

Health and Wellbeing Theme LAA Quarter 4 (2009/10) Performance Update

Theme Lead Officer: Jill Harrison & Louise Wallace, Hartlepool Borough Council/NHS Hartlepool

Community Strategy Aim

Work in partnership with the people of Hartlepool to promote and ensure the best possible health and wellbeing

Overall Theme Update

The Health and Well Being Partnership theme has progressed in a large number of areas over the previous year. The CVD primary prevention programme has been rolled out across Hartlepool and is available to Hartlepool Borough Council and NHS Hartlepool staff. The CVD Clinical lead gave a presentation at the Partnership meeting in October which highlighted the benefits achieved from joint working and the main aims of the programme which are to help reduce CVD mortality, improve life expectancy and reduce health inequalities.

Presentations at the meeting held in January included Think family, Tobacco control and smoking cessation, we currently have the 2nd best stop smoking services in the country despite not reaching the challenging target.

The Partnership ensured appropriate consultation and discussion, and then compiled a local response to two major national consultations. 'New Horizons – Towards a Shared Vision for Mental Health' and The Green Paper 'Care Support Independence – Shaping the Future of Care Together' A

range of consultation events were arranged locally to inform the national debate with involvement of planning groups, scrutiny forums and the Local Involvement Network.

Initiatives that were introduced last quarter 'On target' to engage young men, improve young men's mental wellbeing through football and a 'knitter/natter' group which encourages social engagement with people at risk of isolation, have been successful.

Work is also progressing on a wide range of initiatives including Fuel Poverty, the Winter Warmth Campaign, our contribution to the Child Poverty agenda and the Flu Pandemic.

The Joint Strategic Needs Assessment looks at the health and social care needs of people living in Hartlepool. Using this information, and based on what we know about a range of groups and issues, a number of refreshed actions have been identified. These actions were published at a launch event in November. New areas added to the updated document include autism, carers, dementia, and safeguarding.

Following the review of safeguarding arrangements a new Safeguarding and Vulnerability Unit has been established to increase capacity and give this work greater focus within the department. Further, a Safeguarding Improvement Plan has been developed and work is underway to implement agreed actions.

Two events were held in collaboration with the Tees Long Term Neurological conditions (LTnC) Network in January aimed at providing information, advice and guidance for people with a LTnC on Personalisation. The events were attended by the Dept of Health Lead for Personal Health Budgets, LA Personalisation leads and key note speakers from In-Control. The event talked about outcomes for people and the journey individuals had taken in respect of how their individual budget had played an important part in supporting their condition. The events were attended by over 80 people with a long term condition and feedback from the event was well received.

We held a large scale consultation event in November for Older People, and an event in January and February on Dignity in Care. These individuals were brought together with senior figures in the Local Health and Care community to raise awareness of what Dignity in Care is about, 'fire up' the local campaign and start planning what needs to be done. Following the events it was agreed a Dignity Forum to offer support and share good ideas would be established.

Within social care – the personalisation agenda continues to be key, and the Putting People First Project Board has been set up to oversee the implementation of this key policy

agenda. We are working to ensure coordination of this important work with that of the Partnership, and will look at a number of cross cutting themes (e.g. Universal Services) over the course of the year.

Golden Apple Award launched and has secured participation of a range of providers and commercial businesses. All Hartlepool schools have now achieved this Award and presentations made. Work is now progressing to residential and nursing homes.

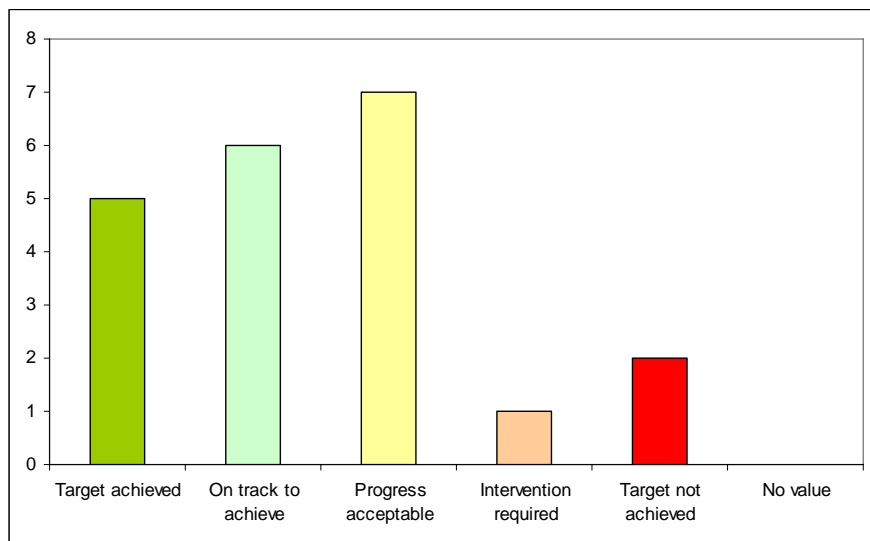
The Tall Ships event has been a focus for the partnership with planning groups receiving updates and presentations on proposals, plans and progress. Health improvement initiatives have been developed for The Tall Ships Event. A health marquee will provide inter-active displays and information and a range of work is being undertaken prior to the event to both raise awareness and leave a legacy of sustainable health messages.

Hartlepool, working in partnership with Stockton, has been identified as one of the twenty in depth evaluation sites nationally for personal health budgets. This pilot will enable personal health budgets to be offered to people with a range of long term conditions, pain management or continuing health care needs and will involve a two year evaluation that will inform future policy development. A Communications and Engagement plan is in place and launch events were held in February and March.

Plans are on track for the new health centre development in Hartlepool town centre to open in May 2010. The centre will

provide a wide range of accessible services within a state of the art environment.

2.0 Health and Wellbeing Theme – Quarter 4 Summary of Progress against Improvement and Local Priority Targets



NB. The designated target for NI 120 is made up of 2 parts (male and female) which are reported separately in Outcome 7.

The targets that require PI Intervention or are not expected to be achieved are (Designated Improvement Targets are in Bold):

Indicator	Notes
Outcome 8 NI 112 Under 18 conception rate - % change since 1998 (BVPI 197)	<p>The Teenage Pregnancy Partnership Board agreed the Teenage Pregnancy Action Plan (2009/10) in May 2009. The Board has monitored the implementation of the plan at bi-monthly board meetings. The action plan is now complete with no outstanding actions - March 2010. Planning is underway for the Teenage pregnancy Action Plan 2010/11.</p> <p>Provisional 2008 data was released in February 2010. The current Hartlepool value (-12.9%) is for calendar year 2008. The target was a -35% reduction on the 1998 baseline. The England change 1998-2008 was -13.3%.</p> <p>The PCT is seeking to establish a local proxy measure based on data collected in 2008 for births, miscarriages and terminations each month for 15-17 year olds.</p>

<p>Outcome 8 LAA HC20 Under 18 conception rates (NRA) (per 1,000 females aged 15-17)</p>	<p>Baseline confirmed 97 per 1000 (1998) target now set and monitoring to commence in 2009/10 following adoption of targets as part of formal refresh process.</p>
<p>Outcome 9 NI 130 Social care clients receiving Self Directed Support per 100,000 population</p>	<p>The current value (Q3 2009/10) is 45.3%.</p> <p>This figure has been recalculated to improve accuracy and comply with changed definition. The national target of achievement of NI 130 for 2011 is 30% - the department exceeds this (as a proportion of all possible cases who could receive direct payments or personal budgets).</p> <p>The LAA target (70%) will need to be reviewed. It was reasonable as a % of eligible clients receiving personal budgets or direct payments by the year end. However the statutory denominator actually includes many who are not eligible (e.g. those in crisis), so we need to calculate a more realistic target and re-assess performance accordingly.</p>

Full details of the progress against all targets are detailed in the remainder of the Health & Wellbeing Theme Quarter 4 update.

Outcome 7 Improved Health

LAA Performance Update - Quarter 4 (2009/10)

Owner and Organisation – Louise Wallace, Hartlepool Primary Care Trust/Hartlepool Borough Council

Key Partners (*denotes overall lead) - Acting Director of Health Improvement – PCT/HBC*, HPCT Health Improvement Team, HBC, Health & Wellbeing Partnership, Public Health Strategy Group, Public Health Directorate (4 PCTs across Tees), North Tees and Hartlepool NHS Foundation Trust, North of England Cancer Network, North of England Cardiovascular Network, Improvement Foundation

1.0 Update on Key Focus of Activity for 2009/10

'A Public Health Strategy for Hartlepool 2006-2010' provides the strategic focus for the key priorities partners will focus on to improve health and well being of the population in 2009/10. The planned activity for 2009/10 is also hugely influenced by the PCT Strategy 2009/2014. This strategy will ensure the PCT is a 'World Class Commissioner' adding years to life and life to years through commissioning effective outcome focused services in partnership with a range of organisations and service providers.

During 2009/10 we will continue to focus on addressing the key priorities identified through the Joint Strategic Needs Assessment Process 2008/09. The issues we need to address are:-

- The increasing rate of sexually transmitted infections
- More than a third of pregnant women in Hartlepool smoke during pregnancy
- Smoking rates in Hartlepool are higher than the national average

- Adult obesity prevalence is higher than national average
- Mortality rate from circulatory disease in under 75 years and respiratory diseases is higher than the national average
- Cancer is the single biggest cause of death in Hartlepool

If current local trends in mortality are maintained, there will be a 50% reduction in CVD and a 33% reduction in cancer deaths by 2010, exceeding national targets. However, even if these targets are achieved, there will be a widening gap between average life expectancy in Hartlepool compared to the rest of the country. To stop this life expectancy gap widening further, a 20% reduction in all cause mortality would have to be achieved. Interventions will therefore need to include activities targeted at older people (over the age of 75) as well as those in younger age groups.

People who already have a disease diagnosis (long term condition) need to be targeted with care and support, allowing them to make lifestyle changes, preventing deterioration and progression of their disease.

2.0 Update on Target Areas and Groups

- Secured a lead provider for all sexual health services including 48 hour access to GUM services and Chlamydia screening.
- Started to roll out CVD primary prevention programme to all eligible employees in Hartlepool Borough Council and through GP practices to the general population.
- Reduced smoking in pregnancy from 27.7% to 23.9%.
- 2nd best performing stop smoking services in the country, despite not reaching the challenging target.
- Investment secured to deliver community weight management interventions.

3.0 Latest Developments

- Offer incentives and rewards to stop women smoking in pregnancy. IDeA funding enabling scheme to run for additional 12 to 18 months and provide more meaningful evaluation.
- Golden Apple Award launched and has secured participation of a range of providers and commercial businesses. All Hartlepool schools have now achieved this Award and presentations made. Work now progressing to residential and nursing homes

- Development of health improvement initiatives in Tall Ships Event. A range of initiatives are planned for the Tall Ships event. A health marquee will provide interactive displays and information and a range of work is being undertaken prior to the event to both raise awareness and leave a legacy of sustainable health messages
- Roll out of the IDEA workforce development programme
- Investment of £100k in tobacco control initiatives with a focus on illicit tobacco and second hand smoke. 8 projects in total identified to cover both illicit tobacco and increased stop smoking initiatives to reach target groups of smokers such as young people, pregnant smokers, routine and manual workers, BME. Finance secured for second year.
- Invested public health resources in priorities identified in Joint Strategic Needs Assessment
- Secured investment in alcohol treatment services following Comprehensive Area Assessment (CAA)
- Raising awareness and secured investment to address fuel poverty issues
- Prioritised through Tees Strategy investment processes investment in specialist weight management services
- Investment in the voluntary sector to build capacity and awareness of standards to commission services from the sector
- Focusing on early detection of cancer through a range of new initiatives with new investment
- Invested in workplace health

- Invested in Breastfeeding Co-ordinator to take this work forward to increase initiation and 6-8 week prevalence.

4.0 Risk Update

Risk	Rating	Who	Date to be completed	Update
Failure to work in effective partnerships with Health Services	High - Possible	Nicola Bailey HBC	March 2010	Health services are well engaged in the local partnership arrangements and there is a joint management team meeting monthly to address joint issues.

5.0 Update on Strategic Targets and Progress

Improvement Targets

Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
NI 123	Stopping smoking - rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over	Jacky Booth; Angela Brown; Carole Johnson	1769	1673	February 2010	PI On track to achieve target	Year to date (February 2010) shows performance to be on target and likely to exceed annual target. Actual number of 4-week quitters to the end of February 2010 is 1236. The target is 1305 – only 69 4-week quitters required for the month of March to achieve the challenging target. 1236 quitters equates to a quit rate of 1673 per 100k of the population. Target for end of year is 1769 per 100k of population.

Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
NI 120a	All-age all cause mortality rate - Females	Jacky Booth; Angela Brown; Louise Wallace	558	557	2008/09	PI Progress acceptable	This area remains challenging. However there are a range of initiatives and interventions being offered to address female life expectancy including weight management, smoking services and health trainer support. There is also the healthy heart check being offered through GP Practices offering early detection and subsequent prevention. The CVD programme has been offered in HBC and PCT.
NI 120b	All-age all cause mortality rate - Males	Jacky Booth; Angela Brown; Louise Wallace	767	867	2008/09	PI Progress acceptable	The legacy of poor health in Hartlepool continues to be a challenge. However, there are a range of schemes and services available across the town to promote health and address risk taking behaviours. Services include health trainers, stop smoking services and healthy heart checks.

Local Priority Targets

Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
NI 123 (NRA)	Stopping smoking (Neighbourhood Renewal Area narrowing the gap indicator)	Jacky Booth; Angela Brown; Carole Johnson	600	648	2009/10 End of 3rd qtr	PI Target achieved	The number of 4-week quitters at the end of the third quarter of 09/10 is 889 – 648 of these from NRA/NDC. The target for the year was set at 600 4-week quitters from NRA/NDC, therefore target reached by end of quarter 3. Final quarter data not yet available.
ACS P080	Vascular Risk Register (Vital Signs)	Jacky Booth; Angela Brown	87.5%	100%	2008/09	PI On track to achieve target	The roll out of the CVD primary prevention risk register is underway and data is in the process of being collected and analysed. The Healthy Heart Check is offered through GP practices and the development of a pharmacy scheme is underway.
NI 121	Mortality rate from all circulatory diseases at ages under 75	Jacky Booth; Angela Brown; Louise Wallace	91.00	107.66	2008/09	PI Progress acceptable	This area remains challenging. However there are a range of initiatives and interventions being offered to prevent circulatory disease including weight management, smoking services and health trainer support. There is also the healthy heart check being offered through GP Practices offering early detection and subsequent prevention. The CVD programme has been offered in HBC and PCT

Actions for Improvement

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
LAA D72	Map out and identify effective pathways prevention, primary and secondary care for people accessing weight management and obesity services	Louise Wallace	31 Oct 2009	✔ Action Completed	This work has been done on a Tees wide basis and the PCT is currently identifying resources to fund the services.
LAA D70	Pilot CVD programme in selected pharmacies	Louise Wallace	31 Mar 2010	✔ Action Completed	Roll out of the CVD programme continues to be very successful with 100% engagement from GP practices and pharmacies have also undergone the healthy heart check training.
LAA D71	Pilot 4 pharmacy based one stop shops for smoking cessation	Louise Wallace	31 Mar 2010	✔ Action Completed	Pilot now complete – all 4 pharmacies have transferred to new tariff system as from November 2009 with some positive outcomes. This option provides greater choice to people to support them to stop smoking. Discussions are underway in the PCT regarding mainstream funding following the pilot.
LAA D73	Secure a single strategic provider for sexual health services to improve access to services Sexual Health	Louise Wallace	31 Mar 2010	✔ Action Completed	The contract was awarded to Assura.

Outcome 8 Be Healthy LAA Performance Update - Quarter 4 (2009/10)

Owner and Organisation – Louise Wallace, Hartlepool Primary Care Trust/Hartlepool Borough Council

Key Partners (*denotes overall lead) - Hartlepool PCT/Hartlepool Borough Council*, Children & Young People's Strategic Partnership, "Be Healthy" Planning and Evaluation Working Group

1.0 Update on Key Focus of Activity for 2009/10

The Children's Act, 2004 identifies five outcomes for children's services, one of which is "Be Healthy". "Be Healthy" refers to physical, mental, emotional, and sexual health, with an emphasis on healthy lifestyles and making positive choices e.g. not to take drugs.

The Local Authority has the responsibility for preparing and publishing a Children & Young People's Plan in conjunction with partner organisations. The plan is the overarching strategic plan that covers all services available to children and young people. It identified the high level strategic priorities for the period 2006-2009 in each of the five outcome areas.

Planning and evaluation working groups have been formed to oversee the implementation of the different sections of the Children & Young People's Plan and one exists for the "Be Healthy" outcome.

The national priorities within the "Be Healthy" outcome are

- Ensure that parents and carers receive support to keep their children healthy

- Ensure that healthy lifestyles are promoted for children & young people
- Take action to promote children & young people's mental and emotional health
- Ensure that looked after children's health needs are assessed
- Ensure the health needs of children & young people with learning difficulties and/or disabilities are addressed

The Government's Children's Plan – Building Brighter Futures, sets out two goals for 2020:

- Enhance children and young people's wellbeing, particularly at key transition points in their lives
- Child health improved with the proportion of obese and overweight children reduced to 2000 levels

In addition, the Department of Health has developed a National Service Framework for Children, Young People and Maternity Services that identifies 11 standards.

During 2009/10, activity will be focussed on

- Improving uptake of childhood vaccinations, and implementing the new national HPV vaccination programme to protect against cervical cancer
- Continuing to develop the Healthy Schools programme with the aim of including all schools in the programme by July 2009
- Implementing the recommendations of the Teenage Pregnancy National Support Team
- Implement the UNICEF Baby Friendly 7 point plan in all Children's Centres
- Implement the principles of UNICEF Baby Friendly initiatives in hospital and maternity units to gain baby friendly accreditation
- Deliver the National Childhood Measurement programme

2.0 Update on Target Areas and Groups

- Continue to implement all universal immunisation and vaccination programmes. Recent outbreak in measles led to an increase in number of children receiving MMR.
- Implementation of the HPV vaccination programme is underway across Hartlepool.
- Roll out of the Enhanced School Model for Healthy Schools programme focusing this year on tackling obesity.
- Teenage pregnancy targets are still challenging but all NST recommendations are being implemented.

3.0 Latest Developments

- PCT Board approved the breastfeeding strategy for Hartlepool
- Improved breastfeeding data collection processes and have appointed a breastfeeding co-ordinator. Quarter 3 performance has dropped and the cumulative position at Q3 is 18.429% against a target of 21%. Quarter 4 performance will be critical to see if this is a temporary problem or part of a trend.
- The Head teachers received feedback on the outcomes of the National Childhood Measurement Programme (NCMP), for last year and parents are being made aware of the services available for children to access.
- Roll out of the Bercow programme for children with language, speech and communication needs.
- Participated in a National Support Team visit in March looking at childhood obesity.
- Roll out of 'You're Welcome'
- Revised membership of the Teenage Pregnancy Board. There is a positive trend on teenage pregnancy rates, but it is too soon to tell if this is a sustainable trend.
- Dedicated support and participation into the Children's Trust Board from the PCT
- Continue to target women who are pregnant and smoking with the incentive scheme.
- Commissioned across Tees a breastfeeding campaign through TFM radio.
- PCT has procured a strategic partner to deliver sexual health services – Assura.
- Positive initiatives for children and young people have been planned as part of the preparation for Tall Ships in August 2010

4.0 Risk Update

Risk	Rating	Who	Date to be completed	Update
Lack of support from schools for implementation of HPV immunisation programme		Peter Kelly, PCT	December 2009	This risk is minimal as schools are participating in the vaccination programme.

5.0 Update on Strategic Targets and Progress

Improvement targets



Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
NI 112	Under 18 conception rate - % change since 1998 (BVPI 197)	Jacky Booth; Deborah Gibbin; Sheila O'Connor	-35%	-12.9%	2009/10	PI Target not achieved	<p>The Teenage Pregnancy Partnership Board agreed the Teenage Pregnancy Action Plan (2009/10) in May 2009. The Board has monitored the implementation of the plan at bi-monthly board meetings. The action plan is now complete with no outstanding actions - March 2010. Planning is underway for the Teenage pregnancy Action Plan 2010/11.</p> <p>The current value (-12.9%) is for calendar year 2008</p>



Local Priority Targets

Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
LAA HW P001	Smoking during pregnancy	Carole Johnson	24	23.9	2008/09	PI On track to achieve target	End of year data not yet available. However, the position at the end of quarter 3 is 26.48%
NI 55(iv)	Obesity in primary school age children in Reception: Line 4 % of children who are obese	Louise Wallace	14.0%	10.8%	2009/10	PI Progress acceptable	Feedback was given to Head teachers following last year's measurement programme. Hartlepool benefited from a national support team visit on childhood obesity in March 2010. The recommendations of this visit are now being implemented.
NI 56(ix)	Obesity in primary school age children in Year 6: Line 9 % of children who are obese	Louise Wallace	27.0%	22.8%	2009/10	PI Progress acceptable	Results of national childhood measurement programme were presented to the head teachers in Hartlepool in November 2009 and then to parents in a personalised letter. Appropriate service opportunities will be highlighted in the letter.
NI 53a	Prevalence of breast-feeding at 6-8 wks from birth - Percentage of infants being breastfed at 6-8 weeks	Jacky Booth; Deborah Gibbin; Danielle Swainston; Louise Wallace	21.0%	13.8%	Q3 2009/10	PI Progress acceptable	Quarter 3 performance has dropped and the cumulative position at Q3 is 18.429% against a target of 21%. Quarter 4 performance will be critical to see if this is a temporary problem or part of a trend.

Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
CSD P012	Number of schools achieving the new Healthy Schools Status (Performance with reward) (LAA HC21)	Sandra Saint; judith turland	36	36	Q4 2009/10	PI Target achieved	April 2010 - 97% of schools (37 out of 38 schools) have now achieved their NHSS (National Healthy School Status) A Steering group meets on every term to assess and agree progress of roll out.
LAA HC20	Under 18 conception rates (NRA) (per 1,000 females aged 15-17)	Deborah Gibbin	50.8	97	2007/08	PI Target not achieved	Baseline confirmed 97 per 1000 (1998) target now set and monitoring to commence in 2009/10 following adoption of targets as part of formal refresh process.

Actions for Improvement

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
LAA D74	Identify GP practices with low uptake rates and support them to meet the targets for all childhood immunisation programmes	Louise Wallace	31 Mar 2010	 Action Completed	The Tees wide public health team have identified these practices and are working on the uptake rates.
LAA D75	Invest in additional capacity to lead the development of evidence based approaches to improving breastfeeding initiation and maintenance rates	Louise Wallace	31 Mar 2010	 Action Completed	Additional resources have been secured for 18 months to deliver the strategy.

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
LAA D76	Implement the Teenage Pregnancy action plan 09/10	Louise Wallace	31 Mar 2010	 Action On track	Progress remains on track with this plan and will be refreshed in the light of the new teenage pregnancy strategy for 2010.
LAA D77	Develop a reward and incentive scheme based on social marketing techniques	Louise Wallace	31 Mar 2010	 Action Completed	This has been rolled out to pregnant women to help reduce smoking in pregnancy and has received positive feedback.

Outcome 9 Exercise of choice and control and retention of personal dignity LAA Performance Update - Quarter 4 (2009/10)

Owner and Organisation – Jill Harrison, Hartlepool Borough Council / NHS Hartlepool

Key Partners (*denotes overall lead) - Hartlepool Borough Council, * Health and Wellbeing Partnership, North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool, Tees Esk and Wear Valley NHS Foundation Trust and Voluntary Sector Partners

1.0 Update on Key Focus of Activity for 2009/10

Adult services are underpinned by Our Health, Our Care, Our Say (2006) which focuses on prevention, choice, control, and self directed care. More recently Putting People First and the NHS Operating Framework reinforced the need for the wider wellbeing agenda to be addressed by all partners. This includes the requirement for a greater focus on early interventions that support people to have more choice and control, maintain maximum independence, and take an active role as a citizen within their local community.

In 2009/10 adult services have continued to progress the implementation of Putting People First through developing personalised services that support people to:

- Live independently
- Stay healthy and recover quickly from illness
- Exercise maximum control over their own life and where appropriate the lives of their family members
- Sustain a family unit which avoids children being required to take on inappropriate caring roles
- Participate as active and equal citizens, both economically and socially

- Have the best quality of life, irrespective of illness or disability
- Retain maximum dignity and respect

In order to achieve this, system wide transformation is being implemented which is developed and owned by local partners, including those who use services and their families.

At a local level this transformation is underpinned by a range of existing strategies and initiatives including:

- Older People Housing Care and Support Strategy
- Personal Budgets
- Joint Strategic Needs Assessment
- Voluntary Sector Strategy
- Commissioning Strategies
- Carers Strategy

These initiatives are being driven through the Putting People First Project Board and the Health and Wellbeing Partnership. They involve a range of local planning groups including the Life Chances Board, Mental Health Local Implementation Team, Older Person's Local Implementation Team, Learning Disability Partnership Board, and Carers Strategy Group. The

Putting People First Project Board has four work stream areas covering Universal Services, Early Intervention and prevention, Choice and Control, and Social Capital. There are also supporting work streams focused on Operating Systems, Workforce, and Communication.

The LAA has a range of targets which are underpinned by specific detailed targets and actions in service plans. These plans highlight the need for adult services to safeguard vulnerable adults and to work in partnership to ensure that local arrangements meet new national standards.

2.0 Update on Target Areas and Groups

Vulnerable adults who meet the eligibility criteria for adult social care or who require health services, service users and carers including:

- People with mental health needs
- Older People
- People with learning disabilities
- People with physical disabilities

Also people who require universal services or have low level needs and require targeted advice, guidance and signposting to maintain their independence for as long as possible. Examples of how this is currently delivered include Hartlepool Now and Connected Care.

3.0 Latest Developments

The Joint Strategic Needs Assessment looks at the health and social care needs of people living in Hartlepool. Using this information, and based on what we know about a range of groups and issues, a number of refreshed actions have been identified. These actions were published at a launch event in November. New areas added to the updated document include autism, carers, dementia, and safeguarding.

The Voluntary Sector Strategy has been finalised and approved by key agencies with a Steering Group established to lead on implementation. Some funding has been identified to support the implementation of early priorities from Communities for Health funding. This is also supporting a range of projects including the development of a Centre for Independent Living, reminiscence therapy for older people, equipment to support people with sensory loss to access books, and further development of the Waverley Terrace Allotment Project.

Following the review of safeguarding arrangements a new Safeguarding and Vulnerability Unit has been established to increase capacity and give this work greater focus within the department. Further, a Safeguarding Improvement Plan has been developed and work is underway to implement agreed actions.

The review of the Older Persons Local Implementation Team (OP LIT) has taken longer than anticipated and the revised LIT will be fundamental in agreeing outcomes and commissioning processes. It should be noted that older

people are represented on the OP LIT. Currently an interim arrangement is in place, via a contract with Hartlepool Voluntary Development Agency (HVDA), to enable older people to be involved in consultation and planning decisions regarding services.

Hartlepool Voluntary Development Agency, as part of their contract to engage older people in the planning of services, organised the Getting It Right event for older people on 6 November 2009. The event was attended by over 150 older people who were consulted on a wide range of issues including income, housing, community life, community safety, health and social care, age discrimination and transport

A launch event for the Dignity in Care campaign is planned for January 2010.

Housing related support contracts for Housing Hartlepool extra care developments are in place as are care contracts for Bamburgh Court and Albany Court. The model for Orwell Walk continues to be developed through the Orwell Walk Steering Group.

4.0 Risk Update

Risk	Rating	Who	Date to be completed	Update
Impact of personalisation on current social care market, including Personal Budgets and Extra Care developments.	Amber	Phil Hornsby & Jill Harrison, HBC / HPCT	March 2010	Work continues to maintain positive relationships with existing providers, including agreement in relation to fair price for care and a recent provider event which included a focus on personalisation. Regular reviews of care home occupancy levels continue so that changes are monitored.

5.0 Update on Strategic Targets and Progress


Improvement Targets

Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
NI 130	Social care clients receiving Self Directed Support per 100,000 population	Jill Harrison	70.0	45.3	Q3 2009/10	PI Intervention required	<p>This figure has been recalculated to improve accuracy and comply with changed definition. The national target of achievement of NI 130 for 2011 is 30% - the dept exceeds this (as a proportion of all possible cases who could receive direct payments or personal budgets).</p> <p>The LAA target (70%) will need to be reviewed. It was reasonable as a % of eligible clients receiving personal budgets or direct payments by the year end. However the statutory denominator actually includes many who are not eligible (e.g. those in crisis), so we need to calculate a more realistic target and re-assess performance accordingly.</p>

Local Priority Targets

Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
NI 136	People supported to live independently through social services (all adults)	Jill Harrison	4698.00	4616.40	Q3 2009/10	PI On track to achieve target	NI 136 is a snapshot figure at the end of the period (month or quarter) and therefore will not increase massively each month, except when we add the grant funded clients in (including cross checking to avoid double counting where possible - but we do not always get the identifiable details to do this). This will only be done when we have completed the grant funded return (GFS1). The deadline for this return was Friday 22nd Jan 2010, so we will have this information, but it may not be in time for the quarter ending 31st Dec reports. We will get this information as soon as possible and will include in the PI measure.

Actions for Improvement

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CORP HW09.1.1	Review Safeguarding procedures in light of the No Secrets Review and CSCI Report and develop an action plan to implement recommendations.	Jill Harrison; John Lovatt	31 Jul 2009	 Action Completed	A review of safeguarding arrangements has been completed and a new Safeguarding & Vulnerability unit established to increase capacity and give this work greater focus within the department. A Safeguarding Improvement Plan has been developed and work is underway to implement agreed actions.

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CORP HW07.2.3	Develop outcomes for and commission a user led organisation to contribute to the OP agenda, including additional user led evaluation work.	Phil Hornsby; John Lovatt	31 Oct 2009	✔ Action Completed	It has not been possible to commission a new User Led Organisation in year which meets the Government's definition but the Council has continued to support the 50+ Forum (with funding via HVDA) to maintain its role as a user led organisation which represents older people. Representation has been strengthened throughout the year through a 50+ Forum member co-chairing the Local Implementation Team for Older People and through a number of consultation events focused around issues affecting older people.
CORP HW07.2.4	Commission a launch event for Dignity in Care.	Phil Hornsby	31 Dec 2009	✔ Action Completed	Revised Dignity in Care launch event took place on 7th January 2010 attended by provider representatives. The event had senior level support from the Older Persons Champions from HBC and Primary Care Trust and wide support from those attending.
CORP HW10.4.2	Develop care and support models for Housing Hartlepool extra care developments (Orwell Walk, Bamburgh Court and Albany Court).	Phil Hornsby	31 Mar 2010	✔ Action Completed	Contracts for care and support out to tender, award to be made July 2010
CORP HW10.4.4	Further develop floating support services to meet the needs of people with dementia.	Phil Hornsby	31 Mar 2010	✔ Action Completed	Older People floating support service to be reviewed as part of Business Transformation. Ongoing monitoring of commissioned dementia specific service will continue.

Outcome 10 Improved Mental Wellbeing LAA Performance Update - Quarter 4 (2009/10)

Owner and Organisation – Beverley Thompson, Hartlepool Primary Care Trust

Key Partners (*denotes overall lead) - Health and Wellbeing Partnership; Economic Forum; Hartlepool LIT; Hartlepool PCT, Hartlepool Adult and Community Services; Tees Esk and Wear Valleys NHS Trust; Hartlepool MIND; Hartlepool Carers; Hartlepool Community Consultation Group; Artrium; Peoples Relief of Pressure; Hartlepool Practice based Commissioning Group; Mental Health Matters

1.0 Update on Key Focus of Activity for 2009/10

Mental health services have been underpinned by the 10 year plan in the National Service Framework (NSF) (1999 and 2005). As well as the Social Exclusion Report (2004), and Our Health, Our Care, Our Say (2006) focussing attention on safe effective services addressing prevention, choice, control and self directed care.

This has developed more recently, as the NSF is in its last year, to reinforce the need for the wider Wellbeing Agenda to be addressed by all partners and a focus on early interventions at an appropriate level with outcomes being achieved around access to therapies and vocational outcomes.

Mental health services are currently delivered by a partnership between the Local Authority, PCT, TEWV MH Trust, Third Sector organisations, and service users and carers. They are required to effectively address these issues across the spectrum of mental health need.

The local direction of travel has been informed by National and Regional information but crucially the local Visioning

Events in 2006 and 2008 have enabled local people including those who experience mental health needs and their carers to have their voice heard and inform the focus of activity. This focus includes three key goals of better access to services, improved choice, and services working effectively together to implement change.

Partnership Working is key to achieving the goals of ensuring the mental wellbeing agenda is addressed by all (specifically employment and accommodation) whilst safeguarding the needs of people with specific mental health needs.

Improved access to interventions and new opportunities include: a new workforce, social prescribing, self-help, and computerised CBT. These are all key elements of the Improving Access to Psychological Therapies agenda which will be expanded upon and developed further through 2009/10, including engagement with Employers and Employment Services.

As part of the Social Inclusion Agenda the local Plan will be refreshed and reviewed. This will include Direct Payment, and Individual uptake, and changes to local Mental Health Day Services being implemented to secure a modernised

service(s) that focus on vocational and employment opportunities. The Older Peoples Mental Health Strategy has been agreed and an action plan has been developed. This will be implemented from the beginning of April over a period of 2 years.

Improved performance reporting will also be developed through this year to enable people to see the outcomes that are delivered in Hartlepool.

The Annual Mental Health Assessment has highlighted key areas to address. These will include improved knowledge and action around BME Communities, and improved mental health services for people with Learning Disabilities who have associated mental health needs. The Community Development Workers for BME populations will support this work.

The Mental Health LIT will be reviewed further to make sure it is fit for purpose and delivering according to local need.

2.0 Update on Target Areas and Groups

The Improving Access to Psychological Therapy Service (IAPT) contract was awarded to a consortium of Statutory, Third Sector and Independent Sector organisations led by Mental Health Matters. This Tees wide service comprises of almost 60 staff. Ten of which are based in Hartlepool. IAPT will deliver evidence based interventions to people experiencing anxiety and depression and supporting them back to work wherever possible. There are also explicit links

being made with Job Centre Plus to ensure people can be supported fully throughout. The Service has been operational since September of last year. Currently staff are undertaking a raft of training requirements to enable them to carry out the service effectively and efficiently. It is during this time that it is understood that the level of activity will be low during this phase, hopefully seeing a gradual increase over the next 6 to 12mths.

The Older Persons Mental Health Strategy which was formulated and agreed last year requires an update; due to change in Commissioner (chair) the group did not meet recently. The introduction of the National Dementia Strategy in July of last year saw the action plan being reviewed and specific Dementia actions were identified in line with the Dementia Strategy this ensured it is fit for purpose. Along side this a baseline mapping exercise was undertaken in regards to Dementia Strategy and local implementation. Following the organisation that delivered the Community Development Workers for BME populations going into receivership Commissioners worked with potential providers to ensure this positive work continued and developed. The Service is currently being hosted by Middlesbrough and Stockton Mind. There is contract in place until Jan 2011.

Initiatives that were introduced in the last quarter 'On target' to engage young men, improve young men's mental wellbeing through the medium of football, and a 'knitter/natter' group which encourages social engagement with people at risk of isolation, have been successful

Following significant consultation around the New Horizons policy document for mental health with local stakeholders. The future policy for aligning mental health and public health with a focus on prevention as well as ensuring service developments for other areas of mental health are addressed. Removing problematic barriers associated with age is also seen as a positive step forward. The consultation included the wider community as well as the Mental Health LIT to ensure the broader aspects of mental health and wellbeing were represented. This consultation will be feedback April at an event.

3.0 Latest Developments

Improved performance reporting has continued with information now being received on the number of people accessing services as well as the outcomes they achieved. This includes feeling better, becoming more socially engaged, and having better vocational opportunities. This will continue and enable the positive outcomes that are delivered in Hartlepool to be evidenced. Performance data is now received from the IAPT service. This will be monitored over the next coming months and feedback.

The Community Consultation Group has agreed to improve the engagement of carers and people who use mental health services and the planning process. They have agreed a work plan to explore issues local people want more information on. This initially includes Crisis Intervention Services.

An event is planned for May to deliver the feedback from the consultation event that was held in October of last year regarding the New Horizons Strategy and to establish a new work stream to take the strategy and needs of the people of Hartlepool forward. The commissioning of the Community Development Service will take place, following the previous service going into receivership. A new contract and service is expected to be in place for Jan 2011.

Putting People First. Several work streams have been identified, including Universal Services, Early intervention and prevention. Work has started and action plans have been developed, this work will go forward over the coming year. Dementia awareness and training for staff has been identified as a need via the older person's mental health action plan. A spec has been developed and is to go out to commission a provider to deliver a range of training and support for frontline staff in the detection and understanding of Dementia, in line with delivering with National Dementia Strategy. The Dementia Strategy action plan has been updated and there has been positive developments made over the last quarter.

The amount of people being prescribed antidepressants has continued to fall this quarter. This is a continued aim for 2010/11 with the introduction of IAPT services and other initiatives such as the Social Prescribing pilot and Fit Notes.

4.0 Risk Update





Risk	Rating	Who	Date to be completed	Update
Failure to work in effective partnerships with Health Services	High - Possible	Jill Harrison HBC	March 2010	A North of Tees Partnership Board to oversee integrated mental health services has been established and continues to meet regularly. Through this forum, work will be undertaken to evaluate current integrated mental health services and to ensure that the people of Hartlepool received the most effective services.

5.0 Update on Strategic Targets and Progress

Local Priority Targets

Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
ACS P037	Prescribing of high level antidepressants (ADQ/PU) (Hartlepool) (LAA HC26)	Bev Thompson	1,720	717.64	Q4 2009/10	PI Target achieved	Latest quarter 4 figures show large decrease in anti depressant prescribing item based = 717.64, @ a cost of £54,151, equating to 14.563 items
ACS P038	Number of emergency psychiatric re-admissions as a percentage of discharges (LAA HC27)	Mark Rushforth	5%	3.8%	Q3 2009/10	PI Target achieved	1 emergency re-admission against 26 discharges = 3.8%. Latest figures suggest no emergency readmissions.

Actions for Improvement

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
CORP HW18.1	Improve access to psychological therapies	Carl Bashford; Bev Thompson	31 Mar 2010	 Action Completed	Services commenced September 2009 with increase in resource at that time. Performance reporting to demonstrate improvements in access.
LAA D35	Deliver improved awareness raising and support services within Employers and employment outcomes for people who access services	Patrick Wilson	31 Mar 2010	 Action Completed	The Future Jobs Fund Team continues to engage with local employers to promote this project. To date, Hartlepool's FJF project is one of the best performing programmes in the Country.
LAA D81	Develop and deliver the first years objectives of the Older Person Mental Health Action Plan	Lorraine Ferrier	31 Mar 2010	 Action On track	The action plan has been progressed and the priorities that were identified in year one have been achieved or are on track. The action plan is to be refreshed and year two priorities identified for June
LAA D82	Implement Shape Up project to improve diet, exercise and general physical health for people with long term mental health needs.	Mark Rushforth	31 Mar 2010	 Action Completed	This programme has now ended; it ran for approximately 10 months with good effect and achieved the objectives set. There is a possibility for this project to run again in the near future if staffing resource can be allocated.

Outcome 11 Access to Services LAA Performance Update - Quarter 4 (2009/10)

Owner and Organisation – Jill Harrison, Hartlepool Borough Council / NHS Hartlepool

Key Partners (*denotes overall lead) – NHS Hartlepool, Hartlepool Borough Council, Health & Wellbeing Partnership, Voluntary Sector Partners.

1.0 Update on Key Focus of Activity for 2009/10

Access to services and increased choice remain key national and local priorities. The focus of delivery for 2009-10 is to ensure all patients experience the very best quality services available. The focus of the operating framework and national policy document *High Quality Care for All is to ensure that these services make a real difference in improving outcomes*. This has been further translated into a vision for the North East, *Our Vision, Our Future* and the PCT strategy which sets out the NHS commitment to improving services and outcomes for local people.

Excellent progress has been made in tackling some of the key aspects of quality that matter most to local people: drastically reducing waiting times for hospital care and treatment, improving patient experience with the establishment of new primary care services, and extended hours of availability.

From December 2008, the minimum expectation of consultant-led elective services will be that no one should wait more than 18-weeks from the time they are referred to the start of their hospital treatment, unless it is clinically appropriate to do so or they choose to wait longer. This target

will need to be maintained, and patient experience needs to reflect delivery of this standard other than for reasons such as choice or clinical requirement. Minimum operational standards of 90 per cent (admitted patients) and 95 per cent (non-admitted patients) have been established.

In addition, work is underway to ensure that recently procured GP services (a Health Centre offering access 12 hours per day, 365 days per year on a walk in basis and two new GP practices) improve access to GP services for local people. Early figures indicate that this is the case. In addition, the majority of GP practices within Hartlepool continue to offer extended opening outside core hours to meet local need.

Hartlepool continues to have good access to NHS dental services, however, the PCT is reviewing dental commissioning strategies, to ensure there is a focus on prevention and to improve equity of services across the town.

One of the greatest local challenges is the delivery of greater equity with regard to health outcomes. To meet this challenge, the differences in the health status and outcomes within and between our different communities must be addressed.

Older and vulnerable people will continue to be supported through having access to foot care and intermediate care services when required. Through the expansion of Telehealth and Telecare services, they will be supported to remain independent for longer or supported in accessing care urgently when they have health and care needs.

The National Carers' Strategy sets out how we can ensure that we support carers. The Hartlepool multi-agency Carers Strategy details plans to ensure services are planned and delivered to meet local need.

Preparation will begin this year to introduce a range of additional screening campaigns in respect of cancer and Cardiovascular Disease (CVD) conditions. The new CVD screening programme has commenced offering screening for high risk individuals between the ages of 40 and 74.

Consideration will also be given this year to reviewing Out of Hours services to ensure local people experience integrated care through a range of urgent/ unplanned care services available in their community.

Practice Based commissioners will play a key role in reviewing local services, redesigning pathways, and supporting *Momentum Pathways to Healthcare* that will see a greater range of services delivered in the community.

We will continue to maximise opportunities presented by further integrated of health and social care provision and local projects such as Connected Care.

2.0 Update on Target Areas and Groups

Improved access to appropriate high quality services is a universal outcome affecting the whole population.

There will be specific areas of work that target vulnerable people with assessed health and social care needs. This will include carers, those at risk of admission to hospital or nursing/residential care, those who are currently accessing intermediate care services, and people currently accessing services in secondary care which could be provided in a primary care or community setting.

3.0 Latest Developments

Hartlepool, working in partnership with Stockton, has been identified as one of the twenty in depth evaluation sites nationally for personal health budgets. This pilot will enable personal health budgets to be offered to people with a range of long term conditions, pain management or continuing health care needs and will involve a two year evaluation that will inform future policy development. A Communications and Engagement plan is in place and launch events were held in February and March. A Project Manager has been appointed and work continues to enable the first personal health budgets to be offered from April 2010.

Hartlepool's Carers Strategy and the associated action plan have been formally approved and work is underway to implement actions which include commissioning new services focused on carers information and support.

An Assistive Technology Strategy is being developed which will set a clear vision for the future of Telecare and Telehealth services. Funding has been secured from the Regional Efficiency and Improvement Partnership to further expand telecare services to over 85s, people with dementia, and people who have learning disabilities.

An Oral Health and Commissioning Strategy for dental services across Tees has recently been launched which sets the future direction of travel for dentistry with a clear focus on the public health agenda, access to services, and the delivery of high quality of care.

Practice Based Commissioners are working on a range of projects which support the delivery of care closer to home including minor surgery, leg ulcer and respiratory services, urology and endoscopy.

Plans are on track for the new health centre development in Hartlepool town centre to open in May 2010. The centre will provide a wide range of accessible services within a state of the art environment including four GP practices, community dentistry, pharmacy, diagnostics and outpatient procedures. An additional element of the development, which will provide a minor injuries unit is planned to open in the autumn.

4.0 Risk Update

Risk	Rating	Who	Date to be completed	Update
Failure to work in effective partnerships with Health Services	High – Possible	Jill Harrison, HBC	March 2010	Effective partnership working continues to be overseen by the Adult Management Board and is governed by Partnership Agreements, which are currently under review.
Patients do not attend for screening	Medium	Jayne Herring, PCT	March 2010	Communication and engagement plan in place which identified a range of means to target people for screening programmes.
Patients do not register with new practices	High-possible	Paul Frank, PCT Sue Greaves PCT	March 2010	Communication plan continues to promote new services, with quarterly monitoring of registration rates in place.

5.0 Update on Strategic Targets and Progress

Improvement Targets

Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Dale Owens	23.0%	24.8%	Q3 2009/10	PI On track to achieve target	Currently this figure - 24.8% (1022 out of 4122 clients) exceeds performance target of 23%. This figure also has the component from Hartlepool Carers to be added in. The reason that this has not yet been included is that the data needs to be sent to HBC and then cross checked to ensure no double counting takes place. This will be completed during the early part of Feb and then the figure will be updated in Covalent.

Local Priority Targets




Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
NI 133	Timeliness of social care packages following assessment (BVPI 196)	Kath Millican	86.0%	88.2%	Q3 2009/10	PI On track to achieve target	88.2% is the latest figure available and is for the period ending 30th November 2009. Year end figures are being calculated for the RAP annual return which will be completed by mid May.

Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
NI 132	Timeliness of social care assessment (all adults) (BVPI 195)	Kath Millican	92.0%	80.5%	Q3 2009/10	PI Progress acceptable	Performance has improved after a slow start in the first quarter when only at 70% were completed in time (quarter 2 was 84%, while quarter 3 was 87% - giving a cumulative year so far figure of 80.5%). This PI follows on from the previous D55 PAF indicator, on which the target was based. There are some key differences to D55: (i) D55 was based on over 65's only, whereas NI132 is based on all adults over 18 widening the cohort measured; (ii) D55 included 2 components – first contact to beginning of assessment and first contact to completion of assessment in 28 days - the first part of this was 100% during 2008-09 and helped push the overall percentage figure up (which is no longer part of this PI). Continued improvement in performance is expected in the 4th quarter, but while this will give an increasingly high percentage figure, it is unlikely that this figure will meet its target.
ACS P051	Access to equipment and telecare: users with telecare equipment (LAA HC37b)	Dale Owens	600	401	Q3 2009/10	PI Progress acceptable	This figure does not include extra care at this point which will increase total by 150-200 units

Code	Indicator	Assigned To	Annual target 2009/10	Current Value	Last Update	Expected Outcome	Latest Note
LAA HW P006	Percentage of GP practices offering extended hours to their patients (Vital Sign)	Jacky Booth; Angela Brown; Alison Wilson	56%	93.75%	Dec 2009	PI Target achieved	2 practices General Medical Centre and Hart Lodge merged into 1 practice Hart General Medical Centre. Therefore 15/16 offering extended hours

Actions for Improvement

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
LAA D87	Develop and deliver communication strategy to publicize new practices and walk in health centre	Jill Harrison	30 June 2009	✔ Action Completed	A Tees wide communication strategy was developed and delivered to publicise the new GP practices and walk in centres.
LAA D83	Include initial carers assessments as part of Self Assessment Process	Dale Owens	30 Sep 2009	✔ Action Completed	Carers Assessment now added to version 5.5 of the SAQ document. Work needs to be completed to ensure this information is captured in reporting systems and fed into performance.
LAA D85	Develop and implement revised eligibility criteria for Telecare	Dale Owens	30 Sep 2009	✔ Action Completed	Eligibility criteria now revised and available for use for all Telecare assessments and reviews.

Code	Action	Assigned To	Due Date	Expected Outcome	Latest Note
LAA D84	Ensure all 'carer services' are appropriately recorded on Carefirst system	Dale Owens	31 Dec 2009	 Action Completed	Systems are now in place. Further outcome recording now being undertaken to ensure all targets are met. Appropriate quality control checks in place.
LAA D86	Develop an Assistive Technology Strategy	Dale Owens	31 Dec 2009	 Action Not completed	The numbers of telecare users continues to rise with over 600 receiving a service at the end of March 2010. The decision to revise the scope of the strategy to include telehealth as well as telecare has created slippage in production but a draft strategy is to be ready for consultation in June 2010. Finalised strategy to be in place for October 2010.
LAA D88	Monitor delivery of new registrations and ensure KPIs delivered	Jill Harrison	31 March 2010	 Action Completed	Quarterly monitoring has been undertaken throughout the year and KPIs for 2009/10 have been delivered.