

PLEASE NOTE VENUE AND TIME

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA



Tuesday 6 March 2007

at 10.00 am

**at Throston Grange Community Centre,
Glamorgan Grove, Hartlepool**

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

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

Resident Representatives: Mary Green, Jean Kennedy and Joan Norman

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 To confirm the Minutes of the meeting held on 29 January 2007 *(to follow)*
- 4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE, COMMITTEES OF THE
COUNCIL OR NHS TRUSTS TO FINAL REPORTS OF THIS FORUM**

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

No items.

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

- 6.1 Corporate Plan (BV PP) 2007/08 – Proposed Objectives (*Assistant Chief Executive*)

7. ITEMS FOR DISCUSSION

No items.

8. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

- i) **Date of Next Meeting: Thursday 29 March 2007 commencing at 2.00 pm at the Throston Grange Community Centre, Glamorgan Grove, Hartlepool**

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

29 January 2007

The meeting commenced at 2.00 pm in the Belle Vue Community Sports and Youth Centre, Hartlepool

Present:

Councillor: Gerald Wistow (In the Chair)

Councillors: Jonathan Brash, Mary Fleet, Geoff Lilley,
Pat Rayner and Gladys Worthy

In accordance with Council Procedure Rule 4.2 Councillor Rob Cook attended as a substitute for Councillor Stephen Akers-Belcher

Resident Representative:
Mary Green

Also Present:

Councillor Ray Waller, Portfolio Holder for Adult and Public Health
Councillor Gerard Hall
Steve Wallace, Chair of Hartlepool PCT
Ali Wilson, Hartlepool PCT

Officers: Nicola Bailey, Director of Adult and Community Services
Sajda Banaras, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

91. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Stephen Akers-Belcher, Caroline Barker, Sheila Griffin, John Lauderdale and David Young.

92. Declarations of interest by Members

Councillors Jonathan Brash and Mary Fleet declared personal and non-prejudicial interests in minute numbered 95.

93. Any Other Business – Proposed Closure of Eldon Grove Community Sports Centre

A member of the public referred to a letter of response from the Mayor dated 8 September 2006 in relation to the future of Eldon Grove Community Sports Centre which stated that there had been no decisions made at that time and it would be considered as part of the following year's budget setting process.

In relation to whether a decision had been made to close Eldon Grove, a Member stated that it had been widely suggested that the decision to close Eldon Grove had been made as part of last year's budget process, including by the Mayor in answering a question at full Council in October 2006. However, in correspondence sent to Mrs Goulding one month earlier, the Mayor had stated that there had been no decisions made as yet with the future of Eldon Grove and would be considered as part of the following year's budget setting process. Members were advised that the decisions made the previous year had been made without all of the relevant facts, details of which were as follows:-

- **Eldon Grove is not under-used** - In 2001/2002 attendance figures were less than 40,000. In 2005/06 attendance figures had increased to almost 60,000. For the period 2006/07 attendance figures had also increased compared to the same period the previous year.
- **Building is not dilapidated** - In 2002 almost £60,000 had been spent on renovation work.
- **Council about to embark on Leisure Facilities Strategy** - To carry out this study after the closure of Eldon Grove was inappropriate.
- **Lack of consultation with users of the centre** – This had been clearly evidenced by the shock and anger that had been expressed through many letters to Councillors, a growing petition that currently had hundreds of names on it and many users were unaware of the closure.
- **Closure will cause significant problems for Eldon Grove Primary School** – Reference was made to a report which outlined the potential effects of closure on the school.

In light of the fact that it was considered that the decision had been taken without the above relevant facts. The Forum were requested to consider the facts provided and recommend a course of action.

A number of residents which included users of the centre had protested against plans to close the facility. The centre catered for a number of activities which included after school activities, dance schools, the Sportability Group for people with special needs, medical referrals from GPs, sport and exercise for the over 50's, art sessions, pilates, circuit training etc. It was considered that the alternative venues were poorly situated for people without

their own transport. There was also a lack of community rooms to accommodate special needs groups.

The Portfolio Holder for Adult and Public Health added that when the decision was taken at Cabinet to close Eldon Grove, a decision was also taken to reduce the Council Tax bill to lower than what was recommended. Whilst it was not possible to reduce the Council Tax bill and retain services at Eldon Grove it was considered more appropriate that the savings be achieved from the closure of Eldon Grove.

A lengthy discussion ensued in relation to the proposed closure of the centre and Members considered that the facility should be retained and upgraded. It was suggested that an immediate hold on closure be recommended by the Forum to facilitate a full consultation with service users where possible.

The Chair stated that this Forum were asked to consider the proposals being made and were unable to do any more than make recommendations to the Executive and were not in a position to reverse a decision of the executive. Whilst the Portfolio Holder for Adult and Public Health and the Director of Adult and Community Services were in attendance, this was not the opportunity to make a case to Executive.

The Scrutiny Support Officer advised that the comments of the Forum could be included in a supplementary report, as part of the budget process, for consideration by Cabinet on 5 February if Members were in agreement. Following further discussion it was agreed that a recommendation be made to Cabinet that the centre remained open for a further six months pending full consultation and to enable the additional information supplied to the Forum to be fully understood. It was further agreed that responsibility be delegated to the Chair of this Forum and the Chair of the Scrutiny Co-ordinating Committee to agree the contents of the report to Cabinet based on the discussions at today's meeting.

Decision

That a report be agreed by the Chair of this Forum and the Chair of Scrutiny Co-ordinating Committee for submission to Cabinet recommending that the centre remained open for a further six months pending full consultation and to enable the additional information supplied to the Forum to be fully understood.

94. Minutes of the meeting held on 19 December 2006

Confirmed.

95. Key Developments Currently Being Considered by Hartlepool PCT – Increasing numbers of GPS and Reducing Health Inequalities/Urgent Care Review
(Director of Primary Care Development and Modernisation)

The Director of Primary Care Development and Modernisation was in attendance at the meeting to inform Members about the key developments being considered by the HPCT. The HPCT were facing considerable challenges in tackling health inequalities facing the Borough. In this regard HPCT were continuously reviewing services with a view to improving services for local residents. The Director of Primary Care Development and Modernisation provided a presentation which focused on the following key issues being considered by the HPCT:-

- Development of appropriate strategy for urgent care in Hartlepool and Stockton
- Objectives, demand, current provision, best practice, Government policy to bring services into Primary Care and determine appropriate level of clinical standard
- Model and pathway of care relevant to service users
- Data collection relating to emergency admissions, ambulance journeys, primary and community care, GP's, out of hours services
- Focus Groups to establish views on what urgent care should look like
- What had been learnt so far
- Next steps - results of Public Focus Groups
- Fairness and Equity in Primary Care – to ensure everyone has a right to access a GP and see them
- Improve Access in Primary Care
- How to attract GP's to the area

Members were advised of details of the proposed area models together with expected timetable and consultation process.

A Member queried if patients were ever refused treatment by Accident and Emergency Services. Members were advised that an assessment was made and advice provided. Treatment was not usually refused, however, in the event of long waiting times, people may be advised to consult their GP.

With regard to the Emergency Care Practice service in Wynyard Road, Members were advised that the PCT had indicated that this was a pilot to

identify how to manage the urgent care centre. It was subsequently decided to carry out an urgent care review. It had not yet been decided whether it should be reinstated as part of the review.

Members sought clarification in relation to the level of care provision and the future proposals for the centre to which the Director of Primary Care Development and Modernisation advised that a decision had not been taken in relation to the future of the centre.

Members raised a number of queries in relation to how the Rapid Response Team operated. It was reported that in the event of urgent care needs patients could be referred to the Rapid Response Service who worked alongside other health professionals ie GP's, nurses, Acute Trusts, Social Care providers, community matrons and emergency care practitioners.

A Member queried if the existing hospital site was the preferred location for the Urgent Care Centre. It was reported that the location would be based on a number of factors, ie safety issues, resources, area of need, financial considerations as well as the Forum's views and outcome of the ongoing public consultation exercise. The Forum requested details of the engagement process to which the Director of Primary Care Development and Modernisation agreed to provide.

Members were advised that details of what the Urgent Care Service might include were currently being examined and would be included in the consultation process. It was envisaged that the consultation process would be completed by May 2007 and the new services would be implemented in 2008. Reference was made to the health scrutiny guidance in relation to consultations and to the Cabinet Office Guidance on public consultation. Following discussion in relation to the public consultation, proposed location and proposed providers of services, Members requested that formal proposals be submitted to a future meeting of the Forum for consideration with adequate opportunities for scrutiny to feed into the process.

It was agreed that the Scrutiny Support Officer and the Director of Primary Care Development and Modernisation determine how the consultation process with the Forum should take place.

The Chair thanked the Director of Primary Care Development and Modernisation for a comprehensive presentation and for answering the Forum's questions in such detail.

Decision

That the information given, be noted and that formal proposals be submitted to the Forum by the HPCT for consideration.

96. **Scrutiny Investigation into Social Prescribing – Evidence from Portfolio Holder and Director of Adult and Community Services** (*Scrutiny Support Officer*)

As part of the Forum's ongoing inquiry into Social Prescribing, the Portfolio Holder for Adult and Public Health and the Director of Adult and Community Services had been invited to attend the meeting to provide evidence in relation to the Social Prescribing.

The Director of Adult and Community Services delivered a detailed presentation which focused on the following issues:-

- What is Social Prescribing
- Is it a new thing
- The Council's approach to Social Prescribing
- Key Drivers
- Local Government White Paper
- Our Health, Our Care, Our Say
- 3rd Sector Taskforce Report
- Increased expectations, demography and demand
- A need to look at services in broader way
- Less specialist services required if take control over own health
- Council's approach about supporting community
- Effective partnerships – not always well co-ordinated
- Short term funding
- Examples of schemes that fit definition of Social Prescribing
- What a well co-ordinated Social Prescribing Model could achieve
- What this means for Adult and Community Services
- What is already done
- Links to outcome of FACS consultation
- Current measures
- Funding
- Social Inclusion
- Work harder with local communities
- Ensure Social Prescribing is linked into future commissioning strategies
- Future issues – agree Social Prescribing priority
- Use evidence from Scrutiny to agree a model for Hartlepool
- Co-ordination eg referral routes, signposting, promote information etc
- Invest to Save approach
- Who will benefit and how
- Links to Public Health Strategy and outcomes

Members were advised that it had been agreed that the Director of Adult and Community Services and the Director of Regeneration and Planning Services would lead on the development of a voluntary sector strategy, which would examine the co-ordination with the voluntary sector including funding.

Discussion ensued in which the following issues were raised:-

The benefits that Social Prescribing can provide are vast. It is a major concern that if this is rolled out across the town the number of GP referrals could increase dramatically. The Director of Adult and Community Services stated that GPs were one of the key components to this. Evidence suggested that GP's should have less patient visits as a result of Social Prescribing.

How do you intend advising the public of the services available? The Director of Adult and Community Services advised that the Council already funded a range of voluntary sector providers, some of which were statutory services. There was a need to identify who would pay for these services.

Some people do not benefit from these types of services due to their financial circumstances and often utilise the private sector as opposed to the public sector. Members were advised that there were statutory services which were subject to a means tested financial assessment. Social Prescribing and voluntary sector services that people could access was not subject to means testing. It was therefore important to be clear on what was complementary.

The Forum considered that charging and Social Prescribing was an important issue which needed to be further considered.

The Scrutiny Support Officer advised that a report was awaited from CSIP in relation to the one day workshop to develop clarity around the Social Prescribing vision in Hartlepool. Notwithstanding this, the Chair expressed the view that the Forum's report should not be delayed beyond the end of the Municipal year that the Social Prescribing final report would still be produced.

The Chair thanked the Portfolio Holder for Adult and Public Health and the Director of Adult and Community Services for their attendance.

Decision

That the information given, be noted and discussions be used to assist the Forum in completing the scrutiny investigation.

97. Response from Hartlepool NHS Primary Care Trust (HPCT) Board to the Interim Report by the Adult and Community Services and Health Scrutiny Forum proposed PCT Management Arrangements

The Scrutiny Support Officer referred Members to a response from Hartlepool NHS Primary Care Trust relating to the proposed PCT management arrangements. Following a brief discussion in this regard it was agreed that a report /response be prepared by the Scrutiny Support Officer in relation to how the reconfiguration had been handled for

consideration at a future meeting of the Forum.

Decision

That a report be prepared by the Scrutiny Support Officer in relation to how the reconfiguration had been handled for consideration at the next meeting of the Forum.

98. Any Other Business – Maternity and Paediatric Services in North Tees and Hartlepool

Members were referred to a copy of a response from the Secretary of State for Health to the Chair of the Forum. The Chair advised that the response made no reference to assurances made by the Prime Minister that Hartlepool would not close and the comments made by John Reid and Peter Mandelson that there would be no downgrading of services in Hartlepool. This response did not take on board the comments made. It was pointed out that there had been no reference to financial issues. There were gaps in terms of the response and Members felt that this should be highlighted.

The Forum pointed out that there had never been any comments made in the past to the out of date hospital buildings which had been quoted on page 2 of the Secretary of State for Health's letter. Members expressed concern regarding the long term effects of closure and a need to identify the best way forward for the community particularly in relation to the proposed location of a new hospital. It was considered that Scrutiny had a role to play as there was a need to identify who would build the new hospital, the costs involved, when the new plans would be available, proposed location as well as a full consultation process. The Chair expressed concern that there were a number of single site hospitals that had been promised in other parts of the country which were no longer going to be built. Following further discussion it was suggested that the Chair formulate a response on behalf of the Forum outlining the above concerns.

Decision

That the information given, be noted and a response be prepared by the Chair on behalf of the Forum outlining the concerns expressed.

99. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

No items.

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

No items.

GERALD WISTOW

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

6 March 2007



Report of: Director of Adult and Community Services and
Assistant Chief Executive

Subject: CORPORATE PLAN 2007/08: PROPOSED
OBJECTIVES AND ACTIONS

1. PURPOSE OF REPORT

- 1.1 To provide the opportunity for the Adult and Community Services and Health Scrutiny Forum to consider the proposed objectives and actions for inclusion in the Corporate Plan 2007/08.

2. BACKGROUND INFORMATION

- 2.1 The Government introduced the Best Value regime as part of its programme to modernise local government and the Corporate (Best Value Performance) Plan for 2007/8 must be approved and published by the Council by 30 June 2007. This is the Council's top-level corporate plan. It sets out the Council's top priorities and contributions for delivering the Community Strategy aims in 2007/8.
- 2.2 The Corporate Plan is an important document because it formally communicates the council's vision and priorities. The process for producing the plan has been designed to ensure the risk is minimised and that the Corporate Plan is fit for purpose.
- 2.3 The focus of the Corporate Plan for 2007/8 is on priority activities for improvement at a strategic level rather than day to day service delivery objectives. The operational service delivery objectives are picked up through Departmental service plans which are reported to individual portfolio holders.
- 2.4 At a meeting of the Scrutiny Co-ordinating Committee held on 19 January 2006 it was agreed that the Corporate Plan proposals should be considered by each of the Scrutiny Forums. Each Scrutiny Forum will see the proposals relating to the Community Strategy themes that fall under their remit.

- 2.5 The comments/observations of each Forum will be fed back to the meeting of the Scrutiny Co-ordinating Committee to be held on 19 March 2007 and will be used to formulate the formal Scrutiny response to Cabinet on 16 April 2007.

3 THE CORPORATE PLAN

- 3.1 As in previous years the plan will be produced in two parts. Part 1 describes the Council's overall aim, contributions to the Community Strategy aims and organisational development priorities.
- 3.2 Part 2 will continue to contain the detailed supporting information relating to performance statistics which the Council is required to publish. This will include the Best Value performance indicators for 2006/07 and targets for 2007/08, 2008/09 and 2009/10. This information can not be collected until after 31 March 2007, and is therefore not available at present.
- 3.3 **Appendix A** details those objectives and actions that are proposed for inclusion in the 2007/08 Corporate Plan that fall under the Adult and Community Services and Health Scrutiny Forum remit.

4 RECOMMENDATIONS

- 5 It is recommended that the Adult and Community Services and Health Scrutiny Forum:-
- (a) considers the proposed objectives and actions for inclusion in the 2007/08 Corporate Plan as attached at **Appendix A**.
 - (b) formulates any comments and observations to be presented to the meeting of the Scrutiny Co-ordinating Committee to be held on 19 March 2007 to enable a formal response to be presented to the Cabinet on 16 April 2007.

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BACKGROUND PAPERS

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

Appendix A – Adult and Community Services and Health - Proposed Objectives and Actions for inclusion in 2007/08 Corporate Plan

Lifelong Learning and Skills

Ref	Objective	Actions	Responsible Officer	Associated PIs
LLO2	Provision of high quality learning and skills opportunities that drive economic competitiveness, widen participation and build social justice	To increase universal access and high quality learning and skills opportunities		LAA LLS21
		To increase universal access from disadvantaged/socially excluded groups to high quality learning and skills opportunities		

Health and Care

Ref	Objective	Actions	Responsible Officer	Associated PIs
HCO1	Improved health – reduce premature mortality rates and reduce inequalities in premature mortality rates between wards/neighbourhoods	To develop proactive approaches to prevention of ill health by implementing actions within the Public Health Strategy and Action Plan	Peter Price	LAA HC1 -16
HCO3	Exercise of choice and control and retention of personal dignity	To ensure all service developments have involvement from service users and their carers.	Ewen Weir	LAA HC22a LAA HCC22b LAA HC22c/28 LAA HC22d LAA HC23 LAA HC24
		To increase the proportion of people who commission their own services.	Ewen Weir	
		To work with Landlords and Supporting People to increase the number and range of supported accommodation options.	Alan Dobby	
		To ensure a culture of person centred practice so that service users and their carers are at the centre of planning their support.	Ewen Weir	

Ref	Objective	Actions	Responsible Officer	Associated PIs
HCO4	Mental Wellbeing (To promote a positive approach to the mental wellbeing of Hartlepool residents)	To increase social inclusion for people with mental health issues	Ewen Weir	LAA HC25 LAA HC29
HCO5	Access to Services (Support easier access to services which are integrated and tailored to individual need)	To work with the community in Owton to design and implement a Connected Care Scheme.	Ewen Weir	LAA SC23 LAA SC24 LAA HC37b LAA HC38
		To implement Vision for Care in conjunction with Hartlepool Primary Care Trust	Nicola Bailey	
		To ensure that services are culturally sensitive and are able to respond flexibly to the diverse needs of the community.	Margaret Hunt	
		To support easier access to universal services and targeted services which will be tailored to individual needs at a neighbourhood level.	Nicola Bailey	
		To ensure services are fully compliant with the Disability Discrimination Act.	Margaret Hunt	
HCO6	To safeguard and improve health and well-being for people working, living and visiting the borough	Deliver of the Public Health Strategy	Peter Price	
HCO7	To develop the capacity of the voluntary independent and community sector to respond to the challenges of the White Paper in supporting vulnerable members of society	To develop appropriate partnerships with the voluntary sector by developing a co-ordinated strategy	Margaret Hunt	LAA HC39
		To ensure that carers are supported effectively to support their family members for as long as they wish	Ewen Weir	

Housing

Ref	Objective	Actions	Responsible Officer	Associated PIs
HO2	Meeting Housing and Support Needs	To provide support services to increase the opportunity for residents to live independently in the community	Alan Dobby	LAA H3-H5

Culture and Leisure

Ref	Objective	Actions	Responsible Officer	Associated PIs
CLO1	Enrich individual lives, strengthen communities and improve places where people live through enjoyment of leisure, culture and sport	Develop and improve cultural and leisure facilities and events.	John Mennear	LAA CL1 LAA CL6 LAA CL7 LAA CL8 LAA CL9 LAA CL10 LAA CL11
		To ensure the public have access to a wide range of information about leisure, culture and sporting opportunities in a variety of accessible mediums.	John Mennear	
CLO2	Cultural and leisure services, including libraries, better meet the needs of the community, especially disadvantaged areas	To increase opportunities for participation in a wide range of cultural and leisure activity focussing on areas of disadvantage.	John Mennear	LAA CL2 LAA CL3 LAA CL5 LPI CS2a LPI CS2c

Associated Performance Indicators

Reference	Description
LAA CL1	Engagement in museum outreach activity by under-represented groups
LAA CL2	Visits by C2DE (MORI definition of Working Class) visitors to the Museum of Hartlepool (based on Renaissance funded MORI visitor survey)
LAA CL3	Number of individuals trained to deliver activities within clubs and the community
LAA CL5	Increase annual Leisure Centre attendances (Neighbourhood Renewal narrowing the gap)
LAA CL6	Increase proportion of residents satisfied with museums/arts (Hartlepool)
LAA CL7	Increase proportion of residents satisfied with museums/arts (Neighbourhood Renewal narrowing the gap)
LAA CL8	Increase residents satisfaction with public parks and open spaces (Hartlepool)
LAA CL9	Increase residents satisfaction with public parks and open spaces (Neighbourhood Renewal narrowing the gap)
LAA CL10	Increase residents satisfaction with libraries (Hartlepool)
LAA CL11	Increase residents satisfaction with libraries (Neighbourhood Renewal narrowing the gap)
LAA H3	Increase support to enable residents to live independently in their own homes
LAA H4	Increase the number of people receiving floating support services
LAA H5	Increase the number of adaptations carried out to enable vulnerable people to remain living independently in their own home
LAA HC1	Life Expectancy Females (Hartlepool)
LAA HC2	Gap in Hartlepool and England Life Expectancy (Female)
LAA HC3	Life Expectancy males (Hartlepool)
LAA HC4	Gap in Hartlepool and England Life Expectancy (male)
LAA HC5	Life Expectancy Females (NRA)
LAA HC6	Gap in NRA and Hartlepool Females
LAA HC7	Life Expectancy males (NRA)
LAA HC8	Gap in NRA and Hartlepool males
LAA HC9	Mortality rates from heart disease, stroke and related diseases in people under 75 (Hartlepool) (per 100,000)
LAA HC10	Mortality rate from cancer amongst people aged under 75 (Hartlepool) (per 100,000)
LAA HC11	The prevalence of smoking among adults (Hartlepool)
LAA HC12	The prevalence of smoking among adults (NRA + NDC)

Reference	Description
LAA HC13	Number of 4 week smoking quitters (NRA + NDC)
LAA HC14	Number of 4 week smoking quitters (rest of Hartlepool)
LAA HC15	Number of patients completing a 10 week programme of referred activity as a result of health practitioner recommendation (Performance expected with reward)
LAA HC16	Of those completing a 10 week programme the percentage going onto mainstream activity (Performance expected with reward)
LAA HC22a	The number of adults under 65 with physical disabilities whom the authority helps to live at home per 1000 adults under 65
LAA HC22b	The number of adults under 65 with learning disabilities who the authority helps to live at home per 1000 adults under 65
LAA HC22c/28	The number of adults under 65 with mental health problems whom the authority helps to live at home per 1000 adults under 65
LAA HC22d	Vulnerable Adults helped to live at home per 1,000 population: older people
LAA HC23	Vulnerable adults, or their carer, receiving direct payments per 100,000 adults
LAA HC24	Number of people receiving intermediate care (HBC only)
LAA HC25	Suicide rates (per 100,000 population)
LAA HC29	Direct payment to people with mental health needs as at 31st March
LAA HC37b	Access to equipment and telecare: users with telecare equipment
LAA HC38	Access to social care services: percentage receiving services following assessment or review
LAA LLS21	Number of learners participating in Adult Education Programmes
LAA SC23	Proportionate Assessment: percentage of older service users receiving an assessment that are from minority ethnic groups, compared to the percentage of older people in the local population that are from such groups
LAA SC24	Proportionate service provision: percentage of older service users receiving services following an assessment that are from a minority ethnic group, compared to the percentage of users assessed that are from such groups
LPI CS2a	Overall average attendance at Eldon Grove and Mill House Leisure Centre
LPI CS2c	Number of concessionary members of Leisure Card Scheme attending the centres four times or more during the year