

## PLEASE NOTE VENUE

# ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



**Monday 19<sup>th</sup> November 2007**

**at 9.00 am**

**in Conference Room 2,  
Belle Vue Community Sports and Youth Centre, Kendal Road**

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**

No items

**3. ITEMS FOR INFORMATION / DISCUSSION**

3.1 Tees Valley Food Hygiene Award Scheme – *Head of Public Protection*

3.2 Implementation of Smoke-Free Legislation – *Head of Public Protection*

3.3 In Control Update Progress Report – *Director of Adult and Community Services*

3.4 Adult and Community Services Departmental Plan 2007/2008 – 2<sup>nd</sup> Quarter Monitoring Report – *Director of Adult and Community Services*

3.5 Neighbourhood Services Departmental Plan 2007/08 – 2<sup>nd</sup> Quarter Monitoring Report – *Director of Neighbourhood Services*

**4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS**

No items

## **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO**

Report to Portfolio Holder  
19 November 2007



**Report of:** Head of Public Protection

**Subject:** Tees Valley Food Hygiene Award Scheme

---

### **SUMMARY**

#### **1. PURPOSE OF REPORT**

To update the Portfolio Holder in relation to the Authority's Food Hygiene Award Scheme.

#### **2. SUMMARY OF CONTENTS**

The report outlines the Authority's progress with regards to the implementation of the Tees Valley Food Hygiene Award Scheme.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

The Portfolio Holder for Adult and Public Health has responsibility for Environmental Health.

#### **4. TYPE OF DECISION**

Non key: For information

#### **5. DECISION MAKING ROUTE**

Adult and Public Health Services Portfolio Holder.

#### **6. DECISIONS(S) REQUIRED**

The Portfolio Holder is requested to note the report.

**Report of:** Head of Public Protection

**Subject:** Tees Valley Food Hygiene Award Scheme

---

## **1. PURPOSE OF REPORT**

- 1.1** To inform and update the Portfolio Holder on the progress made following the Authority's implementation of the Tees Valley Food Hygiene Award Scheme.

## **2. BACKGROUND**

- 2.1** At the Adult & Public Health Services Portfolio meeting on 12 February 2007 approval was given to publicise food hygiene information in relation to Hartlepool food outlets in the form of a Food Hygiene Award Scheme.
- 2.2** On 1 April 2007 the Authority launched the Tees Valley Food Hygiene Award Scheme. The scheme utilises a star rating for display on the business premises. The star rating is calculated from the risk rating information obtained by Environmental Health / Technical Officers as part of their programmed 'primary' inspections. The risk rating information is governed by national guidance. The lower the food hygiene risk, the higher the star rating. The frequency with which a primary inspection is undertaken ranges from six months to three years.
- 2.3** At the start of the scheme all registered food businesses were given provisional star rating based upon the risk rating awarded at the time of their last primary inspection.
- 2.4** As from 1 January 2005, a member of the public, or press, has been entitled under the Freedom of Information Act to request copies of correspondence sent to food businesses by the Council's enforcement officers. As the scores are published through the Council's website with a link to a national website "scoresonthedoors.org.uk" and premises are provided with a certificate to display this puts the information into the public domain in a more meaningful format.

## **3. REVIEW OF THE TEES VALLEY FOOD HYGIENE AWARD SCHEME**

- 3.1** The scheme has been operational within Hartlepool, Middlesbrough and Stockton for six months and was launched in Darlington on 1 July 2007. Redcar & Cleveland Borough Council are yet to introduce the scheme.

- 3.2** In September 2007 a formal review of the scheme was undertaken by the Tees Valley Food Liaison Group. The consensus of opinion was that the scheme should continue in its current format however it was agreed that minor amendments were required to the policy, in particular to clarify the criteria for the exemption of premises which fall outside the inspection programme. A copy of the amended policy is attached as Appendix 1.
- 3.3** To date there has been a high level of interest in relation to the award scheme, both from members of the public, local media and businesses, with the website having received more than 100,000 hits in the first six months.
- 3.4** It is particularly pleasing that food business operators (many of whom received a low rating) have contacted the department for advice on how to improve their premises and food safety practices with the aim of improving their star rating.
- 3.5** At the start of the scheme 53.4% of premises received a rating of three stars or above; this figure has now risen to 67.7%. A comparison between the current star rating profile for Hartlepool food businesses and that at 1 April 2007 is shown in Appendix 2. Of particular interest is the fact that the number of five star premises has risen from 24 to 58 whilst the number awarded 0 stars has fallen from 32 to 12.
- 3.6** As the inspection programme operates on a three year cycle it is expected that a gradual improvement in the profile of star ratings will occur. The current profile however is particularly encouraging and would suggest that the scheme is already having the desired effect of raising hygiene standards.

#### **4. ISSUES**

- 4.1** The Food Standards Agency set up several pilot projects to test how well 'Scores on the Doors' food hygiene award schemes work in practice and the evaluation of the schemes is well underway. The Agency has announced that it will be making a recommendation about the possibility of introducing a national scheme at its Board meeting in March 2008. If such a scheme were to be launched it may be necessary to amend the Authority's existing scheme.

#### **5. CONCLUSION**

- 5.1** To date the scheme has been successful both in terms of providing information to the public enabling them to make an informed decision as to where to purchase food and driving up hygiene standards in Hartlepool's food businesses.

#### **6. RECOMMENDATIONS**

- 6.1** That the Portfolio Holder notes the report.

## APPENDIX 1

### AMENDED TEES VALLEY FOOD HYGIENE AWARD SCHEME POLICY

#### Introduction

The five unitary authorities which make up the Tees Valley Food Safety Liaison Group (that is Darlington BC, Hartlepool BC, Middlesbrough BC, Stockton BC and Redcar & Cleveland BC) have agreed to deliver the same food hygiene award scheme. Every food business that is eligible to join the scheme will be issued, free of charge, with a certificate showing the number of stars awarded for the standard of food hygiene. The inspections of the food businesses and the decision on the stars awarded will be made by Food Safety Enforcement Officers who are employed, and authorised in writing, by their Council.

The intended benefits of introducing the scheme are:

- Providing public access to information held by each authority about the hygiene standards of food businesses
- Encouraging businesses to achieve high standards of compliance
- Promoting transparency and consistency in inspection style.

Details of the scheme are given below.

#### Inspection and Rating of Food Businesses

The Food Safety Enforcement Officers within the Tees Valley undertake risk ratings of all food businesses following a primary inspection in accordance with 'Food Law Code of Practice, March 2006' published by the Food Standards Agency.

*Of particular importance is:*

*The inspection rating(s) of a food business are assessed or reassessed at the conclusion of **every primary inspection** in accordance with Annex 5 of the Food Law Code of Practice, March 2006 (or any amendment thereto that may be notified to Food Authorities by the Agency). Inspection ratings are **not re-assessed at secondary inspections**.*

The overall rating score is calculated taking account of:

- type of food and method of handling
- method of processing
- consumers at risk
- level of current compliance with food hygiene and safety procedures
- level of current compliance with structure of premises
- confidence in management and control systems
- risk of contamination of food.

The overall score is then used to determine the frequency of inspection for the business in line with the 'Food Law Code of Practice, March 2006'.

The Tees Valley Food Hygiene Award Scheme uses three of the factors, which are directly controllable by the food business, from the risk rating score, to determine the number of stars to be awarded. These are:

1. Food Hygiene and Safety
2. Structure and Cleaning
3. Management and Control

The range of scores available for each of these factors is shown in the table below:

| Risk rating categories  | Excellent <span>↔</span> Poor |   |    |    |    |    |
|-------------------------|-------------------------------|---|----|----|----|----|
|                         | 0                             | 5 | 10 | 15 | 20 | 25 |
| Food Hygiene and Safety | 0                             | 5 | 10 | 15 | 20 | 25 |
| Structure and Cleaning  | 0                             | 5 | 10 | 15 | 20 | 25 |
| Management and Control  | 0                             | 5 | 10 | 20 |    | 30 |

The total score from the three categories in the above table is then given the star rating as follows:-

| Score  | Level of Compliance         | Star Award |
|--------|-----------------------------|------------|
| 0- 5   | Excellent                   | *****      |
| 10- 15 | Very Good                   | ****       |
| 20- 25 | Good                        | ***        |
| 30- 35 | Fair                        | **         |
| 40- 45 | Poor                        | *          |
| 46+    | Major Improvements required | None       |

The overall risk rating score and the star award given will be completed at the end of every primary inspection and the proprietor will be informed of the scores.

## Primary Inspections

A primary inspection requires the food safety enforcement officer to:

- Consider the scope of the business and the relevant food law that applies to the operations taking place;
- Thoroughly and systematically gather and record information from the observation of practices, procedures and processes, including procedures based on HACCP principles, and discussion with food handlers, contractors, food business operators and managers;
- Determine whether it is necessary to collect samples of raw materials, ingredients, additives, intermediates, finished products, or materials and articles in contact with food for analysis and/or examination;
- Identify any actual or potential breaches of food law and, if appropriate, gather and preserve evidence;

- Determine relevant enforcement action and communicate to business.

### **Secondary Inspection**

A secondary inspection is any other visit to a food business, that is not a primary inspection, made by a food safety enforcement officer, for any purpose connected with the enforcement of food law, including:

- Additional inspections of establishments that are subject to approval under Regulation 853/2004 (see Paragraph 4.3.4 and Annex 5 of the code of practice);
- Sampling visits;
- Visits to check on the progress of measures required after a previous inspection;
- Visits to investigate food and food establishment complaints;
- Visits to discuss aspects of food safety management procedures based on HACCP principles;
- Visits involving the explanation of food safety issues to food handlers.

### **Star Awards**

#### **Provisional Star Award**

At the time of the launch of the scheme all food businesses will be issued with a provisional certificate and the number of stars awarded will be based on the results of the last recorded primary inspection.

#### **Subsequent Star Awards**

Food business will be re-rated following each Primary inspection and under normal circumstances premises will not be re-rated at any other time.

An exception may be made when a business makes a written request to its local authority for a re-rating inspection, provided 6 months has elapsed since the primary inspection. A fee is payable in advance for this special visit. This re-rating inspection will be carried unannounced (with the date and time chosen by the food enforcement officer) and revised star rating score will apply regardless of whether it goes up, down or remains the same.

A food safety enforcement officer may recalculate the risk rating score when there is an incident or event that relates to management or control of the business. Examples would be when the Food Authority:

- receives a new registration application or a request to change the registration details
- receives a consumer complaint
- becomes aware of any material change in the ownership, management, layout or nature of operation of a food business
- receives a referral under the Home Authority Principle
- receives a request or other information from the Food Standards Agency

- investigating a possible outbreak of food borne infection
- becomes aware that the business may be closed at the time of the due inspection date because of seasonal closure.

The revised risk rating score will be used to calculate a new star rating score. If there is a material change of information to that provided on the existing certificate a new certificate will then be issued.

### **Appeals Procedure**

Any complaint made by a business or a member of the public relating to any award issued shall be a matter for the Local Authority in whose area the business premises is located and will be dealt with through that Councils complaints procedure. The results of any such complaint investigation shall be referred to the Tees Valley Food Safety Liaison Group for information.

### **Right to Reply Feature**

Food businesses will be given the opportunity to update information on the web site. This will only be uploaded to the web site following the agreement of the Environmental Health Department. Food businesses can use this to indicate the improvements they have made following the last star award rating.

### **Availability of Information**

The star rating awards for each premises will be made available to the public via the internet and each business will be given a certificate bearing the business name, star rating and date of issue for them to display at their premises. (There is no legal requirement to display the certificate.

Individual Authorities within the scheme may choose to link the inspectors report to the star rating award on the relevant internet website; however, this will be a local decision.

### **Food Businesses Applicable**

The Star Award rating will only be given to food businesses that are inspected by the Authority in line with the Councils Food Law Enforcement Service Plan. Certain premises may not be inspected due to the **low risk level** associated with that premises. These may be subject to alternative enforcement and will therefore not receive a star rating.

Exemption from the scheme is not a reflection of the controls operating within the business, only the low level of risk. Such premises will be issued with a certificate which identifies them as being exempt and this information will also be available on the website.



**Note**

The certificate issued to each premises will remain the property of the local authority. Any food business that makes false claims about its star rating will be referred to the Trading Standards Section and may face legal proceedings under The Trade Descriptions Act 1968.

**Historical Information**

Only the latest star rating award will be accessible from the web site. Any previous ratings or information relating to a particular premises may be available on written request to the relevant Environmental Health Department.

**Important Note**

The Food Standards Agency is undertaking a pilot project for this type of scheme to apply on a national basis. This may alter how businesses will be rated in the future. **It is important to note that both the risk rating score and star rating given to the premises is subject to change in the future. A Star rating given could go down or up if a national scheme is different to the above scoring system.** Each Local Authority will endeavour to keep businesses and users informed of this.

Revised Sept 2007

**APPENDIX 2****COMPARISON OF HARTLEPOOL FOOD BUSINESS STAR RATINGS PROFILE  
AT START OF SCHEME AND NOW**

| <b>Star Rating</b> | <b>Profile – April 2007</b> | <b>Profile – October 2007</b> |
|--------------------|-----------------------------|-------------------------------|
| 5 Stars            | 3.2% (24/759)               | 7.4% (58/786)                 |
| 4 Stars            | 20.4% (155/759)             | 24.6% (193/786)               |
| 3 Stars            | 29.8% (226/759)             | 35.7% (281/786)               |
| 2 Stars            | 34.5% (262/759)             | 25.3% (199/786)               |
| 1 Star             | 7.9% (60/759)               | 5.5% (43/786)                 |
| 0 Stars            | 4.2% (32/759)               | 1.5% (12/786)                 |

# **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO**

Report to Portfolio Holder  
19 November 2007



**Report of:** Head of Public Protection

**Subject:** IMPLEMENTATION OF SMOKE-FREE  
LEGISLATION

---

## **SUMMARY**

### **1. PURPOSE OF REPORT**

To inform the portfolio holder of details regarding the implementation of smoke-free legislation.

### **2. SUMMARY OF CONTENTS**

The report sets out details of the requirements relating to smoke-free legislation which came into force on 1 July 2007. It highlights the health benefits of the legislation, and various issues in relation to enforcement and education of the legislation.

### **3. RELEVANCE TO PORTFOLIO HOLDER**

The introduction of smoke-free legislation has town-wide implications for business, employees, the public, as well as the Portfolio Holder.

### **4. TYPE OF DECISION**

Non-key.

### **5. DECISION MAKING ROUTE**

Adult and Public Health Portfolio meeting on 19 November 2007.

### **6. DECISION(S) REQUIRED**

Portfolio holder is requested to note the report.

**Report of:** Head of Public Protection

**Subject:** IMPLEMENTATION OF SMOKE-FREE  
LEGISLATION

---

## 1. PURPOSE OF REPORT

- 1.1 To inform the portfolio holder of details of the implementation of smoke-free legislation.

## 2. BACKGROUND

- 2.1 The Health Act 2006 introduced smoke-free legislation in England from 1 July 2007. The legislation was introduced to protect people from second hand smoke. There is no risk free level of exposure to second hand smoke as it contains some 4,000 chemicals, many being known to be dangerous poisons. More than 50 are known to be cancer-causing agents. Long-term exposure is known to increase a non-smoker's risk of lung cancer by 24% and heart disease by 25%. It is estimated that second hand smoke at work will result in more than 600 deaths per annum in the U.K. The North East has the highest percentage of smokers in the U.K. (28%)
- 2.2 There is little doubt that the introduction of the Smoke-Free legislation is a major step forward in the protection of public health as it will:
- Reduce the risks to health from second hand smoke.
  - Recognise a person's right to be legally protected from the harm of second hand smoke and to breathe smoke-free air.
  - Help people attempting to give up smoking by providing supportive smoke-free environments.
  - Save thousands of lives over the next decade.
  - Improve the life expectancy of those smokers who quit due to smoke-free public places and workplaces.
  - Generally improve life expectancy, as less people will take up smoking as it becomes more socially unacceptable.

## 3. SMOKE-FREE LEGISLATION

- 3.1 Section 10 of the Health Act 2006 places a duty on Enforcement Authorities to enforce the smoke-free provisions of the Act and regulations made under it. It should be noted that **Local Authorities are the only enforcing authority** for the purposes of this legislation.

3.2 A series of regulations have been made under the Act and these contain the detailed requirements:

3.3 **Smoke-Free (Premises and Enforcement) Regulations 2006**

These regulations define what are 'enclosed' and 'substantially enclosed' premises which must be smoke-free. This is an important definition, especially in relation to structures which may be used as smoking shelters. Generally, a structure is considered enclosed if it has a ceiling or roof, but there are permanent openings in the walls which are less than half of the total areas of the walls. This is known as the "50% rule".

3.4 **Smoke-Free (Signs) Regulations 2007**

These regulations require that appropriate no-smoking signage is displayed in a prominent position at each entrance to a premises. Similarly, a sign must be displayed in all smoke-free vehicles.

3.5 **Smoke-Free (Vehicle Operators and Penalty Notices) Regulations 2007**

These regulations specify the form of the fixed penalty notices and the persons with legal duties to cause any person who is smoking in a smoke-free vehicle, to stop smoking. These are the driver, any person in a vehicle who is responsible for order or safety and any person with management responsibilities for the vehicle.

3.6 **Smoke-Free (Exemptions and Vehicles) Regulations 2007**

These specify the limited exemptions from the smoke-free requirements and also that most public and work vehicles are to be smoke-free. Exemptions include private dwellings (but not common indoor areas such as stairwells in blocks of flats), designated bedrooms in hotels, guesthouses, hostels, and other residential accommodation. The regulations also allow for the designated rooms in residential accommodation (including prisons, care homes and mental health units), offshore installations and research/testing facilities, subject to certain conditions laid out in the regulations. Performers are granted an exemption where the artistic integrity of a performance makes it appropriate.

3.7 **Smoke-Free (Penalties and Discounted Amounts) Regulations 2007**

In general terms, the law states that premises (and vehicles) shall be smoke-free if they are open to the public or used as a place of work by more than one person, or where members of the public might attend for the purpose of receiving goods or services from the person working there, i.e., smoke-free at all times.

3.8 There are four main offences, which can be summarised as follows:

1. Persons in control or concerned with the management of a smoke-free place, failing to prevent smoking.
2. Smoking in a smoke-free place.
3. Failing to display "no smoking" signs in smoke-free premises.
4. Intentional obstruction of an authorised officer.

- 3.9 As well as making provision for prosecution with respect to the four **offences (with fines of up to £2,500)**, the Act provides for an Authorised Officer to enforce the legislation via the issue of Fixed Penalty Notices with respect to offences stated in two and three above. This allows for an individual to discharge any liability to conviction by payment of the **fixed penalty notice of £50** (discounted to £30 if paid within 15 days) in relation to offence number two **and £200** (discounted to £150 if paid within 15 days) in relation to offence number three.

#### 4. IMPLEMENTATION

- 4.1 Hartlepool Borough Council worked in partnership with the Department of Health, 'Smoke free England' and businesses, to create a 'supportive environment where people are encouraged and supported to comply with the new laws'. Enforcement, at least in the short term, has been supportive and non-confrontational. Enforcement action, whether by prosecution or the issuing of fixed penalty notices, is only considered when the seriousness of the situation warrants it, and must be fair, proportional and consistent. This is in line with the advice in the national 'Enforcement Concordat', which the Council signed up to in 1998.
- 4.2 The Department of Health and 'Smoke free England' embarked on a wide reaching education and information campaign, which included extensive media advertising. Every business in England with at least one employee received a leaflet explaining the legal requirements.
- 4.3 Prior to the introduction of the legislation our staff carried out advisory visits where carried out to all licensed premises to discuss the implications of the legislation and provide advice and information on signage, smoking shelters and other legal requirements.
- 4.4 Awareness raising seminars were carried out for premises in Middleton Grange Shopping Centre, licensed premises (pubs and clubs), residential care homes and the private hire hackney carriage trade. The aim of these seminars was to assist business in understanding the legislation and how to implement the requirements in their business.
- 4.5 Generally, enforcement inspections are risk based and, where possible, have been combined with other regulatory inspections (food safety, health and safety and trading standards) to reduce burdens on businesses and Council resources. However, it must be borne in mind that the smoke-free legislation applies to virtually all businesses and these include premises where previously, Council officers may have had little or no reason to visit e.g., industrial premises where we have no enforcement responsibility. Whilst such premises are unlikely to receive routine monitoring visits, the Council must be in a position to respond to any reports or complaints of non-compliance with the smoke-free legislation.
- 4.6 Priority for premises inspections have been where:

- Premises are of a type where people have traditionally smoked (e.g., pubs and clubs).
- Large numbers of people could be affected (including extensive enclosed public places such as the Middleton Grange Shopping Centre).
- Complaints are received.
- Warnings or formal enforcement action has previously been necessary.

## 5 COMPLIANCE

- 5.1 Enforcement action has been concentrated on business owners, occupiers, managers and licensees rather than individual smokers. To date 672 inspections have been carried out and the resulting enforcement action is detailed in appendix 1
- 5.2 The department has received and investigated 22 complaints relating to this legislation all have been resolved without the need for formal action.
- 5.3 Details of national compliance data to the end of August is detailed in appendix 2.
- 5.4 Compliance with the legislation has generally been very good with the vast majority of businesses fully compliant with the legislation. Where action has been required this has mainly related to inadequate signage. It is not expected that legal action, particularly prosecution, will be frequently used. Our experience is similar to the evidence from Ireland and Scotland, where smoke-free legislation has been in force prior to 2007, which suggest that it is largely self-enforcing after the first few months. In Scotland, there has only been one conviction before the courts for smoke-free offences.
- 5.6 The Tobacco Control Collaboration Centre carried out a survey into this legislation in June 2007 prior to the implementation of the legislation and in August 2007 their findings were.
- 5.7 Signage – The vast majority of visited businesses 89.5% had compliant no smoking signage displayed
- 5.8 Attitudes – The majority of business owners and employees said that from their experience over the past month, customers abide by the law. 70.2% of business owners and 77.1% of employees said all customers have complied; 29.8% of business owners and 22.95 of employees said most customers have complied.
- 5.9 The majority of business owners 91.2% and employees 98.8% said they had managed to go completely smoke free since the law was introduced. On the whole going smoke free had been easier than expected for businesses. The majority of customers 70.0% thought that the smoke free law was a good idea.

Impact on trade – The majority of business owners 70.2% and employees 74.7% said that the law has had a positive or no impact on their trade since it became effective.

## 6 ISSUES

- 6.1 As with the implementation of any new legislation, there are resource issues to be considered. In recognition of the additional burden being placed on Local Authorities, the Department of Health have provided additional grants totalling £29.5 million nationally (which equates to approximately £7 per business) to authorities. The grant to Hartlepool, which is specifically awarded to “support implementation of smoke-free legislation,” amounts to approximately £57k. This grant has been provided to cover 2006/07 financial year as well as the 2007/08 financial year. No further funding is to be awarded. This reflects the view that the legislation will quickly become self-enforcing with no substantial long-term resource implications for Local Authorities. This funding has been allocated to awareness raising and advisory visits prior to the implementation of the legislation, and enforcement visits following the introduction of the legislation. In addition some of the funds have also been allocated to providing butt outs for cigarette debris and for awareness raising posters on handbag safety for people going outside to smoke.
- 6.2 It is also recognised that the implementation of smoke-free legislation has consequences outside the direct costs of enforcement and education, such as the likely increased uptake of smoking cessation courses, and the potential to increase litter and nuisance outside business premises. We have therefore liaised closely with members of the Smoke Free Hartlepool Group, which is a multi-agency sub-group of the Public Health Strategy Group, to consider any wider implications.
- 6.3 Issues have arisen regarding smoking shelters and their situation, in particular in relation to public houses near residential accommodation. In general these problems have been resolved through the planning process.
- 6.4 In relation to complaints of nuisance the department has received TWO complaints. One being resolved without the need for formal action the other is still under investigation. It is however early days in this respect and as more venues provide permanent facilities the situation may change.
- 6.5 Funding has been allocated to the purchase of 7,000 butt outs of which 5,000 have been issued to various locations. Ashtrays on walls are being installed by premises and it is estimated that about 100 have currently been provided. 50 fixed penalty notices have been issued relating to cigarette debris with fines of £75.00 reduced to £50 if paid within 7 days.



## 7 CONCLUSION

- 7.1 The introduction of this smoke-free legislation is undoubtedly a major step forward in protecting public health and indeed, may prove to be one of the most significant health improvement measures introduced in recent times. The law is designed to protect workers and the public from the hazards of second hand smoke and not to make smokers quit.
- 7.2 There is little doubt that this legislation was:
- **Needed** - there is now a wealth of irrefutable evidence that second hand smoke damages health and kills thousands. Smoking is the biggest cause of preventable death and disease in the U.K.
  - **Wanted** - the vast majority of the public wants this law. In Ireland, which went 'smoke-free' three years ago, 80% of smokers still support this action.
  - **Workable** –Compliance levels are high with no major problems found. Similar laws have been shown to work in other countries such as Ireland, Scotland, Norway, many of the USA States, Queensland in Australia, amongst others. Compliance is very high in these countries and is largely self-enforcing.
- 7.3 The implementation of the legislation has been successful with the majority of business found to be fully compliant, and complaints received being low.

## 8 RECOMMENDATION

- 8.1 That the Portfolio holder notes the report.

**Appendix 1****Enforcement in Hartlepool July to October 2007**

| <b>Details</b>  | <b>Number</b> |
|---|---------------|
| Written warnings signage  | 127           |
| Written warnings failure to prevent smoking in smoke free place | 8             |
| Written warning smoking in smoke-free place                     | 1             |
| Fixed penalty signage   | 0             |
| Fixed penalty smoking in smoke-free place                       | 0             |
| Court hearing signage   | 0             |
| Court hearing failure to prevent smoking in smoke free place    | 0             |
| Court hearing smoking in smoke-free place                       | 0             |

**Appendix 2****Enforcement – Individuals Smoking in a Smokefree Area**

| July - August (cumulative) |                                  |  |                          |
|----------------------------|----------------------------------|--|--------------------------|
|                            | Number of written warnings given | Number of fixed penalty notices issued | Number of court hearings |
| East Midlands              | 45                               | 0                                      | 0                        |
| East of England            | 21                               | 0                                      | 0                        |
| London                     | 5                                | 0                                      | 0                        |
| North East                 | 14                               | 0                                      | 0                        |
| North West                 | 15                               | 26                                     | 1                        |
| South East                 | 21                               | 8                                      | 0                        |
| South West                 | 19                               | 2                                      | 1                        |
| West Midlands              | 8                                | 4                                      | 0                        |
| Yorkshire & Humberside     | 8                                | 0                                      | 0                        |
| England                    | 156                              | 40                                     | 2                        |

**Enforcement – Failing to Display Correct Signage**

| July - August (cumulative) |                                  |  |                          |
|----------------------------|----------------------------------|--|--------------------------|
|                            | Number of written warnings given | Number of fixed penalty notices issued | Number of court hearings |
| East Midlands              | 302                              | 1                                      | 0                        |
| East of England            | 533                              | 2                                      | 0                        |
| London                     | 217                              | 0                                      | 0                        |
| North East                 | 236                              | 0                                      | 0                        |
| North West                 | 53                               | 1                                      | 1                        |
| South East                 | 1235                             | 0                                      | 0                        |
| South West                 | 701                              | 0                                      | 0                        |
| West Midlands              | 459                              | 1                                      | 0                        |
| Yorkshire & Humberside     | 680                              | 0                                      | 0                        |
| England                    | 4416                             | 5                                      | 1                        |

**Enforcement – Failing to Prevent Smoking in Smokefree Area**

| July – August (cumulative) |                                  |                          |
|----------------------------|----------------------------------|--------------------------|
|                            | Number of written warnings given | Number of court hearings |
| East Midlands              | 45                               | 0                        |
| East of England            | 21                               | 0                        |
| London                     | 5                                | 0                        |
| North East                 | 14                               | 0                        |
| North West                 | 15                               | 1                        |
| South East                 | 21                               | 0                        |
| South West                 | 19                               | 1                        |
| West Midlands              | 8                                | 0                        |
| Yorkshire & Humberside     | 8                                | 0                        |
| England                    | 156                              | 2                        |

**Vehicle Compliance**

| July – August (cumulative) |                        |                                      |       |                                   |       |
|----------------------------|------------------------|--------------------------------------|-------|-----------------------------------|-------|
|                            |                        | Identified as compliant – no smoking |       | Identified as compliant - signage |       |
|                            | Total number inspected | Number                               | %     | Number                            | %     |
| East Midlands              | 1512                   | 1486                                 | 98.3% | 1341                              | 88.7% |
| East of England            | 3772                   | 3706                                 | 98.3% | 3371                              | 89.4% |
| London                     | 1150                   | 1141                                 | 99.2% | 1015                              | 88.3% |
| North East                 | 2509                   | 2499                                 | 99.6% | 2466                              | 98.3% |
| North West                 | 3934                   | 3877                                 | 98.6% | 3613                              | 91.8% |
| South East                 | 3613                   | 3526                                 | 97.6% | 3288                              | 91.0% |
| South West                 | 2461                   | 2368                                 | 96.2% | 1852                              | 75.3% |
| West Midlands              | 779                    | 766                                  | 98.3% | 626                               | 80.4% |
| Yorkshire & Humberside     | 2449                   | 2408                                 | 98.3% | 2132                              | 87.1% |
| England                    | 22179                  | 21777                                | 98.2% | 19704                             | 88.8% |

**Premises Compliance**

| July – August (cumulative) |                        |                                      |       |                                   |       |
|----------------------------|------------------------|--------------------------------------|-------|-----------------------------------|-------|
|                            |                        | Identified as compliant – no smoking |       | Identified as compliant - signage |       |
|                            | Total number inspected | Number                               | %     | Number                            | %     |
| East Midlands              | 14992                  | 14548                                | 97.0% | 12465                             | 83.1% |
| East of England            | 18903                  | 18505                                | 97.9% | 15266                             | 80.8% |
| London                     | 30783                  | 30446                                | 98.9% | 26491                             | 86.1% |
| North East                 | 13632                  | 13397                                | 98.3% | 12324                             | 90.4% |
| North West                 | 35866                  | 34789                                | 97.0% | 30979                             | 86.4% |
| South East                 | 28932                  | 28407                                | 98.2% | 22839                             | 78.9% |
| South West                 | 25586                  | 24766                                | 96.8% | 20346                             | 79.5% |
| West Midlands              | 15833                  | 15676                                | 99.0% | 12823                             | 81.0% |
| Yorkshire & Humberside     | 20094                  | 19505                                | 97.1% | 16821                             | 83.7% |
| England                    | 204621                 | 200039                               | 97.8% | 170354                            | 83.3% |

## **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO**

Report to Portfolio Holder  
19<sup>th</sup> November 2007



**Report of:** Director of Adult & Community Services

**Subject:** IN CONTROL UPDATE PROGRESS REPORT

---

### **SUMMARY**

#### **1. PURPOSE OF REPORT**

To inform and update on the previous report sent to portfolio on the 13 February 2007

#### **2. SUMMARY OF CONTENTS**

The report includes an update on the National In-Control Programme, timescales for Hartlepool and an update on the progress so far.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

The report is to show the progress of Hartlepool's In Control Programme.

#### **4. TYPE OF DECISION**

Non-Key

#### **5. DECISION MAKING ROUTE**

Adult and Community Services Portfolio Holder, 19 November 2007

#### **6. DECISION(S) REQUIRED**

To note the report, agree the progress of the Adult and Community Services within the National Pilot of the In Control Programme.

**Report of:** Director of Adult and Community Services

**Subject:** IN CONTROL UPDATE PROGRESS REPORT

---

## **1. PURPOSE OF REPORT**

- 1.1 To inform and update on the previous report sent to portfolio on the 13 February 2007

## **2. BACKGROUND**

- 2.1 Following the agreement to roll out the In Control Pilot across the department as per the previous reports dated 18 September 2006 and 13 February 2007
- 2.2 Self Directed Support is about people organising and having control over their own support needs. In Control's system of self directed support allows people to self-assess their support needs and gives them the freedom to approach a range of different providers - including natural support from family and friends, where appropriate.
- 2.3 Details of the Hartlepool In Control Pilot are within the project plan (**Appendix 1**)
- 2.4 The plan includes a brief outline of the targets of the following groups: -

### Resource Allocation System (RAS) (allocation of money based on needs identified)

A Hartlepool Resource allocation system has been developed with the support of local and national data sets. The information extracted from this data has been used to develop local price point indexes. This information is then used to create a resource allocation system that allocates financial resources based on an identified level of need from the assessment process.

### Support Planning

Training has been delivered across the workforce, and the local authority continues to support the private and voluntary sector in developing a market for support planning. This would enable people to have independent support and advice on putting together their own support plan to meet their identified needs. This support can be internal to the department or external via the voluntary sector

### Brokerage (self directed support)

The current Direct Payments Support Service has been reviewed; questionnaires were returned which looked at how people view the current service and asked what people wanted from a new support service. We will be using this information to develop a new support service contract which we aim to have in place by April 2008. Further information on the contracting process will come to a future Portfolio meeting.

### Monitoring and Reviewing

A Working Group now provides the national In Control team with information in order to track and evaluate both the economic effects and quality of life changes related to people being “In Control” in Hartlepool. This information is used to evaluate the impact, outcomes and changes nationally.

### Communications

We are continuing to pursue with articles in Hartbeat, Carers newsletter. Information has been presented as part of Carers Week. We have delivered presentation to staff teams, the independent and voluntary sector as well as elected member seminars. We have booked a presentation to the Adult and Community Services Scrutiny Forum and are in the process of booking slots on the political group meetings. We are planning how we can raise the profile of In Control further by advertising in the mail, in posters, on buses etc.

### Service Delivery

Roll out of the in-control project is underway; from 1<sup>st</sup> November all new referrals and reviews receive a self-assessment questionnaire and subsequent indicative resource allocation.

Staff training and awareness has been completed with regular refresher courses and workshops being offered. Over 300 people using Direct Payments have been notified of the changes and we continue to engage with the private and voluntary sector.

## **3 FINANCIAL IMPLICATIONS**

- 3.1 Economics of self directed support research conducted in 2003-2005 highlighted that the work in the pilot sites demonstrated that self-directed support should not cost more than traditional services.
- 3.2 There has been a significant increase in the number of the people claiming Independent Living Fund and receiving Direct Payments.
- 3.3 The self-directed support team in Hartlepool has been set up to provide advice and maximise access to funding streams for individuals.

## **4 RECOMMENDATIONS**

- 4.1 To agree on the update and the support of the continuation of the “In Control Project”.

**Hartlepool Borough Council****Project Plan****Executive Summary**

**In Control's** mission is: to change the organisation of social care in England so that people who need support can take more control of their own lives and fulfill their role as full citizens: the complete transformation of social care into a system of Self-Directed Support.

Hartlepool Borough Council, Adult and Community Services have made a commitment to this ethos in that it has agreed to adapt its practices and services to meet these principles across all of its adult social care services.

**Introduction / Background**

Hartlepool Borough Council signed up to the In Control project in June 2006 with a commitment to follow the principles and provide individuals with the opportunity to take advantage of Self Directed support and access to their own individual budgets.

The seven key principles within In Control will enable people who access services to take control over their own lives, using individual budgets and assistance to develop their support plans.

In Control was first piloted in six local authorities to encourage people with learning disabilities to take control over their own life. Following its success there has been an extension to its pilot which saw an additional 15 local authorities taking part in adopting its principles of self directed support. Phase 3 of In Control now has over 75 Local authorities taking part in the pilot incorporating into all its disciplines of social care.

The In Control project is also offering support to the 13 D.O.H. Individual Budget Pilot sites which commenced in January 2006.

**Project Objectives**

Cabinet approval was agreed in March 2007 for the council to take forward its plans for Total Transformation. This was confirmed in a letter from In Control that Hartlepool is to be one of a number of sites which will receive support from the IN Control team to help develop a whole systems change and develop self directed support across Adult Services.



## **Key Principles**

In Control has distilled 7 ethical principles that underpin Self-Directed Support:

### **1. Right to Independent Living**

If someone has an impairment which means they need help to fulfil their role as a citizen, then they should get the help they need.

I can get the support I need to be an independent citizen.

### **2. Right to an Individual Budget**

If someone needs on-going paid help as part of their life they should be able to decide how the money that pays for that help is used.

I know how much money I can use for my support.

### **3. Right to Self-Determination**

If someone needs help to make decisions then decision-making should be made as close to the person as possible, reflecting the person's own interests and preferences.

I have the authority, support or representation to make my own decisions.

### **4. Right to Accessibility**

The system of rules within which people have to work must be clear and open in order to maximise the ability of the disabled person to take control of their own support.

I can understand the rules and systems and am able to get help easily.

### **5. Right to Flexible Funding**

When someone is using their Individual Budget they should be free to spend their funds in the way that makes best sense to them, without unnecessary restrictions.

I can use my money flexibly and creatively.

## 6. Accountability Principle

The disabled person and the government both have a responsibility to each other to explain their decisions and to share what they have learnt.

I should tell people how I used my money and anything I've learnt.

## 7. Capacity Principle

Disabled people, their families and their communities must not be assumed to be incapable of managing their own support, learning skills and making a contribution.

Give me enough help, but not too much; I've got something to contribute too.

## Strategic Driver

The principles of In Control can be seen in National Policy / Strategies.

| Policy / Strategies                             | Principles   |
|---|--|
| <b>White Paper</b><br><br><b>Valuing People</b> | <p>The proposals in the white paper (linked below) are based on four key principles: civil rights, independence, choice and inclusion. Valuing People takes a life-long approach, beginning with an integrated approach to services for disabled children and their families and then providing new opportunities for a full and purposeful adult life. It has cross-Government backing and its proposals are intended to result in improvements in education, social services, health, employment, housing and support for people with learning disabilities and their families and carers.</p> |

|   |   |
|---|---|
| <p><b>Green Paper</b></p> <p><b>Independence well being &amp; Choice</b></p>        | <p>This Green Paper sets out a vision for adult social care over the next 10 to 15 years and how this might be realised. It invites everyone to give their views on the vision and the ideas set out in the document, as well as to contribute new ideas to the debate.</p> <p>The key proposals to deliver this vision include wider use of direct payments and the piloting of individual budgets to stimulate the development of modern services delivered in the way people want; greater focus on preventative services to allow for early targeted interventions, and the use of the local authority well-being agenda to ensure greater social inclusion and improved quality of life; a strong strategic and leadership role for local government, working in partnership with other agencies, particularly the NHS, to ensure a wide range of effective and well-targeted provision, which meets the needs of our diverse communities; and encouraging the development of new and exciting models of service delivery and harnessing technology to deliver the right outcomes for adult social care.</p> |
| <p><b>Joint report</b></p> <p><b>Improving Life Chances for Disabled People</b></p> | <p>The report proposes that the Government should set an ambitious vision for improving the life chances of disabled people. Future strategy for disabled people should seek to realise this vision through practical measures in four key areas. Firstly by helping disabled people to achieve independent living, secondly by improving support for families with young disabled children, thirdly by facilitating a smooth transition into adulthood and fourthly by improving support and incentives for getting and staying in employment. The strategy will be driven forward by a new Office for Disability Issues reporting to the Minister for Disabled People.</p>  |
| <p><b>White Paper</b></p> <p><b>Our Health, Our care, Our Say</b></p>               | <p>This White Paper sets a new direction for the whole health and social care system. It confirms the vision set out in the Department of Health Green Paper, Independence, Well-being and Choice. There will be a radical and sustained shift in the way in which services are delivered, ensuring that they are more personalised and that they fit into people's busy lives. We will give people a stronger voice so that they are the major drivers of service improvement.</p>   |

## **Strategic Plan**

### **Monitoring and reporting**

The Dept of Health's Performance Assessment Framework provides a variety of opportunities (including key performance indicators) to judge success and progress on a number of fronts, in particular the extent to which national and local objectives and targets are being addressed. Progress is monitored internally on a quarterly and half yearly basis as far as monitoring systems allow, and Dept of Health assessments are also reported to Members as they are received.

The Best Value Performance Plan (BVPP) is the public document which articulates the Council's approach to progressing our objectives. Progress is partly demonstrated through the BVPI's, which are a subset of the CSCI PAF key performance indicators.

The BVPP includes challenging targets for BVPIs in 2006/07. These are reflected in business planning for 2006/07, and relate back to the Health and Social Care objective. In Controls principles and ethos directly influence these indicators and initial reports suggest that they will be included in future performance targets.

Recommendations from the Annual review meeting (ARM) are listed in a single action plan. The actions are being progressed appropriately via the business plans for the business units, which are monitored by senior management through the year. Again a greater emphasis on self directed support and individualised budgets can be seen in these indicators.

### **Project group**

The In Control project group will meet monthly and will be chaired by Ewen Weir. The remit of the group will be to identify priorities for action, update on local and national policy, and collate feedback from the sub groups of the project group. The 4 sub groups will be chaired by a member of the project group whose responsibility will be in meeting and delivering the targets set for it by the project group.

The following 4 sub group areas have been designed to reflect those identified in the In Control National Pilot

- Resource allocation system (RAS)
- Support Planning
- Brokerage
- Monitoring and Reviewing (Quality)

**Project Group (*sub group leads*)**

| <b>Name</b>    | <b>Area</b>   | <b>Responsibilities</b>   |
|----------------|---|---|
| Ewen Weir      | Project lead – In Control.  | Chairing of the steering group. Strategic planning, performance management  |
| Neil Harrison  | Implementation, model coherence, National Policy. Self assessment questionnaire | Developing self assessment, National , Local policy, lead officer (In Control, North East)  |
| Jeanette Wills | Resource Allocation System,   | Developing effective control measures for finance, Equity and sustainability. ( <i>RAS Sub group lead</i> )   |
| Phil Homsby    | Brokerage and Commissioning   | Commissioning, brokerage, quality monitoring. ( <i>brokerage Sub group lead</i> )   |
| Sarah Ward     | Implementation, Support planning, carer's support                               | Care management change, practitioner involvement. Accessible information. ( <i>Support planning sub group lead</i> )                                |
| Trevor Smith   | Support systems and cohesion  | ICT, information and communication, Data collection and monitoring. Developing effective systems. ( <i>Monitoring &amp; review Sub group lead</i> ) |
| John Lovatt    | Provision, commissioning 65+  | Feedback to local implementation teams, Partnership boards and private and voluntary organisation (Older People)                                    |
| Liz Bruce      | Provision, Commissioning Adults working age.                                    | Feedback to local implementation teams, Partnership boards and private and voluntary organisation (Disabilities)                                    |
| Gwenda Pout    | Workforce training & development. Members involvement                           | Private and voluntary sector involvement, workforce learning.   |
| Team Managers  | Service user involvement, Cultural change, workforce development                | Communication and inclusion, Families and citizenship, Managing change.   |

### **Communication and Implementation**

The In Control project takes its lead from the national project. The north east consortium includes representatives from the following local authorities.

- Sunderland
- Newcastle
- North Tyneside
- South Tyneside
- Durham
- Middlesbrough
- Redcar & Cleveland
- Hartlepool
- Gateshead

The regional events are currently held monthly and are represented by 2 local champions from each authority. John Waters is the chair of the local consortium and has specific responsibility for developing an effective Resource allocation for in control. The purpose of the consortium is to enable members to share good practice and resources and to inform them of development by the national project.

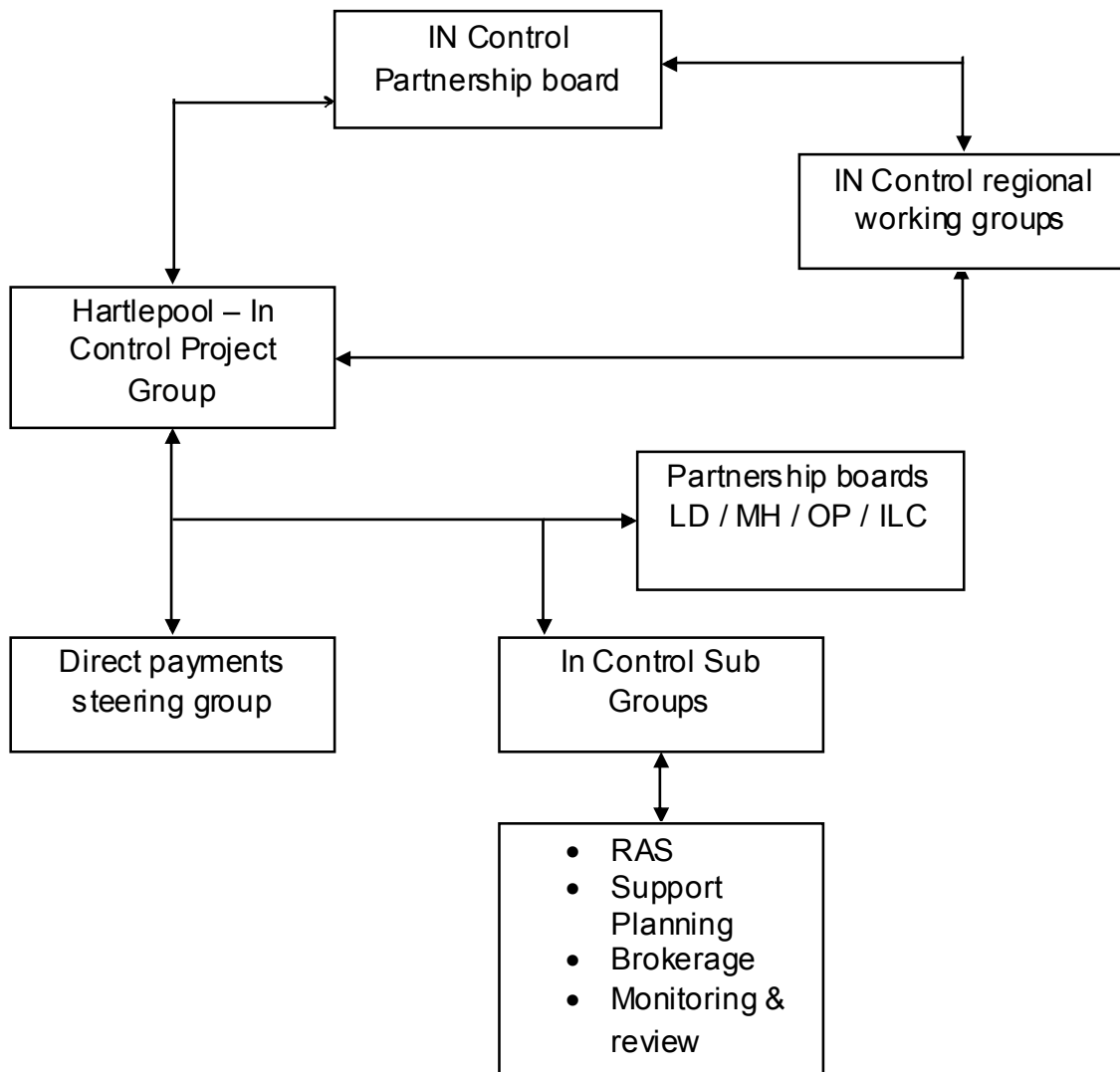
Information is received from the consortium and will be feedback to the local project group, on local and national developments, and this in turn will influence local decision making.

The local project group will be responsible for interpretation at a local level and effective communication within this area of responsibility, to ensure effective communication to its Elected Members, staff, service users, family and carer reps, and the private and voluntary sector. The group will also feedback to the Direct payments internal steering group, and will use this group to explore its performance and utilize its networks for consultation

The local project group and sub group will establish over the remainder of the financial year an effective resource allocation system based on its local interpretation of data and identify an indicative resource allocation for its user groups. Due to the equity and equality of provision allocations will need to be weighted to reflect local and national spending trends.

The local project group will review its business and objectives in March 2007 with the purpose being to identify its targets for the next financial year, and ensure its purpose is implemented into the departments business planning and quality management systems.

## Flowchart – communication



## Project timeline

## Draft Outline Project Plan -Self Directed Support

|  | Apr-06 | May-06 | Jun-06 | Jul-06 | Aug-06 | Sep-06 | Oct-06 | Nov-06 | Dec-06 | Jan-06 | Feb-07 | Mar-07 | Comments         |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|
| <b>Communication</b>                                 |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| Setup working groups                                 |        |        |        |        |        |        |        |        |        |        |        |        | Completed        |
| Regional network                                     |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| Draft Communication strategy                         |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| Sub Group Updates                                    |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| Oldham Conference                                    |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| Resource Pack for Councilors                         |        |        |        |        |        |        |        |        |        |        |        |        | Completed        |
| Harbeat Attide (Pilot PR)                            |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| <b>ICT</b>   |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| OLM - Process Mapping                                |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| Extract Data for Desk top                            |        |        |        |        |        |        |        |        |        |        |        |        | Completed        |
| <b>RAS</b>   |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| J Waters RAS surgery                                 |        |        |        |        |        |        |        |        |        |        |        |        | Ongoing          |
| Desk Top Exercise (20 - 100)                         |        |        |        |        |        |        |        |        |        |        |        |        | Completed        |
| Test RAS 10 People                                   |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| <b>Workforce</b>                                     |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| Update Staff teams                                   |        |        |        |        |        |        |        |        |        |        |        |        | Ongoing          |
| <b>Quality</b>                                       |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| A T Readiness (Baseline)                             |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| Check for TT eligibility                             |        |        |        |        |        |        |        |        |        |        |        |        | Completed        |
| <b>Finance</b>                                       |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| Extract Data for IC Test                             |        |        |        |        |        |        |        |        |        |        |        |        | Completed        |
| Test RAS Spreadsheet                                 |        |        |        |        |        |        |        |        |        |        |        |        | Completed        |
| <b>Commissioning</b>                                 |        |        |        |        |        |        |        |        |        |        |        |        |                  |
| Agree sign up for IC Providers Event (Historic Quay) |        |        |        |        |        |        |        |        |        |        |        |        | Completed        |
| DPSS T ender Develop action plan for TT              |        |        |        |        |        |        |        |        |        |        |        |        | Extended Drafted |
| FACS & Eligibility changes                           |        |        |        |        |        |        |        |        |        |        |        |        | Ongoing          |
| Review Timescales & T targets                        |        |        |        |        |        |        |        |        |        |        |        |        | Completed        |
| <b>Legal</b>   |        |        |        |        |        |        |        |        |        |        |        |        |                  |



|                                   | Apr-07 | May-07 | Jun-07 | Jul-07 | Aug-07 | Sep-07 | Oct-07 | Nov-07 | Dec-07 | Jan-08 | Feb-08 | Mar-08 | Comments   |
|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------|
| <b>communication</b>              |        |        |        |        |        |        |        |        |        |        |        |        |            |
| May Elections Council             |        |        |        |        |        |        |        |        |        |        |        |        | Completed  |
| Launch Event - & Elected Mem      |        |        |        |        |        |        |        |        |        |        |        |        | 3 sessions |
| Update Project plan 2007-09       |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Public Awareness                  |        |        |        |        |        |        |        |        |        |        |        |        | Heartbeat  |
| <b>ICT</b>                        |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Update Portal - Info on web       |        |        |        |        |        |        |        |        |        |        |        |        | Completed  |
| Process Mapping                   |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Quarterly Stats                   |        |        |        |        |        |        |        |        |        |        |        |        |            |
| <b>RAS</b>                        |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Extract RAS data for PPI          |        |        |        |        |        |        |        |        |        |        |        |        | Completed  |
| Golive with RAS                   |        |        |        |        |        |        |        |        |        |        |        |        | Completed  |
| Focus Group - 10 DP Individuals   |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Process Mapping                   |        |        |        |        |        |        |        |        |        |        |        |        |            |
| <b>Workforce</b>                  |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Launch Events                     |        |        |        |        |        |        |        |        |        |        |        |        | Completed  |
| Team Briefings                    |        |        |        |        |        |        |        |        |        |        |        |        | Ongoing    |
| IL F & IC Surgeries               |        |        |        |        |        |        |        |        |        |        |        |        | Ongoing    |
| Info Packs                        |        |        |        |        |        |        |        |        |        |        |        |        | Completed  |
| <b>Quality</b>                    |        |        |        |        |        |        |        |        |        |        |        |        |            |
| A Tyson Review                    |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Use SN Quality Tool               |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Process Mapping                   |        |        |        |        |        |        |        |        |        |        |        |        |            |
| <b>Finance</b>                    |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Economic effects (SN Tool)        |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Process Mapping                   |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Explore fairer charging (AD)      |        |        |        |        |        |        |        |        |        |        |        |        | Ongoing    |
| SDS & Fairer Charging Policy      |        |        |        |        |        |        |        |        |        |        |        |        |            |
|                                   |        |        |        |        |        |        |        |        |        |        |        |        |            |
| <b>Commissioning</b>              |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Cabinet Report TT                 |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Portfolio Update / mayor briefing |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Provider Forums                   |        |        |        |        |        |        |        |        |        |        |        |        |            |
| Process mapping                   |        |        |        |        |        |        |        |        |        |        |        |        |            |

|                           | Apr-07 | May-07 | Jun-07 | Jul-07 | Aug-07 | Sep-07 | Oct-07 | Nov-07 | Dec-07 | Jan-08 | Feb-08 | Mar-08 | Comments  |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| <b>Legal</b>              |        |        |        |        |        |        |        |        |        |        |        |        |           |
| Transfer of Money         |        |        |        |        |        |        |        |        |        |        |        |        |           |
| Review Period             |        |        |        |        |        |        |        |        |        |        |        |        |           |
| Legitimacy                |        |        |        |        |        |        |        |        |        |        |        |        |           |
| Legal Agreement (develop) |        |        |        |        |        |        |        |        |        |        |        |        |           |
| Risk Framework & Panel    |        |        |        |        |        |        |        |        |        |        |        |        | Completed |

|  | Apr-08 | May-08 | Jun-08 | Jul-08 | Aug-08 | Sep-08 | Oct-08 | Nov-08 | Dec-08 | Jan-09 | Feb-09 | Mar-09 | Comments                |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------------|
| <b>communication</b>                       |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| Public Awareness                           |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| SDS Surgeries                              |        |        |        |        |        |        |        |        |        |        |        |        | Ongoing                 |
| CSCI - PCT updates                         |        |        |        |        |        |        |        |        |        |        |        |        |                         |
|  |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| ICT  |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| Quarterly stats                            |        |        |        |        |        |        |        |        |        |        |        |        |                         |
|  |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| <b>RAS</b>                                 |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| Signed off by In Control                   |        |        |        |        |        |        |        |        |        |        |        |        | Completed               |
|  |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| <b>Workforce</b>                           |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| Deliver training to care management teams  |        |        |        |        |        |        |        |        |        |        |        |        | Ongoing                 |
| <b>Quality</b>                             |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| A Tyson – returns to National quality team |        |        |        |        |        |        |        |        |        |        |        |        | Info to be sent monthly |
| <b>Finance</b>                             |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| Transfer Direct Payments to IB             |        |        |        |        |        |        |        |        |        |        |        |        | Ongoing                 |
|  |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| <b>Commissioning</b>                       |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| Review Timescales & Targets                |        |        |        |        |        |        |        |        |        |        |        |        |                         |
|  |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| <b>Legal</b>                               |        |        |        |        |        |        |        |        |        |        |        |        |                         |
| Revise Direct Payment agreement            |        |        |        |        |        |        |        |        |        |        |        |        | Oldham agreement        |

**Measures Outcome and Evaluation****Sub groups**

| <b><u>Resource Allocation Sub Group</u></b> |  |                  |
|---|--|------------------|
| <b>Area</b>                                 | <b>Action</b>  | <b>Comments</b>  |
| Role & remit                                | Identify core group members , frequency of meetings              | <b>Completed</b> |
| What is a RAS                               | Present accessible FAQ sheet for Social care staff               | <b>Completed</b> |
| RAS Framework                               | Interpretation of RAS data                                       | <b>Completed</b> |
| Financial framework                         | Identify Bands and Weightings for client group                   | <b>Completed</b> |
| Reporting to Project group                  | Identify and develop tool for updating group                     |                  |
| <b><u>Support Planning</u></b>              |  |                  |
| <b>Area</b>                                 | <b>Action</b>  | <b>Comments</b>  |
| Role & remit                                | Identify core group members , frequency of meetings              | <b>Completed</b> |
| What is a Support Plan                      | Present accessible FAQ sheet for Social care staff               | <b>Completed</b> |
| Developing a support plan                   | Identify data set from SAQ                                       | <b>Completed</b> |
| Quality and Accountability                  | Monitoring and reviewing a support plan, systems and information | <b>Ongoing</b>   |
| Reporting to Project group                  | Identify and develop tool for updating group                     | <b>Completed</b> |

| <b><u>Brokerage</u></b>               |  |                  |
|---------------------------------------|--|------------------|
| <b>Area</b>                           | <b>Action</b>                                      | <b>Comments</b>  |
| Role & remit                          | Identify core group members, frequency of meetings | <b>Completed</b> |
| What is a Broker                      | Present accessible FAQ sheet for Social care staff | <b>Completed</b> |
| Commission / Provision                | National Brokerage database, develop local market  | <b>Ongoing</b>   |
| Private and Voluntary sector capacity | Identify and commission local brokers              |                  |
| Reporting to Project group            | Identify and develop tool for updating group       |                  |
| <b><u>Monitoring &amp; Review</u></b> |  |                  |
| <b>Area</b>                           | <b>Action</b>                                      | <b>Comments</b>  |
| Role & remit                          | Identify core group members, frequency of meetings | <b>Completed</b> |
| How and when do we monitor            | Present accessible FAQ sheet for Social care staff | <b>Completed</b> |
| Systems and Process                   | Developing database to populate care first         | <b>Ongoing</b>   |
| Electronic support plans              | Link with ESCR data & SAP guidance                 | <b>Ongoing</b>   |
| Reporting to Project group            | Identify and develop tool for updating group       | <b>Completed</b> |

The In control project has produced 7 guides for local authorities, it is anticipated that these guides will form the framework for assisting the sub group and project group to identify its project plan and overarching strategies. Further information is available from the IN Control Website.

**<http://www.in-control.org.uk/home.php>**

Neil Harrison

Disability Inclusion Manager

Ext 3880.

## **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO**

Report To Portfolio Holder  
19<sup>th</sup> November 2007



**Report of:** Director of Adult and Community Services

**Subject:** ADULT AND COMMUNITY SERVICES  
DEPARTMENTAL PLAN 2007/2008 – 2ND  
QUARTER MONITORING REPORT

---

### SUMMARY

#### **1. PURPOSE OF REPORT**

To inform the Portfolio Holder of the progress made against the Adult and Community Services Departmental Plan 2007/08 in the first half of the year.

#### **2. SUMMARY OF CONTENTS**

The progress against the actions contained in the Adult and Community Services Departmental Plan 2007/08, and the half year outturns of key performance indicators.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

The Portfolio Member has responsibility for performance management issues in relation to Adult Services.

#### **4. TYPE OF DECISION**

Non-key.

#### **5. DECISION MAKING ROUTE**

Portfolio Holder meeting 19th November 2007

#### **6. DECISION REQUIRED**

Achievement on actions and indicators be noted.

**Report of:** Director of Adult and Community Services

**Subject:** ADULT AND COMMUNITY SERVICES  
DEPARTMENTAL PLAN 2007/08 – 2ND  
QUARTER MONITORING REPORT

---

## **1. PURPOSE OF REPORT**

- 1.1 To inform the Portfolio Holder of the progress made against the key actions identified in the Adult and Community Services Departmental Plan 2007/08 and the progress of key performance indicators for the period up to 30<sup>th</sup> September 2007.

## **2. BACKGROUND**

- 2.1 The Adult and Community Services Department includes Community Services, reporting to Culture, Leisure and Tourism Portfolio Holder, and Adult Services, Adult Education and Supporting People reporting to the Adult and Public Health Portfolio Holder.
- 2.2 The Adult and Community Services Departmental Plan 2007/08 sets out the key tasks and issues with an Action Plan to show what is to be achieved by the department in the coming year. The plan also describes how the department contributes to the Organisational Development Improvement Priorities as laid out in the Corporate Plan. It provides a framework for managing the competing priorities, communicating the purpose and challenges facing the department, and monitoring progress against overall Council aims.
- 2.3 The Council has introduced an electronic Performance Management Database for collecting and analysing corporate performance. The database collects performance information detailed in the Corporate Plan and the five Departmental Plans. The aim is that the database will eventually collect performance information for all levels of the Council, including individual service/operational plans in each department.

## **3. QUARTER TWO PERFORMANCE**

- 3.1 This section looks in detail at how the Department has performed in relation to the key actions and performance indicators that were included in the Adult and Community Services Departmental Plan for this Portfolio.

- 3.2 On a quarterly basis officers from across the department are asked, via the Performance Management database, to provide an update on progress against every action contained in the Departmental Plan and, where appropriate, every Performance Indicator.
- 3.3 Officers are asked to provide a short commentary explaining progress made to date, and asked to traffic light each action based on whether or not the action will be, or has been, completed by the target date set out in the Departmental Plan. The traffic light system is: -

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

- 3.4 Within the Adult Services there were a total of 86 actions and 65 Performance Indicators identified in the Departmental Plan. Table 1, below, summarises the progress made, to the 30<sup>th</sup> September 2007, towards achieving these actions and PIs.

Table1 – Adults Services progress summary

|           | Adults Services |     |
|-----------|-----------------|-----|
|           | Actions         | PIs |
| Green     | 7               | 9   |
| Amber     | 74              | 37  |
| Red       | 1               | 6   |
| Annual    | 4               | 13  |
| Completed | 0               | 0   |
| Total     | 86              | 65  |

- 3.5 A total of 7 actions (8%) have been completed or achieved, and a further 74 (86%) are on target to be completed by the target date. However, one action has been highlighted as not being on target. More information on this action can be found in the relevant sections below.
- 3.6 It can also be seen that 46 (70%) of the Performance Indicators have been highlighted as being achieved or expected to hit the target. It can be seen that 6 indicators have been highlighted as not being expected to hit the year end target, and an explanation for this is given in the relevant sections below. There are 13 indicators that are only collected on an annual basis and therefore no updates are available for those indicators.

Table2: Adults Services Actions not completed on target / not on target

| Ref  | Action  | Milestone | Comment   |
|------|---|-----------|---|
| HC01 | Develop pro-active approaches to prevention of ill health by implementing actions within the Public Health Strategy and Action Plan | Mar 08    | Receiving structured support from National Support team, and Communities for Health funding. Approaches are being developed with the PCT, and mortality rates are improving. However actions this year will not have the impact to close the inequality gaps. |
|      |   |           |   |

Table3: Adults Services PI's not on target

| Ref      | PI  | Milestone | Comment   |
|----------|---|-----------|---|
| ACS PI5  | Commission 10 extra care places                       | Mar 08    | Negotiating with RSL, but places will only become available from summer 2008.   |
| LAA HC1  | Life Expectancy (Females)                             | Mar 08    | Mortality rates are not improving quickly enough to meet the targets, and given the improvements in life expectancy generally the local and national inequality gaps are not yet closing. |
| LAA HC2  | Gap in Life Expectancy (Females) Hartlepool / England | Mar 08    |   |
| LAA HC5  | Life Expectancy in NRA (Females)                      | Mar 08    |   |
| LAA HC6  | Life Expectancy Gap in NRA (Females)                  | Mar 08    | This must be seen as a long term project  |
| LAA HC10 | Mortality Rate from cancer in under 75's              | Mar 08    |   |

3.7 Within the second quarter Adult Services completed a number of actions, including: -

- Completing the Departmental Workforce Plan and reporting to Portfolio

#### 4. RECOMMENDATIONS

- It is recommended that achievement of key actions and first quarter outturns of performance indicators are noted.

CONTACT OFFICER: Alan Dobby, Assistant Director (Support Services)



## **ADULT & PUBLIC HEALTH SERVICES PORTFOLIO**

Report to Portfolio Holder  
19<sup>th</sup> November 2007



**Report of:** Director of Neighbourhood Services

**Subject:** NEIGHBOURHOOD SERVICES  
DEPARTMENTAL PLAN 2007/08 – 2ND  
QUARTER MONITORING REPORT

---

### **SUMMARY**

#### **1. PURPOSE OF REPORT**

To inform the Portfolio Holder of the progress made against the Neighbourhood Services Departmental Plan 2007/08 to the end of the 2<sup>nd</sup> quarter of the year.

#### **2. SUMMARY OF CONTENTS**

The progress against the actions contained in the Neighbourhood Services Departmental Plan 2007/08 and the second quarter outturns of key performance indicators.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

The Portfolio Member has responsibility for adult and public health issues.

#### **4. TYPE OF DECISION**

Non-key.

#### **5. DECISION MAKING ROUTE**

Portfolio Holder meeting 19<sup>th</sup> November.

#### **6. DECISION REQUIRED**

Achievement on actions and indicators be noted

**Report of:** Director of Neighbourhood Services

**Subject:** NEIGHBOURHOOD SERVICES  
DEPARTMENTAL PLAN 2007/08 – 2ND  
QUARTER MONITORING REPORT

---

## **1. PURPOSE OF REPORT**

- 1.1 To inform the Portfolio Holder of the progress made against the key actions identified in the Neighbourhood Services Departmental Plan 2007/08 and the progress of key performance indicators for the period up to 30 September 2007.

## **2. BACKGROUND**

- 2.1 The Adult and Public Health Services Portfolio Holder agreed the Neighbourhood Services Departmental Plan in June 2007.
- 2.2 The Portfolio Holder for Adult & Public Health Services has responsibility for part of the Neighbourhood Services Departmental Plan.
- 2.3 The Neighbourhood Services Departmental Plan 2007/08 sets out the departments priorities along with an Action Plan to show how the department will achieve these over the coming year.
- 2.4 A number of performance indicators are also included within this plan showing how the department is performing in relation to both national and local performance indicators.
- 2.5 Each section within the department produces a Service Plan, detailing the key tasks and issues facing them in the coming year. Each plan contains actions, detailing how each individual section contributes to the key tasks and priorities contained within the Neighbourhood Services Departmental plan and ultimately those of the Corporate plan.

## **3. SECOND QUARTER PERFORMANCE**

- 3.1 This section looks in detail at how the Neighbourhood Services Department has performed in relation to the key actions and performance indicators that were included in the Neighbourhood Services Departmental Plan 2007/08 and for which the Portfolio Holder for Adult and Public Health Services has responsibility.

- 3.2 On a quarterly basis officers from across the department provide an update on progress against every action contained in the performance plans and, where appropriate, every performance indicator.
- 3.3 Officers are asked to provide a short commentary explaining progress made to date, and asked to traffic light each action based on whether or not the action will be, or has been, completed by the target date set out in the plans. The traffic light system is: -

|              |   |
|--------------|---|
| <b>Red</b>   | - Action/PI not expected to meet target |
| <b>Amber</b> | - Action/PI expected to be meet target  |
| <b>Green</b> | - Action/PI target achieved             |

- 3.4 Within the Neighbourhood Services Departmental Plan there are a total of 62 Actions and 72 Performance Indicators identified. The Portfolio Holder for Adult & Public Health Services has responsibility for 5 of these actions and 12 of these performance indicators. Table 1, below, summarises the progress made, to the 30 September 2007, towards achieving these actions and performance indicators.

Table 1 – Neighbourhood Services progress summary

|               | Departmental Plan |     | Adult & Public Health Services Portfolio |     |
|---------------|-------------------|-----|--|-----|
|               | Actions           | PIs | Actions                                  | PIs |
| <b>Green</b>  | 17                | 10  | 1  | -   |
| <b>Amber</b>  | 39                | 32  | 4  | 8   |
| <b>Red</b>    | 4                 | 8   | -  | 1   |
| <b>Annual</b> | 2                 | 22  | -  | 3   |
| <b>Total</b>  | 62                | 72  | 5  | 12  |

- 3.5 All the actions identified within the Neighbourhood Services Departmental plan for which the Portfolio holder has responsibility are progressing satisfactorily, with one of the actions being identified as having achieved it's target. This being
- The Environmental Standards Section Leading on appropriate public health strategy workstreams for accidents and healthy eating.
- 3.6 It can also be seen that 8 of the Performance Indicators have been highlighted as expected to achieve target. A further 3 indicators have been highlighted as being collected on an annual basis and therefore no updates are available for those at present.

The remaining performance indicator is being reported as not expected to achieve target and is detailed in the table below.

| Ref   | Action   | Target | Outturn | Comment   |
|-------|--|--------|---------|---|
| EM211 | Percentage take-up of school meals – secondary schools | 65%    | 62%     | Outturn is slightly below target at the end of this quarter. This is due in part to the implementation of the health eating regulations, with a number of children purchasing food outside of the school. |

#### 4. RECOMMENDATIONS

- 4.1 It is recommended that achievement of key actions and second quarter outturns of performance indicators are noted.