

HEALTH SCRUTINY PANEL

27 March 2006

<p>STRATEGIC PLAN 2006/07 - 2009/10 PROMOTING HEALTHIER COMMUNITIES FOR ALL AND EFFECTIVE SOCIAL CARE FOR ADULTS - THEME</p>

<p>Jan Douglas – Social Care</p>

Summary

1. To advise the Health Scrutiny Panel of the proposed content of the 'Promoting healthier communities for all and effective social care for adults' sub-section of the Strategic Plan 2006/07 - 2009/10 and seek comment.

Introduction

2. It was proposed to scrutiny at the Overview and Scrutiny Board meeting of the 28th February that the Strategic Plan 2006/07 - 2009/10 would be structured in three parts:
 - Part I – Background, local context and the medium term vision
 - Part II – Council Performance and Actions for 2006/07
 - Part III - detailed performance and budget information.
3. It was also proposed that the relevant sections of the plan be taken to the appropriate scrutiny panels prior to the full plan being taken to the Overview and Scrutiny Board on 25th April 2006.

Evidence / Discussion

4. The proposed content of the 'Promoting healthier communities for all and effective social care for adults' section of the Strategic Plan is attached at Annex A. The content is split into two parts:
 - Part 1 - The medium term strategic priorities and council contributions for 2006/07 - 2009/10
 - Part 2 - Key achievements during 2005/06 and proposed actions and targets for 2006/07.

5. The 'Promoting healthier communities for all and effective social care for adults' sub-section of the Strategic Plan is attached for information and comment prior to inclusion in the Strategic Plan 2006/07-2009/10. In particular comments are sought in relation to the proposed actions for 2006/07.

Conclusion

6. That the Panel notes and comments on the 'Promoting healthier communities for all and effective social care for adults' sub-section of the Strategic Plan 2006/07 - 2009/10.

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PROMOTING HEALTHIER COMMUNITIES AND EFFECTIVE SOCIAL CARE FOR ADULTS

PART 1

As it relates to health and social care, this theme will target key local services including health, housing, education, crime and accident prevention responding to local need and encouraging healthy lifestyles. This includes improving the quality of life of older people, supporting older people to live independently for longer, the health of all people and better adult social care. The treatment, education and prevention of drug misuse for adults is also included.

The partnerships that promote this theme include:

- Middlesbrough Health and Social Care Partnership
- Middlesbrough Drug Action Team (DAT)
- National Service Framework for Older Peoples' Local Implementation Team
- Older Peoples' Partnership
- National Service Framework for Mental Health Local Implementation Team
- Learning Disability Partnership Board
- Mental Health/Learning Disability Partnership.

The key plans and strategies that contribute to the achievement of this theme include:

- DAT Strategy and Treatment Plan
- NHS Plan
- Older People's Strategy.

STRATEGIC PRIORITIES AND COUNCIL CONTRIBUTIONS

In recent years, Middlesbrough has made excellent progress in health and social care. The "Key Achievements 2005/06" section below sets out some of the achievements Middlesbrough Council has made over the past twelve months that have contributed towards the Community Strategy theme. However, there are still some major challenges ahead of us. The Middlesbrough Health & Social Care Partnership have identified four strategic priorities for the town. The Council plays a key role in delivering these strategic priorities and the foundations of the Mayor's "Raising Hope" Agenda include our support to vulnerable people. The Council's contributions to these strategic priorities are drawn from the "Raising Hope" agenda and national priorities delivered in a local setting.

1. Help promote health, wellbeing, independence, inclusion and choice

Middlesbrough has and will continue to have an ageing population. The shift in proportion, composition and expectations of the older age group has profound implications for public services. People who experience mental health problems, or who have a learning disability, or sensory loss are more likely to need support to enable them to live independently in the community, to take part in all the varied aspects of community life, and to maximise their lifestyle opportunities. We need to start taking action now to shape services for the future, by making a fundamental shift from delivering services that create dependency, to providing services that enable vulnerable adults and older people to exercise choice and control over their lives.

2. Ensure that, when people fall ill, they get good quality care and are made better faster

Middlesbrough has a range of services across the spectrum of adult care that aim to provide a speedy response, such as a Crisis Resolution Team in Mental Health and a Rapid Response Team for Older People. Intermediate Care, Mobile Rehabilitation and Enablement Services are geared towards recovery from illness. These services are provided jointly by health and social care staff.

Further developments are being considered by the Council, with its partners, to extend the range of services for people with long-term conditions, such as multiple sclerosis and for older people with mental health problems.

3. Ensure that we close the gap between levels of health of Middlesbrough residents and the national average, as well as the gap between priority neighbourhoods and the Middlesbrough average.

People who experience disadvantage, lower educational attainment or insecure employment are more likely to have poorer health outcomes and earlier death compared with the rest of the population. The gap in expectancy between different council wards in Middlesbrough continues to widen. The reasons for these differences in health outcomes are complex, but two key elements are poor access to public services, and the effectiveness with which people use them. Ensuring that the Council and its partners provide services, relative to need, will make a significant contribution to breaking the generational cycle of poor health.

4. Jointly commission health and social care services with voluntary and independent sector providers.

The Voluntary and Community Sector (VCS) in Middlesbrough has a long tradition of providing services directly to the community and specific client groups. In doing so, the VCS has built up a reputation for diversity and innovation and for meeting the needs of people who often fall out of the so called mainstream health and social care system.

In recognition of this, an action plan has been developed to increase the volume of services commissioned from the VCS and to strengthen their role in procurement processes. This action plan was endorsed by the LSP, will be implemented by a multi agency steering group, and progress against the actions will be monitored by the LSP (To be updated).

MAYOR'S REDUCTION AGENDA

Six of the Mayor's Reduction priorities are supported by the "Promoting healthier communities and effective social care for adults" theme.

- **Reduce alcohol abuse**
- **Reduce smoking**
- **Reduce obesity**
- **Reduce deaths from heart disease and strokes**
- **Reduce stress related illness**
- **Reduce consumption of fatty foods**

These reduction areas are major issues for Middlesbrough:

- One in twenty five adults in Middlesbrough has a serious alcohol problem
- Latest figures indicate that the proportion of people who smoke in Middlesbrough is 34% which is above the national average of 26%
- The proportions of people dying each year circulatory disease and heart attacks is much higher in Middlesbrough than the national average
- In Middlesbrough 1 in 4 adults are overweight and 1 in 6 are obese

(these figures will be updated with results from MNS)

Achieving reductions in these areas is long term and must be carried out in partnership, the Middlesbrough Health & Social Care Partnership have set the following targets against the Mayor's reduction priorities, as part of the development of Middlesbrough's Community Strategy:

- By 2010 reduce mortality due to strokes (circulation disease) in the under 75's from 163 per 100,000 to 120.
- Reduce the number of people who smoke regularly from 27% in 2003 to 23% in 2007.
- Reduce the percentage of people who consume more than 20 units of alcohol per week from 13.6% to 12% in 2007.

In support of all the reduction priorities the council has identified a number of priority actions and targets that it will carry out over the next twelve months that will contribute towards the achievement of these reduction priorities. These actions are cross-referenced in the "Planned Actions in 2006/07 to address strategic priorities" on **page xxx.**

PART 2

KEY ACHIEVEMENTS IN 2005/06 AGAINST STRATEGIC PRIORITIES

1. Help promote health, well-being, independence, inclusion and choice

Increased the number of residents able to remain their own home by:

- providing intensive home care support
- increasing the number of people taking up direct payments from 43 per 100,000 adults to 120 per 100,000 adults
- delivering low level preventative services for older people
- increasing the numbers of people benefiting from the Supporting People Programme
- increasing the number of over 75's receiving health and social care screening services.

The proportion of older people being supported in their homes per 1,000 population has been maintained at a high level – 150 in 2004/2005, 149 in 2005/2006.

Improved and developed services for carers by establishing a Carers Support Centre in Brentnall Street.

Improved access to social care services by:

- securing funding in excess of £300k to enable the electronic SAP (Single Assessment Process) pilot.
- developing Internet access to social care services for up to 83 social work staff
- improving the waiting times for assessments for new older clients from 53% within four weeks to 70% within four weeks
- increasing the percentage of new clients who receive all the services within their care packages within four weeks of assessment from 81% to 88%.

Promoted the social inclusion of people with mental health needs through:

- the implementation of the social exclusion report for mental health
- increasing the numbers of people with mental health problems in employment, training or education
- rolling out a mental health promotion campaign to the community clusters.

2. Ensure that, when people fall ill, they get good-quality care and are made better faster

This has been submitted, as a Local Public Service Agreement for Middlesbrough. Plans will be developed in association with this agreement.

3. Ensure that we close the gap between the levels of health of Middlesbrough residents and the national average, as well as the gap between priority neighbourhoods and the Middlesbrough average

Contributed to the Mayor's Reduction Priorities for health by:

- producing a joint Council and PCT Public Health Strategy to detail the public health needs of the population
- delivering a Healthy Living Centre programme.

Contributed to the Mayor's Reduction Priorities to reduce smoking and deaths from heart disease and strokes by:

- undertaking the "Make Middlesbrough Smoke Less" campaign which has awarded 'Smoke-free' certificates to 61 premises with 35 pending
- ensuring that all Council premises are smoke free, with the exception of Care Homes, as they are regarded as people's homes
- publishing a Middlesbrough Smoke Free Guide.

Responded to the Mayor's Reduction Priorities to reduce obesity and deaths from heart disease and strokes by:

- enabling more than 1.2 million customer visits to council swimming pools and leisure facilities and teaching 2,012 children to swim.
- delivering the first Middlesbrough Tees Pride 10k running race which took place in October 2005 and was a great success with more than 1,600 runners taking part
- appointing a lifestyle co-ordinator to establish a baseline figure for the number of people who complete a physical activity/ weight management intervention, to which they have been referred by a GP, and adhere to the programme after three months of completing the course.

Contributed to the Mayor's Reduction priority to reduce stress related illness by:

- piloting the Lancaster LifeAssist Employee Assistance Programme to staff employed by Middlesbrough Council with XX staff using this programme
- introducing relaxation / exercise classes e.g. pilates with XX staff attending.

Responded to the Mayor's Reduction Priority to reduce alcohol abuse by:

- developing an Alcohol Strategy
- presenting research carried out by Barnardos on behalf of Connexions, in respect of young people and alcohol at the Binge Thinking Event on the 3rd June 2005
- establishing an alcohol misuse sub-group to deliver Alcohol Strategy.

4. Jointly commission health and social care services with voluntary and independent sector providers

Established joint commissioning by:

- involving the voluntary sector in the planning and commissioning of services by developing and implementing a Compact that provides a framework for engagement between the Council, PCT and Voluntary Sector
- establishing a collaborative consortia for the delivery of independent services for older people
- simplifying and standardising contract documentation to assist in the sustainability of voluntary organisations in delivering Health and Social Care Services.
- Appointment of a Commissioning Manager

PLANNED ACTIONS IN 2006/07 TO ADDRESS STRATEGIC PRIORITIES

Action	MILESTONE/KEY TARGET 2006/07
1. Help to promote health, well-being, independence, inclusion and choice	
<p>Increase the number of residents able to remain in their own home by:</p> <ul style="list-style-type: none"> • increasing the percentage of people who receive delivery of equipment and aids to daily living within 7 working days • increasing the number of households receiving intensive home care, per 1,000 population over 65 • increasing the number if people taking up direct payments. 	<p>BV 56 (PAF D54, Key Threshold Indicator) – Target: 91%</p> <p>BV 53 (PAF C28) – Target: 21</p> <p>BV 201(PAF C51, Key Threshold Indicator) Target: 50% increase across all client groups by September 2006</p>
<p>Improve access to social care services by:</p> <ul style="list-style-type: none"> • implementing an electronic pilot of the single assessment programme with relevant agencies. 	<p>April 2006</p>
<p>Improve inclusion and choice to social care services by:</p> <ul style="list-style-type: none"> • redefining the role of Social Workers to increase interaction with clients, introduce care co-ordination and a single point of contact • reviewing care packages and implementation processes. 	<p>May 2006</p> <p>March 2007</p>
<p>Increase the number of people with mental health problems or learning disabilities who enter employment, training or further education by:</p> <ul style="list-style-type: none"> • employing link workers to support people with disabilities within "Middlesbrough Works" • improving the range and extent of supported employment for people with disabilities • working with employers to improve employment opportunities for people with disabilities . 	<p>LPSA 2 75 people in receipt of incapacity benefit gaining voluntary work</p> <p>20 people in receipt of incapacity benefit gaining employment</p>

Action	MILESTONE/KEY TARGET 2006/07
<p>Improve the quality of life for carers by increasing the number of carers in receipt of services by:</p> <ul style="list-style-type: none"> • delivering a carer training programme • reviewing the social inclusion strategy to improve respite services • fully implementing the carers improvement plan. 	<p>18% of carers receiving a specific carers service as a percentage of clients receiving community based services.</p> <p>March 2007 March 2007 March 2007</p>
<p>Reduce emergency hospital admissions and improve the quality of life for older people by:</p> <ul style="list-style-type: none"> • increasing the number of carers assessments offered using electronic means • increasing the speed of response in terms of self assessment. • Increasing the speed and accuracy of access to available services across all sectors by the development of a common directory of services • delivering services to prevent the unnecessary hospital admission of older people. 	<p>LPSA2</p> <p>28% of assessments/ reviews undertaken to be carers assessments/reviews (LPSA2)</p> <p>BV 195 (PAF D55, Key Threshold Indicator) 75% of assessments to take place within acceptable waiting times. This is an average of (i) first contact to commencement of assessment within 48 hours and (ii) first contact to completion of assessment within 4 weeks)</p> <p>BV196 (PAF D56, Key Threshold Indicator) 85% of clients to be in receipt of all services in their care package within 4 weeks of assessment ending</p>
<p>2. Ensure that, when people fall ill, they get good quality care and are made better faster</p>	
<p>Develop and implement systems to measure and monitor quality of care by:</p> <ul style="list-style-type: none"> • improving user/carer feedback in relation to the quality of the services users/carers access and receive • engaging carers in the planning and monitoring of the service. 	<p>September 2006 March 2007</p>
<p>To reduce the harm caused by drug use and reduce the number of people experimenting with drug taking</p>	<p>Increase the number of problematic drug users accessing drug treatment programmes from 1340 to 1380</p> <p>Widen the range of social support to drug users</p> <p>Increase the percentage of drug users retained in treatment from 63% to 81%</p>

Action	MILESTONE/KEY TARGET 2006/07
<p>Ensure that quality care is provided by good performing care providers by:</p> <ul style="list-style-type: none"> • reviewing commissioning and contract monitoring strategies. 	<p>March 2007</p>

3. Ensure that we close the gap between levels of health of Middlesbrough Residents and the national average, as well as the gap between priority neighbourhoods and the Middlesbrough average	
<p>Contribute to the Mayor's reduction priorities for health by:</p> <ul style="list-style-type: none"> developing the partnership with the Primary Care Trust and the Health Authority to reduce health inequalities establishing a Strategic Commissions Group and year one work programme. 	<p>New Joint Public Health Strategy agreed with PCT which includes measures to:</p> <ul style="list-style-type: none"> reduce smoking tackle obesity improve sexual health encourage sensible drinking reduce drug misuse prevent unintentional injuries <p>June 2006</p>
<p>Reduce smoking and deaths from heart disease and strokes by:</p> <ul style="list-style-type: none"> recruiting at least an additional 30 premises to the Smoke Less Middlesbrough Initiative reviewing how we will implement new smoke free legislation working with the 200 Mayor's award winning premises towards achieving the National Clean Air Award delivering the Smoke Free Homes initiative to 100 beneficiaries. All enclosed public places in Middlesbrough to be smoke free 	<p>March 2007</p> <p>March 2007</p> <p>Actions to follow</p> <p>March 2007.</p> <p>2008</p>
<p>Reduce obesity and deaths from heart disease and strokes by increasing the proportion of the population participating in physical activity by:</p> <ul style="list-style-type: none"> delivering the second Middlesbrough Tees Pride 10k and Fun Run completing the redevelopment of Clairville Stadium implementing actions from the Active Middlesbrough Strategy increasing the percentage of residents satisfied with Sport and Leisure facilities increasing the number of recreational visits to sport & leisure activities per 1,000 population identifying the frequency of active participation amongst Leisure Link cardholders maintaining the number of referrals to Lifestyle Intervention Programmes increasing the proportion of Lifestyle referrals adhering to an activity/ weight management programme 6 months after their GAP programme ends. 	<p>Actions to follow</p> <p>October 2006</p> <p>May 2006</p> <p>Actions to follow</p> <p>BV119 70%</p> <p>9750 per 1000 Head of population</p> <p>Actions to follow</p> <p>75 per month</p> <p>1% above baseline (is it realistic to get a baseline in time to set this target?)</p>

<p>Reduce obesity and deaths from heart disease and strokes by:</p> <ul style="list-style-type: none"> • widening the opportunities for the improvement for Men's Health by widening the recipient group to include men under the age of 35 years • delivering Weight Management Programmes to targeted groups within the community, a minimum of 10 courses will be provided • continuing to work in partnership with other Healthy Living Project to deliver combined diet and physical activity sessions, a minimum of 30 groups will benefit from this activity • extending the scope and brand of the Balance Weight Management Programme – supported through obesity management referral pathways. 	<p>March 2007</p> <p>March 2007</p> <p>10 people to access balance courses in 2006/07</p>
<p>Reduce alcohol abuse by:</p> <ul style="list-style-type: none"> • working in partnership with the licensed trade on binge drinking • working in partnership with the PCT, to further develop and implement a strategy to reduce the harm caused by alcohol. 	<p>"All bar one" initiative being developed with licensed premises to encourage responsible drinking in association with licensed premises</p> <p>We will seek to extend alcohol-free zone across the whole of Middlesbrough by xxx</p> <p>The Middlesbrough Alcohol Strategy is currently being developed and will adopt the same structure as the Alcohol Harm Reduction Strategy for England.</p> <p>Ambitious local targets will be set with and appropriate performance indicators and timescales</p>
<p>Reduce stress-related illness by:</p> <ul style="list-style-type: none"> • People Strategy actions??? 	<p>Xxx days sickness or less per full-time employee</p>
<p>4. Jointly Commission health and social care services with voluntary and independent sector providers</p>	
<p>Ensure engagement with independent, voluntary and community sectors is robust by initiating Strategic Independent Development Groups</p>	<p>April 2006</p>
<p>Produce commissioning strategies for all client groups which consider cross-authority and joint health services</p>	<p>April 2006</p>
<p>Identify the future direction of in-house services</p>	<p>June 2006</p>