

## HEALTH SCRUTINY PANEL

3<sup>rd</sup> April 2008

<b>MIDDLESBROUGH COUNCIL STRATEGIC PLAN 2008-2011</b>
---

<b>Director of Children, Families &amp; Learning, Director of Social Care and Director of Environment</b>
---

### Summary

1. To advise the Health Scrutiny Panel of the proposed health related content included under the different themes of the Strategic Plan 2008-2011 and to seek the panel's comments.

### Introduction

2. It was proposed to the Overview and Scrutiny Board meeting of the 11<sup>th</sup> March that the Council's strategic plan should be revised a year ahead of schedule and that a new strategic plan be produced to cover the period 2008/09 – 2010/11.
3. The rationale for this approach is:
  - to align the Council's strategic planning cycle with the new requirements for the Sustainable Community Strategy and the Local Area Agreement (LAA); and
  - to align the service and medium-term financial planning processes.
4. It was also proposed that Strategic Plan 2008-2011 would continue to follow the three-part structure introduced in 2006:

Part I – **Corporate Overview**

Strategic context – the long-term vision and medium-term priorities for the plan period.

Part II – **Achievements and Future Actions**

Annual action plan - performance against the previous year's planned actions and details of key actions for the new financial year.

Part III – **Supporting Documentation**

Detailed performance information - national indicators, strategic risks, diversity action plan, etc.

3. For 2008/09, the set of plan documents will include an additional section to accommodate the change over from BVPIs to the new national indicator set and the introduction of a new set of strategic themes to frame the Sustainable Community Strategy and the LAA. The content of the 2007/08 plan is structured under a series of themes that will not be carried forward into the Sustainable Community Strategy or the LAA. This additional section will allow the Council to report on its performance against its existing priority themes and to restructure its strategic plan around the new set of themes, ensuring consistency and continuity for its performance reports in future years. It also meets the requirement to report on performance against BVPIs by the 30<sup>th</sup> June each year.
4. 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.

## **Evidence / Discussion**

5. Drafts of the proposed health related content for the different themes of the Strategic Plan are attached at Annex A. The content for each section is split into two parts:
  - Part 1 - Key achievements during 2007/08
  - Part 2 - Proposed actions and targets for 2008/09.
6. The content provided for the panel's consideration is an early draft and will be subject to further change as the emerging strategic plan is reviewed and developed in collaboration with partner agencies. Target and outcome figures will also change as performance data is finalised for the end of the financial year.
7. The panel's comments on the draft content are sought as part of this development process.

## **Conclusion**

8. That the panel notes and comments on the draft content of the Council's Strategic Plan 2008-2011.

**AUTHORS:** Eric Boxall, David David, Patrick Duffy

**TEL NO:** 728103 (D David)

## CHILDREN AND YOUNG PEOPLE

### KEY ACHIEVEMENTS AGAINST PRIORITY CONTRIBUTIONS TO COMMUNITY STRATEGY THEMES IDENTIFIED IN 2007/08

Key Achievements 2007/08
<b>1. Be healthy - Ensure good physical, mental, emotional and sexual health of children and young people</b>
<p>Improved health outcomes for children and young people by:</p> <ul style="list-style-type: none"> <li>▪ Reducing the number of conceptions to females aged 15-17 by 25% against the 1998 baseline, which was better than the reductions achieved regionally and nationally</li> <li>▪ Delivering a programme of sexual health awareness training for all new Youth Service staff and engaging Brook Training to deliver peer education processes.</li> <li>▪ Updating the Healthy Eating policy to ensure all activities and publications in Children Centres promote healthy eating.</li> <li>▪ Increasing the proportion of looked-after children getting annual dental care and health assessments from 92.1% to 96.7%.</li> <li>▪ Completing an audit of alcohol and drug education in all secondary schools and agreeing improvement action plans to be monitored by Platform.</li> <li>▪ Appointing a dedicated curriculum worker for alcohol and drug education.</li> <li>▪ Increasing the % of schools achieving Healthy Schools Status from 71% to 75%;</li> <li>▪ Introducing salad bars into 98% of primary and 83% of secondary schools;</li> <li>▪ Providing every new mother with a Baby Sparc (Supporting Positive Attention &amp; Reciprocal Communication) information pack at their first postnatal home visit.</li> <li>▪ Increasing the number of families using direct payments to access flexible services by 78% to 32 against the 2005 baseline of 18 families (target = 50%);</li> </ul>

## PLANNED ACTIONS IN 2008/09 TO ADDRESS STRATEGIC PRIORITIES

Action	Milestone/Key Target 2008/09	
<b>1. Be Healthy</b>		
<p>Improve health outcomes by:</p> <ul style="list-style-type: none"> <li>• Embedding basic SRE training as part of the core skill set for all practitioners working with young people and their families.</li> <li>• Piloting the 'Tic Tac' model for the provision of school-based sexual health services at Ormesby Secondary School.</li> <li>• Supporting schools to achieve the Healthy Schools Standard and a 'good' OFSTED judgment for their contributions to children's health.</li> <li>• Introducing an Obesity Care Pathway across all primary schools.</li> <li>• Implementing joint planning for the provision of child and adolescent mental health services (CAMHS) to looked after children.</li> <li>• Securing funding to extend the Families First service to provide intensive focused support and assessment around the misuse of alcohol and other substances in partnership with Stockton, Darlington and Redcar &amp; Cleveland councils.</li> <li>• Identifying and working with those families accessing the Children with a Disability service who would most benefit from the direct payment system.</li> </ul>	<p>NI 112</p> <p>NI 56</p> <p>NI 51</p> <p>NI 115</p>	<p>Reduce the number of conceptions amongst 15 – 17 year olds against the 1998 baseline by 32%.</p> <p>Reduce the % of children in Year 6 who are obese, as shown by the National Child Measurement Programme from 16.8% to 15%</p> <p>Maintain the effectiveness of local CAMHS services, evidenced by an indicator score of 12</p> <p>Establish a baseline for the current level of use of alcohol and drugs amongst young people.</p> <p>Increase the number of families using the direct payment system by 25% from 40 to 50 families <i>(target to be updated against year end figures)</i></p>

## **ADULT HEALTH AND WELLBEING and TACKLING EXCLUSION**

### **KEY ACHIEVEMENTS AGAINST PRIORITY CONTRIBUTIONS TO COMMUNITY STRATEGY THEMES IDENTIFIED IN 2007/08**

#### **Key Achievements 2007/08**

##### **1. Promoting healthier communities and effective social care for adults**

- Further developed the partnership with the Primary Care Trust (PCT) and the Strategic Health Authority to reduce health inequalities within a joint public health strategy
- Implemented the new smoke free legislation
- Reviewed the Active Middlesbrough Strategy with the Community Sport Network
- Completed a review of the 2002-2007 Middlesbrough Council Playing Pitch Strategy and produced a new strategy for 2008-2013
- Completed the Middlesbrough Council Sports Facilities Strategy
- Increased the number of recreational visits to Sport and Leisure activities per 1000 population to 9912 per 1000 head of Pop (1% inc. Total Visits 1366828)
- Developed the strategic view of community use of school sports facilities within the Building Schools for the Future programme that is closely linked to the Active Middlesbrough Strategy
- Delivered the 10-year Public Health targets and established Year 2 Healthy Living work programme
- Secured funding from the PCT for the free swimming initiative, extending the scheme to include all school holidays and free family sessions at weekends.

## PLANNED ACTIONS IN 2008/09 TO ADDRESS STRATEGIC PRIORITIES

Action	Milestone/Key Target 2008/09	
<b>Help promote health, wellbeing, independence, inclusion and choice.</b>		
<ul style="list-style-type: none"> <li>implement the Sport and Leisure function's major new strategies, working closely with key partners.</li> </ul>		Implement: <ul style="list-style-type: none"> <li>Active Middlesbrough Strategy</li> <li>Playing Pitch Strategy</li> <li>Sport &amp; Physical Activity Strategy</li> </ul>
<ul style="list-style-type: none"> <li>Develop Joint Public Health work programme with new integrated health improvement team, to target tobacco consumption, healthy eating and physical activity</li> </ul>		
<ul style="list-style-type: none"> <li>Improve the quality of local leisure provision</li> </ul>		Adopt the QUEST UK Leisure Quality Management Award.  Redevelop the X4 Health and Fitness Clubs.  Create a brand and website to promote and celebrate physical activity in the town
<ul style="list-style-type: none"> <li>Work in partnership with Tees Valley Sport to maximise opportunities for increasing participation in sport and active recreation</li> </ul>		Increase 10k Road Race entries by 10%.  Deliver Middlesbrough Sports Festival May - September 2008.  Deliver a Street Games event, targeting young people who do not usually take part in organised sport.
<ul style="list-style-type: none"> <li>Further develop the partnership with the Primary Care Trust and the Health Authority to work to improve exercise and healthy eating habits in all Year 5 and 6 school children.</li> </ul>		Extend the "Adopt a School" scheme across all leisure venues

## **ADULT HEALTH AND WELLBEING and TACKLING EXCLUSION**

### **KEY ACHIEVEMENTS IN 2007/2008 AGAINST PRIORITY CONTRIBUTIONS TO THIS COMMUNITY STRATEGY THEME**

<b>1. Help promote health, well-being, independence, inclusion and choice</b>
<p><b>Improved the Mental Health and well being of people with mental illnesses by having:</b></p> <ul style="list-style-type: none"><li>Implemented the Mental Health Capacity Act</li><li>Identified the future of services offered by St Paul's Residential Care Centre – capital bid submitted</li><li>Increased the percentage of people on enhanced CPA receiving follow up within 7 days of hospital discharge</li><li>Implemented the “In control” initiative within Learning Disabilities Services</li><li>Provided Mental Health Training First Aid Programme</li></ul>
<p><b>Reduced levels of suicide by reducing stress at work by having:</b></p> <ul style="list-style-type: none"><li>Rolled out the Employee Assistance Programme</li><li>Employed the services of a Support Officer</li><li>Rolled out letters signed by the Head of Service to employees absent through stress outlining the support available</li><li>Introduced Plans to provide additional support to managers whose areas are identified as having high levels of stress</li></ul>
<p><b>Improved the quality of life for carers by increasing the number of carers in receipt of a service by having:</b></p> <ul style="list-style-type: none"><li>Increased the number of carers accessing services by implementing a Carers Card and GP Registers</li><li>Improved communication and engagement with service users and carers by achievement of user identified outcomes in the Engagement Action Plan</li><li>Increased the number of carers receiving a specific carers service</li></ul>

**Improved the levels of employment for people with disabilities by having:**

Increased the number of people with a disability gaining employment for at least 4 hours a week for at least 13 weeks from a baseline of 0 to 77

Increased the number of people with a disability gaining employment for at least 16 hours a week for at least 13 weeks from a baseline of 0 to 74

**Maximised the independence of older people by having:**

Increased the percentage of people who receive delivery of equipment and minor adaptations to daily living within 7 working days from 84% to 89%

Increased the number of households receiving intensive home care per 1,000 population by 0.8 (from 22.6)

Increased the percentage of new older-client assessments having acceptable waiting times from 82.4% to 85%

Participated in a review of the process for major adaptations

Ensured maximum use of the extra care housing facility in North Ormesby – full occupancy was achieved by August 2007

Increased the percentage of new older client care package provisions having acceptable waiting times from 86% to 93%

Developed and agreed a Plan for integrating Older People's Social Care Services with those provided by the local PCT

Developed a Scheme for Older People on the former Levick House site – a developer has been selected to develop the site

Increased the number of people in all client groups taking up Direct Payments – in total increased from 217 to 270 per 100,000 population

Created a Customer Care culture by delivering at least minimum standards of customer care – Customer Care Standards were launched in January 2008

**2. Ensure that when people fall ill, they get good quality care and are made better faster****Reduced emergency hospital admissions and improved the quality of life for older people by having:**

Reduced the number of unscheduled hospital bed days for the over 75 year olds – on target to achieve a reduction in the baseline figure of about 3,000 bed days

Increased the number of people using Telecare Services by approximately 280



**3. Ensure we close the gap between levels of health of Middlesbrough residents and national average**

**Reduced premature mortality rates and reduced inequalities in premature mortality rates between Wards/Neighbourhoods by having:**

Implemented new smoke free legislation

Undertook a programme of activities to address the issues of smoking in the home

**Increased the percentage of adults participating in at least 30 minutes of moderate intensity sport and active recreation on three or more days a week by having:**

Reviewed with partners the current Active Middlesbrough Strategy and developed the Community Sport Network from the current Active Middlesbrough Forum

Reviewed the Council Playing Pitch Strategy and producing a new Strategy

Commissioned the Middlesbrough Council Leisure Needs Analysis for adoption

Developed a strategic view of community use of sports facilities within the building Schools for the Future Programme

Continued the development of sport and leisure provision at Southlands Leisure Centre with particular focus on catering provision and East Middlesbrough Football Development Programme

Delivered the third Middlesbrough Tees Pride 10k and Fun Run

Increased the number of recreational visits to sport and leisure facilities per 1,000 population

Established Year 2 Healthy Living Work Programme

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

**Produced a Joint Commissioning Strategy by having:**

Reviewed the delivery of in-house home care services

Ensured sustainability of Independent Living for Older People Project – further funding agreed until September 2008 – long term funding being sought by ILOP

## PLANNED ACTIONS IN 2008/09 TO ADDRESS STRATEGIC PRIORITIES AND LAA PRIORITIES

Action	Milestone/key target 2008/2009
<b>LAA OUTCOME: ADULT HEALTH &amp; WELL BEING/TACKLING EXCLUSION</b>	
<b>Help promote health, well-being, independence, inclusion and choice</b>	
a) Improving the quality of information for people with mental health needs	July 2008
b) Improve access and assessment arrangements for Mental Health Services	March 2009
c) Ensure proactive involvement in the Teeswide Suicide Strategy Review	March 2009
d) Introduce self assessment and self directed support for vulnerable adults and older people	March 2009
e) Pilot the use of individual budgets	October 2008
f) Improve performance in the delivery of equipment to people.	March 2009
g) Produce a Joint Strategic Needs Assessment	December 2008
h) Develop prevention, early intervention and enablement services via a community based support system.	March 2008
i) Extend the number of co-located services.	March 2009
j) Consider the potential for retail market model for the provision of community equipment	March 2009
k) Create electronic social care records for all service users	March 2009
l) Determine an IT Strategy to assist in the delivery of Social Care objectives	March 2009
<b>Ensure that when people fall ill they get good quality care and are made better faster</b>	
a) Improving the level and range of support for carers	March 2009
b) Ensure Telecare becomes integral with other services	March 2009
c) Co-locate services to improve joint working	August 2008

Action	Milestone/key target 2008/2009	
d) Reduce waiting times for major adaptations		March 2009
e) Increase the amount of re-ablement undertaken with people		March 2009
f) In partnership with the PCT, produce an action plan to implement the NSF for neurological conditions		December 2008
g) In partnership with the PCT, produce an action plan for the management of people with long- term conditions.		December 2008
h) Increase usage of the range of services offered for Intermediate Care.		March 2009
i) Develop a formal agreement with the PCT, regarding the Intermediate Care Services and investment.		March 2009
j) Extend the number of co-located services		March 2009
k) Comply with the requirements of “World Class Commissioning” as prescribed by the Department of Health		March 2009
l) Improve service delivery via the production of an all- sector Workforce Development Strategy		March 2009
m) Create mechanisms to incentivise/ stimulate increases in the quality of commissioned services		March 2009
n) Develop pricing models linked to quality in respect of: Residential Care Domiciliary Care Enablement and Support		March 2009
o) Review current commissioned services for quality and value for money		March 2009
p) Produce a 10 year Commissioning Strategy		March 2009
<b>Tackling Exclusion &amp; Promoting Equality</b>		
a) Increase the number of people with mental health needs or a learning disability in employment		March 2009
b) Challenging the stigma of mental illness		October 2008

Action	Milestone/key target 2008/2009	
c) Review Day Services and improve employment support capacity		October 2008
d) Introduce minimum standards for the involvement of service users, carers and advocates in the delivery of Community Services		October 2008
e) Increase the amount of Welfare Rights Services available		October 2008
f) Improve transportation arrangements for those attending Social Care Day Services		October 2008
g) Produce a Plan to create a universal information, advice and advocacy service for all		March 2009
<b>Address specific community &amp; social housing needs</b>		
a) Review day care facilities for older people		October 2008
b) Successfully bid for Department of Health funding to create additional extra care housing provision in the Borough		March 2009
c) Plan for an increase in the amount of Independent Supported Living provision for people with a physical disability		March 2009
<b>LAA OUTCOME: STRONGER COMMUNITIES</b>		
<b>To support the development of an increasingly robust, optimistic and effective Voluntary &amp; Community Sector</b>		
a) Develop the third sector's to increase the number and range of preventative/early intervention services		March 2009
b) Establish a Community Interest Company which will advise and assist individuals/groups in establishing social enterprises		October 2008
<b>LAA OUTCOME: SAFER COMMUNITIES</b>		
<b>Young people – diverting away from crime and anti-social behaviour and reducing their vulnerability to crime</b>		
a) Expand the range of diversionary activities provided to young people by Street Wardens		March 2009
<b>Town centre safety</b>		
a) Review and improve the contribution to town centre safety delivered by the Street Wardens Service		March 2009

<b>Neighbourhood safety</b>		
a) Review and improve the contribution to neighbourhood safety delivered by the Street Wardens Service		March 2009
<b>LAA OUTCOME: LOCAL ECONOMY – HOUSING</b>		
<b>Rejuvenate the housing stock</b>		
a) Agree and achieve minimum standards for the provision of replacement windows and doors to Erimus Housing, Council and other customers properties		March 2009
<b>LAA OUTCOME: ENVIRONMENTAL SUSTAINABILITY</b>		
<b>Improve the standard of cleanliness throughout the Town</b>		
a) Review and improve the contribution to town cleanliness made by the Street Warden Service		March 2009

Please note that, in addition to the planned actions above, the following Performance Indicators are being introduced from 1<sup>st</sup> April 2008 and are new national indicators for Social Care and its partners. The three year targets are being developed where baseline information is available

REF:	DESCRIPTION
NI39	Alcohol-harm related hospital admission rate per 100,000 population
NI40	Drug users in effective treatment
NI119	Self-reported measure of people's overall health and well-being
NI120	All-age all cause mortality rate
NI121	Mortality rate from all circulatory diseases at ages under 75
NI122	Mortality from all cancers at ages under 75
NI123	Current smoking rate prevalence
NI124	People with a long-term condition supported to be independent and in control of their condition
NI125	Achieving independence for older people through rehabilitation/intermediate care
NI126	Early access for women to maternity services
NI127	Self reported experience of social care users
NI128	User reported measure of respect and dignity in their treatment
NI129	End of life care – access to appropriate care enabling people to be able to choose to die at home
NI130	Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets) per 100,000 population
NI131	Delayed transfers of care from hospitals
NI132	Timeliness of social care assessment, all ages (Assessments completed within 4 weeks)
NI133	Timeliness of social care packages (Care Packages within 4 weeks following Assessment)
NI134	The number of emergency bed days per head of weighted population
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information
NI136	People supported to live independently through social services (all ages)
NI137	Healthy life expectancy at age 65
NI138	Satisfaction of people over 65 with both home and neighbourhood
NI139	The extent to which older people receive the support they need to live independently at home
NI140	Fair treatment by local services

REF:	DESCRIPTION
NI141	Number of vulnerable people achieving independent living
NI142	Number of vulnerable people who are supported to maintain independent living
NI143	Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence
NI144	Offenders under probation supervision in employment at the end of their order or licence
NI145	Adults with learning disabilities in settled accommodation aged 18-64
NI146	Adults with learning disabilities in employment aged 18-64
NI149	Adults in contact with secondary mental health services in settled accommodation
NI150	Adults in contact with secondary mental health services in employment aged 18-64