

ADULT AND PUBLIC HEALTH PORTFOLIO

DECISION SCHEDULE



Wednesday 23rd May 2007

at 10.00 am

**in the Vision Room, Avondale Centre,
Dyke House, Hartlepool
(Raby Road entrance)**

**Councillor G Hall, Cabinet Member responsible for Adult and Public Health
will consider the following items.**

1. KEY DECISIONS

No items

2. OTHER ITEMS REQUIRING DECISION

2.1 Commissioning Strategy for People with Learning Disabilities – *Director of Adult and Community Services*

3. ITEMS FOR INFORMATION

3.1 Neighbourhood Services Departmental Plan 2006/07 – 4th Quarter Monitoring Report – *Director of Neighbourhood Services*

3.2 Rogers Review on National Enforcement Priorities for Local Authority Regulatory Services – *Head of Public Protection*

4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS

No items

ADULT AND PUBLIC HEALTH PORTFOLIO

Report To Portfolio Holder

23 May 2007



Report of: Director of Adult and Community Services

Subject: COMMISSIONING STRATEGY FOR PEOPLE
WITH LEARNING DISABILITIES

SUMMARY

1.0 PURPOSE OF REPORT

The purpose of this report is to inform the Portfolio Holder of Health and Social Care that the commissioning strategy for people with learning disabilities is now complete, and ready for implementation over the next three years (07-010) (**APPENDIX 1**).

2.0 SUMMARY OF CONTENTS

The report gives detail of broad themes and references the detail on priorities.

3.0 RELEVANCE TO PORTFOLIO MEMBER

Sets the strategic direction and spending priorities for next three years in learning disability services.

4.0 TYPE OF DECISION

Non-key

5.0 DECISION MAKING ROUTE

Portfolio Holder report

6.0 DECISION(S) REQUIRED

Portfolio asked to note the strategy and support its implementation.

Report of: Director of Adult and Community Services

Subject: COMMISSIONING STRATEGY FOR PEOPLE
WITH LEARNING DISABILITIES

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to inform the Portfolio Holder of Health and Social Care that the commissioning strategy for people with learning disabilities is now complete and ready for implementation over the next three years (07-010) (**APPENDIX 1**).

2. BACKGROUND

- 2.1 The commissioning strategy emerged from partnership working with people with learning disabilities and their family carers; Hartlepool PCT, TEWV Trust and a range of independent providers and voluntary sector partners. Following support from the Portfolio Holder, it will be presented at the Hartlepool PCT Board, Tees Esk and Wear Valley NHS Trust and the LD Partnership Board.

- 2.2 The broad themes in the strategy are: -

- Effective sharing of resources with health partners to get Best Value for people with learning disabilities
- Supporting carers in practical ways, particularly “out of hours”
- Meeting the identified shortfalls in service provision in the local and regional market, so that all people with learning disabilities in Hartlepool are served well.

Further details on the priorities for year one can be found in the strategy (7.2, page 37).

3. FINANCIAL IMPLICATIONS

- 3.1 The commissioning strategy and its priorities will determine areas of investment and disinvestment. The aim will be to release finances from provision that is no longer meeting needs and to invest in new and modern service delivery.

4. RECOMMENDATIONS

- 4.1 That the Portfolio Holder note the report and support the strategic direction of services and the implementation of the commissioning strategy.

Commissioning Strategy for People with Learning Disabilities 2007 - 2010



Developed with our Partners, Planning Groups, Providers, Hartlepool PCT
October 2006

CONTENTS

- 1. Summary**
- 2. Introduction**
 - 2.1 Purpose of the Strategy and Overall Vision
 - 2.2 The Priorities Of This 3 - 5 Year Commissioning Strategy
 - 2.3 Profile of Service Area
 - 2.4 Links with other Services / Departments / Organisations in Providing Joint / Cross Cutting Services
 - 2.5 Community Health Team Based at Hart Lodge
- 3. National and Local Guidance and Research**
 - 3.1 Local Guidance and Steer of Direction of Travel
- 4. Demand Analysis**
 - 4.1 Health Profile of Hartlepool
 - 4.2 Consultation with Users, Carers and Other Stakeholders
 - 4.3 Aggregated Pattern of Need
 - 4.4 Planning for Transition
 - 4.5 People living in Hospital
 - 4.6 Summary - Demand Analysis
- 5. Supply Analysis**
 - 5.1 Structure of Market
 - 5.2 Map of Current Service Provision / Main Providers
 - 5.3 Summary - Supply Analysis
- 6. Current Funding & Spending**
- 7. Design of Future Provision / The Way Forward**
 - 6.1 Priority Commissioning Intentions
 - 6.2 Priorities in order
- 8. Monitoring Arrangements**
- 9. Appendices**
 - 8.1 Action plan - First Year

1. SUMMARY

This commissioning strategy sets out the direction of travel for Disability Services for the next three years and outlines the first year's priorities.

It is the first steps to joint working and planning across Hartlepool Borough Council and the Primary Care Trust to benefit people with Disabilities and their families/carers.

This strategy has been agreed by the Learning Disability Partnership Board; Hartlepool Borough Councils Portfolio Holder and Hartlepool Primary Care Trust (PCT) Board.

Its first year implementation plan will be monitored alongside the Disability Business Plan and reviewed at six-month stages. The overall Strategy will be reviewed annually.

The key areas of investment over the next three to five years are:

- Independent and supported living options for young people with learning disabilities including accommodation that offers young people opportunities to 'try out' supported living.
- Accommodation options for people with learning disabilities who are becoming older and who have early onset dementia.
- The completion of the second stage of the resettlement process for three people at Hart Lodge into their own tenancies.
- Planned support to people living in NHS staffed accommodation, to move into tenancies / own homes in the community.
- Supporting people who are currently placed out of Borough.
- Specialist provision for people with Autism / Challenging Behaviours.
- Investment and expansion in range and quality of care and support into peoples homes.
- Development of a Health and Social Care In Reach Team to support people with complex psychological and behavioural needs to remain in own homes.
- Use of assistive technology as a way of promoting independence.

- Use of self directed funding to provide individual flexible daytime support
- Partnership working with Community Services to create shared facilities and access to mainstream activities.
- A range of advocacy services to people with learning disabilities.
- Person centred planning for all people with learning disabilities.
- Accessible information to all people with learning disabilities.
- Improved access to primary health care and provision of health action planning.
- A joint Health and Social Care workforce plan which includes development of new skills and capabilities to reflect changing needs of the market.

IMPACT

This will lead to a gradual disinvestment in residential care home living for some people and reduce this particular provision needed in the local market.

This will lead to the balance of resources being switched from residential care to community placements.

There will be gradual disinvestments in congregate day services provision.

Expansion of community based day service opportunities.

2. INTRODUCTION

“ Commissioning is the process of translating aspirations and need into timely quality services for users which meet their needs, promote their independence, provide choice, are cost effective and support the whole community”

“ Commission for Social Care Inspection (2005). The State of Social Care in England 2004-2005”

The shared values underpinning this commissioning process are that commissioned support or services are:-

- Flexible in order to meet individual circumstances
- Deliver the outcomes identified through the care assessment process in a consistent manner
- Responsive to person centred planning
- Demonstrate high standards at best value costs
- Respond to minority needs (whether culture, disability, gender, sexuality etc)
- Maximise the social inclusion and independence of individual and groups
- Be experienced as seamless by users and their families

2.1 Purpose of the Strategy and Overall Vision

The purpose of this strategy is to have an agreed vision and direction of travel over the next three to five years across learning disabilities.

The strategy will enable financial planning to be linked to service planning; and demand and supply to be managed effectively. The strategy ensures that service developments are made public and are set within a comprehensive commissioning strategy that is transparent. The strategy connects with the needs and aspirations of users, their families and carers as it is a response to what they have told us they want now and in the future.

The strategy is a vehicle for implementing policy and guidance (White Paper- Valuing People, Improving Life Chances, Our Health, Our Care, Our Say).

The overall purpose is to enable people with learning disabilities to live as independently as possible, as close to their home as they want to and as full and equal citizens of Hartlepool. Within the strategy, partnership working should benefit people with disabilities and work to common goals.

The overall vision is one, which acknowledges the government's modernisation agenda for Adult Services and Health partners; and is set against a realistic background of much greater life expectancy of people with learning disabilities and increasing budget pressures in Disability nationally and locally.

Some people with learning disabilities who have multiple disabilities and complex needs will require significant levels of health and social services support throughout their lives. In broad terms we are moving towards closer partnership working in order to make the most of scarce resources and increased involvement of users and their families/carers. We are moving away from institutionalisation and service dependency and towards promoting prevention and independence, in order to target those people who are in greatest need.

This vision includes people with learning disabilities in mainstream community and offers them the same opportunities and choices as the rest of the community. People with learning disabilities are citizens first, and as such have right's to make choices, take risks and be independent and to make a contribution to the local community.

Discrimination and prejudice needs to be actively challenged in all its forms for the contribution of people with disabilities to be realised.

Our Vision includes People with disabilities: -

- Deciding for themselves where they live, who they have friendships and relationships with, what they do in the daytime and how they are supported.
- Living, working and learning in the community as equal citizens.
- Having equal access to mainstream community facilities and activities.
- Making and keeping valued relationships.



2.2 The Priorities Of This 3 - 5 Year Commissioning Strategy And Broad Headline Intentions Are:-

PRIORITY ONE

1. PLACES TO LIVE

TO ENSURE THE SAME HOUSING AND ACCOMMODATION CHOICES ARE AVAILABLE TO PEOPLE WITH DISABILITIES AS THE REST OF THE COMMUNITY.

PRIORITY TWO

2. GETTING SUPPORT

TO EXPAND THE RANGE, VOLUME AND QUALITY OF CARE AND SUPPORT SERVICES AVAILABLE IN PEOPLES HOMES, TO SWITCH THE BALANCE OF RESOURCES SPENT ON RESIDENTIAL CARE HOMES TO SUPPORTED LIVING ACCOMMODATION.

PRIORITY THREE

3. CARERS/FAMILIES

TO INCREASE THE CAPACITY OF CARERS/FAMILIES TO CONTINUE TO CARE FOR PEOPLE WITH DISABILITIES AT THE SAME TIME AS TAKING CARE OF THEIR OWN NEEDS.

PRIORITY FOUR

4. MODERNISING AND IMPROVING DAY OPPORTUNITIES

TO ENSURE PEOPLE WITH DISABILITIES ARE ABLE TO MEET THEIR LEISURE, SOCIAL, EDUCATIONAL AND EMPLOYMENT NEEDS IN THE SAME WAY AS THE REST OF THE POPULATION.

PRIORITY FIVE

5. CHOICE AND CONTROL

TO ENSURE PEOPLE WITH DISABILITIES HAVE THE OPPORTUNITY TO MAKE CHOICES AND TAKE CONTROL OF THEIR CARE AND SUPPORT SERVICES.

PRIORITY SIX

6. TRANSITION OF YOUNG PEOPLE INTO ADULTHOOD/OLDER PEOPLE WITH LEARNING DISABILITIES

WE WILL FURTHER DEVELOP THE CO-ORDINATION OF THE TRANSITION PROCESS FOR YOUNG PEOPLE MOVING INTO ADULTHOOD AND START TO PLAN FOR INCREASING INCIDENCE OF PEOPLE WITH A LEARNING DISABILITY BECOMING OLDER.

PRIORITY SEVEN

7. USE OF THE LEARNING DISABILITY DEVELOPMENT FUND MONEY AND OTHER GRANTS

WE WILL ENSURE THAT FUNDING USED TO COMMISSION DEVELOPMENT WORK IN PARTNERSHIP WITH VOLUNTARY, COMMUNITY AND USER LED GROUPS IS USED EFFECTIVELY AND IN CONSULTATION WITH USERS, FAMILIES, CARERS AND PLANNING GROUPS AND ITS USE IS MONITORED AGAINST AGREED SET OUTCOMES.

2.3

Profile Of Service Area



There are currently 200 people with learning disabilities receiving help and support from a social care team of 50 and ongoing support from the Learning Disability Social Work Team of three Social Workers and three Social Care Officers.

The total gross budget for learning disabilities in 2007/8 is over £4 million, including money transferred from health services to provide for continuing needs. Direct provision by the Council is limited to the Day Opportunities Service.

Support Staff based at Warren Road enable people with learning disabilities to access a range of day opportunities in mainstream community settings of their choosing.

The emphasis is on including people in all aspects of community life, developing skills, building on social networks and gaining experiences which lead to fulfilling and rewarding lives (employment, education, leisure, arts and drama, etc).

Some staff posts are now jointly arranged with Community Services and some staff are seconded into community settings (e.g. sports, arts and drama). This approach will further develop in 07/08 and will be progressed by the recent establishment of a Community Partnership post.

Some people with learning disabilities are beginning to use Direct Payments and are employing their own Personal Assistants in order to achieve flexible daytime support which meets individual needs. This will further develop and expand with the implementation of In Control as a Total Transformation Council (Implementation of In Control across all Adult Services).

The current reprovision of daytime services and support to 33 people with multiple and profound disabilities / complex needs aims to achieve several objectives i.e. :

- Improve the accessibility of the environment
- Redesign and improve the service delivery
- Relocate the service closer to the town and community facilities
- Reorganise the staff team in a positive and supportive way

We have independent and experienced Health and Social Care Managers helping to review each person's package of care.

Person Centred planning is being used to assist individuals and their families set life goals and wishes. To date, five of the 33 people want to receive their support in a different way.

To access learning disability services; a community care assessment of need is carried out and the eligibility criteria under Fair Access to Care Services (FAC's) is determined. The operating eligibility bands are critical and substantial from April 07.

A single assessment of need is carried out across Community Health Team and Social Work Team.

The aim during 07/08 is to integrate these two teams and have a single management arrangement with the Local Authority taking the lead for learning disability services overall.

In Control will be launched in Hartlepool in September 2007 and by 2009 people using services will be completing self-assessments to identify the level of financial resources they are entitled to.



2.4 Links With Other Services / Departments / Organisations In Providing Joint / Cross Cutting Services

- As a Service Area we have kept links with the Children with Disabilities Team in Children's Services. Together we support young people with disabilities making the transition from Children's Services. Part of this support is to plan and co-ordinate responses to the individuals and their families in advance so that their transition is as smooth as possible. We have just established a Transition Development Worker in order to further improve transition and to work with families and young people at 14 plus wherever possible.
- We also have links with Older People Services as increasingly people with a learning disability are living into older age and transferring into Older People Services. Also we have an increasing number of people who are developing dementia at an early age and we need to link with Older People Dementia Services for their expertise.
- In Learning Disabilities there is effective partnership working with the Community Health Team and the PCT Commissioners, despite no co-location or formalised integration arrangements. Practitioners meet weekly and key Managers meet quarterly. Integration of the two teams is planned for 07 / 08. The Integration Project is being led by the Head of Disabilities.
- We link with the Integrated Mental Health Teams and the Forensic Team in Middlesbrough as some of our people with learning disabilities have a dual diagnosis of Learning Disability and Mental Health needs / Forensic needs.
- We work closely with Housing and Supporting People services within the Council.
- We are starting to work with Early Onset Dementia Team based in Middlesbrough, as there is increasing incidence of people with Learning Disabilities with early onset dementia.

2.5 Community Health Team Based at Hart Lodge

TEAM STRUCTURE AND RESOURCES

The Team includes Clinical Psychologist and Assistant Psychologist, Senior Nurse Manager and a Consultant Psychiatrist.

Hart Lodge Unit is staffed by twenty full time workers.

Community Nursing Team

This Team provides assessment, treatment and support to individuals who are referred into the service and is made up of three full time Nurses and one Community Support Worker.

Assertive Outreach and Crisis Support Team

This Team provides support for short-term crisis, working with people who challenge services and people with mental health needs.

This team also provides an out of hour's service which includes a nurse on call. This Team links with Stockton but resources into Hartlepool include one Charge Nurse, one Staff Nurse and two Support Workers.

Challenging Behaviour Team

This Team provides assessment and treatment plans for people who challenge services, is based at Flatts Lane in Middlesbrough and includes six full time staff.

Day Services and Community Support Team

This Team provides support in community settings for people with complex needs. It is made up of one co-ordinator and five full time Support Workers.

Forensic Service

Based at Flatts Lane in Middlesbrough this Team provides a Teeswide service and includes three full time Nurses, two Social Workers and a Social Work Team Manager.

3.0 NATIONAL AND LOCAL GUIDANCE RESEARCH



The key drivers for Learning Disability Services are: Valuing People Strategy, Direct Payments Guidance, Disability Discrimination Act and most recent Government White Paper “Our Health, Our Care, Our Say”. This sets out a clear vision for the future of Adult Care Services, which include:

- A greater focus on the prevention of ill health and the promotion of well being
- More personalised care
- Services closer to peoples homes
- Better co-ordination and integration with Health Services
- Increased choice and control
- Focus on prevention

The overall focus in the Learning Disability Service area is:

- More choice and control for users and carers
- Effective partnerships with carers, families and health
- Increasing voluntary sector and user led projects
- Modernisation and improvement of day opportunities and transport provision as part of an overall Disabilities Commissioning Strategy.

Policy/ Strategies	Principles
White Paper Valuing People	The proposals in the white paper (linked below) are based on four key principles: civil rights, independence, choice and inclusion. Valuing people takes a life-long approach, beginning with an integrated approach to services for disabled children and their families and then providing opportunities for a full and purposeful adult life. It has cross-Government backing and its proposals are intended to result in improvements in education, social services, health, employment, housing and support for people with learning disabilities and their families and carers.
Green Paper Independence well being and choice	This Green paper sets out a vision for adult social care over the next 10 to 15 years and how this might be realised. It invites everyone to give their views on the vision and ideas set out in the document, as well as to contribute new ideas to the debate. The key proposals to deliver this vision include wider use of Direct Payments and the piloting of individual budgets to stimulate the development of modern services delivered in the way people want; greater focus on preventative services to allow for earlier targeted interventions, and the use of the local authority well being agenda to ensure greater social inclusion and improved quality of life; a strong strategic and leadership role for local government, working in partnership with other agencies, particularly the NHS, to ensure a wide range of effective and well- targeted provision, which meets the needs of diverse communities; and encouraging the development of new and exciting models of service delivery and harnessing technology to deliver the right outcomes for adult social care.
White Paper Our Health, Our Care, Our Say	This White Paper sets a new direction for the whole health and social care system. It confirms the vision set out in the Department of Health Green Paper, Independence, Well – being and Choice. There will be a radical and sustained shift in the way in which services are delivered, ensuring that they are more personalised and that they fit into peoples busy lives. We will give people a stronger voice so that they are the major drivers of service improvement.

Following the Health Care Commission and Commission for Social Care Inspection (CSCI) investigations into Learning Disability Services provided by Cornwall Partnership Trust and Sutton and Merton PCT there has been a National directive from the Director General of Social Care, David Behan, indicating all people with learning disabilities living in NHS accommodation should receive a Community Care Assessment of Need.

In addition, NHS Trust applying for Foundation Trust Status will need to close campus provision in order to meet Foundation Trust Criteria.

Local Guidance and Direction of Travel

The recent CSCI Inspection of Learning Disability Services (June / July 06) resulted in an overall report and recommendations; and a detailed improvement plan. The key areas of development and improvement recommended are:

- Clear and shared vision and strategies in order to achieve modernisation and improvement across health and social care.
- Improved and increased support to Carers that is planned and agreed with Carers.
- Better use of resources across health and social care by effective integration and co-ordination.
- Personalised bespoke services that gives choice and control to the Service User.

In addition a Cabinet Report (February 2007) “Strategic Direction of Travel” informed the Adults department and the Elected Members of the overall direction of travel for adult services.

The key issues from this are:

- **Choice and control by people using Social Care**

In practice translated into Direct Payments / Individual Budgets / bespoke service design.

- **Maximising peoples potential and life chances**

In practice translated into equal access and opportunities in mainstream community services / activities

- **Local Governments role in promoting social inclusion and well being.**

In practice translated into health and social care / voluntary Sector Partnerships to benefit People with learning disabilities and Carers.

- **Delivering Integrated Care**

In practice translated into locality services, co-ordinated and integrated delivery across health and social care.

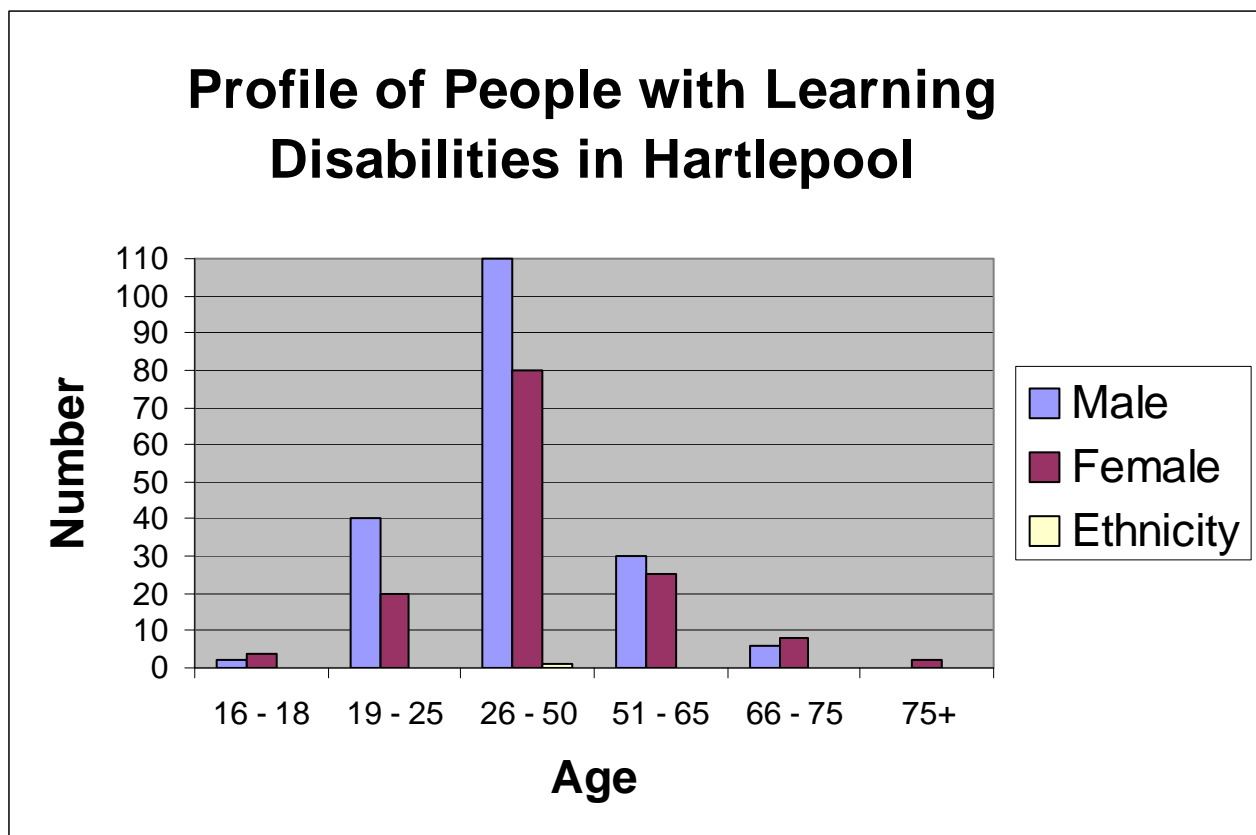
Overall, locally, there is acknowledgement that in order to get where we want to go Commissioning is an important vehicle. It needs to ensure that there is a good mix and balance of general and specialist services; use of Universal Services and value for money matched against real outcomes for individuals.



4.0 DEMAND ANALYSIS

The following section offers a variety of sources of information that we currently use to identify demand and shortfall in provision; and to inform service developments and improvements.

The following profile of people with learning disabilities in Hartlepool and health profile highlights the current context we are working in.



**Source- Age / Gender Profile of people with a learning disability known to the Council:
SSD/Health Joint Adult Register - 2000**

- It needs to be recognised that people with learning disabilities are living longer and future support is needed to ensure they have real choice and control over where and how they live.
- In Hartlepool, in keeping with the pattern throughout the region, the elderly population, which includes people with learning disabilities and their carers, is projected to increase over the next ten years.

- The number of people with a learning disability known to Adult and Community Services is approximately 328, including people in transition. Individual need varies across age ranges.
- National statistics indicate that approximately 2% of the population have some form of learning disability. Therefore, approximately 1,792 people in Hartlepool may be expected to have some level of learning disability.
- It is recognised and accepted nationally that the prevalence of severe and profound learning disability is fairly uniformly distributed across the Country and across social-economic groups.
- Mild to moderate learning disability however, has a link to poverty and rates are higher in deprived and urban areas. The following information describes the overall health profile of Hartlepool.

4.1 Health Profile of Hartlepool

- Research tells us that Hartlepool residents experience more ill health and disability, higher death rates from diseases such as cancer, heart and respiratory disease than in other areas of the Country.
- Ten Hartlepool Wards are in the 10% most 'health deprived' in the Country and eight of these in the top 5%. This equates to 49% of the population living in Wards which are in the 5% most 'health deprived' in the Country.
- Life expectancy at birth for males and females are significantly lower than for England. In both cases the gap between Hartlepool and England is widening.
- The death rate for smoking is significantly higher than England. Death rates from heart disease, strokes and from Cancer are significantly higher than England rates. In both cases, death rates are falling and the gaps are narrowing.

4.2 Consultation with Users, Carers and Other Stakeholders

Consulting and listening to Services Users, families and other Stakeholders contributes to identifying demand.

- The key planning group for people with learning disabilities is the Learning Disability Partnership Board. It identifies gaps in provision and highlights unmet need and contributes to prioritising service developments.

This information is fed into Strategic plans and into the Health and Care Strategy.



It has been recognised recently that the Health and Care Strategy needs to be more systematic in collecting the whole communities needs; and have more formalised agreed reporting arrangements with the planning groups. For this reason the planning groups terms of reference and role are being reviewed by the Health and Care Strategy.

- In Learning Disabilities we recognise that we need to do more ‘listening to the people who use services and their families’ and this is an objective built into the CSCI improvement plan and linked to development of the Quality Framework.

The Best Value Review in 2004 and Commission for Social Care Inspection (CSCI) and recommendations in 2006 have both influenced this Strategy.

Consultation also involves:

- Carers (a new Carers Steering Group has been recently established).
- Workforce within and outside the Council
- Independent providers
- Voluntary agencies
- National Research leads such as Care Services Improvement Partnership (CSIP) and Social Care Institute for Excellence (SCIE).

The consultation methods include a wide range of mechanisms such as:

1. Surveys / questionnaires
2. Routine contract monitoring
3. Care Plan reviews
4. Provider forums
5. Quality events across Adults Department.

The most recent source for informing priorities has been the CSCI Inspection of learning disability services (June / July 06) that clearly made recommendations against the national standards and criteria. Priorities include:

- Support to Carers (particularly out of hours)
- Advocacy services for people with learning disabilities
- Modernising Day Services
- Integration of financial and human resources across health and social care that result in better outcomes for the end user.

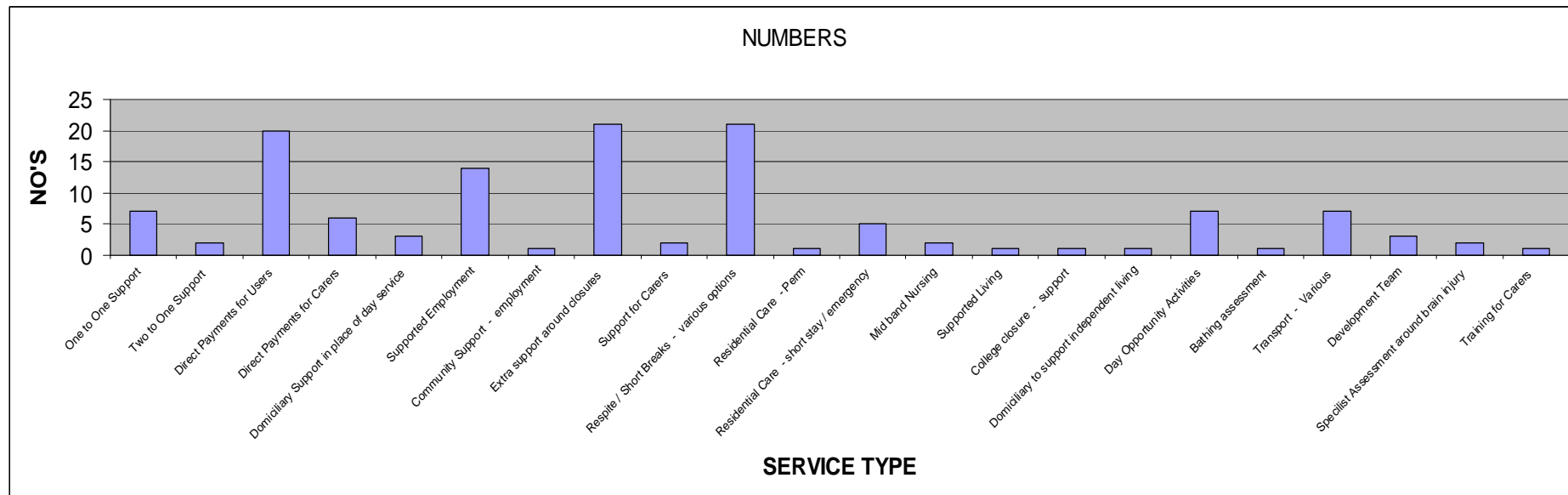
4.3 Aggregated Pattern of Need

Patterns of need are collected via Community Care Resource Panel and Continuing Health Care Panel. The top priority areas of demand include:

- Support to Users and Carers when the day centre is closed.
- Increased choice and range of short breaks that benefit both Users and Carers
- Increased demand for Direct Payments / Self Directed Funding (22 people with learning disabilities currently using Direct Payments – Jan 07) / need to maximise income particularly Independent Living Fund.

AGGREGATED PATTERNS OF NEED

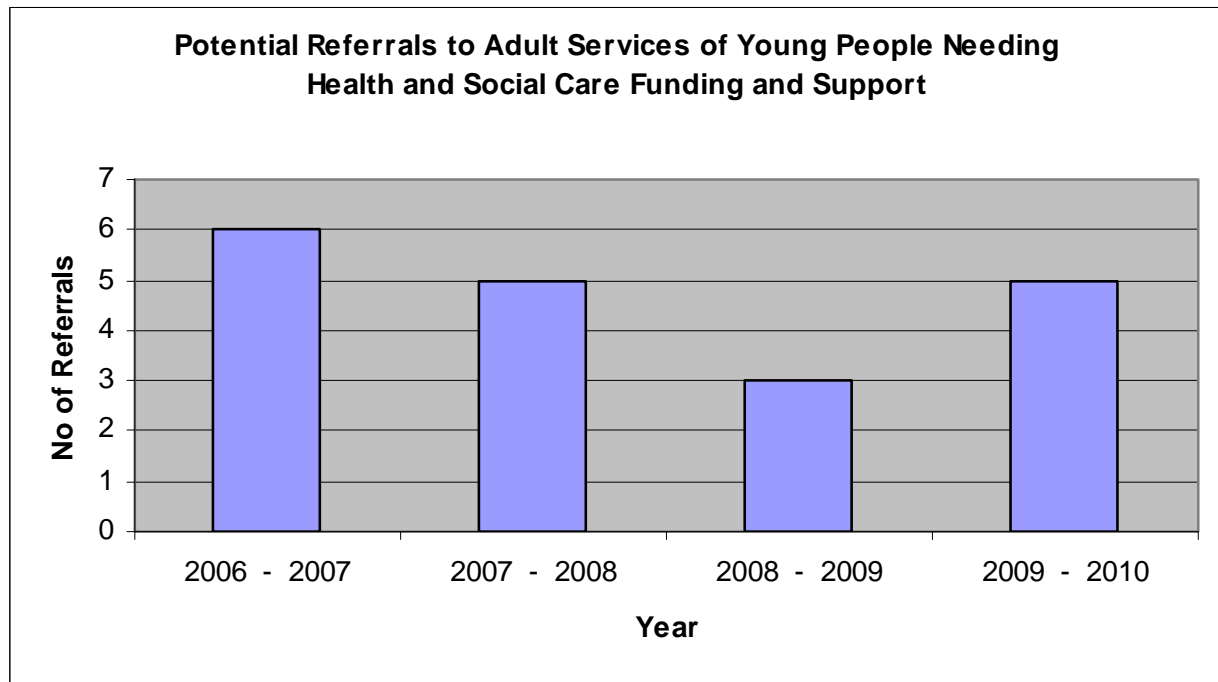
The following information has been derived from assessment of need, which was presented, to the Disability Resource Panel over the period January 2005 to September 2006.



The above table is an overview of service responses and does not reflect the individual needs around the request.

4.4 Planning For Transition

We have an established Transition Forum that is multi-agency and meets quarterly and aims to plan and co-ordinate all transition referrals and to predict needs and associated costs.



In 2007/2008 three young people out of a total of five referred in Hartlepool have complex needs and will probably require joint Health & Social Care Funding.

In 2008/2009 there will be three young people who have less complex needs and their needs will probably be met by Social Care Funding.

In 2009/2010 two young people out of a total of five referred will probably require joint Health and Social Care Funding to meet complex needs.

PLANNING FOR PEOPLE WITH AUTISTIC SPECTRUM DISORDER – YEAR 9 REVIEWS (Plus 14 Years)

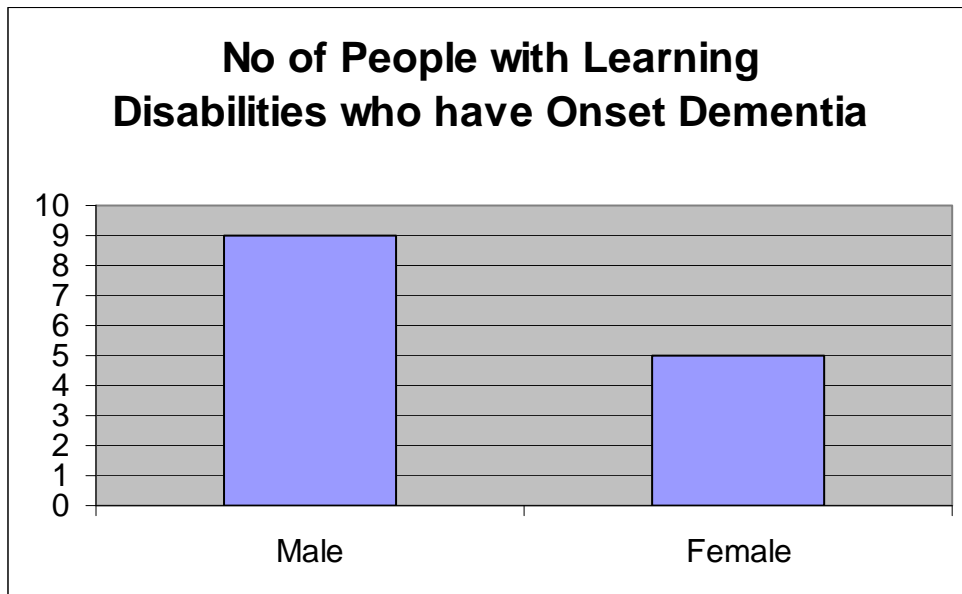
- We know that four young people out of a total of five at plus 14 years stage are people diagnosed with Autistic Spectrum Disorder or multiple and profound disabilities.
- We also know that currently we have 17 young people between the ages of 15 years and post 19 years who have complex and specialist needs (a combination of Autism and Challenging Behaviours)

We need to develop Local or Regional specialist provision for 21 young people with Autism / Challenging Behaviours.

The North East Autism Consortium and Board is now established and Chaired by Hartlepool Borough Councils Adults Director and a Lead Commissioning post has established. A framework for commissioning Autism Services is being developed regionally in order to ultimately improve the life chances and opportunities for adults and young people with Autism.

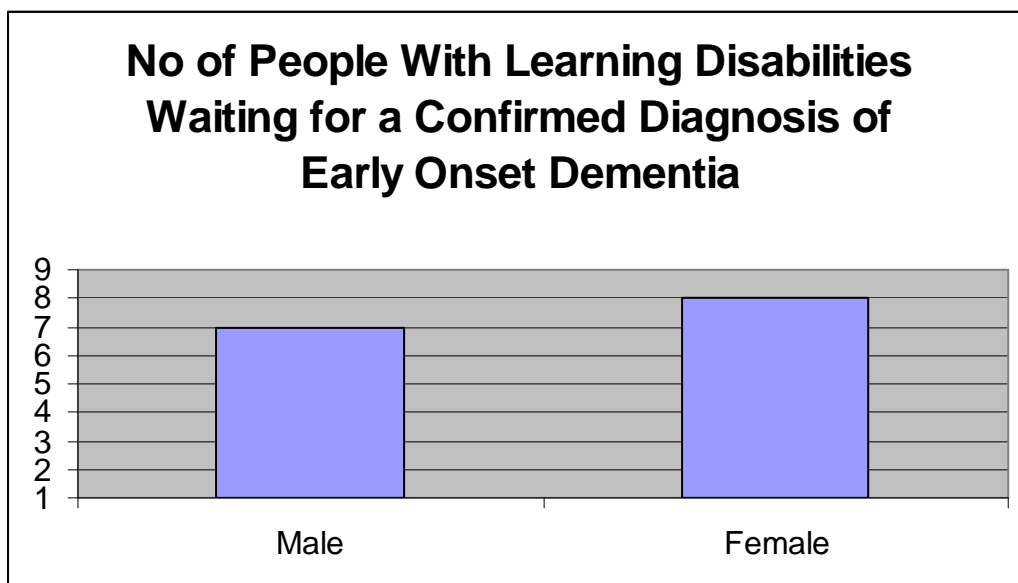
Numbers of People with Learning Disabilities with Early Onset Dementia

- Currently 14 People with Learning Disabilities have early onset dementia and we currently have limited appropriate provision for people with learning disabilities under 65 years.



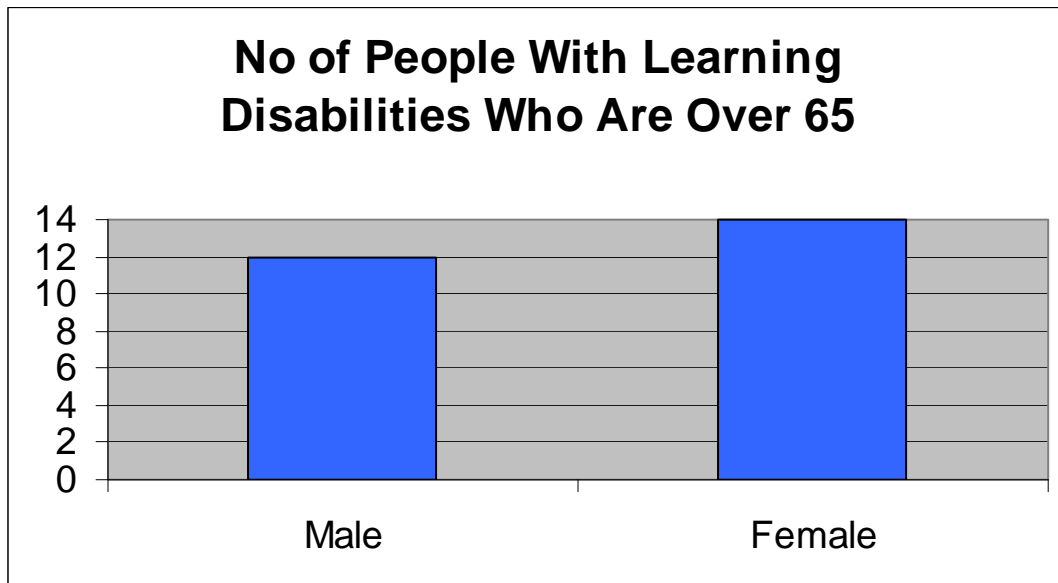
New Referrals Waiting for Confirmation of Diagnosis

- Currently another 15 people with learning disabilities are waiting for confirmation of diagnosis on Early Onset Dementia.



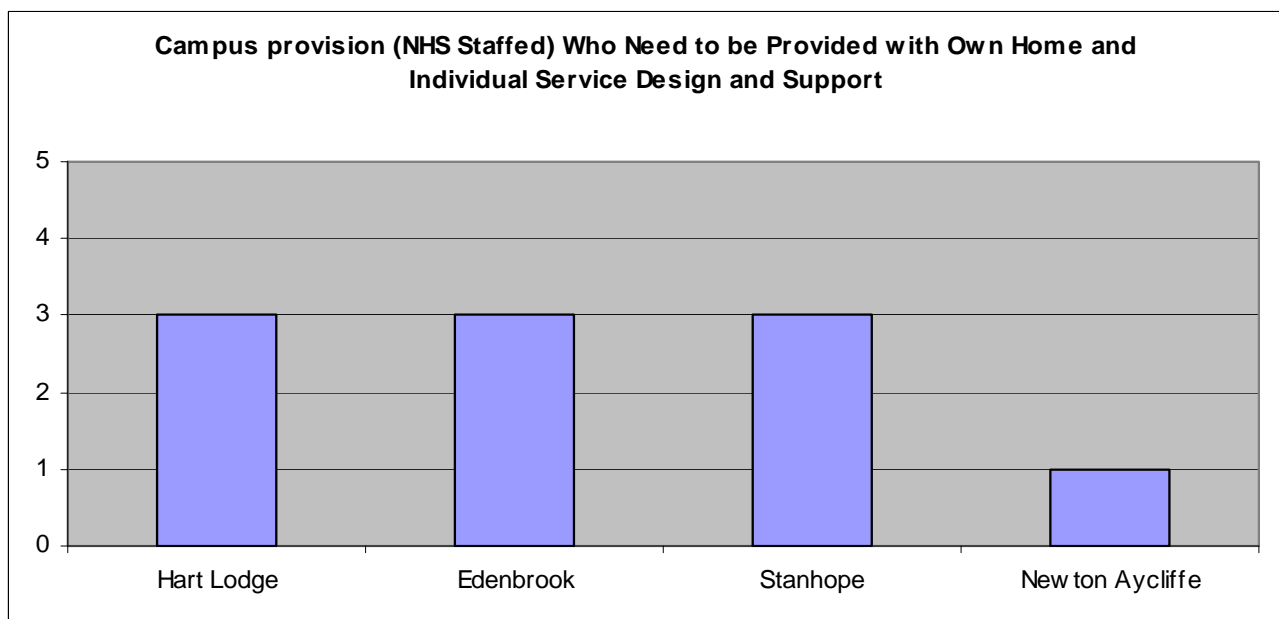
Number of People With Learning Disabilities Who Are Over 65

- There are currently 26 people with Learning Disabilities who are over 65.



We currently have no specialist provision for older people with learning disabilities and the workforce plan will also need to include the training and skills of staff in this area.

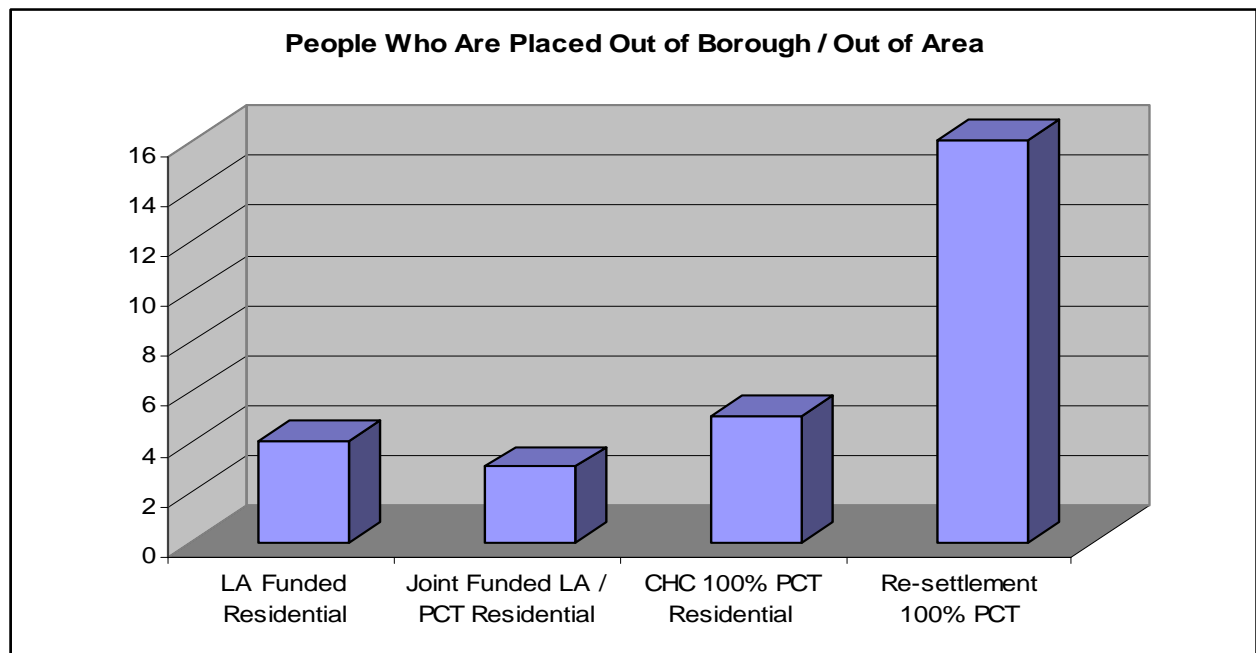
4.5 People Living In NHS Campus Provision



People with Learning Disabilities Who Want to Move Out of Residential or Family Home Into Own Home

Currently eleven people want to be supported via Person Centred Planning and Care Management to move into own home and increase their independence and control over their own life.

People placed out of Borough / out of area, which presents significant budget pressure to PCT and who have a right to be returned to their own Community if they wish.



Many of the people placed out of Borough will need to access primary / secondary and specialist health services and additional impact on these locally would need to be planned in advance. In addition an infrastructure of support needs to be planned and developed across Health and Social Care Commissioners and Providers.

Hartlepool's use of specialist assessment and treatment beds at Aysgarth – Stockton.

Since the specialist mental health and learning disability review by the Strategic Health Authority (SHA) and the Trust advanced business case Hartlepool have access to three assessment and treatment beds in Stockton from the original 8 that were previously available locally. Hartlepool's use of the beds currently is higher than all other neighbouring Teesside Authorities. This is due in part to local providers not having the specialist skills to support people with complex needs and the need to provide training and development to staff who support people who challenge services.

4.6 Summary - Demand Analysis

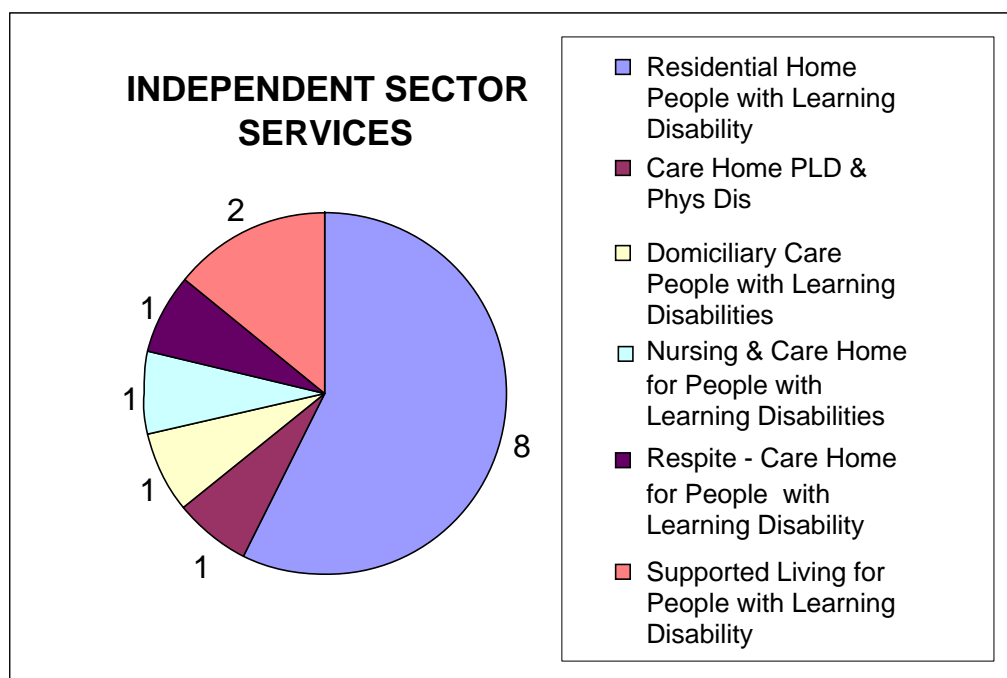
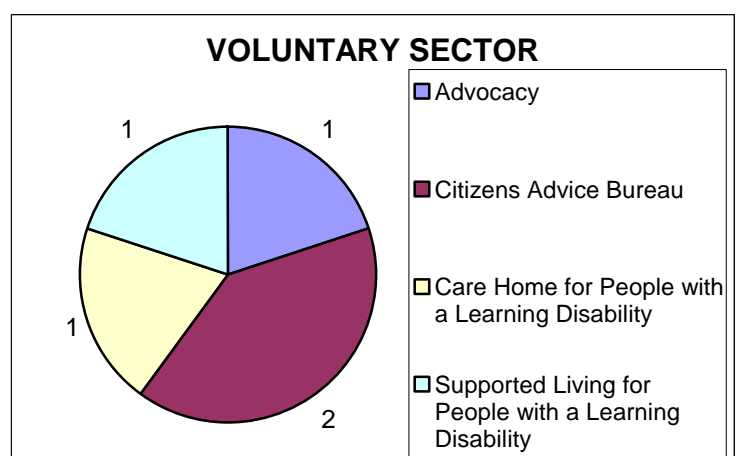
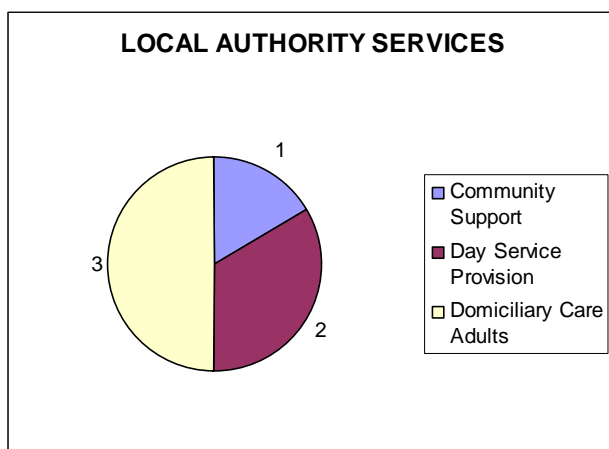
Key areas of demand and service provision shortfalls are:

- Local provision for Young people in transition from Children's Services with Complex Needs / Autism.
- People with Learning Disabilities who have early onset dementia
 - Need - Specialist Support into their own homes
 - Need - Specialist residential provision for under 65 years.
- People with Learning Disabilities who are over 65 years and have a range of aging issues plus their learning disability
 - Need - Skilled and trained support staff for this group of people
 - Need - Extra Care Housing type provision. Need to look at National Good Practice examples and models.
- Increased need for Supported Living models as opposed to residential care.
- Need for Community Infrastructure to support maintaining people with complex needs in the Community. This needs to be joined up across health and social care
- Need for intermediate care for hospital discharge from specialist assessment and treatment beds.

5.0 SUPPLY ANALYSIS

5.1 Structure Of Market

Structure of Local Services for People with Learning Disabilities

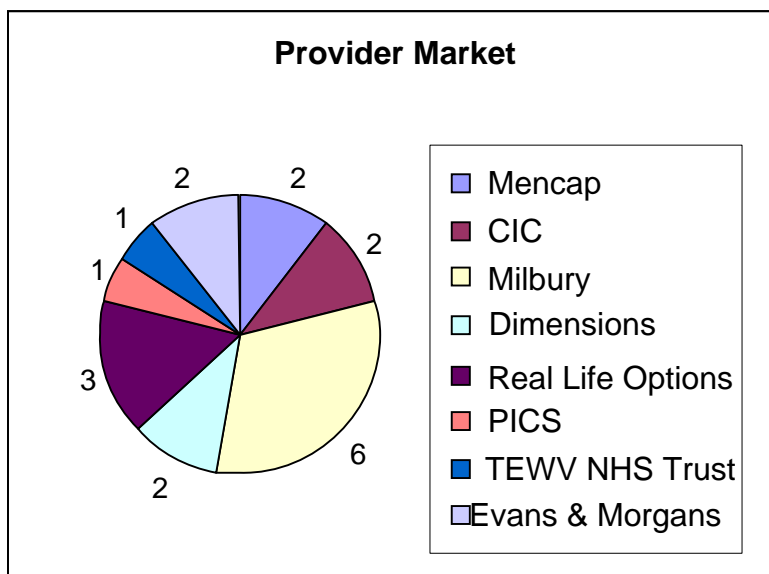
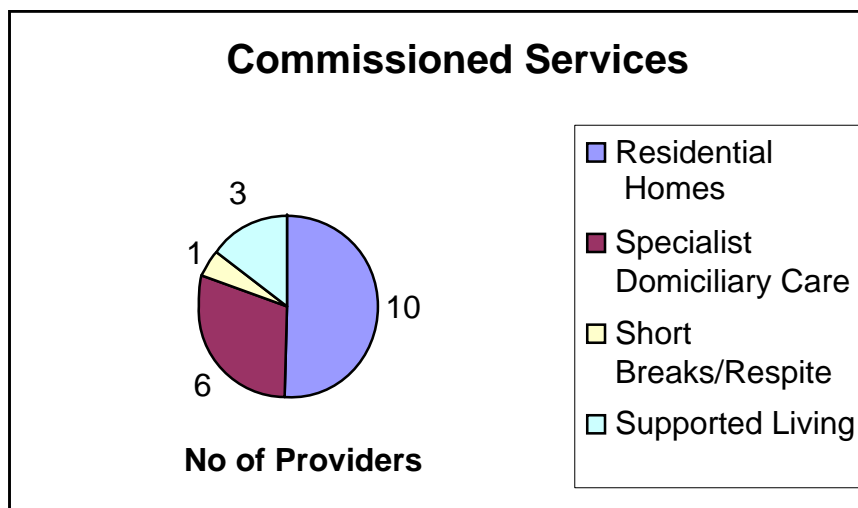


5.2 Map Of Current Service Provision / Main Providers

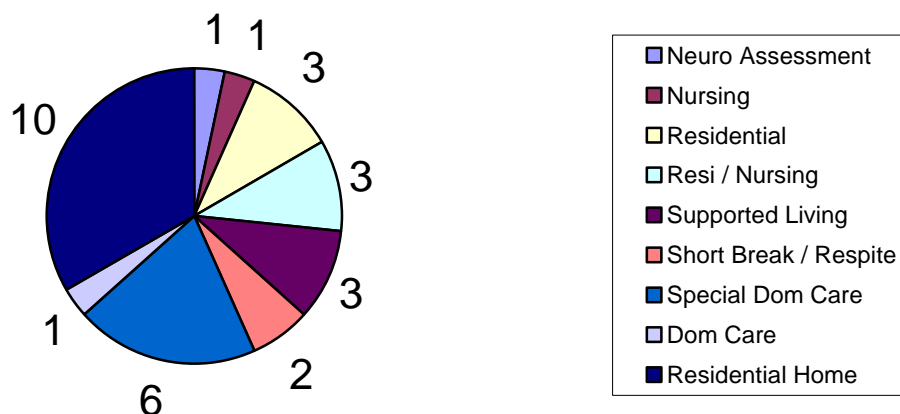
Disability Services are provided by:

- Hartlepool Borough Council, Adult & Community Services
- Tees, Esk and Wear Valleys - NHS Trust
- Primary Care Trust
- Independent Sector
- Voluntary Sector

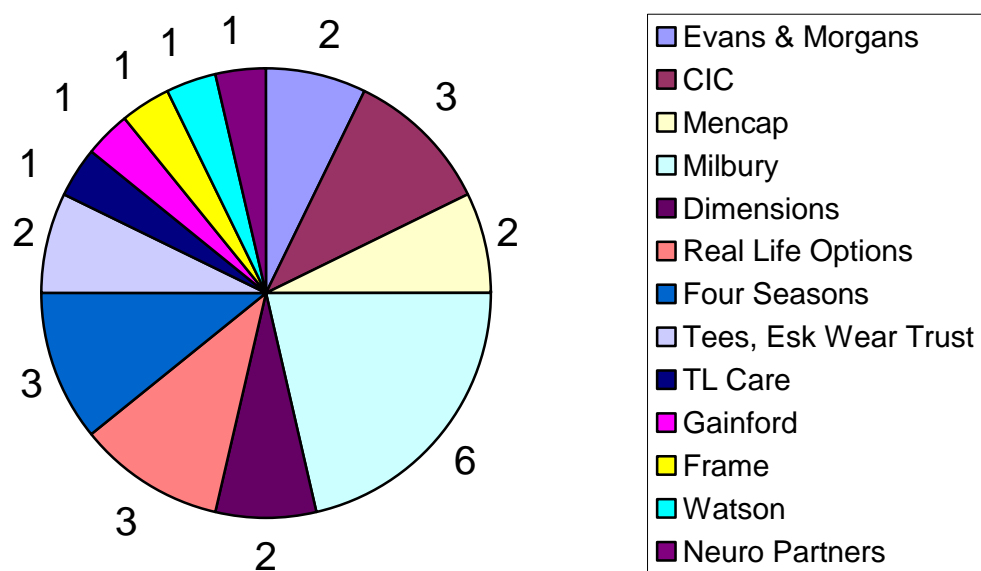
A range of services are Commissioned to meet the needs of people who receive support from disability services. The range of provision can be seen in the tables below:



Types of Provision



Range of Providers



5.3 Summary - Supply Analysis

Key issues when analysing supply include:

- Too much residential provision/not enough supported living options
- Too much provision from one Independent Provider without the necessary specialist skills to support complex needs.
- Not enough short break provision that gives choice and flexibility. Only one Independent Provider of respite in the market without the specialist skills to support complex needs.

Overall the current Learning Disability Provider market in Hartlepool is sparse and underdeveloped; limited by over commissioning with one independent provider.

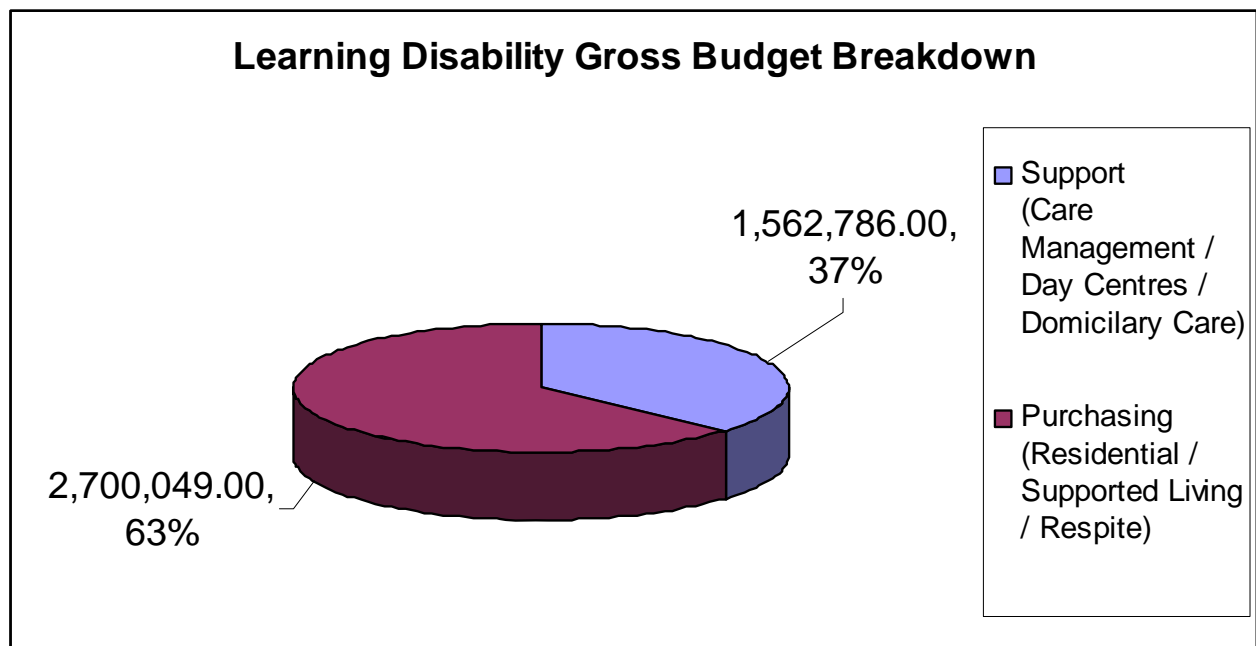
The balance of provision and skills is not available to meet the whole continuum of assessed needs.

Consequently, we need to start to change the market by building up and developing further the current providers who bring into the market place learning disability expertise and knowledge.

We also need to attract new providers who can help us realise our vision.

6.0 CURRENT FUNDING AND SPENDING

Learning Disabilities Gross Budget is £4,262,835.



Section 28A's are jointly funded packages of care across PCT and Local Authority supported by effective partnership working by Health and Social Care Commissioners and NHS Providers.

There are currently:

- 16 (50/50) joint packages of care at a cost of approx £360,000.00 per year.
- 42 (100%) resettlement packages at a cost of approx £1,588,000.000 per year

330K additional budget has been allocated for service improvements.

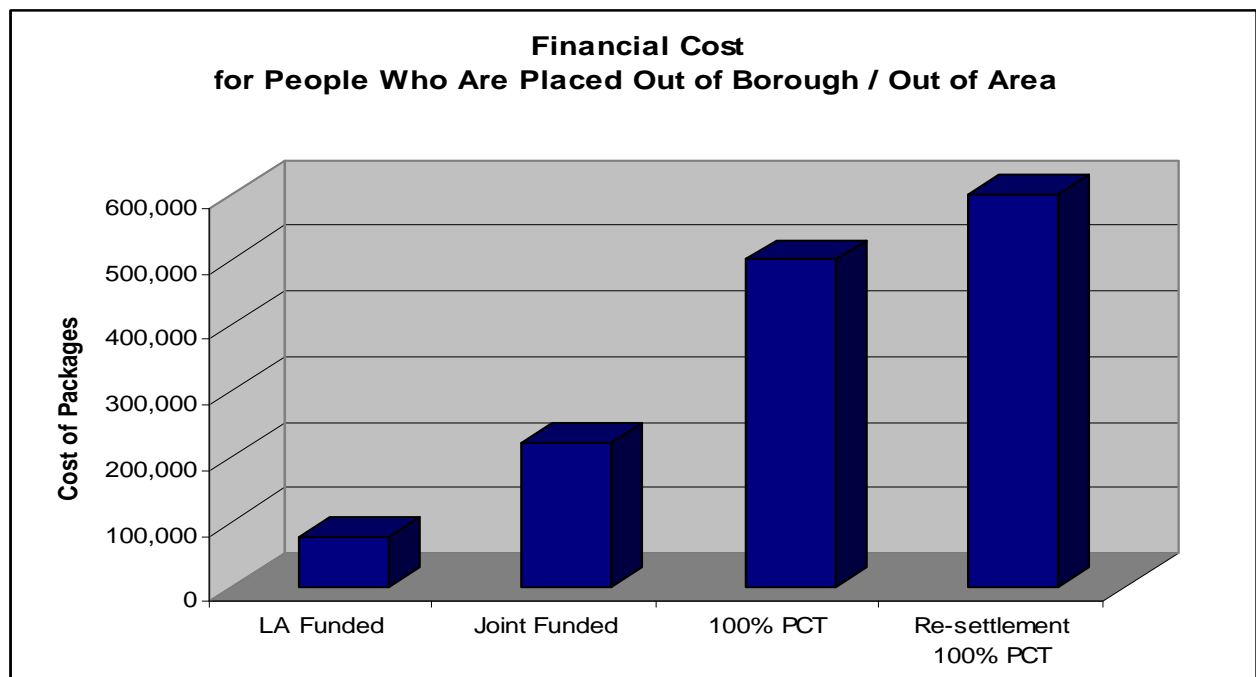
Learning Disability Development Fund = 90K / year.

This is used to invest in new service developments and to achieve the valuing people strategy and objectives.

People Who Are Placed Out of Borough / Out of Area

The 28 people placed out of Borough costs Health & Social Care Commissioners approximately 1.5 million.

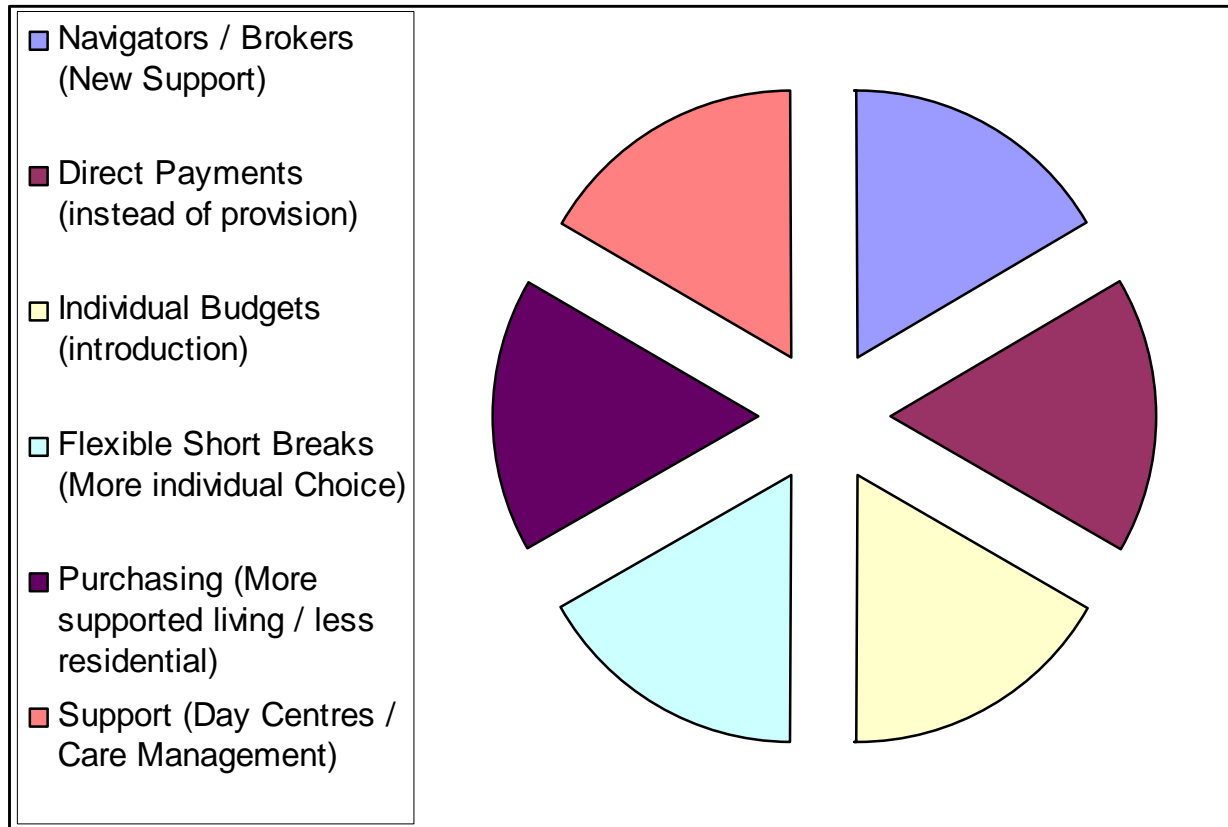
Some of the individual packages cost in excess of 100K and it may be that by returning people to local specialist provision in Hartlepool; some of these costs would reduce and savings could be re-invested into new provision.



SUMMARY

Over the next three years we expect the spending to move **from** residential and domiciliary care; day centre support **to** Direct Payments and Individual Budgets; navigators and brokers, flexible short break options and supported living.

Balance of spending may look like this in the next three years.



Sharing Resources with Health - Getting Best Value for People with Learning Disabilities

To ensure we use our resources effectively across Health and Social Care and get best value for people with learning disabilities we need to:

- Improve our current agreement around infrastructure costs
- Convert individual section 28A's into a block agreement
- Understand in more detail the PCT's current contract with TEWV and the PCT's actual spend on people with learning disabilities.

7.0 DESIGN OF FUTURE PROVISION / WAY FORWARD

- People who use services and their families / Carers need to be at the heart of the commissioning process.
- We will build in therefore, regular collection of qualitative data that comes from the ‘customer’.
- We need to agree a range of methods for this data collection and commission expertise on design of customer surveys.
- People with learning disabilities who cannot speak up for themselves still need to be listened to and their views and wishes responded to in the Commissioning Strategy. Advocacy provision is therefore essential.
- The focus on future provision will be individuals receiving an appropriate level of support which is flexible in nature and doesn’t create dependency; and shifts away from building based group provision.
- We need joint planning with health commissioners and specialist health providers so that we maximise use of resources.
- We will work with existing providers and ‘signal’ to them when policy changes will lead to impact on the local market.
- Existing Providers will need to develop new provision. We will attract new Providers into the market and exit from poor quality provision.
- We will develop stronger links with the third sector (Voluntary and Community) and invest in low-level prevention.

7.1 Priority Commissioning Intentions

The following priorities have been placed into priority order for the next three years. They require additional commissioning capacity and additional financial resources where they are new customers and new demand e.g. early onset dementia / people with learning disabilities who are older.

Some of the additional capacity and financial resources needs to be jointly funded across Health & Social Care.

There are a significant range of priorities that will impact on Commissioning / procurement / housing and supporting people human resources.

Dedicated human resources will be needed for learning disabilities for this strategy to be achieved.

7.2 Priorities

Priorities in order are:

1.	Completion of resettlement of three men at Hart Lodge into own homes.	SHORT TERM Year 1
2.	Development of Intermediate Care Options from Specialist Assessment and treatment beds to prevent delayed discharge and release specialist beds.	
3.	Development of Integrated Health and Social Care In Reach Team to support people with complex needs in their own homes and to skill up existing Independent Providers.	
4.	Development of short break options for Users and Carers.	
5.	Development of out of hours support for Carers of people with learning disabilities.	
6.	Development of specialist provision for people with learning disabilities with early onset dementia	
7.	Re-provision of NHS Campus Provision into own homes	MEDIUM TERM Year 2
8.	Development of local specialist provision for people with Autistic Spectrum Disorder (ASD).	
9.	Development of appropriate accommodation and provision for people with learning disabilities who are getting older.	LONG TERM Year 3
10.	Supporting people with learning disabilities who are currently out of area / out of Borough to return to Hartlepool, releasing some financial resources into new developments. However, the community infrastructure and available specialist provision needs to be established first	

8.0 MONITORING ARRANGMENTS

- 1) The Commissioning Strategy for Learning Disability Services will be reviewed at 6 months and annual stages. Progress will be monitored by the Learning Disability Partnership Board, Hartlepool Portfolio Holder, Hartlepool PCT and TEWV NHS Trust.

If priorities need to be altered due to unpredictable / unplanned factors the review process will give opportunity to do so.

- 2) New service design and specification will be completed by Head of Disabilities and alongside the Commissioning Team who will procure it. Clear outcomes will be included and specific measures set for evaluation of the quality and quantity of the service.
- 3) Care Management and Commissioning and Review will monitor contracts and individual service delivery. De-commissioning of services will be done in a planned and careful way that has an agreed exit strategy and accompanying timetable.
- 4) Users and Carers will be involved in the evaluation of services and will be trained to do so. Consultation will be done more systematically with Users and Carers.
- 5) The first year action plan outlines lead responsibility and timescales and will be monitored for achievement of targets and objectives alongside the Business Plan.
- 6) We need to look at quantitative data collection within current systems with Management Information Team and agree priorities for 07 / 08 that would improve service planning for the medium term.

9. APPENDICES

[Appendix 1](#) - Action Plan - First Year

COMMISSIONING ACTION PLAN YEAR ONE - 07 / 08

PRIORITY AREA	COMMISSIONING INTENTION	ACTIONS	TIMESCALES	RESPONSIBLE PERSON
ESTABLISH DEDICATED RESOURCES IN LEARNING DISABILITIES FOR IMPLEMENTATION OF PRIORITY COMMISSIONING PLANS	To implement priority commissioning plans in order of agreed priorities.	To develop joint Health and Social Care Commissioning Lead for Learning Disabilities	Joint funding agreed across Health and Social Care. Person in post by June 07.	Liz Bruce

PRIORITY AREA	COMMISSIONING INTENTION	ACTIONS	TIMESCALES	RESPONSIBLE PERSON
PLACES TO LIVE	We intend to complete the second stage of the resettlement process for three people at Hart Lodge.	Meeting across Operations, Commissioning and Legal to agree plan	November 2006	Neil Harrison, Phil Hornsby
		Project Plan written	December 2006	Neil Harrison
		Shared with TEWV	February 2007	Liz Bruce / Stephen Scorer
		Funding established	November 2006	Neil Harrison / SHA
		Secure RSL	January 2007	Phil Hornsby
		PCT agreement on funding passed to Local Authority	December 2006	Liz Bruce, Phil Hornsby
		Joint assessment and Person Centred Plans inform Commissioning of services.	January 2007	Neil Harrison, June Auton
		Individual service design and care / support agreed	March 07	Neil Harrison / June Auton
		Tender process for care and support out to advert.	April 07	Phil Hornsby / Liz Bruce
		Transition Plan agreed with Trust.	May 07	Liz Bruce Stephen Scorer June Auton

PRIORITY AREA	COMMISSIONING INTENTION	ACTIONS	TIMESCALES	RESPONSIBLE PERSON
CHOICE & CONTROL	We will commission a range of advocacy services for people with disabilities and will further expand spending on advocacy across disabilities	Identify funding	January 2007	Liz Bruce
		Invite York People First and Skills for People In Jesmond to the LD Partnership Board	January 2007	Liz Bruce, Lyn Duncan
		Draw up expression of interest and send out to all relevant providers	May 07	Lynn Duncan / Phil Hornsby
		Identify and select provider	July 2007	Liz Bruce, Phil Hornsby
PRIORITY AREA	COMMISSIONING INTENTION	ACTIONS	TIMESCALES	RESPONSIBLE PERSON
GETTING SUPPORT	To develop intermediate care option from hospital discharge to prevent delays and blockages in specialist assessment and treatment beds.	Research good practice models across country	April 07	Liz Bruce
		Write options appraisal	May 07	
		Take to Learning Disabilities Partnership Board and Portfolio for agreement.	June 07	
		Implement agreed option.	August 07	LD Commissioning Lead

PRIORITY AREA	COMMISSIONING INTENTION	ACTIONS	TIMESCALES	RESPONSIBLE PERSON
CARERS / FAMILIES	To develop increased practical support to Carers; including out of hours support service.	Research good practice models Nationally / Regionally	May 07	Liz Bruce / Janet Wistow
		Consult with Carers – identify agreed approach.	June 07	
		Implement approach		LD Commissioning Lead

ADULT AND PUBLIC HEALTH PORTFOLIO

Report to Portfolio Holder

23 May 2007



Report of: Director of Neighbourhood Services

Subject: NEIGHBOURHOOD SERVICES
DEPARTMENTAL PLAN 2006/07 – 4TH QUARTER
MONITORING REPORT

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder of the progress made against the Neighbourhood Services Departmental Plan 2006/07 in the fourth quarter of the year.

2. SUMMARY OF CONTENTS

The progress against the actions contained in the Neighbourhood Services Departmental Plan 2006/07 and the fourth quarter outturns of key performance indicators.

3. RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Member has responsibility for public protection services.

4. TYPE OF DECISION

Non-key.

5. DECISION MAKING ROUTE

Portfolio Holder meeting 23 May 2007.

6. DECISION REQUIRED

Achievement on actions and indicators be noted

Report of: Director of Neighbourhood Services

Subject: NEIGHBOURHOOD SERVICES
DEPARTMENTAL PLAN 2006/07 – 4TH
QUARTER MONITORING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform the Portfolio Holder of the progress made against the key actions identified in the Neighbourhood Services Departmental Plan 2006/07 and the progress of key performance indicators.

2. BACKGROUND

- 2.1 The Adult and Public Health Services Portfolio Holder agreed the Neighbourhood Services Departmental Plan in July 2006.
- 2.2 The Portfolio Holder for Adult and Public Health Services has responsibility for part of the Neighbourhood Services Departmental Plan.
- 2.3 The Neighbourhood Services Departmental Plan 2006/07 sets out the key tasks and issues along with an Action Plan to show what is to be achieved by the department in the coming year.
- 2.4 The Council has introduced an electronic Adult and Public Health Services database for collecting and analysing performance. In 2006/07 the database will collect performance information detailed in the Corporate Plan, the five Departmental Plans and the Services Plans of the Neighbourhood Services Department.
- 2.5 Each section within the department produces a Service Plan, detailing the key tasks and issues facing them in the coming year. Each plan contains actions, detailing how each individual section contributes to the key tasks and priorities contained within the Neighbourhood Services Departmental plan and ultimately those of the Corporate plan.

3. FOURTH QUARTER PERFORMANCE

- 3.1 This section looks in detail at how the Neighbourhood Services Department has performed in relation to the key actions and performance indicators that were included in the Neighbourhood Services Departmental Plan 2006/07.

- 3.2 On a quarterly basis officers within the department are requested to provide an update on progress against every action contained in the performance plans and, where appropriate, every performance indicator.
- 3.3 Officers are requested to provide a short commentary explaining progress made to date, and asked to traffic light each action based on whether or not the action will be, or has been, completed by the target date set out in the plans. The traffic light system has been slightly adjusted in 2006/07, following a review of the system used previously. The traffic light system is now:

Red	- Action/PI not expected to meet target
Amber	- Action/PI expected to be meet target
Green	- Action/PI target achieved

- 3.4 Within the Neighbourhood Services Departmental Plan there are a total of 95 actions and 121 Performance Indicators identified. The Portfolio Holder for Adult and Public Health Services has responsibility for seven of these actions and ten of these performance indicators. Table 1 below, summarises the progress made at the end of the fourth quarter towards achieving these actions and performance indicators.

Table 1 – Neighbourhood Services progress summary

	Departmental Plan		Regeneration, Liveability & Housing Portfolio	
	Actions	PIs	Actions	PIs
Green	16	15	7	9
Amber	74	63	-	1
Red	4	3	-	-
Annual	1	38	-	-
Total	95	119	7	10

- 3.5 All of the actions for which the Portfolio holder has responsibility have been identified as being completed on target.
- 3.6 It can also be seen that nine of the Performance Indicators have also been highlighted as having achieved target, with the remaining performance indicator expected to achieve target, as this is measured over a three-year period.
- 3.7 During the year the Neighbourhood Services Department achieved the targets set out in Actions and Performance Indicators for which the Portfolio Holder has responsibility, including:

- The delivery of further healthy eating training in the community.
- Worked in partnership in developing and implementing a public health strategy action plan for 2006/7.
- Supplemented our enforcement role by providing targeted education and advice.

4. RECOMMENDATIONS

- 4.1 That achievement of key actions and fourth quarter outcomes of performance indicators are noted.

ADULT AND PUBLIC HEALTH PORTFOLIO

Report To Portfolio Holder

23 May 2007



Report of: Head of Public Protection

Subject: ROGERS REVIEW ON NATIONAL
ENFORCEMENT PRIORITIES FOR LOCAL
AUTHORITY REGULATORY SERVICES

SUMMARY

1. PURPOSE OF REPORT

To inform Portfolio Holder of the contents of the “Rogers Review” on National Enforcement Priorities for Local Authority Regulatory Services and the possible effects for Hartlepool Borough Council.

2. SUMMARY OF CONTENTS

The report highlights the recommended national priority areas for local authority regulatory services (Environmental Health, Trading Standards and Licensing) as well as detailing potential local priorities and those considered as non-priority. The report also sets out the likely effect on services provided by Hartlepool Council and contains details of how priorities will be addressed in 2007/08.

3. RELEVANCE TO PORTFOLIO MEMBER

Portfolio Holder is responsible for Environmental Health and Trading Standards services.

4. TYPE OF DECISION

Non-key.

5. DECISION MAKING ROUTE

Portfolio Holder only.

6. DECISION(S) REQUIRED

To note the recommendations of the Rogers Report and the actions proposed to address the priorities in 2007/08.

Report of: Head of Public Protection

Subject: ROGERS REVIEW ON NATIONAL
ENFORCEMENT PRIORITIES FOR LOCAL
AUTHORITY REGULATORY SERVICES

1. PURPOSE OF REPORT

- 1.1 To inform Portfolio Holder of the contents of the “Rogers Review” on National Enforcement Priorities for Local Authority Regulatory Services and the possible effects for Hartlepool Borough Council.

2. BACKGROUND

- 2.1 A report on National Enforcement Priorities for Local Authority Regulatory Services by Peter Rogers, Chief Executive of Westminster City Council, was published in March 2007.
- 2.2 The recommendations in the report, which was commissioned by the Cabinet Office, have been fully accepted by the Government.
- 2.3 The services referred to in the report are Environmental Health, Trading Standards and Licensing, which together form the country's largest body of enforcement officers.
- 2.4 The report purports to be the first step in establishing “a new relationship between central and local government” on enforcement matters and follows the “Hampton Review” which was commissioned by the Government several years ago to report on reducing the burdens on industry. With an increasingly devolved local government framework, central government wishes to ensure that local authorities will enforce a small number of key enforcement priorities of national importance consistently. Apparently, local authority representatives have called for central government to be clear about enforcement priorities and a lack of effective central and local co-ordination was identified in the Hampton Review of regulatory enforcement and inspection, as hindering these vitally important services.

3. RECOMMENDED NATIONAL PRIORITIES

- 3.1 The review recommends six national enforcement priorities:
1. Air Quality – including regulation of pollution from factories and homes.
 2. Alcohol Licensing – entertainment and late night refreshment licensing and its enforcement.
 3. Hygiene of Food Businesses – selling, distributing and manufacturing food and the safety and fitness of food.
 4. Improving Health in the Workplace – reducing the incidences of ill health and days lost from work activities.
 5. Fair Trading – trade descriptions, trade marking, mis-description, doorstep selling.
 6. Animal and Public Health – animal movements and identification, including animal food and control of animal disease (including those that can be transmitted to humans).
- 3.2 These are considered to pose a significant risk to large numbers of people, requires a co-ordinated, systematic approach to enforcement and requires a local response to deal with the matter.

4. LOCAL PRIORITIES

- 4.1 As well as recommending national enforcement policies, the Review Highlights 18 policy areas that are likely to be local priorities for many authorities enabling these services to make their case in Local Area Agreements.
- 4.2 The potential local priorities are listed in **Appendix 1**. The report makes it clear that policy areas not identified as national priorities, nor as local priorities, does not relieve the local authority of its statutory responsibilities, nor should the report be used to trim local authority budgets unless justified on a risk basis. These local priority areas have the potential to cause significant harm within the local authority area and high levels of concern about which authorities can make a difference to outcomes.
- 4.3 The ‘non-priorities’ suggested in the report are set out in **Appendix 2**.
- 4.4 In total 61 policy areas were examined in the review. By focussing on priority areas, it is hoped authorities may be able to scale down their activities in non-priority areas.

5. REVIEW RECOMMENDATIONS

- 5.1 Seven recommendations were set out in the Review:

1. The Government should specify the six enforcement priorities for Trading Standards and Environmental Health Services as set out above.
2. The Local Better Regulation Office (LBRO) should develop and disseminate best practice to assist authorities to focus on the priorities.
3. Government departments should work with the Local Better Regulation Office when drawing up advice on minimum levels of enforcement and reporting requirements for policy areas that are not priorities, but implement European Union legislation.
4. The LBRO should refresh these enforcement priorities regularly (at least every three years).
5. Government departments (and non departmental public bodies) should consider the implications on local authority regulatory services of any new enforcement demands and ensure such demands are fully funded.
6. The Government should ensure the proposed 200 national indicators setting out the priority outcomes for local authorities under the new performance management framework reflect the national enforcement priorities in this review.
7. The Government should not use part funding or “seed monies” to introduce new enforcement priorities by the “back door”.

6 IMPLICATIONS FOR HARTLEPOOL COUNCIL

6.1 Implications for Hartlepool Borough Council adopting the six national priority areas for Environmental Health, Trading Standards and Licensing services in Hartlepool are unlikely to pose any significant problems. Comments on each of the priority areas are set out below:

1. **Air Quality**
Air quality problems are primarily associated with vehicular emissions. Hartlepool currently meets all ten air quality objectives (targets). However, we will continue to monitor pollutants and undertake a major review and assessment in 2009/10. It is expected that local authorities will be requested to demonstrate continual improvements in air quality in the future, irrespective of whether the air quality objectives are being met.
2. **Alcohol Licensing**
Monitoring and inspection of licensed premises will continue to be a priority, especially given the introduction of Smoke Free Legislation on 1 July 2007. Under age sales of alcohol will continue to be targeted and details of resultant legal action may be taken to Licensing Committee for consideration of possible amendment, suspension or revocation of the existing licence.

3. Hygiene of Food Businesses
Inspection of food businesses has always been a priority. Inspections of all premises due to be visited on a risk assessment basis have been consistently achieved despite staff shortages. Public interest in food safety standards has recently increased with the introduction of the “Scores on the Doors” star award scheme. We will continue to aim for 100% compliance with the relevant Best Value Performance Indicator – BV166.
4. Improving Health in the Workplace
We intend to take an active role in the national “FIT 3” HSE/Local Authority Partnership programme for 2007/08. Although full details have not yet been made available, we intend to target contact dermatitis and asbestos (via management of asbestos in buildings) as part of our inspection work.
5. Fair Trading
We plan to undertake a series of local presentations on the national “Doorstoppers” campaign in respect of cold calling and rogue traders. We will continue to publicise and investigate “scams” which affect local residents. Much of our Trading Standards activities is governed by priorities set by residents in 2001. It is intended to repeat a survey exercise this year via Viewpoint 1000 to establish the current priorities of residents for Trading Standards Services.
6. Animal and Public Health
Protecting animal and public health is of national importance, but applies mainly (though not solely) to rural areas and border inspection points. This matter is currently topical with the threat of the spread of avian influenza and the possibility of mutation leading to a human influenza pandemic. The Council is required to respond to any future imposed restrictions in animal movement as well as preparing for business continuity should Council services be affected by such a pandemic. The Cleveland Emergency Planning Unit has recently published a plan and guidance for the Tees Valley Authorities.

- 6.2 The six national priorities are reflected and addressed in the Neighbourhood Services Departmental Plan for 2007/08 as well as the Public Protection Service Plan. Whilst the Government intends to review their priorities every three years, the Council's priorities will be reviewed annually to coincide with the production of the Departmental and Annual Plans.

4 RECOMMENDATION

That Portfolio Holder notes the recommendations of the Rogers Review and the actions proposed by the Council to meet the Government's National Enforcement Priorities.

3.2 Appendix 1

Rogers Review – List of Potential Local Priorities

Approval of food manufacturers
Licensing of HMO's
Consumer credit
Contaminated land
Farmed animal welfare
Product safety (subject of specific regulations)
Local environmental quality
Noise nuisances
Misleading prices
Operation of housing HSRs
Notification of infectious disease
Food standards (labelling)
Imported food
Product safety
Work related transport safety
Underage sales
Safety of foodstuffs
Work related slips, trips and falls

Rogers Review – List of Non Priorities

Tenancy agreements
Grading of agricultural produce
Radiation monitoring
Animal feedstuffs
Noise mapping
Car fuel consumption
Packaging
Business names
Litter
Standards of sanitary conveniences
Sunday trading
Licensing for animals
Business licensing
Fly-tipping
Street trading licensing
Price marking
Management orders and HMO's
Vehicle safety
Overloaded vehicles
Selective licensing
Area renewal areas
Empty property
Control of poison sales
Dog fouling
Seizure of stray dogs
Enforcing sewer law
Sufficiency and safety of water supply
Removal of unauthorised campers
Unfair contract forms
Labelling of equipment
Weights and measures
Petroleum storage
Consumer transaction restrictions of statements
Air quality plans
Taxi licensing