

PLEASE NOTE VENUE

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



Tuesday 18th September 2007

at 9.00 am

**in the Main Hall,
Jutland Road Community Centre,
Jutland Road, Hartlepool**

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

1. KEY DECISIONS
No items

2. OTHER ITEMS REQUIRING DECISION
2.1 Health and Safety Service Plan 2007/08 – *Head of Public Protection*

3. ITEMS FOR INFORMATION / DISCUSSION
3.1 Annual Complaints Report 1 April 2006 - 31 March 2007 – *Director of Adult and Community Services*
3.2 Annual Diversity Report 2006/2007 – *Director of Adult and Community Services*
3.3 Business Process Re-Engineering – *Director of Adult and Community Services*

4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS
No items

ADULT & PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
18 September 2007



Report of: Head of Public Protection

Subject: HEALTH & SAFETY SERVICE PLAN 2007/08

SUMMARY

1. PURPOSE OF REPORT

To seek Portfolio Holders approval for the Health & Safety Service Plan 2007/08.

2. SUMMARY OF CONTENTS

The report gives details of the Health & Safety enforcement service and the service plan for 2007/08.

3. RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Holder for Adult & Public Health has responsibility for this service.

4. TYPE OF DECISION

Non key

5. DECISION MAKING ROUTE

Adult & Public Health Services Portfolio.

6. DECISIONS(S) REQUIRED

Approval of the Health & Safety Service Plan 2007/08.

ADULT & PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
18 September 2007



Report of: Head of Public Protection

Subject: HEALTH & SAFETY SERVICE PLAN 2007/08

1. PURPOSE OF REPORT

- 1.1 To consider the Health & Safety Service Plan for 2007/08, which is a requirement under section 18 of the Health & Safety at Work etc Act 1974.

2. BACKGROUND

- 2.1 The Health & Safety Commission (HSC) has a key role in overseeing local authority enforcement activities. They have duties to set and monitor standards of local authorities as well as carry out audits of enforcement activities to ensure that authorities are providing an effective service to protect public health and safety.
- 2.2 The Health & Safety Commission has issued section guidance to local authorities, which provides information on how local authority enforcement service plans should be structured and what they should contain. Service plans developed under this guidance will provide the basis on which local authorities will be monitored and audited by the Health & Safety Commission.
- 2.3 The service planning guidance ensures that key areas of enforcement are covered in local service plans, whilst allowing for the inclusion of locally defined objectives.
- 2.4 The Health & Safety Service Plan for 2007/08 is attached as **Appendix 1** and takes into account the guidance requirements.

3. THE HEALTH & SAFETY SERVICE PLAN

- 3.1 The service plan for 2006/07 has been updated to reflect last year's performance.

3.2 The Service Plan covers the following:

- (i) Service aims and objectives.
- (ii) The background to the authority, including the scope and demands on the health and safety service.
- (iii) Service delivery, including inspection programmes, service requests, complaints, advice, liaison and promotion.
- (iv) Resources, including financial allocation, staff allocation and staff development.
- (v) Quality assessment.
- (vi) Details of the review of the plan.

4. **ISSUES**

- 4.1 The number of programmed Health & Safety inspections carried out in 2006/07 was slightly below target at 95%, however, this is an improvement on the previous year.
- 4.2 Topic based inspections were introduced in 2005/06, ensuring that all inspections focus on falls from a height, workplace transport, slips and trips, musculoskeletal disorders and work related stress as required by HSC.
- 4.3 We have actively participated in the Health & Safety Partnership working closely on various initiatives with other local authorities and the Health & Safety Executive. This work will continue in 2007/08 with our participation in the following FIT 3 projects
 - Ladders Week
 - Noise & Vibration in bars & clubs
 - Contact Dermatitis
 - Asbestos
 - Workplace Transport
- 4.4 An inter authority audit of the health & safety service was carried out in March 2007 as part of a co-ordinated programme within the Tees Valley Authorities. All Audits were carried out by an external consultant. The recommendations of the audit will be implemented during 2007/08.
- 4.5 The outcome was favourable and issues/concerns raised were of a minor nature, but will be actioned during 2007/08.

5. **RECOMMENDATIONS**

- 5.1 That the Portfolio Holder approves the Health & Safety Service Plan for 2007/08.



Hartlepool Borough Council

Health & Safety Service Plan

2007/08

HEALTH & SAFETY SERVICE PLAN 2007/08

This Service Plan accords with the requirements of the section 18 guidance issued by the Health and Safety Commission, and sets out the Council's aims in respect of its health and safety enforcement service and the means by which those aims are to be fulfilled. Whilst focussing primarily on the year 2007/08, where relevant, longer-term objectives are identified. Additionally, there is a review of performance for 2006/07 and this aims to inform decisions about how best to build on past successes and address performance gaps.

1. Background Information

Hartlepool is situated on the North East coast of England. The Borough consists of the town of Hartlepool and a number of small outlying villages. The total area of the Borough is 9,390 hectares.

Hartlepool is a unitary authority, providing a full range of services. It adjoins Easington District Council to the north, Sedgefield District Council to the west and Stockton on Tees Borough Council to the south. The residential population is 90,161 of which ethnic minorities comprise 1.2% (2001 census).

2. Service Aims and Objectives

Hartlepool Borough Council aims:

- To carry out our enforcement duties and deliver high quality services through the efficient and effective use of resources.
- To supplement our enforcement role by providing targeted education and advice
- To encourage innovation through actively seeking out best practice and working in partnership with other agencies
- To actively contribute towards achieving the Health and Safety Executives (HSE) Fit3 targets.

In its delivery of the service the Council will have regard to directions from the Health and Safety Commission (HSC), HELA, Approved Codes of Practice, the Enforcement Concordat, and guidance from Local Authorities Co-ordinators of Regulatory Services (LACORS).

Service delivery broadly comprises:

- Programmed inspection of premises for health and safety
- Accident investigation
- Topic based inspections
- Provision of advice, educational materials and courses to businesses
- Interventions around the Fit3 programme

- Promotional and advisory work

Effective performance of the health and safety service necessitates a range of joint-working arrangements with other local authorities and agencies such as the Health and Safety Executive (HSE). The Council aims to ensure that these joint-working arrangements are in place and that officers of the service contribute and are committed to the on-going development of these arrangements.

3. Policy Content

This service plan fits into the hierarchy of the Council's planning process as follows:

- Hartlepool's Community Strategy - the Local Strategic Partnership's (the Hartlepool Partnership) goal is "to regenerate Hartlepool by promoting economic, social and environmental wellbeing in a sustainable manner."
- Corporate (Best Value Performance) Plan
- Neighbourhood Services Departmental Plan
- Public Protection Divisional Plan
- Consumer Services Service Plan
- Health & Safety Enforcement Service Plan - sets out how the Council aims to deliver this statutory service and the Consumer Services section's contribution to corporate objectives

The Council's Community Strategy sets out its vision for 'a prosperous, caring, confident and outward looking community realising its potential in an attractive environment'. This Health and Safety Service Plan contributes towards the vision and the Council's seven main priorities in the following ways:

Jobs and the Economy

By providing advice and information to new and existing businesses to assist them in meeting their legal requirements with regard to health, safety and welfare, and avoid potential costly action at a later stage.

Lifelong Learning and Skills

By providing advice to both as regards what training is appropriate for particular jobs. This advisory role is supplemented with enforcement action where necessary to ensure that the appropriate training is provided to employees. The team also provides seminars on current health and safety issues to the wider community.

Health and Care

By ensuring that businesses meet their obligations as regards health and safety the well being of both employees and the public will be protected.

Community Safety

By encouraging awareness amongst businesses of the role they can play in reducing problems in their community by keeping premises in a clean tidy and safe condition.

Environment and Housing

By encouraging businesses to be aware of environmental issues which they can control, such as proper disposal of hazardous waste.

Culture and Leisure

By exploring ways to promote high standards of compliance with health, safety and welfare law in hotels, other tourist accommodation, public houses and other catering and retail premises. This also applies to ensuring events to which the public are admitted are held safely.

Strengthening Communities

By developing ways of communicating well with all customers, including proprietors of businesses whose first language is not English, and ensuring that we deliver our service equitably to all.

This Health and Safety Law Enforcement Service Plan similarly contributes to the vision set out in the Neighbourhood Services Department Plan “to work hand in hand with communities and to provide and develop excellent services that will improve the quality of life for people living in Hartlepool neighbourhoods”.

The Council has in place a Health and Safety Law Enforcement Policy which has been revised and subsequently approved by the Adult and Public Health Services Portfolio Holder on 21 March 2005.

The Council is committed to the principles of equality and diversity. The Health and Safety Service Plan consequently aims to ensure that the same high standards of service is offered to all, and that recognition is given to the varying needs and backgrounds of its customers.

4. Legislative Powers and other actions available

The Council has a wide range of duties and powers conferred on it in relation to health and safety functions.

The Health and Safety at Work etc. Act 1974 requires that the Council appoint inspectors, having suitable qualifications and competencies, for the purposes of enforcing the Act and its associated provisions.

The most effective means of checking compliance with statutory requirements is through the inspection of businesses and premises. This is reflected in guidance issued by the Health and Safety Commission that requires Councils to draw up and implement an annual programme of risk-based inspections.

The powers of authorised officers to conduct inspections are derived from Section 20 of the Health and Safety at Work etc. Act 1974. The standards of health, safety and welfare in businesses are generally covered by the Health and Safety at Work etc. Act 1974 but more detailed requirements are contained in regulations.

The enforcement of health and safety legislation in business premises is split between two main agencies; the Health and Safety Executive (HSE) who are a national body funded by central government and are responsible for inspecting construction sites, chemical plants and manufacturers and local authorities who enforce health and safety standards in retailers, wholesalers and a large part of the leisure industry. The split is formalised in the Health and Safety (Enforcing Authority) Regulations 1989 with further guidance provided by HELA which is the formal enforcement liaison committee between the HSE and Local Authorities.

It is recognised that whilst the inspection process is the primary means of securing compliance with health and safety legislation, this can be enhanced by the provision of advice, educational materials and training courses.

The service is obliged to investigate complaints relating to the condition of premises such as the lack of basic welfare facilities such as hot water for washing hands or excessive temperature in the summer months. In some instances officers only become aware of serious accidents when they are contacted by an injured person's solicitor following a compensation claim.

In addition to legislative requirements as above, local authority health and safety services are required to have regard to guidance issued by the Health and Safety Commission.

There is currently a requirement to report to the Health and Safety Commission annually on performance in relation to health and safety enforcement activities.

5. **Service Delivery Mechanisms**

Inspection Programme

Inspections carried out for health and safety are carried out in accordance with the Council's policy and procedures on health and safety premises inspections and relevant national guidance.

Information on premises liable to health and safety inspections is held on the ITECS computerised system. An inspection schedule is produced from this system at the commencement of each reporting year.

The health and safety programme is risk-based systems that accord with current guidance. The current premises profile is shown in the table below:

Health & Safety:

Risk Category	Frequency of Inspection	No of Premises
A	12 months	17
B1	18 months	35
B2	2 years	104
B3	3 years	167
B4	5 years	301
C	Other interests	531
Un-rated		75
Total		1230

The inspection programme for 2007/08 comprises the following number of scheduled health and safety inspections:

Risk Category	Frequency of Inspection	No of Inspections
A	12 months	17
B1	18 months	13
B2	2 years	20
B3	3 years	52
B4	5 years	67
C	Other interests 5 years	66
Un-rated		122
Total		357

An estimated 10% of programmed inspections are of premises where it is more appropriate to conduct inspections outside the standard working time hours. Arrangements are in place to inspect these premises out of hours by making use of the Council's flexible working arrangements, lieu time facilities and, if necessary, paid overtime. In addition, these arrangements will permit the occasional inspection of premises which open outside of, as well as during standard work time hours.

As a follow-up to primary inspections, the service undertakes revisits in accordance with current policy. It is estimated that such revisits are required in 30% of instances. For the year 2007/08, the inspection programme would generate an estimated 110 revisits. A number of these premises revisits will be undertaken outside standard working hours and arrangements are in place as described above to facilitate this.

It is anticipated that consistent, high quality programmed inspections by the service will, over time, result in a general improvement in standards, reducing the frequency for recourse to formal action.

The performance against inspection targets for all health and safety inspections is reported monthly as part of the Neighbourhood Services Department internal performance monitoring. In addition, performance against inspection targets is reported quarterly to the Adult and Public Health Services Portfolio Holder as part of the Neighbourhood Services Department plan update.

Alternative Enforcement Strategy for Low Risk Health & Safety Premises

An alternate enforcement strategy via "self assessment" may be employed for low risk health and safety premises, i.e. those rated as health and safety risk category C, in accordance with HELA guidance. Self-assessment usually consists of questionnaires for these businesses and a subsequent evaluation of the results of this self-assessment by officers. A percentage of those businesses returning questionnaires are visited to validate the information received, as are those businesses who do not respond. Inspection visits may

also be made where a low risk business is the subject of complaint and where notification of change of business use or proprietorship is received. The Head of Public Protection believes that the best use of resources at this time is to continue to carry out inspections at these low risk premises. These inspections often cover other legislation such as Food Hygiene and Food Standards.

Health & Safety Inspections

The purpose of health and safety inspection is to check that the premises comply with health and safety requirements and provide a safe and healthy workplace. In some cases specific targeted inspections are undertaken, such as the annual stock storage survey, which is undertaken in the run up to Christmas to ensure that excessive stock is not being stored.

Provision of advice and educational materials to businesses

The Authority considers that assistance to business, to help them to comply with the requirements of legislation, is one of our core activities. For health and safety issues the Authority has a policy of offering comprehensive advice to any business for which we are, or are likely to become, the enforcing authority for any part of the business based within our area.

Although our resources have not allowed this to be done on a proactive basis, to any significant degree, we have contacts with businesses on a daily basis. These contacts are made on visits to premises to carry out inspections and investigations, when the businesses can be given advice and guidance on a one-to-one basis, and by telephone. In addition, an extensive range of advisory leaflets is made available to business proprietors, many of which are selectively left with the business at the time of an inspection or campaign visit.

The service will carry out a limited amount of programmed occupational health and safety promotion during the year focussing on the HSC's revitalising targets and Fit3 Strategic Delivery Programme.

The national targets for Health and Safety agreed by the Health and Safety Commission (HSC) and Government as set out in the Revitalising Health and Safety Strategy Statement (June 2000) are that by 2010 there will be a:

- Reduction in the number of working days lost due to health and safety failure by 30%.
- Reduction in the rate of work related ill health by 20%.
- Reduction in the incidence rate of fatal and major injury accidents by 10%.

The latest health and safety statistics (2004-05) produced by the HSC show:

- A reduction in the number of working days lost by 15%. This still leaves a total of 35.4million working days lost in 2004-05.
- A reduction in the rate of work related ill health by 10%.
- No clear reduction in the incidence rate of fatal and major injuries.

In order to achieve the revitalising targets the HSC have endorsed a number of new strategies which along with the topic based approach to inspections, are key to reducing the number of accidents and days lost through work related ill health. The HSC have specifically directed Councils and HSE to give high priority to focused initiatives such as the evidence based Fit3 programme of campaigns rather than routine inspections.

The Fit3 programme includes the following campaigns:

- Height Aware (major campaign)
- Backs (major campaign)
- Dermatitis in hairdressers, catering, and cleaners
- Noise & Vibration
- Managing asbestos
- Slips and Trips in retail, warehousing and care homes
- Workplace transport - moving goods safely
- Royal Mail
- Stress
- Falls from height - ladders

During 2007/08 the Authority has agreed to participate in the following campaigns; -

- Ladders Week
- Contact Dermatitis
- Workplace Transport in Builders Merchants
- Asbestos Campaign
- Noise & Vibration in Bars & Clubs

The Fit3 programmes of work will include a mix of interventions, ranging from the innovative and original to the well tried and proven. Whilst some of this work can be incorporated into programmed inspections additional planning is required for example to organise seminars, additional visits and to put together campaign packs.

Dealing with Accidents

Some accidents must be reported under the Provisions of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. To co-ordinate the reporting of these accidents nationally is the Incident Contact Centre, which receives notification and arranges for these to be notified to the appropriate enforcing authority.

Once a notification is received it is accessed from a secure website during working hours and a decision made as to whether the matter requires further investigation is then made by a senior officer.

Out of hours contact is arranged through Richard Court, telephone number (01429) 869424.

In the event of an accident that results in someone being fatally injured then the Police Service would be involved. However, in this situation the publication Work-Related Deaths a Protocol for Liaison would be followed.

Health and Safety Complaints and Service Requests

It is intended that every complaint / request for service is responded to within 2 working days.

However, the initial response is determined after assessment of the information received, and is based on the risk arising from the conditions that are the subject of the complaint.

All complaints that are received are recorded and assessed for further action. The possible instructions that are available are included in the Health and Safety Enforcement Policy, and are usually determined by the investigating officer in consultation, where appropriate with the line manager.

The type of response is determined by guidance contained in LAC 22/13 'Incident Investigation Selection Procedures', which deals with targeting effort at the more significant events so as not to distort the balance between proactive and reactive work and HELA circular 67/1 (rev 3) which also contains advice on priority planning.

Criteria for selecting complaints for investigation should take account of:

- the potential of the circumstances to cause injury, ill health or death;
- the imminence of the risk;
- the types and numbers of persons at risk
- track record of the undertaking, if known;
- reliability of information received;
- informants attempt at self resolution;
- practicality of investigation;
- political sensitivity and public aversion to risk.

Responses to complaints vary from the provision of advice to the complaint, often after liaison with businesses, to full prosecution procedures in line with the Council's Enforcement policy. Officers also have regard to the Enforcement Management Model (EMM) when making enforcement decisions.

Based on the number of complaints in 2006/07 it is estimated that approximately 70 such complaints will be received in 2007/08.

Complaints Against our Staff

Anyone who is aggrieved by the actions of any of our staff should, in the first instance, contact the line manager. Details of who and how to make contact are contained in the inspection report left at the time of an inspection.

Alternatively, the Council has a corporate complaint procedure.

No complaints have been made during 2006/07.

Liaison arrangements

The Authority is committed to ensuring the Service is consistent with that of neighbouring authorities. As a consequence the Authority supports a number of national and local liaison groups to secure this aim.

The Authority receives and takes cognizance of guidance from a number of bodies but principally the Health and Safety Commission, Health and Safety Executive, Local Authority Unit and the Chartered Institute of Environmental Health.

For health and safety issues the authority is a member of the Tees Valley Health and Safety Liaison Group. We have actively participated in the Health and Safety Partnership working closely with other local authorities and the Health and Safety Executive.

The service acts as a Statutory Consultee for applications relating to Premises Licences made under the Licensing Act 2003.

Lead Authority Partnership Scheme

It is the Council's policy to comply with HSC's mandatory guidance in respect of the lead authority partnership scheme and in particular the need to contact the Lead Authority and liaise over

- any proposed formal enforcement action
- service of prohibition notices
- shortcomings in the companies policies that have wide implications
- death, major injury, work related ill health or dangerous occurrences reportable under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations

It is recognised that the benefits of the scheme are as follows:

- greater enforcement consistency;
- increased efficiency and reduced enforcement duplication;
- preventative enforcement through advice on compliance;
- resolution of conflicts between different authorities and between authorities and businesses;
- better understanding and awareness of commercial issues;
- increased understanding of local businesses; and
- enhanced technical and audit expertise.

There are currently no formal Lead Authority arrangements in place however the service works closely with some local businesses on an informal basis.

The level of resourcing will have to be reviewed if an opportunity to enter into a formal Lead Authority arrangement arises.

General

The delivery point for the health and safety enforcement service is at:

Civic Centre
Victoria Road
Hartlepool
TS24 8AY

Members of the public and businesses may access the service at this point from 08.30 - 17.00 Monday to Thursday and 08.30 - 16.30 on Friday.

A 24-hour emergency call-out also operates to deal with Environmental Health emergencies which occur out of hours.

6. Resources

Staffing Allocation

The Director of Neighbourhood Services has overall responsibility for the delivery of the health and safety service. The Head of Public Protection and Housing has responsibility for ensuring the delivery of the Council's Environmental Health service, including delivery of the health and safety service, in accordance with the service plan. The Consumer Services Manager, with the requisite qualifications and experience, is designated as lead officer in relation to the health and safety function and has responsibility for the day to day management of the service.

The resources determined necessary to deliver the service in 2005/06 are as follows:

1 x 0.15 FTE Consumer Services Manager (with responsibility also for Food, Licensing and Trading Standards)

1 x 0.33 FTE Principal EHO Commercial (with responsibility also for Food and Animal Health)

3 x 0.25 FTE EHO (with requisite qualifications and experience)

1 x 0.10 FTE Part-time EHO

1 x 0.75 FTE Technical Officer HSW

1 x 0.4 FTE Part-time Technical Officer

The Consumer Services Manager has responsibility for planning service delivery and day to day management of the Health and Safety service, Food, Licensing, Public Health, Water Quality, Trading Standards, Animal Health & Welfare and I.T. as well as general management responsibilities as a member of the Public Protection and Housing Management Team.

The Principal EHO (Commercial Services) has responsibility for the day to day supervision of the Health and Safety Service, Food, Public Health, Water Quality and Animal Health & Welfare.

The EHO's have responsibility for the performance of the health and safety premises inspection programme as well as the delivery of all other aspects of the health and safety service, particularly more complex investigations. In addition these officers undertake Food enforcement.

The Health and Safety technical officers are also responsible for inspections, as well as revisits, investigation of less complex complaints and investigation of accidents.

Administrative support is provided by Support Services within Neighbourhood Services department.

All staff engaged in health and safety law enforcement activity will be suitably trained and qualified and appropriately authorised in accordance with guidance and internal policy.

Staff undertaking educational and other support duties will be suitably qualified and experienced to carry out this work.

Financial Resources

The annual budget for the Consumer Services section in the year 2007/08 is:

	£000
Employees	732
Other	253.7
Support Recharges	120
Income	166.3
Net Budget	939.2

This budget is for all services provided by this section i.e. Health and Safety, Licensing, Trading Standards and resources are allocated in accordance with service demands.

Equipment and Facilities

A range of equipment and facilities are required for the effective operation of the health and safety service.

The service has a computerised performance management system, ITECS. This is capable of maintaining up to date accurate data relating to the activities of the health and safety service. A documented database management procedure has been produced to ensure that the system is properly maintained, up to date and secure. The system is used for the generation of the inspection programmes, the recording and tracking of all food activities, the production of statutory returns and the effective management of performance.

During 2007/08 we will be migrating to the Authority Public Protection computer system.

Training Plans

The qualifications and training of staff engaged in health and safety enforcement are prescribed and this will be reflected in the Council's policy in respect of appointment and authorisation of officers.

It is a mandatory requirement for officers of the health and safety service to maintain their professional competency. This is achieved by training each year through attendance at accredited short courses, seminars or conferences. This is also consistent with the requirements of the relevant professional bodies.

The Council is committed to the personal development of staff and has in place Personal Development Plans for all members of staff.

The staff Personal Development Plan scheme allows for the formal identification of the training needs of staff members in terms of personal development linked with the development needs of the service on an annual basis. The outcome of the process is the formulation of a Personal Development Plan that clearly prioritises training requirements of individual staff members. The Personal Development Plans are reviewed six monthly.

The details of individual Personal Development plans are not included in this document but in general terms the priorities for the service are concerned with ensuring up to date knowledge and awareness of legislation, building capacity within the team with particular regard to developing the role of the Health and Safety Officer, and training and development of new staff joining the team.

Detailed records are maintained by the service relating to all training received by officers.

7. Service Review and Quality Assessment

Quality Assessment

The Council is committed to quality service provision. To support this commitment the health and safety service seeks to ensure consistent,

effective, efficient and ethical service delivery that constitutes value for money.

A range of performance monitoring information will be used to assess the extent to which the health and safety service achieves this objective and will include on-going monitoring against pre-set targets, both internal and external audits and stakeholder feedback.

Specifically the Principal EHO (Commercial) will carry out accompanied visits with officers undertaking inspections, investigations and other duties for the purpose of monitoring consistency and quality of the inspection and other visits carried out as well as maintaining and giving feedback with regard to associated documentation and reports.

The Best Value Performance Indicator BV166, applicable to Environmental Health, is subject to scrutiny. The target for attainment by the service against BV166 standard, which includes the provision of written enforcement policies, planned enforcement activity and measurement of customer satisfaction levels, is 100%.

It is possible that the Health and Safety Commission may at any time notify the Council of their intention to carry out an audit of the service.

Review

It is recognised that a key element of the service planning process is the rational review of past performance. In the formulation of this service plan a review has been conducted of performance against those targets established for the year 2006/07.

This service plan will be reviewed at the conclusion of the year 2007/08 and at any point during the year where significant legislative changes or other relevant factors occur during the year. It is the responsibility of the Consumer Services Manager to carry out that review with the Head of Public Protection.

The service plan review will identify any shortfalls in service delivery and will inform decisions about future staffing and resource allocation, service standards, targets and priorities.

Any relevant amendments to the Council's Best Value programme will be incorporated into the service plan together with any matters identified through quality assessment audits.

Following any review leading to proposed revision of the service plan Council approval will be sought.

Performance Review 2006-07

This section describes performance of the service in key areas during 2006/07.

During 2006/07 the section has been fully staffed for the first time in a number of years. Steps were taken to ensure that inspections outstanding from the previous year (2005/06) were carried out in addition to all programmed inspections and inspections of new businesses.

Inspection Programme

The health and safety premises inspection programme for 2006/07 did not quite reach the target of 100%, with 95% of inspections achieved. The outstanding inspections will be added to the programme for 2007/08.

Service Review

Promotional Work

The following promotional work was carried out during 2006/07.

In addition to providing information and guidance to businesses on request and during inspection visits, the service completed an awareness raising campaign in relation to the prevention of slips and trips. This had been started at the end of the year 2005/06 and a further 37 premises were visited. A guidance pack including a self-assessment checklist was provided to all targeted businesses.

A seminar on working at height was held for local businesses to coincide with the national "Height Aware" campaign. The event was organised in partnership with the HSE and speakers included representatives from the HSE's Field Operations Division, the British Ladder Manufacturer's Association and Speedhire.

The aim of the event was to reduce the number of people being killed or injured as a result of falling from height and to raise dutyholders' awareness of the Working at Height Regulations 2005. Sixty seven people attended the event and the feedback was very positive with the majority of people stating that they would make changes in their workplace following the event.

Service Requests

During the year the service dealt with 67 service requests relating to the condition of health and safety and working practice. These requests have been undertaken all within our target of 2 working days; however, they have had some effect on performance of the inspection programme.

Accidents

The service received 92 accident notifications during the year. All were responded to within 1 working day. Of these notifications 26 involved detailed investigations by enforcement staff.

Enforcement

During 2006/07, no prohibition notices were served on businesses however 3 improvement notices were served to ensure compliance with health and safety issues. No prosecutions or formal cautions were undertaken.

Improvement Proposals 2006/07

The following areas for improvement are identified in the 2007/08 Health and Safety Service Plan.

- 1 Internal auditing. The documented management system for the health and safety service will be reviewed and additional auditing will be included in this process.

The documented management system for the health and safety service has been reviewed and additional auditing has been included in this process.

- 2 An inter-authority audit will be carried out in 2007 of the entire health and safety service.

In March 2007 an audit of the health and safety service was conducted. The recommendations of this audit are being implemented.

- 3 During 2006/07 we have a commitment through the Health and Safety Partnership to take part in the following campaigns:

- Falls from a height
- Workplace transport
- Contact dermatitis (not in hairdressers)

We intend to make a resource of 1 FTE staff member available to undertake this work.

Due to other workloads we were unable to participate in either the workplace transport or contact dermatitis campaigns. A seminar was however held for local businesses on working at height as detailed in promotional work above.

8. Key Areas for Improvement 2007/08

In addition to committing the service to specific operational activities such as performance of the inspection programme, the service planning process assists in highlighting areas where improvement is desirable. Detailed below are specifically identified key areas for improvement that are to be progressed during 2007/08.

Audit recommendations

We will work towards implementing the recommendations of the inter-authority audit and will incorporate good practice identified in other audits carried out within the Tees Valley Liaison Group.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder
18 September 2007



Report of: Director of Adult & Community Services

Subject: ANNUAL COMPLAINTS REPORT
1 APRIL 2006 – 31 MARCH 2007

SUMMARY

1. PURPOSE OF REPORT

To present the second Annual Complaints Report of the Adult & Community Services Department on complaints and representations for the period 1 April 2006 to 31 March 2007.

The Annual report is attached as **Appendix A** to this report.

The Annual Report is a means by which information is provided on the complaints framework. To this end, it draws together information in relation to complaints that have been received and dealt with during the reporting period.

Complaints relating to Community Services come within the Authority's Corporate Complaints Framework which is also reported to the Performance Management Portfolio.

2. SUMMARY OF CONTENTS

It is a legal requirement in social care that an Annual Report be published on complaints and presented/made available to Portfolio, staff, the Commission for Social Care Inspection and general public.

The report offers an opportunity to demonstrate learning that has occurred from complaints and also consideration of trends emerging through the year's activity within the Complaints Framework.

The content of the Report includes the following areas:

- Types of complaints and representations received 2006/07
- Outcomes of complaints
- Compliance with timescales
- Learning lessons and service improvement
- Profile data on service users
- Overview of the effectiveness of the framework

The Report provides an analysis of recorded complaints and representations and draws comparisons with the previous year. To this end, performance is highlighted in a range of areas and practice issues are considered.

3. RELEVANCE TO PORTFOLIO MEMBER

Service is within the Portfolio Member's responsibility.

4. TYPE OF DECISION

Non-key

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 18th September 2007

6. DECISION(S) REQUIRED

That the Report be received and proposals for development of the Complaints Framework be noted.

Report of: Director of Adult & Community Services

Subject: ANNUAL COMPLAINTS REPORT
(1 APRIL 2006 – 31 MARCH 2007)

1. PURPOSE OF REPORT

- 1.1 To present the second Annual Complaints Report of the Adult & Community Services Department on complaints and representations for the period 1 April 2006 to 31 March 2007.

2. BACKGROUND

- 2.1 Complaints arising as a result of statutory Social Services functions come within the scope of the Adult & Community Services Department Complaints Framework.
- 2.2 The Annual Complaints Report provides data and information about activity in relation to operation of the Complaints Procedures for both Adult Care Services and Community Services.
- 2.3 The Annual Report outlines performance in a range of areas and also highlights areas for development to ensure continued improvement in the management and handling of complaints and representations regarding Adult Care Services.

3. FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications of the report.

4. RECOMMENDATIONS

- 4.1 That the Report be received and proposals for development of the Complaints Framework be noted.



HARTLEPOOL ADULT & COMMUNITY SERVICES DEPARTMENT

ANNUAL REPORT

COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS

**1 APRIL 2006
TO
31 MARCH 2007**

APPENDIX A



Adult & Community Services Department
Civic Centre
Victoria Road
Hartlepool
TS24 8AY

Telephone: (01429) 266522
BT Text Direct: (18001) 01429 266522
Website: www.hartlepool.gov.uk
E-mail: socialcareservices@hartlepool.gov.uk

Emergency Out of Hours Duty Social Care Service:
Telephone: 08702 402994
Minicom: (01642) 602346

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Arabic	'عند الضرورة، يمكن الحصول على هذا الكتيب بأكال عديدة: لغة بريل، بخط كبير، على شريط كاسيت وبلغات الأقليات الإثنية. للمزيد من المعلومات الرجاء الإتصال بمركز خدمات الرعاية الاجتماعية (Social Care Services) على الرقم 523964 (01429).
Bengali	এই পুস্তিকার অনুবাদে যদি আপনার সাহায্যের প্রয়োজন হয় তাহলে দয়া করে 01429 523964 এই নম্বরে টেলিফোন করুন, আমরা সাহায্য করতে চেষ্টা করব।
Cantonese	如果你想尋求對這份文件的解釋，請打電話：01429 523964 我們會盡力幫助。
Hindi	अगर आपको इस सीकरिट की सिधे बुझाविये की आवश्यकता है तो कृपया 01429 523964 पर टेलिफोन करें हम आपकी सहायता करने की पूरी कोशिश करेंगे।
Kurdish	ئەگەر پێویست بکات، دەتوانریت ئەم تاملێکە بە چەندین شوێنی جیاواز داڕێژ بکەیت: بە بریل، ئالفاڤۆزی نووسینی گەرم، بە چۆنێ ڕێژێ، لەسەر کاسیتی دەنگ، یان بە زمانی گەرمانییە و گەرمانییەکان. بۆ زانیاری زیاتر تکایە پەیوەندی بکە بە خزمەتگۆرێ بەکاتی جاوێزێ کۆمەڵایەتی لەسەر ژمارە تەلەفۆنی 01429 523964.
Sorani	ئەگەر پێویست بکات، دەتوانریت ئەم تاملێکە بە چەندین شوێنی جیاواز داڕێژ بکەیت: بە بریل، ئالفاڤۆزی نووسینی گەرم، بە چۆنێ ڕێژێ، لەسەر کاسیتی دەنگ، یان بە زمانی گەرمانییە و گەرمانییەکان. بۆ زانیاری زیاتر تکایە پەیوەندی بکە بە خزمەتگۆرێ بەکاتی جاوێزێ کۆمەڵایەتی لەسەر ژمارە تەلەفۆنی 01429 523964.
Punjabi	ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਸੀਕਰਿਟ ਦੀ ਸਿੱਧੇ ਦੁਆਰੀਏ ਦੀ ਜ਼ਰੂਰਤ ਹੈ ਤਾਂ 01429 523964 ਉੱਪਰ ਟੈਲੀਫੋਨ ਕਰੋ ਅਸੀਂ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰਨ ਦੀ ਪੂਰੀ ਕੋਸ਼ਿਸ਼ ਕਰਾਂਗੇ।
Urdu	اگر آپ کو اس کتابچے کے لئے ترجمان کی ضرورت ہے تو اس نمبر 01429 523964 پر ٹیلی فون کریں۔ ہم آپ کی مدد کرنے کی پوری کوشش کریں گے۔

Polish

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Section	Page No.
1. Introduction	1
2. Legal Context and Background	1
3. Management of Complaints in Adult Social Care	2
4. Complaints Framework: Scope and Process	2
5. Framework and Principles	3
6. Quality and Effective Outcomes	3
7. Diversity	3
8. Training	4
9. Public Information	4
10. Representations – Adult Social Care	4 - 7
11. Representations - Community Services	8 – 9
12. Local Government Ombudsman	9
13. Satisfaction Surveys	9
14. Lessons Learned	10
15. New Regulations	10
16. Advocacy	10
17. Conclusions and Way Forward	11 - 12
Appendix 1 Examples of Compliments Received Across Adult Social Care Business Units	13
Appendix 2 Nature of Adult Social Care Concerns	14 - 18

Section	Page No.
Appendix 3 Number of Complaints Received by Adult Social Care Business Unit	19
Appendix 4 Complaints: Range of Factors and Lessons Learned Identified by Adult Social Care Business Unit	20- 27
Appendix 5 Time Taken to Respond to Complaints at Stages 1 and 2	28
Appendix 6 Complaint Outcomes in Adult Social Care	29
Appendix 7 Number of Complaints Received by Community Services Business Units	30
Appendix 8 Complaints: Range of Factors and Lessons Learned Identified by Community Services Business Unit	31 – 35
Appendix 9 2006/07 Adult Social Care Satisfaction Survey Results	36

1. Introduction

- 1.1 This is the 2nd Annual Report of Hartlepool's Adult & Community Services Department on Complaints and Representations relating to both Adult Care Services and also Community Services during the period 1 April 2006 to 31 March 2007.
- 1.2 This Report will be:
- Presented to the Portfolio Holders for Adult and Public Health; also, Culture, Leisure and Tourism;
 - Made available to members of the workforce and the general public;
 - Provided to the Commission for Social Care Inspection;
 - Made available to members of the workforce and the general public.
- 1.3 This Report provides:
- A profile of those people making representations;
 - Information on the type of compliments and complaints received;
 - Details of outcomes of complaints;
 - Compliance information with statutory social care timescales;
 - Details of available advocacy services;
 - Lessons learned and service improvements;
 - Statistical information about Complaints, Concerns and Compliments;
 - Objectives and achievements of the Complaints and Representations Framework.

2. Legal Context and Background

- 2.1 The NHS and Community Care Act, 1990 requires Departments with responsibility for social care services to provide an annual report on their Statutory Complaints Framework.
- 2.2 Requirements of the statutory social care complaints framework are underpinned by the following legislation, guidance and regulations:
- Health and Social Care (Community Health and Standards) Act 2003
 - Learning from Complaints (Department of Health – 1996)
 - Local Authorities Social Services Complaints (England) Regulations 2006

- 2.3 Although there are no statutory requirements for a Local Authority to have a Corporate Complaints Procedure, it is a matter of good practice; guidance to this effect is provided by the Local Government Ombudsman.
- 2.4 Local authorities are required to designate an officer to manage the statutory complaints process in relation to Adult Care Services. However, this does not mean that one person is responsible for carrying out all the actions associated with a complaint.

3. Management of Complaints in Adult Social Care

- 3.1 In Hartlepool, the Adult & Community Services Complaints Manager has overall responsibility for the Statutory Complaints Framework for Adult Care Services. However, day-to-day operation, co-ordination and management is undertaken by members of the Department's Support Services Division.
- 3.2 Although representations concerning the Department's Community Services come within the Corporate Complaints Framework, day-to-day operation and management relating to individual representations is co-ordinated through members of the Department's Support Services Division.

4. Complaints Framework: Scope and Process

- 4.1 A broad range of people can use the statutory social care complaints procedure where they require a response to their dissatisfaction about actions, decisions or apparent failings of the local authority's adult social care provision.
- 4.2 There are 3 stages to the procedure:
 - Stage 1 An informal problem-solving stage (at which most complaints are resolved).
 - Stage 2 A formal stage where independent investigation is undertaken by officers who are not employees of the Council.
 - Stage 3 A Complaints Review Panel – where a complainant remains dissatisfied - the thoroughness and fairness of the investigation is considered.

5. Framework and Principles

5.1 New regulations and guidance for adult social care complaints came into force on 1 September 2006. Changes introduced by the new guidance include:

- Tighter timescales for the handling of complaints
- Greater independence of Complaints Review Panels
- Possibility of introducing Independent Persons to the process of investigation of complaints
- Promotion of advocacy provision to complainants

5.2 Hartlepool Adult & Community Services Department values feedback on services by service users and carers. Such information makes an important contribution to service improvements. To this end, the complaints framework for Hartlepool's Adult Care Services is underpinned by the following aims:

- The complaints procedure is clear and easy to use for all service users and carers
- The complaints procedure is fair and thorough with adequate support to all who use it
- People who complain have their concerns resolved quickly by those who provide the service
- Complaints, Concerns and Compliments are listened to and all information and views are used to improve services
- Performance in handling complaints is monitored so that the quality of the complaints framework can be assured

6. Quality and Effective Outcomes

6.1 The Authority is required to ensure that the Complaints Process is effective. This is done through systematic management, oversight and administration of the complaints framework to maintain a quality approach.

7. Diversity

7.1 The Adult & Community Services Department is committed to providing complaints and representations services that meet the needs of all parts of the community. To this end, consideration has been given to ways in which the framework might be improved to ensure that there will be no adverse impact on specific groups/individuals who may be eligible to access the complaints framework.

8. Training

- 8.1 During the year, training has been provided to 110 of the Department's Adult Social Care staff and 40 staff from the local Independent Sector adult social care provision.
- 8.2 Additionally, the Department commissioned the services of the Local Government Ombudsman's Office to deliver an 'Effective Complaint Handling' course in November 2006. Invitees included all Departmental adult social care managers and all Independent Investigating Officers required to undertake investigations of complaints.

9. Public Information

- 9.1 Service users and carers may make comments or complaints to the Adult & Community Services Department using a form in the Department's leaflet 'Having Your Say' or the leaflet 'Complaints and Comments'. Alternatively, representations may be made by way of letter, telephone, e mail or in person.
- 9.2 Both leaflets are available via the internet and at all public access points within Hartlepool Borough Council. They are also provided to service users and carers when they take up a new service and also when a care plan is agreed and reviewed.
- 9.3 Work is in hand to provide new public information: in Braille, on audio tape, in 7 other languages and in easy-read format.

10. Representations – Adult Social Care

10.1 Compliments

- 10.1.1 The framework for complaints and representations includes receipt of compliments which give feedback on the quality of Adult Social Care Services. Compliments can also provide valuable lessons to the Department in terms of good outcomes for service users and carers.
- 10.1.2 During the year, 167 compliments relating to Adult Social Care have been received. These range across Occupational Therapy, In-House Home Care, Older Persons, Disabilities and Mental Health Services. Examples of compliments received for each Business Unit are shown at Appendix 1.

10.2 Concerns

- 10.2.1 There were 21 service users or their representatives who made representations to the Department that were not formal complaints. These representations have been recorded and dealt with as valuable opportunities from which lessons can be learned to improve the services provided.
- 10.2.2 Table 1 at Appendix 2 provides details of the concerns received during the year. These reflect an increase of 5 in comparison to the previous year (Table 2, Appendix 2 refers).
- 10.2.3 Emerging themes and trends over the year indicate that the main categories of concern relate to care planning, care provision, information/communication and continuity of provision.

10.3 Complaints Analysis

- *Complaints Received*

10.3.1 In comparison to last year, the number of complaints received has slightly decreased. In 2005/06, there were 20 complaints relating to adult care services. In 2006/07, there were 18 complaints, 5 of which were subsequently withdrawn.
- *Business Units*

10.3.2 Table 3, Appendix 3, provides comparisons of complaints received by individual Adult Social Care business units with those of the previous year.

10.3.3 In summary, there has been a decrease in the level of complaints within both Older People's and Support Services; a slight increase in those in Disability Services and in Mental Health the number has remained the same as last year.
- *Nature of Complaints*

10.3.4 Table 4, Appendix 4, provides factors giving rise to complaints and from these some of the lessons that have been learned.
- *Complaints Origin and Contact Method*

10.3.5 The sources of complaints received during the year is as follows:

 - 9 (50%) from males (3 subsequently withdrawn)
 - 9 (50%) from females (2 subsequently withdrawn)
 - 12 (67%) from relatives (4 subsequently withdrawn)
 - 6 (33%) from service users (1 subsequently withdrawn)

- 2 (11%) via telephone (2 subsequently withdrawn)
 - 7 (39%) via letters (1 subsequently withdrawn)
 - 7 (39%) via complaints form (2 subsequently withdrawn)
 - 1 (5.5%) via e mail
 - 1 (5.5%) via personal visit
- 10.3.6 This reflects an increase in the number of complaints from males; slightly fewer complaints via relatives; also, fewer complaints were made by telephone. There was an increased number received on the Department's complaints form.
- 10.3.7 • *Stages 1, 2 and 3*
Efforts have continued by staff to try to resolve complaints as quickly as possible and at the earliest point of contact with service users and carers.
- 10.3.8 Complaints resolved and concluded at Stage 1 remain at the same level of the previous year, (85%).
- 10.3.9 Stage 2 of the complaints procedure represents a formal attempt at investigation and resolution of complaints. During the year, there have been 2 complaints investigated at Stage 2.
- 10.3.10 Of the 3 complaints at Stage 2 ongoing from the previous reporting period (2005/06), one was concluded at Stage 2.
- 10.3.11 The 2 remaining complaints from the previous reporting period - together with one complaint from this reporting period (2006/07) - within adult social care, sought progression to Stage 3. One Stage 3 Complaints Review Panel took place in May 2006 and the other 2 have been scheduled to take place April and June 2007.
- 10.3.12 • *Interim Costs*
Costs associated with Adult Social Care Stage 2 investigations completed during the year total £15,834.50. However, this does not include Department staff costs; nor does it reflect the projected actual costs of the 2 investigations which were ongoing beyond March 2006.
- 10.3.13 • *Time Taken to Respond to Complaints*
The Complaints Procedure is required to operate within specified timescales. These are laid down in relation to both acknowledgement and also response to each complaint. From 1 September 2006, changes in statutory timescales were introduced.
- 10.3.14 Table 5, Appendix 5, shows that 2 (50%) of the 4 complaints dealt with at Stage 1 between 1 April 2006 and 31 August 2006 were completed within the required timescale of 28 days.

- 10.3.15 Table 6, Appendix 5, shows that 1 (14%) of the 7 complaints dealt with at Stage 1 between 1 September 2006 and 31 March 2007 was completed within the new statutory timescale of 10 working days.
- 10.3.16 Table 6, Appendix 5, shows that one complaint at Stage 2 was completed within the new maximum extension period of 65 working days for resolution of Stage 2 complaints. The remaining Stage 2 complaint took 99 working days for resolution.
- 10.3.17 The time taken to deal with complaints is influenced by a range of factors. Frequent causes of delay remain complexity of issues and the number of elements within an individual complaint. Postponement by complainants in relation to planned appointments for interviews is another factor sometimes causing delays.
- 10.3.18 An important part of the Department's identified good practice is to ensure that complainants and others involved are always kept informed of progress/any delays.
- *Complaint Outcomes*
- 10.3.19 The outcomes of complaints received during the year are summarised at Table 7, Appendix 6.
- 10.3.20 All complainants received written findings and conclusions of enquiries into their complaints.
- 10.3.21 Of the 11 complaints that were concluded during the year at Stage 1:
- 7 were either upheld or partially upheld
 - 3 were not upheld
 - 1 was inconclusive
- 10.3.22 The 2 complaints investigated during the year at Stage 2 were not upheld. The Stage 2 complaint that progressed to the Stage 3 Review Panel in May 2006 had been carried forward from 2005/06.
- 10.3.23 Some of the service improvements resulting from complaints during the year are detailed at Table 4, Appendix 4.

11. Representations - Community Services

11.1 Compliments

- 11.1.1 During the year, 14 compliments relating to Community Services have been recorded; 10 related to Museums and Heritage, 2 related to Strategic Arts, one was recorded in Parks & Countryside and one in the Sports & Recreation Business Unit.

11.2 Complaints Analysis

- *Complaints Received*

11.2.1 There were 13 complaints received in 2006/07.
- *Business Units*

11.2.2 Table 8, Appendix 7, provides comparisons of complaints received by individual business units.
- *Nature of Complaints*

11.2.3 Table 9, Appendix 8, provides factors giving rise to complaints and from these some of the lessons that have been learned.
- *Complaints Origin and Contact Method*

11.2.4 The sources of complaints received during the year is as follows:

 - 4 (31%) from males
 - 9 (69%) from females
 - 5 (38.5%) via letters
 - 5 (38.5%) via complaints form
 - 3 (23%) via personal visit
- *Costs*

11.2.5 An arrangement was made for a Corporate Complaint to be investigated by an Independent Investigating Officer within the Library service area. The cost associated with this was £852.50.
- *Time Taken to Respond to Complaints*

11.2.6 The Corporate Complaints Procedure is required to operate within a timescale of 15 working days. Of the 13 complaints investigated, 8 complaints were responded to within the requisite timescale. Of the remaining 5 complaints; 4 were responded to within a period of 16 to 21 days. The complaint for which an external investigation was undertaken was completed in 49 working days.

- *Complaint Outcomes*
- 11.2.7 The outcomes of complaints received during the year are summarised at Table 9, Appendix 8.
- 11.2.8 All complainants received written findings and conclusions of enquiries into their complaints.

12. Local Government Ombudsman

- 12.1 Complainants who are dissatisfied with the investigation and/or outcome of their complaint may refer to the Local Government Ombudsman for adjudication.
- 12.2 During the year, there have been 2 complaints falling within the Adult Social Care Complaints Framework that have proceeded for consideration to the Local Government Ombudsman. The Ombudsman's Office made preliminary enquiries into one of these complaints following which it was settled locally; a payment of £250 being made to the complainant in respect of the time and trouble in pursuing the complaint. The Ombudsman decided to defer involvement with the other complaint until the Stage 3 Review Panel process had been completed.
- 12.3 There was one complaint in relation to Community Services where the complainant sought progression to the Local Government Ombudsman. The Ombudsman decided to defer involvement until the Council had an initial opportunity to respond to the complaint.

13. Satisfaction Surveys

- 13.1 It is important that we seek complainants' views on the way the Complaints Procedure operates. To this end, complainants are routinely asked to give feedback about their experiences in using the Adult Social Care Complaints Framework.
- 13.2 Responses are provided through completion of questionnaires by complainants or with support through individual interviews by representatives of the Council's Corporate Strategy Unit.
- 13.3 During the year, 11 complainants were issued with a complaints satisfaction survey; 36% of whom provided valuable feedback.
- 13.4 Results from the 2006/07 Complaints Satisfaction Survey are detailed at Table 10, Appendix 9.

- 13.5 Feedback continues to indicate that respondents find information on the complaints system clear and the process easy to use. However, areas identified for continued improvement include:
- Promotion of the Complaints Procedure
 - Timely response to complaints
 - Greater level of detail within responses to complainants
 - Greater overall satisfaction of complainants in the handling and investigation of complaints
- 13.6 Issues highlighted through the previous year's Survey have been addressed through staff training. This includes the importance of a full apology being given to the complainant in circumstances where a complaint is upheld. Also, ensuring public information on complaints is available at all appropriate places accessed by the public.

14. Lessons Learned

- 14.1 An important aspect of the Complaints Framework is the lessons that can be learned through enquiry into the complaints received. To this end, Table 4, Appendix 4, and Table 9, Appendix 8, outlines the context of some improvements that have been put in place as a direct result of complaints and representations received in both Adult Social Care and Community Services.
- 14.2 Compliments can also be used to celebrate success and to promote improvements of services. Work will be undertaken in the coming year to further develop this important area.

15. New Regulations

- 15.1 The Department's previous Complaints and Representations Annual Report (2005/06) outlined the Government's intention to revise existing regulations and guidance in relation to local authority statutory social care complaints processes. Hartlepool has reflected the new Regulations through public information, training and also arrangements and guidance relating to Stage 3 Review Panels.

16. Advocacy

- 16.1 Advocacy services are available to people in Hartlepool through a group of local advocacy providers.

This includes:

- Citizens Advice Bureau (CAB)

- Advocacy Information Foundation
- Hartlepool MIND
- Hartlepool Carers

16.2 During 2006/07, 2 complainants utilised advocacy services from CAB and Hartlepool Carers in relation to their complaints.

17. Conclusions and Way Forward

- *Continuous Improvement*
- 17.1 Review of the Complaints Framework is an essential activity to ensure a good quality service. It is an essential safeguard for service users, carers and also providers. To this end, the following activities have been completed during 2006/07.
- Updating of public information to reflect the new procedure and regulations in relation to statutory complaints.
 - Work in relation to diversity to ensure that there is no adverse impact on individuals who are eligible to use the complaints framework.
 - Training for Departmental staff and also Independent Sector Care Providers in relation to the new statutory Adult Social Care Procedure.
 - Arrangements put in place for Stage 3 Review Panels in order to meet new requirements resulting from the new Department of Health procedure.
 - Departmental restructure creating the posts of Complaints Officer and Vulnerable Adults Co-ordinator in order to address both the new procedural requirements and also reflect specific recommendations coming out of a complaint that included aspects relating to practice within the Vulnerable Adults framework.
- 17.2 In 2007/08 work will begin by the Department of Health in order to enable integration between health and social care complaints frameworks. To this end, during the coming year there is to be national consultation via local events to explore the best way to achieve this.
- 17.3 The introduction of The Mental Capacity Act in 2007 will have implications for the operation of the Statutory Complaints Framework. It will also be relevant regarding the use of Advocates for complainants.
- 17.4 The restructure of Adult & Community Services Department has resulted in the day-to-day co-ordination/oversight of Complaints and Vulnerable Adults frameworks being located within one team. It is hoped that this will lead to improvements in both processes; also, that it will enable a greater focus upon quality for those who have either made complaints or are being safeguarded.

- 17.5 A further outcome of the Departmental Restructure was the transfer of the Supporting People Programme from the Neighbourhood Services Department to the Adult and Community Services Department. Thus, the next Annual Report will incorporate Complaints and Representations from within the Supporting People Programme.
- 17.6 The new Department of Health procedure on complaints introduced the possibility of Independent Persons being engaged in Adult Social Care Complaints investigations. An Independent Person is tasked to observe and report on the conduct of an investigation with a view to ensuring that the process is fair and thorough. During the coming year, consideration of the benefits of inclusion of an Independent Person will be systematically considered in relation to all new complaints investigations.

**EXAMPLES OF COMPLIMENTS RECEIVED ACROSS
ADULT SOCIAL CARE BUSINESS UNITS**

1 APRIL 2006 TO 31 MARCH 2007

- "I would like to take this opportunity of writing to tell you how grateful I am to both you and the carers who have over the past 10 months been coming to my home. The girls work so hard and each and every one of them have been so cheerful, helpful, kind and supportive at every visit. They have all treated me with utter respect and consideration, to the point that I consider them all to be my friends. Nothing is ever a bother to them and they are willing to go that extra mile. I would also like to mention that if ever I have needed to get in touch with you, the level of service and assistance has been given with such a quick response showing empathy." *(From a Service User to the Integrated Care Manager South regarding the Home Care Team)*
- "I would like to give my link worker a great big thank you for all the help and support she gives me and has given me over the years I have been seeing her. Nothing is ever too much trouble for her. She boosts my confidence when I'm down and over the last year I know I have needed her to listen and she gives me sensible advice. Thank you again." *(From a Service User regarding Brooklyn Day Centre)*
- "The words may be small but the sentiment is huge. Many, many thanks for your help and support." *(From the family of a Service User regarding a Social Worker in PLD Team)*
- "I would like to compliment all the staff on behalf of both my parents and myself. Every member of staff who visited them were totally concerned, helpful, patient and efficient when making decisions to improve their everyday life. The improvements suggested were made speedily and without any fuss at all to my parents. They are both very grateful to all concerned." *(From the daughter of Service Users regarding Occupation Therapy, Long Term Care, User Property Services Teams and also A4e)*
- "I would like to compliment the support staff at The Firs in Westbourne Road. They are always very helpful and kind. I could not go on without them. Their services have helped me overcome bouts of depression. I look forward to the support workers every week and when I know they are calling it makes me feel better and eases my anxieties. All the staff have helped me and been good to me over the years. Thanks to all." *(From a Service User regarding The Firs)*

**TABLE 1 – NATURE OF ADULT SOCIAL CARE
CONCERNS 2006/2007**

Ref	Complaint	Lessons Learned/Action Taken
SCC20 Older Persons - Contracted Care Home	<ul style="list-style-type: none"> • Attitude of staff employed within a residential/nursing home • Allegations by staff against the individual raising the concern • Environment in home – allegations of staff playing loud music, TV too loud and located next to his wife's room • Lack of communication/feedback from the home about a request for transfer to another home • Arrangements for wife's feeding 	<ul style="list-style-type: none"> • Investigation by Regional Operations Manager - found no evidence to substantiate the elements of concern.
SCC21 Older Persons - Contracted Care Home	<ul style="list-style-type: none"> • Deterioration within residential home relating to husband's appearance • Personal hygiene arrangements • Unclean clothing 	<ul style="list-style-type: none"> • Recording/documentation highlighted for completion by Home Staff. • Arrangements made for senior staff to attend meetings with Manager of Home.
SCC22 Older Persons - Contracted Care Home	<ul style="list-style-type: none"> • Personal hygiene arrangements • Staffing levels • Home environment – unclean bathroom/sleeping arrangements • Relatives health problems overlooked • Home not overseeing the taking of medication effectively • Management of the initial concerns raised with the home 	<ul style="list-style-type: none"> • Revision of staff supervision framework including Personal Development Plans and Training Needs Profiles for all staff. • Training for staff by way of update on good practice regarding administration of medication. • Initiation of procedure for senior staff on duty to be required to carry out regular checks on residents. • Inter-departmental meetings to enable raising of any concerns about residents. • Training module to be provided for staff in relation to topics such as: <ul style="list-style-type: none"> - communication with relatives; - reporting on and dealing with concerns and complaints; - confidentiality.

**TABLE 1 – NATURE OF ADULT SOCIAL CARE CONTINUED
CONCERNS 2006/2007 CONTINUED**

Ref	Complaint	Lessons Learned/Action Taken
SCC23 Older Persons - Long Term Care Management Team	<ul style="list-style-type: none"> The format of a standard letter issued for return of OT equipment by Adult & Community Services following the death of a family member 	<ul style="list-style-type: none"> Telephone call and written apology given. Department's standard letter amended.
SCC24 Disabilities - Contracted Domiciliary Care Provider	<ul style="list-style-type: none"> Access to care worker support to meet assessed needs 	<ul style="list-style-type: none"> Review of service by Provider.
SCC25 Older Persons – Contracted Care Home	<ul style="list-style-type: none"> Lack of contact from Care Home to inform about deterioration in mother's health 	<ul style="list-style-type: none"> Staff meeting/ staff instruction to ensure any attempts to contact relatives are documented on communication sheets, diary and Nurse Manager Reports. Weekly meetings initiated between Manager and qualified staff to enable discussion of nursing residents and any concerns.
SCC26 Older Persons – Contracted Care Home	<ul style="list-style-type: none"> Incident surrounding a relative's fall in Home, hairdressing arrangements and the location of hair washing facilities 	<ul style="list-style-type: none"> Interim measures put in place by way of a temporary hairdressing area being utilised. Risk assessment to be undertaken in relation to hairdressing facilities and practice within the home.
SCC27 Older Persons – Contracted Care Home	<ul style="list-style-type: none"> Lack of overall care and attention Issues surrounding health and well being Personal hygiene arrangements Missing personal items Lack of supervision by staff 	<ul style="list-style-type: none"> Review of Home undertaken by Adult & Community Services Commissioning Team. Induction arrangements for new staff reassessed. Audit of staff rotas and revised practice to ensure skill mix of staff deployed. Staff training arrangements improved. Range of improved recording: <ul style="list-style-type: none"> Residents personal belongings; Medication; Meal times and menus; Monitoring and review of accidents including escort arrangements

**TABLE 1 – NATURE OF ADULT SOCIAL CARE CONTINUED
CONCERNS 2006/2007 CONTINUED**

Ref	Complaint	Lessons Learned/Action Taken
SCC28 Older Persons – Domiciliary Care Provider	<ul style="list-style-type: none"> Care Worker not arrived to attend to his mother's needs as had been previously arranged. 	<ul style="list-style-type: none"> Written apology and explanation given by Provider. Procedures reviewed for recording changes to service provision.
SCC29 Older Persons – Domiciliary Care Provider	<p>Anonymous representation - domiciliary care staff:</p> <ul style="list-style-type: none"> Do not stay for the allocated time Staff working 7 am – 2 pm and 4 pm – 11 pm without breaks View that staff and other service users 'treat like muck' Belief that staff not being CRB checked prior to starting work 	<ul style="list-style-type: none"> Provider completed: <ul style="list-style-type: none"> Spot checks via supervisor; Instructions to staff co-ordinators regarding working hours and breaks; Carers rotas to be checked by Co-ordinators before offers of overtime; Break periods not to be filled with care activity; By way of quality checks, increased home visits and telephone contact to service users; Requirement for supervisors to complete spot checks including check on log books to ensure actual attendance of carer complies with Care Plan.
SCC30 Older Persons – Contracted Care Home	<p>Residential/Nursing Home:</p> <ul style="list-style-type: none"> Poor staff response times Inadequate staffing levels Lack of social activities at the care home 	<ul style="list-style-type: none"> First and second contact details confirmed. Manager required to ensure signing and disclosure of information to be compliant with Provider's Policy. Staff vacancy to be filled. Manager to ensure staff are aware of requirement to assist in all areas of the Home.
SCC31 Older Persons – Contracted Care Home	<p>Residential/Nursing Home:</p> <ul style="list-style-type: none"> Quality of care Dietary needs/fluid intake – lack of assistance by staff Administration of medication 	<ul style="list-style-type: none"> Audit undertaken of Home by Provider. Manager met with Carers. Further random audits agreed to be undertaken by Regional Manager. Care Plans to include greater detail and reflected in progress reports. Training provided to Manager and Nursing staff in relation to recording.

APPENDIX 2 CONTINUED

**TABLE 1 – NATURE OF ADULT SOCIAL CARE CONTINUED
CONCERNS 2006/2007 CONTINUED**

Ref	Complaint	Lessons Learned/Action Taken
SCC32 Disabilities – Duty Team	<ul style="list-style-type: none"> Service user unhappy about being contacted by staff out-of-office hours in relation to FACS consultation 	<ul style="list-style-type: none"> Telephone call and written apologies to service user.
SCC33 Older Persons – Domiciliary Care Provider	<ul style="list-style-type: none"> Service user suggested that new care provider did not adequately introduce her new carers; that the supervisor acted in an unprofessional manner and that the service user was not happy with the time care was to be provided 	<ul style="list-style-type: none"> Staff training and supervision provided to: <ul style="list-style-type: none"> - Emphasise importance of risk assessment preceding provision of service. - Instruction to staff regarding consultation with service user regarding their wishes. - Undertaking of tasks as and when agreed.
SCC34 Disabilities – Duty Team	<ul style="list-style-type: none"> Request for public information – enquiry not dealt with at the first point of contact (Duty Team) 	<ul style="list-style-type: none"> Apology given. Process for providing information by Duty and Operations Teams confirmed.
SCC35 Disabilities – Physical Disabilities and Sensory Loss Team	<ul style="list-style-type: none"> Daughter of a service user unhappy with the delay between referral (May 2006) and OT assessment (November 2006) 	<ul style="list-style-type: none"> Referrals for different aspects of assessment to be actioned simultaneously rather than constructively. Additional resources and funding of Occupational Therapy Services via Older People's Services. (Note: Latter constitutes 90% of service users)
SCC36 Disabilities – Learning Disabilities Team	<ul style="list-style-type: none"> Care management/respice care arrangements for son 	<ul style="list-style-type: none"> Meeting held with Carer. Care Planning arrangements implemented.
SCC37 Older Persons – Contracted Care Home	<p>Anonymous representation:</p> <ul style="list-style-type: none"> Alleged practice of a night-shift worker sleeping whilst on duty Lack of assistance by staff relating to dietary needs/fluid intake Administration of medication 	<ul style="list-style-type: none"> Information gathered from staff members. Disciplinary hearing held by Provider, staff member dismissed. Arrangements put in place for supervised practice of staff. Provision of POVA (Protection of Vulnerable Adults) training to staff.

APPENDIX 2 CONTINUED

**TABLE 1 – NATURE OF ADULT SOCIAL CARE CONTINUED
CONCERNS 2006/2007 CONTINUED**

Ref	Complaint	Lessons Learned/Action Taken
SCC38 Older Persons – User Property and Finance Team	<ul style="list-style-type: none"> Service user unhappy with timing of home care statements because of the effect on budget and knowing whether he is in credit or debit. 	<ul style="list-style-type: none"> Statements brought up to date and schedule planned for future statements.
SCC39 Disabilities – Physical Disabilities and Sensory Loss Team	<ul style="list-style-type: none"> Review of Direct Payment arrangements Direct Payment information requested but not received OT Assessment not arranged as promised 	<ul style="list-style-type: none"> Review was completed. Disability Funding Panel approved Direct Payment for short break. OT assessment actioned.
SCC40 Disabilities – User Property & Finance Team	<ul style="list-style-type: none"> Service user unhappy about delay in processing paperwork which in turn led to a delay in receiving Direct Payments 	<ul style="list-style-type: none"> Issues considered by Direct Payments Steering Group and actions taken to improve response times and avoid delays in processing paperwork.

**TABLE 2 - NUMBER OF ADULT SOCIAL CARE CONCERNS
2006/2007 DATA COMPARED WITH 2005/2006**

2006/2007	2005/2006	DIFFERENCE
21	16	+5

TABLE 3

**NUMBER OF COMPLAINTS RECEIVED BY ADULT
SOCIAL CARE BUSINESS UNIT
2006/2007 DATA COMPARED WITH 2005/2006**

ADULTS SERVICES			
Business Unit	2006/2007	2005/2006	DIFFERENCE
Older Persons	7	10	-3
Disabilities	6	2	+4
Adult Mental Health (Integrated Service)	3	3	0
Support Services (Commissioning)	2	8	-6
Sub Total	18	23	-5
Less Complaints Withdrawn	5	3	2
Overall Total	13	20	-7

- Of the 18 complaints received, 5 were subsequently withdrawn during the year at the request of Complainants.
- Complaints for Disability Services and Older People's Service have increased.
- Complaints for Support Services (Commissioned Services) have decreased.

TABLE 4

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UN ITS

DISABILITIES BUSINESS UNIT		
Ref	Complaint	Lessons Learned/Action Taken
S00241	<ul style="list-style-type: none"> Delays in service provision surrounding an assessment of need and installation of equipment. <ul style="list-style-type: none"> Service User unaware if care needs have changed since the original assessment in 2005. No direct contact to the Service User from the Occupational Therapist for over 16 months. Service User unaware of progress with the installation of a bath lift. Enquiries are passed between Housing and Social Care staff. <p>UPHELD</p>	<ul style="list-style-type: none"> Service Manager has reinforced with staff: <ul style="list-style-type: none"> The importance of having periodic reviews of cases and to maintain direct communication with service users at all times. To communicate regularly with agencies (Housing Associations) involved in the provision of commissioned services to chart progress. One single person should be central to all communication.
S00248	<ul style="list-style-type: none"> Delays in the length of time taken (4 months) from a referral to an assessment of need being undertaken. <p>NOT UPHELD</p>	<ul style="list-style-type: none"> Review of Department's resources to assess adequacy to meet the deadlines of assessment times.
S00254	<ul style="list-style-type: none"> Breach of confidentiality by an Independent Provider regarding a service user's complaint about his carers. <p>NOT PROVEN</p>	<ul style="list-style-type: none"> Department to assist Independent Provider on effective management of complaints through complaints training sessions. Issues of confidentiality to be addressed by the Commissioning Team as part of their ongoing monitoring visits to the Independent Provider.

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS
CONTINUED

DISABILITIES BUSINESS UNIT CONTINUED		
Ref	Complaint	Lessons Learned/Action Taken
S00255	<ul style="list-style-type: none"> • Arrangements surrounding the Department's Direct Payments scheme and the support service (provided by an independent company). <ul style="list-style-type: none"> ◦ Difficulty with arrangements for monies paid to the carer by the support service. ◦ Direct Payment agreement not signed properly. <p>PARTIALLY UPHELD</p>	<ul style="list-style-type: none"> • New agreement drawn up to ensure service user will receive the direct payment to be paid to the carer. • Reassurance provided to the complainant that the direct payment agreement had been signed in accordance with normal practice and does not affect the legitimacy of the contract.
S00257	<ul style="list-style-type: none"> • Relative dissatisfied with the Department's handling of a safety incident within day service provision and also communication regarding the event. <p>NOT UPHELD</p>	<ul style="list-style-type: none"> • Automatic Progression to Stage 2 • Review procedures about informing carers of significant incidents concerning service users using day services and ensure good practice. • Improve process regarding advice to service users and carers in relation to medical treatment. • Review signing-in systems to establishments.

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS
CONTINUED

DISABILITIES BUSINESS UNIT CONTINUED		
Ref	Complaint	Lessons Learned/Action Taken
S00259	<ul style="list-style-type: none"> Relative dissatisfied with the care management arrangements surrounding a service user attending day service provision: <ul style="list-style-type: none"> Personal hygiene issues prior to service user returning home from the Day Centre. Relative struggling to attend to a range of personal hygiene requirements. Comments cited by a Social Worker in the case review documentation. Problems with the relative accessing the Direct Payment Service. Items of clothes going missing at the Day Centre. <p>PARTIALLY UPHELD</p>	<ul style="list-style-type: none"> Manager has asked staff to implement discreet monitoring arrangements prior to the service user returning home from the Day Centre. Manager will consider a transfer of Social Worker subject to availability. Manager to pursue a request for an adaptation to the relative's home to help relieve personal hygiene issues.

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS
CONTINUED

MENTAL HEALTH SERVICES		
Ref	Complaint	Lessons Learned/Action Taken
S00250	<ul style="list-style-type: none"> • A member of a volunteer group was dissatisfied with arrangements within the service and also the conduct of a member of staff including: <ul style="list-style-type: none"> ○ Members of the group smoking indoors and a fire door being propped open with a fire extinguisher. ○ Volunteer group have personal items belonging to the complainant which have not been returned. ○ Disputes regarding key holding arrangements and the closure time of the premises. ○ Empty wine and spirit bottles at the premises. ○ Complainant's perception that a member of staff believed the complainant had damaged the bonnet of her car. ○ Belief of complainant that a member of staff was using the building to meet her boyfriend. <p>NOT UPHELD</p>	<ul style="list-style-type: none"> • The Manager has ceased inappropriate practice in relation to the fire door being held open. • The complaint has progressed to Stages 2 and 3 of the statutory complaints framework.

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS
CONTINUED

MENTAL HEALTH SERVICES CONTINUED

Ref	Complaint	Lessons Learned/Action Taken
S00253	<ul style="list-style-type: none"> Issues surrounding a lack of direct contact with a service user by the Social Worker during a relative's period of respite and poor communication by the Department. <ul style="list-style-type: none"> No contact from Social Worker to the service user whilst the relative undertook a period of planned respite. Following the service user's admission to hospital, the Social Worker did not visit or make arrangements for follow-up care. Failure to make a further pre-arranged visit following a CPA review meeting. <p>PARTIALLY UPHELD</p>	<ul style="list-style-type: none"> Manager to ensure that support needs can be assessed and responded to appropriately in the absence of the care co-ordinator. A member of the team (administrative or clinical) will be expected to cancel visits when needed in the future. That the Community Resource Team Protocol includes a response from a colleague where a care co-ordinator is unavailable.

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS
CONTINUED

OLDER PERSONS BUSINESS UNIT		
Ref	Complaint	Lessons Learned/Action Taken
S00249	<ul style="list-style-type: none"> Quality of care provided to a relative's mother residing in an independent care home including: <ul style="list-style-type: none"> Nutrition and dietary needs Swallowing difficulties Weight loss Staff not contacting family members following the service user's deterioration in health. 	<ul style="list-style-type: none"> Independent provider to be more pro-active in discussing the care of residents with their families to provide re-assurance that they are familiar with their needs and the level of care required. Manager to inform all Social Workers that following a review, where any changes in circumstances are identified (i.e. swallowing difficulties) a re-assessment must be undertaken to ensure all needs continue to be met. The need for staff in care homes to build good relationships with family members and have clear lines of communication to ensure family members are aware of any changes in their relative. Also to be reassured that the correct steps are being taken to address issues as they arise.
	PARTIALLY UPHELD	
S00251	<ul style="list-style-type: none"> Department failed to issue an up-to-date home care statement despite reassurances from the Department that the statement would be prepared individually for the service user. 	<ul style="list-style-type: none"> Up-to-date home care statement provided to service user via home visit. Freepost envelopes provided for the service user to use at his convenience when returning home care payments by cheque. Department is considering the issue of payment schedules which would bring payments more fully in line with the periods covered by the home care statements.
	UPHELD	

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS
CONTINUED

OLDER PERSONS BUSINESS UNIT CONTINUED		
Ref	Complaint	Lessons Learned/Action Taken
S00252	<ul style="list-style-type: none"> Communication problems regarding the closure of relatives short-stay placement upon readmission to hospital from the residential care home. <p>NOT UPHELD</p>	<ul style="list-style-type: none"> Service User reassured that the closure of the placement was in line with Adult and Community Services Departments procedures.
S00258	<ul style="list-style-type: none"> Disabled access grant -confusion surrounding a technical specification to support the provision of a gate on a ramp to allow direct access from the hard standing to the front door. Also, various issues following installation of adaptations including: <ul style="list-style-type: none"> Service user unaware that the specification did not include the provision for a gate. Canopy over front door not made water tight following installation of the ramp. Delays with company replacing the lead flashing. Ramp fitted was too long and deep resulting in the service user unable to close the front door. Stairlift was not safe to use when first fitted. Bathlift not collected by service provider in a timely way. <p>PARTIALLY UPHELD</p>	<ul style="list-style-type: none"> Grants section funded the fitting of a gate to make access easier. Company re-fitted lead flashing on the canopy and made this water tight. Ramp re-adjusted to meet the needs of the complainant. Occupational Therapy staff to ensure that the Manager is aware of any anomalies arising from the installation of stair lifts so that they can be taken up at a contract monitoring level. Technical Officers to consult Occupational Therapists about any modifications to avoid confusion with the service user and to monitor contractor's work. Issue of timely collections of equipment to be raised with service provider.

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS
CONTINUED

SUPPORT SERVICES – COMMISSIONING TEAM		
Ref	Complaint	Lessons Learned/Action Taken
S00247	<ul style="list-style-type: none"> The relative of a service user is dissatisfied with responses from three staff members in his dealings with the Department regarding his mother's care. <ul style="list-style-type: none"> A member of staff not giving their name on answering the telephone. Following a telephone call – no complaint form was issued or a letter of explanation. Staff not ringing back. <p>NOT UPHELD</p>	<ul style="list-style-type: none"> Relative of service user reassured by the Department that staff had not been deliberately obstructive and there seemed to have been some differing interpretations of the relative's enquiries.

TIME TAKEN TO RESPOND TO COMPLAINTS AT STAGES 1 AND 2

TABLE 5

1 APRIL 2006 TO 31 AUGUST 2006

Response Times No. of Calendar Days	ADULT SERVICES	
	No. of Complaints	
	Stage 1	Stage 2
0-28 calendar days	2	0
29 – 42 calendar days	2	0
Over 42 calendar days	0	0
Total	4	0

TABLE 6

1 SEPTEMBER 2006 – 31 MARCH 2007

Response Times No. of Working Days	ADULT SERVICES	
	No. of Complaints	
	Stage 1	Stage 2
0-10 working days	1	0
11-28 working days	4	0
29 – 65 working days	1	1
Over 65 working days	1	1
Total	7	2

TABLE 7

COMPLAINT OUTCOMES AT STAGES 1 AND 2 BY BUSINESS UNIT
COMPLAINTS INVESTIGATED 2006/2007

Business Unit	STAGE 1				STAGE 2				Total
	Upheld	Partially Upheld	Not Upheld	Inconclusive	Upheld	Partially Upheld	Not Upheld	Inconclusive	
Adult Services									
Disabilities	1	2	0	1	0	0	1	0	
Mental Health	0	1	0	0	0	0	1	0	
Older Persons	1	2	2	0	0	0	0	0	
Support Services	0	0	1	0	0	0	0	0	
Sub Total	2	5	3	1	0	0	2	0	13

Of the 13 complaints investigated during 2006/07, 54% were either upheld or partially upheld.

TABLE 8

**NUMBER OF COMPLAINTS RECEIVED
BY COMMUNITY SERVICES 2006/2007**

COMMUNITY SERVICES	
Business Units	2006/2007
Adult Education	0
Parks & Countryside	1
Libraries	1
Sports & Recreation	8
Museums and Heritage	1
Strategic Arts	2
Total	13

TABLE 9

**COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY
COMMUNITY SERVICES BUSINESS UNITS**

LIBRARIES BUSINESS UNIT		
Ref	Complaint	Lessons Learned/Action Taken
CS0059	<p>The complainant is unhappy with the attitude of a particular member of staff, and how his previous complaint was handled. He also complained about the general incompetence of library staff.</p> <p>(Note: Due to the sensitive nature of this complaint, the Department appointed an external Independent Investigating Officer to investigate the complaint.)</p> <p>NOT UPHELD</p>	<ul style="list-style-type: none"> • None noted.
MUSEUMS & HERITAGE BUSINESS UNIT		
CS0060	<p>The complainant, when purchasing confectionary, complained that the goods she purchased were labelled at a lower price than she was asked to pay.</p> <p>UPHELD</p>	<ul style="list-style-type: none"> • Confectionary removed from sale. • Apology given. • Voucher issued for complainant and A N Other for a free tea/coffee at the Central Library, PSS Wingfield Castle or Hartlepool Art Gallery Cafes. • Reinforced procedures/law with staff regarding pricing policies.

TABLE 9 CONTINUED

**COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY
COMMUNITY SERVICES BUSINESS UNITS CONTINUED**

PARKS & COUNTRYSIDE BUSINESS UNIT		
Ref	Complaint	Lessons Learned/Action Taken
CS0062	<p>The complainant is unhappy about the length of time taken to investigate and conclude a Definitive Map Modification Order (DMMO) application in respect of a particular footpath. Also, that he had not been personally invited to attend and address the Planning Committee.</p> <p>(Note: The complainant appealed against the initial outcome and this was subsequently considered and rejected by the Portfolio Holder for Culture, Housing and Transportation.)</p> <p>NOT UPHELD</p>	<ul style="list-style-type: none"> • None noted.
SPORTS & RECREATION BUSINESS UNIT		
CS0061	<p>The complainant was unhappy with the air conditioning facility at a Fitness Room.</p> <p>UPHELD</p>	<ul style="list-style-type: none"> • Technical issues investigated by Architects. • Further staff training carried out in the operation of the air-handling equipment.

TABLE 9 CONTINUED

**COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY
COMMUNITY SERVICES BUSINESS UNITS CONTINUED**

SPORTS & RECREATION BUSINESS UNIT CONTINUED		
Ref	Complaint	Lessons Learned/Action Taken
CS0063	The complainant alleges that a member of Café staff was rude and the standard of food was unsatisfactory. UPHELD	<ul style="list-style-type: none"> • Service delivery issues raised with independent catering proprietor. • Staff made aware of complaints. • Customers notices displayed around Café area informing customers that only food and drinks purchased may be consumed in the facility.
CS0064	The complainant alleges that a member of Café staff was rude and the standard of food was unsatisfactory. UPHELD	
CS0065	The complainant alleges that a member of Café staff was rude and the standard of food was unsatisfactory. UPHELD	
CS0066	The complainant alleges that bookings for enrolment on a course were taken by staff before the set time which disadvantaged her daughter in being allocated a place. UPHELD	<ul style="list-style-type: none"> • Customer survey to be undertaken over next few months aimed at improving service delivery. This should also highlight any demand for courses.

TABLE 9 CONTINUED

**COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY
COMMUNITY SERVICES BUSINESS UNITS CONTINUED**

SPORTS & RECREATION BUSINESS UNIT CONTINUED		
Ref	Complaint	Lessons Learned/Action Taken
CS0068	<p>The complainant, the user of a Leisure Centre, alleges that an alarm system was not working correctly, security is compromised and staff on duty were unhelpful.</p> <p>UPHELD</p>	<ul style="list-style-type: none"> Alarm fault rectified. Weekly operational and maintenance check re-examined, modified and reinforced with staff. Modifications carried out to CCTV surveillance system to cover 'blind spot' identified by complainant. Staff training, including customer care, organised during forthcoming period of centre closure.
CS0069	<p>The complainant, whose daughter has been attending a course at a Leisure Centre, alleged that the coach advised his daughter that she could no longer attend because she hadn't re-enrolled. The complainant also alleges that his daughter was not advised to re-enrol and there were no places left when they tried to re-enrol.</p> <p>PARTIALLY UPHELD</p>	<ul style="list-style-type: none"> Centre management Team to address communication issues between parents, children, coaches and staff. Questionnaire issued to complainant for views/opinions for inclusion within current review of course programmes.
CS0071	<p>The complainant, who participated in the 'Walks for All' programme, alleges that:</p> <ul style="list-style-type: none"> She is unsure who will assist her on the walks programme; A Volunteer Walks Leader appears not to like her; She is being discriminated against because of her sight impairment. <p>NOT UPHELD</p>	<ul style="list-style-type: none"> Another 'walker' identified to assist the complainant to enable participation in the walks programme. Clarification provided about the 2 different meeting groups – Walk leaders Group and Walks Participants Group. Explanation provided about the Walk Leader's hearing impairment. Clarification provided as to transport arrangements.

TABLE 9 CONTINUED

**COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY
COMMUNITY SERVICES BUSINESS UNITS CONTINUED**

STRATEGIC ARTS BUSINESS UNIT		
Ref	Complaint	Lessons Learned/Action Taken
CS0067	<p>The complainant was unhappy that she was invoiced for technical and performing rights charges. She alleges she was unaware of these charges.</p> <p>NOT UPHELD</p>	<ul style="list-style-type: none"> • None noted.
CS0070	<p>The complainant expressed that he was unhappy with the:</p> <ul style="list-style-type: none"> ○ Level of staff on duty for the numbers in the theatre; ○ Lack of customer care; ○ Attitude of Manager in not responding to the request for him to attend the incident; ○ Lack of first-aid trained staff; ○ Lack of information issued to users/patrons regarding fire safety. <p>NOT UPHELD</p>	<ul style="list-style-type: none"> • Explanation to each point raised was provided to the complainant.

TABLE 10

2006/07 ADULT SOCIAL CARE SATISFACTION SURVEY RESULTS

% Results for 2006/07

- 50% of respondents said that they were aware of the Department's Complaints Procedure prior to making their complaint.
- Of these, information about the procedure had been provided by:

- Staff members	25%
- Another person	25%
- Information leaflets	25%
- Other	25%
- Feedback about ease on finding information and clarity of information indicated:
 - 75% of respondents said they found that this was easy to obtain.
 - 75% of respondents found the information clear and easy to understand.
- In relation to actually making their complaint:
 - 75% said that this was very easy or quite easy.
 - 100% said they were given an opportunity to discuss their complaint with someone from the department.
 - 100% said that the process was explained to them.
- Quality of investigation was said by 75% of respondents to be satisfactory although 25% of respondents were very dissatisfied with the investigation.
- In relation to the Department's response to their complaint:
 - 50% of respondents said that they considered the response provided to be in sufficient detail.
 - 50% of respondents concluded that this had been provided within a sufficient timescale.
 - 75% of respondents believed that the response they had received had been sensitive to the issues of their complaint.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder
18th September 2007



Report of: Director of Adult and Community Services

Subject: ANNUAL DIVERSITY REPORT 2006/2007

SUMMARY

1. PURPOSE OF REPORT

To provide Portfolio Holder with an update on diversity actions completed in 2006/2007, and to provide an overview of key diversity issues for 2007/2008.

2. SUMMARY OF CONTENTS

The report includes an analysis of key achievements and the approach to Diversity in 2007/2008, which is more mainstreamed by being linked to the Business Planning Process. The report also highlights some of the key activities to be undertaken next year.

3. RELEVANCE TO PORTFOLIO MEMBER

Diversity is a major stream of activity.

4. TYPE OF DECISION

Non-key

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 18th September 2007

6. DECISION(S) REQUIRED

Portfolio Holder is requested to note the contents of this report.

Report of: Director of Adult and Community Services

Subject: Annual Diversity Report 2006-2007

1. PURPOSE OF REPORT

- 1.1 To provide Portfolio Holder with an update on diversity actions completed in 2006/2007, and to provide an overview of key diversity issues for 2007/2008.

2. BACKGROUND

- 2.1 Diversity issues are of paramount importance to the provision of services, which are fully inclusive, and are provided equally to all sections of the community.
- 2.2 The Council aims to develop an inclusive society and is committed to ensuring all council services are accessible and their provision is free from prejudice and unlawful discrimination and sensitive to the need of all local communities.
- 2.3 Adult and Community Services contributed to the corporate Race and Diversity Scheme published in May 2005, which covers a 3 year period from 2005-2008. The department fully participates in the corporate Diversity Steering Group, and has a well established Diversity Working Group to ensure Diversity issues are fully addressed in the department, Diversity issues are reported monthly to Directorate and on a quarterly basis to DMT.
- 2.4 Additionally, training has been undertaken for staff and managers to ensure diversity issues are understood and addressed. Consultation on a range of issues including the Hartfields Development, Telecare, Direct Payments, Museums and Libraries occurred in 2006/2007. The Improving Life Choices Partnership was re-energised and a contract with Hartlepool Access Group was negotiated to ensure that this important consultation mechanism for people with a disability was more user-led.

3. KEY ACTIONS AND ACHIEVEMENTS 2006/2007

- 3.1 **Appendix A** provides a summary of the key achievements, and actions completed in 2006/2007, this is extracted from the Corporate Annual Diversity Report. Diversity Impact Assessments were completed for key policy changes, and new developments, including Direct Payments, Library Plan, Hartfields Development, Telecare and Carers Strategy.

4. ISSUES AND ACTONS 2007/2008

- 4.1 In order to ensure diversity issues are fully mainstreamed Diversity issues have been included within the service planning process for 2007/2008.
- 4.2 Each Service Plan includes diversity objectives, the proposed Diversity Impact Assessments, highlights proposed consultations and includes an Impact Needs Requirement Assessment process which enables departments to assess their services and functions every three years and update this assessment on an annual basis. These assessments form the basis of diversity objectives and target setting as required for the Race and Diversity Scheme.
- 4.3 The actions identified are then included in the service plans. A summary is included at **Appendix B**.
- 4.4 Diversity actions will therefore be monitored as part of the corporate service-planning database.

5. LEVEL 3 OF THE EQUALITY STANDARD FOR LOCAL GOVERNMENT

- 5.1 Hartlepool Borough Council have currently declared as meeting Level 2 of the Equality Standard. There is a corporate commitment to work towards Level 3 of the Equality Standard by March 2008. This level will need to be validated externally. This process will require significant input by departments in particular members of the Diversity Working Group and DMT.

6. RECOMMENDATIONS

- 6.1 Portfolio Holder is requested to note the contents of this report.

Adult & Community Services

Introduction: Adult and Community Services comprises of three divisions: Adult Social Care, Community Services and Support Services

Each division is split into sections as follows:

Adult Social Care	Community Services	Support Services
<ul style="list-style-type: none"> • Mental Health • Older People • Disability 	<ul style="list-style-type: none"> • Libraries • Sport and Recreation • Museums and Heritage • Parks and Countryside • Strategic Arts • Adult Education 	<ul style="list-style-type: none"> • Workforce Development • Admin • Commissioning • Vulnerable Adults • Finance • Management Information • Supporting People

Adult Social Care covers Assessment and Care management Services, and the provision of day services and homecare. We also commission services from the independent and voluntary sector.

The services for people with mental health problems are integrated with Tees Esk and Wear Valley NHS Trust. Increasingly services are being provided by integrated teams for OP services.

Community Services includes:

- Libraries (Central Library and branch libraries) together with a mobile service
- Sports and Recreation is made up of four key components:
 - Facilities such as leisure centres
 - Community Centres
 - Community Pool (providing financial support to the voluntary sector)
 - Sports Development.
- The department also includes Museums and Strategic Arts (facilities such as the Town Hall Theatre).
- Parks and Countryside covers facilities such as Summerhill, recreation facilities and allotments.

- Adult Education provides a range of adult education courses often in community venues.

Key Diversity Achievements

1. An Accessible Information Officer appointed to ensure public information, minutes and agendas for relevant groups are in an easy access format.
2. Revised directory of interpreters and translation service produced
3. Improvement of staff understanding and knowledge of equality and diversity issues by raising awareness and providing training to ensure that services are culturally sensitive and are able to respond flexibly to the diverse needs of the older people and their carers.
4. Better signage in Central Library, particularly for those with visual impairment. This has been extended to reference library and public access to computers signage in different languages displayed in libraries. There has also been an increased stock of non English Language books in library
5. Appointment of Community Multi-skill Sports Coach to work with referred clients taking part in the drugs intervention programme.
6. Encouragement of people with disabilities and special needs into mainstream activities
7. Working towards "Count Me In" service accreditation – scheme offered by English Federation of Disability Sport (EFDS).
8. Launch of Café at Summerhill Country Park run by Havelock Day Centre (people with a disability)
9. Completion of the Rights of Way Improvement Plan to consultation stage.
10. Front Covers of all Adult Social Care Publications have title in 8 languages
11. Production of range of new diversity policies to match new legislation.
12. Increased amount of in-class support for learners.
13. Production of 5 new publications in Easy Read format and audio tape items have been updated. Key Adult Care publications have been produced in 8 languages and the Adult Care Public Information Order Form is produced in 8 languages
14. Additionally all Supporting People leaflets are available in a range of community languages. Supporting People public information is available in a wide range of formats including braille, audio, Easy Read and Large print
15. Working with the Teeswide Gypsies and Travellers Group to develop a protocol to help assess support needs of Gypsies and Travellers. Also amended the Housing Aid Supporting People contract to deal with this work.

Diversity Objectives set 06/07	Progress made
Adult Social Care Contact: Ewen Weir	
Accessible Information Officer appointed	Appointed to Post. An index of accessible documents has been produced, with dates in for regular review (doc Control) Information on Portal being updated, public information leaflets, minutes, leaflets are accessible
Learning Disability Partnership Board Restructure	Partnership Board has been restructured, venue is accessible information is presented in accessible format and service user involvement has increased.
Business Planning outcomes & impact on Diversity	Diversity Impact assessments included in the business planning process and completed for the LD commissioning strategy.
Uptake of direct Payments	Delivered awareness raising sessions across carers groups, MIND, Age concern, BME groups and uptake is captured on Gender, Ethnicity, age. Information in a variety of formats including Accessible information for people with Learning Disabilities.
Completion of Older People's strategy and implementation of action plan	Action plan completed October 2006 Action Plan updated February 2007
Community Services Contact: John Mennear	
Libraries Contact: Graham Jarritt	
2006-7. To consult with users whose first language is not English to improve and expand stock and availability of non-English language books and materials	Attendance at Talking with Communities forum. Acquisition of stock available for loan in languages other than English. Response to individual requests for specific language materials eg Dual language Korean/English materials
2006-7 To explore scope for the extension of reader development activity through vehicle delivered services	Some people receiving home library service expressed interest in joining a reading group. It will be necessary to seek funding (direct payments?) to enable this

Sport and Recreation Contact: Pat Usher	
2006-7. To ensure through effective partnerships access to a wide range of affordable high quality sporting and recreational opportunities that satisfy community needs.	<ul style="list-style-type: none"> • Self guided walks literature made available in large print. • Visually impaired service users included in walks programme • Specific disability walks group established & walking regularly • Boccia court markings completed at the Headland Sports Hall • Leisure Centre User survey repeated 2006 • Community Centre consultation – Viewpoint 1000 in 2006 • Majority of staff in service undertaken diversity/equality training via EFDS • Active partners within Tees Valley BME Sports Forum • GP Referral Programme expanded to include referrals via Hartlepool MIND. • Community Sports Coach partnership with Drugs Intervention Team to provide a range of activities and opportunities to referred clients.
Parks and Countryside Contact: Andrew Pearson	
Include multi-language addition to information on events and on leaflets	Multi-language information is now included on the 3-month events leaflet and will be incorporated into future publications. Summerhill is part of the 'Language Line' initiative
Establish direct contact with the 'Talking with Communities' initiative considering issues in the local countryside.	Parks and Countryside team spoke to the 'Talking with Communities' meeting in November. Initiatives are being advanced as a result of this meeting.
Launch a café facility at Summerhill in conjunction with the Havelock Day Centre	Café launched in April. Catering to the public provided by service users was provided through the summer. Café operating under the trading name of 'Summerhill Tea Shop'. Additionally the Summerhill Tea Shop has been able to provide catering for meetings at Summerhill.
Work with the Havelock Day Centre to develop a social enterprise garden centre project	Some support given to the Havelock in relation to this project although the initial idea of setting something up at Summerhill is not feasible.

3.2 APPENDIX A

Continue to develop Countryside Volunteers Service (Via HVDA and Mental Health Service Providers)	The volunteers worked 275 days over the last 12 months. Recruitment of new volunteers is ongoing.
Adult Education Contact: Maggie Heaps	
Increase type of support offered	Wider programme of support available, particularly in class
Annual Review of delivery options	Completed October 2006
Staff Development programme	Completed December 2006
Increased services on-line	On-line enrolment operational and new VLE operational
Audit of available services	Completed October 2006
Support Services	
Contact: Alan Dobby	
Supporting People Contact: Pam Twells	
Client record data monitors ethnic origin of people living in supported accommodation	Analyse client record data to better inform trends – ongoing
Update/progress recommendation in the Supported Living Option for Older Peoples report	Ongoing
Anticipate future change by carrying out research to ensure changing trends are addressed	Housing Needs Assessment is in progress and analysis will be available in April 2007.
Ensure effective consultation with all groups	Supporting People members of Teeswide Gypsy and Travellers Group.
(Cont'd) Ensure effective consultation with all groups	Timetabled consultation with lesbian, gay, bisexual transgender, 50+ forum regularly consulted. All Abilities Forum. Representation on LD Partnership Board, MH LIT, Older Persons LIT
Link with Diversity Officer to identify hard to reach backgrounds and arrange appropriate consultation	All public information updated and revised including leaflets Diversity Officer now on Supporting People Partnership Board Service Review/Contract Monitoring processes include service user involvement

Key Diversity Objectives and targets set for 2007/2008

Adult Services Division

Disabilities

- Update ESAT documentation and collate supporting evidence for level 3
- Ensure DIA & INRA training is refreshed to team managers
- Identify key people responsible for updating policy and reviewing DIA's

Older People

- Update of Older People's Strategy Action plan – May 2007 then quarterly, reporting to Older People' Local Implementation Team and to 50+ Forum
- Increase awareness of Older People's strategy, especially within BME and LGBT communities during 2007 – 08

Community Services Division

Libraries

- To work with Adult Services to source funding (direct payments?) to deliver reading group for people who receive vehicle delivered library services
- To hold the 'Made in Britain' promotion of African, Caribbean and Asian literature in the library
- To hold a reading group for people with Mental Health issues and to work providing reading and literature services at Sandwell Court
- To develop reading and literacy services to people suffering from Alzheimer's disease
- To work with NDC in developing the Connecting Cultures project

Sport and Recreation

- To consult with users whose first language is not English to improve and expand range and availability of services
- To gain EFDS "Count me In" service accreditation
- To develop a football tournament as part of the Special Olympics programme
- To revise all promotional material to ensure that it is available in a range of accessible formats
- To work with Adult Care to provide a better range of services and activities for older people

Parks and Countryside

- Consolidate the Summerhill Tea Shop café and meeting catering project in conjunction with the Havelock Centre
- Host part of the 2007 Kannada Balaga event at Summerhill
- Stage archery activities at Summerhill as part of the EFDS key sports initiative
- Continue to develop Countryside Volunteer Service linking with HVDA

and Mental Health Service Providers

- Conduct a Visitor Survey of all Local Nature Reserves
- Continue to promote the wardens illustrative talks to groups who would not otherwise benefit from Hartlepool's Countryside Sites
- Ensure that countryside events are accessible to all including wheelchair users and listed in the Wild About Hartlepool Leaflet. This would include promotion of the Forest Mobility Scheme in Summerhill
- To support the development of the Allotment Project at Waverley Allotments involving Service Users and Volunteers for the Integrated Mental Health Service
- To achieve the Green Flag Award for Summerhill
- To work with the Football Development Officer in delivering the Football Development Plan (Specifically Disabled and Women and Girls Football) at Grayfields Recreation Ground.

Adult Education

- Ensure access to a range of accredited learning to allow adults to achieve a national qualification
- Ensure access to a range of learning activities to encourage participation
- Ensure access to a range of support activities to remove barriers to learning
- Provide access to outreach IAG.

Support Services

Supporting People

- Collate information regarding housing related support needs of diverse communities in Hartlepool
- Assess services for compliance with the Disability Discrimination Act
- Seek to have representative on Partnership Board representing disability and/or BME groups
- Assess the cultural sensitivity of Supporting People services in Hartlepool
- Ensure 20% of Supporting People services are at a Level B in the QAF for Diversity
- Carry out and assessment of accessibility on all Supporting People services

The departments have undertaken 10 INRAs and 11 DIA's. For further information on these please contact: Margaret Hunt on 01429 523928 or e-mail Margaret.hunt@hartlepool.gov.uk

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder
18th September 2007



Report of: Director of Adult and Community Services

Subject: BUSINESS PROCESS RE-ENGINEERING

SUMMARY

1. PURPOSE OF REPORT

To advise Portfolio Holder of the approach the Department of Adult and Community Services is taking to Business Process Re-engineering.

2.0 SUMMARY OF CONTENTS

The report outlines the three main projects the department is undertaken to progress Business Improvement:

- Business Process Re-engineering – processing mapping with Care Services Improvement Partnership (CSIP)
- Business Process Re-engineering – process mapping with Care Services Efficiency Delivery (CSED) of the care management process.
- Business Improvement – looking at Workforce Development

3. RELEVANCE TO PORTFOLIO MEMBER

The process is of strategic interest to the portfolio.

4. TYPE OF DECISION

Non-Key

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 18th September 2007

6. DECISION(S) REQUIRED

Portfolio Holder is requested to note the contents of the report.

Report of: Director of Adult and Community Services

Subject: BUSINESS PROCESS RE-ENGINEERING

1. PURPOSE OF REPORT

- 1.1 To advise Portfolio Holder of the approach the Department of Adult and Community Services is taking to Business Process Re-engineering.

2. BACKGROUND

- 2.1 The Local Government White Paper 'Strong and Prosperous Communities' published in 2006 states: -

"In order to deliver the transformed services and value for money that communities want Councils will have to challenge traditional methods of delivery.

- 2.2 There is a strong case for business improvement which will not only improve services for the citizen but will also help deliver on the efficiency agenda. The aim is to deliver high quality public services which are:

- Right first time with any problems put right quickly and without fuss.
- Easily accessed with a simple and logical point of contact for the citizen, require information to be provided only once.
- Offer variety and choice to meet the needs and preferences of different users.
- Delivered seamlessly with providers working together to meet users needs
- Respond and adopt to changing circumstances and preferences
- Provide value for money

3. APPROACH WITHIN ADULT AND COMMUNITY SERVICES

- 3.1 There are 3 main initiatives within Adult and Community Services to address the agenda of service re-design and improvement. They are:

- a) Care Services Efficiency Delivery Programme
- b) Business Process Re-engineering (Commission for Social Care Improvement Partnership)
- c) Corporately sponsored Business Improvement Project

- 3.2 Each of these is described below, stating progress to date and next steps.

4. CARE SERVICES EFFICIENCY DELIVERY (CSED)

- 4.1 The CSED team was set up by the Department of Health to support Councils deliver their Gershon efficiencies in Adult Social Care.
- 4.2 The CSED approach is to use evidence based, pragmatic practical efficiency improvement solutions within a systems context. A joint approach, with other local authorities is encouraged to facilitate efficiency improvement by shared learning, avoid duplication and shorten development time.
- 4.3 CSED provide initial consulting input, to disseminate change and programme management, business transformation, organisational change and benefits delivery.
- 4.4 There are a number of workstreams looking at the assessment and care management process. These includes:
- Electronic monitoring of social care
 - Process Improvement Planning and opportunistic buying
 - Homecare re-ablement
 - Demand forecasting – capacity planning
 - Improved service delivery
 - Transforming Community Equipment
- 4.5 The engagement process commences with the council completing a diagnostic tool, which informs an initial meeting which provides feedback, it includes comparing the baseline information with regional, national and category averages.
- 4.6 The initial diagnostic meeting was held in July, and a number of areas have been identified to progress. This includes:
- i) A 'Brown Paper Exercise' (process mapping) of the Assessment and Care Management Process. This will commence in September – appropriate staff have been identified to participate in the training.
 - ii) Examination of Financial Assessment
 - iii) Examination of Better Contracting issues (CONTROCC System)
- 4.7 Although the initiative is targeted at Social Care, the skills base will be useful, with the potential to be applied to the wider department.

5. CARE SERVICES IMPROVEMENT PARTNERSHIP (CSIP)

- 5.1 The Commission for Social Care Improvement have a team of consultants who are experts in service improvement, and have experience in facilitating change primarily within a health setting.
- 5.2 Hartlepool Borough Council was the first local authority to utilise the techniques. The process was initiated by a 2-day workshop. The consultancy support is free to the council. The workshop covered change management, variation analysis and process mapping.
- 5.3 The first 2-day workshop centred on the duty team. A series of improvements have been initiated. Progress is monitored via regular reports to Directorate.
- 5.4 Participants on the group have applied the techniques and have conducted process mapping in:
 - Direct Payment Referral Process
 - Single Access Point
- 5.5 Three of the original team helped facilitate the second workshop in August which covered:
 - Libraries
 - Occupational Therapy Services
- 5.6 A number of service improvements have been identified, and areas for further mapping will be progressed.

6. BUSINESS IMPROVEMENT PROJECT (NECE SPONSORED)

- 6.1 A corporately led project has been initiated to develop staff leading to a National Vocational Qualification in Business Improvement techniques. There are nine days consultancy input to facilitate process mapping. There is a whole team approach to system re-defy. The project commenced in July, and in Adult and Community Services we are looking at the Workforce Development team and processes. Again, techniques will be fed into the wider department.

7. CONCLUSIONS

- 7.1 Although three separate projects have been involved in the department they are all comparable as they are based on process mapping, implementing change and wide involvement in the implementation of change. There will be mutual learning between the projects. Regular reports will be given to Directorate.

8. RECOMMENDATIONS

- 8.1 The Portfolio Holder is requested to note this report.