

PROMOTING HEALTHIER COMMUNITIES AND EFFECTIVE SOCIAL CARE FOR ADULTS

KEY ACHIEVEMENTS AGAINST PRIORITY CONTRIBUTIONS TO COMMUNITY STRATEGY THEMES IDENTIFIED IN 2006/07

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

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

- Increasing the percentage of people who receive delivery of equipment and aids to daily living within 7 working days from 76.4% in 2005/6 to 84% in 2006/7
- Increasing the number of households receiving intensive home care from 17.6 per 1000 population over 65 in 2005/6 to 18.8 per 1000 population over 65 in 2006/7
- Increasing the number of people taking up direct payments from 124 per 100,000 population in 2005/6 to 205 per 100,000 population in 2006/7

Improved access to social care services by:

- Being the first Council in the Country to Implement a fully integrated electronic pilot of the single-assessment programme with relevant agencies.

Improved inclusion and choice in social services by:

- Redefining the role of social workers to increase interaction with clients, introducing care co-ordination and providing a single point of contact
- Reviewing 100% of care packages and their implementation processes
- Providing culturally sensitive services to meet the needs of BME service users with learning disabilities
- 100% of BME members and their carers polled in 2006 described the overall quality of services received to be OK or Good compared to 70% in 2005
- Improving the accessibility of the Mental Health Services to BME residents
- 221 BME residents referred to Mental Health Services by 2007 compared to 196 in 2006

Increased the number of people with mental health problems or learning disabilities who enter employment, training or further education by:

- Employing link workers to support people with disabilities within "Middlesbrough Works"
- Improving the range and extent of supported employment for people with disabilities
- Currently 24 people in receipt of incapacity benefit have gained voluntary work (on target for 75 people by March 2008)
- Currently 5 people in receipt of incapacity benefit have gained employment (on target for 20 people by March 2008)

Improved the quality of life for carers by increasing the number of carers in receipt of services by:

- Delivering a carers training programme – Expert Carers Programme
- Implementing the carers' improvement plan – on target to be fully completed by March 07
- Increasing the percentage of carers receiving a specific carers service as a percentage of clients receiving community-based services to 12% (on target for 18% by March 2008)

Reduced emergency hospital admissions and improved the quality of life for older people by:

- Increasing the speed of response in terms of self-assessment
 - 85.3% of assessments took place within acceptable waiting times in 2006/7 compared to 78.4% in 2005/6
- Increasing the speed and accuracy of access to available services across all sectors by the development of a common directory of services
 - 89.1% of older clients received all services in their care package within 4 weeks of assessment ending in 2006/7 compared to 80% in 2005/6

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

Developed and implemented systems to measure and monitor quality of care by:

- Improving user/carer feedback in relation to the quality of the services they access and receive by implementing a new monitoring system
- Engaging carers in the planning and monitoring of the service through the Learning Disabilities Carers Forum, the Physical Disabilities Reference Group and the Older People's Mental Health Forum

Reduced the harm caused by drug use and reduced the number of people experimenting with drug taking by:

- Increasing the number of problematic drug users accessing drug treatment programmes to 1,360
- Increasing the percentage of drug users retained in treatment from 63% to 79%

Ensured that quality care is provided by good-performing care providers by:

- Reviewing commissioning and contract-monitoring strategies

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:

- Establishing a Strategic Commissioners Group and Year 1 work programme to ensure robust engagement between the independent, voluntary and community sectors
- Agreeing a Joint Public Health Strategy with the PCT that includes measures to reduce smoking, tackle obesity, improve sexual health, encourage sensible drinking, reduce drug misuse and prevent unintentional injuries

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

- Recruiting an additional 30 premises to the Smoke Less Middlesbrough initiative
- Reviewing the implementation of new smoke-free legislation using Government published regulations and additional funding.
- Delivering the Smoke Free Homes initiative to 100 beneficiaries

Reduced alcohol abuse by:

- 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

Responded to the Mayor's Reduction Priorities to reduce obesity and deaths from heart disease and strokes by increasing the proportion of the population participating in physical activity by:

- delivering the second Middlesbrough Tees Pride 10k running race and Fun Run which took place in September 2006
- increasing the percentage of residents satisfied with Sport and Leisure facilities
- increasing the number of recreational visits to Sport and Leisure facilities
- Referring more than 75 people per month to Lifestyle Intervention Programmes.
- Increasing the proportion of Lifestyle referrals adhering to an activity/weight-management programme 6 months after their GP programme ends
- Continuing to work in partnership with Healthy Living Projects to deliver combined diet and physical activity sessions to 30 groups

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

Ensured engagement with the independent, voluntary and community sectors by:

- Establishing Strategic Independent Groups

Developed the interim Commissioning Strategy for all client groups to consider cross-authority and joint health services.

Identified the future direction of in-house services by:

- Completing a review of Older People's Residential Care
- Completing a review of Care Link and Homecare services
- Commencing reviews of Home Care and Day Services

MIDDLESBROUGH LOCAL AREA AGREEMENT

In recent years, Middlesbrough has made some excellent progress in health and social care. The section above sets out of the achievements Middlesbrough Council has made over the past twelve months that have contributed towards this Community Strategy theme. However there are still some major challenges ahead of us. Middlesbrough is an area with very evident socio-economic deprivation. People living in material or social disadvantage are likely to have the greatest need of health and social services, and are more likely to suffer from ill-health and die as a consequence of the disadvantage they experience.

Middlesbrough Health and Social Care Partnership (MHSCP) is the health theme group of Middlesbrough Partnership it is responsible for overseeing the delivery of the 'Promoting Healthier Communities for All and Effective Social Care for Adults' theme of the Community Strategy and tackling the challenges facing Middlesbrough.

MHSCP built on the four strategic priorities identified within the Community Strategy to identify the priority outcomes within the Middlesbrough Local Area Agreement.

The Council plays a key role in contributing to the achievement of the Local Area Agreement Priority outcomes. The table below sets out the priority outcomes within the LAA against and identifies those which the Council directly to the achievement of.

Strategic priority	Priority outcomes	Middlesbrough Council Contribution
Help promote health, well-being, independence, inclusion and choice.	<ul style="list-style-type: none"> ▪ Improve the mental health and well-being of people with mental illnesses 	✓
	<ul style="list-style-type: none"> ▪ Reduce the levels of suicide 	x
	<ul style="list-style-type: none"> ▪ Improve the quality of life for carers by increasing the number of carers in receipt of services 	✓
	<ul style="list-style-type: none"> ▪ Improve access to primary health care for people with learning disabilities 	x
	<ul style="list-style-type: none"> ▪ Improve the levels of employment for people with disabilities (physical, learning and mental health) 	✓
	<ul style="list-style-type: none"> ▪ Maximise the independence of older people 	✓
Ensure that, when people fall ill, they get good-quality care and are made better faster.	<ul style="list-style-type: none"> ▪ Reduce hospital admissions and stays 	✓
	<ul style="list-style-type: none"> ▪ Improve intermediate care services 	✓
Ensure that the gap is closed between levels of health of	<ul style="list-style-type: none"> ▪ Improve health and reduce health inequalities 	x
	<ul style="list-style-type: none"> ▪ Reduce premature mortality rates and 	✓

Strategic priority	Priority outcomes	Middlesbrough Council Contribution
Middlesbrough residents and the national average, as well as the gap between priority neighbourhoods and the Middlesbrough average.	reduce inequalities in premature mortality rates between wards/neighbourhoods with a particular focus on reducing the risk factors for heart disease, stroke and related diseases (CVD, smoking, poor diet and lack of physical exercise).	
Jointly commission health and social care services with voluntary and independent sector providers.	<ul style="list-style-type: none"> ▪ Produce a joint commissioning strategy 	✓

The Council's contributions to the strategic priorities and priority outcomes are drawn from both National priorities delivered in a local setting and local priorities. To assist in the achievement of the strategic priorities and the LAA priority outcomes a number of priority actions have been identified that will be carried out over the next twelve months. These actions are set out below.

PLANNED ACTIONS IN 2007/08 TO ADDRESS STRATEGIC PRIORITIES AND LAA PRIORITY OUTCOMES

Action	Milestone/Key Target 2007/08
1. Help promote health, well-being, independence, inclusion and choice	
Improve the Mental Health and well being of people with mental illnesses	
1. Implementing the Mental Health Capacity Act	Mental Health Capacity Act implemented by October 2007
2. Identifying the future of services offered by St Paul's Residential Care Centre	March 2008
3. Re-design Mental Health Services with Tees, Esk and Wear Valley NHS Trust	Mental Health Services re-design in place by October 2007
4. Increase the percentage of people on enhanced CPA receiving follow-up (by phone or face to face) within 7 days of hospital discharge to	100% of people on enhanced CPA receiving follow-up (by phone or face to face) within 7 days of hospital discharge to
5. Implementing the "In Control" Initiative within Learning Disabilities Services	Initiative implemented by March 2008

Action	Milestone/Key Target 2007/08	
6. Creating a single point of access for Mental Health Services		Single point of access created by October 2007
7. Provide Mental Health Training First Aid programme		March 2008
Improve the quality of life for carers by increasing the numbers of carers in receipt of a service		
a) Increasing the number of carers accessing services by implementation of Carers Card and GP Registers		Number of carers accessing services increased to 18% by March 2008
b) Improving communication and engagement with service users and carers by achievement of user - identified outcomes in the Engagement Action Plan		Engagement Action Plan implemented by March 2008
c) Increasing the number of carers receiving a specific carers service as a percentage of all clients receiving a community-based service by 6	LPSA PAF c62	Number of carers receiving a specific carers service as a percentage of all clients receiving a community-based service - 18%

Action	Milestone/Key Target 2007/08	
Improve the levels of employment for people with disabilities (physical, learning and mental health) by:		
a) Increasing the number of people with a disability gaining employment for at least 4 hours a week for at least 13 weeks	LPSA	Number of people with a disability gaining employment increased to 75
b) Increasing the number of people with a disability gaining employment for at least 16 hours a week for at least 13 weeks	LPSA	Number of people with a disability gaining employment increased to 20
Maximise the independence of older people by:		
a) Increasing the percentage of people who receive delivery of equipment and minor adaptations to daily living within 7 working days by 3% (from 84%)	BV56 This is also a Healthcare Commission Annual Health Check Indicator – their target is 95%	87% received within 7 days
b) Increasing the number of households receiving intensive home care per 1,000 population by 3.2 (from 18.8)	BV 53	22 per 1,000 population
c) Increasing the number of older people (aged 65 and over) helped to live at home per 1,000 population by 10 (from 147)	BV 54	157 per 1,000 population
d) Increasing the percentage of new older-client assessments having acceptable waiting times	BV 195	83.5% of assessments to take place within acceptable waiting times
e) Participate in a review of the process for major adaptations with the aim of reducing waiting times		By March 2008
f) Ensure maximum use of the extra care housing facility in North Ormesby		Full occupancy by August 2007
Identify options for the relocation of Newport Day Centre		October 2007
g) Increasing the percentage of new older-client care-package provisions having acceptable waiting times	BV 196	89% of clients to be in receipt of all services in their care packages within 4 weeks of assessment ending
h) Developing and agreeing a Plan for integrating Older Peoples Social		Plan developed by September 2007

Action	Milestone/Key Target 2007/08	
Care Services with those provided by the local PCT		
i) Agreeing a Fair Price for Older People's Residential Care		Fair Price agreed by June 2007
j) Establish a mechanism to establish a fair price for Home Care		By October 2007
k) Reducing the number of older people supported by the Authority in residential or nursing care	PAF C72	Number of older people admitted permanently to residential or nursing care reduced by 14 (compared to 2005/2006)
l) Developing a Scheme for Older People on the former Levick House site		By March 2008
m) Implementing the Department's Telecare Strategy		By March 2008
n) Increase the number of people in all client groups taking up direct payments	BVPI 201	260 people take up direct payments

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

Reduce hospital admissions and stays by:

a) Reducing the number of unscheduled hospital bed days for over 75s from 40,916	This is also a Healthcare Commission Annual Health Check Indicator –their target is 6.3 % reduction	Number of unscheduled hospital bed days for over 75s reduced by 8% to 37,643
Increase the number of people using Telecare Services by at least 280		March 2008

Improve Intermediate Care Services by:

a) Increasing the number of people using Intermediate Care Services from current level of 1320	This is also a Healthcare Commission Annual Health Check Indicator –their target is 840 increase	Number of people using Intermediate Care Services increased to 1385 per annum by March 2008
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Action	Milestone/Key Target 2007/08	
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 Middlesbrough average		
Reduce premature mortality rates and reduce inequalities in premature mortality rates between wards/neighbourhoods with a particular focus on reducing the risk factors for heart disease, stroke and related diseases (CVD, smoking, poor diet and lack of physical exercise)		
a) Reduce the gap in smoking rates between the NRF areas and Middlesbrough to reduce the health inequalities	LAA MTWS	Middlesbrough smoking rate – 23% NRF Smoking Rate - 33% Gap 10%
b) Implementing new smoke free legislation.		Legislation implemented by June 2007
c) Undertake a programme of activities to address the issues of smoking in the home		Deliver the Smoke Free Homes initiative to 400 beneficiaries Signpost 100 individuals to the Smoking Cessation Service
Reduce the gap between NRF areas and Middlesbrough in the percentage of people who regularly consume more than 20 units of alcohol per week	LAA MTWS	GAP - 1.5%
Increase the percentage of adults participating in at least 30 minutes of moderate intensity sport and active recreation on three or more days a week	Sport England – CPA indicator	20% of adults participate in at least 30 minutes of moderate intensity sport and active recreation on three or more days a week
a) Reviewing with partners the current Active Middlesbrough Strategy in preparation for 2008-2013 and develop the Community Sport Network from the current Active Middlesbrough Forum.		Active Middlesbrough Strategy reviewed and Community Sport Network developed by March 2008
b) Reviewing the 2002-2007 Middlesbrough Council Playing Pitch Strategy and produce the Strategy for 2008-2013.		Middlesbrough Council Playing Pitch Strategy reviewed and produced by March 2008

Action	Milestone/Key Target 2007/08	
c) Commissioning the Middlesbrough Council Leisure Needs Analysis for adoption.		Council Leisure Needs Analysis commissioned and adopted by March 2008
d) Developing a strategic view of community use of sports facilities within the Building Schools for the Future programme.		Strategic view developed by March 2008
e) Continuing the development of sport and leisure provision at Southlands Leisure Centre with particular focus on catering provision and East Middlesbrough Football development programme (replacement of the Artificial Turf Pitch)		Sport and leisure provision at Southlands Leisure Centre developed by March 2008
f) Seeking to develop cycling provision at the Prissick site		Cycling provision developed by March 2008
g) Delivering the 3 rd Middlesbrough Tees Pride 10K and Fun Run		Tees Pride 10k and Fun Run delivered by October 2007
i) Increasing the number of recreational visits to sport and leisure facilities per 1000 population		Number of visits increased to xxx per 1000 population by March 2008
j) Establishing Year 2 Healthy Living work programme		Work programme established by June 2007

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

Produce a joint commissioning strategy

a) Reviewing the delivery of in-house Home Care Services		Home Care Services reviewed by October 2007
b) Producing a Joint Commissioning Strategy which includes all sectors, service users and carers		Strategy produced by March 2008
c) Ensuring sustainability of Independent Living for Older People Project		Agreed funding streams for ILOP by March 2008
a) Establishing mechanisms to calculate a Fair Price for Physical Disability, Learning Disability and Mental Health Residential Care		Mechanisms for calculating a Fair Price established by December 2007
d) Introducing Joint Commissioning of Mental Health and Learning Disability	This is also a	Joint Commissioning introduced by March 2008

Action	Milestone/Key Target 2007/08	
Services	Healthc are Commis sion Annual Health Check Indicator –they have a similar target	