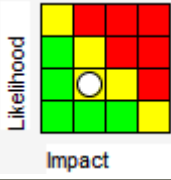

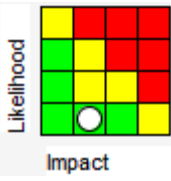
Code	Title	Current Risk Matrix	Latest Note
CAD R005	Failure to meet the statutory duties and requirements vested within the Child and Adult Services department (Actively Managed)		Ofsted review May 2012 of Looked After Children (LAC) provision indicated that all statutory duties were being met. (NO CHANGE IN RATING)
CAD R006	Alcohol investment does not enable the provision of sufficient services to meet the increased level of need. (Actively Managed)		Public Health funding allocations expected December now delayed until January 2013. No new health monies identified. Community Safety grants which have contributed to alcohol offender programmes now transferred to newly appointed Police Crime Commissioner with no confirmation as to whether any allocation will be passported back for local determination. Business and investment cases will be presented during Spring 2013 to a range of funding partnerships as opportunities present (NO CHANGE IN RATING)
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)		Variety of promotions held to introduce new services received positively. Meetings held with residents group, neighbourhood policing and community safety in particular area to resolve some tensions. Generally low risks being managed. (NO CHANGE IN RATING)
CAD R008	Damage / Disruption due to violence to staff, health & safety incidents or poor working conditions (Actively Managed)		Health and Safety risks carefully monitored through regular meetings held internally and involving trade union representation. (NO CHANGE IN RATING)
CAD R011	Failure to work in effective partnerships with NHS, including risk of cost shunting. (Actively Managed)		No change to risk status. Partnership working with the NHS continues and new working relationships will be developed as the changes within the NHS are implemented and CCGs are fully established from April 2013. (NO CHANGE IN RATING)
CAD R017	Failure to recruit & retain suitable staff in childrens services (Actively Managed)		Risk rating remains the same. Recruitment activity continues as necessary and authority is successful in recruiting good quality staff to both children and adults services. Staff retention is good. (NO CHANGE IN RATING)
CAD R019	Failure to plan for future need and ensure sufficient placement provision to meet demand (Actively Managed)		No change to risk rating, no change from position recorded in November, which was: - Sufficiency duty upon the local authority to ensure the provision of sufficient range of accommodation to meet the needs of children looked after. Service continues to regularly recruit foster carers to service which meets the needs of the vast majority of children in care. The department is in process of opening a local authority ran children's home to



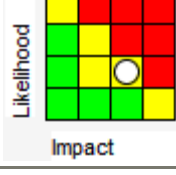
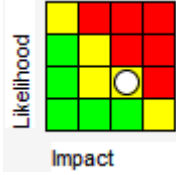
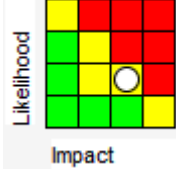


Code	Title	Current Risk Matrix	Latest Note
			meet the sufficiency requirements and reduce reliance on external placements. A framework agreement is in place with list of preferred providers from the independent fostering sector which provides additional placement capacity when required. (NO CHANGE IN RATING)
CAD R020	Insufficient capacity in the independent sector to meet placement demand (Actively Managed)		Main risk is the availability of appropriate placements for teenagers in Independent Fostering Agencies and Residential Care, those that are available are high cost and a long way from Hartlepool. (NO CHANGE IN RATING)
CAD R021	Increased demand on services due to socio-economic pressures (Actively Managed)		<p>Risk rating remains the same, no change to position as recorded in November, which was: -</p> <p>Increasing demand for services has been noted over the past 2 years with noted increase in numbers of children referred for services, numbers of children receiving a service and increase in number of children in care. Early intervention Strategy aims to reduce the needs of children and their families before they reach a critical point and prevent demand for more specialist services. Early intervention teams are now in place and supporting children and their families. Edge of care team in place to support families in crisis and maintain children within their own families wherever safe to do so rather than becoming looked after. Welfare reforms to be implemented in 2013/14 are likely to have further impact upon demand for services and workforce is being equipped to support families affected by this. Additional capacity has been agreed within children's social care to support assessment of children presenting for services.</p> <p>(NO CHANGE IN RATING)</p>
CAD R022	Failure to provide statutory services to safeguard children and protect their well-being (Actively Managed)		<p>No change to risk score, position remains as recorded in November, which was: -</p> <p>Service meets its statutory requirement in terms of children's safeguarding through the provision of social work teams where children's needs are assessed and plans implemented to ensure their safety and promote their well being. Service is fully compliant with safeguarding requirements as</p>

Code	Title	Current Risk Matrix	Latest Note
			outlined in Working Together to Safeguard Children and this compliance is monitored by the Local Safeguarding Children Board. (NO CHANGE IN RATING)
CAD R023	Impact of change to funding arrangements across Children's Services (Actively Managed)		Revised allocation for Early Intervention Grant has been published which indicates a 13% reduction in funding in 2013/14. Report presented to Cabinet to agree one year release of reserve to support service and enable a planned reduction in service. No further information received regarding the Youth Justice Board Grant. Legislative changes are pending regarding funding for young people remanded to custody which passes to local authority, service preparing for these changes. (NO CHANGE IN RATING)
CAD R024	Failure to meet statutory duties and functions in relation to the Youth Offending Service (Actively Managed)		Performance in relation to the services statutory functions are monitored actively through fortnightly performance management meetings and reported quarterly to the services strategic management board. (NO CHANGE IN RATING)
CAD R029	Failure to effectively manage risks exhibited by young people and families (Actively Managed)		No change to risk score. Position remains as recorded in November 2012, which was: - Multi agency risk management arrangements are in place for individual children, young people and their families where these are required and actively reviewed. Risk assessments are undertaken on young people who exhibit harmful behaviours and case management systems include flagging arrangements in relation to individuals who present a risk. (NO CHANGE IN RATING)
CAD R031	Failure to recruit and retain staff in educational support services (Actively Managed)		Latest post advertised, Senior School improvement officer attracted high quality field of 14 candidates, 4 interviewed & successful appointment made. (REDUCTION IN RATING)
CAD R032	Increase in the number of schools falling below national average for pupil attendance (Actively Managed)		Assistant Director is now fully aware of the school attendance issues in the LA, in 2011/12 around 70% of schools in Hartlepool had attendance that was below the National average. Discussions have been held with the Attendance Manager to devise strategies to address this problem. In the spring term 2013, schools SIPs will be questioning

Code	Title	Current Risk Matrix	Latest Note
			Head Teachers about current attendance figures. (NO CHANGE IN RATING)
CAD R033	Failure to plan for future need and ensure sufficient placement provision to meet demand within adult social care. (Actively Managed)		No change to risk status. Ongoing data collection & analysis continues and there is no evidence to date that seasonal factors are having a significant impact (this will be reviewed in Q4). (NO CHANGE IN RATING)
CAD R034	Insufficient capacity in the independent sector to meet placement demand within adult social care. (Actively Managed)		Winter hospital pressures and discharges are being managed appropriately and independent sector providers capacity, while stretched, is coping. (NO CHANGE IN RATING)
CAD R035	Increased demand on adult social care services due to demographic pressures. (Actively Managed)		No change to risk status. Demand on adult social care services is increasing due to the ageing population and increased prevalence of dementia, as well as the need to support more younger people with complex needs. The impact of this increase in demand is closely monitored and there is currently a piece of work underway to assess the impact on how quickly assessments are carried out and whether people are receiving an annual review. Operational changes that will enable a Single Point of Access for adult social care to develop are being considered with potential to implement a revised model in February / March 2013. (NO CHANGE IN RATING)
CAD R037	Failure to achieve targets in relation to assessments within 28 days and annual reviews, due to increased pressures on services. (Actively Managed)		Increasing pressures mean that there are significant issues over our capacity to deal with inappropriate delays. (NO CHANGE IN RATING)
CAD R038	Failure to provide statutory services to safeguard vulnerable adult. (Actively Managed)		Partner agencies continue to work together through the Hartlepool Safeguarding Vulnerable Adults Board and the Tees wide Safeguarding Vulnerable Adults Board to ensure that services are in place to safeguard vulnerable adults. There is no immediate risk to statutory services although increasing demand and decreasing resources give cause for concern. (NO CHANGE IN RATING)
CAD R039	Impact of change to funding arrangements across adult social care services. (Actively Managed)		The risk and potential impact of changes to funding arrangements continues. It was announced in December 2012 that NHS funding to support social care services in Hartlepool will increase in 2013/14, which is positive, but other funding streams are not yet secured. The impact of any changes to funding arrangements will be closely

Code	Title	Current Risk Matrix	Latest Note
			monitored and reported through appropriate the route. (NO CHANGE IN RATING)
CAD R040	Failure to deliver the Reablement Strategy. (Actively Managed)		The delivery of the Reablement Strategy relies on effective partnership working between the Local Authority, CCG and Foundation Trusts and securing NHS funding for services that will help deliver against the reablement agenda. Funding has not yet been agreed for 2013/14 but decisions are expected to be made in January 2013. The aim of reablement services is to promote independence, prevent hospital admissions and maximise independence following an illness or hospital stay. If reablement does not work effectively, there will be an increasing pressure on services for older people, including increased care home admissions. A regional review of reablement services has indicated that Hartlepool's service has a low unit cost and performs well with 73.9% of people referred to the service having no ongoing support needs following a period of reablement. (NO CHANGE IN RATING)
CAD R041	Failure to recruit & retain suitable staff in adult social care. (Actively Managed)		There are no current issues regarding recruitment and retention of suitable staff in adult social care and no outstanding vacancies. (NO CHANGE IN RATING)
CAD R043	Delayed transfers of care from hospital due to reduced capacity and changing working arrangements for hospital discharge. (Actively Managed)		Draft remodel introduced that focuses on acute beds in accordance with the legislative requirements. Potential delayed transfers of care from hospital is an increased risk to the Council because of the phased reduction in the number of acute beds; yet demand has increased and is likely to increase further, due to Hartlepool's demographics. Thus the volume of requests for assessments of need will be a pressure as will financial pressures linked to supporting vulnerable people to be discharged safely. (NO CHANGE IN RATING)
CAD R044	Failure to retain suitably skilled staff in the Museum Service (Actively Managed)		Experienced staff have left for new positions, existing staff currently acting up in a short term capacity in Culture and in Sport pending further efficiency deliberations. (NO CHANGE IN RATING)

Code	Title	Current Risk Matrix	Latest Note
CAD R045	Failure to deliver statutory elements of the Library Service (Actively Managed)		If current efficiency plans are implemented in Feb for 2013/14 then the risk of non delivery of statutory functions is lessened in the immediate future. (REDUCTION IN RATING)
CAD R046	Failure to provide statutory service of archaeological planning advice and Historic Environment Record (Actively Managed)		Current future business is indicating the service is well funded for the next financial year. The service remains highly dependent on earned income for over 60% of its revenue costs. (INCREASE IN RATING)
CAD R047	Failure to fulfil the targets for recruitment set by the Skills Funding Agency leading to loss of income (Actively Managed)		Recruitment is by term and therefore outcomes will only be better understood by the end of term 2 in April 2013. (NO CHANGE IN RATING)
CAD R048	Failure to reach the minimum levels of performance for the Skills Funding Agency or Ofsted (Actively Managed)		Ofsted may be implemented at short notice, meanwhile challenge is encouraged and any area of low performance is currently targeted for immediate support and improvement. Overall the service is on track for retention of current grading. (REDUCTION IN RATING)
CAD R049	Failure of Management Information System and IT systems preventing return of electronic data for funding purposes (Actively Managed)		Significant impact on the service leading to non payment of SFA grant if information return of data not handled efficiently and to strict deadlines. (NO CHANGE IN RATING)
CAD R050	Failure to recruit or retrain sufficient staff in key areas of a changing programme offer (Actively Managed)		The context in which this issue was queried at Scrutiny related I believe, to the ability of internal staff training etc for difficult to fill posts. The risk inherent in this action more specifically relates to the potential need to recruit at short notice, tutors with specialist skill sets to enable new areas of teaching to be satisfactorily delivered. With rapidly changing SFA grant funding this risk is increased. To date this has been managed satisfactorily. (NO CHANGE IN RATING)
CAD R051	Failure of partnerships resulting in insufficient venues to deliver training (Actively Managed)		This risk factor relates to the identified potential for 'community teaching venues' hired from the 3rd sector / VCS to be unavailable due to severe funding shortages leading to potential closure of such properties. it is reassuring to know that the programme for 2012/13 is satisfactorily in place. (REDUCTION IN RISK)

Code	Title	Current Risk Matrix	Latest Note
CAD R052	Failure to meet the licensing requirements of the Adventurous Activity Licensing Authority (Actively Managed)		This licence retention is critical to the ability to provide the service. A licence is required to enable adventure activities to be undertaken. Loss of licence means loss of ability to deliver leading to direct job losses. (REDUCTION IN RATING)
CAD R053	Failure to adhere to the recommended standards regarding pool safety management (Actively Managed)		This remains a high risk area of operation and for wider responsibility of encouragement to increase swim achievement standards. (NO CHANGE IN RATING)
CAD R054	Failure to ensure awareness and training of staff regarding safeguarding (Actively Managed)		Ensuring staff in all areas of activity and service delivery are suitable trained in safeguarding procedures and general alertness to help assist in the identification of incidents. (NO CHANGE IN RATING)
CAD R055	Failure to establish new partnerships and meet funding conditions of external partners in relation to grant funding, Memorandum of Understandings or Service Level Agreements (Actively Managed)		New grant initiatives are currently being explored to ensure ongoing provision of services in particular areas - learning and outreach in Museums with Redcar and Cleveland Borough Council and the National Portrait Gallery, Arts Council North East grants for arts and heritage linked to WW1, sports targeting of grant options for capital work improvements at Brierton Sports Centre etc. Partnerships continue to be essential in all areas of service delivery. (NO CHANGE IN RATING)
CAD R056	Lack of adequate investment in public buildings affecting ability to income generate (Actively Managed)		The maintenance of quality facilities is essential to safeguard the building and the service which in turn then succeeds in maximising levels of patronage and earned income. Ensuring that maintenance regimes are prioritised for economically important service property. (REDUCTION IN RATING)
CAD R057	Impact of recruitment freeze, gaps in staffing caused by length of time taken in process and use of redeployed staff lacking appropriate skills and experience (Actively Managed)		The ongoing freeze and redeployment is accepted but there are certain posts which will require external appointment in the event of staff departures to safeguard current service standards and professionalism only available via senior experience. (NO CHANGE IN RATING)
CAD R058	Failure to adhere to recommendations of the Playing Pitch Strategy (Actively Managed)		The PPS was adopted by Cabinet in Dec as scheduled, this will be essential to guide and assist the furtherance of the development proposals at Brierton Sports Centre and elsewhere within the Borough's playing field estate. (REDUCTION IN RATING)

4.7 For the period up to 31 December 2012 the Child and Adult Services Department have identified a number of achievements including: -

- The North Tees Smoking in Pregnancy Steering group continues to meet bi-monthly to implement and monitor actions outlined in the annual action plan. There was a successful bid through the PCT process for non-recurrent funding to develop ideas and purchase materials and resources to support the work. A regionally funded initiative, developed through consultation with midwifery services, is due to be rolled out in Tees in May 2013.
- The commissioned substance misuse service is now fully operational and will be reviewed as part of the Early Intervention Strategy Reviews. Regular contract monitoring meetings are positive with all targets being met.
- Once again Hartlepool Borough Council & Partners were able to implement another highly successful 11 million take over event which saw children and young people from across the town gaining the opportunity to shadow key decision makers locally and influence their thinking regarding the shaping of public services going forward. This generated positive press coverage on a local, regional and national level.
- The number of young people who are not in education, employment or training (NEET) has remained at a similar level to the figures reporting in the previous year which demonstrates strong performance in light of the increasingly challenging economic climate.
- In the 2012 OFSTED Annual Report of the Chief Inspector, Hartlepool primary schools were ranked 25th in the country, out of 161 local authorities, for areas where pupils are most likely to attend a good or outstanding primary school. At the time of the report, 79% of primary schools in Hartlepool were judged by OFSTED to be good or outstanding. One further primary school has since improved from satisfactory to good. In addition, Stranton Primary School was featured in the report as a school that achieves “...extraordinary outcomes given the background and levels of attainment of children on entry”.
- The Early Intervention Services is fully operational and work is commencing on Year 1 evaluation. The Strategy remains the long term vision for prevention and early intervention services, however, recent Government settlement indicates a 13% cut in Early Intervention Grant and the strategy will need to be reviewed and scaled back in line with these cuts during 2013/14.
- The percentage of pupils achieving 5 or more GCSE passes at grade A*-C including English and maths fell to 48.5% in 2012; against a target of 58%. This year the local authority has put in place funding for schools to provide additional tuition classes for those young people who did not pass English and had a borderline result which was lower than anticipated. The re-sits took place in December 2012 and the results are not yet known. There remains a legal challenge with the examining bodies over 2012/13 results.

- Over 95% of people who are eligible for a personal budget now receive their care and support through this route. Performance is in excess of the 70% target.
- In partnership with Newcastle, Sunderland and Sport England, we have appointed HelmePark to facilitate consultation and workshops with adult social care, Health Watch and NHS commissioners. Work to start 2013 with an end date March 2013. Initial LA scoping meeting has been held to plan for the event.
- As it stands to date it is unlikely that the Annual Target for the rate of hospital admissions per 100,000 for alcohol related harm will be met. However with the work of QIPP in Hartlepool we are working to reduce the overall Alcohol Related Hospital Admissions (ARHA) by focusing on clients who have three or more admissions under the top three diagnosis codes. By targeting these repeat admissions and addressing their issues linking them into treatment services to stop further admissions. QIPP is working well and is reducing ARHA for this client group. By doing this it will have an impact on overall ARHA
- Funding for Men's Inspire project successfully secured from the PCT. Work on this project is due to commence in February.
- Volunteering programme is continuing to expand with links to Walk about Hartlepool programme and Street League in particular

5 REGENERATION AND NEIGHBOURHOODS DEPARTMENTAL PLAN UPDATE

5.1 The Regeneration and Neighbourhoods Departmental Plan contributes to 21 outcomes, spread across 7 themes.

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

5.2 Included in the departmental plan were 65 actions and 49 performance indicators spread across the 21 outcomes. In addition the department has identified 40 risks that are included in the Council's Risk Registers including 19 actively managed and 21 accepted risks.

5.3 As can be seen in chart 7, overall progress is good with:

- 60 actions (92%) having already been completed or assessed as being on track to be completed by the agreed date;
- Three further actions (5%) has been adjudged to have made acceptable progress;

- The remaining two actions (3%) have been flagged as requiring intervention, or 'not completed' and these actions are shown in tables 3a and 3b, below.

Chart 7: RND Overall Action Progress – to 31 December 2012.

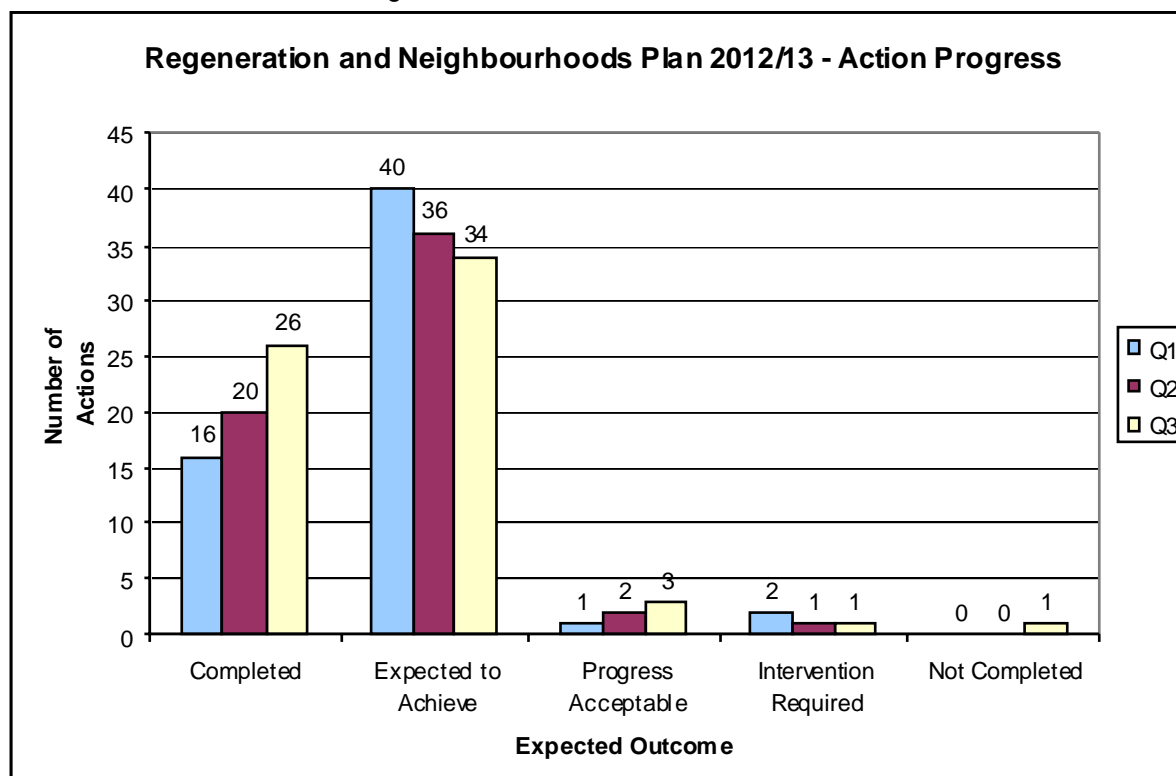


Table 3a: RND Actions requiring intervention

Outcome: Hartlepool has reduced crime and repeat victimisation			
Ref	Action	Due Date	Note
RND12/13-CS01	Deliver in conjunction with partners a strategic assessment which is monitored through the Safer Hartlepool Partnership executive.	31-Dec-2012	<p>The SHP Strategic Assessment will be delivered to the SHP Executive on 7th February 2013.</p> <p>The production of the annual assessment was delayed due to the election of the Police & Crime Commissioner - November 2012.</p>

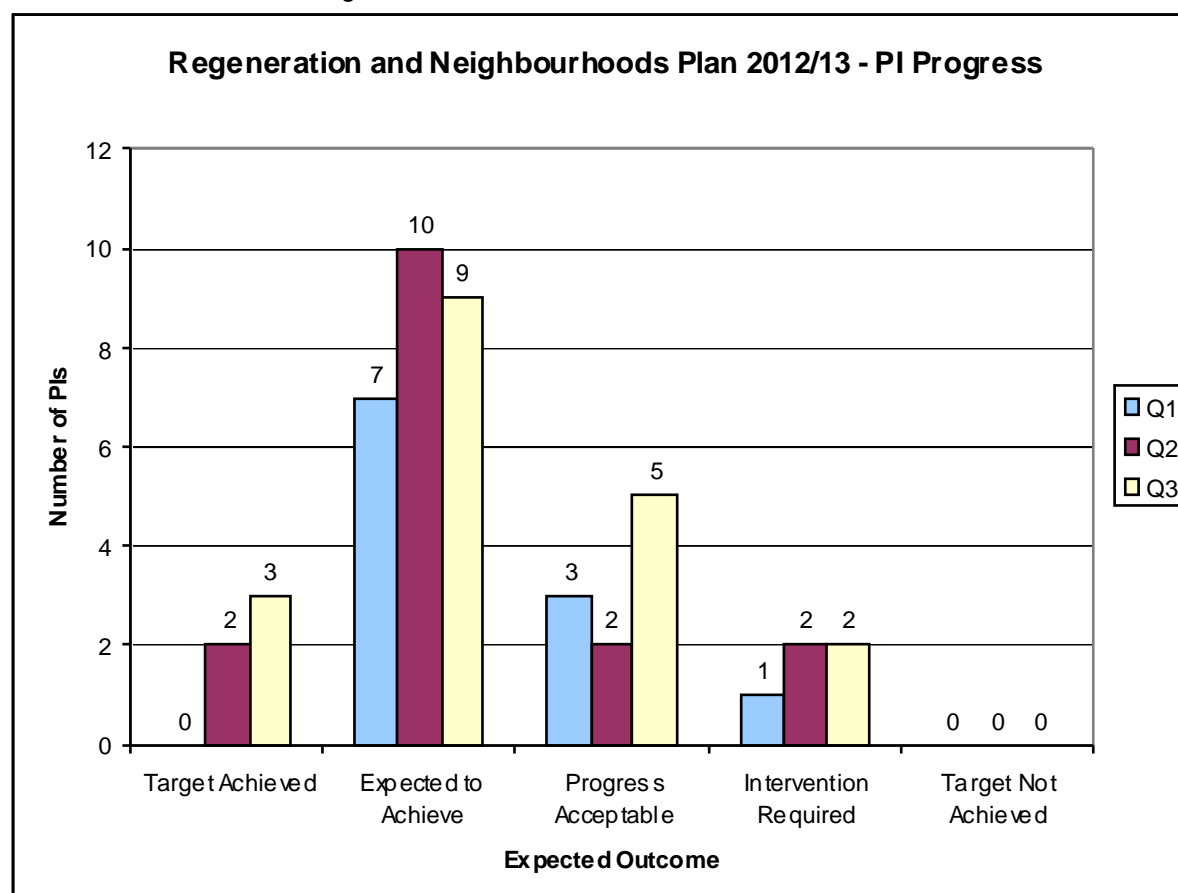
Table 3b: RND Actions assessed as 'not completed'

Outcome: Hartlepool has an improved and more balanced housing offer that meets the needs of residents and is of high quality design			
Ref	Action	Due Date	Note
HS 1B3	Develop a system for monitoring the quality standards of privately developed homes to understand how many homes are being built to lifetime homes and high levels of energy efficiency	30-Mar-2013	The monitoring of private properties built to lifetime home standards and being developed with high levels of energy efficiency has been explored and it has been concluded that there is no mechanism to enable the Council to realistically monitor this. Lifetime home standards are encouraged by planning but not required, nor are they controlled under building regulations, therefore there is no mechanism to monitor the building of new private dwellings for this element. In a similar vein

			<p>whilst energy efficiency can be conditioned as part of a planning approval, this would only relate to large scale developments and not small housing estates or single dwellings, therefore there would be significant gaps in any data collection we would be able to do. A monitoring table has been prepared which has been discussed with our Building Control Manager to see if there is any way to monitor these elements however the conclusion is given the lack of information which can be obtained and put into a monitoring system which would also not be reflective of actual development this would not be a meaningful monitoring process.</p>
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- 5.4 For the reasons stated in the table 3a above it is proposed to change the due date of the action RND12/13 CS01 from 31 December 2012 to 31 March 2013
- 5.5 Chart 8 summarises officers' assessments of the 19 performance indicators that have targets **and** are measurable throughout they year.

Chart 8: RND Overall PI Progress – to 31 December 2012.



5.6 It can be seen that, as at 31 December 2012, the position was a positive one with:

- 12 indicators (63%) having been assessed as being on track to achieve year end target or have achieved target
- 5 (26%) indicators have been assessed as having made acceptable progress.
- The remaining two indicators (11%) have been flagged up as requiring intervention, and further information is provided in Table 4.


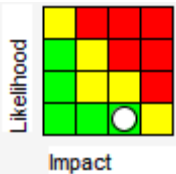
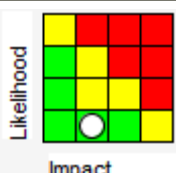
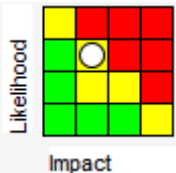
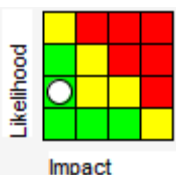
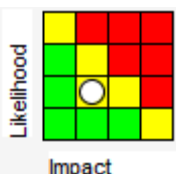
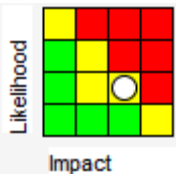
Table 4: RND Performance Indicators requiring intervention

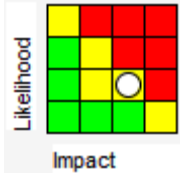
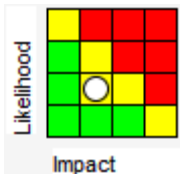
Outcome: Hartlepool is prepared for the impacts of climate change and takes action to mitigate the effects				
Ref	Indicator	Q3 12/13 Outturn	Year End Target	Note
NI 185	Percentage CO2 reduction from local authority operations	4.7%	7%	Work continues to reduce the carbon footprint. Invest to Save Fund projects are nearing completion for 2012/13, and a new schedule is being produced for 2013/14 projects. The 2012/13 carbon footprint will be produced in Q1 of 2013/14, once the whole year's energy use data is available. It is unlikely that the aspirational target of a 7% reduction will be achieved. The Carbon Reduction Strategy is currently under review and will set a more realistic yet still challenging target, which is likely to be in the region of a 2% reduction per year (TBC).
Outcome: Hartlepool is prepared for the impacts of climate change and takes action to mitigate the effects				
Ref	Indicator	Q3 12/13 Outturn	Year End Target	Note
RND P051	Number of households where homelessness has been prevented through Local Authority action	5.57	12.00	At the end of Q3 206 households were prevented from becoming homeless. This equates to 5.57 per thousand households which is still short of our target for this time period but the impact of welfare reforms has significantly reduced alternative housing options for those affected.

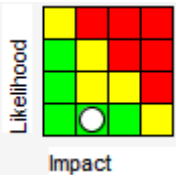
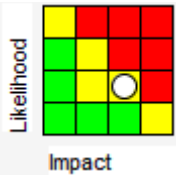

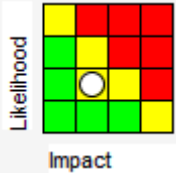
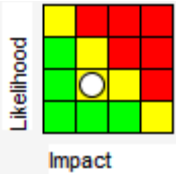

5.7 A further 30 indicators have targets which can only be assessed at the year end or are for monitoring purposes only.


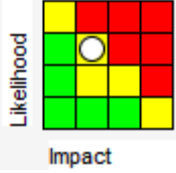


5.8 Today there are 21 risks on the accepted risk register within the Regeneration and Neighbourhoods Department and a further 19 on the actively managed risk register. The table below provides a summary of the position of the risks on the Actively Managed Risk Registers along with details as to what action is being taken with regards to these risks. The table also details whether the risk has changed since its last review.

Table 5: RND Actively Managed Risks 2012/13

Code	Title	Current Risk Matrix	Latest Note
RND R051	Failure to comply with DDA legislation in Council buildings (Actively Managed)		Capital bid approved, works being programmed. (NO CHANGE IN RATING)
RND R052	Council liability for RTA related accidents resulting from employees driving whilst on council business (Actively Managed)		A policy is currently being written which will ensure that the Council is legally covered should a blameworthy collision occur as a result of an employee driving on official business. As part of this, options are also being explored regarding the introduction of an enhanced professional driver's eyesight tests. This would help ensure all drivers operating Council plant and vehicles are doing so with adequate vision and significantly reduce the associated risk. (NO CHANGE IN RATING)
RND R053	Failure to effectively implement selective licensing (Actively Managed)		Status has been reviewed and because the service and selective licensing is well managed and up to date, there is no need to change the current status. All none compliant cases are actively managed and resolved. (NO CHANGE IN RATING)
RND R054	Failure to maintain highway infrastructure to acceptable standard resulting in additional cost implications through insurance claims (Actively Managed)		Lack of significant investment in highway maintenance and possible future pressure will maintain this risk at a score of 6. The current severe weather, both in terms of flooding and freezing, is likely to have a significant impact on highway conditions which may require this risk to be increased at some future date. (NO CHANGE IN RATING)
RND R055	Failure to provide an effective transport infrastructure for disabled people (Actively Managed)		Provision of low floor bus infrastructure continues on an annual basis funded by Tees Valley Bus Network Improvement capital investment. All new infrastructure and maintenance programme included provision of dropped crossing facilities with appropriate tactile paving (NO CHANGE IN RATING)
RND R057	Reduction in funding for Housing Investment (Actively Managed)		This risk has been reviewed and no status review is necessary. The funding regime for housing has changed and currently the housing programmes are well financed in the Local Authority, for the period 2011/15 (NO CHANGE IN RATING)
RND R059	Failure to provide a 'sound' Planning Policy Framework leading to a lack of clear planning guidance (Actively Managed)		The Local Plan has been submitted to the SoS for examination. The document has been out to consultation extensively. The Local Plan is on track to achieve adoption in 2013, however it is possible that this will be later than Autumn given the Examination in Public (EiP) is to begin 29 January 2013 and

Code	Title	Current Risk Matrix	Latest Note
			<p>anticipated to last 2 weeks. Meanwhile Local Plan 'saved policies' remain in place, the National Planning Policy framework (NPPF) have given local authorities a year to adopt a Core Strategy (until March 2013), then if a LPA's plan is not at an advanced stage the policy position would be reliant only on the NPPF. There is a significant risk if the Local Plan is not found 'sound' or not adopted by the Council as there would be no up to date development plan and therefore no affordable housing policy which secures either affordable housing on site or a contribution to the housing team's projects to deliver affordable housing. There would also be risk that the employment sites could be proposed for housing development and without a robust planning obligations policy it would be very difficult to secure other contributions for regeneration, community facilities etc and there would also be no opportunity to develop CIL (Community Infrastructure Levy) which is a way to secure funding to important strategic infrastructure e.g. schools, major highway junctions, etc. Essentially the place shaping of Hartlepool could be progressed outside of the aspirations of the Borough Council as a whole. The risk of not having an up to date development plan is currently amplified as it is anticipated that an application from Wynyard Park for a significant amount of general housing on a site allocated for employment is to be submitted prior to the completion of the EIP. Whilst the policy position is robust to refuse the application if approved the development would render the Local Plan unsound, thus any affordable housing contributions currently committed or which would be have been required from future housing schemes would be nil. (INCREASE IN RISK RATING)</p>
RND R060	Failure to deliver current regeneration programmes (Actively Managed)		Seaton Carew is progressing and is at Heads of Terms stage. The Council continues to influence sub regional policy and is actively involved in the development of City Deal which will respond to some of the economic needs of the area. (NO CHANGE IN RATING)
RND R061	Inability to meet very high levels of local housing needs including affordable housing (Actively Managed)		Status has been reviewed and no change is currently required however the welfare benefits changes and changes to housing benefits relating to additional bedroom has started to shift to needs requirements and this will be monitored to assess impact. (NO CHANGE IN RATING)

Code	Title	Current Risk Matrix	Latest Note
RND R062	Effective delivery of housing market renewal affected by external decisions and funding (Actively Managed)		<p>No Change to previous updates, original CPO sites, either all outstanding claims have been settled or ring fenced funding is in place to mitigate claims. Work is currently taking place to assess risks on the Perth Street Site, to assess the likely hood of breaching the ring fenced funding to cover claims from former owners on this site. Carr/Hopps Street has funding in place and is being actively managed to mitigate risks.</p> <p>(NO CHANGE IN RATING)</p>
RND R063	Lack of resources to maintain building stock (Actively Managed)		<p>13/14 capital bid made for urgent works. Unallocated 12/13 revenue planned projects identified and 13/14 ongoing (NO CHANGE IN RATING)</p>
RND R064	Failure in asset management planning to make best use of assets in terms of acquisition, disposal and occupation (Actively Managed)		<p>Medium and long term accommodation strategy is constantly reviewed through the Council's corporate financial team. Key strategic reports to Cabinet and Scrutiny provide position statements/ proposals to ensure active management of the portfolio. (NO CHANGE IN RATING)</p>
RND R079	Failure to meet the statutory requirements of the Regeneration and Neighbourhoods department (Actively Managed)		<p>Legislation continues to be monitored to identify changes and action where appropriate. (NO CHANGE IN RATING)</p>
RND R080	Failure to monitor and maintain Council owned trees (Actively Managed)		<p>the inspection programme continues, with any remedial work undertaken. Matrix as previous 24/5/12 (NO CHANGE IN RATING)</p>
RND R081	Failure to provide sound planning advice / enforcement in relation to waste sites in the borough (Actively Managed)		<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. We have a Tees Valley Minerals and Waste DPD which was produced jointly with other Tees Valley Authorities this provides us with an up to date policy position. (NO CHANGE IN RATING)</p>

Code	Title	Current Risk Matrix	Latest Note
RND R083	Loss of personal or sensitive data resulting from a lack of information security (RND)		Information Security policies agreed corporately. A roll out programme to inform staff and to provide training on Information Security will now take place, beginning 4th Quarter of 12/13. (NO CHANGE IN RATING)
RND R084	Unsafe or unsatisfactory building conditions occurring due to lack of available maintenance resources (Actively Managed)		13/14 capital bid made for urgent works. Unallocated 12/13 revenue planned projects identified and 13/14 ongoing. (NO CHANGE IN RATING)
RND R085	Failure to achieve the Council's Capital Receipts target because of the difficult economic climate and market conditions (Actively Managed)		Despite the economic climate being difficult sales have been agreed, with a number due to complete imminently, these capital receipts that are expected to complete in the coming financial years are expected to far exceed the capital receipts target. Provided that completions are achieved on 50% of the agreed sales then the risk is covered (NO CHANGE IN RATING)
RND R086	Failure to achieve the required level of financial rebate through the NEPO arrangements (Actively Managed)		Close monitoring of NEPO performance is required to flag up any forthcoming shortfalls or increases in costs as early as possible. This risk has been reviewed as 'likely' on the basis that there is a distinct possibility that should NEPO not cover their cost base through income from contracts (and they currently have an £800,000 financial gap) then LA rebates will be reduced to make up any shortfall. (NO CHANGE IN RATING)

5.9 For the period up to 31 December 2012 the Regeneration and Neighbourhoods Department have identified a number of achievements including:

- Work is progressing on the Local Plan with extensive consultation already carried out. The plan is subject to an examination in public with the decision as to when to hold with the Secretary of State. The examination is to begin late January and as a result is on track to achieve adoption in 2013. As a result it has not been possible to achieve by the target date of Dec 12. An action has been included in the 2013/14 Departmental Plan with regard to this.
- Work has been undertaken to explore investment opportunities to identify public realm initiatives, with various areas in the town identified. Works are being progressed with funding from ward member budgets to be completed this financial year. Further work is continuing with Friends groups to identify funding streams e.g. Seaton Park, Golden Flatts and North Linear Park.
- Through continued increased contact with owners of empty properties, the Housing Services team have built on the success of

the achievements over first 6 months with a further 54 properties brought back into use, bringing the total for the year so far to 135 against a target of 57

- A £6m grant has recently being confirmed to fund upgrades to the A689 / A19 junction with works scheduled to be completed by 2015.
- The Going Forward Together model has been introduced by the Council, targeting young people classified as the most 'high risk' of becoming Not in Employment, Education or Training (NEET). As a result 255 young people have registered, with 128 progressing into further education or employment making it one of the best performing projects in the North East.

6 CHIEF EXECUTIVE'S DEPARTMENTAL PLAN UPDATE

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

- Jobs and the Economy
- Organisational Development

6.2 Included in the departmental plan are 51 actions and 33 performance indicators spread across 7 outcomes. In addition the department has identified 35 risks that are included in the Council's Risk Registers.

6.3 As can be seen in chart 9, overall progress across the department is positive, with:

- Over 94% of actions (48 actions) having already been completed or being on track to be completed by their agreed due date.
- The remaining 3 actions (6%) have been assessed as having made acceptable progress.

6.4 Chart 10 summarises officers' assessments of the 18 performance indicators that have targets **and** are measurable throughout the year. It can be seen that, as at 31 December 2012, the position was also positive, with:

- 15 indicators (83%) either having been assessed as being on track to achieve target ;
- 3 indicators (17%) having had made acceptable progress.

Chart 9: CED Overall Action Progress – to 31 December 2012.

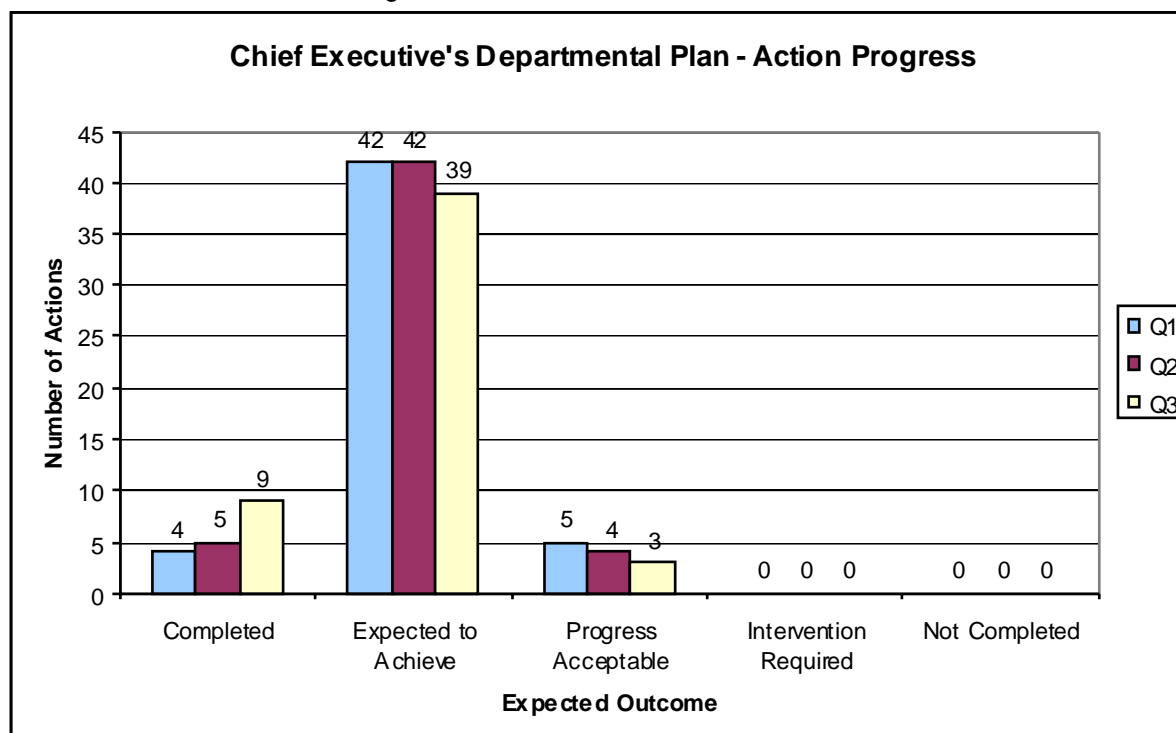
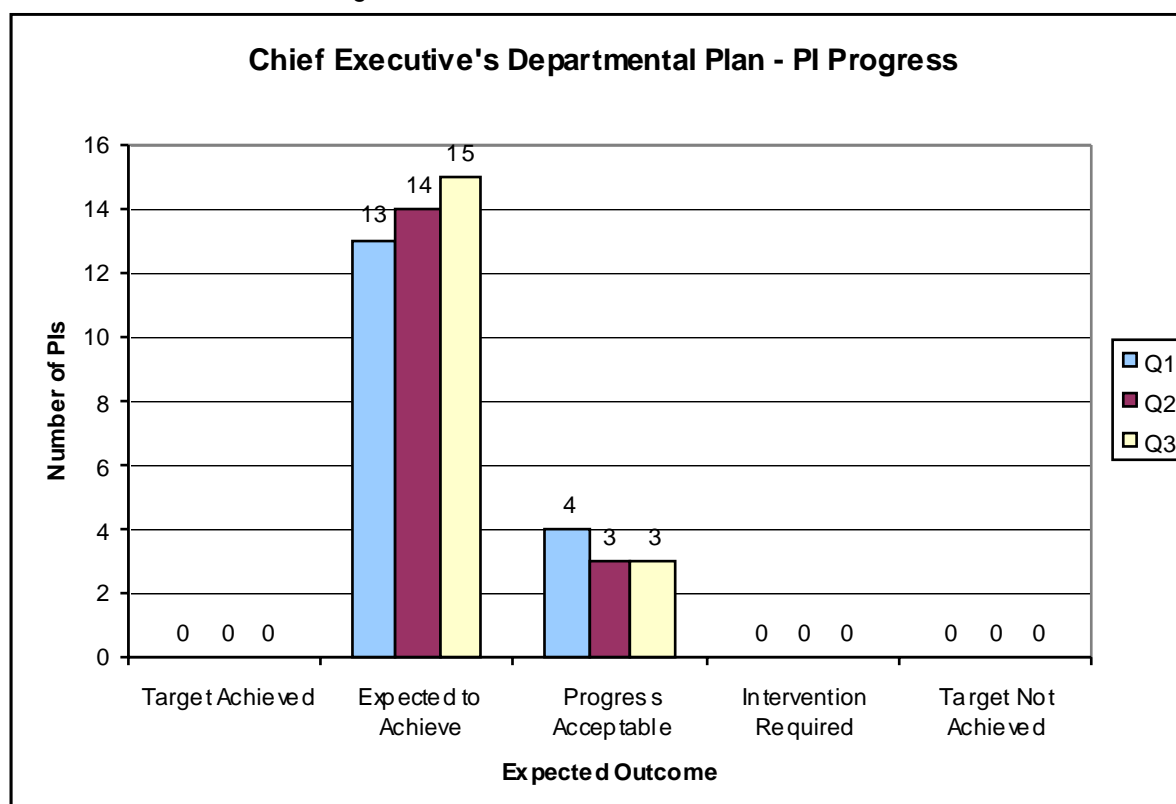


Chart 10: CED Overall PI Progress – to 31 December 2012



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

6.6 There are 28 risks on the Accepted Risk Register within the Chief Executive's Department and a further 7 on the Actively Managed Risk Register. The table below provides a summary of the position of the risks on the Actively Manager Risk Register along with details to show what action is being taken with regards to these risks.

Table 6: CED Actively Managed Risks 2012/13

Code	Title	Current Risk Matrix	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)		The likelihood of this risk has remained the same. The corporate steering group continues to operate to both support departments in the consideration of and integration of equality issues in the development of policy and plan (NO CHANGE IN RATING)
CED R088	Future and Current Equal Pay Claims including settlement of, or adverse findings in Employment Tribunal of existing equal pay claims (Actively Managed)		On-going case right of all Equal Pay claims. Risk assessment of terms and conditions arrangements reported to CMT for action. (NO CHANGE IN RATING)
CED R089	Experiencing failure or lack of access to Critical ICT systems (Actively Managed)		This remains the same. System availability remains high and is monitored through the monthly service reports. (NO CHANGE IN RATING)
CED R090	Failure to meet the statutory requirements of the Chief Executive's department (Actively Managed)		This risk remains the same. Arrangements to progress new governance arrangements are in place and issues such as the impact of the localism bill subject to separate reports to Cabinet as required. (NO CHANGE IN RATING)
CED R091	Failure to have corporately adequate arrangements in place to manage and deliver the budget strategy and the savings programme (Actively Managed)		This risk remains the same. Reports have been submitted to Cabinet and plans in place to progress these through scrutiny with the target being a February decision of council. (NO CHANGE IN RATING)
CED R094	Failure to deliver a new ICT Contract (Actively Managed)		The project is currently on schedule and progressing as expected, risks are being managed through the programme planning for the project. (NO CHANGE IN RATING)
CED R095	Failure to have in place effective governance arrangements (Actively Managed)		A Governance working group and work plan have been established with timescales set for the completion of the work which is currently on schedule. (NO CHANGE IN RATING)

6.7 For the period up to 31 December 2012 the Chief Executive's Department have identified a number of achievements including: -

- With in the Money Matters engagement programme 2 Credit Union promotion events were held at HBC Church Street Depot in November. There was also an Illegal money lending week of action in November 2012.
- The Medium Term Financial Strategy (MTFS) Report was submitted to Cabinet on 17th and 21st December 2012. A further report will be submitted to Cabinet and Council in February 2013.
- Develop framework for new Local Council Tax Rebate Scheme – The New Local Council Tax Rebate Scheme framework was reported to Cabinet 17 December 2012. The Scheme was the approved at Council on 24 January 2013.
- Tenants affected by the changes to Housing benefits have had letters sent out in January 2013. Discretionary housing payment policy framework currently being reviewed and will be reported to Cabinet.
- All households that have been affected by the Benefit cap have been advised. All households affected by Bedroom Tax also received a letter in January 2013. Finally all households affected by new Council Tax Support Scheme are to receive letter in February 2013.
- The review of the Registrars service is complete and has achieved a saving target of £21k that will be used to reduce the income budget that is currently not being achieved.
- Change in governance arrangements were agreed at special meeting of Council held on 6 December 2012, to be effective from 5th May. A Governance Working Group has been established to look at the operation of a Committee based system. Working Group supported with subsequent reports to be brought to an Extraordinary Council meeting on 7th March to consider the governance structure and revised Constitution.
- Work ongoing in relation to the development of the scrutiny function as a result of the mayoral referendum. Required constitutional changes being done to reflect the move to the conduct of statutory scrutiny only.
- Details of the process for statutory crime and disorder and health scrutiny being worked on and detailed regulations being awaited in relation to the implementation of reviewed / new health scrutiny requirements, as a result of the Health and Social Care Act 2012 (regulations expected in January).

7. RECOMMENDATIONS

- 7.1 It is recommended that the Scrutiny Coordinating Committee note the current position with regard to performance.

8. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

- 8.1 There are no appendices to the report.

9. BACKGROUND PAPERS

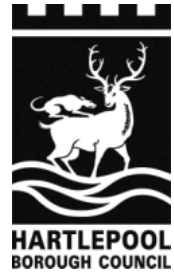
- 9.1 There were no background papers used in the preparation of the report.

10. CONTACT OFFICER

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SCRUTINY CO-ORDINATING COMMITTEE

8 March 2013



Report of: Scrutiny Manager

Subject: SIX MONTHLY MONITORING OF AGREED
SCRUTINY CO-ORDINATING COMMITTEE'S
RECOMMENDATIONS

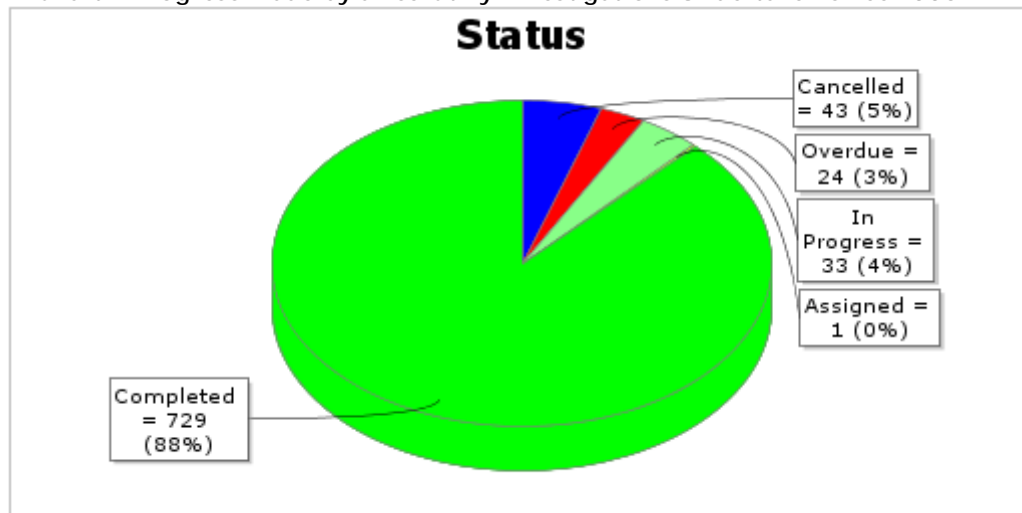
1. PURPOSE OF REPORT

- 1.1 To provide Members with the six monthly progress made on the delivery of the agreed scrutiny recommendations of this Committee.

2. BACKGROUND INFORMATION

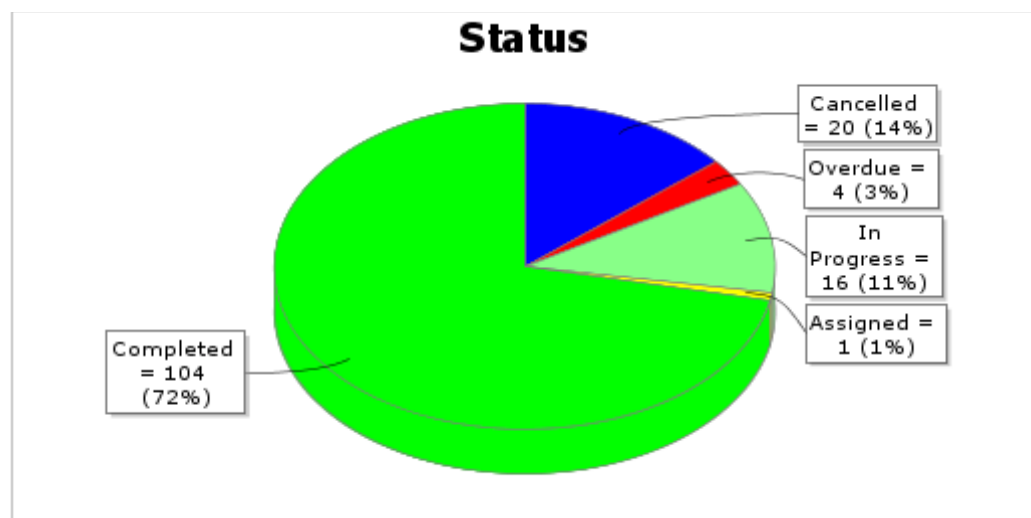
- 2.1 In accordance with the agreed procedure, this report provides for Members details of progress made against each of the investigations undertaken by the Committee. **Chart 1** below is the overall progress made by all scrutiny forums since 2005 and **Chart 2** (overleaf) provides a detailed explanation of progress made against each scrutiny recommendation agreed by this Committee since the last six monthly monitoring report presented in September 2013.

Chart1: Progress made by all Scrutiny Investigations Undertaken since 2005



Scrutiny Co-ordinating Committee - All

Generated on: 25 February 2013



Year 2008/09

Investigation Kerbside Recycling Scheme Referral

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-SCC/7b/i-vi That as part of the process for the reconfiguration of in-house services, a feasibility study be undertaken incorporating the following areas of provision: (i) The	SCR-SCC/7b/i-vi Reconfiguration of current services will be carried out as detailed in the recommendation, taking account of business transformation frameworks which are currently being developed.	Fiona Srogi	01-Dec-2010	01-Dec-2011	18-Sep-2012 Service changes which will include route optimisation, four day working, suspension of green waste over the winter months, and kerbside recycling collections will be introduced in April 2013. Development of the waste transfer station will allow for the bulking of certain recyclable materials enabling	<div><div></div></div> 81% Overdue	





Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
reconfiguration of contracts in line with the service standard.					<p>the authority to have greater freedom to approach the markets.</p> <p>07-Mar-2011 The route optimisation has modelled two options for routing this includes a four day week and a five day week option. Research is also being undertaken into separate green waste collections, different kerbside collection methods such as dual-stream collections. We are also investigating the options and efficiencies from the inhouse disposal of green waste. Charges to bulky waste will be introduced on the 1st February in preparation for this we have reviewed the working methods and reduced the number of vehicles from 3 to 2. The waste transfer station working practices have been reviewed to ensure that all users of the site must segregate where possible.</p>		

Year 2011/12**Investigation** Call-In: Proposed School Admissions Arrangements for 2013-2014






Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-SCC/30b/ii That the results of the wider review and consultation process be reported to Council.	SCR- SCC/30b /ii Implement the wide ranging review as requested by Council.	Peter McIntosh	31-Mar-2013	31-Mar-2013	<p>03-Jan-2013 Statistical analysis well underway with further data awaited from JSU.</p> <p>31-Jul-2012 Recommendation agreed by the Children's and Community Services Portfolio Holder at their meeting of 26 June 2012.</p>	<div> <div></div> <div>40%</div> </div> <p>In Progress</p>	



Year 2011/12

Investigation The Borough Museum and Art Gallery Collection

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-SCC/29a/i That Members of the Museum and Art Gallery Working Group are involved in the review and development of the Collections, Acquisitions and Disposals Policy in the 2012/13 Municipal Year, and that this includes a progress update.	SCR-SCC/29a/i/1 Formally report progress on the Collections Review to members on a quarterly basis.	David Worthington	31-Mar-2014	31-Mar-2014		 25% In Progress	
SCR-SCC/29a/i That Members of the Museum and Art Gallery Working Group are involved in the review and development of the Collections, Acquisitions and Disposals Policy in the 2012/13 Municipal Year, and that this includes a progress update.	SCR-SCC/29a/i/2 Incorporate stakeholder's needs and aspirations into the new version of the Collections, Acquisitions and Disposal policy.	David Worthington	31-Mar-2013	31-Mar-2013		 25% In Progress	
SCR-SCC/29a/i That Members of the Museum and Art Gallery Working Group are involved in the review and development of the Collections, Acquisitions and Disposals Policy in the 2012/13 Municipal Year, and that this includes a progress update.	SCR-SCC/29a/i/3 Hold formal consultations with all stakeholders on the expansion and development of the Museum permanent displays.	David Worthington	31-Aug-2013	31-Aug-2013		 25% In Progress	
SCR-SCC/29a/i That	SCR- Secure external funding for a	David	31-Aug-	31-Aug-		 25% In	



Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
Members of the Museum and Art Gallery Working Group are involved in the review and development of the Collections, Acquisitions and Disposals Policy in the 2012/13 Municipal Year, and that this includes a progress update.	SCC/29a /i/4 full feasibility study to support the development of the Museum's permanent displays and public areas to refresh our visitor/user offer.	Worthington	2013	2013		Progress	
SCR-SCC/29a/ii That Members of the Museum and Art Gallery Working Group are involved in the review and development of the Collections, Acquisitions and Disposals Policy in the 2012/13 Municipal Year, and that this includes a progress update	SCR-SCC/29a /ii Gain formal recognition of the importance of the Council's Maritime collections through Designation. If Designation is not possible, seek entry into comparative programmes.	David Worthington	31-Mar-2015	31-Mar-2015		15% In Progress	
SCR-SCC/29b That the Council promotes the opportunity for the public to donate items to the Collection through a regular article in the Council's magazine, Hartbeat, specifying examples of the types of artefacts required and sample photographs	SCR-SCC/29b /i Raise public awareness of this core mission by producing regular articles in Hartbeat. Focus on items and themes prioritised in the new Collections Policy.	David Worthington	31-Mar-2014	31-Mar-2014		0% Assigned	
SCR-SCC/29b That the Council promotes the opportunity for the public to donate items to the Collection through a regular	SCR-SCC/29b /ii Review public enquiry and donation services to identify and implement improvements. This to include consideration of the opportunities for cross-	David Worthington	31-Dec-2012	31-Dec-2012		21% Overdue	



Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
article in the Council's magazine, Hartbeat, specifying examples of the types of artefacts required and sample photographs		disciplinary work with both Library and Archive services.						
SCR-SCC/29c/i That the Council explores how the collection can: - (i) be promoted to further enhance its usage	SCR-SCC/29c /i/1	Secure external project funding in collaboration with local partners to sustain and develop Collections Access initiatives.	David Worthington	31-Mar-2013	31-Mar-2013		 25% In Progress	
SCR-SCC/29c/i That the Council explores how the collection can: - (i) be promoted to further enhance its usage	SCR-SCC/29c /i/2	Secure external project funding in collaboration with local partners to widen digital and on-line access to the Collection.	David Worthington	31-Mar-2013	31-Mar-2013		 10% In Progress	
SCR-SCC/29c/ii That the Council explores how the collection can: - (ii) be utilised to increase income generation opportunities	SCR-SCC/29c /ii	Initiate new income generating projects based around using the Collection. These to include "print on demand" of copies of items including ship plans and artworks from in-house services.	David Worthington	31-Mar-2013	31-Mar-2013		 30% In Progress	
SCR-SCC/29d That the potential of displaying more of the Council's regalia be explored and that in doing this, work undertaken a number of years ago be re-visited, with a view of erecting a display in the Long Gallery of the Civic Suite.	SCR-SCC/29d /i	Full internal transfer and Accession of the Authority's Civic Regalia into the Museum Collection.	David Worthington	31-Dec-2012	31-Dec-2012		 100% Overdue	
SCR-SCC/29d That the potential of displaying more of the Council's regalia be explored and that in doing this, work	SCR-SCC/29d /ii	Items not owned by the Authority are instead sensitively returned to legal owners.	David Worthington	31-Dec-2012	31-Dec-2012		 0% Overdue	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
undertaken a number of years ago be re-visited, with a view of erecting a display in the Long Gallery of the Civic Suite.							
SCR-SCC/29d That the potential of displaying more of the Council's regalia be explored and that in doing this, work undertaken a number of years ago be re-visited, with a view of erecting a display in the Long Gallery of the Civic Suite.	SCR-SCC/29d /iii Items to be included where relevant into permanent displays at the Museum.	David Worthington	31-Mar-2013	31-Mar-2013		 30% In Progress	
SCR-SCC/29d That the potential of displaying more of the Council's regalia be explored and that in doing this, work undertaken a number of years ago be re-visited, with a view of erecting a display in the Long Gallery of the Civic Suite.	SCR-SCC/29d /iv Assist in the decision making process for secure expanded Civic Display options in the Long Gallery of the Civic Centre.	David Worthington	30-Apr-2014	30-Apr-2014		 30% In Progress	

Year 2011/12**Investigation** The Provision of Face to Face Financial Advice and Information Services in Hartlepool


Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-SCC/24a That a mechanism be put in place under the banner of 'Connected Care' that focuses on the	SCR-SCC/24a /iii Ensure that all staff working directly with families are equipped with the knowledge to support and signpost to financial advice services –	Julie Pullman; Danielle Swainston; Penny Thompson	31-Mar-2013	31-Mar-2013	10-Jan-2013 Welfare reform training taken place. FISH staff are continuing to access update training to ensure fully up to date. One to one support offered to families as	 80% In Progress	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
provision of core 'holistic' baseline services with the ability to 'bolt' on other services to meet the specific needs of individual communities.	include financial support within workforce plan				needed. 30-Nov-2012 Continue to visit families affected by Benefit Cap. Welfare Reform training taken place for all staff. Large numbers of staff have attended.		
SCR-SCC/24d That a web based monitoring process / database be identified that is implementable and accessible by all organisations who receive funding for the provision of face to face financial advice services.	SCR-SCC/24d /i Explore the need for a database to capture information on all the face to face financial advice that's available in Hartlepool	David Frame; Fiona Stanforth	31-Mar-2013	31-Mar-2013	17-Jan-2013 The meeting of the Welfare Operational Reform Group where the review of the website will be discussed (as detailed in previous note dated 16 November 2012) has yet to take place. A full update will be given in due course. 16-Nov-2012 The Welfare Operational Reform Group met on 24 October 2012 and agreed that a number of very informative websites are already available and that a suitable course of action would be to ensure that the HBC website signposts to these appropriately. A review of the website and who will undertake this will be discussed in Q4.	 30% In Progress	
SCR-SCC/24g That work be undertaken to improve the transmission of information between all organisations (navigators and providers).	SCR-SCC/24g Financial Inclusion Partnership to work with partners and other third sector bodies to improve information sharing	Margaret Wrigglesworth	31-Mar-2013	31-Mar-2013	03-Dec-2012 Stakeholders are working effectively sharing information and instigating joint action plans to enable a coordinated response to the welfare reform changes. About 1600 households have been identified that will be subject to the Bedroom Tax , most have received a personal visit from their landlord and all will receive a letter from the Council in Mid Jan 13. The 140 households at risk of being affected by the Benefit Cap from April 13 have been identified and all been visited either by the Council's Benefits Service or by	 60% In Progress	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
					FISH in some instances in conjunction with an officer from Housing Hartlepool.		
SCR-SCC/24h That in light of the vast resource of expertise that exists across the town, ways of improving partnership mechanisms to facilitate the sharing of this expertise, and information on the availability of services, need to be explored.	SCR-SCC/24h Financial Inclusion Partnership to work with partners to explore increased partnership working to enable more effective use of resources	Margaret Wrigglesworth	31-Mar-2013	31-Mar-2013	03-Dec-2012 FIP Stakeholders are undertaking joint initiatives to increase awareness and understanding of future welfare reform changes and to provide advice, support and guidance including signposting where appropriate to other agencies.	 60% In Progress	
SCR-SCC/24i That funding be found to enable the continued provision of money skills / management sessions in schools, in partnership with Barclays Money Skills Project / Hartlepool Financial Inclusion Partnership.	SCR-SCC/24i Financial Inclusion Partnership to work with children's services and financial institutions to explore funding opportunities for financial education	Danielle Swainston; Penny Thompson; Margaret Wrigglesworth	31-Mar-2013	31-Mar-2013	10-Jan-2013 FISH attending Financial Inclusion Partnership to ensure that all opportunities are accessed. 30-Nov-2012 Funding opportunities identified - to share with Financial Inclusion Partnership at next meeting.	 80% In Progress	

Year 2008/09

Investigation Kerbside Recycling Scheme Referral

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-SCC/7f That ways of increasing the levels of recycling with small businesses across the town be explored	SCR-SCC/7f Options to explore how best to increase business recycling without adding additional financial pressures to the waste revenue budgets.	Craig Thelwell	01-Sep-2009	01-Sep-2011	17-Oct-2012 This is an ongoing service improvement, 18-Sep-2012 Waste management are currently trailing free trade waste recycling collections from 50	 100% Completed	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
further.					businesses/schools across the borough. Businesses taking out a trade waste agreement with Hartlepool Borough Council are being encouraged to recycle via waste audits and information provided by the Waste & Environmental Services section. Where significant amounts of recyclable waste is being produced by a current customers, bins / collections are being offered. Evaluation of this scheme will be undertaken December 2012		

Year 2011/12**Investigation** Call-In: Proposed School Admissions Arrangements for 2013-2014

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-SCC/30a That the Children's & Community Services Portfolio Holder reconsider their decision.	SCR-SCC/30a That the Children's and Community Services Portfolio Holder be asked to reconsider their decision, on the grounds that it contravened the principles of decision making in relation to proportionality and reasonableness.		31-Mar-2020	31-Mar-2020		0% Cancelled	Rejected by the Portfolio Holder at the meeting of 26 June 2012

Year 2011/12**Investigation** The Provision of Face to Face Financial Advice and Information Services in Hartlepool

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-SCC/24f That the	SCR- Work with new contract	David Frame;	31-Mar-	31-Mar-	17-Jan-2013 An initial contract	100% Completed	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
centralised CAB case management database be utilised to help focus the provision of face to face financial advice services / resources and identify potential issues for inclusion in ward specific advice packages.	SCC/24f	provider to map demand and focus service delivery and request that the provider undertake discussions with the CAB re historical data.	Fiona Stanforth	2013	2013	monitoring visit for Q3 (January 2013) has highlighted that the monitoring and mapping system that has been developed in previous quarters is now fully operational. Services continue to be targeted on a ward specific basis.	
						29-Nov-2012 Work continues to monitor and map demand for services by West View Advice and Resource Centre, and this continues to be reviewed on a quarterly basis through the Community Pool contract monitoring process. Linking with the neighbourhood priorities outlined in the Ward Profiles, targeted and ward specific packages are being developed in partnership with the Category 2 provider (Credit Union), through outreach services delivered in nine areas across the town (including Burbank Community Centre, Hindpool Children's Centre, Lynnfield Children's Centre, Golden Flatts Bungalow, Chatham House Children's Centre, Wynyard House, Stranton Children's Centre, Rossmere Children's Centre and Headland Future).	
SCR-SCC/24k That the provision of a Generic I.A.G. Service, which incorporates Careers, Jobs, Training, Money Management, Benefits, Housing and Retirement, etc, and runs alongside/incorporates the roll out of the Connected Care model,	SCR-SCC/24k	To be considered in the light of provider responses to the commissioning process.	David Frame; Fiona Stanforth	31-Dec-2012	31-Dec-2012	15-Oct-2012 Work is ongoing to provide a generic information, advice and guidance service through Categories 1 and 2 of the Community Pool, and continues to be frequently reviewed through the contract monitoring process.	100% Completed
						14-Sep-2012 Information, advice and guidance relating to welfare benefits, debt, money management, employment law and housing homelessness is delivered by West	



Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
be explored.					View Advice and Resource Centre and Credit Union (who secured Categories 1 and 2 of the Community Pool funding respectively). Working in partnership with a number of neighbourhood stake holders including Connected Care, West View Advice and Resource Centre deliver 9 neighbourhood based, outreach sessions in local community venues.		

Year 2012/13**Investigation** Call-In: Future Options for the Provision of a Strategic HR Function

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-SCC/31a That the decision be referred to full Council for debate and the outcome of this debate be utilised by the Scrutiny Co-ordination Committee in the formulation of it's response to Cabinet in relation to the Call-in.	SCR-SCC/31a That the decision be referred to full Council for debate and the outcome of this debate be utilised by the Scrutiny Co-ordination Committee in the formulation of it's response to Cabinet in relation to the Call-in		31-Mar-2020	31-Mar-2020		0% Cancelled	Rejected by Cabinet at the meeting of 9 July 2012

Year 2012/13**Investigation** Referral: MTFS ICT Services

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-SCC/32a That the options in relation to public/public	SCR-SCC/32a That the options in relation to public/public arrangements and inhouse provision should		31-Jul-2012	31-Jul-2012	28-Jan-2013 At the meeting of Cabinet on 9 July 2012 the response to the referral from	100% Completed	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
arrangements and inhouse provision should be disregarded at this time and that all energies should be put into securing the best possible private sector outcome					Scrutiny Co-ordinating Committee was noted.		
SCR-SCC/32b That the principles in relation to the retention and growth of jobs and incorporation of scalability in terms of services and the potential for expansion to other local authorities should flow through any outsourced arrangement or contract.	SCR-SCC/32b That the principles in relation to the retention and growth of jobs and incorporation of scalability in terms of services and the potential for expansion to other local authorities should flow through any outsourced arrangement or contract.		31-Jul-2012	31-Jul-2012	28-Jan-2013 At the meeting of Cabinet on 9 July 2012 the response to the referral was noted	 Completed	
SCR-SCC/32c That the importance of the officer monitoring / management role in ensuring that the promised outcomes of any the contract (i.e. employment generation, economic benefits and performance) are delivered was recognised.	SCR-SCC/32c That the importance of the officer monitoring / management role in ensuring that the promised outcomes of any the contract (i.e. employment generation, economic benefits and performance) are delivered was recognised.		31-Jul-2012	31-Jul-2012	28-Jan-2013 At the meeting of Cabinet on 9 July 2012 the response to the referral was noted	 Completed	

3. RECOMMENDATIONS

- 3.1 That Members note progress against the Scrutiny Co-ordinating Committee's agreed recommendations, since the 2005/06 Municipal Year, and explore further where appropriate.

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BACKGROUND PAPERS

No background papers were used in the preparation of this report.