



Notice of meeting of

Health Scrutiny Committee

- To:** Councillors Fraser (Chair), Alexander, Ayre (Vice-Chair), Douglas, Morley, Sunderland and Wiseman
- Date:** Monday, 2 February 2009
- Time:** 5.00 pm
- Venue:** The Guildhall, York

AGENDA

- 1. Declarations of Interest** (Pages 3 - 4)
At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.
- 2. Minutes** (Pages 5 - 10)
To approve and sign the minutes of the last meeting of the Committee held on 5 January 2009.
- 3. Public Participation**
At this point in the meeting members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. Anyone who wishes to register or requires further information is requested to contact the Democracy Officer on the contact details listed at the foot of this agenda. The deadline for registering is Friday 30 January 2009 at 5.00pm.

**4. Local Involvement Networks (LINKs) - (Pages 11 - 14)
Progress Update**

This report updates the Committee on current progress in establishing a Local Involvement Network (LINK) for the City of York. The report also outlines the steps and measures that need to be taken to ensure that LINKs establishes an effective working relationship with the Health Scrutiny Committee.

5. Feasibility Study - Alcohol Harm Reduction Strategy (Pages 15 - 94)

This report asks Members to consider a scrutiny topic registered by Cllr Sue Galloway to scrutinise the performance and value for money of the North Yorkshire and York NHS's alcohol treatment services, particularly in relation to admissions and the impact on National Indicator 39 of the Local Area Agreement.

6. Feasibility Report - Access to Dental Services in York (Pages 95 - 104)

This report asks Members to consider a scrutiny topic registered by Cllr Moore to scrutinise access to dental services in York.

7. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972

[A copy of the Health Scrutiny Committee's work plan for 2008/09 is attached for information]

Democracy Officer:

Name: Jill Pickering

Contact details:

- Telephone – (01904) 552061
- E-mail – jill.pickering@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

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- Business of the meeting
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Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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HEALTH SCRUTINY COMMITTEE

Agenda item 1: Declarations of interest.

Please state any amendments you have to your declarations of interest:

Councillor Fraser	Governor of York Hospitals NHS Foundation Trust and as a member of the retired section of Unison;
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Councillor Wiseman	Governor of York Hospitals NHS Foundation Trust.
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City of York Council

Committee Minutes

MEETING	HEALTH SCRUTINY COMMITTEE
DATE	5 JANUARY 2009
PRESENT	COUNCILLORS FRASER (CHAIR), ALEXANDER (JOINED THE MEETING AT 5.50PM), AYRE (VICE-CHAIR), MORLEY AND WISEMAN
IN ATTENDANCE	JOHN YATES – OLDER PEOPLE’S ASSEMBLY JACK ARCHER – OLDER PEOPLE’S ASSEMBLY GRAHAM PURDY – NORTH YORKSHIRE & YORK PRIMARY CARE TRUST (NYYPCT) AMANDA BROWN - NYYPCT PADDY PEARCE - NYYPCT ANNIE THOMPSON – LINKS CO-ORDINATOR SALLY HUTCHINSON – AGE CONCERN CLLR MOORE – CYC BILL HODSON – CYC MORA SCAIFE - CYC
APOLOGIES	COUNCILLORS DOUGLAS AND SUNDERLAND

29. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda.

The following interest was declared further to the standing personal, non-prejudicial interests declared at previous meetings and circulated with the agenda.

Councillor Morley declared a personal non-prejudicial interest in relation to Agenda item 6 (Feasibility Report – Access to Outreach Workers) as he had the power of attorney for a resident who used the befriending service offered by Age Concern.

30. MINUTES

RESOLVED: That the minutes of the last meeting of the Committee held on 3 November 2008 be approved and signed by the Chair as a correct record.

31. PUBLIC PARTICIPATION

It was reported that there had been two registrations to speak at the meeting, under the Council’s Public Participation Scheme.

The first was from John Yates on behalf of the Older People’s Assembly who spoke in relation to the Annual Health Check for 2008/09. He expressed concern in relation to the recommendation to delegate the

responsibility for compiling the commentary to the Healthcare Commission to only two members of the Committee. He pointed out that the Annual Health Check consultation document placed a strong emphasis on the importance of taking the views of patients, their carers and others into account and he felt that more members of the Committee should be involved in compiling the response.

Annie Thompson, LINKs Co-ordinator, confirmed that a LINKs event was to be held on 25 February 2009 at the Priory Street Centre in order to compile the LINKs Annual Health Check response to the Commission.

The second registration was from Sally Hutchinson on behalf of Age Concern. She referred to concerns that had been expressed following confirmation that Age Concern would not be seeking funding from 2009/10 onwards for befriending services and that she was pleased that their service had been so well received. She also referred to Cllr Alexander's request for a scrutiny topic on Access to Outreach Workers and to concerns expressed in the report on the reporting back mechanisms for work undertaken. She confirmed that she was satisfied with the reporting back to Ward Committees that had been carried out, as their work was often highly confidential. She also confirmed that it had been found that the befriending services offered by Age Concern had not been the best way in which to provide such a service. In future this needed to be available to all old people not just those in particular Wards. She asked the Committee to consider deferring consideration of this scrutiny topic pending the outcome of the Housing and Adult Social Services discussions with a range of stakeholders, representative agencies and providers about commissioned services that would focus on ensuring that vulnerable people could live safely and independently rather than focussing on a specific service.

32. ANNUAL HEALTH CHECK 2008/2009

Consideration was given to a report, which asked the Committee how they wished to respond to the Healthcare Commission's request for comments on the Annual Health Check for 2008/09.

Members were reminded that the Annual Health Check was the system that the Healthcare Commission used to assess the performance of all NHS trusts in the following areas:

- Acute Trusts (including Foundation Trusts)
- Ambulance Trusts
- Mental Health Trusts (including Foundation Trusts)
- Learning Disability Trusts
- Primary Care Trusts (both as providers and commissioners of care)
- Care Trusts
- The Health Protection Agency
- NHS Direct
- NHS Blood & Transplant

The Chair reminded Members of the earlier comments made by the speaker in relation to this item. He confirmed that Overview and Scrutiny Committee's were required to be focussed when responding to the Commission and should only comment on specific issues for which they could provide evidence.

Members confirmed that any submission they made would be public information and would be based on evidence that they had gathered during the year. In previous years Members had also had sight of the PCT's draft comments to assist them in their final submission.

A representative of the PCT confirmed that they were at present drafting their own comments on the Health Check with a view to taking them to a Board meeting on 31 March 2009. He stated that he would be happy to share their draft comments with Members prior to the Committee's next meeting on 30 March 2009.

Following further discussion it was

RESOLVED: That the Chair, Vice Chair and Cllr Wiseman in conjunction with the Scrutiny Officer be delegated the responsibility of creating a commentary on the declarations of any of the NHS Trusts that they feel appropriate and that all members of the Committee be emailed details for their comments. ¹.

REASON: To enable the Health Scrutiny Committee to carry out their duty to promote the needs of the people they represent.

Action Required

1. Comments on the declarations to be prepared and circulated to the Committee for comment prior to reporting back.

GR

33. UPDATE ON DENTAL SERVICES

Members considered a report, which provided them with an update on the provision of NHS dental services in York. The Primary Care Trust (PCT) had also presented Members with a new style of reporting template.

Amanda Brown, Assistant Director of Commissioning and Service Development, was in attendance to answer Members questions in relation to the information. Annex 1 of the report detailed the numbers of patients seen, additions and allocations from the access database and overall trend information since 2006. She confirmed that the information provided had been obtained by their Business Development Unit from each dentist's contract in the York area.

Members expressed concern that a number of the charts were not comparable, that the bar charts made it difficult to view trends and that providing waiting times for patients on one date did not meet the Committee's needs.

In answer to Members comments, the NYYPCT representative confirmed that she would investigate the possibility of amending the information provided to relate to the Selby/York area only, detail the number of dentists in the area, the number of new dentists that had come into the area and numbers that provided NHS services to enable them to view seasonal trends. She would also look at the possibility of providing information on 'waiting times for patients still on the list' as a mean average over a length of time rather than at a specific point in time.

Following further discussion it was

- RESOLVED:
- (i) That the report and update from the PCT on dental services be noted;
 - (ii) That the PCT be requested to amend the new reporting template to include the following information:
 - Information to relate to the Selby/York area only;
 - Number of dentists in the York area;
 - Number of new dentists in the York area;
 - Number of dentists providing NHS treatment in the York area;
 - Information on the number of residents who do not see a dentist at all.
 - (iii) To investigate the possibility of showing the information on 'waiting times for patients still on the list' as a mean average over a length of time rather than at a specific point in time;
 - (iv) That the PCT be requested to provide future updates on dental services in York on a quarterly basis.¹

REASON: In order to carry out their duty to promote the health needs of the people they represent.

Action Required

1. Request PCT to provide quarterly updates on dental services, amend the reporting template and investigate the possibility of providing waiting time information over a length of time.

GR

34. FEASIBILITY REPORT - ACCESS TO OUTREACH WORKERS

Members considered a report, which related to the registration of a scrutiny topic by Cllr Alexander to scrutinise the availability, funding and uniform distribution of access to outreach workers.

Councillor Alexander had referred to the number of people in Holgate Ward who relied on an outreach worker service, from providers such as Age

Concern. During the Health Scrutiny Committee's recent Dementia Review it had become clear that this service was different from a befriending service. Outreach workers usually provided practical assistance and were paid; whereas the befriending service tended to concentrate on social visits and staff were normally volunteers. He had also found that the outreach worker service was unequally available across the city (due to the way that Ward Committees allocated their individual budgets). In previous years Age Concern had bid for funding for the scheme but they had made the decision not to apply for funding for 2009/10.

Based on evidence presented within the report, Officers had advised Members not to proceed with the review. They did state that, if this were to be put forward as a scrutiny topic that it should be more broadly focused on the outcome (sustainable neighbourhoods for vulnerable people) rather than starting with the input (how outreach workers were funded) and a revised topic registration form would therefore need to be submitted.

Officers confirmed that Housing and Adult Social Services were at present involved in discussions with various agencies and stakeholders about commissioned services and the implementation of the government's initiative "Putting People First". He suggested that Members may wish to defer consideration of this matter pending the outcome of these discussions.

Members stated that this scrutiny request could potentially be a large piece of work and that the issues raised would involve agencies other than the Local Authority.

Councillor Alexander expressed disappointment that Officers had advised against proceeding with the review. He did however confirm that he would be happy if a review was taken up at a later date, following completion of works on the commissioning of services by Housing and Adult Social Services.

- RESOLVED:
- (i) That based on the evidence presented within the report Members do not proceed with the Scrutiny Review on Access to Outreach Workers at the present time; ¹.
 - (ii) That the Director of Housing and Adult Social Services provide an update report to the Committee, later in the year, detailing the outcome of discussions with stakeholders, representative agencies and providers about the commissioning of services and partnership working to provide these services; ².
 - (iii) That following receipt of this report the Committee give further consideration to the need for a scrutiny review on this matter.

- REASON:
- (i) On the basis that the voluntary sector agencies are not obliged to apply for funding and that the

Ward Committee process for applying for grants had been called in via the scrutiny function before in April 2008, there was therefore, little to be gained from scrutinising the same subject twice.

- (ii) (iii) In order to ascertain whether a more broadly focused scrutiny review should be undertaken on this matter in the future.

Action Required

1. No further action to be taken in relation to this review at the present time. GR
2. Director of Housing and Adult Social Services to report back to Committee later in the year. GR

35. HEALTH SCRUTINY NETWORKING

Consideration was given to a report, which informed the Committee of recent events attended, by both Members and Officers outside the formal meeting cycle of the Health Scrutiny Committee.

Details of the following events and meetings were reported:

- Members' visit to York Hospital (13.10.08)
- Scrutinising Health Inequalities (07.11.08)
- LINKs Facilitated Workshop (17.11.08)
- CFPS training day on the Darzi Report (10.12.08)

RESOLVED: That the update report be noted.

REASON: To keep Members informed of events attended that are relevant to Health Scrutiny.

Cllr S Fraser, Chair

[The meeting started at 5.30 pm and finished at 6.55 pm].



Health Scrutiny Committee

2 February 2009

Report of the Head of Strategic Partnerships, City of York Council

Local Involvement Networks (LINKs) – Progress Update

Summary

1. Members of the Health Scrutiny Committee received a report and presentation in April 2008 about the progress in establishing a Local Involvement Network (LINK) for the City of York.
2. This report is for information only and updates the Health OSC (Overview and Scrutiny Committee) on current progress. It also outlines the steps and measures that need to be taken to ensure that LINKs establishes an effective working relationship with the Health Scrutiny Committee and other key strategic partnerships. This will be particularly important during the 2009/10 financial year as the LINK delivers its workplan.

Background

3. LINKs are the independent, formally constituted bodies that have replaced the Patient Forums, previously attached to all local NHS trusts.
4. LINKs differ from previous systems in that they are based on broad networks rather than on small specialist groups, involving representatives from organisations as well as individuals, and addressing issues across health and social care rather than focusing on individual organisations or services.
5. Government legislation requires local authorities to commission a Host organisation to enable, support and facilitate the LINK in its activities. As a result of a tender exercise, North Bank Forum for Voluntary Organisations was the successful Host organisation commissioned to provide the LINK and were awarded a three year contract which commenced on the 1 April 2008.
6. LINK was launched in September 2008. Since then an Interim Steering Group has been established and governance arrangements for the LINK identified and agreed. Protocols covering complaints, membership, standards of conduct and expenses have also been established.
7. Work is currently being undertaken on profiling of the local community, its health needs and current service provision. Existing community networks and engagement mechanisms have been identified and current consultation and commissioning activity is beginning to be mapped. Work has been undertaken to look at how the

LINK will complement existing networks and partnerships and identify hard to reach groups.

8. Members of the Interim Steering have remained interested and eager to be involved in the LINK. They have moved from almost an entirely health based focus to health and social care and are now starting to consider wider social aspects for LINK work.
9. The LINK has received publicity in the local media and a number of individuals have referred problems for inclusion in the workplan. There has also been items referred to the LINK by voluntary sector groups and as a result there is a substantial list of issues for the workplan. In order to maintain accountability and enable wider involvement, it is proposed to list these issues for discussion at the inaugural LINK AGM in March 2009, and allow delegates to vote on their preferences.
10. At the AGM, a formal LINK Steering Group will be established comprised of seven community representatives joined by seven nominees from the various community / voluntary Forums e.g. Mental Health, York Carers, Older Peoples Assembly etc on the Steering Group.
11. LINK sub groups will be developed during the course of 2009/10. They will be formulated around issues that are incorporated in the workplan. It is also proposed to develop a LINK Readers Panel who will look at publications produced by statutory and voluntary agencies to check that they are easy to understand. A LINK Expert Panel will also be developed to undertake the 'enter and view' facility.
12. The next step for nominated LINK Steering Group members will be to meet statutory stakeholders on a regular basis to share information, and develop ways to address national initiatives and improve the provision of services.
13. The local authority has so far carried out three quarterly monitoring visits with Host staff and LINK officers over the course of the 2008/09 financial year. Financial accountability has been monitored and achievement of various milestones and targets have been investigated. All have been satisfactory so far. It has been agreed with the host that going forward it will be essential to:
 - build an accurate picture of the health and social care needs of York.
 - ensure the LINK is representative of the population it serves.

Consultation

14. As it begins to develop its own workplan, consultation between the LINK, the Health OSC and other strategic partnerships in the City is key. Following a LINKs workshop held on 17th November 2008, representatives of the Health OSC, CYC, LINK and Healthy City Board met in January 2009 to discuss these matters further.
15. Overarching issues of co-ordination between all key partners were addressed at the meeting, including the role and remit of:
 - PCT Clinical Board
 - Hospital Foundation Trust
 - LINKs
 - Chapter 10
 - Healthy City Board

- Health OSC

16. It was agreed that a co-ordinating function was required across the City in order to determine which agency addresses a particular health issue or matter as it arises.
17. It was agreed that the guidelines for each constituent player were not completely clear at present, and that further joint work planning needs to occur.
18. It may yet be too premature to determine the exact roles of each body. However, in terms of emerging work plans there is certainly a need to be alert to new intelligence, share information and agree lead responsibilities.
19. Feasibility studies are presently conducted to gather information on newly registered scrutiny topics. This study is then presented to the Health Scrutiny Committee to enable them to make an informed decision on whether a scrutiny review should go ahead or not. In the immediate future it was suggested that LINK could act as a consultee, and feed information into those feasibility studies via the Scrutiny Officer. Negotiations regarding the possibility of implementing this are still ongoing.

Options / Analysis

20. This report is for information only.

Corporate Priorities

21. There are no implications in this area

Implications

22. **Financial** – There are no implications in this area.
23. **Equalities** – There are no implications in this area.
24. **Legal** – There are no implications in this area.
25. **Crime and Disorder, Human Resources, Information Technology** – There are no implications in this area.

Risk Management

26. In compliance with the Council's risk management strategy. There are no risks associated with the recommendations of this report.

Recommendations

27. Members are asked to note and comment on the content of this information report.

Reason: To continue to track the development of LINKs in York.

Author:	Chief Officer Responsible for the report:		
Nigel Burchell Head of Strategic Partnerships Ext 2055 Annie Thompson LINK Partnership Co-ordinator Tel 01904 621631	Roger Ranson Assistant Director, Economic Development & Partnerships Ext 1614		
	Report Approved	,	Date 21 January 2009
	Chief Officer's name Title		
	Report Approved	<i>tick</i>	Date <i>Insert Date</i>
Specialist Implications Officer(s) <i>List information for all - None</i>			
Wards Affected: <i>List wards or tick box to indicate all</i>			All ,
For further information please contact the author of the report			

Background Papers:

None



Health Scrutiny Committee2nd February 2009**Feasibility Report – Alcohol Harm Reduction Strategy****Summary**

1. This report asks Members to consider a scrutiny topic registered by Councillor Sue Galloway to scrutinise the performance and value for money of the North Yorkshire & York NHS's alcohol treatment services, particularly in relation to hospital admissions and the impact on NI (National Indicator) 39 of the Local Area Agreement (LAA). A copy of the topic registration form is attached at Annex A to this report.

Criteria

2. Councillor Sue Galloway believes that this topic fits with the following eligibility criteria as set out in the topic registration form:
 - Public interest (i.e. in terms of both proposals being in the public interest and resident perceptions)
 - Under performance/service dissatisfaction
 - National/local/regional significance e.g. a central government priority area, concerns joint working arrangements at a local 'York' or wider regional context.
3. Councillor Reid, Executive Member for Neighbourhood Services, believes that the information contained within the topic registration form fits the eligibility criteria as set out above.

Background information

4. At a meeting of the Gambling & Licensing Acts Committee on 05.12.2008 Members expressed concerns that York had not been collecting data for NI 39 (alcohol harm related hospital admission rates) of the Local Area Agreement (LAA). A copy of the report for this meeting and the minutes from this meeting are attached at Annexes B & C respectively.
5. At the above meeting a copy of the North Yorkshire Local Area Agreement 2008/11 – Relevant Alcohol Indicators was circulated to Members. The document showed that a number of local authorities were collating information, but York was not listed as being one of these. This is shown at Annexes D & E to this report.

Consultation

6. Councillor Reid, Executive Member for Neighbourhood Services made the following comment:

'This is a scrutiny of the Primary Care Trust (PCT) rather than City of York Council (CYC). Members of the Gambling & Licensing Acts Committee expressed concerns that the PCT did not appear to be playing their part in tackling alcohol problems making it difficult for CYC and other partners to be as effective as possible.'

7. The Assistant Director (Neighbourhoods & Community Safety) made the following comment:

'The only comment I might have is from my position as Chair of the Crime & Disorder Reduction Partnership (CDRP). If this information were collected it would help services (police/drug & alcohol action team (DAAT)) to better target offenders and rehabilitation strategies.'

8. The Head of Licensing and Safety stated that this topic was about the work of the PCT rather than that of CYC. Safer York Partnership (SYP) maybe involved as having accountability within the strategic partnership and its DAAT linkages.

9. The Licensing Manager for City of York Council provided the following response:

'I am the licensing manager for the City of York Council responsible for the licensing of over 800 premises selling alcohol. In addition I chair the Safe York Partnership Nightsafe Task Group which was set up a number of years ago to reduce alcohol related violent crime in the city centre and to support the night time economy.'

Since the introduction of the new Licensing Act 2003 which saw a relaxation in the licensing laws and brought about 24 hour drinking we have seen drink related violent crime drop significantly our PSA1 Target for 2005 –2008 was to reduce violent crime by 25% we achieved 35%. This was achieved in partnership – initiatives included introducing a cumulative impact zone, 19 alcohol exclusion zones, taxi marshals, door staff, late night transport – taxis /buses, resiting of taxi ranks, high profile police operation Alten8, multi-agency inspections amongst others – I could go on.

The new objective for Nightsafe is to continue work with licensees, police and City of York Council to reduce alcohol related night-time economy.

National indicators are

N15 Serious violent crime rate

N20 Assault with serious injury

N39 Alcohol harm related hospital admission rates.

It is clear to impact further we need hospital data. All the indicators point to a changing drink culture of pre-loading with alcohol before going out or more relevant the drinking of alcohol at home.'

10. The following comments were received from the Director of Safer York Partnership (SYP):

- DAAT have currently got consultants in looking at the level of alcohol treatment services in York & North Yorkshire. Their report is awaited.
- NI 39 data is already available and has been supplied to the Corporate Performance Manager in the Resources Team. The trajectory for the City of York is baseline 1,294 per 100,000 hospital admissions for 06/07; 1544 08/09; 1620 09/10; 1675 10/11
- We are currently awaiting the monitoring data from the Department of Health as this is monitored annually.
- Alcohol related admissions include all and not just those as result of binge drinking aligned to the nighttime economy.

'This looks to be a scrutiny of how the PCT collects and reports on its data. I did refer (at the Gambling & Licensing Acts Committee) to the fact that the PCT do not engage well within the partnership which means that there is little presentation and/or explanation of data.'

11. The following comments were received from the Assistant Director of Vulnerable People and Third Sector Commissioning at North Yorkshire & York Primary Care Trust (NYYPCT):

'The Primary Care Trust (PCT) Public Health Department provide annual data to City of York Council in York regarding this target. This target will reflect, in time, the prevention work undertaken by all partners to prevent alcohol related admissions which is described within the North Yorkshire & York Alcohol Harm Reduction Strategy.'

'There is a Joint Alcohol Working Group across North Yorkshire and York which City of York Council are invited to attend. This group also reviews this particular target.'

12. NYYPCT have also provided further background information and this is attached at Annex F to this report.

Analysis

13. It should be noted from the comments above that data is collected annually and provided to City of York Council, however, NYYPCT have not demonstrated how they propose to collect or present the specific data requested by Cllr Sue Galloway and Members of the Gambling & Licensing Acts Committee.

Conduct of Review

14. Should the review go ahead, the aim would be to ensure that our partners, North Yorkshire & York Primary Care Trust (NYYPCT) have in place systems, which will monitor and give detailed information on NI 39 of the LAA. This target is a key one for CYC in meeting the LAA objectives. The review should achieve a process for collecting the information as detailed below:
- In York, how many hospital admissions are specifically related to alcohol as their primary cause?
 - From where are these people taken? I.e. from city centre locations/premises or private/domestic settings.
15. If the review were to go ahead it is suggested that it should take no more than 3 months and comprise a scoping report, up to a full day of evidence collection and a final report with recommendations. As part of any review the following questions should be explored and answered:
- Why isn't any data being collected?
 - What data should be being collected and how should it be presented?
 - What is needed to encourage NYYPCT to collect this data? and; given all the above
 - How would NYYPCT propose to collect this data?
16. Any review should aim to change the way evidence regarding the above is collected, as ultimately this information will allow Members to investigate the effect that alcohol is having on the health of the population of York.
17. Councillor Sue Galloway has suggested that the following persons could be consulted should the review go ahead:
- NYYPCT
 - Safer York Partnership (SYP)
 - Crime & Disorder Reduction Partnerships (CDRP)
 - Relevant Officers from CYC
 - Nottingham PCT (possibly to discuss how they collect their data)
18. Members may also like to consider involving the York Hospitals Trust if the review were to proceed.

Corporate Priorities

19. This relates to the following Corporate Priority:
- 'Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.'

Implications

20. **Financial** - There is a small amount of funding available within the scrutiny budget to carry out reviews. There are no other known financial implications associated with this report however; implications may arise should the review be progressed.
21. **Human Resources (HR)** - There are no known HR implications associated with this report.
22. **Legal** – There are no direct legal implications associated with this particular report however; legal implications associated with this topic may emerge if a review were to progress.
23. There are no known equalities, property, crime and disorder or other implications associated with the recommendations in this report.

Risk Management

17. In compliance with the Council's risk management strategy, there are no known risks associated with the recommendations in this report.

Recommendations

18. Based on the evidence presented within this report Members are advised to proceed with this scrutiny review in order to clarify how NYYPCT will collect and present the requested data to Members in the future. It is suggested that this review begin as soon as possible.
19. In making the above recommendation, the overall aim for this review was recognised together with a number of key objectives. A suggested remit is therefore attached at Annex G to this report and Members are asked to consider this and make any necessary changes, prior to approving a remit for this review.

Contact Details

Author:

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Scrutiny Services
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Chief Officer Responsible for the report:

Quentin Baker
Head of Civic, Legal & Democratic Services
Tel: 01904 551004

Feasibility Study
Approved

Date 23.01.2009

Specialist Implications Officer(s)

None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

North Yorkshire & York Alcohol Harm Reduction Strategy 2008-2011

Annexes

- Annex A** Topic registration form
- Annex B** Alcohol Harm Reduction Strategy Report (05.12.2008)
- Annex C** Minutes of the meeting of the Gambling & Licensing Acts Committee held on 05.12.2008
- Annex D** North Yorkshire Local Area Agreement 2008/11 – relevant alcohol indicators
- Annex E** North Yorkshire LAA – Designated Indicators – Quarterly Monitoring Report.
- Annex F** Further information provided by NYYPCT
- Annex G** Draft remit



Scrutiny topic registration form

Fields marked with an asterisk * are required.

*** Proposed topic:** The performance and value for money of the North Yorkshire & York NHS's alcohol treatment services in particular, in relation to hospital admissions and the impact on NI 39 of the LAA

Cllr registering the topic Councillor Susan Galloway

Submitted due to an unresolved 'Cllr Call for Action' enquiry

Please complete this section as thoroughly as you can. The information provided will help Scrutiny Officers and Scrutiny Members to assess the following key elements to the success of any scrutiny review:

How a review should best be undertaken given the subject

Who needs to be involved

What should be looked at

By when it should be achieved; and

Why we are doing it?

Please describe how the proposed topic fits with 3 of the eligibility criteria attached.

	Yes?	Policy Development & Review	Service Improvement & Delivery	Accountability of Executive Decisions
Public Interest (i.e. in terms of both proposals being in the public interest and resident perceptions)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Under Performance / Service Dissatisfaction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
In keeping with corporate priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National/local/regional significance e.g. A central government priority area, concerns joint working arrangements at a local 'York' or wider regional context	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

*** Set out briefly the purpose of any scrutiny review of your proposed topic. What do**

you think it should achieve?

This should be a quick scrutiny to ensure that our partners, the North Yorkshire & York NHS have in place systems, which will monitor and give detailed information on NI39 of the LAA. This target is a key one for City of York Council in meeting the LAA objectives.

This review should achieve a process for collecting the information as detailed in the paragraphs below. Once this information is available it will allow Members to investigate the effect that alcohol is having on the health of the population of York.

*** Please explain briefly what you think any scrutiny review of your proposed topic should cover.**

Please refer to the minutes of the Gambling & Licensing Acts Committee of 05.12.08 - Members of the Gambling & Licensing Acts Committee have expressed concerns that York has not been collecting data for NI 39 (Alcohol - harm related hospital admission rates) of the Local Area Agreement (LAA).

It would be useful to know the answers to the following as part of this review:

1. In York, how many hospital admissions are specifically related to alcohol as their primary cause?
2. From where are these people taken? i.e. from city centre locations/premises or private/domestic settings.

The review should aim to change the way evidence regarding the above is collected, as ultimately these statistics would allow elected Members to investigate the effect that alcohol is having on York's citizens.

*** Please indicate which other Councils, partners or external services could, in your opinion, participate in the review, saying why.**

North Yorkshire & York Primary Care Trust, Safer York Partnership, Crime & Disorder Reduction Partnerships, CYC Officers, Nottingham PCT (possibly to inform the PCT of how they collect their data).

*** Explain briefly how, in your opinion, such a review might be most efficiently undertaken?**

The review should be short and comprise a scoping report, a half/full day of evidence collection and a final report with recommendations. The following questions should be explored and answered:

Why isn't any data being collected?
What data should be being collected
What is needed to make the PCT collect this data?
and; given all the above:
How would they propose to collect this data?

Estimate the timescale for completion.

- 1-3 months
- 3-6 months
- 6-9 months

Support documents or other useful information:

Agenda & Reports of the Gambling & Licensing Acts Committee meeting on 05.12.2008
Minutes of the above meeting
North Yorkshire Local Area Agreement 2008/11 – relevant alcohol indicators

Date submitted: Monday, 8th December, 2008, 11.36 am

Submitted by: Councillor Susan Galloway

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Gambling and Licensing Acts Committee

5th December 2008

Report of the Director of Neighbourhood Services

Alcohol Harm Reduction Strategy

Summary

1. This report introduces the North Yorkshire and York Alcohol Harm Reduction Strategy 2008-2011 for discussion. Members are requested to consider whether they wish to progress further consideration of the topic as a scrutiny item.

Background

2. In approving the minutes of the June Gambling and Licensing Acts Committee meeting on 3rd October 08 members asked for copies of the North Yorkshire and York Primary Care Trusts (PCT) Alcohol Harm Reduction Strategy to be circulated to them. Members also sought additional information regarding the performance of the PCTs alcohol treatment services. A request was made that an agenda item be included for this December meeting with a view to progressing a Scrutiny topic if necessary.
3. An electronic copy of the North Yorkshire and York Alcohol Harm Reduction Strategy 2008-2011 was circulated to all committee members straight after the meeting. A copy is also attached to this report for easy reference. Annex 1.
4. Officers have written to The Chief Executive of the North Yorkshire and York Primary Care Trust seeking a response to the issues raised by members. A copy of her previous letter is attached at Annex 2. Further performance data has also been sought from The North Yorkshire Strategic Partnership (NYSP).
5. At the time of writing this report an acknowledgement has been received from the PCT interim Chief Executive but no response from the NYSP. Officers will update the meeting verbally on any further developments.

Consultation

6. No consultation has been carried out in relation to this report other than seeking the responses referred to in the text.

Options

7. Members may wish to pursue this matter as a Scrutiny topic or not.

Analysis

8. There is no officer analysis in relation to the options available to members. However it maybe pertinent to note that the strategy was only launched this year and it maybe too early for it to have had an impact and for any significant performance data to be produced.

Corporate Priorities

9. Alcohol misuse and abuse can lead to detrimental health effects, increased levels of crime and antisocial behaviour thus impacting on the councils priorities to reduce violent, aggressive and nuisance behaviour and to improve health and lifestyles of residents.

Implications

10.
 - Financial – None
 - Human Resources (HR) –Non
 - Equalities – None
 - Legal - None
 - Crime and Disorder.- None
 - Information Technology (IT) - None
 - Property -None
 - Other- None

Risk Management

11. There are no known risks associated with this report.

Recommendations

12. Members are asked to consider whether they wish to pursue this matter as a scrutiny topic at this time.

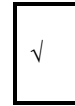
Reason: Members have previously indicated their desire to consider this option.

Contact Details

Author:
Richard Haswell
Head of Licensing and Safety
Neighbourhood Services
Ext 1515

Chief Officer Responsible for the report:
Andy Hudson
Assistant Director

Report Approved



Date 21 November 08

Specialist Implications Officers None

All

Wards Affected:

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex 1 North Yorkshire and York Alcohol Harm Reduction Strategy

Annex 2 Letter from Chief Executive NY and York PCT - 28th July 2008

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MEETING	GAMBLING & LICENSING ACTS COMMITTEE
DATE	5 DECEMBER 2008
PRESENT	COUNCILLORS ALEXANDER (CHAIR), SUE GALLOWAY, HYMAN, MERRETT, MOORE, ORRELL, REID AND TAYLOR
APOLOGIES	COUNCILLORS AYRE, CREGAN, D'AGORNE, FUNNELL, HORTON, RUNCIMAN AND WISEMAN

8. DECLARATIONS OF INTEREST

At this point in the meeting Members are asked to declare any personal or prejudicial interests they may have in the business on the agenda. None were declared.

9. MINUTES

That the minutes of the last meeting of the Committee held on Friday 3 October 2008 be approved and signed by the Chair as a correct record.

10. ALCOHOL HARM REDUCTION STRATEGY

Members considered a report which introduces the North Yorkshire and York Alcohol Harm Reduction Strategy 2008-2011 for discussion. In approving the minutes from the June Gambling and Licensing Act Committee Members asked for the strategy document to be circulated and requested further information regarding the performance of the PCTs alcohol treatment services.

Jane Mowatt from the Safer York Partnership attended the meeting to provide Members with information on alcohol issues specific to York. She advised Members that the national indicator related to hospital admissions for alcohol harm, not just Accident and Emergency admissions for alcohol related injuries on a Friday and Saturday night. She advised that currently there is no system in place at York Hospital to monitor and collate alcohol related admissions. The following difficulties were highlighted:

- Accident and Emergency records do not record if an injury was sustained whilst the individual was under the influence of alcohol. They record details of the injury only.
- In some cases it is dependant on the individual informing staff they were under the influence when an injury was sustained.
- York Hospitals Accident and Emergency department is extremely busy and if it began to collate figures on alcohol related admissions

it would need to be taken into account that many individuals admitted would not be York people. Visitors to the city and referrals from Leeds and other towns and cities would account for a significant number of alcohol related admissions to York Hospital.

A document titled North Yorkshire Local Area Agreement 2008/11 Relevant Alcohol Indicators was circulated to Members. The document showed that a number of authorities were collating information, but York was not listed. Members queried why York was not providing such figures. Officers advised that it depends on data collection methods and the various emergency services passing on their data. John Lacy, in attendance as a representative from Night Safe York advised that the Ambulance Service currently does not pass on any details to interested parties about where they are picking up people who are injured due to being under the influence of alcohol or suffering from the effects of too much alcohol. He advised that Night Safe are interested in obtaining data for domestic incidents as the trend for drinking at home rises.

Members queried why Cities such as Nottingham are able to produce accurate figures. Officers advised that as Nottingham has issues with gun crime there is more pressure and funding from Government for Nottingham to produce statistics.

Members expressed concern that there is a National Indicator that York is not collecting data for and suggested that Scrutiny look into the matter. Members agreed they would like to see a Scrutiny report into why no figures are available for York and would like to see progress towards some baseline figures being produced. Members noted that on page 17 of the Alcohol Harm Reduction Strategy, Crime and Disorder Reduction Partnerships (CDRPs) are required to produce a partnership plan for the area which sets out a strategy for the reduction of crime and disorder and combating substance misuse. The first annual review for this strategy is due in April 2009. Accordingly Members requested an update to this committee after April 2009 on any progress made in relation to the Alcohol Harm Reduction Strategy.

RESOLVED: (i) That the document be referred to the Health Scrutiny Committee with the Gambling and Licensing Acts Committees concerns.¹

(ii) That Members be provided with an update on any progress made in relation to the Alcohol Harm Reduction Strategy after April 2009.²

REASON: (i) Members have previously indicated their desire to consider this option.

(ii) To keep Members informed on any progress.

Action Required

- | | |
|--|----|
| 1. That the matter be referred to the Health Scrutiny Committee. | GR |
| 2. That a report be added to the work plan. | KS |

Councillor Alexander, Chair

[The meeting started at 2.00 pm and finished at 2.40 pm].

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1) NORTH YORKSHIRE LOCAL AREA AGREEMENT 2008/11 – relevant alcohol indicators

Note: The Indicators support the priorities of the North Yorkshire Sustainable Community Strategy (2008 -18), which are:

- 1) Access to Services; 2) Affordable Housing; 3) Alcohol; 4) Children and Young People; 5) Community Cohesion; 6) Community Safety; 7) Economy and Enterprise; 8) Older People; 9) Health and Wellbeing; 10) Environment.

SCS priority	NIS or Local Indicator *= Designated.	Designated, Local or Statutory	Brief Description	Baseline	Improvement Targets			Partners Lead = * (Thematic Partnership allocation)
					* = Designated <i>(Where disaggregated targets are included they are local targets to support the overall County target)</i>			
3, 6, 9	L 60	L	Reduce the incidence of violent crime	2005/06	2008/09	2009/10	2010/11	Police* (Safer)
			a)The number of violent crimes recorded annually	8,212	6,993	6870	6630	
			b) The proportion of violent offences which result in Sanction Detections	51.4%		58.0%	60.0%	
3, 6, 9	L 67	L	Perceptions of anti-social behaviour.	2006/07 BVUSS	2008/09	2009/10	2010/11	CDRPs* (Safer)
				16%	15%	14%	13%	
			Craven	14%	13%	12%	11%	
			Hambleton	9%	8%	7%	6%	
			Harrogate	12%	11%	10%	9%	
			Richmondshire	13%	12%	11%	10%	
			Ryedale	11%	10%	9%	8%	
Scarborough	29%	28%	27%	26%				

SCS priority	NIS or Local Indicator * = Designated.	Designated, Local or Statutory	Brief Description		Baseline	Improvement Targets			Partners Lead = * (Thematic Partnership allocation)	
						* = Designated <i>(Where disaggregated targets are included they are local targets to support the overall County target)</i>				
				Selby	21%	20%	19%	18%		
3, 6, 9	NI 20*	D	Assault with injury crime rate.		2007/08	2008/09	2009/10	2010/11	Police* CDRPs (Safer)	
					5.03	4.86*	4.69*	4.52*		
			Rates per 1000 population		Craven	4.56	4.42	4.29		4.15 (-9%)
					Hambleton	3.71	3.59	3.49		3.37 (-9%)
					Harrogate	4.12	4.00	3.87		3.75 (-9%)
					Richmondshire	4.30	4.12	3.93		3.75 (-13%)
					Ryedale	3.74	3.57	3.42		3.25 (-13%)
					Scarborough	8.21	7.97	7.73		7.48 (-9%)
Selby	5.60	5.36	5.11	4.87 (-13%)						
3, 6, 9	NI 30*	D	Re-offending rate of prolific and priority offenders.		15% reduction in re-offending in the PPO cohort The number of convictions from 01 January 07 to 31 December 07 of the PPOs who are on the scheme at 1 April 08	23%*	To be negotiated annually in light of previous year data – by Home Office/GOY H/NYSP negotiator.	To be negotiated annually in light of previous year data – by Home Office/GOY H/NYSP negotiator.	CDRPs* Police Probation Drug Intervention Teams LCJB (Safer)	

SCS priority	NIS or Local Indicator * = Designated.	Designated, Local or Statutory	Brief Description	Baseline	Improvement Targets			Partners Lead = * (Thematic Partnership allocation)	
					* = Designated <i>(Where disaggregated targets are included they are local targets to support the overall County target)</i>				
3, 6, 9	NI 32*	D	Repeat incidents of domestic violence.	2007/08 PLACE HOLDER Deferred until 2009	2008/09 Tbc	2009/10 Tbc	2010/11 Tbc	CDRPs* (Safer)	
3, 6, 9	NI 39*	D	Alcohol-harm related hospital admission rates. (per 100,000)	2006/07 1092	2008/09 1194*	2009/10 1217*	2010/11 1227*	PCT* (Healthier)	
3, 6, 9	NI 41*	D	Perceptions of drunk or rowdy behaviour as a problem.	2006/07 BVUSS 27%	2008/09 25%*	2009/10 24%*	2010/11 22%*	CDRPs* (Safer)	
				Craven	24%	22%	20%		18%
				Hambleton	16%	15%	14%		13%
				Harrogate	29%	27%	25%		23%
				Richmondshire	27%	25%	23%		21%
				Ryedale	17%	16%	15%		14%
				Scarborough	36%	34%	32%		30%
				Selby	32%	30%	28%		26%
3, 6, 9	NI 47*	D	People killed or seriously injured in road traffic accidents. (based on 3yr rolling	2007/08 Three year rolling average 710	2008 692*	2009 662*	2010 631*	NYCC* Police Fire & Rescue PCT (Safer)	

SCS priority	NIS or Local Indicator * = Designated.	Designated, Local or Statutory	Brief Description	Baseline	Improvement Targets			Partners Lead = * (Thematic Partnership allocation)
					* = Designated <i>(Where disaggregated targets are included they are local targets to support the overall County target)</i>			
			averages)					
3, 6, 9	NI 115	D	The percentage of young people reporting either frequent misuse of drugs/volatile substances or alcohol or both. (Disaggregated Data – Targets to follow when agreed by NYSP.	2007/08 PLACE HOLDER Deferred until 2009	2008/09 Tbc	2009/10 Tbc	2010/11 Tbc	CDRPs* , NYCC, Police, NYYPCT (Safer)

A&E project

Although the project is now up and running in Harrogate, the progress in getting the project initiated in Scarborough and at the Friarage is slow - and it may be some time before it is known whether this will come to fruition - so there will be no indicators to put forward yet.

2) CHILDREN & YOUNG PEOPLE'S PLANS 2006-2009 **– YEAR 2**

Be Healthy Outcome

Extend the work to provide parents, young people with information and advice about healthy choices, including positive choices about food, sexual health, drugs and alcohol.

Milestone: Year 2

Ensure that information, advice and guidance (IAG) on drugs and alcohol is accessible to parents/carers and that it meets the (anticipated) national IAG standards (Drug Action Team).

Objective 1.5 – help children and young people to make healthy lifestyle choices and increase the healthy options available to them.

Key Activities – Provide Children and Young People with knowledge, skills and support to empower them to make responsible, healthier informed choices about the role of drugs (including tobacco and alcohol)

Lead Agency: Assistant Director, Learning Youth & Skills

Milestones: year 2

An overarching substance misuse strategy will be developed building on the Young People's Substance Misuse Plan provided by the Young People's Drug and Alcohol Joint Commissioning Group. (Drug Action Team).

Ensures that the children and young people's workforce have access to tier 1 drugs and alcohol training that complies with the National Occupational Standards for Drugs and Alcohol. (Drug Action Team.)

Enjoy and Achieve Outcome

Objective 3.1 – support the personal, social and emotional development of children and young people.

Year 3 targets = Exclusion through drug and alcohol related incidents reduced to 80 by April 2009.

Make a Positive Contribution Outcome

Objective 4.1 – encourage personal responsibility

Year 3 targets = Reduce the nos. of children and young people indulging in negative risk taking behaviours (e.g. sexual behaviour, drugs, alcohol, self-harming).

Objective 4.4 – reducing anti-social behaviour

Milestone: Year 2

By the end of Year 2, policies, guidance and advice will have been shared with schools around risk-taking behaviour to lead to a greater understanding of exclusion and drug and alcohol use (NYCC Quality & Improvement).

Achieve Economic Wellbeing Outcome

Objective 5.1 – develop independent living skills amongst all children and young people.

Milestones – Year 2

Implementation of Drug and Alcohol Strategy and monitoring arrangements in place. (Drug Action Team).

North Yorkshire

Young people's specialist substance misuse treatment plan 2008/09

Planning grids

Date published: 27 September 2007

Planning grid 1: Commissioning and system management

Identification of key priorities following needs assessment relating to commissioning and system management:

1. Revised service level agreements in place for all commissioned services, including core data set for monitoring performance.
2. Common assessment paper work for all Tier 3 providers
3. 90% of young people seen in young peoples services.
4. NDTMS system operational in all treatment agencies
5. Policy and procedure agreed relating to prescribing services for young people
6. Initial training for Tier 2 operational staff
7. Data collection regarding the need for Tier 4 provision

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

Revised service level agreements in place for all commissioned services, including standard core data sets for monitoring performance

Delivery Plan:

Actions and milestones	By when	By whom
1.1: In collaboration with the NYCC Children's commissioning group, develop service level agreements for each commissioned provider	30 th April 2008	JCM/YPJCG
1.2: Consultation with providers relating to core data collection and target setting to be included in the SLA	30 th April 2008	JCM/YPJCG

Objective 2

Common assessment paper work for all commissioned Tier 3 providers

Delivery Plan:

Actions and milestones	By when	By whom
2.1: Consultation with all providers	30 th September 2008	JCM
2.2: Collections of all current assessment tools	30 th September 2008	JCM
2.3: Pilot of new paperwork	January to March 2009	JCM/Providers

Objective 3

90% of young people seen in Young people's services

Delivery Plan:

Actions and milestones	By when	By whom
3.1: NDTMS checking system in place with all treatment providers	April 2008	Data analyst & JCM
3.2: Cross checking NDTMS reports with service providers	Quarterly	Data analyst & JCM
3.4: All specialist Tier 3 provider staff to become part of the Integrated Youth support teams, remaining with their specialist parent organisation for clinical support and management. Providing support and guidance around YP drugs and alcohol interventions with tier 2 staff at the "Hub" young peoples service bases. Specialist Tier 3 staff whilst being mainly based in adult service bases due to economic viability, have discreet space away from adults to see young people who choose not to be seen at the "Hub" or other young people specific venue	April 2008	Specialist providers & JCM

Objective 4

NDTMS operational in all commissioned treatment services

Delivery Plan:

Actions and milestones	By when	By whom
4.1: All clients seen by Tier 3 specialist staff are recorded on NDTMS	1 st April 2008	Specialist providers

		& data analyst
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Objective 5

Prescribing service available to all young people in North Yorkshire

Delivery Plan:

Actions and milestones	By when	By whom
5.1: County wide treatment group incorporating a young peoples prescribing policy and protocol into their review of the county prescribing policies	1 st August 2008	County prescribing group & adult MOC officer
5.2: Policy and procedure operational in the county All adult prescribing services have the facility to see young people for substitute prescribing, a referral criteria and pathway is circulated to all Tier 3 staff.	1 st October 2008	JCM

Objective 6

Initial training for Tier 2 operational staff

In previous years T3 specialist staff have undertaken T2 work, this is now the responsibility of all professionals working with this client group, a skills deficit has been acknowledged

Delivery Plan:

Actions and milestones	By when	By whom
6.1: None grant money is used to support a year long project to supply Tier 2 staff with drug and alcohol level 2 training	Start April 2008	JCM & contracted provider
6.2: Tender prepared with NYCC	Feb 2008	JCM & NYCC

	awarded March 2008	
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Objective 7

Data collection in regard to the need for Tier 4 provision

Delivery Plan:

Actions and milestones	By when	By whom
7.1: Continued needs analysis specifically related to the provision of Tier 4 for young people	1 st November 2008	JCM
7.2: Collection of primary data from young people in treatment	1 st November 2008	JCM & T3 staff

Planning grid 2: Access to treatment

Identification of key priorities following needs assessment relating to access and engagement with young people's specialist substance misuse treatment services:

- Robust care pathways identified
- Increase availability of treatment places with specialist providers where demand is increased by raising the profile of service

availability

- Liaison and service provision with 90% of schools in the county by T3 staff
- Specific care pathways, referral routes with schools generally and truant and excludee populations
- Specific targeted work with the Integrated Youth Support central Hub bases
- Targets included in commissioned service providers - service level agreements of:

Comprehensive assessment within 5 days of referral
 Comprehensive assessment to first appointment within 5 working days
 10 further working days from assessment to treatment

- Care plans in place for all those entering treatment
- Common assessment tools in place for all commissioned providers
- Specialist Tier 3 workers available to all young people in locality areas

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

Robust care pathways identified

Delivery Plan:

Actions and milestones	By when	By whom
1.1: Young peoples treatment journey mapped across the county	31 st January 2009	JCM
1.2: Treatment and care pathways marketed/published across the county via the Young people Drug and Alcohol reference groups (expert groups)	31 st January 2009	JCM

Objective 2

Increase availability of treatment places with specialist providers where demand is increased by raising the profile of service availability.

Delivery Plan:

Actions and milestones	By when	By whom
2.1: Review service provision cross county, aim to not reduce provision of specialist service	31 st March 2009	JCM
2.2: Budget permitting assess the need to increase the T3 service provision in some geographical areas, to respond to the increased demand on specialist providers	31 st March 2009	JCM

Objective 3

Liaison and service provision with 90% of schools in the county by T3 staff

Delivery Plan:

Actions and milestones	By when	By whom
3.1: Service provision for schools identified/described in SLA's for T3 provision	September 2008	JCM
3.2: Policies in place in all schools relating to dealing with drug and alcohol incidents including a referral pathway to specialist treatment staff	September 2008	JCM, LEA Q&I

3.3: Finances permitting, identified school liaison workers based within “hubs”	September 2008	JCM, IYS manager
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Objective 4

Specific care pathways, referral routes with, schools generally and truant and excludee populations

Delivery Plan:

Actions and milestones	By when	By whom
4.1: Consultation with the schools quality and improvement group at NYCC to formulate specific protocols for Tier 3 providers and schools.	August 2008	JCM NYCC Q & I
4.2: Providers to ensure schools in their geographical area have direct referral access for assessment of identified pupils and robust referral routes if assessed as not T3	August 2008	JCM, providers & NYCC Q & I
4.3: Consultation with NYCC Q & I department regarding identification of through care pathways/referral routes for truant and excluded population	August 2008	JCM NYCC Q & I
4.4: Referral protocols to T3 in place for truant and excluded population	October 2008	JCM, providers & NYCC Q & I

Objective 5

Specific targeted work with the Integrated Youth Support central Hub bases

Delivery Plan:

Actions and milestones	By when	By whom
5.1: Tier 3 specialist treatment staff to form part of the integrated youth support staff at "Hub" bases in their locality	31 st March 2008	JCM
5.2: Referral pathways and criteria for referral to be developed with "Hub" teams	31 st August	JCM & IYS

	2008	manager
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Objective 6

Targets included in commissioned service providers - service level agreements of:

Comprehensive assessment within 5 days of referral

Comprehensive assessment to first appointment within 5 working days

10 further working days from assessment to treatment

Delivery Plan:

Actions and milestones	By when	By whom
6.1: Providers service level agreements to include targets as outlined above	31 st March 2008	JCM

Objective 7

Care plans in place for all those entering treatment

Delivery Plan:

Actions and milestones	By when	By whom
7.1: Providers service level agreements have targets for number of care plans formulated	31 st March 2008	JCM
7.2: Care plan training for all provider staff working at Tier 3	31 st August 2008	JCM

Objective 8

Common assessment tools in place for all commissioned providers

Delivery Plan:

Actions and milestones	By when	By whom
8.1: See Objective 2 planning grid 1		

Objective 9

Specialist Tier 3 workers available to all young people in locality areas

Delivery Plan:

Actions and milestones	By when	By whom
9.1: Tier 3 workers covering designated geographical areas, covering the whole span of the county	31 st May 2008	JCM
9.2: Recognition of the diverse needs in each geographical area in service providers SLA's	31 st May 2008	JCM

Planning grid 3: Treatment System Delivery

Identification of key priorities following needs assessment relating delivery of young people’s specialist substance misuse treatment services:

Common assessment tools in place for all commissioned providers

Tier 3 providers integrated into “Hubs”

Early Identification of increased demand on T3 providers

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

Common assessment tools in place for all commissioned providers

Delivery Plan:

Actions and milestones	By when	By whom
1.1: See objective 2 planning grid 1		

Objective 2

Tier 3 providers integrated into “Hubs”

Delivery Plan:

Actions and milestones	By when	By whom
2.1: Tier 3 specialist treatment staff to form part of the integrated youth support staff at “Hub” bases in their locality	31 st March 2008	JCM
2.2: Referral pathways and criteria for referral to be developed with “Hub” teams	31 st August 2008	JCM & IYS manager

Objective 3

Early Identification of increased demand on T3 providers

Delivery Plan:

Actions and milestones	By when	By whom
3.1: Monitoring meetings with providers to look at the waiting times and waiting lists for T3	Quarterly	JCM
3.2: Evaluation at young peoples joint commissioning group re allocation of funding to meet need	Quarterly	JCM

Planning grid 4: Leaving specialist treatment

Identification of key priorities following needs assessment relating to young people leaving specialist substance misuse treatment services:

80% of service users leave treatment in a planned way

Transitional arrangement policy and procedure in place

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

80% of service users leave treatment in a planned way

Delivery Plan:

Actions and milestones	By when	By whom
1.1: Service level agreements to include targets relating to exits from treatment	31 st March 2008	JCM
1.2: Definition of planned and unplanned exit to disseminated to providers and operational staff briefed	1 st August 2008	JCM

Objective 2

Transitional arrangement policy and procedure in place
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Delivery Plan:

Actions and milestones	By when	By whom
2.1: Consultation with adult commissioning group to formulate a transitional procedure for Young people leaving young people services to adult services	31 st March 2009	JCM, MOC officer
2.2: Protocol and policy in place across the county regarding transitional arrangements	31 st March 2009	JCM, MOC officer




Young people's specialist substance misuse treatment plan 2008/09

Signed: Date:	Chair of the Community Safety Partnership/Drug Action Team
Signed: Date:	Director of Children's Services




North Yorkshire LAA: 1 April 2008 to 31 March 2011

All Indicators (total of 57) Quarterly Monitoring Report - Quarter 1 (1 April 2008 - 30 June 2008)




KEY: Target Achievement









	Target achieved
	Result within 10% of target
	Target not achieved

Action Evaluation

	Completed and Planned Action OK
	Completed and/or planned action might be inadequate
	Completed and/or planned action inadequate

Comparison against previous reporting period

	Improving
	No change
	Getting worse

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
ADULTS THEMATIC PARTNERSHIP									
NI 135	The number of carers whose needs were assessed or reviewed by the Council in a year who received a specific carer's service or advice and information as a % of people receiving a community based service in a year.	2008/09 Q1	12.0%	12.5%		N/A		Mike Faulds NYCC	Target on Track.
		Q2	13.0%						
		Q3	14.0%						
		Q4	14.0%						
		2009/10	18.0%						
		2010/11	23.0%						
NI 136	The number of adults per 100,000 population that are assisted directly through Social Services assessed or acre planned, funded support to live independently plus those supported through organisations that receive Social Services grant funded services.	2008/09 Q1		N/A	N/A	N/A		Mike Faulds NYCC	Estimate for 08/09 is 4500 - Result not available Nov 2008 - Q3 due to Grant Funded Survey.
		Q2							
		Q3							
		Q4	4495						
		2009/10	4643						
		2010/11	4791						
NI 141	The number of service users (i.e. people receiving a Supporting People Service) who have moved on from supported accommodation in a planned way, as a % of total service users who have left the service.	2008/09 Q1	71.00%	78.00%		N/A		Seamus Breen NYCC	Excellent performance Target on Track.
		Q2	71.00%						
		Q3	71.00%						
		Q4	71.00%						
		Craven	82.00%						
		Hambleton	73.00%						
		Harrogate	62.00%						
		Richmondshire	86.50%						
		Ryedale	76.00%						
		Scarborough	86.00%						
		Selby	78.00%						
		2009/10	72.00%						
		2009/10	75.00%						
L 12* (ASP/4/a)	The number of additional extra care units occupied.	2007/08	93	134					Target on Track.

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievem ent	Comparison against previous reporting period	Action evaluatio n	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
		2008/09 Q1	40	63	✓	N/A	✓	Seamus Breen NYCC	
		Q2	80						
		Q3	120						
		Q4	150						
		2009/10	120						
		2010/11	40						
L13* (ASP/4/b)	The number of households receiving intensive home help/care as a percentage of all adults and older people in residential and nursing care and households receiving intensive home help/care.	2007/08	23.00%	30.80%	✓	N/A	✓	Mike Faulds NYCC	Quarterly performance is not available as this indicator is calculated in a sample week in September 2008.
		2008/09	24.00%	See Comment	N/A	N/A	✓		
		2009/10	26.00%						
		2010/11	26.00%						
L 17* (ASP/10/a)	The number of Adult Protection Referrals made to the lead agency (NYCC) under the multi-agency adult protection procedure.	2007/08	224	295	✓	N/A	✓	Mike Faulds NYCC	Target on Track.
		2008/09 Q1	62	90	✓	N/A	✓		
		Q2	124						
		Q3	186						
		Q4	246						
		2009/10	273						
		2010/11	300						
L 18	The number of people benefiting from Telecare.	2007/08	11452	11185	⚠	N/A	⚠	Seamus Breen NYCC	Target on Track.
		2008/09 Q1	11261	11264	✓	N/A	✓		
		Q2	11337						
		Q3	11454						
		Q4	11570						
		2009/10	11690						
		2010/11	11800						
L 19* (ASP/11/c)	The number of people (aged 16 plus) who are helped to live independently at home for a period of at least twelve months and prevented from admissions to residential care through assistive technology	2007/08	119	187	✓	N/A	✓	Seamus Breen NYCC	Excellent performance 2008/09 Target well on Track.
		2008/09 Q1	207	259	✓	N/A	✓		
		Q2	227						
		Q3	247						

		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn					
	equipment, as measured by case file returns for North Yorkshire data.	Q4	272						
		2009/10	357 (cum)						
		2010/11	432 (cum)						
L 69* (ASP/6/a)	Number of people per 100,000 receiving Direct payments and/or an Individual Budget as a proportion of the population aged 18 and over.	2007/08	67	400.0	✓	N/A	✓	Mike Faulds NYCC	Excellent performance LAA Target met.
		2008/09 Q1		358.5	✓	N/A	✓		
		Q2							
		Q3							
		Q4	83						
		2009/10	106						
		2010/11	125						
CHILDREN AND YOUNG PEOPLE THEMATIC PARTNERSHIP									
NI 60	Percentage of core assessments for children's social care that were carried out within 35 working days of their commencement.	2008/09 Q1		See Comment	N/A	N/A	✓	David Molesworth NYCC	Reliable data not available due to technical problem associated with combining the new Integrated Children's System (Protocol) with the existing system (Swift).
		Q2							
		Q3							
		Q4	80.0%						
		2009/10	82.0%						
		2010/11	84.0%						
NI 81	Reduce the inequality gap in the achievement of a Level 3 qualification by the age of 19.	2008/09 Q1	See Comment	See Comment	N/A	N/A	⚠	Bruce Wood NYCC	Annual Figure. Action plan yet to be finalised
		Q2							
		Q3							
		Q4	-2.0%						
		2009/10	-4.0%						
		2010/11	-6.0%						
NI 90	Increase the take-up of 14-19 diplomas.	2008/09 Q1	N/A	1	N/A	N/A	⚠	Bruce Wood NYCC	No action outlined.
		Q2							
		Q3							
		Q4	20						
		2009/10	400						
		2010/11	600						

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
L 70 (NI 110)	Local Interim Measure – Youth Work Activity.	2008/09 Q1	4248 / 51,736	3892 / 47,424	▲	N/A	✓	Chriss McGee NYCC	
		Q2							
		Q3							
		Q4	16,990 / 206,945						
		2009/10	Tbc						
		2010/11	Tbc						
NI 117* (CYP/7/a)	The percentage of 16 to 18 year olds who are not in education, employment or training (NEET).	2007/08	4.4%	3.8%	✓	N/A	✓	Louise Dunn NYCC	Q1 Outcome in line for end of year Target. It is recognised in setting this stretch target that the number of 'not known' will not increase above 3.5%. If the 'not known' exceeds this figure, then 50% of reward grant will be lost. If the not known exceed 5.25% then 100% of the reward grant will be lost 'not known' higher than 3.25% at 4.90%.
		2008/09 Q1		3.8%	✓	N/A	▲		
		Q2							
		Q3							
		Q4	4.1%						
		2009/10	3.6%						
L 58* (CYP/1/a)	% of schools achieving Healthy Schools Status (Calendar Year)	2007/08	60%	64.0%	✓	N/A	✓	Katharine Bruce NYCC	On target for 70% of schools to achieve National Healthy Schools status by December 08.
		2008/09 Q1		67%	✓	N/A	✓		
		Q2							
		Q3							
		Q4	70%						
		2009/10	85%						
L 61	Number of children living in kinship care as an alternative to being looked after.	2007/08	85	82	▲	N/A	✓	David Molesworth NYCC	Reliable data not available due to technical problems associated with combining the new Integrated Children's System (Protocol) with the existing system (Swift).
		2008/09 Q1		See Comment	N/A	N/A	✓		
		Q2							
		Q3							
		Q4	40						
		2009/10	46						
L 62	Number of looked after children placed out of North Yorkshire	2007/08	113	93	✓	N/A	✓		Reliable data not available due to technical problems associated with combining the new Integrated

		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn					
	placed out of North Yorkshire.	2008/09 Q1		See Comment	N/A	N/A	✓	David Molesworth NYCC	associated with combining the new integrated Children's System (Protocol) with the existing system (Swift).
		Q2							
		Q3							
		Q4	85						
		2009/10	80						
		2010/11	75						
L 64* (CYP/2/a)	Children and young people's participation in high quality sport.	2007/08	85%	88%	✓	N/A	✓	Heather Newman NYCC	Progress towards the overall goal (annual target) is assessed through the annual PESSCL survey, published each October.
		2008/09 Q1	85%	88%	✓	N/A	✓		
		Q2	85%						
		Q3	92%						
		Q4	92%						
		2009/10	97%						
		2010/11	99%						
ECONOMY AND ENTERPRISE THEMATIC PARTNERSHIP									
NI 152	Working age people on out of work benefits.	2008/09 Q1		N/A	N/A	N/A	✓	Jim Pearse YNYPU	Quarterly targets are not set. Latest available data (year average to November 07) shows 13.7% of working age people in Scarborough Borough were on work related benefits.
		Q2							
		Q3							
		Q4	13% (-0.8%)						
		2009/10	11.9% (-1.9%)						
		2010/11	10.8% (-3%)						
NI 164	Proportion of population aged 19-64 for males and 19-59 for females qualified to at least Level 3 or higher.	2008/09 Q1		N/A	N/A	N/A	✓	Martin Wynn LSC	Quarterly targets are not set. Data is only available annually with the next data available in Aug 08 which will cover the period Jan 06 to Dec 07.
		Q2							
		Q3							
		Q4	52.9%						
		2009/10	55%						
		2010/11	57.1%						
NI 171	New business registration rate.	2008/09 Q1		N/A	N/A	N/A	✓	Andrew Leeming YNYPU	PLACE HOLDER Baseline Tbc Oct 2008
		Q2							
		Q3							
		Q4	Tbc						

		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments	
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn						
		2009/10	Tbc							
		2010/11	Tbc							
L36	To increase the number and value of the creative industry businesses by 5%.	2007/08		See Comment	N/A	N/A	✓	Gillian Wall NYCC	No newer data is available beyond the baseline of 1,900 businesses (2006) in the Creative Industries Sector. The next annual data will be available from December 2008 (based on 2007 data).	
		2008/09 Q1		See Comment	N/A	N/A	✓			
		Q2								
		Q3								
		Q4								
		2009/10	1999							
		2010/11	2020							
L 37	To increase the value of tourism earnings in North Yorkshire by at least 5% by 2010. (£mn)	2007/08		See Comment	N/A	N/A	✓	Carol Renahan NYCC	Data for this quarter has not yet been finalised (v the final outcomes measured against annual data; likely that the next dataset, for 2007 will be available towards the end of 2008).	
		2008/09 Q1		See Comment	N/A	N/A	✓			
		Q2								
		Q3								
		Q4								
		2009/10								
		2010/11	£1,636							
HEALTHIER COMMUNITIES THEMATIC PARTNERSHIP										
NI 8* (HC/5/a)	Adult participation in sport.	2007/08		See Comment	N/A	N/A	✓	David Watson NYS	Planned annual surveys will provide outturn.	
		2008/09 Q1		N/A	N/A	N/A	✓			
		Q2								
		Q3								
		Q4	25.7%							
		2009/10	26.7%							
		2010/11	26.7%							
NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm.	2008/09 Q1	N/A	See Comment	N/A	N/A	✓	Melanie Bradbury NYPCT	Target is monitored annually.	
		Q2								
		Q3								
		Q4	1194							
		2009/10	1217							
				2010/11	1227					

		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments	
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn						
NI 56	Obesity in primary school age children in Year 6.	2008/09 Q1	N/A	See Comment	N/A	N/A	✓	Katie Needham NYPCT	Data for 2007/08 (annual figure) will be available as locally calculated interim figure in Nov 08, and officially validated figure in Feb 09. Data for 2008/09 (annual figure) will be available as locally calculated interim figure in Nov 2009 and official validated figure in February 2010. Latest available current data are for 2006/07 (15.9%).	
		Q2								
		Q3								
		Q4	16.2%							
		2009/10	16.3%							
		2010/11	16.3%							
NI 112	The change in the rate of under-18 conceptions per 1,000 girls aged 15-17 years resident in the area for the current calendar year.	2008/09 Q1	N/A	See Comment	N/A	N/A	✓	Elaine Schofield NYPCT	Target is monitored annually.	
		Q2								
		Q3								
		Q4								
		Scarborough	37.2%							
		2009/10								
Scarborough	34.4%									
2010/11	18.3%									
Scarborough	30.0%									
L 1* (HC/3/c)	Proportion of mothers throughout North Yorkshire known to smoke during pregnancy (at delivery), as measured by data from NHS Performance Ratings.	2007/08	15.20%	14.20%	See Comment	N/A	✓	Katie Needham NYPCT	Reporting is one quarter behind for this indicator. Historical figures submitted to the LAA included York Acute Trust data - it is now possible to exclude those figures. Historical figures excluding York include: 2007/08 Q1 15.0%, Q2 14.6%, Q3 14.1% and Q4 13.2%. 2007/08 Outturn 14.2%, however, no data (current or backdated) has been received from Scarborough, so is likely to be an underestimate.	
		2008/09 Q1	14.6%	See Comment	N/A	N/A	✓			
		Q2								
		Q3								
		Q4	14.2%							
		2009/10	13.0%							
2010/11	13.0%									
L 68	All age all cause mortality. (To slow down the widening of inequalities between Harrogate and Scarborough with target inequalities gap figures).	2007/08		See Comment	N/A	N/A	✓	Elaine Schofield NYPCT	Target is monitored annually. Latest data available relates to 2004-06, where the gap in all age all cause mortality rates between Scarborough and Harrogate was 17.7%.	
		2008/09 Q1	N/A	See Comment	N/A	N/A	✓			
		Q2								
		Q3								
		Q4	25%							
		2009/10	26%							
2010/11	29%									
SAFER COMMUNITIES THEMATIC PARTNERSHIP										
NI 19	Rate of proven re-offending by young offenders aged 10-17	2008/09 Q1	N/A	N/A	N/A	N/A	⚠		PLACE HOLDER Deferred until 2009. Discussion continue with partners around the	

		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn					
	Offenders aged 16-17.	Q2					Laurence Murray YOT	Discussion continues with partners around the conflicting Police Offences Brought To Justice target which is increasing the number of young people brought through the youth justice system.	
		Q3							
		Q4	Tbc						
		2009/10	Tbc						
		2010/11	Tbc						

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievem ent	Comparison against previous reporting period	Action evaluatio n	Target Lead Officer/Employing Organisation	Comments	
		Period	Target	Outturn						
NI 20	Number of 'Assaults with less serious injury' (including racially and religiously aggravated) offences per 1'000 population as a proxy for alcohol related violent offences.	2008/09 Q1	683	633	✓	N/A	✓	Nick Warnes NY Police	Target on Track.	
		Craven	58	43						
		Hambleton	74	72						
		Harrogate	152	123						
		Richmondshire	49	55						
		Ryedale	46	51						
		Scarborough	202	182						
		Selby	102	107						
		Q2								
		Q3								
		Q4	2876							
		Craven	245							
		Hambleton	310							
		Harrogate	631							
		Richmondshire	210							
		Ryedale	189							
		Scarborough	863							
Selby	428									
2009/10	2775									
2010/11	2675 (-10.2%)									
NI 30	Re-offending rate of prolific and other priority offenders (PPOs).	2008/09 Q1	No Q Target	See Comment	N/A	N/A	✓	Liz Race NY Probation	Q1 data on the measurement of re-offending in t PPO cohort will not be available until end Septem...	
		Q2								
		Q3								
		Q4	23%							
		2009/10	Tbc							
		2010/11	Tbc							
NI 32	Repeat incidents of domestic violence	2008/09 Q1	N/A	N/A	N/A	N/A	✓	Joanne Bielby NY Police	PLACE HOLDER Defered until 2009	
		Q2								
		Q3								
		Q4	Tbc							
		2009/10	Tbc							
		2010/11	Tbc							
NI 41	Perceptions of drunk or rowdy behaviour	2008/09 Q1	N/A	N/A	N/A	N/A	✓	CDRP Managers	PLACE SURVEY Autumn 2008	
		Q2								
		Q3								
		Q4	25%							
		Craven	22%							
		Hambleton	15%							

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
		Harrogate	27%						
		Richmondshire	25%						
		Ryedale	16%						
		Scarborough	34%						
		Selby	30%						
		2009/10	24%						
		2010/11	22%						
NI 45	Young offenders' engagement in suitable education, training and employment.	2008/09 Q1	No Q Target	50.20%	X	N/A	✓	Laurence Murray YOT	The figures relating to this NI are reported quarterly to the Youth Justice Board, with the submission date being the end of the month following the end of the period. As such the data has not yet been finalised and may change as a result of the ongoing verification process prior to submission to the YJB on 31.07. Any change will be reported on in the next return
		Q2							
		Q3							
		Q4	63.0%						
		2009/10	67.0%						
		2010/11	71.0%						
NI 47* (SAF/4/a)	People killed or seriously injured in road traffic accidents. (based on 3yr rolling averages)	2007	660	716	⚠	↑	⚠	Allan McVeigh NYCC	Annual Targets are based on 3 year rolling average but in year Q targets are actuals. *Figures are provisional until year end, but are unlikely to change by much (currently there is approximately 1 seriously injured outstanding accident from North Yorkshire Police to March 2008, and 10 killed and seriously injured to June 2008). Performance in Q1 and Q2 of 2008 (January- June) is encouraging and significantly below the target. If improvement in first half of 2008 is sustained the 2008 rolling average target will be achieved.
		2008 Q1	161	111	✓	↑	✓		
		Craven		10					
		Hambleton		24					
		Harrogate		18					
		Richmondshire		19					
		Ryedale		9					
		Scarborough		16					
		Selby		15					
		Q2	322	238	✓	↓	✓		
		Q3	483						
		Q4	644						
		2008	692						
		2009	662						
		2010	631						
NI 115	The percentage of young people reporting either frequent misuse of drugs/volatile substances or alcohol, or both.	2008/09 Q1	N/A	N/A	N/A	N/A	✓	Leigh Bell NYYPCT	PLACE HOLDER Deferred until 2009
		Q2							
		Q3							
		Q4	Tbc						
		2009/10	Tbc						
		2010/11	Tbc						
L 60* (SAF/8/a) and	Reduce the incidence of violent crime	2007/08	a) 77.56 b) -----	a) 67.64 b) 68%	✓	N/A	✓		a) Target on Track b) Target on Track

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
(SAF/8/b)	(a) The number of violent crimes recorded annually. (b) The proportion of violent offences which result in Sanction Detections.	2008/09 Q1	N/A	a) 1271 b) 55%	N/A	N/A	✓	Nick Warnes NY Police	
		Craven		a) 72 b) -----					
		Hambleton		a) 149 b) -----					
		Harrogate		a) 249 b) -----					
		Richmondshire		a) 96 b) -----					
		Ryedale		a) 92 b) -----					
		Scarborough		a) 387 b) -----					
		Selby		a) 226 b) -----					
		Q2							
		Q3							
		Q4	a) 6993 b) -----						
		2009/10	a) 6870 b) 58.0%						
		2010/11	a) 6630 b) 60.0%						
L 67	Perceptions of anti-social behaviour.	2007/08	N/A	N/A	N/A	N/A	✓ ✓	CDRP Managers	PLACE SURVEY Autumn 2008
		2008/09 Q1	N/A	N/A	N/A	N/A			
		Q2							
		Q3							
		Q4	15%						
		Craven	13%						
		Hambleton	8%						
		Harrogate	11%						
		Richmondshire	12%						
		Ryedale	10%						
		Scarborough	28%						
		Selby	20%						
		2009/10	14%						
2010/11	13%								
STRONGER COMMUNITIES THEMATIC PARTNERSHIP									
NI 1	The percentage of people who believe people from different backgrounds get on well together in their local area.	2008/09 Q1		N/A	N/A	N/A	✓	Lynda Powell	Baseline to be set by Place Survey. Targets to be confirmed once Place Survey results known.
		Q2							
		Q3							

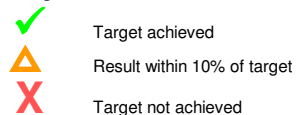
		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn					
		Q4	Tbc					RDC	
		2009/10	Tbc						
		2010/11	Tbc						
NI 3	Civic Participation in the local area.	2008/09 Q1		N/A	N/A	N/A	✓	Lynda Powell RDC	PLACE HOLDER Baseline to be set by Place Survey. Targets to be confirmed once Place Survey results known.
		Q2							
		Q3							
		Q4	Tbc						
		2009/10	Tbc						
		2010/11	Tbc						
NI 155* (STR/2/a)	Number of Affordable Homes Delivered (gross)	2007/08	555	429 incl 117 ST	X	N/A	✓	Colin Dales Richmondshire DC	The target is in two parts, total units available an enhancement (the ST {stretch} number of units included in the total). The enhancement units m delivered without use of specified funding. Both t total and the enhancement targets must be achie for full reward.
		2008/09 Q1	150	39 incl 32 ST	X	N/A	⚠		
		Q2							
		Q3							
		Q4	1016 (cum)						
		2009/10	1618 (cum)						
		2010/11	2221 (cum) incl 103 ST						

		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments	
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn						
NI 159	The total number of net additional dwellings that are delivered as a percentage of the planned housing provision (in net additional dwellings) for the 5 year period.	2008/09 Q1						Mick Jewitt HDC		
		Q2								
		Q3								
		Q4	70%							
		2009/10	100%							
		2010/11	120%							
NI 175* (STR/3/c)	To increase the number of inaccessible parishes which have access to community transport journey opportunities, and to achieve patronage overall of 171,000 in 2007/8; 189,000 in 2008/9; 199,530 in 2009/10 (An inaccessible parish is defined as one with a bus service less than 5 days per week or with a frequency less than every 2 hours).	2007/08	171,000	169,877	△	N/A	✓	John Laking NYCC	Excellent performance Target on Track - Actual figure represents a 19% increase on target.	
		2008/09 Q1	47,944	57,282	✓	N/A	✓			
		Craven		9,987						
		Hambleton								
		Harrogate		42,985						
		Richmondshire								
		Ryedale		4,310						
		Scarborough								
		Selby								
		Q2								
		Q3								
		Q4	189000							
		2009/10	199530							
2010/11	205000									
NI 185	CO2 reduction from local authority operations (incl schools).	2008/09 Q1		N/A	N/A	N/A	✓	Lance Saxby Sustainable Energy	PLACE HOLDER Defered until 2009	
		Q2								
		Q3								
		Q4	Tbc							
		2009/10	Tbc							
		2010/11	Tbc							

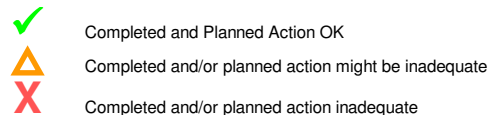
North Yorkshire LAA: 1 April 2008 to 31 March 2011

STRETCH Indicators (total of 19) Quarterly Monitoring Report - Quarter 1 (1 April 2008 - 30 June 2008)

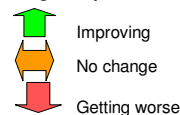
KEY: Target Achievement















Action Evaluation



Comparison against previous reporting period



Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
ADULTS THEMATIC PARTNERSHIP									
L 12* (ASP/4/a)	The number of additional extra care units occupied.	2007/08	93	134				Seamus Breen NYCC	Target on Track.
		2008/09 Q1	40	63		N/A			
		Q2	80						
		Q3	120						
		Q4	150						
		2009/10	120						
		2010/11	40						
L13* (ASP/4/b)	The number of households receiving intensive home help/care as a percentage of all adults and older people in residential and nursing care and households receiving intensive home help/care.	2007/08	23.00%	30.80%		N/A		Mike Faulds NYCC	Quarterly performance is not available as this indicator is calculated in a sample week in September 2008.
		2008/09	24.00%	See Comment	N/A	N/A			
		2009/10	26.00%						
		2010/11	26.00%						
L 17* (ASP/10/a)	The number of Adult Protection Referrals made to the lead agency (NYCC) under the multi-agency adult protection procedure.	2007/08	224	295		N/A		Mike Faulds NYCC	Target on Track.
		2008/09 Q1	62	90		N/A			
		Q2	124						
		Q3	186						
		Q4	246						
		2009/10	273						
		2010/11	300						

		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn					
L 19* (ASP/11/c)	The number of people (aged 16 plus) who are helped to live independently at home for a period of at least twelve months and prevented from admissions to residential care through assistive technology equipment, as measured by case file returns for North Yorkshire data.	2007/08	119	187	✓	N/A	✓	Seamus Breen NYCC	Excellent performance 2008/09 Target well on Track.
		2008/09 Q1	207	259	✓	N/A	✓		
			Q2	227					
			Q3	247					
			Q4	272					
		2009/10	357 (cum)						
2010/11	432 (cum)								
L 69* (ASP/6/a)	Number of people per 100,000 receiving Direct payments and/or an Individual Budget as a proportion of the population aged 18 and over.	2007/08	67	400.0	✓	N/A	✓	Mike Faulds NYCC	Excellent performance LAA Target met.
		2008/09 Q1		358.5	✓	N/A	✓		
			Q2						
			Q3						
			Q4	83					
		2009/10	106						
2010/11	125								
CHILDREN AND YOUNG PEOPLE THEMATIC PARTNERSHIP									
NI 117* (CYP/7/a)	The percentage of 16 to 18 year olds who are not in education, employment or training (NEET).	2007/08	4.4%	3.8%	✓	N/A	✓	Louise Dunn NYCC	Q1 Outcome in line for end of year Target. It is recognised in setting this stretch target that the number of 'not known' will not increase above 3.5%. If the 'not known' exceeds this figure, then 50% of the reward grant will be lost. If the not known exceeds 5.25% then 100% of the reward grant will be lost. Q1 'not known' higher than 3.25% at 4.90%.
		2008/09 Q1		3.8%	✓	N/A	⚠		
			Q2						
			Q3						
			Q4	4.1%					
		2009/10	3.6%						
2010/11	3.3%								
L 58* (CYP/1/a)	% of schools achieving Healthy Schools Status (Calendar Year)	2007/08	60%	64.0%	✓	N/A	✓	Katharine Bruce NYCC	On target for 70% of schools to achieve National Healthy Schools status by December 08.
		2008/09 Q1		67%	✓	N/A	✓		
			Q2						
			Q3						
			Q4	70%					
		2009/10	85%						
2010/11	90%								

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievem ent	Comparison against previous reporting period	Action evaluati on	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
L 64* (CYP/2/a)	Children and young people's participation in high quality sport.	2007/08	85%	88%	✓	N/A	✓	Heather Newman NYCC	Progress towards the overall goal (annual target) is assessed through the annual PESSCL survey, published each October.
		2008/09 Q1	85%	88%	✓	N/A	✓		
		Q2	85%						
		Q3	92%						
		Q4	92%						
		2009/10	97%						
		2010/11	99%						
ECONOMY AND ENTERPRISE THEMATIC PARTNERSHIP									
None									
HEALTHIER COMMUNITIES THEMATIC PARTNERSHIP									
NI 8* (HC/5/a)	Adult participation in sport.	2007/08		See Comment	N/A	N/A	✓	David Watson NYS	Planned annual surveys will provide outturn.
		2008/09 Q1		N/A	N/A	N/A	✓		
		Q2							
		Q3							
		Q4	25.7%						
		2009/10	26.7%						
		2010/11	26.7%						
L 1* (HC/3/c)	Proportion of mothers throughout North Yorkshire known to smoke during pregnancy (at delivery), as measured by data from NHS Performance Ratings.	2007/08	15.20%	14.20%	See Comment	N/A	✓	Katie Needham NYYPCT	Reporting is one quarter behind for this indicator. Historical figures submitted to the LAA included York Acute Trust data - it is now possible to exclude those figures. Historical figures excluding York include: 2007/08 Q1 15.0%, Q2 14.6%, Q3 14.1% and Q4 13.2%. 2007/08 Outturn 14.2%, however, no data (current or backdated) has been received from Scarborough, so is likely to be an underestimate.
		2008/09 Q1	14.6%	See Comment	N/A	N/A	✓		
		Q2							
		Q3							
		Q4	14.2%						
		2009/10	13.0%						
		2010/11	13.0%						

		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn					
SAFER COMMUNITIES THEMATIC PARTNERSHIP									
NI 47* (SAF/4/a)	People killed or seriously injured in road traffic accidents. (based on 3yr rolling averages)	2007	660	716				Allan McVeigh NYCC	Annual Targets are based on 3 year rolling average but in year Q targets are actuals. *Figures are provisional until year end, but are unlikely to change by much (currently there is approximately 1 serious injured outstanding accident from North Yorkshire Police to March 2008, and 10 killed and seriously injured to June 2008). Performance in Q1 and Q2 of 2008 (January- June) is encouraging and significantly below the target. If improvement in first half of 2008 is sustained the 2008 rolling average target will be achieved.
		2008 Q1	161	111					
		Craven		10					
		Hambleton		24					
		Harrogate		18					
		Richmondshire		19					
		Ryedale		9					
		Scarborough		16					
Selby		15							
Q2	322	238							
Q3	483								
Q4	644								
2008	692								
2009	662								
2010	631								
L 60* (SAF/8/a) and (SAF/8/b)	Reduce the incidence of violent crime (a) The number of violent crimes recorded annually. (b) The proportion of violent offences which result in Sanction Detections.	2007/08	a) 7136 b) -----	a) 6764 b) 68%		N/A		Nick Warnes NY Police	a) Target on Track b) Target on Track
		2008/09 Q1	N/A	a) 1271 b) 55%	N/A	N/A			
		Craven		a) 72 b) -----					
		Hambleton		a) 149 b) -----					
		Harrogate		a) 249 b) -----					
		Richmondshire		a) 96 b) -----					
		Ryedale		a) 92 b) -----					
		Scarborough		a) 387 b) -----					
		Selby		a) 226 b) -----					
		Q2							
Q3									
Q4	a) 6993 b) -----								
2009/10	a) 6870 b) 58.0%								
2010/11	a) 6630 b) 60.0%								

		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn					
STRONGER COMMUNITIES THEMATIC PARTNERSHIP									
NI 155* (STR/2/a)	Number of Affordable Homes Delivered (gross)	2007/08	555	429 incl 117 ST	X	N/A	✓	Colin Dales Richmondshire DC	The target is in two parts, total units available and the enhancement (the ST {stretch} number of units included in the total). The enhancement units must be delivered without use of specified funding. Both the total and the enhancement targets must be achieved for full reward.
		2008/09 Q1	150	39 incl 32 ST	X	N/A	⚠		
		Q2							
		Q3							
		Q4	1016 (cum)						
		2009/10	1618 (cum)						
		2010/11	2221 (cum) incl 103 ST						
NI 175* (STR/3/c)	To increase the number of inaccessible parishes which have access to community transport journey opportunities, and to achieve patronage overall of 171,000 in 2007/8; 189,000 in 2008/9; 199,530 in 2009/10 (An inaccessible parish is defined as one with a bus service less than 5 days per week or with a frequency less than every 2 hours).	2007/08	171,000	169,877	⚠	N/A	✓	John Laking NYCC	Excellent performance Target on Track - Actual figure represents a 19% increase on target.
		2008/09 Q1	47,944	57,282	✓	N/A	✓		
		Craven		9,987					
		Hambleton		42,985					
		Harrogate		4,310					
		Richmondshire							
		Ryedale							
		Scarborough							
		Selby							
		Q2							
		Q3							
		Q4	189000						
		2009/10	199530						
		2010/11	205000						
L 41* (STR/3/a)	The percentage of the population of North Yorkshire living within five miles of a Joint Access Centre, as measured by 2001 Census data and latest mid-year population estimates.	2007/08		47.60%	N/A	N/A	✓	Tom Jenkinson NYCC	NB. 07/08 Outturn Amendment due to revised population base. Target on Track - 5.8% increase at Q1 on 2007/08 Outturn following the opening of 3 JACs.
		2008/09 Q1		53.40%	N/A	N/A	✓		
		Craven							
		Hambleton							
		Harrogate							
		Richmondshire							
		Ryedale							
		Scarborough							
		Selby							
		Q2							
		Q3							
		Q4	59.94%						
		2009/10	76.60%						
		2010/11	85.00%						

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievem ent	Comparison against previous reporting period	Action evaluati on	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
L 56* (STR/1/e)	Volunteering by people who are BME or unemployed or disabled.	2007/08		512	✓	N/A	✓	Helen Black NYFVO	Outturn from six monthly survey - next one due Q2 end (September 2008).
		2008/09 Q1		N/A	N/A	N/A	✓		
		Q2							
		Q3							
		Q4	438						
		2009/10	472						
		2010/11	472						
L 57* (STR/1/f)	Volunteering in Special Volunteering	2007/08		455	✓	N/A	✓	Helen Black NYFVO	Outturn from six monthly survey - next one due Q2 end (September 2008).
		2008/09 Q1		N/A	N/A	N/A	✓		
		Q2							
		Q3							
		Q4	410						
		2009/10	441						
		2010/11	441						
L 63* (STR/1/c)	Participation in regular volunteering	2007/08		N/A	N/A	N/A	✓	Helen Black NYFVO	Place Survey - undertaken in Autumn 2008 & 2010
		2008/09 Q1		N/A	N/A	N/A	✓		
		Q2							
		Q3							
		Q4							
		2009/10	6.0%						
		2010/11	6.0%						

<p align="center">North Yorkshire LAA: 1 April 2008 to 31 March 2011</p> <p align="center">DESIGNATED Indicators (total of 32) Quarterly Monitoring Report - Quarter 1 (1 April 2008 - 30 June 2008)</p>									
KEY: Target Achievement		Action Evaluation			Comparison against previous reporting period				
	Target achieved		Completed and Planned Action OK			Improving			
	Result within 10% of target		Completed and/or planned action might be inadequate			No change			
	Target not achieved		Completed and/or planned action inadequate			Getting worse			
Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
ADULTS THEMATIC PARTNERSHIP									
NI 135	The number of carers whose needs were assessed or reviewed by the Council in a year who received a specific carer's service or advice and information as a % of people receiving a community based service in a year.	2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	12.0% 13.0% 14.0% 14.0% 18.0% 23.0%	12.5%		N/A		Mike Faulds NYCC	Target on Track.
NI 136	The number of adults per 100,000 population that are assisted directly through Social Services assessed or are planned, funded support to live independently plus those supported through organisations that receive Social Services grant funded services.	2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11		N/A	N/A	N/A		Mike Faulds NYCC	Estimate for 08/09 is 4500 - Result not available until Nov 2008 - Q3 due to Grant Funded Survey.
NI 141	The number of service users (i.e. people receiving a Supporting People Service) who have moved on from supported accommodation in a planned way, as a % of total service users who have left the service.	2008/09 Q1 Q2 Q3 Q4 Craven Hambleton Harrogate Richmondshire Plyedale Scarborough Selby 2009/10 2009/10	71.00% 71.00% 71.00% 71.00% 82.00% 73.00% 62.00% 86.50% 76.00% 86.00% 78.00% 72.00% 75.00%	78.00%		N/A		Seamus Breen NYCC	Excellent performance Target on Track.

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
CHILDREN AND YOUNG PEOPLE THEMATIC PARTNERSHIP									
NI 60	Percentage of core assessments for children's social care that were carried out within 35 working days of their commencement.	2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	 80.0% 82.0% 84.0%	See Comment	N/A	N/A	✓ 	David Molesworth NYCC	Reliable data not available due to technical problems associated with combining the new Integrated Children's System (Protocol) with the existing system (Swift).
NI 81	Reduce the inequality gap in the achievement of a Level 3 qualification by the age of 19.	2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	See Comment -2.0% -4.0% -6.0%	See Comment	N/A	N/A	⚠ 	Bruce Wood NYCC	Annual Figure. Action plan yet to be finalised
NI 90	Increase the take-up of 14-19 diplomas.	2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	N/A 20 400 600	1	N/A	N/A	⚠ 	Bruce Wood NYCC	No action outlined.
NI 117* (CYP/7/a)	The percentage of 16 to 18 year olds who are not in education, employment or training (NEET).	2007/08 2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	4.4% 4.1% 3.6% 3.3%	3.8% 3.8%	✓ ✓	N/A N/A	✓ ⚠	Louise Dunn NYCC	Q1 Outcome in line for end of year Target. It is recognised in setting this stretch target that the number of 'not known' will not increase above 3.5%. If the 'not known' exceeds this figure, then 50% of the reward grant will be lost. If the not known exceeds 5.25% then 100% of the reward grant will be lost. Q1 'not known' higher than 3.25% at 4.90%.





		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn					
ECONOMY AND ENTERPRISE THEMATIC PARTNERSHIP									
NI 152	Working age people on out of work benefits.	2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	 13% (-0.8%) 11.9% (-1.9%) 10.8% (-3%)	N/A	N/A	N/A	✓ 	Jim Pearse YNYPU	Quarterly targets are not set. Latest available data (year average to November 07) shows 13.7% of working age people in Scarborough Borough were on work related benefits.
NI 164	Proportion of population aged 19-64 for males and 19-59 for females qualified to at least Level 3 or higher.	2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	 52.9% 55% 57.1%	N/A	N/A	N/A	✓ 	Martin Wynn LSC	Quarterly targets are not set. Data is only available annually with the next data available in Aug 08 which will cover the period Jan 06 to Dec 07.
NI 171	New business registration rate.	2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	 Tbc Tbc Tbc	N/A	N/A	N/A	✓ 	Andrew Leeming YNYPU	PLACE HOLDER Baseline Tbc Oct 2008
HEALTHIER COMMUNITIES THEMATIC PARTNERSHIP									
NI 8* (HC/5/a)	Adult participation in sport.	2007/08 2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	 25.7% 26.7% 26.7%	See Comment N/A	N/A N/A	N/A N/A	✓ ✓ 	David Watson NYS	Planned annual surveys will provide outturn.

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievem ent	Comparison against previous reporting period	Action evaluati on	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
		2010/11	2675 (-10.2%)						
NI 30	Re-offending rate of prolific and other priority offenders (PPOs).	2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	No Q Target 23% Tbc Tbc	See Comment	N/A	N/A	✓	Liz Race NY Probation Q1 data on the measurement of re-offending in the PPO cohort will not be available until end September.	
NI 32	Repeat incidents of domestic violence	2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	N/A Tbc Tbc Tbc	N/A	N/A	N/A	✓	Joanne Bielby NY Police PLACE HOLDER Deferred until 2009	
NI 41	Perceptions of drunk or rowdy behaviour	2008/09 Q1 Q2 Q3 Q4 Craven Hambleton Harrogate Richmondshire Plyedale Scarborough Selby 2009/10 2010/11	N/A 25% 22% 15% 27% 25% 16% 34% 30% 24% 22%	N/A	N/A	N/A	✓	CDRP Managers PLACE SURVEY Autumn 2008	
NI 45	Young offenders' engagement in suitable education, training and employment.	2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	No Q Target 63.0% 67.0% 71.0%	50.20%	X	N/A	✓	Laurence Murray YOT The figures relating to this NI are reported quarterly to the Youth Justice Board, with the submission date being the end of the month following the end of the period. As such the data has not yet been finalised and may change as a result of the ongoing verification process prior to submission to the YJB on 31.07.08. Any change will be reported on in the next return.	

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
NI 47* (SAF/4/a)	People killed or seriously injured in road traffic accidents. (based on 3yr rolling averages)	2007	660	716				Allan McVeigh NYCC	Annual Targets are based on 3 year rolling average but in year Q targets are actuals. *Figures are provisional until year end, but are unlikely to change by much (currently there is approximately 1 serious injured outstanding accident from North Yorkshire Police to March 2008, and 10 killed and seriously injured to June 2008). Performance in Q1 and Q2 of 2008 (January- June) is encouraging and significantly below the target. If improvement in first half of 2008 is sustained the 2008 rolling average target will be achieved.
		2008 Q1	161	111					
		Craven		10					
		Hambleton		24					
		Harrogate		18					
		Richmondshire		19					
		Plyedale		9					
		Scarborough		16					
		Selby		15					
Q2	322	238							
Q3	483								
Q4	644								
2008	692								
2009	662								
2010	631								
NI 115	The percentage of young people reporting either frequent misuse of drugs/volatile substances or alcohol, or both.	2008/09 Q1	N/A	N/A	N/A	N/A		Leigh Bell NYYPCT	PLACE HOLDER Defered until 2009
Q2									
Q3									
Q4	Tbc								
2009/10	Tbc								
2010/11	Tbc								
STRONGER COMMUNITIES THEMATIC PARTNERSHIP									
NI 1	The percentage of people who believe people from different backgrounds get on well together in their local area.	2008/09 Q1		N/A	N/A	N/A		Lynda Powell RDC	Baseline to be set by Place Survey. Targets to be confirmed once Place Survey results known.
Q2									
Q3									
Q4	Tbc								
2009/10	Tbc								
2010/11	Tbc								
NI 3	Civic Participation in the local area.	2008/09 Q1		N/A	N/A	N/A		Lynda Powell RDC	PLACE HOLDER Baseline to be set by Place Survey. Targets to be confirmed once Place Survey results known.
Q2									
Q3									
Q4	Tbc								
2009/10	Tbc								
2010/11	Tbc								

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments	
		Period	Target	Outturn						
NI 155* (STR/2/a)	Number of Affordable Homes Delivered (gross)	2007/08	555	429 incl 117 ST	X	N/A	✓	Colin Dales Richmondshire DC	The target is in two parts, total units available and the enhancement (the ST {stretch} number of units included in the total). The enhancement units must be delivered without use of specified funding. Both the total and the enhancement targets must be achieved for full reward.	
		2008/09 Q1	150	39 incl 32 ST	X	N/A	⚠			
		Q2								
		Q3								
		Q4	1016 (cum)							
		2009/10	1618 (cum)							
2010/11	2221 (cum) incl 103 ST									
NI 159	The total number of net additional dwellings that are delivered as a percentage of the planned housing provision (in net additional dwellings) for the 5 year period.	2008/09 Q1						Mick Jewitt HDC		
		Q2								
		Q3								
		Q4	70%							
		2009/10	100%							
		2010/11	120%							
NI 175* (STR/3/c)	To increase the number of inaccessible parishes which have access to community transport journey opportunities, and to achieve patronage overall of 171,000 in 2007/8; 189,000 in 2008/9; 199,530 in 2009/10 (An inaccessible parish is defined as one with a bus service less than 5 days per week or with a frequency less than every 2 hours).	2007/08	171,000	169,877	⚠	N/A	✓	John Laking NYCC	Excellent performance Target on Track - Actual figure represents a 19% increase on target.	
		2008/09 Q1	47,944	57,282	✓	N/A	✓			
		Craven		9,987						
		Hambleton								
		Harrogate		42,985						
		Richmondshire								
		Flyedale		4,310						
		Scarborough								
		Selby								
		Q2								
Q3										
Q4	189000									
2009/10	199530									
2010/11	205000									
NI 185	CO2 reduction from local authority operations (incl schools).	2008/09 Q1		N/A	N/A	N/A	✓	Lance Saxby Sustainable Energy	PLACE HOLDER Defered until 2009	
		Q2								
		Q3								
		Q4	Tbc							
		2009/10	Tbc							
		2010/11	Tbc							

		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn					
NI 186	Per capita reduction in CO2 emissions in the LA area.	2008/09 Q1 Q2 Q3 Q4 Craven Hambleton Harrogate Richmondshire Ryedale Scarborough Selby	3.5% (reduction on baseline) As Above	N/A	N/A	N/A	✓	Lance Saxby Sustainable Energy	Most recent base line data from DEFRA is as follows: Richmondshire 10.3, Craven 10.4, Ryedale 11.8, Scarborough 8.1, Hambleton 12.5, Selby 14.9, Harrogate 8.7 (TCO2 per capita) Results from activities will not be reflected in data outputs until 2011 due to the delay in data publishing. Progression this indicator is long term and short term benefits may not be reflected in initial data returns from DEFRA
NI 189	Percentage of agreed actions to implement long term flood and coastal erosion risk management plans that are being undertaken satisfactorily.	2008/09 Q1 Q2 Q3 Q4 2009/10 2010/11	80% of the agreed generic actions achieved Tbc Tbc	N/A	N/A	N/A	✓	Peter Holmes Environment Agency	Sign off on plans by Environment Agency Regional Director likely during October 08. Baseline data can be agreed from this point.
NI 192	Percentage of household waste sent for reuse, recycling and composting.	2008/09 Q1 Craven Hambleton Harrogate Richmondshire Ryedale Scarborough Selby Q2 Q3 Q4 Craven Hambleton Harrogate Richmondshire Ryedale Scarborough Selby 2009/10 2010/11	43.03% 41.00% 36.93% 47.11% 28.60% 36.93% 50.71% 38.41% 33.58%	47.01% Est.	✓	N/A	✓	Ian Fielding NYCC	Please note that performance figures are based on best estimates at the end of each quarter as validated figures are not available until approx 3 months after the end of each quarter. Revised figures (actuals) will be supplied at the end of subsequent quarters.

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
NI 193	Percentage of municipal waste land filled.	2008/09 Q1	59.80%	60.15% Est.		N/A		Ian Fielding NYCC	Please note that performance figures are based on best estimates at the end of each quarter as validated figures are not available until approx 3 months after the end of each quarter. Revised figures (actuals) will be supplied at the end of subsequent quarters.
		Q2	59.80%						
		Q3	60.66%						
		Q4	62.00%						
		2009/10	61.00%						
		2010/11	60.00%						
NI 197	Proportion of Local Sites where positive conservation management has been or is being implemented.	2008/09 Q1	0 (53 SINC's 7.2%)	0		N/A		Julia Birkinshaw NYCC	Target on Track.
		Q2	2 (55 SINC's)						
		Q3	4 (59 SINC's)						
		Q4	4 (63 SINC's 8.6% - 10 additional)						
		2009/10	(78 SINC's 10.7% - 25 additional)						
		2010/11	(98 SINC's 13.4% - 45 additional)						

<p style="text-align: center;">North Yorkshire LAA: 1 April 2008 to 31 March 2011</p> <p style="text-align: center;">ADDITIONAL LOCAL Indicators (total of 11) Quarterly Monitoring Report - Quarter 1 (1 April 2008 - 30 June 2008)</p>									
KEY: Target Achievement		Action Evaluation			Comparison against previous reporting period				
	Target achieved		Completed and Planned Action OK				Improving		
	Result within 10% of target		Completed and/or planned action might be inadequate				No change		
	Target not achieved		Completed and/or planned action inadequate				Getting worse		
		Targets and outturns			Target Achievement	Comparison against previous reporting period	Action evaluation	Target Lead Officer/Employing Organisation	Comments
Indicator reference * = 2007/10 STRETCH TARGET	Description	Period	Target	Outturn					
ADULTS THEMATIC PARTNERSHIP									
L 18	The number of people benefiting from Telecare.	2007/08	11452	11185		N/A		Seamus Breen NYCC	Target on Track.
		2008/09 Q1	11261	11264		N/A			
		Q2	11337						
		Q3	11454						
		Q4	11570						
		2009/10	11690						
		2010/11	11800						
CHILDREN AND YOUNG PEOPLE THEMATIC PARTNERSHIP									
L 70 (NI 110)	Local Interim Measure – Youth Work Activity.	2008/09 Q1	4248 / 51,736	3892 / 47,424		N/A		Chris McGee NYCC	
		Q2							
		Q3							
		Q4	16,990 / 206,945						
		2009/10	Tbc						
		2010/11	Tbc						
L 61	Number of children living in kinship care as an alternative to being looked after.	2007/08	85	82		N/A		David Molesworth NYCC	Reliable data not available due to technical problems associated with combining the new Integrated Children's System (Protocol) with the existing system (Swift).
		2008/09 Q1		See Comment	N/A	N/A			
		Q2							
		Q3							
		Q4	40						
		2009/10	46						
		2010/11	50						

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievem ent	Comparison against previous reporting period	Action evaluati on	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
L 62	Number of looked after children placed out of North Yorkshire.	2007/08	113	93	✓	N/A	✓	David Molesworth NYCC	Reliable data not available due to technical problems associated with combining the new Integrated Children's System (Protocol) with the existing system (Swift).
		2008/09 Q1		See Comment	N/A	✓			
		Q2							
		Q3							
		Q4	85						
		2009/10	80						
		2010/11	75						
ECONOMY AND ENTERPRISE THEMATIC PARTNERSHIP									
L36	To increase the number and value of the creative industry businesses by 5%.	2007/08		See Comment	N/A	N/A	✓	Gillian Wall NYCC	No newer data is available beyond the baseline of 1,900 businesses (2006) in the Creative Industries Sector. The next annual data will be available from December 2008 (based on 2007 data).
		2008/09 Q1		See Comment	N/A	N/A	✓		
		Q2							
		Q3							
		Q4							
		2009/10	1999						
		2010/11	2020						
L 37	To increase the value of tourism earnings in North Yorkshire by at least 5% by 2010. (£mn)	2007/08		See Comment	N/A	N/A	✓	Carol Renahan NYCC	Data for this quarter has not yet been finalised (with the final outcomes measured against annual data - it is likely that the next dataset, for 2007 will be available towards the end of 2008).
		2008/09 Q1		See Comment	N/A	N/A	✓		
		Q2							
		Q3							
		Q4							
		2009/10							
		2010/11	£1,636						
HEALTHIER COMMUNITIES THEMATIC PARTNERSHIP									
L 68	All age all cause mortality. (To slow down the widening of inequalities between Harrogate and Scarborough with target inequalities gap figures).	2007/08		See Comment	N/A	N/A	✓	Elaine Schofield NYYPCT	Target is monitored annually. Latest data available relates to 2004-06, where the gap in all age all cause mortality rates between Scarborough and Harrogate was 17.7%.
		2008/09 Q1	N/A	See Comment	N/A	N/A	✓		
		Q2							
		Q3							
		Q4	25%						
		2009/10	26%						
		2010/11	29%						

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievem ent	Comparison against previous reporting period	Action evaluati on	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
SAFER COMMUNITIES THEMATIC PARTNERSHIP									
L 67	Perceptions of anti-social behaviour.	2007/08	N/A	N/A	N/A	N/A	✓ ✓	CDRP Managers	PLACE SURVEY Autumn 2008
		2008/09 Q1	N/A	N/A	N/A	N/A			
		Q2							
		Q3							
		Q4	15%						
		Craven Hambleton Harrogate Richmondshire Ryedale Scarborough Selby	13% 8% 11% 12% 10% 28% 20%						
		2009/10	14%						
		2010/11	13%						
STRONGER COMMUNITIES THEMATIC PARTNERSHIP									
L 8	Prevent homelessness through advice and pro-active intervention (Number of households where homelessness has been prevented via Local Authority intervention).	2007/08	989	N/A	N/A	N/A	✓ ✓	Andrew Rowe SBC	
		2008/09 Q1	247.25	371	✓	N/A			
		Craven	19.25	30					
		Hambleton	23.75	24					
		Harrogate	75.00	101					
		Richmondshire	52.50	57					
		Ryedale	37.75						
		Scarborough	78.75	128					
		Selby	20.00	31					
		Q2							
		Q3							
		Q4	1228						
		Craven Hambleton Harrogate Richmondshire Ryedale Scarborough Selby							
		2009/10	1305						
		2010/11	1383						
L 65	Environment for a thriving third sector	2008/09 Q1		N/A	N/A	N/A	✓	Helen Black NYFVO	Baseline Tbc Autumn 2008
		Q2							
		Q3							
		Q4	Tbc						
		2009/10	Tbc						
		2010/11	Tbc						

Indicator reference * = 2007/10 STRETCH TARGET	Description	Targets and outturns			Target Achievem ent	Comparison against previous reporting period	Action evaluati on	Target Lead Officer/Employing Organisation	Comments
		Period	Target	Outturn					
L 66	Engagement in the Arts	2007/08	5,312	5314	✓	N/A	✓	Gillian Wall NYCC	Baseline Tbc Active People Survey. Targets to be confirmed once Active People Survey results known (November 2008).
		2008/09		N/A	N/A	✓			
		2009/10	Tbc						
		2010/11	Tbc						

Further Background & Update from NYYPCT Alcohol Harm Reduction Strategy

NHS North Yorkshire and York is a partner in the North Yorkshire and York Alcohol Harm Reduction Strategy. For the last 12 months the PCT has been working with partner agencies (Drug and Alcohol Action Team, Crime Disorder Reduction Partnerships, Local Authorities, Police and Probation) who all fund secondary care alcohol intervention services to ascertain what funding is in place and what alcohol intervention services are being delivered across North Yorkshire and York. During 2008 the North Yorkshire Safer Partnership (NYSP) agreed with NHS North Yorkshire and York that the current commissioning of alcohol misuse services was not consistent across the patch and NHS North Yorkshire and York and NYSP agreed to fund 2 alcohol project officers for 4 months to fully scope and review the provision in each locality against the Models of Care for Alcohol so that all partners can have an up to date picture of service provision in North Yorkshire to be able to prioritise and agree future joint commissioning. A meeting was held on 21 November between NHS, Local Authority and Criminal Justice commissioning staff with all Voluntary and NHS alcohol providers who provide specialist intervention and detoxification services to advise them that the project was commencing and to ask them to engage with the alcohol project officers and also to ascertain current waiting for specialist intervention and detoxification services.

NHS North Yorkshire and York will be engaging with GP's via Practice Based Consortia regarding alcohol misuse services over the next 2 months to discuss the provision of alcohol misuse services to ensure that the work we have commenced with secondary care providers links with primary care to ensure a clear care pathway for alcohol misuse care provision.

There is a further alcohol commissioning partnership meetings arranged for 23 January 09 and partners from health, Drug and Alcohol Action Team, Crime Disorder Reduction Partnerships, Local Authorities, Police and Probation will meet to see the first draft of the report from the alcohol project officers and plan how we work in partnership to commission alcohol services in the future.

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Draft Remit

Alcohol Harm Reduction Strategy Scrutiny Review Health Scrutiny Committee

Aim

To scrutinise the performance and value for money of the North Yorkshire & York Primary Care Trust's (NYYPCT) alcohol treatment services, particularly in relation to hospital admissions and the impact on NI (National Indicator) 39 of the Local Area Agreement (LAA) to facilitate examination of the effect of alcohol on the health of the population of York.

Key Objectives

- i. To understand how North Yorkshire & York Primary Care Trust (NYYPCT) provides its various alcohol treatment services.
- ii. To examine the performance and value for money of these services
- iii. To explore the way information is currently provided in relation to hospital admissions and NI 39.
- iv. To identify more effective ways of collecting the information in relation to the two points below:
 - How many hospital admissions are specifically related to alcohol as their primary cause
 - From where are these people taken i.e. from city centre locations/premises or private/domestic settings.

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Health Scrutiny Committee

2nd February 2009

Feasibility Report – Access to Dental Services in York

Summary

1. This report asks Members to consider a scrutiny topic registered by Councillor Moore to scrutinise access to dental services in York. A copy of the topic registration form is attached at Annex A to this report.

Criteria

2. Councillor Moore believes that this topic fits with the following eligibility criteria as set out in the topic registration form:
 - Public Interest (i.e. in terms of both proposals being in the public interest and resident perceptions)
 - Under Performance/Service Dissatisfaction
 - National/local/regional significance e.g. a central government priority area, concerns joint working arrangements at a local 'York or wider regional context.

Background Information

3. At present the Health Scrutiny Committee receives quarterly reports from North Yorkshire and York Primary Care Trust (NYYPCT) regarding dental services in York. Their reports frequently include statistical information, which is not necessarily easy to interpret. There are positive ongoing discussions between the NYYPCT and the Health Scrutiny Committee regarding the way NYYPCT present their information and this means that the reporting template used to present the information is very much a fluid document and a work in progress.

Consultation

4. Councillor Sue Galloway, the portfolio holder for Housing & Adult Social Services (HASS) made the following comment:

'I would see this impacting mainly on the NHS. We could gather information from residents via Ward newsletters/Ward Committees and additionally use other existing structures'

5. The Director of Housing & Adult Social Services made the following comments:

‘This is a health issue and I don't think there are any social care aspects so I do not have any advice to offer the committee in relation to this proposed topic.’

6. NYYPCT have provided the following comments:

‘This topic has been discussed internally within NYYPCT and it will also be raised at our next Oral Health Group meeting due to take place on 22nd January 2009’

‘NYYPCT can assist in terms of explaining the processes relating to allocations from the Primary Care Trust (PCT) database and provision of ‘Units of Dental Activity’ (UDAs). This can be explained from both a commissioning and a patient perspective. Our assumption is that any interviews with residents, voluntary sector, dental practices etc referred to in the request would not be the PCT’s responsibility (although we would assist in providing contact details etc).’

Analysis

7. Health Scrutiny Committee have been monitoring dental provision in York for many years and are working with NYYPCT to find the most suitable way of reporting data back to the Committee. The data provided to the Committee on a quarterly basis can be technical and is not always easy to understand. It is, also, very focussed on statistics rather than on patient experience of the service.
8. The topic registration form specifically gives two examples of problems that have been experienced by patients trying to access dental services. At present, the quarterly reports provided by NYYPCT do not go into the level of detail required to answer Councillor Moore’s questions regarding whether patients receive the dental treatment they require when they require it.
9. It should be noted from the comments above that NYYPCT appear to be willing to assist with any review, should Members decide to proceed. It is hoped that they will be able to update the Committee at the meeting on 2nd February as to the outcomes of the meeting of their Oral Health Group on 22 January 2009. This should give Members more insight into NYYPCT’s thoughts on the feasibility of this topic and ways in which they may be able to help should a review proceed.

Conduct of Review

10. Should Members choose to proceed with this review Councillor Moore has suggested that the Committee look at:
 - i. Patient experience of service provision.
 - ii. The system of ‘Units of Dental Activity’ (UDA) and determine:
 - a. How the units are allocated (per capita, number of dentists within the practice or by some other means).

- b. Whether this system is effective in ensuring that there are sufficient units to maintain the service throughout the period for which they are allocated, so that patients can receive treatment.
 - iii. Whether there are alternative ways in which to guarantee patients receive the treatment they require when they require it.
 - iv. Whether missed appointments have an impact on service provision and if so the severity of this impact.
11. Councillor Moore has suggested that the following be consulted should the review proceed:
 - NYYPCT
 - The Local Dental Committee
 - Residents
 - Voluntary Organisations
 - Dental practices that offer NHS treatment
12. Health Scrutiny Committee might like to consider how best they could progress the topic if it were to go ahead. Contacting a sample of the voluntary organisations may help to determine the severity of the concerns raised in the topic registration form. Once the UDA system has been examined then the Committee might like to look at whether this is the best method that can be used and if not to make recommendations to reflect their findings.

Corporate Priorities

13. This relates to the following Corporate Priority:

‘Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.’

Implications

14. **Financial** – There is a small amount of funding available within the scrutiny budget to carry out reviews. There are no other known financial implications associated with this report however; implications may arise should the review be progressed.
15. **Human Resources (HR)** – There are no known HR implications associated with this report.
16. **Legal** – There are no direct legal implications associated with this particular report however; legal implications associated with this topic may emerge if the topic progresses.
17. **Other** – There are no known equalities, property, crime and disorder or other implications associated with this report.

Risk Management

18. In compliance with the Council's risk management strategy, there are no known risks associated with the recommendations within this report.

Recommendations

19. Based on the evidence presented within this report Members are advised to proceed with this review in order to explore the points raised within the topic registration form. It is suggested that this review begin as soon as possible.

20. In making the above recommendation, the overall aim for this review was recognised together with a number of key objectives. A suggested remit is therefore attached at Annex B to this report and Members are asked to consider this and make any necessary changes, prior to approving a remit for this review.

Contact Details

Author:

Tracy Wallis
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Scrutiny Services
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Chief Officer Responsible for the report:

Quentin Baker
Head of Civic, Legal & Democratic Services
Tel: 01904 551004

Feasibility Approved	Study	<input checked="" type="checkbox"/>	Date	23.01.2009
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Specialist Implications Officer(s)

None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A	Topic Registration Form
Annex B	Draft Remit



Scrutiny topic registration form

Fields marked with an asterisk * are required.

* Proposed topic: Access to dental services in York
 * Councillor registering the topic Moore - Councillor Richard Moore

Submitted due to an unresolved 'Cllr Call for Action' enquiry

Please complete this section as thoroughly as you can. The information provided will help Scrutiny Officers and Scrutiny Members to assess the following key elements to the success of any scrutiny review:

- How** a review should best be undertaken given the subject
- Who** needs to be involved
- What** should be looked at
- By when** it should be achieved; and
- Why we are doing it ?**

Please describe how the proposed topic fits with 3 of the eligibility criteria attached.

	Yes?	Policy Development & Review	Service Improvement & Delivery	Accountability of Executive Decisions
Public Interest (ie. in terms of both proposals being in the public interest and resident perceptions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Under Performance / Service Dissatisfaction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
In keeping with corporate priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National/local/regional significance e.g. A central government priority area, concerns joint working arrangements at a local 'York' or wider regional context	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Set out briefly the purpose of any scrutiny review of your proposed topic. What do

you think it should achieve?

A review should examine the provision of NHS dental services in York. At present the reports supplied to the HSC are high-level statistics, which may or may not bear any resemblance to the actuality. A successful review will determine whether the provision of dental services is effective. Examples of whether patients receive the treatment they require when they require it are as follows.

1. A patient can be assigned to a dentist, and thus removed from the PCT database. After an initial check up with a dentist they may be told that they need treatment and the wait for this treatment can be lengthy. It could therefore be argued that the patient is not receiving the treatment they require when they require it.

2. Some dentists charge in advance of providing treatment and will not make the patient an appointment for treatment needed until the balance has been paid in full.

In summary, the intention of this scrutiny review would be to determine whether patients can get the treatment they need when they need it and if not to make recommendation to the PCT to improve their service, or if necessary for the Health Scrutiny Committee to use their powers to refer the matter to the Secretary for State of Health.

*** Please explain briefly what you think any scrutiny review of your proposed topic should cover.**

The review should firstly be about patient experience and should examine the provision of services from a patient perspective. Secondly, it should investigate the system of "units of dental activity" (UDA) and determine (a) how the units are allocated, and (b) whether this system is effective in ensuring that there are sufficient units to maintain the service throughout the period for which they are allocated, so that patients can receive treatment. It should also consider whether there are alternative ways in which to guarantee that patients receive the treatment they require when they require it.

*** Please indicate which other Councils, partners or external services could, in your opinion, participate in the review, saying why.**

This would require the assistance of the PCT, the dental equivalent of the LMC, interviews with residents to gather information (which could probably be done through such organisations as Age Concern, the Older People's Assembly and other voluntary organisations), and those dental practices, which offer NHS treatment.

*** Explain briefly how, in your opinion, such a review might be most efficiently undertaken?**

It would be for members of the HSC to consider how best this topic should be progressed, though the organisations mentioned above could be contacted for information. This would form a basis on which to determine the severity of the concern. The manner in which "units of dental activity" are allocated should be investigated, to

determine whether this is on a per capita basis, by the number of dentists in the

practice, or by some other means. The question should then be "is this the best method?" The issue of missed appointments should be examined, to discover whether this has an impact on provision and, if so, the severity of the problem.

Estimate the timescale for completion.

- 1-3 months
- 3-6 months
- 6-9 months

Support documents or other useful information

Warning: This item is published and cannot be updated

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Date submitted: Tuesday, 6th January, 2009, 8.55 pm

Submitted by: Councillor Richard Moore

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Draft Remit

Access to Dental Services in York Health Scrutiny Committee

Aim

To determine whether the provision of dental services is effective and to determine whether patients can get the treatment they need when they need it.

Key Objectives

- i. To examine patient experience of dental service provision.
- ii. To examine and understand the system of 'Units of Dental Activity' (UDA) and determine:
 - How the units are allocated (per capita, number of dentists within the practice or by some other means).
 - Whether this system is effective in ensuring that there are sufficient units to maintain the service throughout the period for which they are allocated, so that patients can receive treatment.
- iii. To examine if there are any alternative ways in which to ensure patients receive the treatment they require when they require it.
- iv. To examine whether missed appointments have an impact on service provision and if so the severity of this impact.

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Health Scrutiny Committee Work Plan 2008/09

Work Area	Tasks	Timeframe	Responsible Officer
LINKs	<ul style="list-style-type: none"> Participate in training and events in connection with the development of the LINK in conjunction with Host (North Bank Forum) Receive regular updates from Trusts Report back with a detailed working relationship between LINKs, NBF & the Health Scrutiny Committee 	<p>Ongoing</p> <p>Ongoing February 2009</p>	Nigel Burchell / Scrutiny Officer (as appropriate)
Dental Provision In York	<ul style="list-style-type: none"> Receive regular update from PCT 	Ongoing (next report – May 2009)	Scrutiny Officer together with appropriate persons from the PCT.
Annual Healthcheck	<ul style="list-style-type: none"> Further update on the Annual Health Check & preparation of the draft commentaries to submit to the various Trusts 	March 2009	Scrutiny Officer in conjunction with the three Trusts
Dementia Review Recommendation Tracking	<ul style="list-style-type: none"> To receive an update from the PCT, York Hospital & Ambulance Trust regarding the implementation of the Scrutiny Review recommendations. 	July 2009	Scrutiny Officer in conjunction with the three Trusts
General	<ul style="list-style-type: none"> Health Scrutiny Networking Update 	May 2009	Scrutiny Officer
Outreach Workers Update Report	To detail the outcome of discussions with stakeholders, representative agencies and providers about the commissioning of services and partnership working to provide these services; in order to ascertain whether a more broadly focused scrutiny review should be undertaken on this matter in the future.	TBC	Director of Housing and Adult Social Services
Feasibility Reports	<ul style="list-style-type: none"> To prepare feasibility reports for new topics submitted for review 	As and when required	Scrutiny Officer

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