

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



Monday 28th July 2008

at 9.00 am

**in Committee Room A,
Civic Centre, Hartlepool**

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

1. KEY DECISIONS

No items

2. OTHER ITEMS REQUIRING DECISION

- 2.1 Adult Social Care Complaint Review Panels – *Director of Adult and Community Services*
- 2.2 Health and Safety Service Plan 2008/09 – *Head of Procurement, Property and Public Protection*

3. ITEMS FOR INFORMATION / DISCUSSION

- 3.1 Annual Complaints Report 1st April 2007 – 31st March 2008 – *Director of Adult and Community Services*
- 3.2 Adult and Community Services Departmental Plan 2008/9 – 2010/11 – *Director of Adult and Community Services*
- 3.3 Hartlepool Vulnerable Adults Protection Committee Annual Report 1st April 2007 – 31st March 2008 – *Director of Adult and Community Services*
- 3.4 Smokefree Legislation – One Year On – *Head of Procurement, Property and Public Protection*
- 3.5 Food Standards Agency Audit – *Head of Procurement, Property and Public Protection*
- 3.6 Contributions Policy 2008 – *Director of Adult and Community Services*

4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS

No items.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder
28 July 2008



Report of: Director of Adult & Community Services

Subject: ADULT SOCIAL CARE COMPLAINT REVIEW
PANELS

1. PURPOSE OF REPORT

To provide information relating to adult social care Complaint Review Panels and seek the Portfolio Holder's agreement to this proposal.

2. SUMMARY OF CONTENTS

This Report outlines the current arrangements with respect to Independent Panel Members who serve on Complaint Review Panels. It also sets out the proposed arrangements relating to the Independent Panel Chair as well as entering into a Contract for Independent Panellists.

3. RELEVANCE TO PORTFOLIO MEMBER

Service is within the Portfolio Member's responsibility.

4. TYPE OF DECISION

Non key

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio, 28 July 2008.

6. DECISION(S) REQUIRED

That the Report be received, the proposals relating to the Independent Panellist and Independent Chair, as well as the financial implications, are noted and approved.

Report of: Director of Adult & Community Services

Subject: ADULT SOCIAL CARE COMPLAINT REVIEW
PANELS

1. PURPOSE OF REPORT

- 1.1 To provide information relating to adult social care Complaint Review Panels and seek the Portfolio Holder's agreement to this proposal.

2. BACKGROUND

- 2.1 Under the Health and Social Care (Community Health and Standards) Act 2003 and the Local Authorities' Social Services Complaints (England) Regulations 2006, the Council maintains in relation to its adult social care functions, a 3 stage complaints procedure which is conducted in accordance with statutory regulations and guidance.
- 2.2 Stage 3 of the complaints procedure is known as 'Review Panel' where consideration of a complaint is presented to a Review Panel comprising an Independent Chairperson, an Independent Panellist and an Elected Member. For information purposes, there have been 3 Complaint Review Panels held over the past 2 years.
- 2.3 Recruitment, on a voluntary basis, of Independent Panel Members with the relevant skills and experience to fulfil both the Independent Panel Chair and Independent Panel Member roles has, in the past, been significantly low. Currently, there are only 2 Independent Panel Members appointed on a voluntary basis with the Chair and Panellist roles rotating between them.

3. INDEPENDENT PANELLIST

- 3.1 Stockton Borough Council recruited a pool of Independent Panellists whose services are commissioned on a spot purchase basis to participate in Complaint Review Panels. Currently, Stockton has a pool of 14 persons appointed as Independent Panellists. Stockton has offered other local authorities access to its pool of Independent Panellists.

3.2 As the Provider under the Independent Panellist contract arrangement, Stockton Borough Council are responsible for:

- Establishing and developing a pool of approved trained persons who can be used on a spot purchase basis;
- Recruiting Independent Panellists ensuring that a variety of people are recruited with varied experience;
- Obtaining 2 credible references and an enhanced Criminal Records Bureau Check;
- Taking all reasonable steps to ensure that the Independent Panellists are suitable to undertake the role in a competent manner;
- Carrying out checks to determine the independence and impartiality of the Independent Panellists from the Local Authority purchasing the service;
- Obtaining evidence that all Independent Panellists hold valid public liability and professional indemnity insurance cover as well as motor insurance for business use;
- Arranging bi-annual meetings with Purchasers to share information and monitor quality;
- Providing training and development for Independent Panellists.

3.3 As voluntary recruitment to the Independent Panellist role has, in the past, been significantly low, it is proposed that Stockton's offer of accessing its pool of Independent Panellists is taken up and Hartlepool enter into their contracting arrangements for Independent Panellists.

4. INDEPENDENT PANEL CHAIR

4.1 The Stockton Independent Panellist Contract does not include recruitment to the role of Independent Chair.

4.2 The 2 voluntary Independent Panel Members that are currently recruited and serve on Complaint Review Panels have the necessary experience required to Chair Panels. It is proposed that these persons now fulfil the Independent Chair role only.

4. FINANCIAL IMPLICATIONS

4.1 The cost for a Local Authority to enter into the Stockton Borough Council Contract for Independent Panellists is £625 in the first year and £125 for each year thereafter. In Hartlepool, these costs will be split between Adult & Community Services and Children's Services. When an Independent Panellist is appointed to a Stage 3 Complaints Review Panel, there is also a £25 per hour payment to be made directly to the Independent Panellist.

- 4.2 On the basis of equity, consideration has focused upon the issue of payment to the Independent Chair. It is proposed that the Independent Chair should now be paid a flat-rate fee of £150 per Complaints Review Panel appointed to.

5. RECOMMENDATIONS

- 5.1 That the Report be received, the proposals relating to Independent Panellists and Independent Chair, as well as the financial implications, are noted and approved.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
28th July 2008



Report of: Head of Procurement, Property and Public Protection

Subject: HEALTH AND SAFETY SERVICE PLAN 2008/09

SUMMARY

1. PURPOSE OF REPORT

To seek Portfolio Holders approval for the Health and Safety Service Plan 2008/09.

2. SUMMARY OF CONTENTS

The report gives details of the Health and Safety Enforcement Service and the Service Plan for 2008/09. The Service Plan gives details of the scope of the Health and Safety Service, the demands on the service inspection programmes, resources and review of 2007/08.

3. RELEVANCE TO PORTFOLIO MEMBER

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

4. TYPE OF DECISION

Non key.

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio.

6. DECISIONS(S) REQUIRED

Approval of the Health and Safety Service Plan 2008/09.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
28th July 2008



Report of: Head of Procurement, Property and Public Protection

Subject: HEALTH AND SAFETY SERVICE PLAN 2008/09

1. PURPOSE OF REPORT

- 1.1 To consider the Health and Safety Service Plan for 2008/09, which is a requirement under section 18 of the Health and Safety at Work etc Act 1974.

2. BACKGROUND

- 2.1 The Health and Safety Commission (HSC) has a key role in overseeing local authority enforcement activities. They have duties to set and monitor standards of local authorities as well as carry out audits of enforcement activities to ensure that authorities are providing an effective service to protect public health and safety.
- 2.2 The Health and Safety Commission has issued section guidance to local authorities, which provides information on how local authority enforcement service plans should be structured and what they should contain. Service plans developed under this guidance will provide the basis on which local authorities will be monitored and audited by the Health and Safety Commission.
- 2.3 The service planning guidance ensures that key areas of enforcement are covered in local service plans, whilst allowing for the inclusion of locally defined objectives.
- 2.4 The Health and Safety Service Plan for 2008/09 is attached as **Appendix 1** and takes into account the guidance requirements.

3. THE HEALTH AND SAFETY SERVICE PLAN

- 3.1 The service plan for 2007/08 has been updated to reflect last year's performance.
- 3.2 The Service Plan covers the following:
- (i) Service aims and objectives.

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

4. ISSUES

- 4.1 The number of programmed Health and Safety inspections carried out in 2007/08 was below target at 76%. This was due to the service having experienced significant staffing difficulties during the year.
- 4.2 Topic based inspections were introduced in 2005/06, ensuring that all inspections focus on falls from a height, workplace transport, slips and trips, musculoskeletal disorders and work related stress as required by HSC.
- 4.3 We have actively participated in partnership working with the Health and Safety Executive on various initiatives with other local authorities and the Health and Safety Executive. This work will continue in 2008/09 with our participation in the following FIT 3 projects
 - Noise at Work in the Entertainment Sector – Promotion of industry led guidance for the music & entertainment industry
 - Contact Dermatitis
 - Occupational Asthma
 - Asbestos Campaign
 - Slips, Trips and Falls from height in the retail sector
 - Gas Safety
 - Violence & Aggression in the retail sector
 - Awareness raising in relation to UV radiation in sun tanning salons
- 4.4 An inter authority audit of the Health and Safety service was carried out in March 2007 as part of a co-ordinated programme within the Tees Valley Authorities. All Audits were carried out by an external consultant. Work commenced on implementing the recommendations of the audit and this will be completed during 2008/09.
- 4.5 New Section 18 guidance has been issued by the Health and Safety Commission. Enforcing Authorities are legally required, from 1st April 2008, to work towards compliance with the principles and standards. From 31st March 2011, compliance is mandatory.

During 2008/09 we will work towards meeting the requirements of the amended s18 guidance.

- 4.6 It is anticipated that staff shortages will continue in 2008-09 with currently 1 vacant post and another post holder having started her maternity leave in July. We will use a range of measures to try to attain targets.

5. FINANCIAL IMPLICATIONS

5. There are no financial implications. This report is for information only.

6. RECOMMENDATIONS

- 6.1 That the Portfolio Holder approves the Health and Safety Service Plan for 2008/09.

7. CONTACT OFFICER

- 7.1 Sylvia Pinkney
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HARTLEPOOL
BOROUGH COUNCIL

Hartlepool Borough Council

Health & Safety Service Plan

2008/09

HEALTH & SAFETY SERVICE PLAN 2008/09

This Service Plan accords with the requirements of the section 18 guidance issued by the Health and Safety Commission, and sets out the Council's aims in respect of its health and safety enforcement service and the means by which those aims are to be fulfilled. Whilst focussing primarily on the year 2008/09, where relevant, longer-term objectives are identified. Additionally, there is a review of performance for 2007/08 and this aims to inform decisions about how best to build on past successes and address performance gaps.

1. Background Information

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

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

2. Service Aims and Objectives

Hartlepool Borough Council aims:

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

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

Service delivery broadly comprises:

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

- Promotional and advisory work

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

3. Policy Content

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

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

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

Jobs and the Economy

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

Lifelong Learning and Skills

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

Health and Care

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

Community Safety

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

Environment and Housing

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

Culture and Leisure

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

Strengthening Communities

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

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

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

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

4. Legislative Powers and other actions available

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

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

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

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

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

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

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

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

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

5. **Service Delivery Mechanisms**

Inspection Programme

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

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

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

Health & Safety:

Risk Category	Frequency of Inspection	No of Premises
A	12 months	11
B1	18 months	34
B2	2 years	106
B3	3 years	223
B4	5 years	282
C	Other interests	525
Un-rated		103
Total		1284

The inspection programme for 2008/09 comprises the following number of scheduled health and safety inspections:

Risk Category	Frequency of Inspection	No of Inspections
A	12 months	10
B1	18 months	26
B2	2 years	62
B3	3 years	32
B4	5 years	108
C	Other interests 5 years	70
Un-rated		79
Total		387

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

As a follow-up to primary inspections, the service undertakes revisits in accordance with current policy. It is estimated that such revisits are required in 30% of instances. For the year 2008/09, the inspection programme would generate an estimated 115 revisits. A number of these premises revisits will be undertaken outside standard working hours and arrangements are in place as described above to facilitate this.

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

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

Alternative Enforcement Strategy for Low Risk Health & Safety Premises

An alternate enforcement strategy via "self assessment" may be employed for low risk health and safety premises, i.e. those rated as health and safety risk category C, in accordance with HELA guidance. Self-assessment usually consists of questionnaires for these businesses and a subsequent evaluation of the results of this self-assessment by officers. A percentage of those businesses returning questionnaires are visited to validate the information received, as are those businesses who do not respond. Inspection visits may also be made where a low risk business is the subject of complaint and where notification of change of business use or proprietorship is received. The Head of Procurement, Property & Public Protection believes that the best use of resources at this time is to continue to carry out inspections at these low risk premises. These inspections often cover other legislation such as Food Hygiene and Food Standards.

Health & Safety Inspections

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

Provision of advice and educational materials to businesses

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

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

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

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

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

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

- A reduction in the number of working days lost by 15%. This still leaves a total of 35.4million working days lost in 2004-05.
 - A reduction in the rate of work related ill health by 10%.
 - No clear reduction in the incidence rate of fatal and major injuries.
- In order to achieve the revitalising targets the HSC have endorsed a number of new strategies which along with the topic based approach to inspections, are key to reducing the number of accidents and days lost through work related ill health. The HSC have specifically directed Councils and HSE to give high priority to focused initiatives such as the evidence based Fit3 programme of campaigns rather than routine inspections.

The Fit3 programme includes the following campaigns:

- Height Aware (major campaign)
- Backs (major campaign)
- Dermatitis in hairdressers, catering, and cleaners
- Noise & Vibration

- Managing asbestos
- Slips and Trips in retail, warehousing and care homes
- Workplace transport - moving goods safely
- Royal Mail
- Stress
- Falls from height - ladders

During 2008/09 the Authority has agreed to participate in the following campaigns; -

- Noise at Work in the Entertainment Sector - Promotion of industry led guidance for the music & entertainment industry
- Contact Dermatitis
- Occupational Asthma
- Asbestos Campaign
- Slips, Trips and Falls from height in retail sector
- Gas Safety
- Violence & Aggression in the retail sector
- Awareness raising in relation to UV radiation in sun tanning salons

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

Dealing with Accidents

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

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

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

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

Health and Safety Complaints and Service Requests

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

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

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

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

Criteria for selecting complaints for investigation should take account of:

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

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

Based on the number of complaints in 2007/08 it is estimated that approximately 35 such complaints will be received in 2008/09.

Complaints Against our Staff

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

Alternatively, the Council has a corporate complaint procedure.

No complaints have been made during 2007/08.

Liaison arrangements

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

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

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

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

Lead Authority Partnership Scheme (LAPS) / Large Organisations Partnership Pilot (LOPP)

It is the Council's policy to comply with HSC's mandatory guidance in respect of the lead authority partnership scheme (LAPS) and large organisations partnership pilot (LOPP). In particular the Authority will contact the Lead Authority and liaise over

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

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

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

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

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

General

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

Civic Centre
Victoria Road
Hartlepool
TS24 8AY

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

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

6. Resources

Staffing Allocation

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

The resources determined necessary to deliver the service in 2008/09 are as follows:

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

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

3 x 0.25 FTE EHO (with requisite qualifications and experience)
1 x 0.10 FTE Part-time EHO

1 x 0.75 FTE Technical Officer HSW

1 x 0.4 FTE Part-time Technical Officer

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

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

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

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

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

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

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

Financial Resources

The annual budget for the Consumer Services section in the year 2008/09 is:

	£000
Employees	730.5
Other Expenditure	362.8
Income	(218.1)
Net Budget	875.2

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

Equipment and Facilities

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

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

Training Plans

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

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

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

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

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

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

7. Service Review and Quality Assessment

Quality Assessment

The Council is committed to quality service provision. To support this commitment the health and safety service seeks to ensure consistent, effective, efficient and ethical service delivery that constitutes value for money.

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

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

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

Review

It is recognised that a key element of the service planning process is the rational review of past performance. In the formulation of this service plan a review has been conducted of performance against those targets established for the year 2007/08.

This service plan will be reviewed at the conclusion of the year 2008/09 and at any point during the year where significant legislative changes or other relevant factors occur during the year. It is the responsibility of the Consumer Services Manager to carry out that review with the Head of Procurement, Property & Public Protection.

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

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

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

Performance Review 2007- 08

This section describes performance of the service in key areas during 2007/08.

During 2007/08 the section experienced significant staffing difficulties having had a health & safety enforcement officer absent on long term sick leave during the first half of the year. The situation was exasperated when three enforcement officers (two Environmental Health Officers and the full time Technical Officer (Health & Safety)) left the department at the start of the final quarter.

A number of measures were put in place to address the situation and this included appointing one of the student Environmental Health Officers who is in the process of completing their practical training, on a temporary contract as a Technical Officer.

Inspection Programme

The health and safety premises inspection programme for 2007/08 did not reach the target of 100%, with 76% of inspections achieved. A total of 325 inspections were carried out and the outstanding inspections will be added to the programme for 2008/09.

Service Review

Promotional Work

Due to the staffing difficulties experienced the service had limited capacity to carry out promotional work during 2007/08 however the following activities were completed:

In addition to providing information and guidance to businesses on request and during inspection visits, resource packs were developed for enforcement officers in relation to the management of asbestos and dermatitis.

A small number of focussed inspections were carried out to builders merchants establishments in order to raise their awareness on workplace transport.

A joint visit was carried out to the Royal Mail Sorting Office with a Health and Safety Executive Inspector.

On 1 July 2007 the Health Act 2006 and associated smoke free regulations came into force. In the first nine months of implementing the legislation the service carried out 667 visits to assess compliance.

Service Requests

During the year the service dealt with 35 service requests relating to the condition of health and safety and working practice. These requests have been undertaken all within our target of 2 working days; however, they have had some effect on performance of the inspection programme.

Accidents

The service received 72 accident notifications during the year. All were responded to within 1 working day. Of these notifications 22 involved detailed investigations by enforcement staff.

Enforcement

During 2007/08, no prohibition or improvement notices were served on businesses and no simple cautions were issued.

Following an accident which occurred during 2006/07 a successful prosecution was brought in relation to an accident that occurred in a retail premises.

Improvement Proposals 2007/08

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

1 Audit recommendations

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

Work has commenced to implement the recommendations of the inter-authority audit which was carried out during March 2007. This work is ongoing and is included in the key areas for improvement for 2008/09.

8. Key Areas for Improvement 2008/09

In addition to committing the service to specific operational activities such as performance of the inspection programme, the service planning process assists in highlighting areas where improvement is desirable. Detailed below are specifically identified key areas for improvement that are to be progressed during 2008/09.

1 Audit recommendations

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

2. Section 18 Guidance

New Section 18 guidance has been issued by the Health & Safety Commission. Enforcing Authorities are legally required, from 1st April 2008, to work towards compliance with the principles and standards. From 31st March 2011, compliance is mandatory.

During 2008/09 we will work towards meeting the requirements of the revised s18 guidance.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder
28 July 2008



Report of: Director of Adult & Community Services

Subject: ANNUAL COMPLAINTS REPORT
1 APRIL 2007 – 31 MARCH 2008

SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 To present the third Annual Complaints Report of the Adult & Community Services Department on complaints and representations for the period 1 April 2007 to 31 March 2008.
- 1.2 The Annual report is attached as **Appendix A** to this report.
- 1.3 The Annual Report provides information on the complaints and representations framework. To this end, it draws together information activity during the reporting period.
- 1.4 Complaints relating to Community Services come within the Authority's Corporate Complaints Framework which is also reported to the Culture, Leisure and Tourism Portfolio Holder.

2.0 SUMMARY OF CONTENTS

- 2.1 It is a legal requirement in social care that an Annual Report be published on complaints and presented/made available to the Portfolio Holder, staff, the Commission for Social Care Inspection and general public.
- 2.2 The report offers an opportunity to demonstrate learning that has occurred from complaints and also consideration of trends emerging through the year's activity within the Complaints Framework.

2.3 The content of the Report includes the following areas:

- Types of complaints and representations received 2007/08
- Profile data on complainants
- Outcomes of complaints
- Compliance with timescales
- Learning lessons and service improvement

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

3.0 RELEVANCE TO PORTFOLIO MEMBER

3.1 Service is within the Portfolio Member's responsibility.

4.0 TYPE OF DECISION

4.1 Non key.

5.0 DECISION MAKING ROUTE

5.1 Adult and Public Health Services Portfolio.

6.0 DECISION(S) REQUIRED

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

Report of: Director of Adult & Community Services

Subject: ANNUAL COMPLAINTS REPORT
1 APRIL 2007 – 31 MARCH 2008

1. PURPOSE OF REPORT

- 1.1 To present the third Annual Complaints Report of the Adult & Community Services Department on complaints, compliments and representations for the period 1 April 2007 to 31 March 2008.

2. BACKGROUND

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

3. FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications of the report.

4. RECOMMENDATIONS

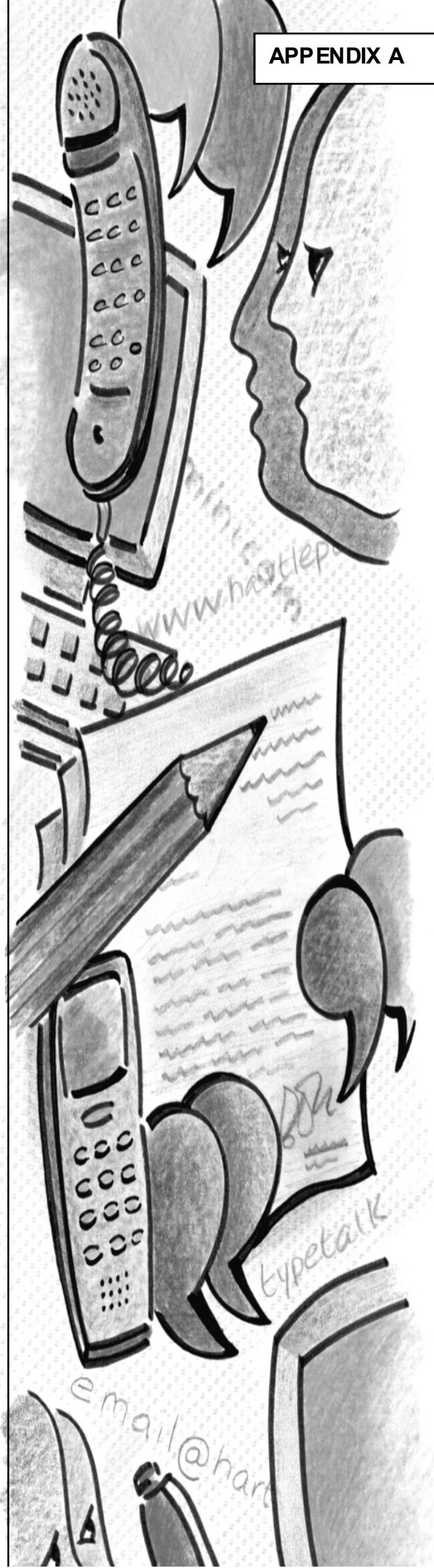
- 4.1 That the Report be received and areas for further development of the Complaints Framework be noted.

Complaints, Compliments and Representations

Annual Report

1 April 2007 –
31 March 2008

Adult and Community Services Department



Complaints, Compliments and Representations Annual Report 1 April 2007 – 31 March 2008

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Complaints, Compliments and Representations Annual Report 1 April 2007 – 31 March 2008

1. Introduction

Welcome to Hartlepool Borough Council's Adult & Community Services Department's 3rd Complaints, Compliments and Representations Annual Report. The report covers the period 1 April 2007 to 31 March 2008.

This report will be presented to the Portfolio Holders for Adult & Public Health Services and Culture, Leisure and Tourism. It will also be provided to the Commission for Social Care Inspection (CSCI) and be made available to members of the public and the Adult & Community Services workforce.

The report outlines:

- Representations and their outcome during the reporting period;
- Lessons learned and resulting improvements following enquiry into complaints;
- Performance in relation to our handling of complaints.

2. Background

Complaints and compliments are valued as an important source of feedback on the quality of services. Each complaint is investigated and, where appropriate, redress made. Equally important is the work to learn lessons to prevent a repeat of any failure in service quality.

3. Complaints Framework: Adult Social Care and Community Services

The framework within Hartlepool Borough Council's Adult & Community Services combines the Statutory Complaints Procedure relating to Adult Social Care; also the Corporate Complaints Procedure relating to Community Services.

The overall responsibility for both areas rests with the Department's Complaints Manager/Assistant Director (Support Services).

The frameworks cover situations where there is dissatisfaction about actions, decisions or apparent failings of services within the Department.

The Statutory Complaints Framework is derived from the following legislation:

- Health and Social Care (Community Health & Standards) Act 2003;
- Local Authorities Social Services Complaints (England) Regulations 2006. Guidance, issued by the Department of Health, entitled '*Learning from Complaints, Social Services Complaints Procedure for Adults*' accompanies the legislation.

4. Principles and Outcomes

Good handling of complaints and representations involves:

- Keeping the complainant at the centre of the complaints process;
- Being open and accountable;
- Responding to complainants in a way that is fair;
- Being committed to try to get things right when they go wrong;
- Seeking to continually improve services.

Both statutory complaints regarding the Department's Adult Social Care, also, Corporate Complaints regarding Community Services are underpinned by the following:

- A procedure that aims to be fair, clear, robust and accessible;
- Support being available to those wishing to make a complaint;
- Timely resolution following enquiry into complaints/representations;
- Lessons being sought following complaints and services being improved;
- Monitoring being used as a means of improving performance.

5. Adult Social Care Complaints

There are up to 3 stages to the Statutory Complaints Procedure as follows:

- | | |
|---------|---|
| Stage 1 | Known as 'Local Resolution', this is an informal problem-solving stage at which most complaints are resolved. |
| Stage 2 | Known as 'Investigation', this is a formal stage where an independent investigation is undertaken by an officer who is not an employee of the Council. |
| Stage 3 | Known as 'Review Panel', this is where consideration is given to the thoroughness and fairness of the Stage 2 investigation and the Department's response to the investigation. |

6. Community Services Complaints

The process in relation to Corporate Complaints within Community Services is as follows:

- | | |
|------------------|--|
| Formal Complaint | Where a person remains dissatisfied with the service they have received or a decision made, they have the right to take their complaint to a formal stage. The complaint will be investigated by an Officer not directly connected with the action or decision being complained about. |
|------------------|--|

Complaints, Compliments and Representations Annual Report

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Appeal

If a person remains dissatisfied with the response to their formal complaint, they have the right for the matter to be referred to the relevant Portfolio Holder who will review the documentation connected with the complaint and decide whether or not the appeal should be heard by the General Purposes (Appeals) Committee.

7. Training

Although 4 training sessions would ordinarily be held during the year, only one training session was provided during the reporting period to 7 members of the Department's Adult Social Care workforce in February 2008. This was due to a Departmental restructure (June 2007) and new arrangements/staff responsibilities in relation to the handling of the Department's complaints and representations.

Three members of staff from Community Services have taken up the offer of a one-day training session, '*Good Complaint Handling Course*', which was commissioned corporately and run by the Local Government Ombudsman's office in September 2007.

8. Public Information

Information about the Complaints and Representations framework is accessible via the Council's public access points and also the Council's website. Additionally, carers and service users of Adult Social Care are provided with leaflets when they take up a new service and also when care plans are agreed and reviewed.

Information in other formats such as large print, Braille, audio tape or translation in languages other than English are made available upon request. There is also available an easy-read format of the Statutory Adult Social Care Complaints Procedure.

9. Summary of Representations in Adult Social Care

(a) Compliments

Compliments are generally recognised to be an indicator of good outcomes for service users and carers. They also serve to provide wider lessons regarding the quality of services.

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During the reporting period, 74 compliments have been received relating to Adult Social Care. Table 1 provides some examples of compliments received during 2007/08.

(b) Concerns

One service user and a carer made representations that were not formal complaints. These were dealt with seriously and thoroughly so that they could afford opportunities to improve services. Table 2 provides details of the concerns received during the year.

(c) Summary and Analysis of Complaints

Complaints Received

In comparison to last year, the number of complaints investigated has increased by one with 14 complaints being investigated. There were no occasions during the reporting period where complaints were subsequently withdrawn.

Business Units

The table below provides a comparison of the number of complaints received by individual Adult Social Care Business Units with those of the previous year.

ADULT SOCIAL CARE		
	2007/08	2006/07
Older Persons	6	7
Disabilities	4	6
Adult Mental Health (Integrated Service)	0	3
Support Services	4	2
Sub total	14	18
Less complaints withdrawn	0	5
Total investigated	14	13

In summary, there were no complaints received this year relating to Mental Health Services. Complaints about Disabilities Services have slightly decreased in comparison to the previous year. The slight increase in complaints relating to Support Services and decrease in those relating to the Older Person's Service may be attributable to the User Property and Finance Service having been transferred to Support Services from the Older Person's Business Unit during the reporting period.

Complaints, Compliments and Representations Annual Report 1 April 2007 – 31 March 2008

Nature of Complaints

Table 3 outlines factors giving rise to complaints. Also detailed is the action taken and lessons learned in relation to them.

Origin and Contact Method

The source of complaints received during the year is as follows:

- 2 (14%) from males
- 12 (86%) from females

- 3 (21%) from service users (one of whom was supported by an Advocate)
- 11 (79%) from relatives (one of who was supported by an Advocate)

- 5 (36%) via completion of a complaints form
- 7 (50%) via a letter
- 2 (14%) via a telephone call

In comparison to last year, this represents a slight decrease in the number of complaints from males and fewer complaints directly from service users. No complaints were received this year by electronic means.

Stages 1, 2 and 3

Efforts have continued by Officers to resolve complaints as quickly as possible at the closest point of contact with service users and their carers.

Eleven (79%) of the 14 complaints received were resolved and concluded at Stage 1. This is a decrease on the past 2 years where 85% of complaints were resolved and concluded at Stage 1. However, 2 (14%) of the 14 complaints received progressed straight to Stage 2 without first being considered at Stage 1.

Stage 2 of the complaints procedure represents a formal process for investigation and resolution of complaints. During the year, 3 complaints were investigated at Stage 2. This included 2 complaints from this reporting period that were *not* first considered at Stage 1; also, a complaint that progressed to Stage 2 from 2006/07. One complaint considered at Stage 1 is currently ongoing at Stage 2 and will therefore be carried forward into the next reporting period (2008/09).

Of the 3 complaints investigated at Stage 2, one was resolved. In the 2 remaining complaints, one was progressing Stage 3 but, sadly, the complainant died before the scheduled Stage 3 Review Panel had taken place. The remaining complaint has not progressed to Stage 3 but has

Complaints, Compliments and Representations Annual Report 1 April 2007 – 31 March 2008

been progressed by the complainant to the Local Government Ombudsman.

Two Stage 3 Review Panels were held in this reporting period (April and June 2007). However, these related to complaints which were carried forward from previous reporting periods.

Interim Costs

Costs associated with Adult Social Care Stage 2 investigations completed during the year totalled £9,272. Additional costs incurred in connection with Independent Investigating Officers' attendance at Stage 3 Review Panels totalled £353. These costs do not include any projected costs that are ongoing for Stage 2 investigations beyond this reporting period.

Compensation

A sum of £12,401 was awarded to a complainant where injustice was identified in relation to a complaint made in 2005/06.

Time Taken to Respond to Complaints

RESPONSE TIMES	ADULT SOCIAL CARE	
No. of Working Days	No. of Complaints	
	Stage 1	Stage 2
0 - 20 working days	7	0
21 – 40 working days	2	0
40 – 65 working days	2	2
Over 65 working days	0	1
Total	11	3

Stage 1

The Complaints Procedure is required to operate within specified statutory timescales. It is envisaged most complaints at Stage 1 will be concluded within 10 working days, although there is scope for this to be extended to a maximum of 20 working days.

There were 4 Stage 1 complaints where the response fell outside the required timescale. The table above shows that 7 (63%) of complaints were dealt with within requisite timescales. Of the remaining 4 complaints: 1 was dealt with within 23 working days, 1 within 31 working days and the remaining 2 within 42 working days. The latter 2 complaints were delayed due to pacing the enquiries to meet the complainant's needs and one being particularly complex and having 12 separate elements.

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Stage 2

A Stage 2 investigation should be completed within 25 working days from the date on which the complainant's request for a Stage 2 investigation is received. However, this can be extended to a maximum of 65 working days where it is not possible to complete an investigation within 25 working days.

There was one Stage 2 complaint where the response was outside the required timescale. The table shows that 2 of the 3 completed Stage 2 complaints were completed within the requisite timescale of 65 working days. The remaining Stage 2 investigation was concluded within 133 working days. Delays encountered in the investigation were owing to a number of factors which included:

- Complainant's request for delay in the Stage 2 investigation beginning;
- Protracted process for meetings to clarify the numerous elements of complaint for investigation and also desired outcomes;
- Unforeseen circumstances necessitating the complainant's Advocate to cancel and rearrange meeting;
- Royal Mail postal strikes;
- Holiday commitments of both the complainant and Independent Investigating Officer appointed at Stage 2;
- Non availability of individuals for interview during peak holiday period;
- Arrangements unavoidably cancelled/delayed owing to the complainant's ill health.

Complaint Outcomes

All complainants received written findings and conclusions following investigation into their complaints. Outcomes of complaints received during the year are summarised at Table 3.

Of the 11 complaints concluded during the year at Stage 1:

- 2 were upheld
- 5 were partially upheld
- 3 were not upheld
- 1 was inconclusive

Of the 3 complaints investigated during the year at Stage 2:

- 1 was partially upheld (carried forward from 2006/07)
- 2 were not upheld

Some of the service improvements resulting from complaints during the year are detailed at Table 3.

10. Summary of Representations in Community Services

(a) Compliments

During the year, 7 compliments relating to Community Services have been recorded; 2 related to Strategic Arts and 5 related to Museums and Heritage. Table 4 provides some examples of compliments received during 2007/08.

(b) Summary and Analysis of Complaints

Complaints Received

In comparison to last year, the number of Community Services complaints received have decreased; with 8 complaints being received compared to 13 in the previous year (2006/07). One complaint was withdrawn during the reporting period and is expected to progress via an insurance claim route.

Business Units

COMMUNITY SERVICES		
	2007/08	2006/07
Adult Education	0	0
Parks & Countryside	2	1
Libraries	0	1
Sports & Recreation	4	8
Museums and Heritage	1	1
Strategic Arts	1	2
Total investigated	8	13

The table above provides comparison of complaints received by individual business units.

Nature of Complaints

Table 5 provides factors giving rise to complaints and, from these, some of the lessons that have been learned.

Complaints, Compliments and Representations Annual Report 1 April 2007 – 31 March 2008

Origin and Contact Method

The source of complaints received during the year is as follows:

- 2 (25%) from males
- 6 (75%) from females

- 3 (37.5%) via completion of a complaints form
- 1 (12.5%) via letter
- 1 (12.5%) via e mail
- 3 (37.5%) via telephone

Costs

One complainant had their entry fee to an attraction reimbursed. There have been no other costs connected with investigating and responding to Corporate Complaints.

Time Taken to Respond to Complaints

The Corporate Complaints Procedure is required to operate within a timescale of 15 working days. Of the 8 complaints investigated, 6 complaints, (75%), were responded to within the requisite timescale. The remaining 2 complaints were responded to within 26 working days and 63 working days respectively. The complainant, in relation to the latter, was regularly kept fully informed and updated regarding progress.

Complaint Outcomes

All complainants received written findings and conclusion following enquiry into their complaints. The outcomes of complaints received during the year are summarised at Table 5.

11. Local Government Ombudsman

Complainants who are dissatisfied with the investigation and/or outcome of their complaint may refer to the Local Government Ombudsman for adjudication.

During the year, there have been 2 complainants who have approached the Local Government Ombudsman's Office for consideration of their complaints. One related to a Community Services complaint that was resolved locally. The other was covering Adult Social Care and had *not* first been considered at a Stage 3 Review Panel. The latter is currently being considered by the Local Government Ombudsman. The outcome, following the Ombudsman's investigation, will be included within the next Annual Report (2008/09).

12. Satisfaction Surveys

Complainants' views are sought on the way the Complaints Procedure operates in Adult Social Care. They are routinely asked to give feedback about their experiences in using the Complaints Framework.

Responses are provided through completion of questionnaires by complainants. During the year, 9 complainants were issued with a complaints satisfaction survey; 44% of whom provided feedback. Reasons for non issuing of the survey/non return includes situations where the complaint investigation was ongoing or progressed directly to the next stage.

Results from 2007/08 Complaints Satisfaction Survey are detailed at Table 6.

13. Lessons Learned

Lessons learned are an important aspect of the Complaints Framework. Tables 3 and 5 respectively outline the context of some improvements that have been put in place as a direct result of complaints and representations received in both Adult Social Care and Community Services.

14. Advocacy

Advocacy provision is routinely highlighted to complainants when their complaint is acknowledged. To this end, they are provided with a copy of the Department's public information material.

Advocacy services are available through local advocacy providers. These include:

- Citizens Advice Bureau (CAB)
- Advocacy Information Foundation
- Hartlepool MIND
- Hartlepool Carers

During 2007/08, a total of 3 complainants (this included one complaint carried forward from 2006/07) sought use of an Advocate to support them with their complaints. Two utilised the services of CAB and the other used the services of Advocacy Information Foundation.

15. Conclusions and Way Forward

At the centre of each representation we strive to achieve a person-centred approach with a plan for handling/progressing each complaint. Particular areas of importance will continue to be the provision of an explanation to

Complaints, Compliments and Representations Annual Report 1 April 2007 – 31 March 2008

complainants, appropriate apology and any subsequent service improvements.

Effective handling of complaints is due in part to appropriate consideration and planning as to how a complaint will be handled. To this end, training and briefings to members of the workforce during the coming year will include a focus on this aspect of complaints management. Included in this will be systematic consideration of risk in terms of the likelihood of recurrence of incidents or events giving rise to complaints.

Activity during the coming year will include:

- Promoting staff awareness in relation to compliments; also enabling lessons to be learned and thereby helping to improve services.
- Extension of current satisfaction survey feedback to include corporate complaints/representations.
- Undertaking work to ensure appropriate preparation for national changes to the Statutory Complaints Framework during 2008/09.

TABLE 1

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

"I had to write to you a short note to express my thanks for the help and care received from the OT. She visited my home and listened with patience and understanding and I felt so confident of her advice and knowledge. She really has been a great help to me and my husband. It is easy to complain about public services, but I want you to know I have nothing less than praise for this lady. Please thank her for me." **(From a Service User regarding an Occupational Therapist)**

"I would like to say a very big thank you for all the help, patience and care you have given me in the time we have spent together. I would not have been where I am today without the care and attention you gave me to get my life together and you have offered in the future if I ever need you again. I now have a life to look forward to and am determined to live it to the full extent with a new confidence thanks to you." **(From a Service User regarding Mental Health Services)**

"I would just like to say how grateful I am for the support and motivation of your team from the Adult and Community Services Intensive Care Support Team. Very special thanks go out to my support worker. Without the help and guidance I would be really "stuck in a rut". She deserves the utmost accolade and praise as she pulls all the stops out to help anyone and her caring nature is second to none." **(From a Service User regarding a Support Worker from the Intensive Support Team)**

"Since I have needed help with agoraphobia I would like to state the help and support has been second to none. The Worker has shown me patience and understanding and I feel that this has helped me get through my problem. Without this service I would dread to think what state I would be in. I would like to say thank you to all concerned. Carry on the good work!" **(From a Service User regarding Mental Health Services)**

"I am writing to express my sincere thanks to all the ladies who have attended me during the last 6 weeks. They have been most efficient, pleasant and obliging and I am truly grateful to them all." **(From a Service user to the Registered manager regarding the Home Care Team)**

Complaints, Compliments and Representations Annual Report
1 April 2007 – 31 March 2008

TABLE 2

**ADULT SOCIAL CARE CONCERNS AND ACTIONS TAKEN/LESSONS LEARNED
 IDENTIFIED BY BUSINESS UNITS**

OLDER PERSONS BUSINESS UNIT		
Ref	Concern	Action Taken/ Lessons Learned
SCC002	The daughters of a Service User, who was a resident in an independent sector residential care home, were unhappy with the standard of care their mother received and raised 8 issues for response.	<ul style="list-style-type: none"> • A response was issued to the daughters by the independent sector residential care home but, sadly, their mother died whilst the home's investigation into their concerns were ongoing. The daughters did not progress matters further.
DISABILITIES BUSINESS UNIT		
Ref	Concern	Action Taken/ Lessons Learned
SCC001	The sisters of a Service User were concerned about receiving bills when they thought all finances were now handled by the Department. Also, the Service User's sisters requested that they were present to offer support when the Social Worker visited their sister.	<ul style="list-style-type: none"> • Joint visit arranged to explain how an 'Appointee' operates. • Explanation provided regarding the Service User's wishes about home visits and reviews.

Complaints, Compliments and Representations Annual Report 1 April 2007 – 31 March 2008

TABLE 3

ADULT SOCIAL CARE COMPLAINTS AND ACTIONS TAKEN/LESSONS LEARNED IDENTIFIED BY BUSINESS UNITS

OLDER PERSONS BUSINESS UNIT		
Ref	Complaint	Action Taken/ Lessons Learned
SO0261	<p>The complainant, the daughter of a service user, is unhappy with the level of service provided to her late father. Namely:</p> <ul style="list-style-type: none"> • Delays in relation to aids and equipment; • It is alleged the complainant's mother had to purchase a stairlift independently as there was an 18 month waiting list for provision of a stairlift by the local authority; • It is alleged that the complainant's father received physiotherapy for 6 weeks but this ceased despite the complainant feeling there was some improvement in his mobility. • The complainant expressed concern about the contribution her mother had to make to her late father's residential placement. <p>STAGE 1: NOT UPHELD</p>	<ul style="list-style-type: none"> • Improved lines of communication when orders are being made between different organisations for aids and adaptations. • More time to be taken by professionals involved to explain clearly the reasons why equipment (eg Stairlift) would not be suitable. • Professionals to have improved lines of communication with service users and their families to ensure they have a clear understanding of decisions made and the reasons for them.
SO0262	<p>The complainant alleges that a Social Worker spoke to her in an unprofessional manner during a home visit in approximately September 1999.</p> <p>STAGE 1: PARTLY UPHELD</p>	<ul style="list-style-type: none"> • Greater care needs to be taken when asking newly qualified Social Workers to undertake visits on their own.

Complaints, Compliments and Representations Annual Report

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OLDER PERSONS BUSINESS UNIT		
Ref	Complaint	Action Taken/ Lessons Learned
SO0264	<p>The complainant, a Service User, is unhappy with matters relating to the installation of a level-access shower. Namey:</p> <ul style="list-style-type: none"> • That the assessments made by the Council Officers were not properly carried out and should have taken his views and wishes into account; • That the work carried out using funding obtained through the Council was not of a standard that should be expected and the materials used do not justify the money spent; • That the Council Officer who refused funding for the front bedroom window was wrong to give the reason that the window in place is a damaged double-glazed unit (and therefore is a maintenance problem for which the Service User is responsible) when the window is clearly a single pane glass window; • That the signature confirming approval for the work that was done dated 16 March 2000, said to be the signature of the Service User, is a forgery. 	<ul style="list-style-type: none"> • No recommendations were made by the Independent Investigating Officer as all elements of the complaint were found to be unsubstantiated.
SO0267	<p>STAGE 2: NOT UPHELD</p> <p>The complainant, the son of a Service User, is unhappy with the quality of care being delivered to his mother in an independent sector residential care home. Namey:</p> <ul style="list-style-type: none"> • The wounds observed by the complainant on his mother's arm when he visited her on the 25th August 2007 were not investigated nor reasons sought as to how the wounds might have occurred • That the statutory procedures were not followed by the Complaints Manager following the complainant's notification of the complaint. • That it should not have been inferred in the letter to the complainant from the independent sector residential care home that the complainant was responsible for having caused the injuries to his mother or that he knew how the injuries had occurred. <p>STAGE 2: NOT UPHELD</p>	<ul style="list-style-type: none"> • Officers from the Department and the independent sector residential care home provider offered to meet with the complainant to agree to appropriate protocols for dealing with issues. This has not so far been taken up by the complainant. The Ombudsman is currently considering this complaint.

Complaints, Compliments and Representations Annual Report

1 April 2007 – 31 March 2008

OLDER PERSONS BUSINESS UNIT		
Ref	Complaint	Action Taken/ Lessons Learned
SO0272	The complainant, the daughter of a service user, was unhappy following contact with the Emergency Duty Team Service. The complainant alleges that the provision of a night-sitting service to her mother was not explored on the evening of 28.1.08.	<ul style="list-style-type: none"> All possible options available out of hours should be considered supported by appropriate dialogue with other involved professional colleagues.
STAGE 1 : NOT UPHELD		
DISABILITIES BUSINESS UNIT		
SO0268	The complainant, a Service User, alleges that the attitudes of the Care Assistants are inappropriate at the Day Centre she attends.	<ul style="list-style-type: none"> Discussion/exploration with complainant (supported by Advocate) and staff did not provide any aspects of the complaint that could be supported and therefore acted upon.
STAGE 1 : INCONCLUSIVE		
SO0260	<p>The complainant, the daughter of a Service User, is unhappy with the service she, and her mother, have received from the Department and a Service Provider. Namely:</p> <ul style="list-style-type: none"> Workers who saw both your mother and yourself were not clear and did not give you enough information as to what would happen. You felt that having 3 different Social Workers within 6 months was confusing and inconsistent which you felt contributed to your feeling that this was traumatic as in-depth information had to be shared at each point and this had contributed to your mother's anxiety. You are unclear as to why the focus of assessment and response went from your mother to yourself when you had cancelled your mother's care. Completion of a financial assessment resulted in a £600 bill in contribution which you say was the decision to end your mother's care. You felt that the information that was given to you was misleading and has left you with a bill which neither you nor your mother were expecting to pay. 	<ul style="list-style-type: none"> Department's response to complainant acknowledged issues regarding the number of Social Workers who had been involved. The complainant agreed for her case as a carer to be reopened, revisit the Carer's Assessment and Carer's Care Plan and the consequent setting up of a Direct Payment which would enable support to the complainant in her caring role whilst continuing her work and studies. Revisited the complainant's mother's original Care Plan and concluded that the Social Worker at the time of the original assessment should not have put forward a financial assessment to the User Property and Finance Team as the services agreed were non-chargeable (ie were not for personal care). The £600 bill was cancelled. Clarity was provided over confusion that existed regarding the role and purpose of a contracted service provider - a support service for Direct Payments.
STAGE 1 : UPHELD		

Complaints, Compliments and Representations Annual Report

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DISABILITIES BUSINESS UNIT		
Ref	Complaint	Action Taken/ Lessons Learned
SO0269	The complainant, the sister of a Service User, alleges that her brother's Social Worker neglected his needs and did not provide him with the help and support he needed. STAGE 1: NOT UPHELD	<ul style="list-style-type: none"> An explanation was provided as to a fine balance between helping a person remain independent and intervening to protect them from risks. Reinforced with staff that assessments must thoroughly check out all areas of concern voiced by family members/carers. The assessment must be detailed enough to show these concerns have been addressed.
SO0266	The complainant, the wife of a Service User, is unhappy with the standard of care her husband is receiving in a contracted care home. Twelve separate elements of complaint were investigated. STAGE 1: PARTLY UPHELD	<ul style="list-style-type: none"> The Manager should reinforce with all staff that the rubber mat must always be used to secure the Service User's plate on his wheelchair tray. The Manager should reinforce with all staff they do not take priority over residents to receive a meal. Also, staff should only eat their meals during specified meal breaks. The Manager is to ensure that the Service User's personal property is labelled appropriately. The Manager will carry out spot checks of the Service User's bedroom to ensure the standard is appropriate. This will include checks for any out-of-date food stored in the fridge. The Manager will ensure that night staff switch the television set back on before their shift ends the next morning so that the Service User is able to use the remote control to access the television independently. The Manager will reinforce with all staff that the bed should always be 'low' when not in use. The Manager will ensure the complainant is given the opportunity to have her concerns addressed immediately to minimise the distress to both herself and her husband. The Manager will ensure that the Home always has the correct ratio of staff on duty. The Department's Contracts Section will pass on the information to CSCI regarding the low-level staffing. The Department's Contracts Team will oversee the above actions are implemented.

Complaints, Compliments and Representations Annual Report

1 April 2007 – 31 March 2008

DISABILITIES BUSINESS UNIT		
Ref	Complaint	Action Taken/ Lessons Learned
SO0255	<p>The complainant, a Service User, is unhappy with the Direct Payments Scheme and Direct Payments Support Service. Namely:</p> <ul style="list-style-type: none"> • That the contracted service provider is an organisation that considers themselves non accountable to anybody; • There was an unacceptable delay in receiving accounts. This was a number of weeks after a meeting and subsequent telephone calls to the contracted service provider by the complainant. • Hand delivery method of bringing the accounts to the complainant and the subsequent inability to explain the detailed contents of the accounts and failure to account for a contingency fund. This is despite commitment made at a previous meeting. • The accounts are presented in such a way that it remains unclear as to the management of the Carer's payroll, taxation paid and the amounts remaining in the contingency fund that should have been repaid to Hartlepool Borough Council. • It appears that Hartlepool Borough Council have not undertaken responsibility for oversight of the contracted service provider to ensure smooth running and accountability of the organisation. <p>STAGE2: PARTLY UPHELD</p>	<ul style="list-style-type: none"> • Complainant to receive an apology for difficulties encountered. • Information requested in relation to Direct Payment Accounts provided to complainant. • Outstanding payment to complainant's employee to be made. • Information coming out of complaint enquiry to be used to assist in annual review of provider contract. • Support provided to complainant in relation to Direct Payment Employer/Employee issues including support to complainant's employee provided in relation to tax issues. • Provider to correct information held on computer. • Review of complainant's Care Plan to consider contingency planning. • Consideration of alternative monitoring/accounting services for users of Direct Payments. • Recompense for additional incurred expense to complainant.

Complaints, Compliments and Representations Annual Report

1 April 2007 – 31 March 2008

SUPPORT SERVICES BUSINESS UNIT		
Ref	Complaint	Action Taken/ Lessons Learned
SO0265	<p>The complainant, the daughter of a Service User, is unhappy with a contracted service provider. Namely:</p> <ul style="list-style-type: none"> • There was a delay in relation to the payment to the Carer; • There were communication difficulties in relation to both contacting and receiving a response from contracted service provider. • There were difficulties encountered with the payment methods. • The management of the situation has resulted in the complainant having less confidence in the professionalism of the agency. 	<ul style="list-style-type: none"> • Contracted service provider to write to the complainant offering an apology on behalf of the Agency and rectify areas of poor practice. • The Department's Commissioning Team to oversee that improvements are made in areas where poor practice was highlighted.
SO0263	<p>STAGE 1: UPHELD</p> <p>The complainant, the daughter of a Service User, alleges that:</p> <ul style="list-style-type: none"> • Expenses were not taken into account in the financial assessment in relation to Life Assurance, home related insurance, television/phone costs, Stay Warm heating costs; • You feel you have received conflicting information around the Policy for disregarding the expenses outlined above; • There has been unacceptable delays in the Department's internal processes over recent months in coming to a satisfactory conclusion around the Policy/disregards. <p>STAGE 1: PARTLY UPHELD</p>	<ul style="list-style-type: none"> • Apology issued for the delay in not responding satisfactorily to the issues raised in the first instance. • Explanation and agreement around what was considered to be reasonable expenses to be included in the financial assessment as disregards. Agreement also reached for the complainant to contact providers to transfer to contracts that would better meet current needs, and minimise, if not eliminate, expenditure. • Costs accrued from date of admission into residential care up to 9th September 2007 will be refunded. • Charging Policy to be reviewed.

Complaints, Compliments and Representations Annual Report

1 April 2007 – 31 March 2008

SUPPORT SERVICES BUSINESS UNIT		
Ref	Complaint	Action Taken/ Lessons Learned
SO0271	<p>The complainant, the daughter of a Service User, is unhappy that was no advance warning was provided in relation to a fee-level increase and there was no information previously provided about fee-level calculations.</p> <p>STAGE 1: PARTLY UPHELD</p>	<ul style="list-style-type: none"> Explanation provided around how the residential care fees had been calculated and how the fee structure had been implemented. Apology issued to complainant for not providing appropriate written information on fee levels at the time the complainant's mother was admitted to the residential care home. Confirmation that the Procedure is amended to ensure written information is provided in a timely manner to those people who pay the full costs or their representatives.
SO0270	<p>The complainant, the daughter-in-law of a Service User, is unhappy with the service received from a contracted service provider. Name: [REDACTED]</p> <ul style="list-style-type: none"> A letter for the complainant was addressed to someone else. Upon contact with the service provider, they confirmed that this was an error and the intended recipient was the complainant. An apology was not provided and there was no explanation regarding what measures the service provider intended to put in place to ensure that no such error reoccurred. There was insufficient notification given regarding an appointment being made. No notification was provided that 2 members of staff undertaking the home visit. No form of identification was provided and no introductions were made. The paperwork provided to the contracted service provider was not returned within the agreed timescale. The contracted service provider's representative informed the complainant that they would stop the direct payment because the monies could not be used for the purpose they had been used for. <p>STAGE 1: PARTLY UPHELD</p>	<ul style="list-style-type: none"> All correspondence will be checked in future by the Manager before despatch. Strategies have been implemented to supply Service Users and their families with sufficient notice of appointments. To ensure in future that service users/carers are contacted prior to the meeting to establish confirmation/permission for more than one member of staff to visit. Staff to carry headed notepaper at all times so a note can be posted if the service user/carer is out at the time of the planned visit. The Department's Commissioning Team will oversee that improvements are made in areas where poor practice was highlighted.

TABLE 4

**EXAMPLES OF COMPLIMENTS RECEIVED ACROSS
COMMUNITY SERVICES BUSINESS UNITS**

“I had the great pleasure of visiting your experience last week. Put simply, in my opinion, its head and shoulders above any other similar attraction in the UK (Chatham, Portsmouth, Greenwich etc) – and a brilliant day out. I would particularly like to praise the quality and interactivity of the exhibitions, the excellent customer service and the knowledge of the team there, the quality. **(From a Visitor regarding the Hartlepool Maritime Experience)**

“Myself, Rose and my mam and Dad attended the Halloween night and we thoroughly enjoyed the experience. It was fun from the moment we entered, the actors and actresses were amazing, their costumes were great and the story telling for the children was really good. They all looked like they enjoyed the involvement and were having lots of fun. Rose particularly enjoyed the stand with the fake fire and the spooky music which she danced to and the face painting was a hit. We did miss the fire eater but I am sure he was very good. Well done to all who made the night possible.” **(From a Visitor regarding the Halloween Theme Event at Hartlepool Maritime Experience)**

“I wanted to say a big thank you and the team for a fantastic night. I attended with my family and they had a great time. Excellent entertainment, excellent value for money in a safe and secure environment. The quay is a great ‘spooky’ setting at night.” **(From a Visitor regarding the Halloween Theme Event at Hartlepool Maritime Experience)**

Complaints, Compliments and Representations Annual Report
1 April 2007 – 31 March 2008

TABLE 5

COMMUNITY SERVICES COMPLAINTS AND ACTIONS TAKEN/LESSONS LEARNED
IDENTIFIED BY BUSINESS UNITS

PARKS & COUNTRYSIDE BUSINESS UNIT		
Ref	Complaint	Action Taken/Lessons Learned
CS0072	The complainant, an allotment holder, is unhappy with the erection of a temporary demarcation line between his and his neighbouring allotment plot. NOT UPHELD	<ul style="list-style-type: none"> • Letter issued which reaffirmed 2 possible options for resolution between neighbouring plots.
CS0074	The complainant, an allotment holder, alleges that the Council failed to honour its obligations and covenant as Landlord. UPHELD	<ul style="list-style-type: none"> • Letter issued which reaffirmed 2 possible options for resolution between neighbouring allotment holders. • Portfolio Holder reviewed the complaint and met all parties involved. • Complainant approached the Local Government Ombudsman and agreement was reached with the complainant that the legal tenancy of the complainant's plot be confirmed in its entirety.

Complaints, Compliments and Representations Annual Report

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SPORTS & RECREATION BUSINESS UNIT		
Ref	Complaint	Action Taken/Lessons Learned
CS0078	The complainant, a frequent user of the leisure centre facility, alleges that the water temperature is below normal levels.	<ul style="list-style-type: none"> Explanation provided to the complainant as to the reasons why the water temperature was below normal levels (ie electrical fault in plant room coupled with fluctuations that do occur when fresh water is introduced to the pool to top-up levels). Apology issued to the complainant.
	UPHELD	
CS0075	The complainant, the user of a leisure centre, alleges that a member of staff made inappropriate comments.	<ul style="list-style-type: none"> Investigation undertaken in conjunction with HR. Signage to be erected relating to 'Codes of Conduct' for leisure centre users.
	UNSUBSTANTIATED	
CS0076	The complainant, the user of a leisure centre, is unhappy with the: <ul style="list-style-type: none"> Lack of communication/consultation relating to induction sessions; Attitude of a member of staff; Payment for 'unlimited access' which appears not to be the case. 	<ul style="list-style-type: none"> Explanation of each point provided to the complainant including an apology in relation to appropriate aspects. Review the programme activity with particular emphasis on Tuesdays; including consultation regarding 'freeing up' limited places between 7 pm and 9 pm.
	PARTLY UPHELD	
CS0079	The complainant, a potential user of a leisure centre, is unhappy with the pricing tariff, lack of crèche-type facilities and no option for credit card payment.	<ul style="list-style-type: none"> Explanation provided of swimming pricing tariff, Active Card membership scheme, Stamps Savings Scheme and crèche-type facilities. Complainant advised that on-line booking and credit card facility is currently being looked into by the Council's IT partners and it is expected such facilities will be available by December 2008.
	PARTLY UPHELD	

Complaints, Compliments and Representations Annual Report

1 April 2007 – 31 March 2008

SPORTS & RECREATION BUSINESS UNIT		
Ref	Ref	Ref
CS0077	The complainant, a visitor to a tourist attraction, was unhappy with the: <ul style="list-style-type: none"> • Attitude of a member of staff; • Alleged that 3 areas were all closed early PARTLY UPHELD	<ul style="list-style-type: none"> • Apology issued to the complainant for the one area that was found to be closed early. • Full refund of fee provided. • Reinforced with staff to adhere to good practice and ensure all customers are off site before closing down elements of an attraction.
STRATEGIC ARTS BUSINESS UNIT		
Ref	Complaint	Action Taken/Lessons Learned
CS0080	The complainant, a user of the Headland Sports Hall, allege that her car was damaged whilst parked outside the Headland Sports Hall and Borough Buildings. The complainant was of the view that liability for the damage should be taken by the Department. Also that warning notices should be erected to alert people to potential parking risks.	<ul style="list-style-type: none"> • Investigation could not find any direct evidence which supported or identified when and how the damage was caused to the complainant's vehicle. • This matter is being progressed as an insurance claim.
	NOT UPHELD	

TABLE 6

2007/08 ADULT SOCIAL CARE SATISFACTION SURVEY RESULTS

% Results for 2007/08	
<ul style="list-style-type: none"> 25% of respondents said that they were aware of the Department's Complaints Procedure prior to making their complaint. Of these, information about the procedure had been provided by: <ul style="list-style-type: none"> Staff members 75% Another person Nil Information leaflets Nil Other 25% Feedback about ease of finding information and clarity of information indicated: <ul style="list-style-type: none"> 75% of respondents said they found that this was easy to obtain. 100% of respondents said they found the information clear and easy to understand. In relation to actually making their complaint: <ul style="list-style-type: none"> 100% said this was very easy. 100% said they were given an opportunity to discuss their complaint with someone from the Department. 100% said that the process was explained to them. The quality of investigation was said by 75% of respondents to be very satisfactory. The remaining 25% of respondents were said to be quite satisfied. In relation to the Department's response to their complaint: <ul style="list-style-type: none"> 100% of respondents said that they considered the response provided to be in sufficient detail. 100% of respondents concluded that the time taken to respond to their complaint was 'prompt'. 75% of respondents believe that the response they had received had been 'very sensitive' to the issues of their complaint with the remaining 25% of respondents saying that the response had been 'sensitive'. 	

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder

28 July 2008



Report of: Director of Adult and Community Services

Subject: ADULT AND COMMUNITY SERVICES
DEPARTMENTAL PLAN 2008/9 – 2010/11

SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 To submit the Departmental Plan for Adult and Community Services Department for Portfolio Holder consideration.

2.0 SUMMARY OF CONTENTS

- 2.1 The report outlines the key content of the Departmental Plan detailing the vision for the department, key objectives and performance indicators.

3.0 RELEVANCE TO PORTFOLIO MEMBER

- 3.1 The Departmental Plan is of relevance as outlines the strategic framework for the Department.

4.0 TYPE OF DECISION

- 4.1 Non-key

5.0 DECISION MAKING ROUTE

- 5.0 Adult and Public Health Services Portfolio – 28 July 2008

6.0 DECISION(S) REQUIRED

- 6.1 Portfolio holder is requested to endorse the proposed Departmental Plan.

Report of: Director of Adult and Community Services

Subject: ADULT AND COMMUNITY SERVICES
DEPARTMENTAL PLAN 2008/9 – 2010/11

1. PURPOSE OF REPORT

- 1.1 This report presents the Adult and Community Services Departmental Plan for Portfolio holder consideration. It highlights the direction of travel for the Department over the forthcoming three years.

2. BACKGROUND

- 2.1 Overview of the Plan - The Departmental Plan sets out the direction of travel for Adult and Community Services for the next three years. This is the second annual update and outlines progress on previous year's work. The plan enables us to ensure that we are able to respond to new initiatives and legislation that may affect the Council or the Department itself.
- 2.2 The unified approach to business planning which adopted previously has been updated within the Council this year. The explicit links between the Corporate Plan, the Local Area Agreement outcomes, and Departmental plans have been reinforced, together with the incorporation of diversity issues and workforce development.
- 2.3 This plan is intended to inform the reader about Adult and Community Services and how we as an organisation determine what we do, how we do it and how well we do it.
- 2.4 It is intended to signpost the reader to where they may find more out about a specific services area or aspect of what we do. To this end our plan is not an exhaustive document but an overview of the priorities and initiatives that are specific to this department.
- 2.5 The Departmental Plan for Adult and Community Services has been written in accordance with the agreed corporate format, and has clear linkages with the Corporate Plan. Moreover, within the Department, Service Plans, Team Plans and indeed individual officers' objectives can be clearly linked to the Corporate Plan.

- 2.6 The Department recognises the importance of the plan and regards it as essential to the delivery of services that achieve its strategic objectives. Additionally it is the means by which people at all levels of the organisation can understand how their work contributes to the achievements of those strategic objectives.
- 2.7 The following service plans are being developed under the strategic umbrella of the overall Departmental Plan:
- Older People
 - Disabilities
 - Mental Health
 - Support Services
 - Adult Education
 - Libraries
 - Sports & Recreation
 - Museums and Heritage
 - Parks & Countryside
 - Strategic Arts
 - Tall Ships Races 2010

Each team, or establishment will also have a plan where appropriate.

- 2.8 Strategic Direction for Adult Services – In January 2006 the Department of Health produced a White Paper “Our Health, Our Care, Our Say”. This set out a clear vision for the future of adult social care services which includes:
- A greater focus on the prevention of ill health and the promotion of well being
 - More personalised care
 - Services closer to people’s homes
 - Better co-ordination and integration with health services
 - Increased choice and control
 - Focus on prevention
- 2.9 A report to Cabinet was made on 27 February 2006 outlining the content and implications of the White Paper. This continues to be an important driver for our work.

- 2.10 The White Paper has been complemented by a paper from the LGA, ADASS and NHS called Putting People First. This protocol seeks to set out and support the Government's commitment to independent living for all adults and outlines the shared values and aims which will guide the transformation of social care.
- 2.11 The key drivers for the Department's Community Services are wide and varied and include:
- Improving the Adult Education Service to focus on creating a strong emphasis on improving work skills and Skills for Life. Family Learning is also seen as a key priority, as is the maintenance of a wide range of 'First Step' provision to introduce adults to learning.
 - Much of the work of Community Services is undertaken in collaboration with external partners and significant funding is sourced from regeneration schemes, government agencies and income generation to support a range of innovative schemes and services through:
 - Libraries
 - Sports and Recreation
 - Museums and Heritage
 - Strategic Arts and Events
 - Parks and Countryside
- 2.12 The opportunities for new partnership both within and out with the department are exciting, and the potential to increase the quality of services offered to Hartlepool's residents through better integration is significant. The management of services within their own compartments is a thing of the past.
- 2.13 The future lies in demonstrating leadership across traditional boundaries, and then putting citizens in control of the services they want and need and of their future design. The skills and experience of everyone in Adult and Community Services will be central to this task.
- 2.14 This plan explains our future priorities and sets out the Department's objectives. Implicit within that is our determination to improve things even further and provide services that offer quality, independence and choice in line with what citizens of Hartlepool tell us they want.
- 2.15 Monitoring and Reporting - The action plan detailing how the department will meet its main aims/objectives for the forthcoming year will be monitored constantly, and a quarterly report will be given to Portfolio Holder to update them on progress and highlight any key areas of achievement and concern.

- 2.16 Throughout the year, in certain circumstances, it may become necessary to either remove or amend an aim/objective or specific action from the annual plan. This could be for a number of reasons, such as changing priorities or a delay in implementing a particular scheme through unforeseen circumstances. Any amendments to the plan will only be made with full agreement of the relevant Portfolio Holder(s).
- 2.17 Reviewing the Plan - The overall departmental plan contains the key priorities for the next three years that will affect the department. Naturally these will change over time and will need to be reviewed and updated to reflect these changing priorities. As a revised Departmental Plan will be produced on an annual basis the overall priorities will be reviewed once a year.

3. FINANCIAL IMPLICATIONS

- 3.1 Nil.

4. RECOMMENDATIONS

- 4.1 The Portfolio Holder is requested to endorse the Departmental Plan.



HARTLEPOOL
BOROUGH COUNCIL

Adult and Community Services Department

Departmental Plan 2008/09 – 2010/11

(16.6.08)

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WELCOME TO OUR PLAN



Welcome to the Departmental Plan for Adult and Community Services Department. This plan sets out the direction of travel for Adult and Community Services for the next three years. This is the second annual update.

This plan is intended to inform the reader about Adult and Community Services and how we as an organisation determine what we do, how we do it and how well we do it.

It is intended to signpost the reader to where they may find more out about a specific services area or aspect of what we do. To this end our plan is not an exhaustive document but an overview of the priorities and initiatives that are specific to this department.

In June 2005 as a result of a number of key drivers, which included the Council's Way Forward Programme and The Children Bill, the Council undertook a major restructuring exercise from which the Department of Adult and Community Services was created. The department is now well embedded and a number of key appointments have been made to the structure.

In January 2006 the Department of Health produced a white paper "Our Health, Our Care, Our Say". This set out a clear vision for the future of adult social care services which includes:

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

In 2007 the Government produced the concordat 'Putting People First' which shapes the personalisation agenda.

The key drivers for the Department's Community Services are wide and varied and include:

- Improving the Adult Education Service to focus on creating a strong emphasis on improving work skills and Skills for Life. Family Learning is also seen as a key priority, as is the maintenance of a wide range of 'First Step' provision to introduce adults to learning.

- Much of the work of Community Services is undertaken in collaboration with external partners and significant funding is sourced from regeneration schemes, government agencies and income generation to support a range of innovative schemes and services through:

- Libraries
- Sports and Recreation
- Strategic Arts and Events
- Museums and Heritage
- Parks and Countryside



The opportunities for new partnership both within and out with the department are exciting, and the potential to increase the quality of services offered to Hartlepool's residents through better integration is huge. The management of services within their own compartments is a thing of the past.

The future lies in demonstrating leadership across traditional boundaries, and then putting citizens in control of the services they want and need and of their future design. The skills and experience of everyone in Adult and Community Services will be central to this task.

This plan explains our future priorities and sets out the Department's objectives. Implicit within that is our determination to improve things even further and provide services which offer quality, independence and choice in line with what citizens of Hartlepool tell us they want.

Key Achievements Last Year in Adult Social Care

- The Council and Joseph Rowntree Foundation have commenced building work on the 'Hartfields' Extra Care Retirement Village at Middle Warren. The first show homes are now open, work is nearing completion on Phase One. Handover of some homes, the Day Centre and Offices are scheduled for August 2008.
- There has been a significant increase in the number and range of people receiving Direct Payments to enable them to arrange their own support and care. This trend is continuing across all groups.
- There has been an increase in the use of intermediate care to support early discharge and avoid hospital admissions. This is a positive step but has seen a shift in funding into short term residential support.
- The older peoples Housing, Care and Support Strategy has been completed and the Commissioning Strategy and Implementation Plan are completed.
- There has been a significant increase (over £175, 000 of ILF money claimed) in the number of people supported to access the Independent Living Fund, to pay for additional care needs.

- More people are accessing mainstream sports and leisure facilities.
- In Control went live in December 2007. This is a radical transformation of the way services are delivered to individuals and we now have over 450 people who have a personal budget, this is offered to all people eligible for social care services.
- Telecare Services have been introduced. Telecare is the remote or enhanced delivery of health and social services to people in their own homes by means of telecommunications and computerised systems. There are now over 170 people using Telecare and there are plans to introduce it into two Housing Hartlepool Older People Schemes.
- Low Level Support – The availability of housing related support has increased to help more people to live in their own homes. These services are known as ‘floating support’ because they focus on non-accommodation based support, have given people the opportunity to socialise and participate in community activity. A more specialised floating support service has been introduced for older people with mental health needs. This service responds flexibly to promote opportunities for Community engagement and to support carers to continue in their role.
- A contract has been established with the Hindu and Sikh Cultural Society to help us to promote culturally sensitive services for this section of our community.
- Work commenced on the integration of Health and Social Care Teams with all teams now being located together with plans in place for integrated management in summer 2008.
- Real progress has been made with Connected Care in the Owton Ward. The social audit has been used to develop a model of service delivery. There are now Connected Care Navigators and co-ordinators in place and the social enterprise itself is currently being set up.
- There has been an increase in the number of carers assessments which have resulted in an increased number of carers receiving services in their own right.
- In-house home care services received national recognition for its innovative approach to providing domiciliary care services.
- Exemplary performance has been maintained in relating to preventing delayed transfers of care.
- We have implemented a user led evaluation to determine the quality and effectiveness of the services we commission to meet people’s assessed needs.

- Increase in the number and range of NVQs delivered to employees.
- Introduction of the successful Skills for Jobs programme which assists unemployed people to become job ready and supports them to find suitable employment.

The Public Opinion of our Services

We collect vital feedback through the involvement of service users in evaluation of services. For example over 300 people contributed to the review of home care services, with most being satisfied with the privacy, choice and opportunity for fulfilment which the service offered.

Annual National Survey of Adult Social Care Service Users

The annual national survey of service users for 2008 concentrates on occupational therapy, equipment and adaptations. Early indications from local results suggest high levels of satisfaction with equipment or minor adaptations provided by Adult Social Care. Over 85 per cent of the survey respondents reported that they were very happy with the way they were treated by Adult Social Care staff and over 70 per cent found that the equipment or adaptation provided has made their quality of life much better.

Survey respondents advised that the provision of equipment or minor adaptations had helped maintain a quality of life. As one user noted "I am very pleased with the adaptations and equipment in my home. Although they do not help with every aspect of daily life as I need carers to give me my meals as I am partially sighted, they enable me to live in my own comfortable surroundings with ease. Grasp rails, extra banister, bath/shower seat, toilet raise all help to make my life easier at home."

Complaints

Complaints are used to improve services, but we also ask complainants for feedback on the handling of their complaint. The data for 2007/2008 shows:

The quality of investigation was said by 75% of respondents to be very satisfactory. The remaining 25% of respondents were said to be quite satisfied. In relation to the Department's response to their complaint:

- 100% of respondents said that they considered the response provided to be in sufficient detail.
- 100% of respondents concluded that the time taken to respond to their complaint was 'prompt'.
- 75% of respondents believe that the response they had received had been 'very sensitive' to the issues of their complaint with the remaining 25% of respondents saying that the response had been 'sensitive'.

Individual views of adult social care

Individual views are also important, and there are many examples of positive experiences and outcomes from our interventions:

"May I express my thanks and appreciation to all involved in the establishing of the ramps for exit and entrance to my dwelling at 56 HL. It improved my quality of life considerably. Thank you once again." (Service user, OT/Older Persons)

"I would not have been where I am in my life today without the care and attention you gave me to get my life together and you have offered in the future if I ever need you again. I now have a life to look forward to and am determined to live it to the full extent with a new confidence thanks to you." (Service User, Mental Health employment link)

"MH has shown me patience and understanding and I feel that this has helped me to get through my problem. Without this service I would dread to think what state I would be in." (Service User, Mental Health Support)

".... The settee has now been raised, and has given Mrs B a bit more freedom in getting off the settee by herself without any help. Once again thank you all." (Carer, OT/Older Persons)

Learning Disability

A consultation event was held in February to ask people with learning disability and their carers whether they agreed or disagreed with the Valuing People Now "Big Priorities". Information was collected through group work, individual presentations and discussions as well as pictorial expression. This information has been forwarded to the Department of Health so it can be considered in a National context. There was a really good turn out with over eighty people in attendance and through evaluation we found that in the main people had enjoyed the day. Some of the comments which were received include:-

Did you like the room	Was it accessible?	Did you like the lunch and refreshments	Did you enjoy your day?	Do you feel you have been listened to?	Did you find out anything new?
41 Yes	40 Yes	24 Yes	41 Yes	41 Yes	41 Yes
	1 No	13 No			
		1 okay			
		1 So So			
		2 blank			

Telecare

Testimonials gathered from Telecare users informed us that people feel safer living in their homes as a result of the service. An annual survey is starting in 2008/09 for Telecare users and will gather views on the service and feed into improvements for the future.

Older People

Work to develop strategies and plans for older people's service now routinely include older people themselves, as demonstrated by the widespread consultation and use of community meetings in the North, Central and South areas of the town in developing of the Older People's Housing Care and Support strategy. Feedback from participants strongly supported the development. This involvement is ongoing, through mechanisms such as the 50+ Forum who have actively supported the resulting development of extra care housing."

Carers

A full review of the Carers Strategy began in January 2008 and is due for completion by September 2008. Over 70 carers have been consulted so far and their views incorporated into the strategy. A list of priorities for carers has now been collated and this will be further developed to enable the commissioning of services for the next two years.

Key Achievements Last Year in Community Services

- Rights of Way Improvement Plan for Hartlepool adopted and published. This has been recognised by Natural England as "Good".
- Hosted the North East Regional Cross Country Championships at Summerhill plus two regional BMX Competitions and a Regional Archery Event for disabled sport in partnership with EFDS.
- Blue Flag for 2007 achieved and application for 2008 submitted in respect of the town's beaches.
- English Federation of Disability Sport (EFDS) "Count me In" accreditation for the Sport & Recreation service achieved – first Local Authority service in the country to achieve this award.
- Quest quality standard accreditation for Mill House Leisure Centre achieved.
- Race for Life in association with Cancer research attracted 1500 entrants in 2007, the event will be expanded and return in June 2008.

- Production of Indoor Sports Strategy for Hartlepool a key achievement with all partners working together
- Sustaining the AALA Outdoor Activity Service licence – a great achievement
- Refurbishment of Burbank Community centre completed with a successful transfer of activities / users from the former Bridge Centre.
- Tall Ships Manager recruited and Tall Ships 2010 Office established complete with 6 Workstreams
- Tees Archaeology published the Anglo Saxon Monastery of St Hilda, Hartlepool in partnership with English Heritage.
- Hartlepool Maritime Experience capital improvements continue towards completion with significant success in establishing the Education Suite within the PSS Wingfield Castle
- Exhibition highlights include the Robert Lenkiewicz show which attracted over 9,000 visitors averaging over 200 per day.
- Significant %'s of the Decorative Art, Costume and Numismatics collection digitised in readiness for the launch of the on-line Tees Valley SPA (Single Point of Access) which is due to be launched in May 2008.
- Complete review of the Library delivered services undertaken and successfully introduced within the year. Significant progress made in readiness for self issue and improved on-line access for library users.
- The Library Reference and Information Service achieved the prestigious Matrix Standard for provision of Information, Advice and Guidance.
- The Home Library Service exceeded targets in meeting demand, providing delivered library services to over 580 people helped to live in their home.
- The Big Wild Read was the most successful children's Summer Reading Challenge in Hartlepool ever, with 824 Hartlepool children starting the challenge, and 508 completing the top target of reading six books through the summer holiday.
- Successful 'Window on the World' event to celebrate the 200th Anniversary of the abolition of Slavery – Life of the Urban Tribesman and the role of HMS Trincomalee.
- Adult Education OFSTED inspection achieved Good (Grade 2)

- Introduction of the successful skills for Jobs Programme which assists unemployed people to become job ready and support them to find suitable employment.

Public Opinions of our Services

The 3 yearly Mori satisfaction survey was published in February 2007.

Overall satisfaction rates were good:

Service	% Satisfied (NRF)	% (Wider Hartlepool Figure)
Museums/Art Galleries	86%	91%
Libraries	91%	94%
Sports Club Facilities	74%	68%
Youth & Community Centres	74%	74%
Public Parks and Open Spaces	73%	85%

There are also figures for usage of local services which show that public parks and open spaces are the most used (53%), closely followed by libraries (50%) and museums and art galleries (28%).



Nicola Bailey – Director of Adult & Community Services

The context for the Departmental Plan

This document is the Adult & Community Services Departmental Plan for 2008/2009 and forms part of the Council's overall Service Planning arrangements. The plan details the key priorities and issues facing the department over the next three years, and includes a detailed action plan for the next 12 months. This plan will be reviewed on an annual basis, which will allow for any emerging priorities to be included.

The plan details how the Department will meet the Council's key priorities as stated in the Corporate Plan.

This plan should be looked at in conjunction with both the Council's Corporate Plan, and the individual service plans, that together form part of the Council's overall Service Planning Arrangements. Figure 1, below, demonstrates how the plans are linked:

Tier 1 – Corporate Plan

The Plan details the key, Council-wide, strategic aims/objectives identified as being a priority for the next year. Also included are key actions associated with each aim/objective.

Tier 2 – Departmental Plan

The Plan details the key issues facing the Department over the next 3 years. It also includes a detailed Annual Action Plan stating how they will deliver the relevant key actions identified in the Corporate Plan.

Tier 3 – Service Plan

The Plan will be produced by each individual service within a Department. This will detail the services key aims/objectives for the forthcoming year, and how the service will meet the key actions included in the Department Plan.

This approach ensures that any aim/objective that appears in the Corporate Plan can be traced through to specific actions in the service plan, and vice versa. It allows the employees delivering services to explicitly see how their actions contribute to the Council's overall aims and objectives.

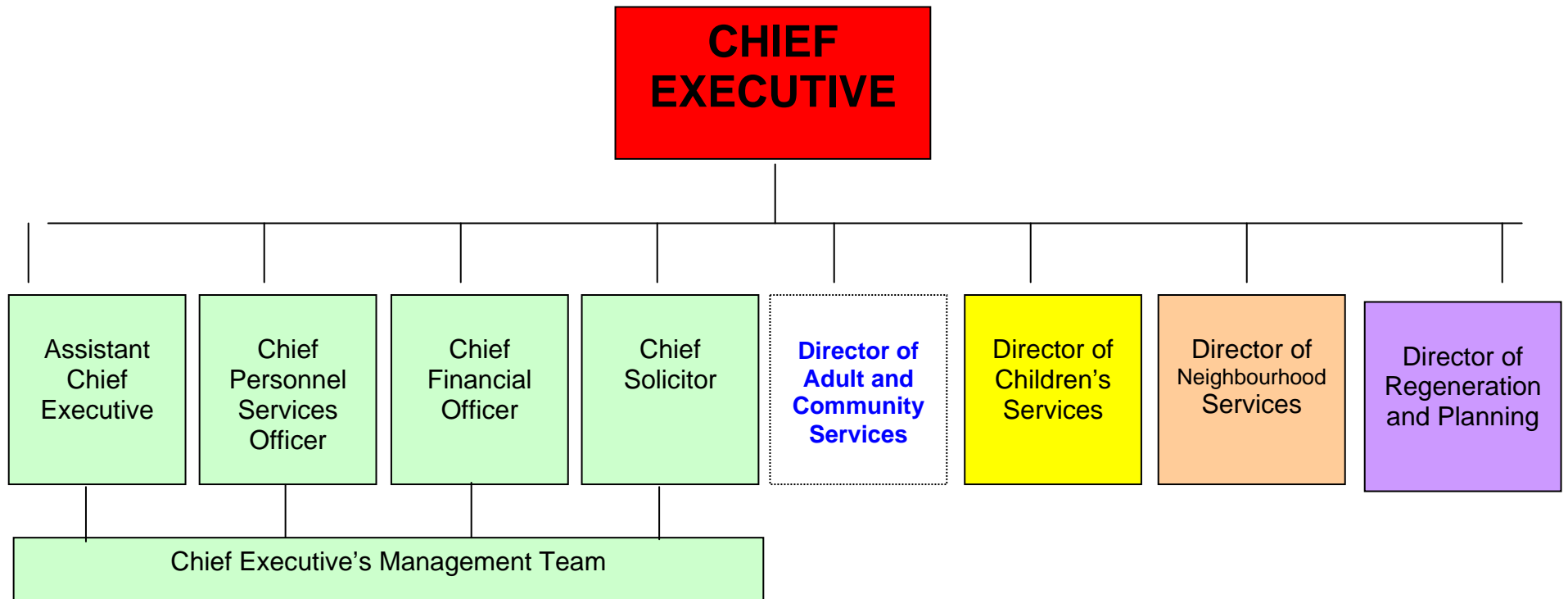
CHAPTER 1

Departmental Structure

This section contains the following:-

1. The Senior Officer structure – DMT and DST membership
2. Chief Officer accountabilities
3. Overview of Departmental structure, and where Department sits in overall Authority structure
4. The services that are provided by the Department

CORPORATE MANAGEMENT TEAM

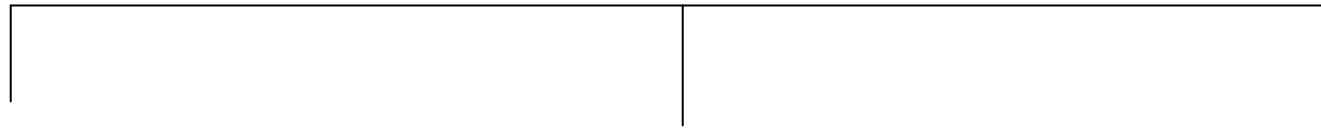


DMT



DIRECTOR OF ADULT & COMMUNITY
SERVICES

Nicola Bailey



ASSISTANT DIRECTOR
(ADULTS COMMISSIONING)
Jill Harrison

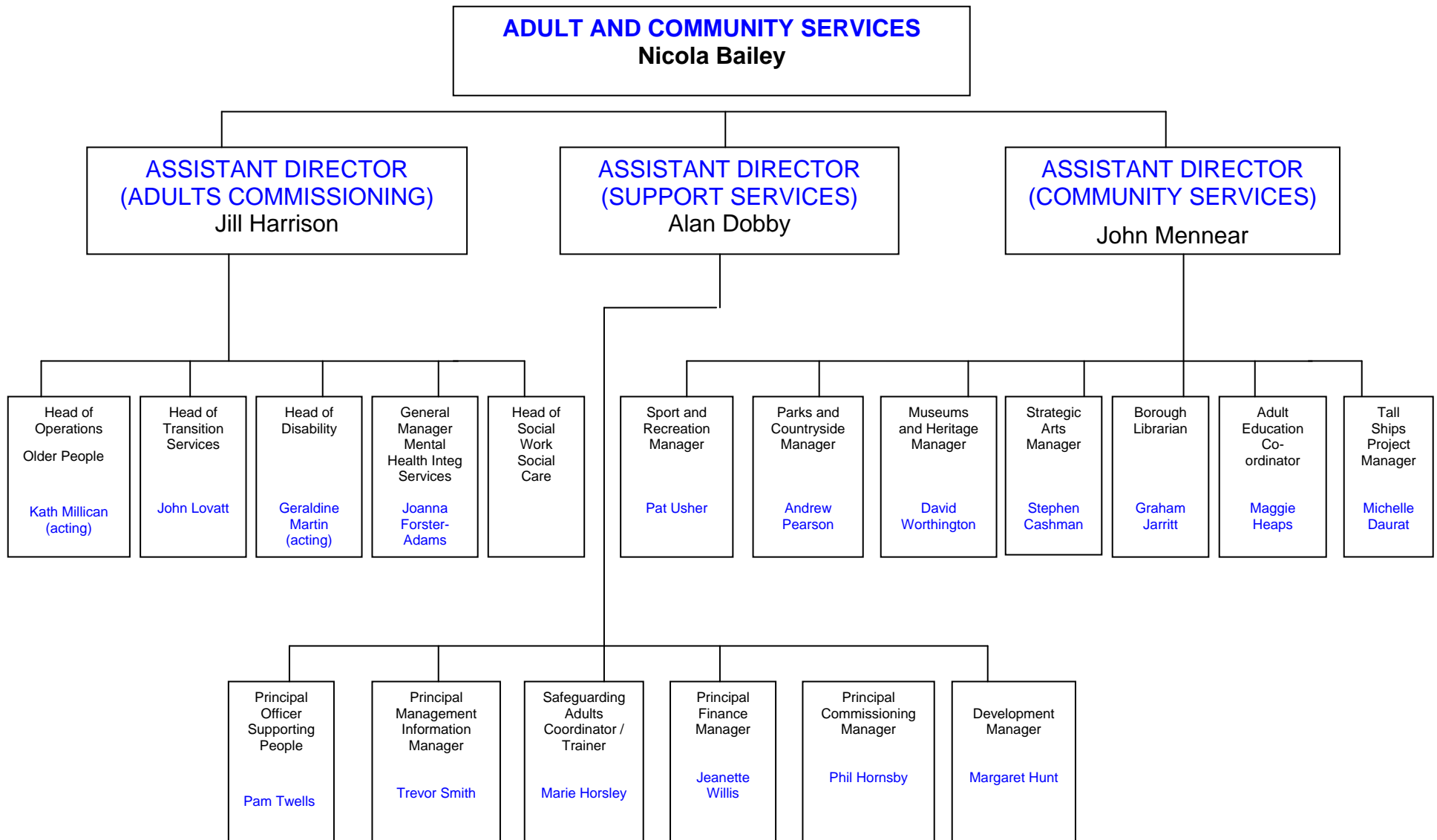


ASSISTANT DIRECTOR
(COMMUNITY SERVICES)
John Mennear



ASSISTANT DIRECTOR
(SUPPORT SERVICES)
Alan Dobby

DST STRUCTURE



Section 2

CHIEF OFFICER ACCOUNTABILITIES

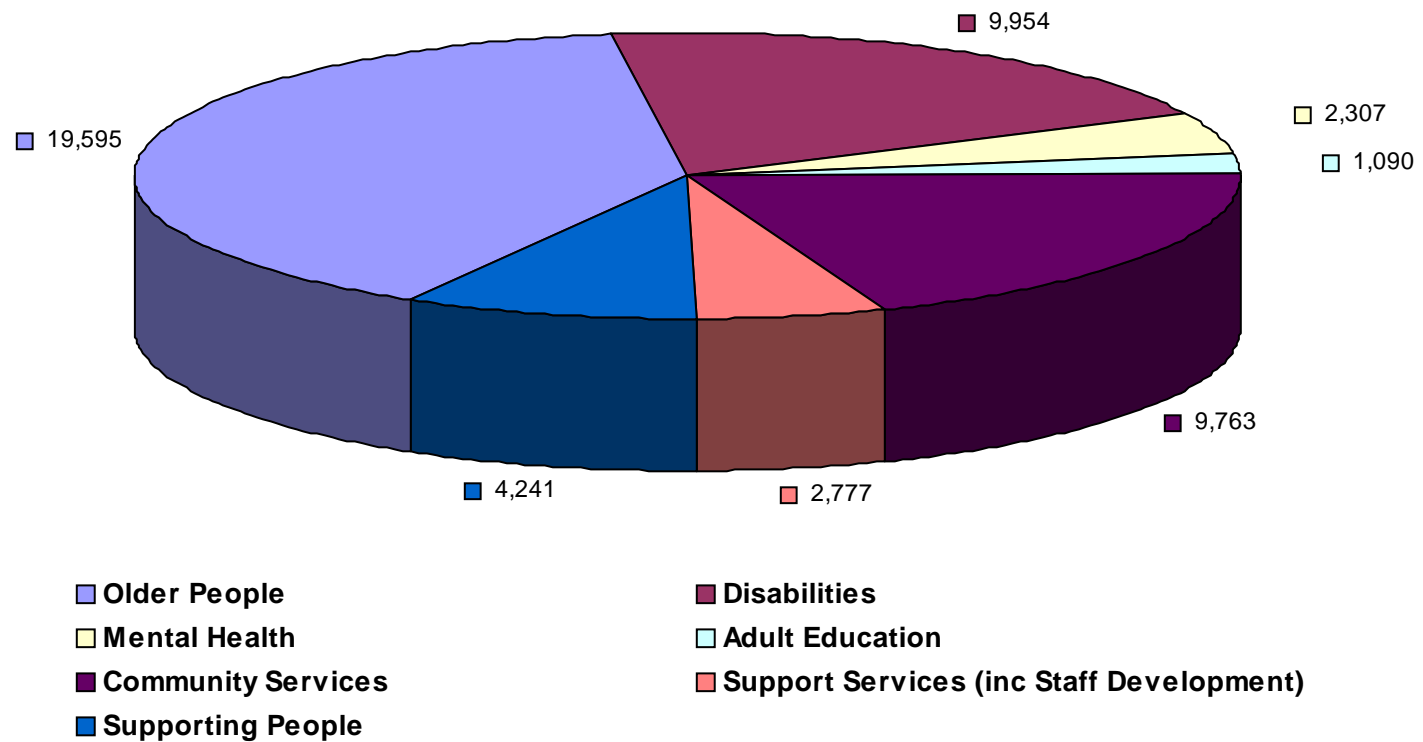
The new Adult and Community Services Department has a net budget in excess of £30m and over 600 staff working in the following divisions:

<i>Assistant Director Adult Commissioning</i>	<i>Adult Social Care services</i>	<i>Jill Harrison</i>
<i>Assistant Director Community Services</i>	<i>Community Services Adult Education</i>	<i>John Mennear</i>
<i>Assistant Director Support Services</i>	<i>Support Services Supporting People</i>	<i>Alan Dobby</i>

The Department is starting to build innovative joint projects – initiatives that have been highlighted by the bringing together all services for adults. The formal structure provides the opportunity for further integrated approaches.

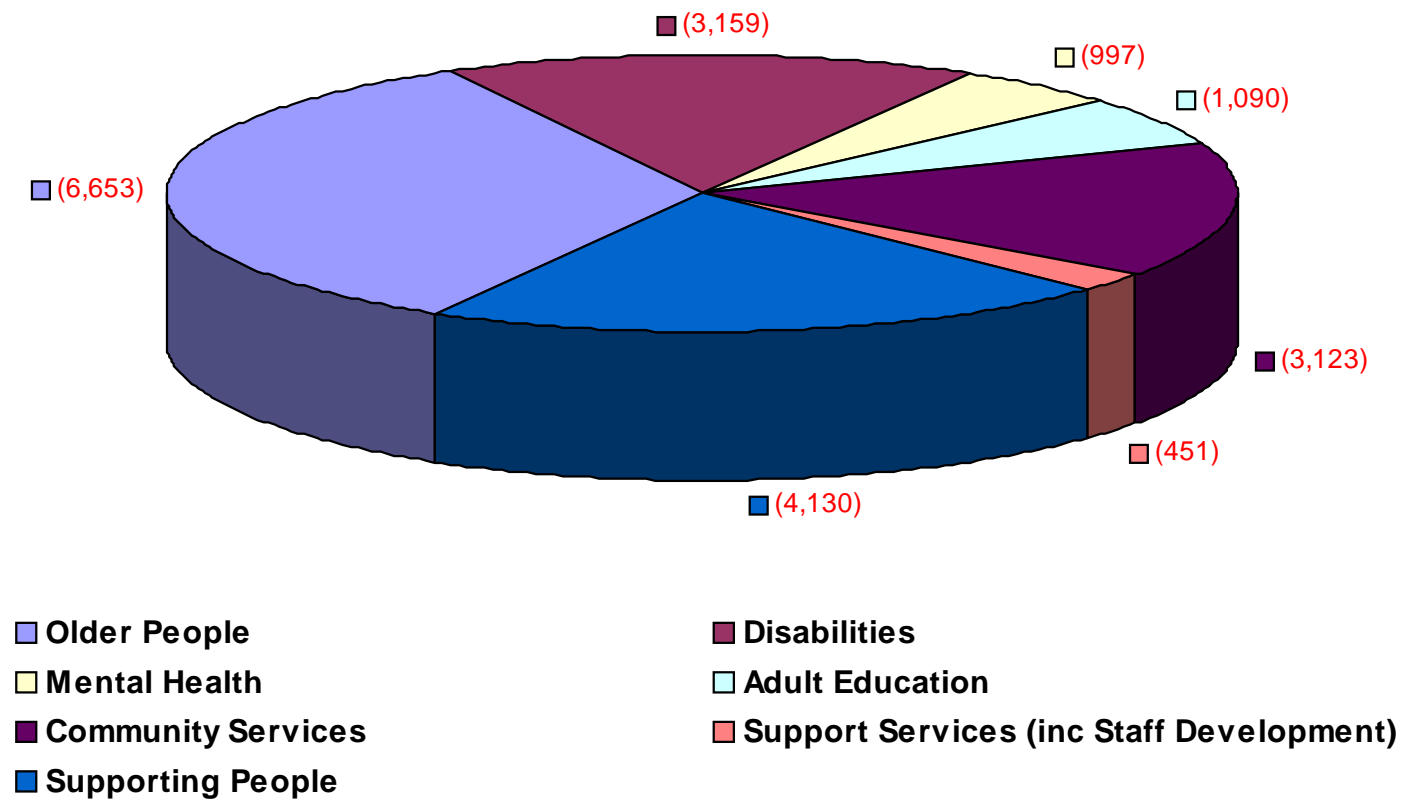
GROSS EXPENDITURE £ 000's - ADULT & COMMUNITY SERVICES
2008/2009

TOTAL GROSS EXPENDITURE - £49,728,000



INCOME £ 000's - ADULT & COMMUNITY SERVICES 2008/2009

TOTAL INCOME £19,603,000



SECTION 3

ADULTS DIVISION

ASSISTANT DIRECTOR
(ADULTS COMMISSIONING)
Jill Harrison



HEAD OF SOCIAL
WORK/SOCIAL CARE
Geraldine Martin



HEAD OF TRANSITION
SERVICES
John Lovatt



HEAD OF
DISABILITY
Geraldine Martin
(Acting)



GENERAL MANAGER
MENTAL HEALTH
Joanna Forster-Adams

HEAD OF OPERATIONS
OLDER PEOPLE
Kath Millican (acting)

COMMUNITY SERVICES DIVISION



ASSISTANT DIRECTOR
(COMMUNITY SERVICES)

John Mennear



SPORTS AND
RECREATION
MANAGER

Pat Usher



PARKS &
COUNTRYSIDE
MANAGER

Andrew Pearson



MUSEUM &
HERITAGE
MANAGER

David Worthington



STRATEGIC ARTS
MANAGER

Stephen Cashman



BOROUGH
LIBRARIAN

Graham Jarritt



ADULT
EDUCATION
CO-ORDINATOR

Maggie Heaps



TALL SHIPS
MANAGER

Michelle
Daurat

SUPPORT SERVICES



ASSISTANT DIRECTOR
(SUPPORT SERVICES)

Alan Dobby (CO)



PRINCIPAL
FINANCE
MANAGER

Jeanette
Willis



INFORMATION
MANAGER

Trevor Smith



PRINCIPAL
COMMISSIONING
MANAGER

Phil Hornsby



SAFEGUARDING
ADULTS
CO-ORDINATOR /
TRAINER

Marie Horsley



DEVELOPMENT
MANAGER

Margaret Hunt



PRINCIPAL
OFFICER
(SUPPORTING
PEOPLE)

Pam Twells

Section 4

SERVICES PROVIDED

Services that are provided by the department. Here is an overview of each part of the Department.

COMMUNITY SERVICES

Much of the section's work is delivered in collaboration with external partners and significant funding is sourced from regeneration schemes, government agencies and income generation.

Our work not only responds to community interest in the core areas, but also plays an important role in contributing to health and well-being, tourism, lifelong learning and environmental management within the Borough. Cultural Services feature in the upper quartiles of 'Best Value Performance Planning' annual national tables.



Adult Education

The Service works in partnership with a range of agencies to ensure that access is both locally available and varied. There is continual consultation with these partners to make sure provision contributes to local, regional and national priorities for learning. The December 2007 OFSTED resulted in the service delivering Inspection Grade 2 (Good).

Around 50% of our courses lead to an accreditation, and these include opportunities to gain vocational qualifications. We also provide a range of opportunities that are designed to encourage participation in learning.

The Service receives the majority of its funding from the Learning and Skills Council; with a total LSC grant for 2007-2008 of approximately £900,000.

In addition to over 50 staff, including 35 tutors, we employ development and support teams to ensure that under represented priority groups are not disadvantaged from accessing provision.

Museums and Heritage

The provision of Museum and Heritage services includes the award winning Hartlepool Art Gallery in Church Square which hosts over 10 exhibitions per year in addition to providing a base for significant outreach activity.





The Gallery, based in the former Christ Church is a striking refurbishment which now hosts the Tourist Information Centre (TIC) and an intimate coffee shop, the tower is open to the public and allows panoramic views across the town and beyond.

The Hartlepool Maritime Experience is the Tees Valley's premier tourist attraction consisting of the Museum of Hartlepool, the paddle steamer PSS Wingfield Castle, the Hartlepool Historic Quay and the trust operated HMS Trincomalee. The combined site is a major functions venue and features significantly as Hartlepool's key visitor destination.

The service also assists voluntary sector heritage attractions through the Renaissance programme and gives advice to those such as St Hilda's Church visitor centre and the Heugh Gun Battery Trust.

Tees Archaeology is managed by HBC and provides archaeological services to the Borough's of Middlesbrough, Stockton and Redcar & Cleveland in addition to Hartlepool.

Parks and Countryside



This service manages the town's parks – the prestigious Ward Jackson Park, recently renovated via an HLF Grant to restore and improve this wonderful Victorian legacy complete with new Café and small function facilities.

The Burn Valley Gardens have undergone similar refurbishment in part and more will be achieved in future, this park provides a green wedge through the urban environment between Stranton Gardens and the western fringe linking with Summerhill Country park.

Summerhill is a new and improving gateway to the Tees Forest with extensive country recreational facilities. The visitor centre is host to a wide range of activities with many opportunities for larger events such as the Heritage days, Orienteering and more recently regional and national BMX competitions.

Other facilities include Seaton Park, Rossmere park, six Local Nature Reserves, fifteen playgrounds, sports pitches and bowling greens. The service manages a total of 1050 allotments over 15 sites townwide and responsibility for over 95 km of public footpaths including the Hart to Haswell walkway. The foreshore service includes seasonal Lifeguard service at Seaton and the Headland.

Arts and Events

Strategic Arts provides a wide variety of support to the growing arts community within Hartlepool, assisting and targeting opportunities for grant access and performance opportunities.

The facilities which are directly managed include the Town Hall Theatre and the Borough Hall, these provide the principal performing arts venues in town and host a wide variety of amateur and professional programming. Indeed the Town Hall regularly exceeds over 65,000 usages pa.



The Borough hall with a 1200 capacity is a very flexible venue and provides opportunity to maximise use by an extremely wide user base – ranging from International Boxing Championships to Radio and TV show recordings as well as being an ideal venue for community entertainment.

The Bi-annual Maritime festival is the most significant event to be held in 2008 and in 2010 it will be transformed into the spectacular Tall Ships Races which are being hosted by Hartlepool. Other events include the Seaton Fireworks and a host of smaller co-operative ventures working and supporting others.

Libraries

The Central Library provides the core Library service for Hartlepool complete with the reference and information section, the Children's Library and hosts ancillary partner service activity.

This is complemented by a branch library network at Seaton Carew, Owton Manor, Foggy Furze, Throston, West View and the Headland in addition to which the service provides a Home Library service to over 500 individuals who are classed as housebound or live in Elderly Persons Residential care homes.

Those areas of town not served by a local Library network are provided for by the Mobile Library which operates on a three weekly location schedule.

The joint archive service hosted by Middlesbrough Borough Council and is based in Middlesbrough town centre.

The Library service is a key community service and each outlet hosts a range of literacy and outreach activity and also serves to host meetings of related groups.

Sport and Recreation



Sport & Recreation provides a wide variety of opportunities for sport and physical activity and venues across the town for community participation. The section also provides the management and disbursement of the Council's Community pool fund for support to the voluntary and community sector.

Following new developments the focus for Sports Centre activity is now centred on Mill House Leisure Centre with the town's only public access swimming pool and a major sports hall, squash and

fitness gym, the Headland Sports Centre with a 4 court sports hall and multi station fitness suite and a close working relationship with Brierton Sports College which provides good facilities for club bookings out of school hours.

The Sports Development Team are based at the Carnegie Buildings on the Headland and provide a wide range of services across town, including Outdoor Activities further afield as occasion demands. Close working relationships are maintained with organisations such as West View Project, Sportability and individual sports clubs which have now joined the established Community Sports Network to further develop opportunities in sports excellence.

Six Community Centres are managed for open community access and these are complemented by meeting rooms in other buildings managed by the Department as a whole, providing a wide range of services e.g. drop in advice surgeries, training, workshops and community group meetings.

Tall Ships 2010

The Tall Ships team is now established and busy organising the development & delivery plan for the biggest event ever to be staged in Hartlepool.

Six work streams are established to deliver the event under the auspices of the Tall Ships Manager.

It is anticipated that Hartlepool will attract in excess of 100 tall ships with a crew complement nearing 3000, the event is estimated to attract around 1 million visitors and this will create many logistical challenges, particularly in terms of transport infrastructure, park & ride schemes and general town centre congestion.

However, the profile for Hartlepool will be splendid and everyone is looking forward to the Event.



Adult Social Care

Strategies for Adult Social Care Services in Hartlepool are well developed through the work of local interagency planning teams. There is a rich and varied range of stakeholders involved in these planning processes, with user and carer participation being a strong feature. Adult Care Services, as measured by the Performance Assessment Framework, are rated as 2 Star (out of a maximum of 3).

There are plans to integrate Adult Social Care Services with the PCT are nearly complete and other NHS services. Older People's teams are already integrated into three geographic teams with PCT nursing colleagues. These teams will move to integrated management by Summer 2008.

Plans remain in place to progress to integrate Physical Disability Services and PCT Long Term Conditions. There will also be an integrated Learning Disability Service with the Tees Esk and Wear Valleys NHS Trust by June 2008.

Connected Care aims to provide a 'locally owned' and joined-up service comprising a multi-agency partnership between Hartlepool Borough Council, the PCT and other community groups. This is a national pilot based in Owton Ward. Navigators are in place and the social enterprise model is being developed.

Finally Adult Social Care is a national pilot for "In Control" – Total Transformation which aims to ensure all service users/carers will have a right to choose an individual budget in order to purchase services for themselves. This commenced in December 2007 and has resulted in many people having an individual budget.

Older People Services

Older People's Services have a gross budget in excess of £19 million. We provide direct support to more than 3,000 people and have over 220 staff. This includes a small in-house rapid response home care service and a 'floating support' service which offers low-level accommodation orientated support through Supporting People funding. All other direct provision is purchased from independent providers.



The older people's service is actively implementing Self Directed Care, to ensure that all older people who are eligible and needing support have an individual resource allocation. This allows the older person to develop their own support plans and significantly influence how they want their needs are to be met. They have the option of managing things for themselves or using support and brokerage services to help them do this. However in many instances people are being assisted by social workers.

The Duty Team is the main first point of contact for people wishing to access social care and it is based at the Civic Centre.

Social work support is provided by five teams. Three geographically based teams are based with health staff covering the same geographical location. Also the integrated health and social care “Multi-Link Team”, an award winning service, assists with hospital discharges, prevents unnecessary admissions into hospital or care facilities and coordinates intermediate care and recovery services. The Long Term Care Management Team ensures ongoing involvement with service users and reassess / reviews care services once they are well established and stable. Many of the teams and service areas in Older People Services work with people who are younger to ensure people receive as responsive a service as possible.

Older People’s needs for specialised equipment and adaptations are dealt with by the Occupational Therapy Service.



Learning Disability Services

There are currently more than 250 people with learning disabilities receiving support from a social care team of 60 staff. The total gross budget for learning disabilities in 2008/9 is over £6 million, including money transferred from health services to provide for continuing needs. Direct provision by the Council is limited to the Day Opportunities Service which is undergoing modernisation to access people to ordinary community resources wherever possible.

The emphasis is on including people in all aspects of community life, developing skills, building on social networks and gaining experiences which lead to fulfilling and rewarding lives (employment, education, leisure, arts and drama). The services offer a wide range of structured and informal sessions aimed to maintain or increase people’s independence, skills and quality of life.

For people with more complex physical health care needs, therapy based services are available, including physiotherapy, speech therapy and other sensory programmes. Support is also available on a one to one basis to enable people with more physical health care needs to access other community activities.

The service can be accessed following a community care assessment of need by a social worker or community nursing health professional in learning disability services. Increasingly, service users are choosing to use a Direct Payment to purchase their own support to meet their needs and secure the outcomes they want to see in their lives.

The Employment Link Team continue to be very successful in increasing the numbers of people who gain access to work and / or volunteering opportunities. The focus is on building strong links with the local community and potential employment providers as well as Job Centre Plus.

Mental Health Services



Mental Health Services for adults under 65 are now fully integrated with the NHS Trust providing services to Hartlepool. The total Council mental health gross budget is £2 million, and the integrated service offers provision to over 1000 people. There are 35 local authority employees working in the integrated service at present.

A number of specialist teams provide assessment, care planning and support to people living in the community. The Integrated Day Service also provides assistance to people with a mental health problem and their carers. A recovery approach is used to connect people with their communities and encourage them to achieve the best quality of life for themselves. Increasingly service users are choosing a Direct Payment to purchase their own support.

There is hospital care available if required, along with post discharge support and rehabilitation.

The Dual Diagnosis Service, based in Whitby Street, provides advice, treatment and support for people who misuse alcohol and/or drugs.

Confidential emotional support can be accessed via the Mental health Matters Helpline (0845 045 7110).

A review of the Hartlepool Borough Council / TEWV Mental Health Partnership is currently being reviewed and refreshed.



Service to People with Physical or Sensory Disability

Services to people with a physical disability are currently managed within the Disability Business Unit. With a gross budget of £1.8 million, we provide services to over 600 people with the help and support of 20 staff.

The Community Support / Sensory Loss team supports people with learning disabilities in their own homes. This helps with personal care and daily living skills.

The team provides assessment and support to people with physical disabilities and sensory loss.

Sensory Loss workers provide specialist assessment and rehabilitation programmes including equipment for people across age ranges.

The Employment Link team supports people with a disability into paid work, vocational courses and volunteering opportunities.

A small Occupational Therapy team focuses on rehabilitation and promotion of independent living for people with a disability.

Support staff at Havelock Centre promote and enable people with physical disabilities to access opportunities within the centre and within the wider community. Plans are being progressed to establish a Centre for Independent Living in Hartlepool. If successful, this will increase the range of services and the opportunities available to people with disabilities.

The focus is on social inclusion and enabling people to use ordinary community resources wherever possible. People are supported to develop skills, build social networks and gain experiences which lead to fulfilling and rewarding lives.

Staff in the Disability Business Units (learning disability, physical disability/sensory loss and mental health services) are increasingly working with people to access them to self-directed support (Individual Budgets and Direct Payments). This new way of working with people has evidenced better outcomes related to people's needs and enabled them to develop choice, control and increased levels of independence in their lives.

Support Services



Support Services provide specialist assistance at Departmental level. The 6 Sections provide the following functions:

- Management Information: information systems and technology; statutory returns; and support to performance management.
- Finance: financial planning and management; creditor/debtor processes; and financial assessment and user's property.
- Commissioning: support to commissioning, contracting and procurement; monitoring and review; and market development.
- Supporting People: commissioning and managing a programme of housing related support on behalf of the partnership.
- Development: workforce development; public information and engagement, organisational development and quality; diversity; and administration.
- Safeguarding Adults; adult protection; and support to the complaints processes.

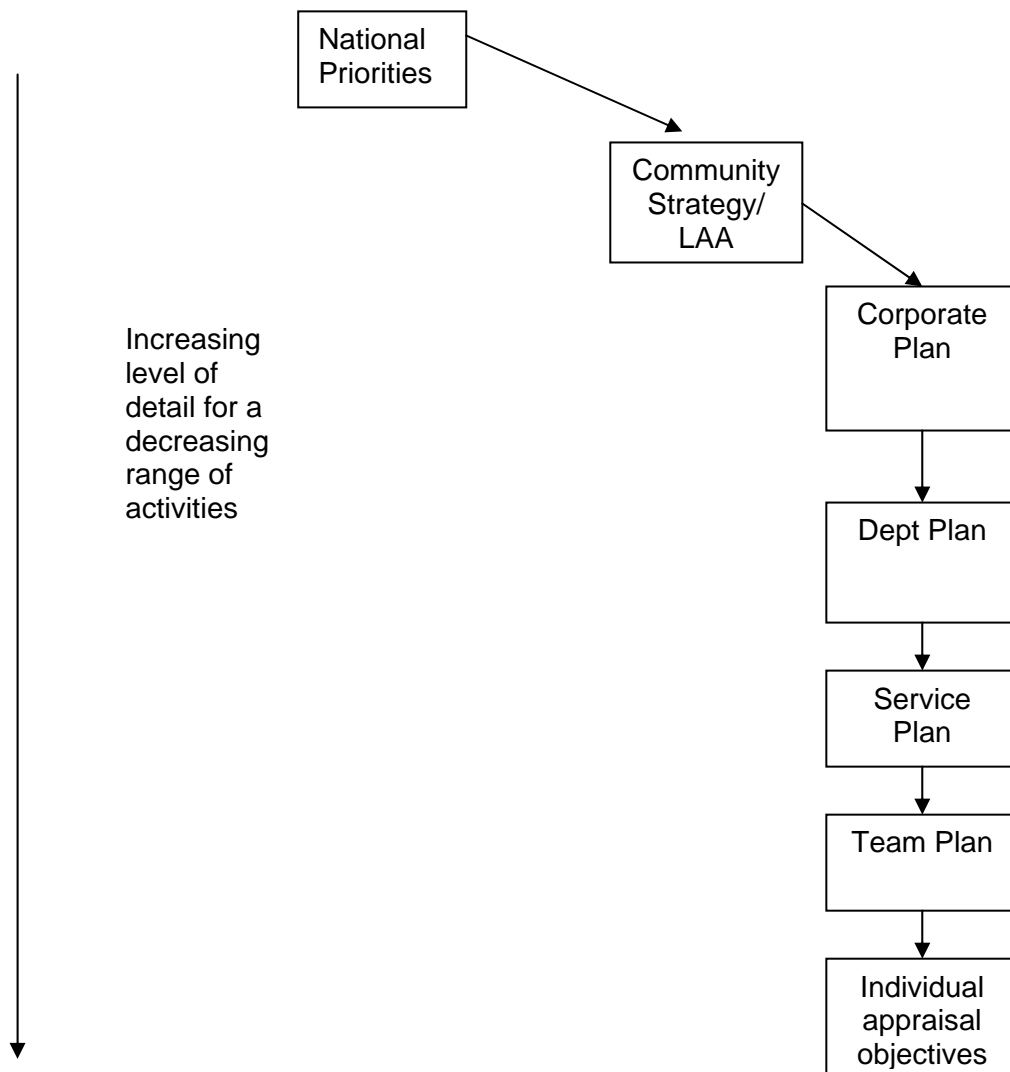
Our focus is on maintaining and improving services for those who use them, and ensuring that the Department works effectively within the wider local authority, and partnerships. This includes leading on ensuring efficiency savings, and re-engineering of business processes.

CHAPTER 2

Performance Management Framework

We have adopted a performance management framework to ensure that national and local targets are translated into departmental, service, team and individual objectives and targets. The Governments targets for Adult and Community Services have been adopted by the Local Strategic Partnership and are within the Local Area Agreement alongside locally agreed priorities and targets.

The following diagram illustrates how this framework cascades the national and local targets throughout the organisation.



Our challenge is to be more explicit about what we intend to do and ensure everyone within the department understands their responsibilities identified so they understand how and what they do contributes to the councils strategic objectives.

To this end as well as having Departmental and service plans, we will be:

- Developing Commissioning Strategies to identify how we are going to meet the future needs of people who require adult social care services
- Continue to develop service specific business cases for all new developments, e.g., the H₂O Centre
- Further develop Business Planning to engage our employees in developing team plans and targets
- Ensure our staff have access to regular support and appraisal opportunities linked to continuing personal and professional developments.

External Performance Management

In addition to internal performance management Adult Social Care is rigorously performance managed through CSCI (Commission for Social Care Inspections), with an annual DIS (Delivery and Improvement Statistics) process, Annual Review of Performance which examines PI Performance, and progress against a number of key areas this culminating with an annual performance rating.

In 2006 CSCI judged Hartlepool as 2 stars and serving most people well.

Adult Education is also subject to periodic inspection by the Adult Learning Inspectorate. The December 2007 OFSTED judged the services, (Grade 2 Good). Community Services are subject to standards measures such as VAQAS, QUEST etc.

Monitoring and Reporting

The action plan detailing how the department will meet its main aims/objectives for the forthcoming year will be monitored constantly, and a quarterly report will be given to Portfolio Holders to update them on progress and highlight any key areas of achievement and concern.

Throughout the year, in certain circumstances, it may become necessary to either remove or amend an aim/objective or specific action from the annual departmental plan. This could be for a number of reasons, such as changing priorities or a delay in implementing a particular scheme through unforeseen circumstances.

Any amendments to the plan will only be made with full agreement of the relevant portfolio holder(s).

Communication

The Department has developed a statement of communication standards. This detailed standards re. internal communications and will cover team meetings, minutes, management forum and the use of the department hard drive.

As a new department it is essential to have a coherent approach to internal communication. At the Management Forum we have looked at a number of issues which impact on the whole department but give managers across the whole department the opportunity to meet, work together and explore linkages. This will continue to be built on over the next year. We have developed the 'Respect Values':

Accountability	Responsibility
Diversity and inclusion	Equality and fairness
Supportive	Supported
Team working	Partnerships and pride
Honesty and openness	Empowerment
Valuing staff	Contributions
Integrity	Trust



With our wider audience we have a Public Engagement strategy which was originally developed for Social Services Department. This has been developed to cover the whole department. We have a range of meetings with our providers of social care to discuss developments and policies.

We meet with key stakeholders to discuss performance as follows:

- Commission for Social Care Inspection (CSCI) regular quarterly meeting
- LSC (Learning & Skills Council)
- Local Strategic Partnership (LSP) – themed partnership discuss their performance with the public via an annual event. These occur for the following themed partnerships:
 - Health & Wellbeing Partnership
 - Culture, Leisure and Community Learning Theme Partnership

They provide a valuable opportunity to discuss key issues and progress.

More formal links with the Voluntary Sector will also be developed, via a voluntary sector strategy. This work is underway.

The Community Portal and Council website have recently been replaced, and we will be using this as a medium for people to access information and services. An intranet provides a similar function for staff.

Reviewing the Plan

As previously explained the annual action plan will be constantly monitored and reviewed, with any proposed changes being presented to portfolio holder for agreement.

The overall departmental plan also contains the key priorities for the next three years that will affect the department. Naturally these will change over time and will need to be reviewed and updated to reflect these changing priorities. As a revised Departmental Plan will be produced on an annual basis the overall priorities will be reviewed on an annual basis and reflected in future years departmental plans.

CHAPTER 3

Priorities



Vision Statement

The Department's guiding vision is to encourage comprehensive and collaborative links across a wide number of services and agencies – thus providing greater opportunities for people to learn; to be better able to access relevant vocational, cultural and leisure activities; and for care to be delivered in responsive, person-centred ways.

Through this vision we aim to make social inclusion a reality for all; provide opportunities that will increase independence and choice for individuals; enhance environmental and economic well being; and, by means of greater involvement and control, provide a climate in which people will stay fit, involved and enjoy well being.

The Policy direction for the Department comes from the following initiatives:

- Framework For the Future for Libraries
- The Game Plan in Sports and Recreation
- Renaissance in the Regions in Museums and Heritage
- Implementing the vision in the White Paper 'Our Health, Our Care, Our Say'.

Priorities

The priorities for the Department are developed as a result of national and local priorities and the next 2 years they are as follows:

- Develop a Joint Commissioning Team in conjunction with Hartlepool Primary Care Trust (HPCT)
- Development of integrated teams with Hartlepool PCT, Tees Esk and Wear Valley NHS Trust for Older People and working age adults
- Supporting carers to continue to care via the development of new support, Direct Payments and short break options
- Implementing new commissioning models including Connected Care and examining regional efficiency approaches (eg. regional procurement)
- Modernisation of disability services to focus on social inclusion and community participation

- Development of self directed services for vulnerable adults
- Having a robust approach to risk and asset management which is firmly embedded in the business planning process
- Developing a public access strategy covering indoor facilities and sports facilities.
- Increasing access to cultural, leisure and community learning activities
- Review the Cultural Strategy
- Develop the H₂O Delivery Plan
- Development and delivery of the Tall Ships Delivery Plan
- Responding to the Supporting People Inspection findings
- Development of a Department wide efficiency strategy which incorporates ICT and BPR (Business Process Re-engineering)
- Development of a Voluntary Sector Strategy
- Development of an Older People Housing care support and commissioning strategy in partnership with housing and Supporting People low level
- Development of a Preventative Strategy
- To develop a Department wide response to Business Continuity, Risk and Emergency Planning.
- Further develop the Departmental Strategy Team to ensure the provision of synergy, and better ways of working.
- Achieve Investors In People Award
- Maintain Level 3 Equality Standard. Ensure INRAs/DIAs are completed
- Improve the quality and efficient use of office accommodation
- Links (Local Involvement Networks) Development (for public engagement re Health and Social Care) to be implemented from April 2008

CHAPTER 4

Workforce Planning and Development

Introduction

The Adult and Community Services Department employs over 650 people in a wide and diverse range of jobs.

It recognises that its most important resource is its employees. It is committed to the training and development of its entire workforce so that they will gain the necessary skills to maximise their performance, commitment and contribution to the aims of the department and of the Council.

The Department is fully committed to the IIP standard for which it received reaccreditation in October 2007 and provides an excellent framework for managing and developing the Department's most important asset, which is its workforce.

The Department's guiding vision is to encourage comprehensive and collaborative links across a wide number of services and agencies.

The Purpose of Workforce Planning and Development

The purpose of Workforce Planning and Development is to link staff, their performance and development to the achievement of the department's operational and strategic objectives and its commitment to continuous improvement and excellence. Its guiding principles are:-

- Assist staff to learn from every activity
- Continuously improve services
- Promote equality
- Enhance job performance
- Support the management of change
- Assist individual development and team learning
- Provide opportunities for succession
- Make a contribution to recruitment and retention of staff
- Facilitate effective joint working with other agencies

The Workforce Planning and Development section is responsible for the support and co-ordination of Workforce Development for individual, teams and sections, ensuring that workforce planning and development needs are identified, implemented and evaluated.

Development is the term used to include all activities, which are undertaken by and for staff in order to maintain, up-date and enhance their work related knowledge, skills and capabilities

The individual training and development need is identified through:

- Induction
- Supervision
- Annual Performance Appraisal
- Requests From Employees
- Department, Service And Team Plans

Workforce Planning and Development Plans

Services heads are required to prepare service plans which identify training and development needs for their workforce.

An overarching plan, which will reflect the operational plans and the outcomes of the appraisal processes for different categories of staff, is then published by the workforce planning and development section.

This plan is approved by DMT and workforce planning and development priorities are agreed and reviewed by the Workforce Development Management Team.

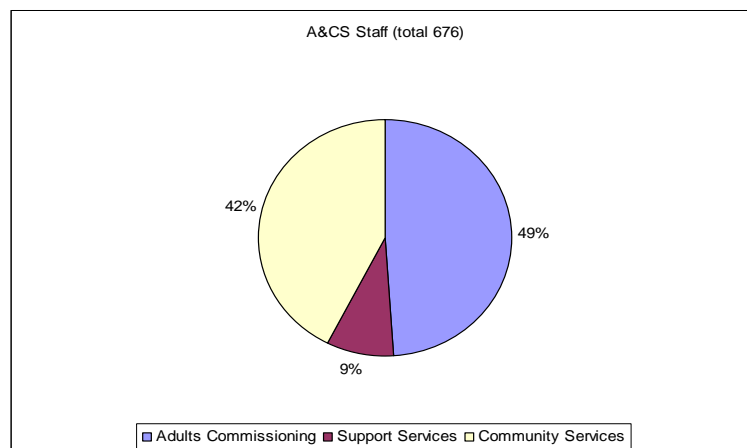
Analysis of Workforce

A priority is to understand the workforce, ensuring relevant and accurate data is available on a timely basis is a priority. This data provides invaluable information to plan for the challenges and changes ahead.

A&Cs have invested resources into developing a database to improve the availability of workforce data for the department and streamline the collection of data to ensure it is consistent and fit for purpose.

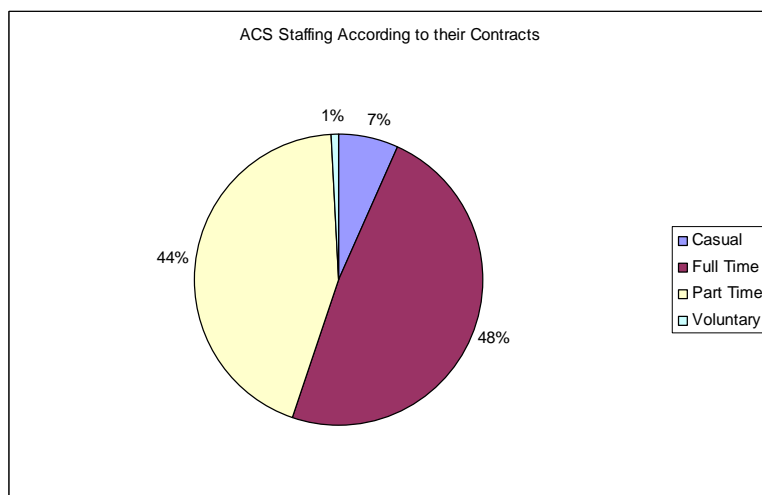
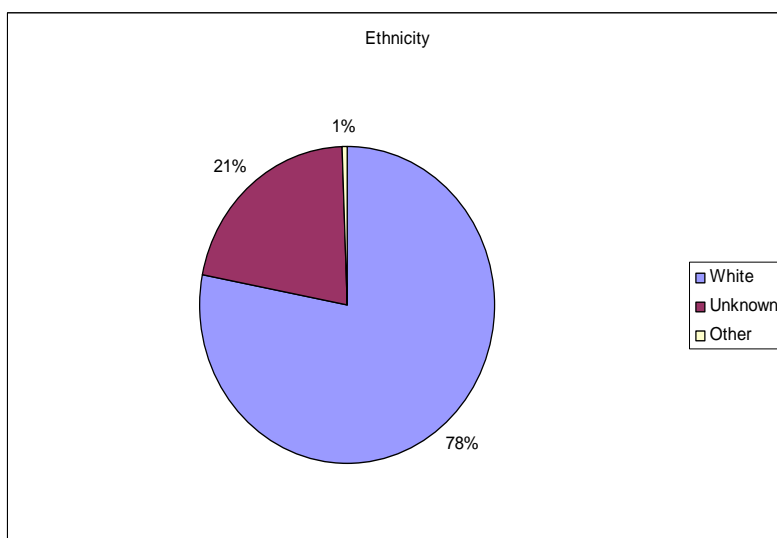
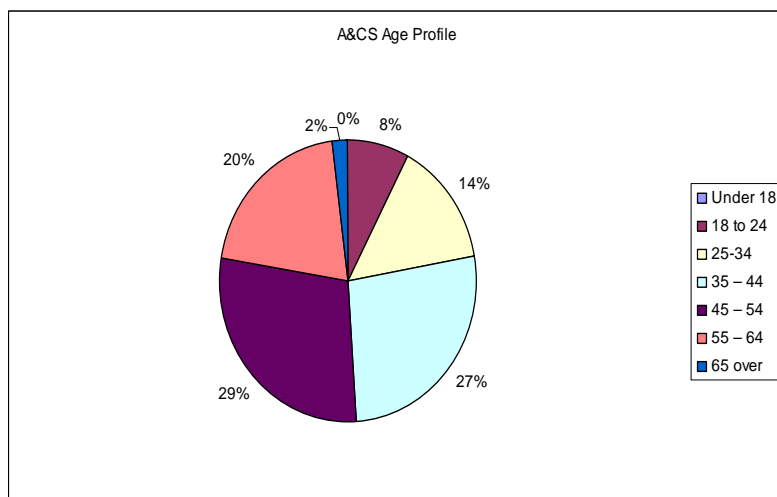
The information on the system can be accessed in detailed or summary formats as required and will be accessible to senior management for equality and financial monitoring. It will also provide statistical information to support departmental and service planning and government submissions.

Staffing at 1st April 2008 is recorded as 676 and the various staffing information required for workforce planning is detailed below.



Staffing Information for Workforce Planning as at April 2008

Detailed breakdowns for each service area are shown the Workforce Planning and Development Plan.



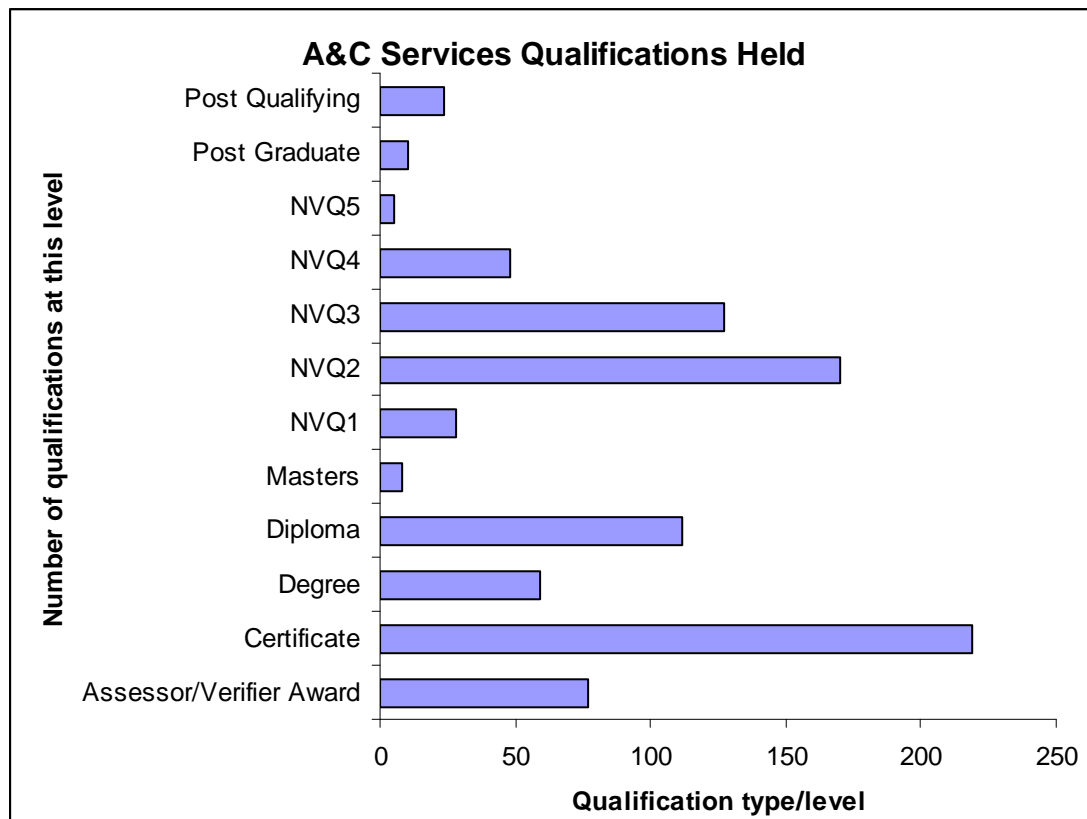
Priorities for Workforce Planning and Development

Identified strategic priorities for Development and training, in the short to medium term for 2008 are:

- Workforce training and development to meet registration requirements, minimum standards and competencies in all professions.
- Leadership and management development.
- Best practice in the management of people.
- Enhancing service delivery.

Qualifications and Training which the department plans to provide or access will directly link to the priorities above.

Numbers and Types of Qualification recorded as held by department staff are detailed below



Key Workforce Issues

The department employs a significant number of casual, sessional workers and voluntary staff. Ensuring that they are inducted and offered access to supervision and appraisal processes and opportunities to continuous development is a major challenge for managers.

Although the Adult and Community service workforce is embracing the ethos of joined-up integrated working, more work is needed to support this. At present different areas of the workforce have different profiles and access to qualification and development training.

In services there are a lack of links between different professions' qualifications, leading to limited opportunities for people to move between professions. This may be addressed by national initiatives such as the QCA Framework as detailed below.

Professional and Managerial qualifications

The following qualifications are seen as appropriate for posts within the department in line with the National Qualification Framework.

Framework Level	Entry Criteria	Level Indicators	Examples of qualifications to be obtained at this level
Entry	Preferably some level of literacy and numeracy.	Entry level qualifications recognise basic knowledge and skills and the ability to apply learning in everyday situations under direct guidance or supervision. They are not occupationally specific.	Entry1 Entry 2 Entry 3 in range of subjects
Level1	To have completed secondary education; Entry Level 2 or 3	Level 1 qualification recognises basic knowledge and skills and the ability to apply learning with guidance or supervision. Learning at this level is about activities, which mostly relate to everyday situations and may be linked to job competence.	GCSE grades D-G; NVQ1; Pre-Apprenticeship qualifications; Foundations Level qualifications
Level 2	GCSE grades D-G; NVQ1; Pre-Apprenticeship qualifications; Foundation Level qualifications	Level2 qualifications recognise the ability to gain a good knowledge and understanding of a subject area of work or study and to perform varied tasks with some guidance or supervision. Learning at this level involves building knowledge and/or skills in relation to an area of work or subject and is appropriate for many job roles	5 GCSE grades A*-C; NVQ2; BTEC First Award; Intermediate Level qualifications
Level 3	5 GCSEs at grades A*-C; NVQ2; Intermediate Programme	Level 3 qualifications recognise the ability to gain and (where relevant) apply a range of knowledge, skills and understanding. Learning at this level involves obtaining detailed knowledge and skills. It is appropriate for those intending to progress to HE, work independently or (occupational) to supervise and train others	A Levels; NVQ3; BTEC National; Advanced level qualifications

Framework Level	Entry Criteria	Level Indicators	Examples of qualifications to be obtained at this level
Level 4	A Levels; NVQ3 BTEC National	Level 4 qualifications recognise specialist knowledge and involve detailed analysis of high levels of information in technical or professional knowledge	NVQ4; HNC; Certificates of Higher Education
Level 5	A Levels; BTEC National; NVQ4 HNC	Level 5 qualifications recognise the ability to increase depth and understanding of knowledge within an area of work or study to enable them the formulation of solutions and responses to complex problems and situations. Qualifications at this level are appropriate for higher grade technicians professionals or managers	NVQ5; HND; Foundation Degrees; Diplomas of Higher Education; CMS
Level 6	A Levels; BTEC National; HND; NVQ5; Foundation Degrees	Level 6 qualifications recognise a specialist high-level knowledge of an area of work or study to enable the use of an individuals own ideas and research in response to complex problems and situations. Quals at this level are appropriate for professional management positions with a degree of seniority.	BA/BSc (Hons) DMS
Level 7	BA/BSc (Hons) DMS	Level 7 qualifications recognise highly developed, complex specialist knowledge enabling the development of in-depth and original responses to complicated and unpredictable problems and situations.	MA/MSc/MBA
Level 8	MA/MSc/MBA	Level 8 qualifications recognise leading experts or practitioners in a particular field. Learning at this level involves the development of new and creative approaches that extend or refine existing knowledge or professional practice.	PhD; DPhil

We need to develop a recruitment and retention strategy that will address, amongst others, providing career development and comprehensive training opportunities To build on existing achievements.

For instance, traditionally there have been recruitment difficulties in Social Work the Department has adopted a range of approaches to ensure we can recruit and retain social workers. This included a 'grow your own' approach, successions planning arrangements and offering (Continuous Professional Development) CPD opportunities to retain staff.

What skills our workforce of the future will need

Creation of the Adult & Community Services Department has seen many different professions brought together. The future workforce will require the ability to work flexibly in integrated and multi-agency settings.

Each service area will be guided by National and Local frameworks to develop staff to meet the challenges of the future for services in local government.

How will we ensure that the workforce have the skills needed for the future?

Develop a recruitment and retention strategy that will address, amongst others, providing career development and comprehensive training opportunities

A workforce development plan to be included in each service plan.

A single Adult & Community Services workforce development plan encompassing all information from service plans

Extract submissions of national minimum dataset for social care data to inform future planning.

Arrangements for Workforce Planning

There were three key aims for workforce development from the service plan in 2007-8

- 1) Implement corporate Appraisal Policy to complement Adult and Community Services Supervision Policy Implemented March 2007
2. Achieve IIP Standard
Set up IIP Steering Group
Apply for Assessment of Standard
3. Workforce Development Plan for Department
Publish Workforce Development & Training Plan

Implement corporate Appraisal Policy to complement Supervision Policy Implemented March 07

The corporate appraisal system was launched and implemented this year with input to corporate training section from Adult and Community Services Adult education.

Managers and staff were supported in accessing and attending relevant training by workforce planning and development section.

Appraisal dates of appraisal for all staff are recorded on the departments database to meet internal corporate indicators.

Personal Development Plan training and development requirements are also recorded to inform planning.

Achieve IIP Standard

An IIP Steering Group with representatives from all service areas in the department was formed to support the IIP process. Successful IIP accreditation for the department was achieved in October 2007. The group continues to meet to implement the action plan.

A key aim is to ensure consistency of approach in workforce development across the workforce. To assist this process a qualification audit of the whole department was carried out to capture information on the benchmarked qualifications.

Processes and associated paperwork for ensuring equality of access to training, evaluation and recording of continuous professional development have been established.

The Workforce Planning and Development Team successfully undertook an NVQ 2 in Business Improvement Techniques. This led to major improvements in administrative processes.

Workforce Planning and Development section maintains a page in the intranet which details guidance on accessing training.

Joint training and development programmes have been established to include private & voluntary sector, health and other partner agencies.

The implementation of a Training Programme for front line social care staff funded by IDeA which is receiving positive feedback nationally.

Involvement in the overarching HBC workforce strategy saw the implementation of:-

- A revised corporate qualification based training contract.
- A corporate induction standard for all staff and managers.
- Identification of key personnel to support service and training initiatives from each department.

Monitoring and Review

The Workforce Planning and Development section holds a review each year; the review is chaired by the Workforce Planning & Development Manager and covers:

- The learning and development undertaken by Department staff in the previous year
- The key training initiatives that have been addressed
- An evaluation of the effectiveness of that training in meeting Department objectives
- The learning and development needs identified for the future
- A review of the Department Training Plan to ensure that it continues to support the objectives of the Department
- A written report of the review is presented to DMT.

Workforce Planning and Development priorities are regularly reviewed by the Workforce Development Management Team, which has responsibility for staff training and development policy.

ANNUAL ACTION PLAN 2008/2009 - CHAPTER 5

ADULT & COMMUNITY SERVICES				
Corporate Plan outcome: Improved Health				
Departmental Plan outcome: To improve the health and wellbeing of Hartlepool citizens by implementing the Public Health Strategy and Action Plan			Associated Risks: R002	
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pis
1.1	Develop integrated sport and physical activity programmes and initiatives to improve health and health awareness among key groups.	March 2009	Pat Usher	
1.2	Manage <u>Working Neighbourhood Fund</u> effectively to ensure Targets are met and programme stays in budget	March 2009	Margaret Hunt	
1.3	Implement action plan of Public Health Strategy	March 2009	DPH	
1.4	Increase the number of active participants in Health Trainers Programme	March 2009	DPH	
1.5	Continue to reduce mortality rates by 2010	March 2009	DPH	NI 120
1.6	Ensure all assessments include general health screenings	March 2009	Jill Harrison	
Corporate Plan outcome: Increased choice and control and retention of personal dignity				
Departmental Plan outcome: To ensure all service developments have involvement from service users and their carers			Associated Risks:	
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pis
2.1	Ensure the involvement of people and their families in all planning groups	March 2009	Jill Harrison	

2.2	Implement LINKs to ensure full involvement from people who use services	March 2009	Margaret Hunt	
2.3	Ensure involvement of people in service and contract reviews	March 2009	Jill Harrison	
2.4	Promote a range of ways to capture peoples views on services	March 2009	Jill Harrison	
2.5	Review advocacy services to ensure people receive effective support	March 2009	Jill Harrison	
2.6	Involve people in policy developments to ensure their voice is heard	March 2009	Margaret Hunt	
Departmental Plan outcome: To increase the proportion of people who commission their own services			Associated Risks: R002	
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pis
3.1	Increase the number of people with Individual Budgets	March 2009	Jill Harrison	NI130
3.2	Increase number of people who are managing their own Individual Budget	March 2009	Jill Harrison	NI 130
Departmental Plan outcome: To increase the number and range of supported accommodation options			Associated Risks:	
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pis
4.1	Support phase 1 of people moving into Hartfields	May 2008	John Lovatt	
4.2	Implement the allocations process	March 2009	John Lovatt	
4.3	Implement the agreed actions from the Telecare review	March 2009	Jill Harrison	
4.4	As before	March 2009	Jill Harrison	
Departmental Plan outcome: To ensure that service users and their carers are at the centre of planning their support			Associated Risks:	
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pis
5.1	Support people to use their self-assessment process	March 2009	Jill Harrison	NI132/3

5.2	Ensure support plans and reviews are person-centred (transitions)	March 2009	Jill Harrison	
5.3	Ensure there is a range of brokerage and advocacy services available to support people to plan	October 2008	Jill Harrison	
5.4	Commission and evaluate an independent review of transitions in conjunction with Children's Services from a parents and young persons perspective	November 2008	Jill Harrison	
Corporate Plan outcome: Improved Mental Health and Wellbeing				
Departmental Plan outcome: To support people with mental health issues into paid employment			Associated Risks: R002	
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pis
6.1	Implement and evaluate the IAPT pilot	November 2008	Carl Bashford	
6.2	Encourage the take up of Mental Health First Aid Training across the Hartlepool locality	March 2009	DPH	
6.3	Increase the number of people with mental ill health to access employment or volunteering opportunities	March 2009	Carl Bashford	NI150
Departmental Plan outcome: To increase social inclusion for people with mental health issues			Associated Risks:	
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pis
7.1	Ensure people can access ordinary community resources and opportunities	March 2009	Carl Bashford	
7.2	Implement the reviewed social inclusion actions – plan in Mental Health Services	March 2009	Carl Bashford	
Corporate Plan outcome: Easier access to services				

Departmental Plan outcome: To ensure that carers are supported effectively to support their family members for as long as they wish				Associated Risks: R009
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
8.1	Implement the Review Carers Strategy and action plan with the Carers Strategy group	October 2008	Geraldine Martin	
8.2	Increase the numbers of carers receiving reassessments and support / from <u>a to b</u>	March 2009	Jill Harrison	NI 135
8.3	Commission an effective emergency respite service for carers that focuses on home-based support	October 2008	Geraldine Martin	
Departmental Plan outcome: To work with the community in Owton to implement the Connected Care Scheme				Associated Risks:
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
9.1	Implement and evaluate the Connected Care scheme in Owton	March 2009	Nicola Bailey	
9.2	Work with partners to develop a social enterprise	October 2008	Nicola Bailey	
9.3	Review the potential for Supporting People with long term needs	October 2008	Jill Harrison	
Departmental Plan outcome: To ensure that services are culturally sensitive and are able to respond flexibly to the diverse needs of the community				Associated Risks: R008, R010
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
10.1	Increase the number of people from BMEC who have an assessment and receive culturally sensitive services	March 2009	Jill Harrison	ACS PO54/5
10.2	Ensure that service planning and development have a DIA to inform understanding around diversity	March 2009	Margaret Hunt	
10.3	Implement the DDA and DRE	March 2009	Alan Dobby	
10.4	Evaluate and report to portfolio on the outcomes from Community Development Workers Services	October 2008	Carl Bashford	

Departmental Plan outcome: To ensure easier access to both universal and targeted services that are tailored to individual needs				Associated Risks: R009
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
11.1	Implement the findings of the <ul style="list-style-type: none"> - Low Level Preventative Strategy - IAPT - Older People Housing and Support Strategy 	March 2009 March 2009 October 2008	Jill Harrison Jill Harrison Jill Harrison	NI 139, 125
11.2	Develop the 'Hartlepool Now' information project	March 2009	John Lovatt	
11.3	Review the opportunities for a single point of access for health and social care services	March 2009	Kath Millican	
Departmental Plan outcome: To develop appropriate partnerships with the voluntary sector by developing a co-ordinated strategy				Associated Risks: R009
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
12.1	Develop a comprehensive strategy with the voluntary sector outlining the plans for commissioning and delivery of service	March 2009	Margaret Hunt	
12.2	Work with voluntary sector partners to develop a "National Centre for Independent Living"	March 2009	Geraldine Martin	
Departmental Plan outcome: Improve access to psychosocial interventions				Associated Risks:
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
13.1	Evaluate the 'Open Doors' IAPT pilot	November 2008	Carl Bashford	
13.2	Monitor the impact of sickness levels due to stress of council employees	March 2009	Nicola Bailey	
13.3	Raise awareness of the access routes to psychosocial interventions among local employers	March 2009	Carl Bashford	
Departmental Plan outcome: To ensure integrated services are delivered in conjunction with Health where appropriate				Associated Risks:STR R030/31

Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
14.1	Review and update Partnership arrangements for Mental Health and Learning Disabilities Services	July 2008	Jill Harrison	
14.2	Continue to develop joint commissioning approaches with Health	March 2009	Jill Harrison	
14.3	Implement integrated operational services with the PCT	October 2008	Jill Harrison	
Corporate Plan outcome: Meeting the housing needs of vulnerable people				
Departmental Plan outcome: To provide housing related support service which increase people's ability to live independently in the community			Associated Risks: R014	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
15.1	Increase the range of housing options for vulnerable adults	March 2009	Pam Twells	N141/N1142
Departmental Plan outcome: To ensure the delivery of high quality housing support services through effective and efficient contracts with providers			Associated Risks: R014	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
16.1	Develop short terms contracts for housing related support	September 2008	Pam Twells	
Corporate Plan outcome: Enrich individual lives, strengthen communities and improve places where people live through enjoyment of leisure, culture and sport				
Departmental Plan outcome: Develop and deliver strategies to improve cultural, leisure facilities and events			Associated Risks: R010	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
17.1	Provide chair, secretariat and work with the Culture, Leisure and Community Learning Partnership to contribute to the Hartlepool LSP	March 2009	John Mennear	

17.2	Provide the highest level of service possible through a programme of continuous improvement and service accreditation.	March 2009	Pat Usher / Andrew Pearson / Graham Jarritt	
17.3	Achieve key milestones for the delivery of H2O by 2013	January 2009	John Mennear	
17.4	Achieve key milestones for the delivery of Tall Ships races in 2010	March 2009	John Mennear	
17.5	Review Hartlepool Cultural Strategy	March 2009	John Mennear	
17.6	To put in place a multi-agency approach through the development of a Community Sports Network, providing a strategic lead for the delivery of sport and physical activity.	April 2008	Pat Usher	
17.7	Plan strategically to improve and make the best possible use of culture and leisure facilities and attract events of regional importance.	March 2009	Steven Cashman / Graham Jarritt / Andrew Pearson / Pat Usher / David Worthington / Maggie Heaps	
Departmental Plan outcome: To ensure the public have access to a wide range of information about leisure, culture and sporting opportunities in a variety of accessible mediums			Associated Risks:	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
18.1	Put in place a coordinated approach to raising the awareness of our role in the community, ensuring that we respond to the needs of both existing and potential customers/service users.	March 2009	Steven Cashman / Graham Jarritt / Andrew Pearson / Pat Usher / David Worthington / Maggie Heaps	

Corporate Plan outcome: Culture and Leisure Services, better meet the needs of the community, especially those from disadvantaged areas				
Departmental Plan outcome: To increase opportunities for participation in a wide range of cultural and leisure activity focussing on areas of disadvantage			Associated Risks: R002, R012, R008/9	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
19.1	Work with key partners to target groups and individuals to provide a more inclusive range of activities	March 2009	Steven Cashman / Graham Jarritt / Andrew Pearson / Pat Usher / David Worthington / Maggie Heaps/ Neil Harrison	
19.2	Work with the Equality and Diversity Group to ensure that statutory obligations and the Equality Standard are met in the delivery of services.	March 2009	Steven Cashman / Graham Jarritt / Andrew Pearson / Pat Usher / David Worthington / Maggie Heaps	P0161 NI11? NI9? ACSP07,18
19.3	Deliver Renaissance Programme to improve access to Museum service and develop new audiences	December 2008	David Worthington	NI10
19.4	Work closely with key partners and groups to deliver programmes of activity to meet the sport and physical activity needs of the Hartlepool community increasing participation by 1%.	March 2009	Pat Usher	NI8, PO59
19.5	Work in partnership with Children's Services Department to improve upon the delivery of PE & Sport for young people.	March 2009	Pat Usher	
19.6	Target and support the voluntary sector through the provision of grant funding and development initiatives in order to raise standards, training and increase the number of volunteers.	March 2009	Pat Usher	

Corporate Plan outcome: Links to Corporate Plan – To maximise the opportunities for disabled people to enter paid employment				
Departmental Plan outcome: To increase the number of socially excluded adults in paid employment			Associated Risk:	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
20.1	Increase number of work-related training projects using the Working Neighbourhood Fund for people with a disability	March 2009	Geraldine Martin	
20.2	Promote the opportunities for partnership working with local agencies to encourage the employment of people with a learning disability	March 2009	Geraldine Martin	NI 146
Corporate Plan outcome: Provision of high quality learning and skills opportunities that drive economic competitiveness, widen participation and build social justice				
Departmental Plan outcome: To increase universal access to high quality learning and skills opportunities			Associated Risks: R002	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
21.1	Increase percentage of adults holding nationally recognised qualifications	July 2009	Maggie Heaps	NI161-4
21.2	Increase participation in learning	July 2009	Maggie Heaps	ACSP053

Corporate Plan outcome: Deliver sustainable communities with high quality new build and sensitive conservation and protect and enhance the local natural environment

Departmental Plan outcome: Maximise opportunities for the protection and development of play, recreation and countryside sites

Associated Risks:

Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
22.1	Adopt PPG17 assessment and develop appropriate strategies to seek to achieve standards	March 2009	Andrew Pearson	

Corporate Plan outcome: To empower people to have a greater voice and influence over local decision making and the delivery of services

Departmental Plan outcome: Improve and co-ordinate Public Engagement with all sectors of the community acting on feedback

Associated Risks:

Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
23.1	Review the public engagement strategy for the Department	March 2009	Margaret Hunt	
23.2	Commission a LINKs host	July 2008	Margaret Hunt	

Corporate Plan outcome: Improve management and governance				
Departmental Plan outcome: Ensure robust risk management arrangements are in place			Associated Risks: STR/R011	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
24.1	Monitor and review departmental Risk Registers (quarterly) - Q1 - Q2 - Q3 - Q4	June 2008 September 2008 December 2008 March 2009	Alan Dobby	
Departmental Plan outcome: Develop and implement information security plans			Associated Risks: R008, R015	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
25.1	Monitor and review Information Security Action Plan - Q1 - Q2 - Q3 - Q4	June 2008 September 2008 December 2008 March 2009	Trevor Smith	
Departmental Plan outcome: Ensure arrangements in place in deal with new and existing legislation			Associated Risks: R011,R008	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
26.1	Monitor new legislation and guidance	March 2009	Nicola Bailey	
26.2	Ensure appropriate implementation	March 2009	Nicola Bailey	

Departmental Plan outcome: To improve management of departmental assets via a Capital Strategy and Asset Management Plan				Associated Risks: R012
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pls
27.1	Review Service Asset Management Plan for the Department	March 2009	Alan Dobby	
27.2	Submit 2009/10 Capital programme proposals for the Department to SCRAPT	September 2008	Alan Dobby	
Departmental Plan outcome: To implement a performance framework which includes , service and team and planning process				Associated Risks: R002
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pls
28.1	Produce Departmental plan for 2008/09	April 2008	Margaret Hunt	
28.2	Produce Service plans for 2008/09	May 2008	Margaret Hunt	
28.3	Quarterly monitoring/reporting of Departmental Plan and Service Plans - Q1 - Q2 - Q3 - Q4	June 2008 September 2008 December 2008 March 2009	Alan Dobby Alan Dobby Alan Dobby Alan Dobby	
Departmental Plan outcome: Improve Equality and Diversity Leadership and Corporate Commitment				Associated Risks:
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pls
29.1	Lead on corporate self assessment process for Diversity	June 2008	Margaret Hunt	
29.2	Undertake Self assessment for Department	June 2008	Margaret Hunt	

29.3	Co-ordinate monitoring of Departmental Performance Management Actions on Diversity - Q1 - Q2 - Q3 - Q4		Margaret Hunt Margaret Hunt Margaret Hunt Margaret Hunt	
Departmental Plan outcome: Deliver the ICT Strategy to support corporate and departmental objectives			Associated Risks: R013	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
30.1	Update IS/IT Action Plan for Department	June 2008	Trevor Smith	
30.2	Implement and monitor IS/IT Action Plan for Department - Q2 - Q3 - Q4	September 2008 December 2008 March 2009	Trevor Smith Trevor Smith Trevor Smith	
Departmental Plan outcome: Implement programme of service reviews and standards			Associated Risks: R002	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
31.1	Implement programme of service reviews and standards for 2008/9		Nicola Bailey	
Corporate Plan outcome: Improve efficiency and financial management				
Departmental Plan outcome: Agree a programme of service integration with Contract Centre			Associated Risks:	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
32.1	Agree a programme of service integration with Contact Centre	June 2008	Margaret Hunt	

Departmental Plan outcome: Develop Efficiency Programme for Department				Associated Risks: R001
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
33.1	Agree Efficiency Programme for Department (including sickness)	June 2008	Jeanette Willis	
33.2				
33.3	Monitor programme of BPR activity - Q1 - Q2 - Q3 - Q4	June 2008 September 2008 December 2008 March 2009	Margaret Hunt Margaret Hunt Margaret Hunt Margaret Hunt	
Departmental Plan outcome: Develop Strategic medium term Financial Plan for Adult and Community Services				Associated Risks: R001
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
34.1	Develop medium term financial plan for 2009/10 onwards	February 2009	Jeanette Willis	
Departmental Plan outcome: Achieve overall financial balance for Department				Associated Risks: R003
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
35.1	Monitoring of budgets for Department - Q1 - Q2 - Q3 - Q4	July 2008 October 2008 January 2009 April 2009	Jeanette Willis Jeanette Willis Jeanette Willis Jeanette Willis	

Corporate Plan outcome: Improve access and understanding between the Council and the Public				
Departmental Plan outcome: Implement communication plans relating to key issues			Associated Risks:	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
36.1	Develop communication plan for Department	September 2008	Margaret Hunt	
36.2	Monitor and review communication plan actions	March 2009	Margaret Hunt	
Corporate Plan outcome: Improve elected member and workforce arrangements				
Departmental Plan outcome: Improve employment and Workforce Training opportunities			Associated Risks: R006,R007	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
37.1	Develop 2008/09 Workforce Plan for Department	June 2008	Gwenda Pout	
37.2	Monitor and report on Workforce Plan - Q2 - Q3 - Q4	September 2008 December 2008 March 2009	Gwenda Pout Gwenda Pout Gwenda Pout	
Departmental Plan outcome: Develop and promote active, visible and effective leadership			Associated Risks: R004,R005	
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
38.1	Review "Respect" values and behaviour documents	September 2008	Alan Dobby	
38.2	Implement new Appraisal scheme in Department	July 2008	Alan Dobby	

Departmental Plan outcome: To promote a healthy workplace				Associated Risks: R007
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
39.1	Develop Departmental programme for employee wellbeing	September 2008	Margaret Hunt	
39.2	Implement Health and Safety Policy	March 2009	Margaret Hunt	
Departmental Plan outcome: Effectively recognise, engage and reward the workforce				Associated Risks:
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
40.1	Hold Department Award Ceremony 2008	December 2008	Gwenda Pout	
40.2	Complete Programme of Staff Seminars for Department	March 2009	Nicola Bailey	

Key Performance Indicators

The action plan detailed a number of Performance Indicators that will be used to measure the successful implementation of the actions. Those indicators are included in more detail in the table below, along with any other indicators from the Corporate Plan / LAA.

Ref	Definition	Responsible Officer	Outturn 2007/08	Target 2008/09
NI 8	Adult participation in sport and active recreation	Pat Usher	N/A	21.1%
NI 9	Use of Public Libraries	Graham Jarritt	N/A	52%
NI 10	Visit to Museums and Galleries	David Worthington	N/A	29%
NI 11	Engagement in the Arts	Stephen Cashman	N/A	N/A
NI 119	Self reported measure of peoples overall health and well being	Madeleine Johnson	N/A	N/A
NI 120	All age all cause mortality	-	-	Male 801 (2008) Female 579 (2008)
NI 121	Mortality rates for circulatory diseases aged under 75	-	N/A	87.15
NI 122	Mortality for all cancers aged under 75		N/A	
NI 123	Stopping smoking (current smoking prevalence 16+)	-	-	1769 (2008)
NI 124	People with LTC supported to be independent	-	-	-

Ref	Definition	Responsible Officer	Outturn 2007/08	Target 2008/09
NI 126	Early access for women to maternity services	-	-	-
NI 129	End of life care – choice of death at home	-	-	-
NI 130	Social Care clients receiving Self Directed Support (per 100,000)	-	-	50% (1544)
NI 131	Delayed transfers of care	J Lovatt	-	-
NI 132	Timelessness of social care assessments (all adults)	J. Lovatt	92.7	93.0%
NI 133	Timelessness of social care packages following assessment	J. Lovatt	88.7%	90.0%
NI 134	Emergency bed days per head of weighted population	-	-	-
NI 135	Carers receiving needs assessment / review, and services, advice or information	D. Owens	-	19%
NI 136	All adults supported to live independently by social services	J Harrison	-	3231
NI 137	Healthy life expectancy at 65	-	-	-
NI 138	Satisfaction of people over 65 with home / neighbourhood	-	-	-

Ref	Definition	Responsible Officer	Outturn 2007/08	Target 2008/09
NI 139	People over 65 receiving information and support to live independently	-	-	-
NI 141	Percentage of vulnerable people achieving independent living	P Twells	66.77%	72%
NI 142	Percentage of vulnerable people supported to maintain independent living	P Twells	99.14%	99.15%
NI 145	Adults with learning disabilities in settled accommodation	-	-	-
NI 146	Adults with learning disabilities in employment	-	-	4.1%
NI 149	Adults in contact with secondary Mental Health in settled employment	-	-	-
NI 150	Adults in contact with secondary Mental Health in employment	-	-	-
NI 161	Learners achieving Level 1 Literacy	M Heaps	-	400
NI 162	Learners achieving Level 3 numeracy	M Heaps	-	122
NI 163	Proportion of population qualified to Level 2 or higher	M Heaps	-	67.1%
NI 164	Proportion of population qualified to Level 3 or higher	M Heaps	-	44.2%
P005	People with a disability accessing Further Education, Leisure and Sport and Recreation	J Mennear	-	954

Ref	Definition	Responsible Officer	Outturn 2007/08	Target 2008/09
P008	Over 65's helped to live at home (BV 54)	J Lovatt	122.2	125.0
P009	Visits to museums per 1000 population (BV 170a)	D. Worthington	2500	2551
P010	Visits to museums in person per 1000 population (BV 170b)	D Worthington	1613	1644
P011	People in organised school trips to museums / galleries (BV170c)	D Worthington	12155	12500
P012	Footpaths and Rights of Way easy to use (BV 178)	C Scaife	78.2%	85%
P013	Compliance with Public Library Standards (BV 220)	G Jarritt	4	4
P016	Museum outreach engaged by under represented groups (CL1)	D Worthington	-	350
P017	Visit by C2DE visitors to Museum of Hartlepool (CL2)	D Worthington	-	41%
P018	Increase in Leisure Centre attendances (CL5)	P Usher	-	365,000
P019	Increase residents satisfied with museums / art	??	-	86%
P020	Increase residents satisfied with museum / art (NRF)	??	-	2%

Ref	Definition	Responsible Officer	Outturn 2007/08	Target 2008/09
P021	Increase residents satisfied with Park and Open Spaces	A Pearson	-	74%
P022	Increase residents satisfied with Parks and Open Spaces (NRF)	A Pearson	-	7%
P023	Increase residents satisfied with Libraries	G Jarritt	-	91%
P024	Increase residents satisfied with Libraries (NRF)	G Jarritt	-	1%
P050	Equipment delivered in 7 days (D54)	J Lovatt	90.2	91.0%
P053	Adults participating in all forms of learning	M Heaps	2071	3100
P056	Families participating in all forms of learning	M Heaps	139	200
P057	Adults participating in all forms of learning	M Heaps	299	450
P058	Physical visits to Libraries	G Jarritt	6561	6900
P059	Overall attendances at Leisure Centres	P Usher	430,144	365,000
P060	Proportion of attendances from NRF area	P Usher	51%	53%

Ref	Definition	Responsible Officer	Outturn 2007/08	Target 2008/09
P061	Leisure Card members attending 4 times in year	P Usher	1721	2250
P063	Voluntary / Community groups supported by Council.	S Rybak	33	31
P064	Grant aid to Voluntary / Community Groups	S Rybak	£418,681	£470,822
P065	Delayed Discharges	J Lovatt	6	0
P066	Admissions to residential care (65+)	J Lovatt	84.3	88
P067	Referrals for Intermediate Care	J Lovatt	48.3%	55%
P068	Adults with Learning Disabilities helped to live at home	G Martin	3.9	4
P069	Adults with Mental Health problems helped to live at home	J F Adams	5.5	5.5
P070	Supported admissions to residential / nursing care (under 65)	G Martin	1.6	1.5
P071	Physical Disabilities supported to live at home	G Martin	10	11
P072	Clients receiving a review as a proportion	J Lovatt	77.0%	77%

Associated Risks

Within the action plan each objective had identified risks that could effect the successful implementation of the objective and associated actions. Those risks are included in more detail in the table below.

Risk Register Ref	Departmental Outcome (Ref)	Key risks to achieving departmental service outcome	Priority H/M/L	Procedures/processes/ management arrangements/ controls in place to mitigate identified risks	Method of Review	Date of Review Last/Next	Responsible Officer
ACS R001	33, 34, 4	Services damaged by insufficient budget allocation	M	Careful budget build and management. Efficiency programme. CONTROCC System.	DMT Quarterly	Quarterly	Alan Dobby
R002	1, 3, 6, 19, 30, 31, 8, 21, 28	Failure to meet performance standards	H	New performance management system and reporting arrangements. Clear Action Plans and responsibilities. Review services and standards	DMT Quarterly	Quarterly	Alan Dobby
R003	35	Market pressures on placements	H	Developing the provider markets, and maintain partnership working. Fair price agreement	DMT Quarterly	Quarterly	Jill Harrison
R004	39	Danger / disruption to staff from inadequate working conditions	M	Office moves and improvements. Asset Management plan, and Health and Safety networks	DMT Quarterly	Quarterly	Margaret Hunt
R005	39	Danger / disruption to staff from violence	M	Health and Safety policies and guidance. EPR System	DMT Quarterly	Quarterly	Margaret Hunt
R006	37	Unable to meet charging service needs due to skills shortage	M	Workforce development plans, linked to service plans and appraisals	DMT Quarterly	Quarterly	Margaret Hunt

Risk Register Ref	Departmental Outcome (Ref)	Key risks to achieving departmental service outcome	Priority H/M/L	Procedures/processes/ management arrangements/ controls in place to mitigate identified risks	Method of Review	Date of Review Last/Next	Responsible Officer
R007	37, 40	Inability to provide effective services due to recruitment difficulties	M	Job Evaluation, in-house staff development, succession planning. Reward and engage workforce	DMT Quarterly	Quarterly	Nicola Bailey
R008	25, 10, 19, 26	Legal issues, costs and adverse publicity from litigation	M	Monitor new legislation. Deliver on DDA and Diversity Legislation	DMT Quarterly	Quarterly	Nicola Bailey
R009	11, 12, 19	Serious disruption from financial short falls for voluntary sector	M	Co-ordinated efforts on funding sector via grants and contracts. New contracts and strategy	DMT Quarterly	Quarterly	Alan Dobby
R010	17	Failure to deliver Tourism Strategy	M	New strategies, facilities and event management for Tall Ships (with risk register)	DMT Quarterly	Quarterly	John Mennear
R011	26	Adverse publicity and delay due to poor management / configuration of services	L	LMDP Programme. Restructures	DMT Quarterly	Quarterly	Nicola Bailey

Risk Register Ref	Departmental Outcome (Ref)	Key risks to achieving departmental service outcome	Priority H/M/L	Procedures/processes/ management arrangements/ controls in place to mitigate identified risks	Method of Review	Date of Review Last/Next	Responsible Officer
R012	19, 27, 10	Service disruption due to premises being unfit for purpose	M	Asset Management via SCRAPT and departmental plan. New investment and capital programme. Mobile working	DMT Quarterly	Quarterly	Alan Dobby
R013	13	Unable to meet needs due to inadequate IT / Software	M	Increased IT budget, new investment, new IS/IT Strategy and Plan	DMT Quarterly	Quarterly	Alan Dobby
R014	16, 15	Failure of service provision, under contract or direct	H	Commissioning and contract management. New contracts and CONTROCC system	DMT Quarterly	Quarterly	Alan Dobby
R015	25	Disruption to services from failure of IT system	H	Business Continuity plans, Information Security Plans	DMT Quarterly	Quarterly	Alan Dobby
STR R011	24	Failure to provide Council services in emergency	H	Emergency plans, Business Continuity plans	DMT Quarterly	Quarterly	Nicola Bailey
STR030	14	Failure to work in partnership with Health Services	L	Closer working in all areas and levels	DMT Quarterly	Quarterly	Jill Harrison

Risk Register Ref	Departmental Outcome (Ref)	Key risks to achieving departmental service outcome	Priority H/M/L	Procedures/processes/ management arrangements/ controls in place to mitigate identified risks	Method of Review	Date of Review Last/Next	Responsible Officer
STR031	14	Potential for cost shunting between HBC/PCT regarding Continuing Health Care	L	Clear protocols and criteria with panel and arbitration arrangements	DMT Quarterly	Quarterly	Jill Harrison

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
28 July 2008



Report of: Director of Adult & Community Services

Subject: HARTLEPOOL VULNERABLE ADULTS
PROTECTION COMMITTEE
ANNUAL REPORT
1 APRIL 2007 – 31 MARCH 2008

SUMMARY

1. PURPOSE OF REPORT

To present the fourth Report of the Hartlepool Vulnerable Adult Protection Committee.

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

2. SUMMARY OF CONTENTS

The Report outlines Safeguarding Vulnerable Adults activity for 2007-2008 and highlights priorities for the coming year.

The Report identifies the following trends:

- Physical abuse and neglect remain the most frequent forms of abuse
- The most common location of abuse or neglect is within the home of the vulnerable adult

Priorities for 2008-2009 are identified within the Report include:

- Production of Public Information
- Awareness raising within the community

3. RELEVANCE TO PORTFOLIO

The Portfolio Holder has the lead responsibility for ensuring appropriate arrangements are in place for multi agency work to protect vulnerable adults.

4. TYPE OF DECISION

Non key

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio.

6. DECISION(S) REQUIRED

To note the Report and progress made.

Report of: Director of Adult & Community Services

Subject: HARTLEPOOL VULNERABLE ADULTS
PROTECTION COMMITTEE
ANNUAL REPORT
1 APRIL 2007-31 MARCH 2008

1. PURPOSE OF REPORT

- 1.1 To present the fourth Report of the Hartlepool Adult Protection Committee.
- 1.2 The Report is attached as **Appendix A** to this report.

2. BACKGROUND

- 2.1 Many adults are vulnerable to abuse or neglect because they have health and care needs, and are less able to speak up for themselves.
- 2.2 Since October 2001 the Co-ordination of multi agency arrangements relating to the Safeguarding of Vulnerable Adults has been the responsibility of Adult Social Care Departments. Implementation of the Teeswide 'No Secrets' Procedure has been overseen locally by the Hartlepool Vulnerable Adults Protection Committee.
- 2.3 The Annual Report of the Committee is the means by which information may be provided on the safeguarding and protection of vulnerable adults in Hartlepool.

3. INFORMATION

- 3.1 The number of cases investigated are relatively small, and national research suggests that abuse and neglect often goes unreported. The Committee are working to raise awareness and ensure that concerns are picked up and reported. Prompt action by paid carers can encourage self reporting and faster resolutions, and sometimes prevent abuse developing. As a result of the investigations there may be police prosecutions or disciplinary actions for employees, but steps are always taken to ensure that the victim is safeguarded, at home or elsewhere.

- 3.2 Equally important is the use of learning from incidents to help prevent further abuse by improving the quality and safeguarding systems, especially in the health and care sector. This is to the advantage of all vulnerable adults, not just those care managed or financially supported by the Council.

4. FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications arising from the report.

5. RECOMMENDATIONS

- 5.1 That this Report be received and plans for development of the Safeguarding framework be noted.

HARTLEPOOL VULNERABLE ADULTS
PROTECTION COMMITTEE

SAFEGUARDING
VULNERABLE
ADULTS

Annual Report
April 2007—March 2008

Vulnerable Adults Hartlepool Vulnerable Adults Protection Committee
Annual Report 2007-2008

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1. Introduction

- 1.1 This is the seventh year of work of the Hartlepool Vulnerable Adults Protection Committee. The task of the committee focuses on overseeing arrangements to protect vulnerable adults from abuse, neglect and exploitation.
- 1.2 The Annual Report provides local information within the national context of Safeguarding Vulnerable Adults.

2. Background and National Context

- 2.1 Increasing media coverage alongside a range of reports and proposed developments in legislation have served to focus public attention on the subject of adult abuse. Safeguarding Practice must ensure that procedures to protect adults both involve them and also result in positive outcomes.
- 2.2 During the year there have been a number of significant developments:
 - **CSCI Safeguarding Protocol** (March 2007) setting out the role of the regulator in safeguarding information sharing and referral to lead agencies.
 - **Independent Safeguarding Authority DFES, DH and Home Office** (June 2007) plans for the introduction of a new scheme to build on existing pre-employment checks available through the Criminal Records Bureau and the Protection of Vulnerable Adults scheme.
 - **Mental Capacity Act** (April 2007) which includes the criminal offence of neglect or ill treatment of someone who lacks capacity to make decisions for themselves. The legislation also introduces the role of an Independent Mental Capacity Advocate where:
 - Safeguarding measures are being put in place in relation to the protection of vulnerable adults from abuse; and
 - Where the person lacks capacity.
 - **UK Prevalence Study: Elder Abuse, 66 years and living in their own homes – DH / Comic Relief** (June 2007) findings included :
 - 4% have been neglected or abused in previous year by family, close friend, care worker, neighbour or acquaintance
 - The majority of incidents involved a partner (51%) or another family member (49%) followed by a voluntary or paid care worker (13%) and close friend (5%).

Vulnerable Adults Hartlepool Vulnerable Adults Protection Committee
Annual Report 2007-2008

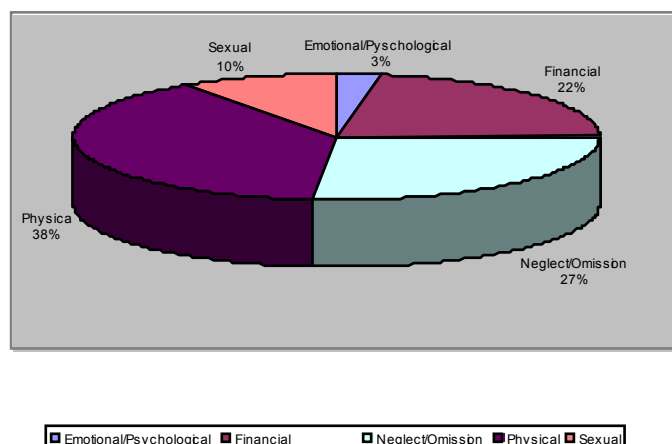
- In 2007 the Care Service Minister announced collection of records on abuse of older people. Also, a review of 'No Secrets' Guidance.

3. Local Profile

- 3.1 When there are concerns that someone may be being abused or neglected a referral is made to the Duty Team in Hartlepool Borough Councils Adult & Community Services Department. Enquiries are made and the agencies work together to stop the abuse and neglect and ensure a plan is put in place to safeguard the vulnerable adult.
- 3.2 A profile of those investigated for the reporting period is detailed in the tables below.
- 3.3 The most frequently reported type of abuse was physical abuse and neglect, followed by financial abuse.

Types of Abuse

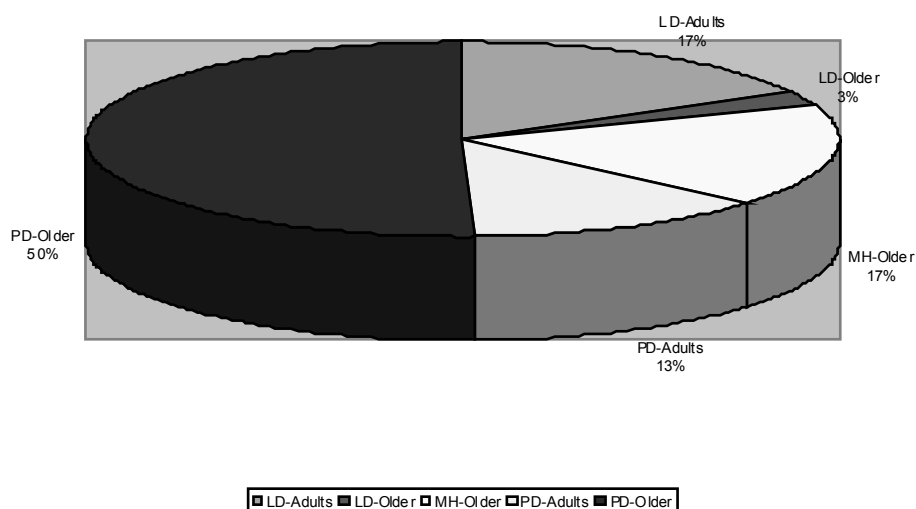
Suspected types of Abuse



Service User Group

- 3.4 The people who are referred into the Safeguarding framework are often service users of health and social services as the definitions of 'vulnerable adults' targets people with such needs.

Vulnerable Adult Client Group



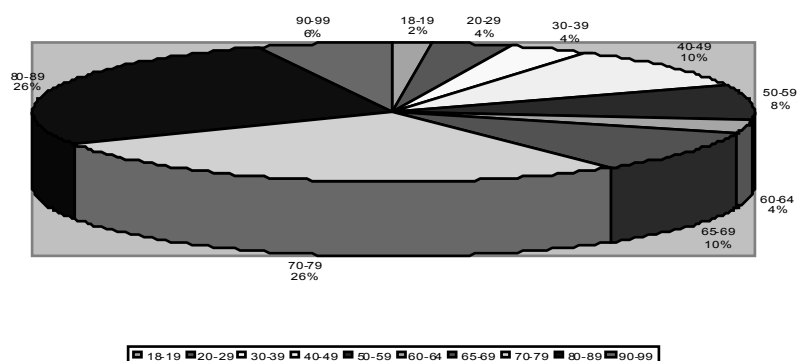
- 3.5 There are currently comparatively few instances of vulnerable adults with mental health problems coming into the Safeguarding framework. This may be explained by the routine multi – disciplinary involvement that occurs in all cases as part of intervention under the Care Programme Approach (CPA). It is likely therefore that it will be mainly those cases requiring police and non care agency involvement that would come into the Safeguarding framework.

Vulnerable Adults Hartlepool Vulnerable Adults Protection Committee Annual Report 2007-2008

3.6 The tables below gives a profile of the victims of alleged abuse or neglect by: age; gender; ethnicity.

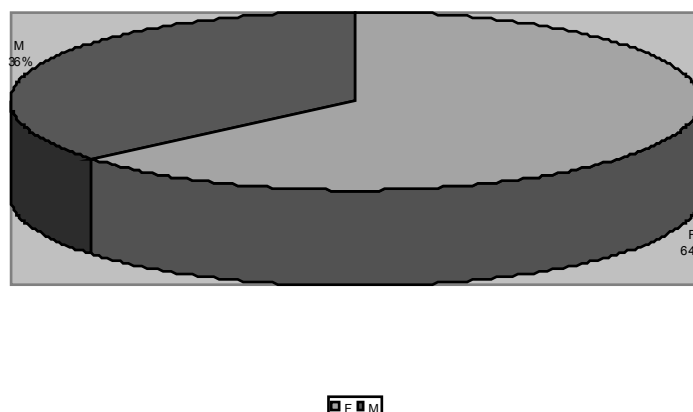
Age

Age of Alleged Victims of Abuse



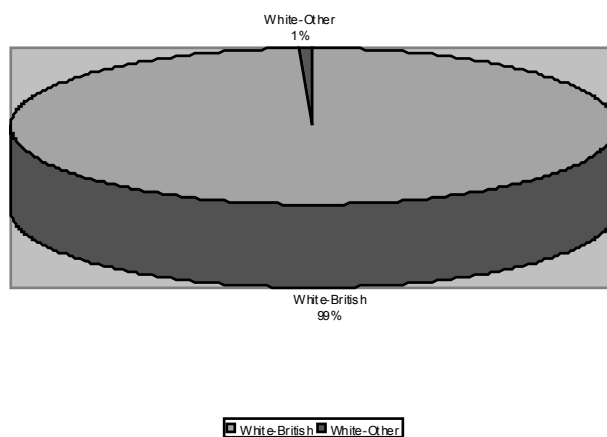
Gender

Gender of Alleged Victims of Abuse



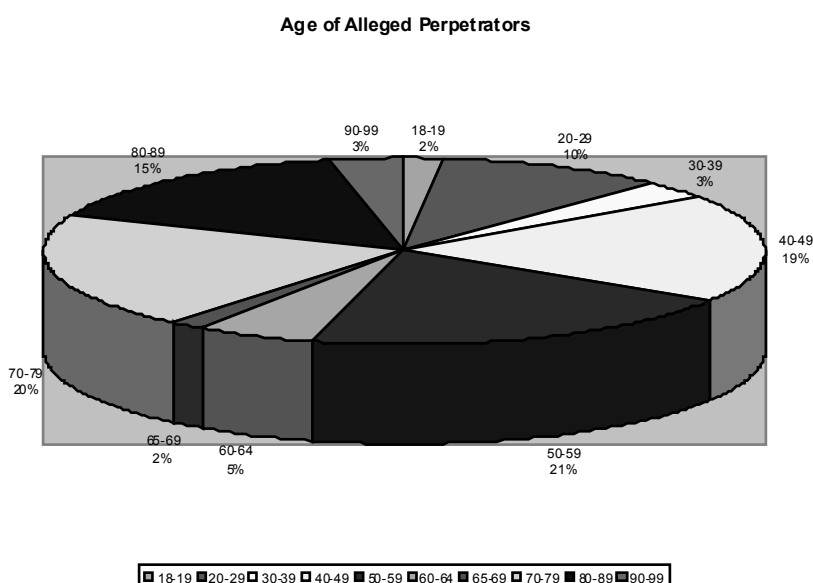
Ethnicity

Ethnicity of Alleged Victims



Alleged Perpetrator of Abuse or Neglect

- The table below profiles the age of the alleged perpetrators of abuse or neglect during the reporting period



- In 36% of cases the alleged abuser was a paid carer or health worker and in 29% of cases, was a relative of the vulnerable adult.
- Concerns about abuse in care settings during the year were most often carried out by a member of staff or the organisation as a whole. However, there were instances where the perpetrator was another service user. The latter amounted to 21% of referrals during the reporting period.

Adult Protection Referrals

- 3.6 During the year, there were **229** reports to Duty Team of possible abuse; of these, 116 were not investigated under the framework.
- 3.7 All reports of possible abuse are logged by Adult & Community Services Department. However, some of these do not progress any further where it is deemed there should be no further action. Reasons for this during the year have included: situations where the alleged victim was unwilling to allow the matter to proceed further; circumstances where redirected via a criminal route; instances where suspected abuse were unsubstantiated.

Vulnerable Adults Hartlepool Vulnerable Adults Protection Committee Annual Report 2007-2008

Safeguarding Strategy and Planning

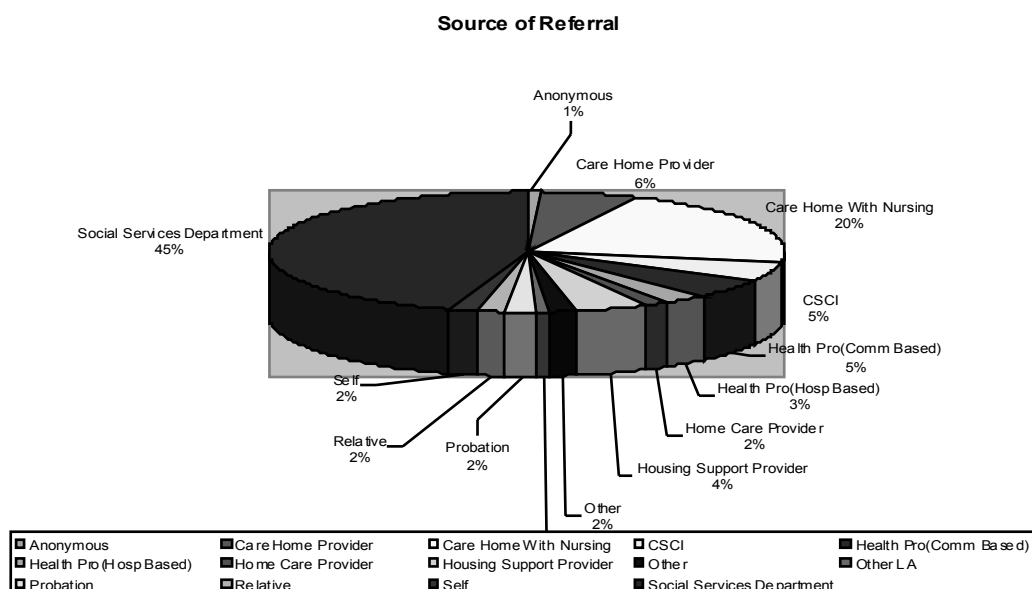
- 3.8 During 2007-2008 there were **113** adult protection referrals that were investigated and for which safeguarding plans were implemented.

Trends

- 3.9 During the reporting period the following trends have emerged:

Source of Referral

- An increased proportion of referrals have been made by the Authority's Social Care staff; followed by those from Residential and Nursing Care Homes.

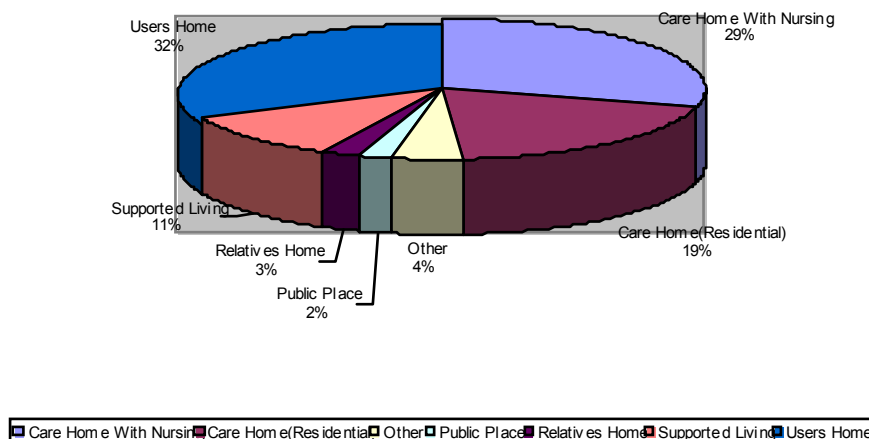


Location of Abuse

- The most common location of suspected abuse continues to be within the vulnerable adults' own homes.

Vulnerable Adults Hartlepool Vulnerable Adults Protection Committee Annual Report 2007-2008

Location of Abuse



4 Local Activity

Hartlepool Vulnerable Adults Protection Committee

- 4.1 This is a multi-agency partnership that aims to ensure professionals respond effectively to adult protection concerns. The Committee have met on three occasions during the year.

Practice Sub Group

- 4.2 The Group aims to enable discussion and learning between agencies to improve practice in relation to Safeguarding Vulnerable Adults. The Group have met three times during the year.

Training

- 4.3 Training has continued under the direction of the Teeswide Training Strategy Sub Group ensuring provision of investigation training to a broad range of staff. Additionally Hartlepool has provided basic awareness training and also training in relation to Chairing of Safeguarding Strategy / Follow on Meetings.

Vulnerable Adults Hartlepool Vulnerable Adults Protection Committee
Annual Report 2007-2008

A summary of training provided during the year is detailed at Table 1 below.

Training	
Training Course	No of Attendees
No Secrets Basic Awareness Training (½ day)	384
Adult Protection Level 1 Awareness (1 day)	64
Adult Protection Level 2 Assessment & Investigation (2 days)	31
Adult Protection & convening of Strategy Meetings (2 day)	6
KWANGO IT Package (commenced Feb / March 2008)	40

Safeguarding Strategy Meetings

4.4 A review of Safeguarding Chairing arrangements has been undertaken in 2008. The review provided a snapshot of chairing activity and highlighted the areas for improvement:

- Current use of staff to undertake the role of Chair and also their training and development.
- Optimum number of concurrent cases per individual staff member;
- Process for timely allocation of referrals from Duty to Business Unit/Service Area.

Procedure Review

4.5 A Teeswide review of the 'No Secrets' Procedure has begun and is scheduled to be completed during 2008 / 2009.

Awareness Raising

4.6 In co-operation with Stakeholders and colleagues, work in Hartlepool has continued to raise awareness of issues relating to Safeguarding Vulnerable Adults. This has taken place in a range of ways: media coverage in local press – Hartbeat & Hartlepool Mail; training, including staff in the independent / non statutory sector; broadcasts in GP surgeries; input to local groups such as the Supporting People Reference Group and Older Persons Champions Group.

5. Financial Information

- 5.1 In 2004 a Memorandum of Agreement was entered into in relation to a proportion of the HBC Safeguarding costs. This enabled Cleveland Police and Hartlepool PCT to provide ongoing funding towards these costs at 10% and 40% respectively.
- 5.2 Since the Agreement there has been a Departmental restructure within Hartlepool Borough Council and with this there have been changes concerning arrangements in the co-ordination of the framework for Safeguarding Vulnerable Adults. This has included creation of two posts: Safeguarding Co-ordinator / Trainer and also a part time Safeguarding Clerk. Expenditure and income for 2007 / 2008 is detailed in the table below:

Expenditure

Co-ordinator / Trainer	£36,260
Clerk	£9,214
Running Costs	£1370

Income

£16,569

6 Impact Areas / Learning Lessons for Improvement

- 6.1 Referrals into the Safeguarding Framework may serve to provide lessons about the quality of potential services or systems. The following are examples where this has occurred during the reporting period:
- The need for additional staff training was identified in relation to use of Care Plans.
 - Amendments were made to an independent provider organisation policy to confirm acceptable practice
 - Lessons were learned on ensuring continuity of support when a number of agencies are involved with vulnerable adult service users.

Vulnerable Adults Hartlepool Vulnerable Adults Protection Committee
Annual Report 2007-2008

- All agencies better appreciate the importance of prompt intervention to protect vulnerable adults (e.g. Victim Support; Domestic Violence Unit; Police; CCTV Monitoring Centre; Home Call; Women's Aid; CAB; Housing Provision).
- Safeguarding Action Plans have successfully promoted safety and reduced risk. They can also identify changes in needs that had not been picked up, or assist an individual to take more control of their situation.
- Expression of carer concerns that were indicators of stress highlighted a requirement for increased support. If taken seriously and dealt with promptly this can prevent future problems.
- Timely Police involvement in investigations can help resolve issues quickly and protect Vulnerable Adults from harm or further harm
- Scrutiny of care planning arrangements resulted in changes to procedure regarding documenting care plan actions
- Safeguarding Action Plans served to influence change in practice e.g. regarding good hydration / fluid intake
- Person centred care has been promoted as a result of safeguarding action plans
- Workforce feedback suggested that there is increased public and provider awareness of vulnerable adult safeguarding issues; also that related inter agency communication has improved
- Acceptance in certain circumstances of the right of Vulnerable Adults who have capacity to make decisions to refuse available support
- As a result of a statutory meeting a small multi-disciplinary team enabled appropriate family involvement in the ongoing care and support for the individual
- In house practice regarding allocation of referrals has been reviewed
- Increased awareness of vulnerable adult safeguarding processes within another local authority leading to better communication and co-ordination during investigations

7. Way Forward

7.1 Priorities and activities for the coming year will include:

- Continued provision of training to ensure everyone has the appropriate knowledge and skills to safeguard vulnerable adults;
- Effectively linking the safeguarding agenda to other networks such as the Multi Agency Public Protection Arrangements (MAPPA), also those relating to the victims of Domestic Violence (MARAC), and Community Safety.
- Strengthening existing mechanisms to ensure transparency and accountability regarding safeguarding activity.
- Review of the local 'No Secrets' Procedure and alongside this development of practice guidance to encourage and ensure best practice.
- Production of additional Public Information for service users, carers and the general public.
- Working to ensure that Safeguarding referrals are considered by way of lessons to be learned and also required improvements in terms of Service quality systems.
- Liaison with Mental Health Services to explore any cases which could be considered within the Safeguarding framework rather than Care Programme Approach (CPA).

Membership

Hartlepool Vulnerable Adults Protection Committee 2007-2008

Members:

Alan Dobby (Chair HVAPC)	Adult & Community Services
Margaret Brett	Tees Esk & Wear Valley NHS Trust
Liz Abbott	Stockton Borough Council (Emergency Duty)
Gail Defty	Hospital of God
Mike Egan	Tees Esk & Wear Valley NHS Trust
Neil Harrison	Adult & Community Services (Disabilities inclusion)
Marie Horsley	Adult & Community Services (Safeguarding Vulnerable Adults Co-ordinator / Trainer)
Phil Hornsby	Adult & Community Services (Commissioning)
Ian Hudson	Cleveland Police
Andrea Jackson	Real Life Options
Tracy Jefferies	Hartlepool Carers
Sue Judge	Hartlepool Primary Care Trust
Sally Latcham	Cleveland Fire Brigade
John Lovatt	Adult & Community Services (Older People)
Geraldine Martin	Adult & Community Services (Mental Health)
Gwenda Pout	Adult & Community Services (Workforce Development)
Christine Remmer	Hartlepool Access Group
Cath Siddle	North Tees & Hartlepool NHS Trust
Pam Simpson	Adult & Community Services (Duty)
Mick Walker	Cleveland Police
Tricia Weatherill	Hartlepool College of Further Education
John Williamson	Commission for Social Care Inspection

ADULT AND PUBLIC HEALTH PORTFOLIO

Report to Portfolio Holder

28th July 2008



Report of: Head of Procurement, Property and Public Protection

Subject: SMOKEFREE LEGISLATION – ONE YEAR ON

SUMMARY

1. PURPOSE OF REPORT

To update the Portfolio Holder in relation to Smokefree legislation since its introduction on 1st July 2007.

2. SUMMARY OF CONTENTS

The report outlines the Authority's progress with regards to the implementation of Smoke free legislation in its first year.

3. RELEVANCE TO PORTFOLIO MEMBER

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

4. TYPE OF DECISION

Non key decision – for information.

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio Holder.

6. DECISION(S) REQUIRED

The Portfolio Holder to note the report.

Report of: Head of Procurement, Property and Public Protection

Subject: SMOKEFREE LEGISLATION – ONE YEAR ON

1. PURPOSE OF REPORT

- 1.1 To update the Portfolio Holder in relation to Smokefree legislation since its introduction on 1st July 2007.

2. BACKGROUND

- 2.1 Prior to the implementation of this legislation a report was presented to Cabinet on 19th March 2007 outlining the proposed legislation implementation arrangements and awareness raising.
- 2.2 On 1st July 2007, England introduced new laws to make virtually all enclosed public places and workplaces in England smokefree. The primary aim of the legislation was to protect workers and the general public from exposure to the harmful effects of secondhand smoke.
- 2.3 Medical and scientific evidence shows that exposure to secondhand smoke increases the risk of serious medical conditions such as lung cancer, heart disease, asthma attacks, childhood respiratory disease, sudden infant death syndrome (SIDS) and reduced lung function. Scientific evidence also shows that ventilation does not eliminate the risks to health of second-hand smoke in enclosed places. The only way to provide effective protection is to prevent people breathing in secondhand smoke in the first place.
- 2.4 Local authorities are solely responsible for enforcing smokefree legislation in England. The Authority worked closely with businesses in the run-up to the implementation of this legislation to build a supportive environment where people were encouraged and supported to comply with the new laws.

3. THE CURRENT SITUATION

- 3.1 Since 1st July 2007, we have continued our compliance building work, carrying out enforcement inspections based on risk, and where possible, combined with other regulatory inspections to reduce burdens on businesses.

- 3.2 In Hartlepool we have carried out 979 inspections of premises and vehicles under this legislation, between 1st July 2007 and 30th June 2008. At the time of the inspection 87.2% of these were displaying the correct “No Smoking” signage and 99.9% were found to be smokefree.
- 3.3 National information available for the first nine months, shows that 390,148 premises and 63,532 vehicles have been inspected. 87.2% of these were correctly displaying the “No Smoking” signage and 98.2% were smokefree.
- 3.4 Hartlepool has not issued any fixed penalty notices or taken any legal action under this legislation. However nationally during July 2007 to March 2008 the following action has been taken:
- 49 fixed penalty notices issued and eight court hearings for signage offences;
 - 477 fixed penalty notices issued and eight court hearings for the offence of individuals smoking in smokefree premises or vehicles;
 - 19 court hearings for the offence of failing to prevent smoking in a smokefree premises or vehicle (fixed penalty notices are not available for this offence).

4. EXPERIENCES OF SMOKEFREE LEGISLATION

- 4.1 The Department of Health has commissioned research to assess public awareness, support, and business attitudes to the legislation. Their findings include:

4.1.2 Awareness and support

- 96% of people are aware of smokefree legislation, the same level as in June 2007.
- 76% support smokefree law, consistent with previous waves of research.

4.1.3 Benefits

- 70% think that creating smokefree public places and workplaces has had a positive effect on the health of people in England.
- Many respondents said they'd experienced personal benefits since England became smokefree, with the most popular answers including
 - cleaner environment (22%);
 - don't smell of smoke (22%);
 - health benefits (12%);
 - going out is more pleasurable (12%).

4.1.4 Compliance

- 87% of people believe that smokefree legislation is being obeyed.
- 91% of those in work said that their employer was enforcing the law.

4.2 **Businesses**

4.2.1 Implementation

- 94% of respondents said enough information had been provided about the law.
- 87% of businesses and 93% of licensed premises stated that implementation had gone well or very well.

4.2.3 Impact of smokefree law

- 81% of businesses agreed that smokefree legislation is 'a good idea';
- 40% of businesses reported a positive impact on the company, compared with only 3% reporting a negative impact;
- 38% of licensed premises reported a positive impact on the company, outnumbering those reporting a negative impact by three to one (12% reported a negative impact);
- 59% of businesses and 62% of licensed premises reported that staff reactions to the law were positive (4% and 15% respectively reported negative reactions).

4.2.4 Compliance

- 98% of respondents said their business is fully compliant with smokefree law, and 91% think that the new law is being obeyed;
- Almost half of businesses that operate licensed premises, and one in six business overall, said they had been checked for compliance by their local authority.

4.3 **Health Impact**

4.3.1 The Department of Health commissioned the 'Smokefree Bars 07' project as one part of its smokefree legislation evaluation programme. Preliminary results from the study show substantial improvements in air quality in bars and reductions in levels of tobacco smoke exposure for bar workers.

- Air quality in pubs has improved dramatically from 'unhealthy' average levels prior to 1st July 2007, to smokefree levels that are comparable to outdoor air;

- Bar workers' exposure to second-hand smoke has been vastly reduced; before the introduction of smokefree law, results indicate that non-smoking bar workers were inhaling 4-6 times more cigarette smoke than the average non-smoking adult.

5. CONCLUSIONS

- 5.1 The work carried out supporting and encouraging businesses to comply with smokefree legislation has been a major factor in ensuring that the law has become largely self-enforcing, with high levels of compliance from day one.
- 5.2 Smokefree legislation was introduced to create a healthier environment for everyone to work, socialise, relax, travel and shop in, free from second-hand smoke. One year on the evidence clearly suggests that the nation has quickly adapted to, and is benefiting from, a smokefree England.

6. RECOMMENDATIONS

- 6.1 That the Portfolio Holder note the report.

7. REASONS FOR RECOMMENDATIONS

- 7.1 To update the Portfolio Holder in relation to smokefree legislation since its introduction on 1st July 2007.

8. CONTACT OFFICER

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Hartlepool Borough Council
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**ADULT AND PUBLIC HEALTH SERVICES
PORTFOLIO
28th July 2008**



Report of: Head of Procurement, Property and Public Protection

Subject: FOOD STANDARDS AGENCY AUDIT

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder of findings of the Food Standards Agency's Audit of the Authority's controls of Imported Food and Feed Law Enforcement Service.

2. SUMMARY OF CONTENTS

The report outlines the findings of the audit of the local authority's controls of imported feed/food and feed law enforcement carried out by the Food Standards Agency.

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

That the Portfolio Holder notes the report.

Report of: Head of Procurement, Property and Public Protection

Subject: FOOD STANDARDS AGENCY AUDIT

1. PURPOSE OF REPORT

- 1.1 To inform the Portfolio Holder of findings of the Food Standards Agency's Audit of the Authority's controls of Imported Food and Feed Law Enforcement Service.

2. BACKGROUND

- 2.1 The Food Standards Agency (FSA) has a key role in overseeing local authority enforcement activities. They have duties to set and monitor standards of local authorities as well as carry out audits of enforcement activities to ensure that authorities are providing an effective service to protect the public.
- 2.2 On 4 October 2000, the Food Standards Agency issued the document "Framework Agreement on Local Authority Food Law Enforcement".
- 2.3 Audits of local authority's food and animal feed law enforcement services are part of the Food Standards Agency's arrangements to improve consumer protection and confidence in relation to food. These arrangements recognise that the enforcement of UK food/feed law relating to food safety, hygiene, composition, labelling, imported food and feed is largely the responsibility of local authorities.
- 2.4 Agency audits assess local authorities' conformance against the Food Law Enforcement Standard "The Standard", which was published by the Agency as part of the Framework Agreement on Local Authority Food Law Enforcement.
- 2.5 The main aim of the audit scheme is to maintain and improve consumer protection and confidence by ensuring that local authorities are providing an effective food/feed law enforcement service. The scheme also provides the opportunity to identify and disseminate good practice and provide information to inform Agency policy on food safety.

3. THE SCOPE OF THE AUDIT

- 3.1 In November 2007 the FSA informed the Authority that it had been selected to take part in the Agency's focused audit programme on the delivery of local authority official controls on feeding stuffs including imported feed and food controls.

- 3.2 The scope of the audit was official controls implemented and delivered by the local authority in relation to animal feeding stuffs, enforcement, including feed hygiene and imports and food import controls to verify compliance with the Standard, the relevant codes of practice and centrally issued guidance.

4 THE AUDIT PROCESS

- 4.1 A pre visit questionnaire is completed by the Authority one month prior to the on-site visit. The questionnaire plays an important part in the audit process providing the auditors with background information on the Authority's food/feed law enforcement systems and procedures.
- 4.2 The on-site visit was carried out on 6-7 March 2008. The visit consisted of an examination of the Authority's procedures, files and records, relevant computer records and interviews with enforcement staff.

5 AUDIT REPORT

- 5.1 The detailed report of the audit produced by the FSA is attached in **Appendix 1**. The report indicates that the authority has implemented up-to-date procedures reflecting recent changes in legislation, and that a risk based sampling programme has been implemented following the Agency's advice. The report identifies no areas for improvements and details only five minor recommendations.
- 5.2 Improvements planned to address the recommendations have been included in the Council's action plan together with the timescales for their implementation.
- 5.3 The FSA will contact the Authority six months from the date of receipt of the audit report to review progress against the action plan.

6 RECOMMENDATIONS

- 6.1 That the Portfolio Holder notes the report.

7. CONTACT OFFICER

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Appendix 1



Report on the Food Law Enforcement Service

Hartlepool Borough Council

6 – 7 March 2008

Local Authority Controls of Imported Feed and Food
(including Inland Controls) and Feed Law Enforcement

Appendix 1

Foreword

Audits of local authorities' food and animal feed law enforcement services are part of the Food Standards Agency's arrangements to improve consumer protection and confidence in relation to food. These arrangements recognise that the enforcement of UK food/feed law relating to food safety, hygiene, composition, labelling, imported food and feed is largely the responsibility of local authorities. These local authority regulatory functions are principally delivered through their Environmental Health and Trading Standards Services.

Agency audits assess local authorities' conformance against the Food Law Enforcement Standard "The Standard", which was published by the Agency as part of the Framework Agreement on Local Authority Food Law Enforcement which is available on the Agency's website at: **www.food.gov.uk/enforcement**.

The main aim of the audit scheme is to maintain and improve consumer protection and confidence by ensuring that local authorities are providing an effective food/feed law enforcement service. The scheme also provides the opportunity to identify and disseminate good practice and provide information to inform Agency policy on food safety.

The attached audit report considers the local authority's food and feed law enforcement service, focusing on the local arrangements in place for the enforcement of feed law and imported feed and food controls (including 'inland' post entry controls on imports from countries outside the EU).

Import controls at the point of entry on food/feed of animal origin are not within the scope of this audit. These products are subject to controls at designated Border Inspection Posts which have separate audit arrangements conducted by Animal Health (an executive of the Department of Environment, Food and Rural Affairs (Defra)).

The report also contains an action plan, prepared by the Authority, to address recommendations provided as a result of the audit findings. For assistance, a glossary of technical terms used within the audit report can be found at Annex A.

There have recently been a number of important developments impacting on the enforcement of imported food and feed legislation. These include:

- revocation of the Imported Food Regulations 1997;
- implementation of Regulation (EC) No 853/2004 (on official feed and food controls);

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- implementation of Regulation (EC) No 183/2005 (on feed hygiene); and
- publication of the Feed Law Enforcement Code of Practice (Great Britain).

In addition, it is anticipated that measures for the control of food and feed with known or emerging risk will be implemented in accordance with Regulation (EC) No 882/2004 during 2008.

The Agency's Enforcement Support Division and the Animal Feed Unit have identified official controls on imported food and feed from countries outside of the European Union (third countries) as important to ensuring the safety of food and feed. This is borne out by recent food/feed incidents, including mycotoxin contamination of groundnuts and cereal products, contamination of protein isolates with melamine, and the diversion of products intended for industrial use e.g. guar gum and zinc sulphate into the food/feed chain. Sixty two per cent of Rapid Alert System Feed and Food (RASSF) notifications and 75% of information notifications published by the European Commission (EC) during 2006 related to products of third country origin.

The Agency has also taken the opportunity during this audit to look at official controls of all feed law enforcement in light of the recent implementation of the Regulation (EC) 183/2005 (on feed hygiene). This Regulation came into force on 1 January 2006 and extended similar provisions contained in the now revoked Directive (EC) 95/69 (on establishments and intermediaries) to a wider range of businesses including all those placing onto the market, using, storing or transporting feedingstuffs e.g. arable farmers, livestock farmers, food manufacturers supplying co-products to the feed industry and hauliers. Feed business operators new to the requirements of Regulation (EC) 183/2005 had until 1 January 2008 to fully comply with the new requirements.

A number of Authorities with ports/points of entry in their area as well as Authorities with significant imported food business operators have been selected for audit during this programme. These include those Authorities which report low levels of import activity to provide confidence that they have an accurate assessment of local import trade and that an appropriate level of control could be implemented in the event of a change in established trading patterns.

Appendix 1

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Appendix 1

1. Introduction

- 1.1 This report records the results of the audit under the relevant headings of the Food Standards Agency Food Law Enforcement Standard and has been made publicly available on the Agency's website. Hard copies are available from the Food Standards Agency's Local Authority Liaison Division at Aviation House, 125 Kingsway, London WC2B 6NH, Tel: 020 7276 8428.

Reason for the audit

- 1.2 The power to set standards, monitor and audit local authority food law enforcement services was conferred on the Food Standards Agency by the Food Standards Act 1999. The audit of the food service at Hartlepool Borough Council was undertaken under section 12(4) of the Act as part of the Food Standards Agency's annual audit programme.

Scope of the audit

- 1.3 The audit covered Hartlepool Borough Council's food and feed law enforcement service with a focus on feed law enforcement and the implementation of imported food and feed controls at Hartlepool Docks through to subsequent inland controls. The Animal Medicines Inspectorate (AMI) are responsible for animal feeding stuffs containing medicinal and specified products and are subject to separate auditing regimes.
- 1.4 The audit assessed the Authority's conformance against the Standard, using audit protocols and checklists FIFP – FIFC. The Standard was adopted by the Food Standards Agency Board on 21 September 2000, (amended July 2004), and forms part of the Agency's Framework Agreement. The Framework Agreement and the audit protocols can be found on the Agency's website at: ***www.food.gov.uk/enforcement***.
- 1.5 The on-site element of the audit took place at the Authority's offices at the Civic Centre, Victoria Road, Hartlepool TS24 8AY on 6-7 March 2008.
- 1.6 The audit also afforded the opportunity for discussion with officers authorised to undertake food and feed law enforcement.

Appendix 1

Background

- 1.7 Hartlepool Borough Council is a unitary authority covering a mainly urban area, including the town of Hartlepool, with a small number of outlying villages. The population of the Borough is approximately 88,600 and it covers an area of approximately 9,390 hectares.
- 1.8 Hartlepool Borough Council became a unitary authority in 1996 after the abolition of the County of Cleveland due to local government re-organisation. The county was split into 4 unitary authorities including Redcar and Cleveland, Stockton on Tees and Middlesbrough.
- 1.9 The town of Hartlepool has in recent years been subject to a series of major investment projects including the construction of the new marina, housing and shopping centre redevelopment and Historic Quay regeneration.
- 1.10 Hartlepool Borough Council has Port Health Authority (PHA) status but is not a Border Inspection Post (BIP) for the control of imported foods of animal origin. Hartlepool Docks is at present, not a port of entry for food or feed imports, the main consignments arriving at the port being timber and steel.

Appendix 1

2. Executive Summary

- 2.1 Although Hartlepool Borough Council has Port Health Authority status there are currently no imported foods or feed arriving at Hartlepool Docks. The Authority has a documented system in place to monitor the ongoing situation and is in regular contact with the Port operators.
- 2.2 The Authority has recently updated its quality procedures in relation to imported food and feed law controls, and had also implemented some new procedures to take account of recent changes in legislation, in particular those relating to feed hygiene inspections.
- 2.3 The Authority has no major food or feed importers and a limited number of premises which require feed law enforcement activities. However, it was clear that the Authority had been proactively identifying relevant feed business premises and carried out some inspections.
- 2.4 A risk based feed sampling programme had also been implemented and the food sampling programme had taken into account Agency's advice that 10% of samples should be foods imported from outside of the European Union.
- 2.5 The Authority had been unable to submit statistical monitoring returns for its imported foods and feed law enforcement activities to the Agency due to database problems. However, the IT software had been recently upgraded and the Authority was confident it could now submit the returns.

Appendix 1

3. Audit Findings

3.1 Planning and Organisation

Organisation and Management

- 3.1.1 The Council operates a structure which consists of an elected Mayor and Cabinet. The Cabinet comprises of 7 Members covering 7 Portfolios, supported by 5 regulatory and other committees; overview and scrutiny forums; and 3 neighbourhood consultative forums.
- 3.1.2 Food and feed enforcement service delivery is provided by the Consumer Services Section that sits within the Public Protection Division within the Neighbourhood Services Department.
- 3.1.3 The Consumer Services Section (CSS) is managed by the Consumer Services Manager (CSM), and consists of 3 teams; The Commercial Team; the Licensing Team; and the Trading Standards Team. The Principal Environmental Health Officer (PEHO) leading the Commercial Team has Lead Officer responsibilities for food and feed law enforcement. Some of the officers with responsibility for feed law enforcement are based within the Trading Standards Team but report to the PEHO (Commercial Team) for this area of their work.
- 3.1.4 The Authority had developed a Food Law Enforcement Service Plan 2007/08 that incorporated food hygiene, food standards and feed law enforcement and which had been approved at the appropriate Member level. The Service Plan was broadly in line with the requirements detailed in the Service Planning Guidance in the Framework Agreement.
- 3.1.5 In regard to feed law enforcement, the Service Plan included a feeding stuffs sampling plan and acknowledgement of the Authority's responsibilities for feed businesses to be approved or registered under the terms of the Regulation (EC) 1831/2003 on feed hygiene. However, the Service Plan did not include a feed premises inspection programme.
- 3.1.6 The Service Plan made reference to the Authority's status as a PHA and confirmed that no food was entering Hartlepool Docks. Imported food was incorporated in the Authority's food sampling plan and included in the Service Plan which made reference to Agency guidance that a proportion of the planned sampling programme should include imported foods.

Appendix 1

- 3.1.7 In general, the Service Plan provided a useful summary of the statutory functions of the Authority and the operational demands on the Service.

Recommendations

- 3.1.8 The Authority should:

Further develop the Service Plan to include a feed premises inspection programme and more detailed information in relation to the Service's operational demands for feed law enforcement activities.

[The Standard – 3.1]

Review and Updating of Documented Policies and Procedures

- 3.1.9 The Food & Feed Quality System Procedure: Document and Data Control detailed the system by which documents were controlled and amendments made. The Service's documented operational procedures had been updated in January 2008 and others had been recently implemented to reflect changes in operation and legislation, particularly those affecting feed law enforcement.
- 3.1.10 In practice, documents and procedures were allocated to various members of staff for review and updating as necessary. The CSM then examined the updates and made any necessary amendments. In addition the PEHO was required to make a final examination before signing off the updated documents.
- 3.1.11 All 'live' documents and procedures were stored on the Authority's IT system in 'read only' files which were password protected and accessible to enforcement staff.
- 3.1.12 In general, the Authority was found to have a detailed, well organised quality management system, which was operating effectively.

Authorised Officers

- 3.1.13 The Authority's scheme of delegation for the authorisation of officers was contained in the Hartlepool Borough Council Constitution Part 3: Responsibility for Functions. The Authority's 'Executive Delegation Scheme' designated 'Decision Making Officers' and defined the

Appendix 1

‘Statutory Framework and Basic Principles’ for the delegation of the Council’s powers, duties and responsibilities.

- 3.1.14 The Service’s procedure for the authorisation of food and feed officers was contained in the ‘Food and Feed Quality System Procedure: Authorisation of Officers’, which had been updated in January 2008. The procedure detailed the process for the authorisation of food and feed law officers and also the qualifications and continuous professional development (CPD) training required for the various levels of authorisation.
- 3.1.15 Individual officer authorisations were generally commensurate with their qualifications, experience, training and food and feed law enforcement responsibilities. Officers had generally received sufficient hours of CPD to meet the requirements of the food and feed law codes of practice.
- 3.1.16 The Authority did not employ outside agency staff to carry out food and feed law enforcement, but used their own staff who worked overtime to address resource issues when necessary.
- 3.1.17 The methods by which training needs of Authorised Officers were identified are contained in the Service’s ‘Food and Feed Quality System Procedure: Training’, which had also been updated in January 2008. It stated that the Service’s training policy and procedure were designed to address the requirements necessary to achieve accreditation under the Investors in People (IIP) standard.
- 3.1.18 The training procedure required that staff undergo an annual Personal Review & Development Interview (PRDI) with the CSM or PEHO to identify training and/or development needs. A training plan was then drawn up for each officer. In addition, the procedure specified that training could be identified on other occasions e.g. at team meetings or during service planning.
- 3.1.19 The training procedure also detailed the CPD required by officers to maintain their levels of authorisation and how records of training and qualifications would be compiled and maintained.
- 3.1.20 In general records of officers training contained sufficient detail of courses they had attended. However, the training record of 1 officer indicated that they had not received the required amount of feed enforcement CPD training as required by the Feed Law Enforcement Code of Practice (Great Britain).

Appendix 1

Recommendations

3.1.21 The Authority should:

Ensure that authorised officers for feed law enforcement receive the necessary on-going training in accordance with the Feed Law Code of Practice (Great Britain). [The Standard 5.4]

Facilities and Equipment

3.1.22 The Authority's food statistical monitoring return data for the period 2006/07 was incomplete as the Service's database had been undergoing an upgrade. Auditors were advised that a 'patch' had now been installed on the database to enable the 9 month interim figures, from 1 April 2007 to 31 December 2007, to be provided to the Agency. Auditors were also informed that the upgrade had been tested and the Authority was confident that an accurate return could now be made.

3.1.23 The Authority had not submitted separate statistical monitoring returns to the Agency for feed law enforcement. The Authority informed auditors that they had not been able to generate separate returns for feed law enforcement until certain codes and fields had been changed or modified. Auditors were advised that the necessary changes to database codes had now taken place to permit the return for feed law enforcement activities to be made and that imported food premises could be differentiated from other records. The Authority had submitted separate monitoring returns for imported food controls.

Recommendation

3.1.24 The Authority should:

Ensure that statistical monitoring returns for food safety and feed enforcement are submitted to the Agency in accordance with the Monitoring Guidance in the Framework Agreement and subsequent centrally issued guidance. [The Standard – 6.4]

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Liaison with Other Organisations

- 3.1.25 The Authority is a member of the Tees Valley Food Liaison Group (TVFLG) where imported food controls are regularly discussed. The CSM was the designated liaison officer.
- 3.1.26 The Authority is also a member of the North East Trading Standards Association (NETSA) which had recently formed a 'Feed Liaison Group'. Auditors were advised that the first meeting of the Group was scheduled for March 2008.
- 3.1.27 There was recent evidence, in the form of e-mail and minutes of meetings, that officers had been in contact with various parties relevant to imported food and feed law enforcement. These included HM Revenue and Customs (HMRC), the Animal Health Group of the Department of Environment, Food, and Rural Affairs (Defra) and the Animal Medicines Inspectorate (AMI). However, the liaison arrangements needed to be properly established and to include closer working relationships with the AMI (see Paragraph 3.3.3).

Recommendation

- 3.1.28 The Authority should:

Ensure that adequate liaison arrangements with neighbouring feed law enforcement authorities and other relevant agencies are implemented in accordance with the Feed Law Enforcement Code of Practice (Great Britain). [The Standard – 18.1]

Appendix 1

3.2 Imported Food and Feed Control Activities

Port Monitoring Arrangements

3.2.1 The Authority was not aware of any food or feed being directly imported through Hartlepool Docks. Auditors were advised that arrangements were in place to monitor activities carried out at the Port. These arrangements were detailed in the Service's 'Food and Feed Standard Operating Procedure: Imported Food & Feed Control', which had been updated in January 2008, and included:

- daily checks of the shipping reports website to monitor ships entering the port;
- regular liaison with the shipping agents to establish the content of cargoes; and
- contact with the Port Operator and HMRC every three months to confirm the Port's current status in regard to imported food and feed.

Inland Arrangements

3.2.2 The Authority did not have any food or feed import businesses operating within its administrative area, or any businesses in receipt of large quantities of imported food or feed. There were no enhanced remote transit sheds (ERTS) in the Authority's administrative area.

3.2.3 The Service's 'Food Standard Operating Procedure: Food Premises Inspections' stated that during routine inspections officers should check that food, thought to be imported, conforms with relevant food legislation. The aide-memoire developed by the Service for officers undertaking food standards inspections incorporated a section on imported food.

Sampling of Imported Food and Feed

3.2.4 The Authority had developed a food sampling policy, which had been revised in January 2008 and was in line with Agency guidance. The Policy stated that the Authority would aim to meet national priorities in relation to imported food sampling.

3.2.5 Similarly, the Authority had developed an animal feed sampling policy, which had been drafted in January 2008 and was generally in line with Agency Guidance. However, this document did not address the Authority's policy on the sampling of imported feed.

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- 3.2.6 The Authority had developed a food sampling programme for 2007/08 which had been incorporated into its Service Plan. There was evidence that the programme had been drawn up on the basis of potential risk and included imported food sampling, for microbiological and compositional purposes, at retail level. A feed sampling programme was also included in the Service Plan but did not include any sampling of imported feed due to the lack of import activity and feed business operators dealing with imported feed in the Authority's area.
- 3.2.7 In the absence of any relevant imports, no food or feed sampling had been necessary at the Port
- 3.2.8 The laboratories used by the Service were accredited and a Public Analyst and an Agricultural Analyst had been appointed by the Authority.

Imported Food and Feed Safety Incidents

- 3.2.9 The Service had recently updated its 'Food Standard Operating Procedure: Food Incidents and Hazards' and had drafted a 'Feed Standard Operating Procedure: Feed Incidents and Hazards'. As part of these procedures there was a system in place for initiating, receiving and recording action taken to deal with food and feed alerts issued by the Agency. The procedure also dealt with RASSF alerts issued by the European Commission.
- 3.2.10 The Authority operated an out of hours call out system that enabled an officer to be contacted in the event that urgent action was required.

Appendix 1

3.3 Feed Law Enforcement Controls (Inland)

Feed Premises Inspections

- 3.3.1 The Service's 'Feed Standard Operating Procedure: Feed Premises Inspections' had been implemented in January 2008 to take into account the recent changes in feed legislation and the requirements of the Agency's Feed Law Enforcement Code of Practice (Great Britain). The procedure covered all areas of feed inspection including feed hygiene.
- 3.3.2 File checks showed that the Authority was in the process of identifying all premises subject to feed law enforcement. The work was well advanced and most feed businesses had been risk rated and premises included in the Authority's inspection programme for 2008/09. Record checks of 8 premises showed that 5 had been visited during the 8 months prior to the audit but it was clear that feed businesses, including those which had been subject to the now superseded requirements of the Feeding Stuffs (Establishments and Intermediaries) Regulations 1999, had not been inspected at a frequency required by centrally issued guidance.
- 3.3.3 The Authority was also aware of two feed business operators which the Animal Medicines Directorate (AMI) had approved in accordance with Regulation (EC) 1831/2003 on feed hygiene. Auditors were advised that enforcement of the Authority's feed hygiene responsibilities at these premises was being carried out by the AMI in accordance with the Memorandum of Understanding (MoU) between LACORS and the Veterinary Medicines Directorate (VMD). However, there was no information on the Service's records relating to inspections or other enforcement activity carried out by the AMI at either of these businesses. The Service advised auditors that it had recently made contact with the AMI inspector responsible for the Hartlepool area with a view to conducting a joint visit to these premises.
- 3.3.4 Records of recent inspections to feed business showed that officers were visiting premises and checking operating systems for compliance with the requirements of the Regulation (EC) 1831/2003 on feed hygiene and taking the appropriate follow-up action where necessary. Reports of inspections were provided to feed business operators in accordance with the Feed Law Enforcement Code of Practice (Great Britain) and included reference to the key points discussed. Historical records of inspections lacked the necessary detail to inform subsequent inspections.

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- 3.3.5 Records of feed premises generally contained copies of correspondence, feed sample results and copies of more recent inspection reports. None of the premises files included an indication of the size or scale of the business.

Recommendation

- 3.3.6 The Authority should:

Ensure that all feed business premises files, including those subject to inspection by the AMI, contain sufficient detail regarding the size and the scale of the business, enforcement activities and copies of relevant correspondence [The Standard 16.1]

Feeding Stuffs Sampling

- 3.3.7 The Authority had drawn up a feed sampling programme for 2007/08 which had been incorporated into the Service Plan. Six informal samples were scheduled for the 2007/08 period. The Plan also stated that the Authority considered feeding stuffs sampling to be a low priority due the lack of local manufacturers and packers.
- 3.3.8 The Service had a Feed Standard Operating Procedure: Sampling of Feedings Stuffs which had been recently updated.
- 3.3.9 File checks of feed samples included in the Service's 2007/08 sampling programme showed they had been carried out in line with the Feed Law Code of Practice (Great Britain). The samples had been taken by properly authorised officers, feed business operators had been informed of the results of analysis. Where samples results were unsatisfactory, appropriate follow-up action had been taken and the records were complete and accurate.

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3.4 Monitoring Arrangements

Internal Monitoring

- 3.4.1 The Food Standard Operating Procedure: Food Inspection Monitoring had been developed and recently updated. In addition, a Food Standard Operating Procedure: Feed Inspection Monitoring had been recently implemented. The procedures were designed to assist adherence to the Service's inspection programmes and included the monitoring of documentation and accompanied inspections. Auditors were advised that any concerns identified during monitoring were raised with individual officers and fed into the personal development and training process.
- 3.4.2 File checks on feed inspections and sampling showed that monitoring procedures had been regularly carried out.

Third Party or Peer Review

- 3.4.3 The Authority had participated in inter-authority audits within the TVFLG in 2005. The audits had been carried out by outside agency staff acting as lead auditors, accompanied by local authority staff as second auditors. The audits had been carried out using Agency audit checklists and protocols and the report was in a similar format. An action plan had been drawn up and there was evidence that the Authority had taken steps to implement its recommendations.

Auditors: **Robert Hutchinson**
 Alan Noonan
 Ron Cheesman

Food Standards Agency

Local Authority Liaison Division

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Action Plan for Hartlepool Borough Council

Audit date: 6-7 March 2008

IMPROVEMENTS	BY (DATE)	TO ADDRESS RECOMMENDATION (INCLUDING STANDARD PARAGRAPH)	ACTION TAKEN
Review Service Plan and take to members for approval.	30/10/08	3.1.8 Further develop the Service Plan to include a feed premises inspection programme and more detailed information in relation to the Service's operational demands for feed law enforcement activities. [The Standard – 3.1]	Date takes account of portfolio and council hearings.
Ensure all training records are up to date & review training needs of all staff.	01/05/08	3.1.21 Ensure that authorised officers for feed law enforcement receive the necessary on-going training in accordance with the Feed Law Code of Practice (Great Britain). [The Standard 5.4]	Officer being supervised in interim. Officer to be sent on training course when available. All records up to date.
Return to be completed and sent to Food Standards Agency.	06/05/08	3.1.24 Ensure that statistical monitoring returns for food safety and feed enforcement are submitted to the Agency in accordance with the Monitoring Guidance in the Framework Agreement and subsequent centrally issued guidance. [The Standard – 6.4]	Completed return sent to Food Standards Agency.
Regional group to be established.	Completed	3.1.28 Ensure that adequate liaison arrangements with neighbouring feed law enforcement authorities and other relevant agencies are implemented in accordance with the Feed Law Enforcement Code of Practice (Great Britain). [The Standard – 18.1]	Group established and meeting has taken place on 02/04/08.

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Set up arrangements with other agencies.	Completed	3.3.5 Ensure that all feed business premises files, including those subjected to inspection by the AMI, contain sufficient detail regarding the size and the scale of the business, enforcement activities and copies of relevant correspondence. [The Standard 16.1]	Arrangements made for liaison with other agencies.
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ANNEX

Glossary

Agricultural Analyst	A person, holding the prescribed qualifications, who is formally appointed by a local authority to analyse feeding stuffs samples.
Animal Medicines Inspectorate	Enforcement body within the VMD authorised under the current Veterinary Medicines Regulations to inspect and approve manufacturers and distributors of feedingstuffs containing veterinary medicinal products and/or specified feed additives and retailers of veterinary medicinal products.
Authorised officer	A suitably qualified officer who is authorised by the local authority to act on its behalf in, for example, the enforcement of legislation.
Border Inspection Post	Point of entry into the UK from non-EU countries for products of animal origin.
Codes of Practice	Government Codes of Practice issued under Section 40 of the Food Safety Act 1990 as guidance to local authorities on the enforcement of food legislation.
Consignment	A unit of cargo that can consist of one or a number of different products.
County Council	A local authority whose geographical area corresponds to the county and whose responsibilities include food standards and feeding stuffs enforcement.
Defra	The Department for Environment, Food and Rural Affairs. The Government department designated as the central competent authority for products of animal origin in England.
District Council	A local authority of a smaller geographic area and situated within a County Council whose responsibilities include food hygiene enforcement.
Enforcement Concordat	Government guidance setting out principles and procedures of good enforcement which local authorities may adopt. Developed in consultation with businesses, local and central government, consumer groups and other interested parties. It sets out what businesses and others being regulated can expect from enforcement officers.
Environmental Health Officer (EHO)	Officer employed by the local authority to enforce food safety legislation.
ERTS	Enhanced remote transit shed. An HM Customs and Revenue designated warehouse where goods are held in temporary storage pending Customs clearance and release for free circulation.

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Feeding stuffs	Term used in legislation on feed mixes for farm animals and pet food.
Food Examiner	A person holding the prescribed qualifications who undertakes microbiological analysis on behalf of the local authority.
Food Hazard Warnings	This is a system operated by the Food Standards Agency to alert the public and local authorities to national or regional problems concerning the safety of food.
Food hygiene	The legal requirements covering the safety and wholesomeness of food.
Food standards	The legal requirements covering the quality, composition, labelling, presentation and advertising of food, and materials in contact with food.
Food Standards Agency	The non-ministerial department designated as the central competent body responsible for enforcement support, advice and audit of enforcement activity with regard to local authority food safety and standards controls, including imported foods not of animal origin.
Formal samples	Samples taken in accordance with the requirements of Food and Feed Codes of Practice (Great Britain) for Analysis or Examination. Formal samples included on the Official Control Directive monitoring statistics are those taken in accordance with the relevant sampling regulations and submitted to an accredited laboratory on the official list. The official list is available on the Food Standards Agency website at www.food.gov.uk/enforcement/foodcontrolabs
Framework Agreement	<p>The Framework Agreement consists of:</p> <ul style="list-style-type: none">• Food Law Enforcement Standard• Service Planning Guidance• Monitoring Scheme• Audit Scheme <p>The Standard and the Service Planning Guidance set out the Agency's expectations on the planning and delivery of food law enforcement.</p> <p>The Monitoring Scheme requires local authorities to submit quarterly returns to the Agency on their food enforcement activities i.e. numbers of inspections, samples and prosecutions.</p> <p>Under the Audit Scheme the Food Standards Agency will be conducting audits of the food law enforcement services of local authorities against the criteria set out in the Standard.</p>
Full Time Equivalents (FTE)	A figure which represents that part of an individual officer's time available to a particular role or set of duties. It reflects

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the fact that individuals may work part-time, or may have other responsibilities within the organisation not related to food enforcement.

Home Authority	An authority where the relevant decision making base of an enterprise is located and which has taken on the responsibility of advising that business on food safety/food standards issues. Acts as the central contact point for other enforcing authorities' enquiries with regard to that company's food related policies and procedures.
Informal samples	Samples that have not been taken in accordance with the appropriate sampling regulation (e.g. samples for screening purposes) and/or not sent to an accredited laboratory.
Inter Authority Auditing	A system whereby local authorities might audit each others' food law enforcement services against an agreed quality standard.
Manifest	Commercial document providing a general description of cargo.
Member forum	A local authority forum at which Council Members discuss and make decisions on food law enforcement services.
Memorandum of Understanding	Document detailing the division of responsibility between the AMI and local authorities for the enforcement of feedingstuffs legislation.
Metropolitan Authority	A local authority normally associated with a large urban conurbation in which the County and District Council functions are combined.
NPOAO	Products NOT of animal origin. Foods that fall under the requirements of the Official Feed and Food Controls (England) Regulations 2007.
OCD returns	Returns on local food law enforcement activities required to be made to the European Union under the Official Control of Foodstuffs Directive.
Originating Authority	An authority in whose area a business produces or packages goods or services and for which the Authority acts as a central contact point for other enforcing authorities' enquiries in relation to the those products
POAO	Products of animal origin. Animal derived products that fall under the requirements of the veterinary control regime.
Port Health Authority	An authority specifically constituted for port health functions including imported food control.
Public Analyst	An officer, holding the prescribed qualifications, who is formally appointed by the local authority to carry out chemical analysis of food samples.

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RASFF	Rapid alert system for food and feed. The European Union system for alerting port enforcement authorities of food and feed hazards.
Riparian authorities	Local authorities whose administrative areas encompass a waterway.
Service Plan	A document produced by a local authority setting out their plans on providing and delivering a food service to the local community.
Third Country	Countries outside the European Union.
Trading Standards	The Department within a local authority which carries out, amongst other responsibilities, the enforcement of food standards and feeding stuffs legislation.
Trading Standards Officer (TSO)	Officer employed by the local authority who, amongst other responsibilities, may enforce food standards and feeding stuffs legislation.
Unitary Authority	A local authority in which the County and District Council functions are combined, examples being Metropolitan District/Borough Councils and London Boroughs. A Unitary Authority's responsibilities will include food hygiene, food standards and feeding stuffs enforcement.
Veterinary Medicines Directorate	Executive agency of Defra responsible for assuring the safety, quality and efficacy of veterinary medicines.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder
28 July 2008



Report of: Director of Adult and Community Services

Subject: CONTRIBUTIONS POLICY 2008

SUMMARY

1.0 PURPOSE OF REPORT

To provide an early update on the impact of the amended Contribution Policy for those receiving non-residential support in the community.

2.0 SUMMARY OF CONTENTS

The results from the first 66 re-assessments show a range of changes, with an overall average increase of £8.49 per week. More information and analysis is required to understand the full impact of the changes. The report also corrects a minor error in the wording of the policy.

3.0 RELEVANCE TO PORTFOLIO MEMBER

The responsibility for provision and budget for non-residential support lies with the Portfolio Holder.

4.0 TYPE OF DECISION

Non-Key.

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 28 July 2008

6.0 DECISION(S) REQUIRED

To note the report and receive further updates in due course.

Report of: Director of Adult and Community Services

Subject: CONTRIBUTIONS POLICY

1. PURPOSE OF REPORT

- 1.1 To provide an early update on the impact of the amended Contribution Policy for non-residential support in the community.

2. BACKGROUND

- 2.1 Changes were made to the contributions policy (Cabinet 31 March 2008) to make it more consistent and flexible. An undertaking was given to monitor and report upon the impact of the policy on individual services users. This is the first such report.

3. IMPACT OF THE CHANGE

- 3.1 The new policy was implemented from 14 April 2008. Those due for a review of their needs since then have been given an indicative personal budget. A financial contribution has also been calculated based on the size of the support plan subsequently agreed with the service user, and their ability to pay. Those assessed for the first time have followed a similar process.
- 3.2 The results are now available from an early sample of 66 re-assessments under the new policy. On average the increase in contribution is £8.49 per week. This is partly affected by changes in personal circumstances, benefit rates, package etc., and partly a result of the new policy. A total of 29% pay the same or less than before, 36% pay up to £10.00 per week more, and 35% between £11.00 and £30.00 per week more (the capped increase). The larger increases affect those who had previously mainly received non-chargeable services.
- 3.3 Obviously these are very early results and more analysis is required before the full impact is properly understood.

4. POLICY WORDING

- 4.1 Following consultation it was decided that the cost of the support plan should be shared between the Council and the user on a percentage basis. There would be a 25% Council subsidy, and the remaining 75% would be met from service user contributions, subject to their ability to pay and the application of additional ceilings and restrictions. Part of the reasoning was that if an individual decided not to commit all of their personal budget to a support plan the financial benefit would be shared proportionately with the Council.
- 4.2 Unfortunately the wording of the policy attached to the report referred to a subsidy of '25% of the assessed contribution' rather than 25% of the support plan. This error has now been corrected to reflect the intentions described in the report and discussed in the consultation meetings.

5. RECOMMENDATIONS

That the Portfolio Holder notes the report and receives further updates in due course.