

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



Monday 16th March 2009

at 10.00 am

**in Committee Room D,
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 Social Care Contracts – *Director of Adult and Community Services*
- 2.2 Animal Health and Welfare Service Delivery Plan 2009/2010 – *Head of Procurement, Property and Public Protection*
- 2.3 Revision of 2009/10 Licence Fees – Private Hire Operators – *Head of Procurement, Property and Public Protection*
- 2.4 Revision of 2009/10 Fees and Charges – Update Report (Environmental Standards) – *Head of Procurement, Property and Public Protection*
- 2.5 Buildings Based Respite Care – *Director of Adult and Community Services*

3. ITEMS FOR INFORMATION / DISCUSSION

- 3.1 Safeguarding Vulnerable Adults National Consultation on Review of No Secrets and Hartlepool Vulnerable Adults Protection Committee Quarterly Statistics 01 October 2008-31 December 2008 – *Director of Adult and Community Services*
- 3.2 Water Safety Plan – *Head of Procurement, Property and Public Protection*

4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS

No items.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
Monday 16 March 2009



Report of: Director of Adult & Community Services

Subject: SOCIAL CARE CONTRACTS

SUMMARY

1. PURPOSE OF REPORT

To seek the Portfolio Holder for Adult and Public Health Services' approval to make an exception to the Contract Procedure Rules in respect of four social care contracts.

2. SUMMARY OF CONTENTS

The report provides information on the contracts, the financial impact of the provision of the services and the justification for making an exception to the Rules.

3. RELEVANCE TO PORTFOLIO MEMBER

Any exception of the Contract Procedure Rules must be agreed by the Portfolio Holder.

4. TYPE OF DECISION

Non Key

5. DECISION MAKING ROUTE

Decision by Adult and Public Health Services Portfolio Holder – 16 March 2009

6. DECISION REQUIRED

To seek agreement to make an exception to the Contract Procedures Rules in respect of four social care contracts.

Report of: Director of Adult & Community Services

Subject: SOCIAL CARE CONTRACTS

1. PURPOSE OF REPORT

1.1 To seek the Portfolio Holder for Adult and Public Health Services approval to make an exception to the Contract Procedure Rules in relation to the following contracts:

- People's Relief of Pressure – Mental Health Services
- Hartlepool Arts Studio Project – Community Arts Studio
- Hartlepool Citizens Advice Bureau - Representational Advocacy
- Hindu Cultural Society – Day Services

2. CONTRACT DETAILS

2.1 People's Relief of Pressure – Mental Health Services

2.1.1 The Council has funded the provision of the service under a contract with the provider since April 2004. The existing agreement commenced on 1st April 2008 for 1 year and will terminate on 31st March 2009. The primary objective of the service is to provide support in as many ways as possible to anyone suffering mental health problems, whilst preserving maximum independence and quality of life.

2.2 Hartlepool Arts Studio Project – Community Arts Studio

2.2.1 The Council has contracted with Hartlepool Arts Studio Limited (HASL) for the provision of an open access art studio since 2004. The current contract commenced on 1st April 2008 and will terminate on 31st March 2009. The studio is available for members of the public, particularly but not exclusively for those with a mental health problem.

2.3 Hartlepool Citizens Advice Bureau - Representational Advocacy

2.3.1 The Council has contracted with Hartlepool Citizens Advice Bureau for the provision of representational advocacy services since 2002. The current contract commenced on 1st April 2006 for 2 years with an option to extend for a further 12 months and will terminate on 31st March 2009. The service consists of independent advice, information and representational advocacy. An Advocacy Case Worker provides the service to any adult, or their carer, who has accessed or is wishing to access community care facilities

2.4 Hindu Cultural Society – Day Services

- 2.4.1 The Council currently contracts with the Hindu Cultural Society for the provision of day service opportunities to promote social inclusion and reduce isolation in elders. The contract commenced in on 1st April 2007 for 12 months. The option to extend the contract for a further 12 months was exercised and will now terminate on 31st March 2009.

3. **SERVICE REVIEW AND FUTURE ARRANGEMENTS**

- 3.1 The Commissioning Team has monitored the contracts and a review of each has comprised an analysis of contribution to departmental priorities, statutory requirements and national and local objectives. The process assessed the provider's effectiveness in meeting the requirements of the service specification and how they communicate with the department and external agencies to further enhance the service.

- 3.2 The individual reports for each of the services are attached and detail the reviewing officer's findings and operational colleague's feedback on the services.

- 3.3 At a meeting of the Heads of Service for the Adult & Community Services Department the 2009 Reviews were considered and it was agreed that the services should continue for the following reasons:

3.4 Hartlepool Arts Studio Project – Community Arts Studio and People's Relief of Pressure – Mental Health Services

- 3.4.1 Following the review of mental health day services across TEWV trust and HBC contracted services a Mental Health Day Services Strategy has been developed which recommends tendering for the future provision of mental health day services. It is proposed that these contracts continue to maintain services whilst the recommendations of the Strategy are implemented. The cost of the provision of the services from 1st April 2009 to 31st March 2010 is

- Hartlepool Arts Studio Project £52,600
- People's Relief of Pressure £52,200

3.5 Hartlepool Citizens Advice Bureau - Representational Advocacy

- 3.5.1 It is proposed that the existing service continues for a further 12 months to maintain service whilst a fundamental review of advocacy services is carried out and a tendering exercise undertaken. The cost of the provision of the service from 1st April 2009 to 31st March 2010 is £26,000.

3.6 Hindu Cultural Society – Day Services

- 3.6.1 The Service is required to continue for a period of 12 months in order to incorporate an intergenerational/educational project to advance the Hindu culture and also assist in the reduction of social isolation by promotion of inclusivity across several generations. It is also anticipated that the Department undertakes a thorough evaluation of the uptake of the Service which will provide more evidence for the basis of a market testing/tender exercise in financial year 09/10. The cost of the provision of the service from 1st April 2009 to 31st March 2010 is £10,560.

6. RECOMMENDATION

- 6.1 That the Portfolio Holder for Adult and Public Health Services agrees to make an exception to the Contract Procedure Rules in relation to the contracts identified in clause 2 to allow for the services to continue for a further 12 months.



ADULT & COMMUNITY SERVICES DEPARTMENT

ANNUAL REVIEW REPORT

2008

SERVICE

REPRESENTATIONAL ADVOCACY

PROVIDER

HARTLEPOOL CITIZENS ADVICE BUREAU

MANAGER

JOE MICHNA

ANNUAL COST

£25,337

REVIEW OFFICER

ALLISON DAVIES

METHODS USED

QUESTIONNAIRE, REVIEW MEETING

PEOPLE CONSULTED

SERVICE PROVIDER, OPERATIONAL LINKS, BUDGET
HOLDER

1. Service Outline

The contract is for the provision of independent advice, information and representational advocacy. An Advocacy Case Worker provides the service to any adult, or their carer, who has accessed or is wishing to access community care facilities.

The initial contract commenced on 1st April 2002. Although the service was initially provided 5 days per week (37 hours) this was reduced to 4 days (30 hours) in April 2003 due to lack of partnership funding. However, since the last review the advocacy service has been available for 5 days a week due to additional funding provided by the Legal Services Commission.

The current contract commenced on 1st April 2006 for 2 years with an option to extend for a further 12 months.

2. Aims And Objectives

The principal aims and objectives of the service are

- to resolve issues at the earliest and most informal opportunity.
- to provide independent representational advocacy, advice, information and support to adults using social care services or to potential users of social care services.
- to enable individuals to understand social care services.
- to enable individuals to express their views concerning social care services.
- to represent individual's views concerning social care services.
- to represent individuals who are experiencing problems or dissatisfaction with social care services, including informal/formal representations.
- to assist individuals to access social care services.
- to assist individuals to exercise their rights under community care and associated legislative powers.

The service provider has met the aims and objectives by:

- providing an advocacy service 4 days a week
- arranging appointments with the advocacy case worker
- providing a telephone advice service
- arranging and carrying out home visits
- providing an advocacy service which involves formal representation

3. Performance against Service Specification:

Monitoring information, surveys and the annual review report provided by the service provider show the service is being well utilised.

The Service currently has 89 open cases and closed 51 files. Since the last review 140 referrals have been made to the service by the following:

Adult and Community Services	28
CAB	35
Self Referral	59
CPN/NHS	8
Care Homes	9
Housing Association	1

The clients fell into the following groups:

Mental Health	15
Physical Disability	35
Learning Disability	10
Elderly	25
Carer	55

The Advocacy Case Worker has given one-off advice, information and guidance to 55 clients where an ongoing case file was not opened. Where a case file has been opened, 60% of clients have required a home visit. The Advocacy Worker also acts as a resource for other staff members when they are in need of help with client enquiries regarding community care services etc.

The aims and principles of the CAB are to encourage clients who have the skills and abilities to conduct their own advocacy. Since the last review the number of clients which have been helped to progress to self-advocacy has increased to 37. The assistance given to clients has included:

- Providing copies of legislation and other relevant information
- Drafting letters
- Providing summary of research
- Providing advice summary
- Preparing submissions for appearance at tribunals
- Sign posting to other organisations

The self- advocacy cases covered the following issues:

- Enduring Power of Attorney
- Making representations to the statutory authorities
- Receivership and Deputyship
- Management of care plans/reviews
- Access to legal support for further action.
- Challenging decisions regarding charging for care.
- Seeking appropriate housing.
- Care arrangements for parents.

The service specification requires the service provider to implement an exclusion policy and outline criteria for denying the service. The criterion used by the bureau to refer cases to the Advocacy Case Worker is based on the service user profile as detailed in the service specification. If the client profile or service required by the service user is outside of the remit of the Advocacy Case Worker, the Manager will refer to another member of staff within the Bureau or sign post to another service such as the Independent Complaints Advocacy Service.

Any client dissatisfied with a decision to exclude them from the service would be invited to invoke the formal complaints procedure. The service provider confirmed that since the last review the Advocacy Case Worker has received no ineligible referrals.

It appears with the promotion of the Learning Disability Advocate at MIND, the principle area where the service could not accommodate ineligible referrals because of lack of capacity has been addressed. In addition, the implementation of the Mental Capacity Act and the creation of Independent Mental Capacity Advocates has filled what would have otherwise been a gap in the services the CAB were able to provide to clients.

CAB services, including the Advocacy Service, are regularly promoted and advertised locally. The promotional material is currently under review. The following publications are used to promote the service:

- The Hartlepool Mail
- Hartbeat
- The Hartlepool Star

The CAB Annual Report promotes the service and contains specific information about the Advocacy Service. This report is sent to all Hartlepool Councillors and funding bodies.

The day to day activities of the Advocacy Worker also significantly contribute to the promotion of the service through regular contact with the Locality Teams in Adult and Community Services.

Supporting Documentation

The following documentation was evidenced during the visit:

- Client Data Base
- Publicity File

4. Service User Consultation and Service Review

A new client's case commences with an assessment of the clients preferred outcome or goals. When a service user's case file is closed, the service users are requested to complete a Client Feedback Questionnaire, which allows the service user to express their views and give comment on the service provided.

The results of the questionnaires are used to analyse client satisfaction and improve service quality. The results of the survey have shown that service users have been satisfied with the way in which the service has been provided. Should any significant issues be raised, the Bureau would seek to make appropriate changes to the service in line with those suggestions.

For the period October 2007 to October 2008, 49 questionnaires were sent out to users of the advocacy service and 18 were completed and returned. All users found the staff who referred them to the service helpful. All confirmed they were contacted by the Advocacy Worker within 10 days and that he was able to help them. All users were satisfied with the service provided by the Advocacy Worker and had no suggestions to make regarding improvements to the service.

The Service Users who returned a questionnaire confirmed they had found out about the Representational Advocacy Service through the following sources:

Adult and Community Services	1
Self-Knowledge	1
Friends/Family	5
CAB	5
Newspaper	3
RAF Benevolent Fund	1
Information not provided	2

When asked whether they had any comments, complaints or compliments to make about the Advocacy Worker they provided the following comments:

- “The service I received could not be bettered”
- “A wonderful and much needed service”
- “I would like to compliment the service – CAB provide an essential service”
- “We would recommend anyone to get in touch with the service”
- “Very informative and helpful”
- “Excellent”
- “He done an excellent job”
- “Very good professional service”
- “The service I required was dealt with very quickly and I was treated with respect”
- “Very helpful towards elderly people”
- “Very helpful, took time to explain everything”
- “Extremely pleased with the letter Mr Halcrow wrote for me and his manner was good”
- “An excellent service - good sound advice”
- “Pleased with outcome”

The Bureau Manager has analysed the details provided in the questionnaires and from the findings does not feel that the service requires any changes or improvements as a result.

The Deputy Manager reviews the Service every 3 months by inspecting the files of the Advocacy Case Worker. The Advocacy Worker meets with the Bureau Manager and Deputy Manager every six months to review the operation of the service and discuss difficult cases.

The Bureau has an ongoing ‘client suggestion’ facility by which clients can suggest or propose improvements or changes to the service. Details of how to make a suggestion are displayed in the interview rooms and in the reception area.

The Bureau undertakes a client profile survey every 2 years. Recently 400 clients were asked to respond to several questions about themselves, along with a couple of questions about the services

provided by the Bureau. The findings of the survey are used to establish whether the clients are a true representation of the local community. The results were very positive.

The Service is reviewed by the CAB every three years. The Bureau passed the most recent inspection which took place in August 2006.

There have been no formal complaints received relating to the provision of the service or staff since the last review.

The Bureau holds a contract with the Legal Services Commission for the provision of legal advice around Community Care. It is subject to an annual inspection to assess the quality of the advice provided. This contract funds the Advocacy Worker for 14 hours per week.

During a recent peer review concerns were raised in a critical report by the Commission that the Worker was providing advocacy rather than legal advice and therefore did not comply with its contractual requirements. The Bureau has until the 31 October to challenge this report. The Legal Services Commission then have 28 days to deliver their final decision about the service, which could result in the termination of the contract and the funding with effect from the end of December 2008.

The loss of this funding would have a significant impact on the availability of the service.

Supporting Documentation

The following documentation was evidenced during the visit:

- *Client Feedback Questionnaire File (CFQF)*
- *Complaints File*

5. Communication

The Advocacy Worker continues to maintain good links with staff in the Adult and Community Services Department. He also continues to develop and benefit from the relationship with the following external agencies and organisations:

- Housing Hartlepool Regeneration Team
- Primary Care Trust
- MIND
- Disability Law Service
- Community Mental Health Team, Church Street
- Housing Associations
- Housing Aid
- Special Needs Section, Hartlepool Borough Council
- Stroke Association
- Community Stroke Team (Wynyard)
- Local Care Homes
- Day Services – Brooklyns, Havelock Centre, Warren Road
- Public Law Service
- A4e
- Sandwell Park Mental Health Unit

- Domestic Violence Outreach Team
- Pension Service Visiting Team
- Shelter

The links with these agencies allows the Advocacy Case Worker access to a wide range of knowledge and expertise which further enhances the service.

Supporting Documentation

The following documentation was evidenced during the visit:

- *Networking File*

6. Staff

The Service currently employs the following:

- 1 Advocacy Worker (Scale 6)
- 1 Administrative Support Worker (Scale 2/3)

The Advocacy Worker is supported by both the Bureau Manager and the Deputy Manager for issues relating to referrals, client activity and individual cases. During the periods when the Advocacy Worker is absent through holidays etc., the Deputy Manager and the Bureau Manager would deal with any matters arising from client or third party enquiries.

The Deputy Manager is the Advocacy Worker's Support Worker and the Bureau Manager undertakes his annual appraisal and ensures his training needs are met.

To ensure staff competencies are developed in response to changing needs, service developments and statutory requirements, the Advocacy Worker has attended the following training since the last review:

- Towards Non-Instructed Advocacy – NAD- January 2008
- Local Housing Allowance – HBC – March 2008
- Advanced Bailiff Law – IMA – June 2008
- Employment Support Allowance – September 2008

The Advocacy Worker attends Staff Meetings which are held every 2 months. The meetings have standard agenda items including Projects and Services which provides the Advocacy Worker with the opportunity to discuss the service. He has also attended a variety of other seminars and meetings since the last review including:

- HBC Provider Forum – October 2007
- North East Regional Advocacy Network – October & December 2007
- HBC Provider Forum – March 2008
- HBC Joint Annual Providers Event – July 2008
- Tees Advocates Meeting – June 2008
- Hartlepool Housing Care and Support Strategy for Older People – September 2007

The CAB has a written policy and procedure which ensures all new staff appointments are subject to an appropriate Criminal Records Bureau check. Since the last review the Bureau has also obtained an Enhanced Criminal Records Bureau check for the Advocacy Worker. Although an application for a clearance for the Administrative Officer was refused.

Supporting Documentation

The following documentation was evidenced during the visit:

- *Staff Meeting Minutes*
- *Training File*
- *Personnel Records*

7. Performance in relation to budget

The Bureau Manager has expressed concerns regarding the level of funding provided by the Council for the Service. The Bureau has provided the following projected financial breakdown for the Service for the period 2009/2010:

Based on Advocate working 25 hours a week with 12 hours admin support

Salaries including employers NI contribution	23,368.00
Management/Supervision Fee	2,337.00
Supplies & Services (printing, postage, stationery, reference books, Cid Adv subscription, publicity, agm expenses)	2,031.00
Premises/Management (electricity, gas, water, insurance, Audit fees, cleaning, depreciation, recruitment)	1,487.00
Travel & Training	645.00
Telephones	433.00
Refreshments	<u>70.00</u>
	£30,371.00

Based on Advocate working 37 hours a week with 18 hours admin support

Salaries including employers NI contribution	35,381.00
Management/Supervision Fee	3,538.00
Supplies & Services (printing, postage, stationery, reference books, Cit Adv subscription, publicity, agm expenses)	3,075.00
Premises/Management (electricity, gas, water, insurance, Audit fees, cleaning, depreciation, recruitment)	2,251.00
Travel & Training	977.00
Telephones	653.00
Refreshments	<u>107.00</u>
	£45,982.00

The issue of funding will be further compounded should the Legal Services Commission decide to terminate their contract for £14,000 per annum with effect from the end of December 2008.

Supporting Documentation

The following documentation was evidenced during the visit:

- *Financial Records*

OPERATIONAL LINKS COMMENTS

Name: Geraldine Martin
Head of Adult Services

Date: 15 October 2008

Comments:

Advocacy services have been available 5 days a week and I am not aware of any complaints being received during the 12 month review period. The provider has submitted evidence of a high satisfaction rate from people who use CAB.

There is no evidence of issues/concerns. The service has a complaints procedure and a “grumbles” book. CAB closely monitors issues and trends.

There may be a shortfall in CAB funding 09/10 due to the legal commission not funding after this year. This issue is being picked up via an advocacy review.

Since the last review the Adult and Community Services Department referred 28 people to the service. The provider continues to maintain good links with A&C Services.

The advocacy review is looking at the design and the delivery of future advocacy services for Hartlepool and issues will be picked up through that forum.

Currently I am not aware of any concerns in relation to this contract.



ADULT & COMMUNITY SERVICES DEPARTMENT

ANNUAL REVIEW REPORT 2008

SERVICE **HARTLEPOOL ARTS STUDIO PROJECT**

PROVIDER **HARTLEPOOL ARTS STUDIO LTD**

ANNUAL COST **£51,315**

REVIEW OFFICER **JACQUI TUCKER**

METHODS USED **QUESTIONNAIRE, REVIEW MEETING**

PEOPLE CONSULTED **SERVICE PROVIDER, OPERATIONAL LINK**

1. Service Outline

The contract provides for an open access arts studio at 120a Park Road, Hartlepool for members of the public, particularly those people with mental health difficulties.

The Council has funded the provision of the service since 1st April 2004. Initially the provider was required to open the studio for a minimum of five days per week (minimum 34.5 hours) for 50 weeks of the year. In August 2004, the provider and the council agreed extra funding for the service under the Vision for Success scheme. A supplemental agreement was made covering the period 1st August 2004 to 31st March 2008. In response to requests from the Provider, on 26th July 2007 the contract was further amended to require the service to be provided 52 weeks per year.

Following the re-organisation of the Integrated Mental Health Team the contract was amended to remove the requirement for the Council to provide 34.5 hours of support worker time. An increase in the contract value was agreed to allow the provider to employ a Support Worker to assist in the delivery of the service.

The current contract commenced on 1st April 2008 and will terminate on 31st March 2009.

2. Aims And Objectives

The objectives of the project are to :

- help break down the stigma associated with mental ill health and provide social, artistic and educational opportunities.
- provide an open access arts resource to all, but particularly those people living with a mental health difficulty.

The aims of the service are to:

- Improve mental health and well-being
- Develop training, education and personal development
- Promote social inclusion
- Provide employment opportunities for local artists
- Provide a focal point for art and creative activities in Hartlepool
- Help break down the stigma associated with mental ill health
- Create a new partnership between local residents and artists

The service provider meets these aims and objectives by:

- Providing studio accommodation for artists to offer support for persons suffering from the effects of mental illness and mental health difficulties through the use of art and artistic and creative activities.
- Providing and promoting the use of art and artistic and creative activities to advance the education of the public, in particular persons suffering from the effects of mental health illness and mental health difficulties.
- Fostering creativity including drawing, painting, sculpture and other art forms.

3. Performance against Service Specification :

Monitoring information provided to the council indicates the service is being well utilised. The service is currently accessed by 190 people, an increase of 60% since the last review. Of the 190 people, 110 are members of the public (an increase of 60% in the past year) and 80 are referred members (an increase of 150% in the past year). The average number of visits per person per week is 2. (Please refer to appendix 1.)

The Project Manager advised that some members of the public have mental health needs but choose to access by private arrangement rather than through the referral process.

Since the last review, 66 members of the public have enrolled as members and 30 service users have been referred to the studio. Referrals were received from the following:

Brooklyn	10
Stewart House	19
Hartlepool Mind	1

The studio is open 5 days per week and offers sessions to meet the requirements of the service specification. In total the service is available 43 hours per week (Please refer to Appendix 2). Other than on Fridays, all sessions are integrated and are open to referred members and private members. The Project Manager advised that the studio is open access and entry will only be refused if attendance would have an impact on the health and safety of others.

Drawing, painting, sculpture, model making, fabric painting, glass painting, waxing, pottery and other art forms are available at the studio together with facilities for desktop publishing, printing, photocopying, scanning, laminating etc. Service users and members can access IT equipment to carry out research and learn and experience art from around the world. Since the previous review the provider has introduced new sessions designed to inspire service users and members whilst ensuring they have the opportunity for social inclusion. These sessions include pottery focusing on Slip Moulds, photoshop and an introduction to PC work, needlework and knitting.

A grant from Pride in Hartlepool has been used to regenerate the yard at the rear of the premises. A sub group of service users, members, staff, volunteers and artists was created to plan how the development would progress. The development of the area has created alternative space for service users to use particularly during summer months. An application for further funding for heating and an awning is currently pending.

Outside of the project but as a direct result of relationships developed within the studio, service users and members meet to access activities in the community eg, meals out, tenpin bowling etc, which promotes social inclusion and assists in breaking down barriers associated with mental health.

A placement was arranged for a student to attend the studio one day a week for 3 weeks to assist service users with basic literacy and numeracy skills to enhance their skills and further development.

The Project Manager and Support Worker have improved processes to sign post service users to other services including education, carer support services, learning support, advocacy, assistance with job search/CV's and applications, all of which are recorded in the service users review.

Volunteers are recruited to assist in the provision of the service and sessional artists provide artistic support and advice to promote skill development. The artists increase service user confidence by offering encouragement to express themselves in positive ways, using art as therapy to aid recovery and promote social inclusion through project and group art work. Dedicated sessions are offered at regular times to suit service users.

At the last review the provider advised that the stepping stones process to integrate service users from Sandwell Park to the service was suspended whilst the hospital wards were relocated. This has now been re-instated and patients are now supported to attend Friday morning sessions with the aim of encouraging them to progress to the integrated sessions and eventually to become members of the studio. The Friday sessions are protected for Sandwell Park patients to ensure a relaxed, quiet atmosphere to introduce them to the studio. Between 2 to 8 patients are assisted by hospital staff to access the sessions. Any referred members who require a calmer more relaxed atmosphere can attend although numbers are kept to a minimum to ensure the appropriate environment is maintained for the patients. As many patients are unable to access the Studio on a regular basis they are encouraged to work on pieces of art which can be completed by the end of the session. Producing an “end product” can motivate them and make their visit more interesting. Work completed includes jewellery boxes, pre made pottery and decorative mirrors which have been used to decorate their room or give as gifts to friends and family.

At previous reviews the provider and the Reviewing Officer discussed the possibility of seeking additional funding from health for the provision for the Friday sessions. The Project Manager advised that in May 2008 a meeting was held with representatives from Sandwell Park to discuss the possibility of health services supporting the sessions via paid membership, with a proposal of £5.00 per year commencing in July 2008. Membership would then be transferable when patients were discharged and they could continue to use the service. At the time of the review no further action had been taken with regards to this. The Project Manager advised that he intends to make further enquiries as a contribution to the cost of materials would assist in financial management of the service.

The service specification requires the provider to make use of community activities to extend service user's skills and provide greater opportunity for integration and social interaction. Service users have visited art exhibitions and galleries and have attended arts training events and visioning days which have extended their artistic skills and also integrated them into the local community. Service Users also access community services when visiting local parks to collect natural supplies, take photographs etc.

To comply with the service specification and integrate service users into the community the provider has a Membership Scheme for members of the public to access the studio. 110 members of the public now utilise the studio during integration sessions. This has increased from 44 at the time of the last review. Members of the public are invited to attend the Studio Open Days and the Open Art Surgeries (previously known as the coffee mornings) are promoted to attract as many members of the public as possible to promote further integration. Monitoring information from the provider confirmed that around 30 people attend the monthly surgeries including the friends and family of existing members.

The service has been promoted through several articles in the Hartlepool Mail and featured twice in Hartbeat. The website has been up-dated and a new advertising brochure has been produced to promote the studio and the work of the provider. Although the new brochure includes more detailed information it is smaller than the previous edition and so it is easier to take samples to events to hand out as promotional information.

The design and production of props for a local social club's entry into the Hartlepool Carnival and for Hartlepool Sixth Form College productions have helped promote the studio. Service Users have engaged in a sponsored walk and fairs and exhibitions together with providing presentations at events such as the Mental Health Visioning Day, LINKs and the Hartlepool Maritime Festival.

The front window of the premises is used to display art work and this has provided an effective way of promoting the project and attracting new members.

The service has been included in the following exhibitions and events over the last 12 months :

- World Mental Health Day - Well being event, Belle Vue 10th October 2008
- Carers Day Event - Bishop Auckland Castle 9th October 2008
- Outreach Events Greatham School/Jesmond Road – September 2008
- Hartlepool Partnership Event - Christ Church September 2008
- Pot Fest Penrith Visit - 8th August 2008
- Coffee Mornings – Open Art Surgery - Monthly, next is 27th October 2008
- Yorkshire Sculpture Park – Wakefield 31st July 2008
- Maritime Festival - Hartlepool Marina July 2008
- Mental Health AGM - Bowburn 20th June 2008
- Carers Week Launch - Grand Hotel 9th June 2008
- Father/Son day - Lynfield Centre 7th June 2008
- Visioning Event - 1st May 2008
- Visits to local beauty spots to paint - Various dates
- LINK events - May 2008
- Hartgables Outreach Exhibition - May 2008
- Reach Out Event - Borough Hall May 2008

The provider has a complaints policy and procedure which was inspected during the review visit. There have been no complaints received in connection with the provision of the service since the appointment of the Project Manager.

The Project Manager advised that since the last review several service users have enrolled at college to study Literacy and Numeracy. Work placements have been arranged at various locations for service users, one service user is now engaged as a volunteer in the service and one has gained permanent employment. The Support Worker advised that some service users attend the studio less as they have moved on from the service but currently the provider does not maintain records to evidence this. The Project Manager has confirmed that in future he will ensure records are maintained to evidence how service users have progressed through the service and moved on to mainstream facilities.

Supporting Documentation

The following documentation was evidenced during the visit :

- *Membership records*
- *Referral records*
- *Complaints policy and procedure*
- *Developed area at rear of premises*
- *Advertising literature*
- *Service User Review documents*
- *Records of signposting to other services*
- *Weekly staff/volunteer time table to evidence opening times*

4. Assessment of Outcomes and Individual Reviews

On receipt of a referral, the Support Worker arranges for the potential service user to visit the studio so they can see what the service entails. The referrer then completes the Referral Form to provide general information on the service user together with relevant medical history, likes and dislikes, strengths and weaknesses, and both the referrer's and the service users' perception of their needs. A general assessment of what the service users hopes to achieve from accessing the studio and agreed areas for development are also recorded. Risk assessments are carried out for service users.

Once the service user has attended the studio for a few sessions and is settled the Support Worker then completes an Action Plan to focus in more detail on the service to be provided to meet that individuals needs. Completed Action Plan's were evidenced during the visit and although they contained information in relation to goals to achieve for artistic ability and socially, they tended to focus more on the former.

A Follow Up Review is conducted after a month to assess attendance, what other services the service user has been referred to, what social networks they have developed and confirm if they feel they have been supported to improve their health and well being. The Follow Up Review is then repeated every 3 months, or more often if required.

The contents of both the Action Plans and Follow Up Review documents were discussed at length. The Provider has agreed that the information in relation to outcomes for mental health and social needs need to be recorded in more detail in order that the Provider can show the benefits of the service in terms of improvements to mental health, well being and quality of life as well as artistic ability. The provider needs to clearly evidence assessment of individual outcomes from the service and clearly document how achievement of those outcomes is measured and how new outcomes are agreed for future development.

The Support Worker maintains a record of any issues concerns problems or perceived changes in the mental health needs of individuals to monitor their wellbeing.

Before accessing the service, service users and members of the public are required to read the project's policies on Conduct, Confidentiality and IT Security and sign to confirm their understanding. Private members are also required to complete a Membership Form. Copies of completed documentation were evidenced during the visit. The Project Manager advised that he would like to explore how outcomes for members can be captured and recorded in the same way as those for referred service users.

Supporting Documentation

The following documentation was evidenced during the visit :

- *Referral forms*
- *Action plans*
- *Risk Assessments*
- *Assessment of outcomes*
- *Review documents*
- *Membership Forms for private members*

5. Staff

At the previous review the Project Manager position was vacant. Two members of the Board of Directors were undertaking the temporary management of the service with assistance from the Support Worker who ensured the quality of the service for members was maintained.

Since recruitment of the Project Manager the provider has not experienced any difficulties in recruitment and retention of staff. The Project Manager and the Support Worker are employed full time for 35 hours per week. There are 3 self employed artists and 12 volunteers.

All prospective volunteers are interviewed by the Support Worker, a Director, an artist and a service user to ensure equality. Questions at the interview are designed to gather information on the applicants knowledge and experience. Although knowledge and experience of mental health issues is desirable it is not crucial to successful appointment. One service user has been recruited as a volunteer and this has improved her confidence further. Some of the volunteers did not have experience of mental health at the time of appointment but had artistic ability and so were invited to demonstrate their art and present their portfolio during the interview.

At the previous review it was advised that the training needs of the Support Worker had been assessed by the Directors during supervision and First Aid and No Secrets training was to be accessed as soon as possible. Since appointment of the Project Manager the training records of the Support Worker have been up-dated and it was confirmed that this training was not a requirement as he had recently undertaken training of an equivalent standard before leaving his previous employer. The Support Worker has attended Rickter Scale training and a Human Givens seminar to increase awareness of service users needs. A volunteer also attended the Rickter Scale training course and learning from this is currently being piloted with service users from the studio.

The Project Manager has attended several courses relevant to fund raising and is in the process of completing NVQ in Managing a Voluntary Community. Assessment of his training needs was conducted by the Chair of the Board during his probationary interview. No training needs were identified. The notes of the probationary interview were not available for inspection at the time of the review visit.

All artists and volunteers are required to provide 2 character references and a CRB disclosure. During their probationary period volunteers are not allowed to work unsupervised with any service user. Members of the Board are also required to provide a Disclosure. Students who work at the studio to gain work experience are not required to produce a Disclosure however they are not allowed to work unsupervised. The records of CRB Disclosures for volunteers were not available at the time of the review as applications were made recently and so the disclosure have not yet been received.

Students from the City & Guilds – Delivering Learning Course have been recruited as volunteers to the service. This allows them the opportunity to gain teaching experience required as part of their studies. Some students have stayed on as volunteers at the studio after they have achieved the stipulated hours development.

Volunteers and artists have a 3 monthly appraisal to discuss any issues in relation to the service, ideas for changes/improvements, training requirements and any other issues they may have in connection with their work in the studio.

The Support Worker receives supervision and consultation from the Project Manager. To date these discussions have been informal on a daily basis and so there was no written records to verify this.

The Project Manager advised that if at any time the Support Worker felt he required a more formal one to one session this would be provided. At the review the Support Worker confirmed that to-date informal discussions have been acceptable to both parties.

The Project Manager has bi-monthly consultations with the Chair of the Board of Directors during which they discuss plans for development of the service, issues from volunteer and artistic meetings, training requirements, courses, exhibitions, events, budget and fund raising together with any other areas which are relevant to the service. An action plan is drawn up during each meeting which forms the record of the discussion. The action plan for the previous bi-monthly meeting was evidenced during the visit.

Volunteer meetings are held every four weeks and consider the following; forthcoming projects, materials, possible outings, trips, gallery visits, art projects of members, individuals needs, policies and procedure together with any other items which attendees wish to raise.

General meetings are held every month which are attended by staff, volunteers, artists, service users and members. Health and safety is a standard item on the agenda. The minutes of the meetings showed evidence of consultation with all stake holders on the provision of the service including improvements, activities and events, issues which have developed in relation to the provision and any other business.

Supporting Documentation

The following documentation was evidenced during the visit :

- *Training records*
- *Interview records*
- *2 character references and a CRB disclosure for volunteers*
- *Minutes of volunteer meetings*
- *3 monthly appraisals for volunteers and artists*
- *Action plan from bi monthly consultations*

6. Service Reviews & Quality Assurance

An Evaluation Form is used at the end of each activity/class/course to obtain feedback from members and service users. The form covers the following areas :

- What they learned
- Was it enjoyable
- Was there anything they disliked
- Feedback on the trainer/mentor
- What future training/course/activity they would like
- Any further comments

The Project Manager advised that it is not always possible to evaluate after each activity/class due to service users moving from one project to another or having more than one project ongoing at any one time.

There is no formal collation of the results of the Evaluation Questionnaires although the Project Manager and Support Worker read through the responses to plan future courses and activities.

The Project Manager has introduced a new Service Evaluation Form to seek the views of service users on the service as a whole. The Project Manager proposes to undertake the survey every 6 months. The most recent consultation was undertaken in April 2008 and looked at :

- Reasons for assessing service
- What was most enjoyable
- Support
- Meeting health & well-being needs
- Assistance from artists
- Sessions attended
- Equal Opportunity Monitoring Information
- Category of need

The Project Manager was in the process of collating the results of the most recent questionnaire at the time of the review visit and so they were only available in hand written format. Since that time Appendix 3 has been provided to evidence collation of the results in electronic form. The results were used to provide information to the Board of Directors and the Council and used by the Project Manager to promote, sustain and improve on service delivery, training, project works, displays, exhibitions, etc.

Volunteers, staff and members are consulted at artistic meetings and the information provided is used to evaluate the service and plan for future activities and events.

Supporting Documentation

The following documentation was evidenced during the visit :

- *Evaluation Form for activity/class/course*
- *Service Evaluation Form*
- *Evaluation of responses from April 2008*
- *Minutes of artistic meetings*

7. Service User Consultation

The Board of Directors includes 8 service users who attend board and committee meetings on a monthly basis. On commencement of the project they were involved in identifying the aims, objectives and outcomes of the service together with agreeing the mission statement and setting out the roles and responsibilities of all involved including the role of the project manager, board of directors, artists etc.

The Board of Directors makes all of the decisions in relation to the Project. Some minor decisions in relation to activities, events and general running of the service are put to service user vote.

As part of the service review, service users are consulted on the services provided and encouraged to make suggestions for future improvements and new activities. A materials order list is posted in the studio for service users to request additional or alternative art supplies to enable them to choose the type of art they engage in. If the materials requested are expensive the Board of Directors will be approached for approval.

8. Communication

Contact has been made with all primary schools in town and outreach projects have been undertaken in primary schools in Jesmond Road and Greatham. Further work is planned for St Hilda's to be completed before the end of the year. This has involved artists, volunteers and service users visiting the schools to working alongside teachers and pupils. The success of the projects has been measured with feedback forms from teachers and pupils. The forms were evidenced during the visit and were very positive. In addition the reviews of service users and volunteers evidenced positive feedback in relation to how inclusion in the project has increased their self confidence and the positive impact this has had on their mental health.

A joint art event was held with Hart Gables and the Provider has also worked in partnership with Handprints (a voluntary groups providing art for people with a learning disability) to offer combined art sessions and work shops and offer advice and support. Discussions have taken place with Handprints to explore the possibility of further integration in future.

Established links with other advocacy and support services include MIND, HVDA, PROP, Mental Health North East (MHNE), Skillshare, Adult Education, Careers, West View Advice and Resource Centre and Sure Start.

The Provider has strengthened links with Hart Gables and the Tram Sheds, Hartlepool Carers and Sandwell Park as well as the Salem Centre with a view to promote BME, reduce racism and increase referrals. Links with organisations such as Learn Direct and Train To Gain have improved learning opportunities for service users.

The studio has worked with a local social club to design and produce props for entry into the Hartlepool Carnival and with Hartlepool Sixth Form College to develop scenery and props for productions.

In addition to the above the provider has established links with the following organisations which have influenced the provision of the service:

- Mobeus - For funding support and advertising
- Self Directed Funding Team - For IAG
- Epilepsy Outlook - For funding support and advertising
- Mason & Martin - For funding support and advertising
- Crafts 2 You - For funding support and advertising
- Hartlepool Art Club - For funding support and advertising
- Farrars Bistro - For funding support and advertising
- Captured Expressions - For funding support and advertising
- The Print Factory - For funding support and advertising
- PCT - To work in collaboration in organising Visioning Event
- BME - To work in collaboration in organising Visioning Event
- Hartlepotz - View to sharing resources
- The Print Factory - For publicity
- HVDA - For supplying service users with voluntary work opportunities
- Voluntary Wheels - For allowing service users to travel around the area and visit fairs exhibitions and events,

Several members of staff from the Studio and service users are active members of the Local Implementation Team.

The Project Manager feels that communication links with the Council have been strengthened. Contact has been established with Neil Harrison in relation to “In Control”, Chris Horn to discuss the future of art in Adult Services, with Diane Whitehead and service users have participated in the making of a video to promote Adult Community Services. Communication with referral agencies such as Brooklyn and Stewart House has improved.

Supporting Documentation

The following documentation was evidenced during the visit :

- *Feedback forms from outreach projects in schools*

9. Performance in relation to budget :

The service is currently performing within budget.

The Project Manager has undertaken a complete review of suppliers and spending. Contracts have been replaced with those that offer better value for money and Voluntary Wheels have been used for any outings.

The accounts of the provider are now more effectively controlled. The Project Manager decides whether a spend is necessary and all cheques are passed to the Directors for approval. Four Directors are signatories and two signatures are required on all cheques.

10. Operational Feedback :

Mark Rushforth - Integrated Community Intervention Manager

“I feel that the service has improved with access from the wider community. Their involvement with wider community projects and their support for the LIT is invaluable. The Artrium generates a positive outlook and attitude to mental health within the service provided and within the wider community.

I am unaware of any adverse operational issues and any issues that have arisen within the service have usually been resolved quickly and effectively by the management board.

The service continues to meet service user need and has expanded to include the wider community.

To further improve the service within the existing budget I would suggest further publication of events locally with the potential to have commissioned events that can be accessed by the wider public on evenings and weekends.”

STUDIO OPENING TIMES

Total Hours = 43

- Mon - Closed for Training sessions/Board Meetings etc etc
- Tue - Open 09:30 – 20:00 = 10.5 hours
- Wed - Open 09:30 – 20:00 = 10.5 hours
- Thursday - Open 09:30 – 17:00 = 7.5 hours
- Friday - Open 09:30 – 17:00 = 7.5 hours (protected for Sandwell Park)
- Sat - Open 09:30 – 16:30 = 7 hours

STAFF HOURS

Total Hours = 70

Project Manager x 35 hours
Support Worker x 35 hours

PAID ARTISTS

Total Artists Hours = 20

1 x 13 per week (Tue/Thurs)
2 x 7 per week (Sat alternating every 6 weeks)

VOLUNTEERS

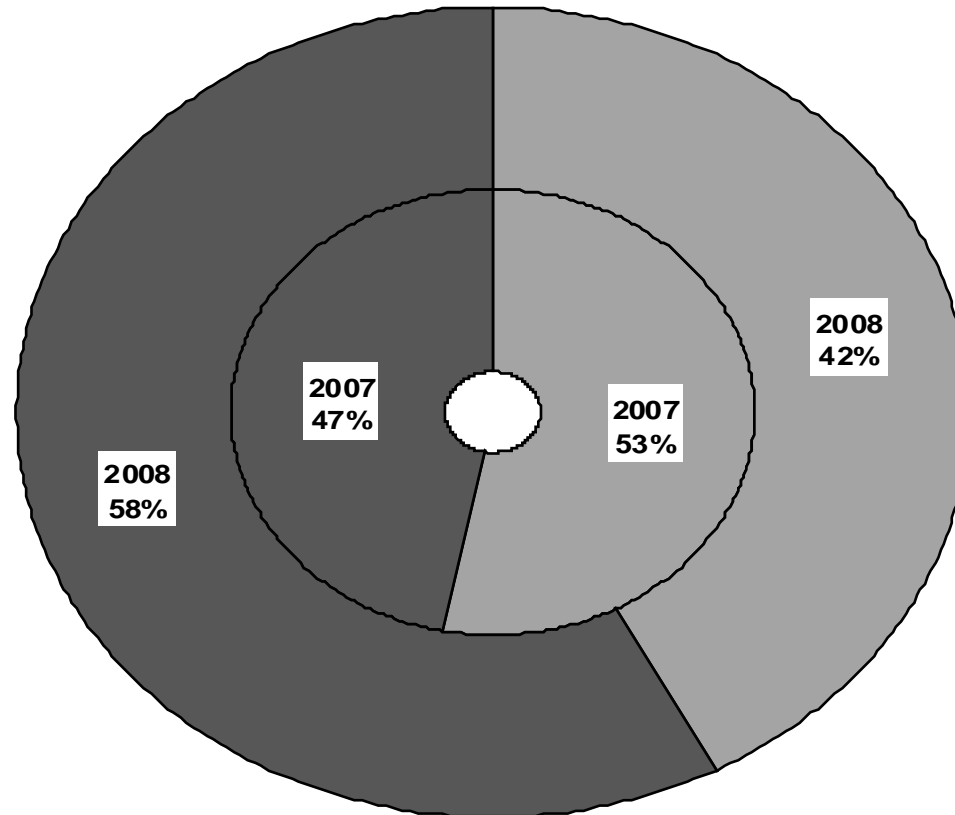
Total Volunteer Hours = 108.5

1 x	Tue – Sat	(average 30 hours)
1 x	Tue/Thurs/Fri	(16 hours)
1 x	Tue/Wed	(8 hours)
1 x	Wed	(8 hours)
1 x	Thur/Fri	(6 hours)
1 x	Tuesday	(7.5 hours)
1 x	Thur/Fri	(10.5 hours)
1 x	Fri	(7.5 hours)
1 x	Tue/Thurs	(15 hours)

MEMBERSHIP OF THE ARTRIUM

Appendix 2

Showing difference in percentage of members from each category for 2007 and 2008

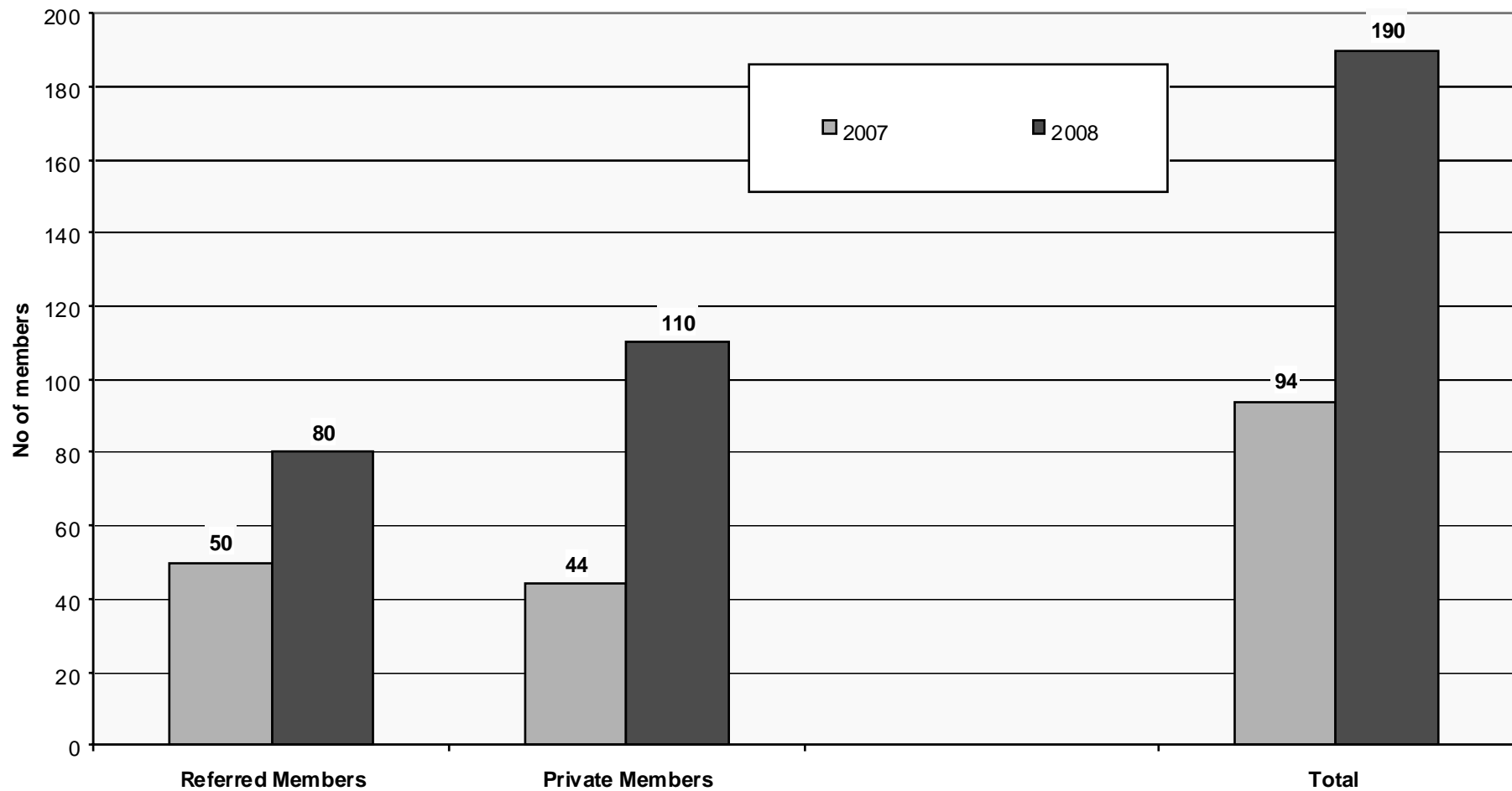


Private Members



Referred Members

Membership of the Artrium
2007-2008



Evaluation results - All scores are out of 40 evaluations returned.

How would you rate the activity?	Excellent 58%	Very Good 27%	Good 12.50%	Satisfactory 2.50%	Poor 0%

What was your main aim in joining the Artrium (all from 100% score)	Learn a new talent 83%	Support & Guidance 84%	Improve confidence 83%	Reach new goals 83%	Meet new people 87.50%
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What was the most enjoyable part (all from 100% score)	Learning a new skill 83.50%	Support from artists and staff 92%	Confidence has grown 76%	Reaching Targets 76.50%	Building social networks 79%
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What support did you feel you received	Personal friendships & Social Networks 87%	Development of wellbeing 79.50%	Info & Signposting 70%	Accessing Transport 48.50%	None 54%
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Did the ARTRIUM meet with your health & well being needs	Excellent 50%	Very Good 32.5	Good 15%	Satisfactory 0%	Poor 2.50%
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Were the staff and artists helpful	Excellent 67.50%	Very Good 22.5	Good 10%	Satisfactory 0%	Poor 0%
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What sessions do you attend	Tue am 37%	Wed am 22.50%	Thur am 27.50%	Fri am 10%	Sat am 25%
	Tue pm 32.50%	Wed pm 20%	Thur pm 32.50%	Fri pm 20%	Sat pm 22.50%
	Tue eve 10%	Wed eve 0%			

What type of member are you	Referred 45%	Member 52.50%	Not answered 2.50%
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What is your sex	Male 40%	Female 47.50%	Not answered 2.50%
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What is your ethnicity?	British 95%	American 2.50%	Not answered 2.50%
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What is your race ?	Asian 0%	Black 0%	Mixed Race 0%	White 97.50%	Not answered 2.50%
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Marital Status	Married 35%	Divorced 12.50%	Widowed 0%	Single 35%	Single Parent 2.50%	Not answered 15%
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Would you recommend the ARTRIUM to family and friends	Without doubt 72.50%	Certainly 17.50%	Yes 10%	Maybe 0%	No 0%
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ADULT & COMMUNITY SERVICES
DEPARTMENT

ANNUAL REVIEW REPORT
2008

SERVICE **HINDU & SIKH DAY CENTRE**

PROVIDER **HINDU CULTURAL SOCIETY**

PRESIDENT **KRISHAN NATH**

ANNUAL COST **£10,300**

REVIEW OFFICER **LOUISE DAUNCEY**

METHODS USED **QUESTIONNAIRES, REVIEW MEETING**

PEOPLE CONSULTED **SERVICE PROVIDER, OPERATIONAL LINK, BUDGET HOLDER**

1. Service Outline

The contract is to promote social exclusivity and reduce isolation in elders who are becoming more dependent on aid and assistance from the voluntary and statutory services.

The Service is provided by the Hindu Cultural Society which is a registered charity whose objectives include to advance the Hindu culture, religion and heritage, to advance education and to relieve poverty and sickness amongst the Hindu Community resident in the Tees Valley and surrounding areas.

The current contract commenced on 1st April 2008 and terminates on 31st March 2009 with an option to extend for a further 12 months.

2. Aims & Objectives

The main aims and objectives of the service are to:

- provide day services for Hindus and Sikhs in the Hartlepool community and to enable individuals and groups to access a variety of activities and interests.
- assist elders of both genders over the age of 60 who require additional input in order to meet their needs in the following areas:
 - Social needs – avoiding social isolation through contact with others, participation in activities and events as appropriate.
 - Psychological needs – enhancing the feeling of wellbeing.
 - Religious needs – providing a facility for worship.
 - Cultural needs – providing a facility for groups of people to meet in a culturally sensitive environment.
 - Physical needs – assisting with care tasks as necessary to help people to have such needs met.
 - Health needs – arranging regular health checks to identify any health issues at an early stage.
- provide a dedicated Support Worker who will provide day support based within the Premises.
- provide the line management and administrative support for the Service.
- to recruit volunteers within the Hindu community to support the Service and Service Users.
- to provide a vegetarian meals service.

3. Performance against Service Specification

The annual review questionnaire and the monthly monitoring information provided by the service provider shows the service is being well utilised although it is difficult to specifically assess the impact it has had on the Hindu and Sikh community in Hartlepool.

The society has 462 members, of which 84 are over 60 yrs. Members visiting the centre are all either Hindus, Sikhs and indigenous members who are married to Hindu members. Since the last review the provider has increased its membership and newly appointed Doctors from hospitals in Middlesbrough, Stockton and Hartlepool now attend the Centre. There has also been increased take up of the Service of people who reside in Darlington since the last review.

Due to the nature of the Service it is very difficult to establish the demographic make up of the Clients who use the Service.

There have been no referrals to the service from Adult and Community Services since the last review. However, the Service does have members in excess of 15 – 20 families from Hartlepool.

The service provider has met the aims and objectives by:

- providing Premises accessible for a 50 week period per year.
- reducing isolation by bringing elderly members to the centre.
- providing a range of services, activities and resources for those wishing to participate including:
 - A computer suite
 - Luncheon Club (weekdays)
 - Weekly ceremonies held at the Centre on a Sunday.
 - Support with shopping.
 - Educational activities.
 - Access to the temple and assisting to maintain Service Users' spiritual beliefs.
 - Provision of respite for Carers (including days out in the minibus).
 - A collection of books.
 - A television area (with brand new television) with sky to enable members to watch programmes in Hindi.
 - Excursions to local places of interest in the society's minibus – Since the last review Members have visited Leicester, Metro Centre, Lake District, Bradford and Redcar.
 - 64 Members went on a coach trip to Edinburgh that was arranged for the 13th August 2008.
 - Organising of keep fit classes – 12 sessions arranged (these sessions were specialist seated exercise classes).
 - Organising of cultural and social activities – in excess of 8 cultured days each year.
 - Members are taken to the supermarket and Asian shops regularly.

- Arranging for Community Nurses to visit the centre twice a year. This year the nurses specialised on healthy eating, diabetes, blood pressure, weight management and general health checks as well as offering advice and guidance.
- Members have received an introduction to walking around local places of interest.
- Arranging for Members to attend the CAB to address issues, provide advocacy, arrange appointments and provide advice and support.
- Encouraging those who are socially isolated to join in with the activities and events arranged by the Society.

The following is the attendance and activity information for the Centre between October 2007 and September 2008:

Month	Attendance (35yrs – 80+yrs)	Nature of Service/Activities Provided
October 07	378	<ul style="list-style-type: none"> • Provided vegetarian meals (723) • Signposting to CAB • Yoga (approx 18 people attended) • Members visit Asian shops and supermarkets
November 07	439	<ul style="list-style-type: none"> • Provided vegetarian meals (713) • Signposting to CAB • Yoga (approx 18 people attended) • DIWALI festival • Hindu Cultural Art Society displayed Bharat Natiyam dance • Members visit Asian shops and supermarkets
December 07	306	<ul style="list-style-type: none"> • Provided vegetarian meals (394) • Signposting to CAB • Christmas festivities on the run up to Christmas • Members visit Asian shops and supermarkets
January 08	885	<ul style="list-style-type: none"> • Provided vegetarian meals • Signposting to CAB • Members visit Asian shops and supermarkets
February 08	1024	<ul style="list-style-type: none"> • Provided vegetarian meals • Signposting to CAB • Members visit Asian shops and supermarkets
March 08	735	<ul style="list-style-type: none"> • Provided vegetarian meals • Signposting to CAB • MAHA SHIVRATRI festival 06/03/08 • HOLIKA DAHAN festival 21/03/08 • Members visit Asian shops and supermarkets
April 08	349	<ul style="list-style-type: none"> • Provided vegetarian meals (475) • Signposting to CAB • NAVRATRA (ASHTMI) festival 06/04/08 (9 days of festivity) • RAM NAVAMI festival 13/04/08 • Local school children visit the Centre

		<ul style="list-style-type: none"> • Students from Durham University visit the Centre • Members visit Asian shops and supermarkets • Minibus excursion to Redcar (12)
May 08	635	<ul style="list-style-type: none"> • Provided vegetarian meals (842) • Signposting to CAB • Celebration of the anniversary of the new arrival of the deities in the Temple • Local school children visit the Centre • Students from Durham University visit the Centre • Members visit Asian shops and supermarkets • Minibus excursion to Danby Moor (12)
June 08	508	<ul style="list-style-type: none"> • Provided vegetarian meals (619) • Signposting to CAB • Exercise classes (12 week programme) commence (approx 15 Members attend) • Local school children visit the Centre • Students from Durham University visit the Centre • Members visit Asian shops and supermarkets • Keep Fit/Healthy Living event on 26th June 2008 including presentations from Community Nurses, Fire Brigade and Nutrition experts. • Members visit Asian shops and supermarkets
July 08	484	<ul style="list-style-type: none"> • Provided vegetarian meals • Signposting to CAB • Exercise classes • Members visit Asian shops and supermarkets
August 08	637	<ul style="list-style-type: none"> • Provided vegetarian meals • Signposting to CAB • Day trip to Edinburgh 13/08/08 (67) • Celebration of Independence Day 15/08/08 • KRISHNA JANMASHTMI festival 24/08/08 • Exercise classes • Members visit Asian shops and supermarkets
September 08	489	<ul style="list-style-type: none"> • Provided vegetarian meals • Signposting to CAB • GANETH CHAETH festival 03/08/08 • Members visit Asian shops and supermarkets

The closest Temples to Middlesbrough are located in Leeds and Newcastle. It is therefore the society's policy not to refuse services to members living in Teesside or the surrounding areas including Peterlee and Sunderland. Since the last review, more Hindu Members are visiting the Temple at the Centre and attending the cultural activities.

The Hindu Cultural Centre host many religious events and also conduct weekly ceremonies on a Sunday where families hold celebrations, the host family make a fixed donation to the centre and

the Society provide food and accommodation for the festivities. All finances at the Centre are overseen by the bursar responsible for the accounts of the Society, all daily income and expenditure is recorded and the receipts for all the supplies purchased for the ceremonies are retained in a file. The President oversees all the accounts. The President will endeavour to develop a more structured recording system for the expenditure on the Sunday ceremonies.

The society is very fortunate to have a number of Doctors as Members. They have been able to give advice if any member has needed to discuss their personal problems.

Since the last Review the President has arranged for the kitchen to be refitted and re-floored which has been met with great satisfaction by the staff and Visitors. It is hoped by all staff that the Tees Valley Food Hygiene awarding body will increase the number of stars awarded when the existing allocation is reviewed.

Since the last review the Provider has promoted the Service by contacting Peter Hayward, PCT Director to re-establish the Community Nurses visits. Mr Hayward visited the centre on 26th June 2008 and the event was televised. The President advised that the response from Mr Hayward about the Service was very positive. The President advised the Visiting Officer that the local news room were due to film at the Centre to be televised on 28th October 08 in order to extend the Diwali festivities.

A member of staff from Middlesbrough Fire Service also attends the centre at the same time as the Community Nurses and has provided low energy light bulbs to the Members.

The President made available to the Visiting Officer a daily log/communication book that has been introduced since the last review which included regular recordings about outstanding tasks to be done or any messages to be passed on.

The Cultural Centre has acquired a considerable number of chairs in order for older Members to sit on whilst in the temple rather than sitting on the floor in order to further meet their physical needs. There is also a stairlift to the upper floor at the Centre.

The Cultural Society does not currently have a policy in place for the Protection of Vulnerable Adults although the President advised that if he witnessed or was advised of a Vulnerable Adults Issue then it would be reported accordingly. There is a Protection of Children Policy in place and the President will endeavour to create a similar procedure in line with the Teeswide No Secrets agenda.

Insurance documents were made available on the day of the visit, it was evident that there are appropriate levels of insurance in place for all vehicles used to transport Service Users and also proof of public liability and employers liability insurance were made available for inspection.

At present none of the residents of Hartlepool who access the Service do so by Individual Budgets.

4. Service User/Carer Consultation & Service Reviews

The Admin Co-ordinator organises regular meetings with the members visiting the centre. She discusses the weekly menu and activities they would like to be introduced. These meetings are not recorded however the daily menus were recorded in a diary as were the food, fridge and freezer temperature recordings.

The Society has a Complaints and Suggestion Box, located in the entrance hall. The Service has not received any complaints from the Members or from the staff since the last review. There is a complaints procedure in place at the Centre which was made available to the Visiting Officer.

The President visits the centre 3 or 4 days a week and every Sunday to meet the members. Members have been able to discuss any concerns, anxieties etc with him or on a one to one basis. The Chairman of the Trustees also frequents the Centre and has discussions with the Members.

The Service Users have an input into the shape of the services delivered as all the events are arranged subject to agreement and/or suggestions by the Members, an example of this is the arrangements for the Diwali festival and also for keep fit classes to be continued in the new year.

The society does not carry out any Service Reviews.

5. Staff

- Admin Co-ordinator/Manager 37.5 hrs (voluntary Sat/Sun)
- Outreach Co-ordinators x 2 part time 37.5 hrs
- Support Worker 25 hrs (voluntary Sat/Sun)
- 3 Cooks 11.5 hrs

3 Members of staff have resigned from paid work at the Centre and are currently working their 28 day notice period. The reason for the resignations is because of the age and other commitments of the individual staff members. The President advised the Visiting Officer that the Job Descriptions are in the process of being developed and will be advertised w/c 27th October 2008. The Society has not appointed any new staff since 2000 however will look to recruit replacement staff as soon as is reasonably practicable.

Staff morale appears to be very good. Staff benefit from informal supervision, daily discussions and annual appraisals, the President predicts that the current appraisals for all staff will be complete by March 09. Staff Meetings are held occasionally and are recorded.

The President has expressed concerns that the Service would benefit from a Project Manager to share some of the workload for 24 hours per week, however the current funding arrangements are not sufficient for this to be facilitated.

The Centre has recruited a network of Volunteers who assist with the day to day running of the Service and to meet the needs of the Members.

Staff are encouraged to access and attend regular training. A part time Cook has asked for training in food safety/hygiene which is currently in the process of being arranged with Stockton Borough Council. There has been no additional training accessed since the last review and the service would benefit from introducing internal training requirements for example COSHH.

The Society has a policy which ensures all new staff and volunteer appointments are subject to an appropriate Criminal Records Bureau check. Since the last review, further to contractual requirements, the Society has obtained Criminal Records Bureau Disclosures for all staff and members of the Executive. All the checks have been returned and are described by the President as satisfactory. There was documentary evidence available to support this claim.

6. Communication

Since the last review the Society has had limited communication with Adult and Community Services and has attended as many events that have been organised by the authority as possible. However, the Service maintained relationships and involvement with the following:

- Middlesbrough Social Services
- Stockton Social Services
- Black and Minority Ethnic Association - Middlesbrough
- Bengali Institute
- Adult Education Department - Middlesbrough
- Standing Advisory Council on Religious Education - Middlesbrough
- Standing Advisory Council on Religious Education - Stockton
- Independent Advisory Group - Cleveland Police Authority
- Middlesbrough PCT
- Middlesbrough Fire Authority
- Tyne-Tees Television

7. Performance in relation to budget

The Services provided since the last review have all been provided under the resources allocated from all agencies.

The society has to negotiate budgeting on an annual basis.

The Hindu Cultural Society has guaranteed funding from the National Lottery until March 2010, however the funding from the surrounding Local Authorities is not guaranteed post 31st March 2009.

The Provider expressed concerns that the uncertainty around funding makes it difficult to strategically plan for further enhancement of activities.

Concerns were expressed by the Service Provider as to whether the society would be able to cope with the extra resources required to fulfil the needs of the members in the light that first generation Hindu and Sikh members are retiring in greater numbers and therefore more members are visiting the centre.

OPERATIONAL LINK COMMENTS

Name: John Lovatt
Principle Team and Development Manager

Date: 4 November 2008

Comments:

“Currently the impact of this service for people residing in Hartlepool, the quality and effectiveness is difficult to determine because of the lack of numbers that apparently attend from this town. However the monitoring information indicates that there is evidence to confirm that potentially this is an effective service which people may wish to use to assist them to meet their social, psychological and spiritual needs.

The fundamental areas of service delivery remain unchanged from the previous year, however there have been developments made in relation to the administration of the Service.

I feel that it is essential that the service has information available in relation to No Secrets.

If the contract is to continue in future years, given the direction of travel for self directed funding, a targeted marketing campaign may be required. Alternatively the department could request that the service undertakes some ‘educational’ work in the town, perhaps around intergenerational work to promote an understanding of the Hindu and Sikh culture.”



ADULT & COMMUNITY SERVICES DEPARTMENT

ANNUAL REVIEW REPORT 2008

SERVICE

MENTAL HEALTH SERVICES

PROVIDER

PEOPLE'S RELIEF OF PRESSURE GROUP

MANAGER

DEBBIE WALLS

ANNUAL COST

£50,925

REVIEW OFFICER

JACQUI TUCKER

METHODS USED

QUESTIONNAIRES, REVIEW MEETING

PEOPLE CONSULTED

SERVICE PROVIDER, OPERATIONAL LINK

1. Service Outline

The aim of the service is to provide support, in line with the Vision for Success Commitments, in as many ways as possible to anyone suffering emotional distress and/or mental health problems.

The service is user led and relates specifically to the needs of the individual, encouraging self direction and increasing hope, self confidence and self esteem thereby promoting social inclusion.

The Council has funded the provision of the service under a contract with the provider since April 2004. The existing agreement commenced on 1st April 2008 for 1 year and will terminate on 31st March 2009.

2. The Service

The primary objective of the service is to provide support in as many ways as possible to anyone suffering mental health problems, whilst preserving maximum independence and quality of life.

The aim is to develop life skills and promote individual well-being and inclusion in the social and economic life of the community.

The service is available for people with mental health problems, their families and carers. Referrals are received from both the statutory and voluntary sectors and people can self refer.

The service provider meets the service aims and objectives by providing:

- Social interaction and emotional support
- Weekend and evening support
- Life and daily living skills including cooking, cleaning, shopping, managing household budget
- Holidays and day outings
- Accompanied social activities in the community
- Centre-based activities
- Respite for carers of people with mental ill health both at the centre and via holidays and outings
- 'Buddying' for appointments
- Luncheon club
- Support to Members and help link them with appropriate help within statutory, voluntary agencies, employers and trade unions;
- Peer advocacy and support
- Promoting self-advocacy, confidence and ability of Members to communicate their own views;
- Sign-posting for Members to other services or agencies which would provide services to the Member;

3. Performance against Service Specification :

The centre is open Monday to Friday from 9 am to 5 pm, on Saturdays and Sundays from 9.30 am to 3pm and on Tuesday evenings and outside of these hours for arranged activities.

One hundred and twenty one people are currently Members of the Group. The average number of members attending on a daily basis has risen from 9 last year to 22. There is currently 1 Member who is in the process of arranging to access the service via a direct payment. The provider aims to facilitate all Members to use direct payments in the future.

Since April 2008 17 referrals have been received from the following organisations :

- Adult & Community Services Department
- STAR Workers
- Health Services including GP, Psychiatrists, CPN's
- Victim Support
- Mind
- Hartlepool Carers
- Some Members have self referred

Since the last review the provider has updated the referral form and the referrer is now required to provide more information in relation to the Members mental health problems. This allows the Manager opportunity to assess whether the service will meet that individual's needs. The Manager advised that further discussion is undertaken with the referrer should she have any concerns or require further information in relation to the mental health needs of the individual.

On commencement of the service each Member receives an induction when the Manager goes through the Clients Handbook providing information on the Group's policies and procedures in relation to Health & Safety, Fire, Accidents/First Aid, Code of Conduct, Rights & Responsibilities, Support & Guidance, Equal Opportunities, Complaints, Disciplinary and Grievance Procedures. Each Member is required to complete a Next of Kin Consent Form and enter into a written agreement to confirm they will comply with the Group's requirements. Following on from the induction the Manager completes an Interview Record to gather further information on the Member including health information/problems, employment history, occupational interests, hobbies and interests. An Individual Support Assessment is then completed to assess risk and identify support requirements. Each new Member is asked to complete a Questionnaire to provide feedback on their induction into the service.

The service specification has identified a series of outcomes and performance indicators. Since the last review the provider has introduced an Initial Review document to record individual outcomes for people who access the service. This is then subject to review every 4-6 weeks when the outcomes are reviewed, progress is recorded and future goals and support required to meet them are identified on an action plan.

The service specification requires the provision of social interaction and emotional support. The increasing number of Members, increased average attendance figures for individuals and the atmosphere within the centre together with the philosophy of shared help and support ensures this element of the service specification is met.

The provider organises outings including shopping and fishing trips and holidays to Butlins twice a year to build confidence and provide friendship and support. Many of the Members who have moved on from the service have maintained links and join in activities and holidays to maintain the friendships they have created.

Evening activities are arranged to encourage Members to access the local community e.g. bowling, ice skating, cinema, race track etc. The provider aims that Members will access community facilities as part of the Group then make their own links with other Members and visit in smaller groups until eventually they are confident and comfortable to attend on their own. This has been evidenced as some Members now meet socially on Thursday evenings and some have travelled to the race track on their own.

For Members who are not confident to access the local community, services are provided in the centre to build self-esteem and confidence. These include pool, darts, arts and crafts, board games, knitting and gymnasium. Once they feel more confident they can then become involved in groups which are community based such as swimming at Mill House Leisure Centre and information technology classes, healthy eating/gymnasium group and a luncheon club at the Belle Vue Community Centre. The Manager advised that since the last review the number of Members using the gym at the Belle Vue Centre has increased as Members have moved on from the centre gym to the community facility. Members are now encouraged to use centre facilities and activities are as a stepping stone until they have the confidence to access in the community.

A hairdresser now visits the Group and a pampering session is organised. One of the upstairs rooms is currently used by a Member to provide alternative therapies including, relaxation therapy and indian head massage to other Members. The success of the sessions has encouraged her to offer the service to clients in their own homes and in future she hopes to be able to provide services from her own base in the community.

The IT suite is used regularly by around 6 Members who use the equipment to access the internet to find further information on their medical diagnosis, identify other support groups, access MSN, write letters etc. Following use of the computers in the IT suite 6 members have felt confident to attend a computer course at the Belle Vue Centre.

Since the last review a volunteer has been providing admin support to the Manager and information on the number of Members accessing each of the activities in the centre is now available. This enables the Manager to track the services delivered to individual Members and monitor the popularity of activities. (Please refer to appendix 1).

The service helps develop life and daily living skills by providing facilities, instruction and support with cooking, healthy living, shopping, domestic chores and budget management. Since the last review the provider also assists with laundry. Members are charged 50p to and given instruction and assisted to use the washing machine and do their ironing. Members can now have a cooked meal at the centre. The cooking is undertaken by the Members with support and supervision from the Manager. The provider no longer employs a cleaner for the centre so Members are encouraged and supported to clean the building themselves to develop and improve their daily living skills.

The service specification requires the service to promote self advocacy and improve Member's confidence and ability to communicate their own views. Support in self advocacy ranges from assistance and encouragement to use the telephone to arrange services and support, to attendance at service planning meetings. The majority of Members now feel confident to attend meetings unaccompanied eg residents meetings etc.

All Members are encouraged to attend meetings outside of the centre to voice their opinions on how services should be provided. The Manager feels that since the last review Members' confidence has improved. An average of 8 Members attend the Open LIT meetings. More

Members would like to attend but the Chair of the meeting has requested that the number be maintained at no more than 8.

The Manager has arranged for four Members to attend an 11 week course on Confidence Building and Raising Self Esteem. Once they have completed this they all plan to enrol on a follow up course.

The Manager advised that the relationships and friendships which have developed at the centre ensure that there is always someone to provide buddying services to help and support others to attend appointments. The appointments are mainly health related e.g. doctors, dentist, hospital etc. The provider needs to establish recording mechanisms to show how many Members initially required a buddy but now attend appointments alone.

In addition to the above, two members are taking on a more structured role in assisting others within the Group. This involves working on a one to one basis to improve identified outcomes through staged development. Examples of this are :

1. Identified outcome for one Member was to go into town on her own. An action plan was developed and recorded between the buddy and the individual. This involved initially visiting town together, the next stage required the buddy to walk behind and then eventually the Member achieved her outcome and was able to go to town alone.
2. Identified outcome for one Member was to improve on personal hygiene. The buddy and the Member agreed a series of visits to the Members home where assistance support and guidance continues to be given on a staged approach to enable the Member to be more aware of and able to attend to her own personal hygiene.

The previous review highlighted the need for the provider to ensure that evidence of budding is recorded to show compliance with the service specification. The Manager advised that the action plans are with the buddy's however she will ensure that they are kept on the individuals file in the centre in future. Details of the outcomes and achievement of them are recorded on the individuals review records in the file and also improvements can be seen through the commentary sheets.

A requirement of the service specification is for Members to become more enabled. A performance indicator agreed in relation to this was to encourage Members to move on from using taxis' to travel to the centre by using public transport. Although at the previous review the Manager did not feel that this was achievable, since that time she has worked with Members and reported that one Member has moved on to use public transport and she is working with another to move on. There are a further 2 Members who travel to the Group in a taxi but the manager advised that the Social Worker referrals have identified this as a need so she does not think it would be appropriate to work with them to move on with this at the present time. In the previous review the use of taxis' was raised as payment was having an impact on the service budget. The Manager confirmed that the service only pays for a Members taxi if they have been assessed as unable to access public transport.

In order to raise public awareness of the services provided the Group has placed posters and leaflets in doctors surgeries, community centres and libraries and information has been displayed on the internet. The attendance of the Members of the Group at activities in community centres and the organisations/people who have made referrals to the service also help promote the work of the provider. Due to the increased number of referrals over the past year the Manager advised that she has not looked at further ways of promotion.

An element of the service is to sign post Members to other services and agencies to ensure each Member receives the specialist support they require. The Manager advised that Members have been sign posted to other agencies eg. Hartlepool Mind, Victim Support and this is now recorded in the commentary sheets on that Members file.

The Manager reported that, with support, Members had moved on from the service. Performance in relation to the indicators identified within the service specification are as follows :

Number of people moving on from the service as they no longer require a support group	6
Number of people moving on from using the service to become volunteers	4
Following receipt of the Service, the number of people obtaining employment	4
Following receipt of the Service, the number of people becoming involved in other social activities within the community	63
Following receipt of the Service, the number of people attending college and other vocational courses	7
Number of Service Users who have been admitted to mental health hospital and/or to the Crisis Resolution Team	3
How many Service Users no longer access formal mental health services now they receive services from PROP	80
How many Service Users engage with their GP	20
How many Service Users are in receipt of secondary care services	30
How many Service Users have a CPA Care Plan	15

The Manager advised that now over three quarters of Members have reduced the number of visits they make to their GP and would estimate that around 80% no longer require a Link Worker to provide support. However she was unable to produce statistical evidence to support this.

The previous review highlighted the Group was having difficulty accessing funding to adapt the premises for disabled access. This is still the case and it continues to be difficult for some Members to access the centre. These Members are assisted by others to ensure they can continue to receive the service. The Manager plans to continue to make enquiries to secure funding to make the adaptations as soon as possible.

The provider has a written complaints procedure. All Members are aware of their right to access the procedure should they wish however, there has been no complaints in relation to the service since the last review.

Supporting Documentation

The following documentation was evidenced during the visit :

- *Client Handbook*
- *Completed Referral Forms*
- *Interview Records*
- *Individual Support Assessments*
- *Client Feedback Entry Questionnaires*
- *Next of Kin Consent Forms*

- *Client Agreements*
- *Initial Review Documents*
- *Monthly Review Documents*

4. Workforce

The service is led by a Committee of Members who have employed the Manager to undertake the management of the service in accordance with their decisions. Since the last review an independent volunteer has been recruited to assist in the administration of the service. Instead of formal supervision sessions the Manager and volunteer meet informally at the end of each session. In future the Manager plans to record any agreed actions or issues which are presented during the discussions.

A member of the Committee was present at the review last year and expressed concern around the number of hours the Manager spends at the Centre. This was reported as unchanged although the manager took one week annual leave and the Centre closed. The Committee still needs to look at agreeing appropriate cover from its Members in order to ensure that the Manager is able to take time away from the service.

The Manager continues to work towards NVQ 3 in Health & Social Care. No training courses have been accessed by the provider since the last review however the Manager has arranged Health & Safety and First Aid training for the volunteer. In addition 3 Members are to attend First Aid Training and 2 are to be enrolled on a Basic Food Hygiene Course provided by Skills Share.

The service specification requires that prior to assisting in the provision of the service all volunteers must provide an Enhanced Disclosure from the Criminal Records Bureau. This will also apply to any employees ie the Manager. Therefore in order to comply with contractual requirements both the Manager and the Volunteer need to provide an Enhanced Disclosure. The Manager was unsure whether she has a Disclosure and confirmed that she will make enquiries and arrange for the checks to be carried out as soon as possible.

5. Member Consultation and Service Reviews

As the service is user led the views of Members are fundamental to its success. There are 7 members of the committee : 6 Members and the Manager of the Belle Vue Community Centre. Members' inclusion on the committee ensures they have a central role in the planning, design, development and delivery of services.

The Committee meets every 7 weeks. It has become practice for all Members to attend the committee meetings. Issues which are discussed include trips and holidays, new activities at the centre, activities for the future, changes and adaptations to the building, funding and budget position, membership details, success stories including updates on Members who have moved on from the service, health and safety and any other issues Members wish to raise. Any changes to the service as a result of a committee decision are referred to the Manager for implementation.

The Manager consults with Members on an informal basis to ascertain the types of activities and services they feel are needed. The suggestion box is no longer available however Members are encouraged to add suggestions for changes to the service to a poster which the Manager displays on the notice board. Sheets are also posted on the notice board for members to vote on venues for future activities, theatre visits, christmas lunches etc.

Individual outcomes for Members are reviewed on a regular basis to assess how the service meets the individuals' needs and to set future goals for development.

Since the last review the Manager has introduced a commentary sheet in each Members individual file to record observations on Members' well-being on a daily basis. Since the introduction of this record she has been able to assess improvements and deteriorations in Members mental health. In circumstances when the recordings have shown a deterioration the Manager has been able to contact the Member's Care Co-Ordinator and feels that this has ensured the help and support has been available to avoid breakdown/hospitalisation.

Supporting Documentation

The following documentation was evidenced during the visit :

- *Completed Commentary Sheets on individual Members files*

6. Quality Assurance

During the previous review the Manager advised that an Evaluation Form had been introduced to obtain details and feedback on :

- the number of days the Member attends
- why the Member accesses the service giving options of - support, safe environment, non-pressured environment, friendship, social inclusion, user-led, community activities, other, all of the above
- what activities the Member participates in
- how they feel about the Group, giving options of - very good, good, not bothered, dissatisfied, very dissatisfied, other
- If they can suggest improvements to the service

A member of PROP had designed documents to record the responses to the evaluation and produced graphs to show trends however, when this Member moved on from the service the Manager was unable to continue with the evaluation process. The Manager has agreed to update the form to ensure it include evaluation of all aspects of the service and will ask the volunteer to set up processes on the computer to record an analysis of the responses.

A Holiday Evaluation Form is used to obtain feedback on holidays and outings arranged through the Group. This includes questions on transport, food, organisation of the event and the venue. The forms are available for Members to complete but the Manager needs to re-enforce the importance of Members responding to the questionnaire regardless of whether the response is positive or negative.

Supporting Documentation

The following documentation was evidenced during the visit :

- *Completed Holiday and Activity Evaluation Forms*

7. Communication

The provider feels there are good communication links with the Adult and Community Services Department including Link Workers, Social Workers and CPN's.

Members are involved in the Patient & Carers meetings and Community Consultation Groups, crisis team meetings and attend the LIT.

Contact has been established with the Atrium, members now attend the studio and are involved in visioning days when future services at the studio are planned and developed.

Links remain with Hart Gables predominantly to support bi-sexual members. These links have enabled Members to develop relationships outside of the centre. The groups no longer meet together in the Centre on Wednesday evenings as this was not cost effective.

A Cultural Awareness Group has been set up to raise awareness and improve social integration in the wider community. The group is attended by 10 Members and led by a Guest Speaker who facilitates discussion around cultural issues and religion. Members are able to meet with people from different cultures and an Indian meal is provided. As a result of this the provider has received referrals from the local Asian community although further integration is need to ensure these new members feel confident to attend the group on their own.

8. Performance in relation to budget :

The Manager advised that the service is currently operating within budget however a budget pressure has been identified for January to March 2009 as the rent for the premises has been increased by £3,000 per annum.

Should the service continue in the next financial year the provider needs to look at the way the budget is deployed. It was apparent from the review that there is no structure in place to equitably charge Members a contribution to the activities; Members are asked to contribute 'whatever they can afford' which means some pay all of the costs whilst others pay nothing. Since the last review a charging policy has been introduced for meals and refreshments.

Although access to the service via a direct payment is not within the terms of this agreement, the Manager also needs to look at costing the service appropriately to ensure the amount charged to people accessing via a direct payment, or privately, reflects the true cost of the service provision.

9. Summary

Since the last review the Manager has worked hard to implement the requirements of the service specification and the actions required from the 2007 Review Report. Records are now maintained in relation to individual Members, monitoring outcomes, individual reviews and service reviews. Further work is still required to improve on Quality Assurance processes and collate more statistical information to evidence success in terms of service delivery. This will need to be addressed if the service continues in the next financial year.

10. Operational Feedback

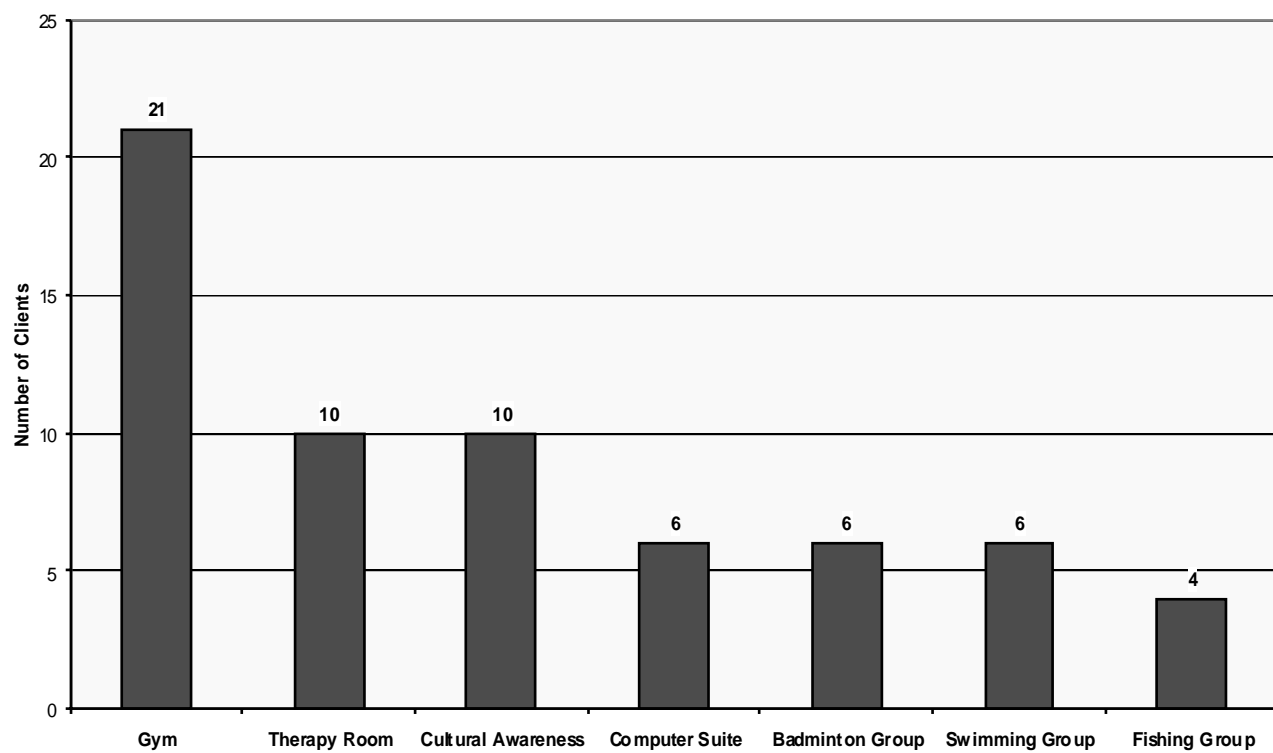
Mark Rushforth - Integrated Community Intervention Manager

“PROP provides support for individuals in a non clinical and homely environment. It is effective in meeting the unmet needs of individuals who have very little support and these individuals thrive in this environment.

I have not had to raise any issues or concerns over the timeframe mentioned, therefore I cannot comment upon this issue.

Wider involvement within the community and events aimed at a broader spectrum of the public without alienating the current service user group.”

PROP - Number of Clients Accessing Facilities



ADULT & PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
16 March 2009



Report of: Head of Procurement, Property & Public Protection

Subject: ANIMAL HEALTH & WELFARE SERVICE DELIVERY
PLAN 2009/2010

SUMMARY

1. PURPOSE OF REPORT

To seek the Portfolio Holders approval for the Animal Health and Welfare Service Delivery Plan 2009/10.

2. SUMMARY OF CONTENTS

The report gives details of the Animal Health and Welfare Service Delivery Plan for 2009/10.

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 Animal Health and Welfare Service Delivery Plan 2009/10.

ADULT & PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
16 March 2009



Report of: Head of Procurement, Property & Public Protection

Subject: ANIMAL HEALTH & WELFARE SERVICE PLAN
2009/10

1. PURPOSE OF REPORT

- 1.1 To consider the Animal Health and Welfare Service Delivery Plan for 2009/10, which is required under the recently revised Animal Health and Welfare Framework Agreement for England and Wales.

2. BACKGROUND

- 2.1 The Animal Health and Welfare Framework was introduced after the Foot and Mouth Disease outbreak in 2001, to recognise the importance of central and local government working in partnership. It was created in partnership between Defra, and the Welsh Assembly Government and LACORS on behalf of Local Authorities in 2002. All parties continue to work in partnership on the operation of this Framework.
- 2.2 Since its introduction there have been a number of relevant high profile reviews including the Hampton Review, the Eves Review and the Rogers Review. Each has made a series of recommendations that impact on the way that animal health and welfare is managed nationally and locally.
- 2.3 The Framework has been revised to help meet the objectives of the Animal Health and Welfare Strategy. To ensure effective, accountable, consistent and co-ordinated delivery of animal health and welfare services throughout England and Wales, amongst other things, it provides details of roles and responsibilities, risk assessment, specific activities, delivery planning, national priorities, funding and an optional animal welfare activity matrix.
- 2.4 This version of the Framework was made available in February 2009 and it takes account of the revised structure of the Animal Health Agency in England and the BERR Regulators' Compliance code "Statutory Code of Practice for Regulators" which aims to embed a risk based, proportionate and

targeted approach to regulatory inspection and enforcement. It is also designed to underpin the new National Indicator for England (NI 190).

2.5 NI 190 takes into account variations in local authority areas in both the nature of the farming industry and the resource required to deliver an effective service.

2.6 The indicator considers and responds to the unique nature of the farming industry within each local authority area, monitoring performance against their ability to manage the risk to achieve national outcomes. It measures an authority's ability to manage risk effectively in both its own operations and within the wider area, taking appropriate action where necessary.

2.7 Under the new Framework local authorities are expected to:

- provide an annual Service Delivery Plan, a Local Authority Profile and Financial Forecast by the dates specified by Defra;
- meet the minimum standards in the Activity Framework;
- record animal movements (AMLS2) and enforcement activity (AMES), or have contractual arrangements in place for service delivery where necessary;
- discuss relative priorities and adjustments to Service Delivery Plans with the Divisional Veterinary Manager (DVM) or named contact at the Animal Health Divisional Office on a regular basis;
- provide statutory returns (or any other occasional return as required);
- work in co-operation with other local authorities, organisations and agencies as appropriate;
- foster local partnerships;
- support the National Framework Partnership Group; and
- meet the minimum standards in the animal welfare activity matrix; or have a clear plan for ensuring that animal welfare complaints and concerns are passed to the relevant organisation to be dealt with appropriately.

3. THE ANIMAL HEALTH AND WELFARE SERVICE DELIVERY PLAN

3.1 The Framework is designed to take account of differing local needs, priorities and resources. Guidance has been issued to local authorities, which provides information on how local authority service delivery plans should be structured and what they should contain.

3.2 Within the plan the Authority must set out the Standard or Level of activity which it proposes to meet during the year, benchmarking this against the Activity Matrix for animal health which sets out the range of activities likely to be carried out by local authorities in animal health and welfare work.

3.3 The matrix describes three levels of practice delivery for each activity:

- minimum standard (Level 1)
- good practice (Level 2)

- better practice (Level 3)

All local authorities are expected to achieve at least the 'minimum standard' outlined in the activity matrix.

- 3.4 The Animal Health and Welfare Service Plan for 2009/10 is attached as **Appendix 1** and takes into account the guidance requirements.
- 3.5 On 26 February 2009 a meeting took place with the DVM to discuss the Service Delivery Plan, and the plan was agreed.

4. **CONSIDERATIONS**

- 4.1 Given the available resources it will be challenging to meet even the minimum requirements of the Framework Agreement, therefore effective management and forward planning will be crucial.

5. **RECOMMENDATIONS**

- 5.1 That the Portfolio Holder approves the Animal Health and Welfare Service Delivery Plan for 2009/10.

6. **CONTACT OFFICER**

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Local Authority: Hartlepool Borough Council

Service Delivery Plan for year: 01/04/2009 to 31/03/2010

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
1. Planning the Delivery of the Local Authority Animal Health Function		
1.1 Profile of Local Authority area and associated animal health and welfare workload	<p>Analysis of critical control points by type, number, days of operation, including:</p> <ul style="list-style-type: none"> • premises licensed for sales (e.g. auction markets etc.) • premises licensed for collections for slaughter or further rearing or finishing • abattoirs/slaughter houses <p>Analysis of agricultural premises according to risk</p> <p>Summary of staff engaged in Animal Health and Welfare work</p> <p>Outcomes 3 and 5</p>	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>Local Authority profile completed annually in format of template at Annex B and submitted to DVM and Defra by deadline</p> <p>Where Direct Funding is claimed financial forecasts and invoices should be submitted by agreed date</p>
1.2 Annual Service Delivery Plan for delivery of services in Animal Health and Welfare	<p>Service Delivery Plan produced detailing levels of Service Delivery for all activities detailed in this activity framework, reflecting national and local priorities. Annex C should be used as a template.</p> <p>Outcomes 3, 4, and 5</p>	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>Annual Service Delivery Plan produced and agreed with DVM by agreed deadline.</p> <p>Any significant changes to be notified and discussed with DVM</p> <p>6 monthly review of Service Delivery Plan</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
1.3 Risk Assessment	<p>Premises risk assessed in accordance with Local Authority national risk scheme detailed in Section 4</p> <p>Risk based inspection programme</p> <p>Outcomes 1, 2, 5 and 6</p>	<p>a) Standard to be met: Level 1 & Elements of Level 2</p> <p>b) How the standard will be achieved:</p> <p>All premises risk assessed and documented</p> <p>Inspection programme based on locally determined frequency according to risk</p> <p>Attempts are made and documented to ensure inspection programmes are co-ordinated with other agencies e.g. RPA/RIW/AH</p> <p>Evidence that veterinary risks and direction taken into account in LA plans (Level 2)</p> <p>Risk assessment reviewed as part of planned visit (Level 2)</p> <p>Inspection programmes are co-ordinated with other agencies e.g. RPA (Level 2)</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
2. Training and Development		
<p>2.1 Training for new officers</p> <p>On-going professional development</p>	<p>Officers are authorised to enforce all relevant legislation.</p> <p>All enforcement staff to hold recognised qualification or have equivalent professional experience i.e. 'Grandfather rights' or undertake to achieve such qualifications as soon as possible</p> <p>It is recognised that in emergency situations i.e. outbreaks of disease, there may be a need to call upon non animal health qualified officers to assist in carrying out animal health and welfare duties.</p> <p>Time and resources allocated to keep up to date on appropriate Animal Health and Welfare legislation, codes of practice, guidance etc – e.g. by accessing LACORS website</p> <p>Outcome 5</p>	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>New officers to undergo internal induction on Animal Health & Welfare</p> <p>Continuing professional development – officers undergo minimum of 10 hours recognised training per year</p> <p>Access to copies of all relevant AH&W legislation & guidance</p> <p>Annual staff review and Development (Level 2)</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
3. Licensing Activities		
<p>3.1 Recording of Animal Movements</p> <p>Sheep, Goats, Deer and Pig movement data capture and recording of exemptions</p>	<p>All movement documents received to be date stamped or otherwise identified as to date received.</p> <p>Data entry on to the Defra AMLS2 database of all sheep, pig and deer movement documents received</p> <p>Action to be taken where errors are detected that require follow up resolution</p> <p>Outcomes 1 and 4</p>	<p>a) Standard to be met: Level 1 b) How the standard will be achieved:</p> <p>Recording of 95% of live movements and 80% of slaughter movements within three working days from day of receipt.</p> <p>Action to be initiated within four working days where errors are detected that require follow up.</p>
<p>3.2 Issuing of specific animal movement licences on AMLS2</p>	<p>Specific licences (on AMLS2) issued for those individuals prohibited by the Minister from operating under the general licence</p> <p>Receipt of licence applications</p> <p>Assessment and issue of specific licences</p> <p>Issue of animal movement licences manually where approval given</p> <p>Outcomes 1 and 4</p>	<p>a) Standard to be met: Level 1 b) How the standard will be achieved:</p> <p>Issue of all licences within one working day of receipt where no pre movement inspection required.</p>
<p>3.3 Investigation of specific (AMLS2) movement licence refusals</p>	<p>Initial investigation of (AMLS2) licence application refusals; resolve if possible, otherwise co-operation with AHDO to achieve resolution</p> <p>Outcomes 1 and 4</p>	<p>a) Standard to be met: Level 1 b) How the standard will be achieved:</p> <p>Resolution of all licence refusals within two working days.</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
4. Education and advice to maximise compliance		
4.1 Education and advice	<p>Guidance provided to businesses on all aspects of Animal Health and Welfare for which Local Authorities are responsible, including any movement licensing requirements.</p> <p>Delivery targets should be set in accordance with individual Local Authority 'charter' response times.</p> <p>Outcomes 1, 2, 5 and 6</p>	<p>a) Standard to be met: Level 1 b) How the standard will be achieved:</p> <p>Provide advice and guidance on request to businesses during office hours.</p> <p>Make available information leaflets produced by Defra, Welsh Assembly Government and Animal Health</p>
4.2 Proactive activity	<p>Proactive involvement or lead in education and training events with stakeholder organisations etc.</p> <p>Joined up approach to education and advice through liaison with Defra, Welsh Assembly Government, LACORS and Animal Health</p> <p>Outcomes 1, 2, 5 and 6</p>	<p>a) Standard to be met: Level 1 b) How the standard will be achieved:</p> <p>Actively promote business advice</p> <p>Arrange talks to stakeholder groups on request</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
5. Enforcement activities to maximise Animal Health and Welfare compliance		
5.1 Attendance at Critical Control Points - Livestock markets, Sales, Collection Centres and Assembly Centres	<p>Highly visible preventative enforcement presence. Attendance at markets and other premises licensed for sales, and Collection Centres and Assembly Centres to ensure compliance, in particular with:</p> <ul style="list-style-type: none"> • Biosecurity (vehicles, premises and people) • Livestock identification • Welfare • Transport • Licensing and record keeping • Specific pre movement licensing • All other relevant legislation <p>Exact attendance levels and times according to status of gathering</p> <p>Outcomes 1, 2, 5 and 6</p>	<p>Not applicable – There are no livestock markets, sales or collection or assembly centres however if circumstances changed Level 1 would be met i.e.</p> <p>Visible Local Authority presence</p> <p>75% of livestock markets (other than dedicated slaughter markets) attended by enforcement personnel for 25% of operating hours. Attendance levels may be increased if necessary following local risk assessment.</p> <p>25% of dedicated slaughter markets, Collection Centres and Assembly Centres attended at some stage during operating hours. Attendance levels may be increased if necessary following local risk assessment.</p> <p>Attendance time should be varied to include times when animals are being loaded/unloaded.</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
<p>5.2 Attendance at Critical Control Points - slaughter houses</p> <p><i>All these activities with regard to the transport unloading and identification of livestock should normally occur outside of the slaughterhouse production area. This service delivery function does not require Local Authority officers to enter the slaughterhouse production area, or undertake enforcement in relation to the slaughterhouse operation itself. The MHS are responsible for enforcement in the slaughterhouse itself, and Local Authorities should liaise with MHS with regard to any need to enter the slaughterhouse production area.</i></p>	<p>Attendance at slaughter houses (high and low through put, red meat and poultry(white meat) in liaison with MHS to ensure legislative compliance, in particular with:</p> <ul style="list-style-type: none"> • Biosecurity (vehicles, premises and people) • Livestock identification • Welfare • Transport • Licensing and record keeping • Specific pre movement licensing • All other relevant legislation <p>Outcomes 1, 2, 5 and 6</p>	<p>Not applicable – There are no slaughter houses however if circumstances changed Level 1 would be met i.e.</p> <p>All slaughter houses to be attended. Attendance frequency reviewed with DVM.</p> <p>Low risk: quarterly basis. Attendance at some point during operating hours.</p> <p>Medium Risk: Monthly attendance at some point during operating hours.</p> <p>High Risk: Weekly attendance at some point during operating hours.</p> <p>Establish and maintain communication links with MHS at abattoir with regard to reporting of anomalies (e.g. single tagged bovines on agreed Local Authority / MHS template).</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
5.3 Attendance at Critical Control Points - Dealers	<p>Identification of Dealers</p> <p>Visits/inspections to verify legislative compliance</p> <p>Outcomes 1, 2, 5 and 6</p>	<p>Not applicable – There are currently no dealers however if circumstances changed Level 1 would be met i.e.</p> <p>Compile and maintain list of known dealers.</p> <p>Plan visits/inspections according to risk.</p> <p>Inspection programmes co-ordinated, if appropriate with other agencies and Local Authorities</p>
5.4 Attendance at Critical Control Points - Ports (excluding BIPs)	<p>Attendance at Ports to ensure legislative compliance, in particular with:</p> <ul style="list-style-type: none"> • Biosecurity (vehicles, premises and people) • Livestock identification • Welfare • Transport • Import/export documentation • All other relevant legislation <p>Outcomes 1, 2, 5 and 6</p>	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>Planned visit or inspection programme prioritised due to risk status</p> <p>Respond to notifications of potential illegal arrivals/departures</p> <p>Ensure appropriate disease information signs are clearly displayed</p> <p>Local Authority contact details clearly displayed</p> <p>Liaison arrangements with Animal Health and Port/Harbour management</p> <p>International Catering Waste: disposal in legal manner</p> <p>Contact numbers available for quarantine</p> <p>c) Target percentage</p> <p>At least 50% of visits indicate compliance</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
5.5 Attendance at Critical Control Points - High risk Farms (Other than dealers)	Visits/inspections to verify legislative compliance Outcomes 1, 2, 5 and 6	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>Planned visit or inspection programme prioritised due to risk status</p> <p>Risk re assessed following visit/inspection</p> <p>Inspection programme to take into account other agency inspections e.g. RPA/RIW/AH</p> <p>Checks from AMLS2/AMES data</p> <p>c) Target percentage</p> <p>At least 50% of visits indicate compliance</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
5.6 Visits and inspections to other premises	<p>Visits to verify legislative compliance.</p> <p>Commercial hauliers Farms (including own livestock vehicle) Agricultural Shows and farm dispersal sales Knackers/Hunt kennels/renderer Maggot farms etc</p> <p>Any other premises of livestock origin and destination</p> <p>Outcomes 1, 2, 5 and 6</p>	<p>a) Standard to be met: All of Level 1 & some elements of Level 2</p> <p>b) How the standard will be achieved:</p> <p>Planned visit or inspection according to risk, as per agreed Service Delivery Plan (Level 1)</p> <p>Risk re assessed following visit/inspection (Level 1)</p> <p>Inspection programme to take into account other agency inspections e.g. RPA/RIW/AH to avoid duplication and arrange joint visits where necessary (Level 1)</p> <p>Checks from AMLS2/AMES data (Level 1)</p> <p>Written report given at time of inspection (Level 2)</p> <p>Major non compliances found during inspections should be reported to relevant agencies (Level 2)</p> <p>Re visit when actionable infringements have occurred (Level 2)</p>
5.7 In transit checks	<p>Roadside checks (in conjunction with police)</p> <p>Police led multi agency roadside checks Local Authority led checks for animal health and welfare compliance only (including co-ordination with adjacent Local Authorities)</p> <p>National exercises and operations e.g. V79</p> <p>Outcomes 1, 2, 3, 4 and 6</p>	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>Blue light stops based on local knowledge and as identified and agreed in Service Delivery Plan.</p> <p>Inspection of individual suspected livestock transport vehicles (including horses) or other agricultural vehicles subject to AH&W legislative requirements.</p>

APPENDIX 1

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
5.8 Postal record recall checks (if carried out) on livestock premises	<p>Postal recall checks and verification according to risk</p> <p>Non responses subject to follow up action as appropriate (including, if necessary premises visit inspection)</p> <p>Outcomes 1, 2, 5 and 6</p>	Not applicable - Postal recall checks are not carried out.
5.9 Vehicle biosecurity – cleansing and disinfecting compliance	<p>Checks on those signing declarations to cleanse and disinfect at premises other than where they have delivered livestock</p> <p>Outcomes 1, 5 and 6</p>	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>Targeted or intelligence lead checks of cleansing and disinfecting declarations</p>
5.10 Out of operating hours checks	<p>Checks out of normal specified operating hours or subsequent days for:</p> <p>Markets</p> <p>Slaughter houses</p> <p>Premises licensed for collection of animals for slaughter or for further rearing or finishing</p> <p>Outcomes 1, 2, 5 and 6</p>	<p>Not applicable – There are no markets, slaughterhouses or premises licensed for collection of animals for slaughter or for further rearing or finishing however if circumstances changed Level 1 would be met i.e.</p> <p>Intelligence lead visits carried out in line with risk</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
5.11 Stand by and on call arrangements	<p>Emergency interagency contact regarding disease and other enforcement incidents</p> <p>Outcomes 1, 2, 3, 4 and 6</p>	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>The Local Authority has emergency out of hours contact procedures in place</p> <p>All relevant agencies are aware of contact procedures</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
6. Reactive and intelligence driven enforcement		
6.1 Identified Infringements	<p>Identified breaches of legislation, including biosecurity, licensing, welfare, livestock identification, standstill breaches, illegal imports, by products, and other disease control work.</p> <p>Irregularities found on documentary checks followed up</p> <p>Outcomes 1, 2, 5 and 6</p>	<p>a) Standard to be met: Level 1 b) How the standard will be achieved:</p> <p>To be investigated and appropriate action taken in accordance with the Local Authority's published Enforcement Policy.</p> <p>Follow up checks on suspected irregularities identified on AMLS2/AMES</p>
6.2 Intelligence / Information and systems	<p>Provision and collection of Intelligence Information</p> <p>Outcomes 1, 2, 5 and 6</p>	<p>a) Standard to be met: Level 1 b) How the standard will be achieved:</p> <p>Set up and ongoing maintenance of intelligence systems</p> <p>b) Access and development of data systems across boundaries and inter agency work</p>
6.3 Intelligence led actions	<p>Infringements or suspected infringements reported from external enforcement sources or identified by use of data interrogation or intelligence sources; members of the public/complaints</p> <p>Outcomes 1, 2, 5 and 6</p>	<p>a) Standard to be met: Level 1 b) How the standard will be achieved:</p> <p>To be investigated and appropriate action taken in accordance with the Local Authority's published Enforcement Policy</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
6.4 Cross border and multi agency working	<p>Assessment and communication to interested parties of cross cutting issues</p> <p>Research/intelligence led activities including workshops</p> <p>Joint investigations/exercises/initiatives</p> <p>Mentoring arrangements</p> <p>Outcomes 1, 2, 3, 4 and 6</p>	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>Reactive work with other Local Authorities and agencies</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
7. Post enforcement reporting and AMES data entry activities		
7.1 Animal Health and Welfare Management and Enforcement System (AMES)	<p>Entry of data on to AMES system (or via electronic data transfer from local systems to AMES) recording Local Authority enforcement activities, results and actions.</p> <p>Use of AMES for management information and report generation</p> <p>Recording of data on infringements</p> <p>Outcomes 1, 2, 3, 4, 5 and 6</p>	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>Recording of all enforcement data within 5 working days</p> <p>Local Authority to designate AMES supervisor who is familiar with AMES good practice guide, data quality and auditing procedures. Business process instructions and FAQs.</p> <p>Internal procedures in place to ensure quality of data entered</p>
7.2 Management information	<p>Collation of management information data for internal use and provision to Animal Health, Defra and Welsh Assembly Government.</p> <p>Outcomes 3, 4 and 5</p>	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>Timely provision of information, in particular submission of statutory returns e.g. WATO (for Annual Enforcement Statistics return to the Commission) and Prosecutions (AH134, for report to Parliament)</p> <p>AMES: Record enforcement action on AMES as in 7.1 above to facilitate generating of accurate management reports</p> <p>National Performance Indicators: collect data in accordance with relevant National Performance Indicators</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
8. Contingency planning and emergency action		
8.1 Animal Health/Defra/Welsh Assembly Government and Local Authority emergency preparedness	<p>Planning and contributing to emergency preparedness plans with Animal Health/Defra/Welsh Assembly Government and other agencies as appropriate</p> <p>Outcomes 1, 3, 5 and 6</p>	<p>a) Standard to be met: Level 1 b) How the standard will be achieved:</p> <p>LACORS/Local Authority plans drawn up consistent with Defra, Welsh Assembly Government, Animal Health, generic plans for disease outbreaks – FMD, Avian Influenza, Rabies, Anthrax, Classical Swine Fever</p> <p>Respond to notification of disease outbreaks</p>
8.2 Testing and Training	<p>Testing, training, practising and evaluating activities in relation to the emergency plan</p> <p>Outcomes 1, 3, 5 and 6</p>	<p>a) Standard to be met: Level 1 b) How the standard will be achieved:</p> <p>Contribution through others or on paper to planned exercises</p> <p>Review plans and update annually</p> <p>Internal and external contact details reviewed annually</p>
8.3 Emergency Action	<p>Provision of full emergency range of services under the emergency plan, when disease emergency declared by Defra/Welsh Assembly Government</p> <p>Outcomes 1, 3, 5 and 6</p>	<p>a) Standard to be met: Level 1 b) How the standard will be achieved:</p> <p>Full requirements of plan actioned</p>

	Content and relevant outcome(s)	Local Authority Planned Level of Service Delivery
9. Additional Activities		
9.1 National priorities	<p>Provide details in Service Delivery Plan (Annex C) of identified priorities as agreed with the DVM and in Wales the Welsh Assembly Government.</p> <p>Outcomes 1, 2, 5 and 6</p>	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>As agreed with DVM</p>
9.2 Local priorities	<p>As above</p> <p>Outcomes 1, 2, 5 and 6</p>	<p>a) Standard to be met: Level 1</p> <p>b) How the standard will be achieved:</p> <p>As above</p>

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
16 March 2009



Report of: Head of Procurement, Property & Public Protection

Subject: REVISION OF 2009/10 LICENCE FEES – PRIVATE
HIRE OPERATORS

1. PURPOSE OF REPORT

To consider the annual review of licence fees for private hire operators.

2. SUMMARY OF CONTENTS

The report provides information regarding fees currently charged for private hire operators licences within the Tees Valley area and recommends a fee structure for such licences in Hartlepool for 2009/10.

3. RELEVANCE TO PORTFOLIO MEMBER

Portfolio Holder has responsibility for Licensing to which these charges apply.

4. TYPE OF DECISION

Non key.

5. DECISION MAKING ROUTE

Portfolio Holder decision.

6. DECISION(S) REQUIRED

That the Portfolio Holder agrees the suggested charges and that they be implemented as soon as possible following the satisfactory conclusion of the statutory consultation process for such licence fees.

Report of: Head of Procurement, Property & Public Protection

Subject: REVISION OF 2009/10 LICENCE FEES – PRIVATE HIRE OPERATORS

1. PURPOSE OF REPORT

- 1.1 To consider the annual review of licence fees for private hire operators.

2. BACKGROUND

- 2.1 On 16 February 2009 the Portfolio Holder was presented with a report detailing proposed fees and charges for various licences and other services provided by the Consumer Services Section.
- 2.2 The Portfolio Holder requested further information regarding the proposed fees for private hire operators licences.
- 2.3 Private hire vehicles must be pre-booked and cannot 'ply for hire' or be 'flagged down'. Bookings are made through private hire operators and, in reality, it is the operator who generally owns the majority of vehicles being operated and employs the drivers. Alternatively, vehicle owners pay the operator a rental fee for the use of a radio from which they then receive bookings.
- 2.4 There are currently six licensed private hire operators in Hartlepool of which four are relatively large businesses – Twenty Three Taxis operate approximately 110 private hire vehicles, Hudson's operate approximately 50, Royal Cars operate approximately 30 and Streamline Taxis operate 120 hackney carriages. The remaining two are individuals who own and operate their own vehicle.
- 2.5 Fees for private hire operator licences have, in previous years, been significantly less than those charged for a single vehicle licence. In 2008/09 the fee was increased from £190 to £250, but this still remains less than the current vehicle licence of £270 (to be increased to £300 with effect from 1 April 2009).
- 2.6 Private hire operators are required to maintain booking records and are often the first port of call following a complaint or enquiry concerning a private hire vehicle or driver. As bookings are made between the operator and passenger they are also often the subject of complaints regarding unsatisfactory work, late or non arrivals etc – all of which must be investigated by the Council's Licensing Team.

2.7 The Licensing Team maintains a regular and close contact with private hire operators in order to: -

- Inspect booking records
- Investigate complaints relating to drivers, vehicles and bookings
- Ensure compliance with the Council's policy on issues such as vehicle and corporate branding
- Ensure compliance with other statutory requirements such as cross border bookings
- Inspect licensed offices to ensure compliance with the licensing policy

3. PROPOSALS

- 3.1 It is proposed that a new fees structure be introduced for private hire operator's licences that better reflects the additional workload generated by larger operators.
- 3.2 The proposal is that there should be a standard fee of £250 plus and additional £10 for each vehicle operated. The maximum fee payable would, in the first year, be capped at £500.
- 3.3 **Appendix 1** provides illustrations of the effect of the proposed new charges and makes a comparison against fees charged by other Tees Valley licensing authorities.

4. ISSUES

- 4.1 Adopting the proposed fee structure detailed in **Appendix I** would increase significantly the licence fee for three of the six private hire operators – Twenty Three Taxis, Hudson's and Royal Cars all of which operate in excess of thirty vehicles each. The licence fees for these companies would increase from £250 to £500 – this being the proposed upper limit on fees for 2009/10.
- 4.2 It is likely that Streamline Taxis will surrender their operators licence as they no longer operate private hire vehicles and therefore do not need a licence.
- 4.3 The remaining two are owner drivers, who operate one vehicle each, and therefore their licence fee would increase from the current £250 to £260 (i.e. £250 plus £10 for one vehicle).
- 4.4 As can be seen from **Appendix I**, adopting the proposed fee structure would result in Hartlepool having the third most expensive private hire operator fees. However, these comparisons are based against 2008/9 fees which are expected to rise in 2009/10.
- 4.5 It may be considered that the proposed tiered fee structure, whereby larger operators pay a higher fee than smaller ones, is a fairer method than the current 'one fee fits all' approach and better reflects the additional workload for the Council.

- 4.6 If approved, it is a statutory requirement that the proposed fees are advertised for 28 days prior to implementation. Should any objections be received the matter will be brought back to the Portfolio Holder for further consideration.

5. RECOMMENDATIONS

- 5.1 That the Portfolio Holder agrees the proposed private hire operator fees as detailed in **Appendix I** and that such fees are introduced as soon as possible following the satisfactory conclusion of the statutory consultation process.

6. CONTACT OFFICER

Sylvia Pinkney
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Appendix I

Private Hire Operators Fees – Tees Valley Area

	Operators Licence Fee	ILLUSTRATION		
		Fee for Operator with 1 vehicle	Fee for Operator with 10 vehicles	Fee for Operator with 30 vehicles
Hartlepool (proposed for 2009/10)	£250 plus £10 per vehicle limited to a maximum of £500	£260	£350	£500
Redcar & Cleveland (2008/9)	£225 plus £26 per vehicle	£251	£485	£1005
Middlesbrough (2008/9)	£398 (Note : vehicle owners are charged a £32 operator levy)	£398	£398	£398
Stockton (2008/9)	Tiered rates based on number of vehicles. Minimum £175	£175	£920	£2020
Darlington (2008/9)	£295	£295	£295	£295

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
16 March 2009



Report of: Head of Procurement, Property and Public Protection

Subject: REVISION OF 2009/2010 FEES AND CHARGES –
UPDATE REPORT (ENVIRONMENTAL STANDARDS)

SUMMARY

1. PURPOSE OF REPORT

To provide additional information for consideration by the Portfolio Holder in respect of proposed charges for services provided by the Environmental Standards Section of the Procurement, Property and Public Protection Division.

2. SUMMARY OF CONTENTS

The report provides comparative information on crematorium charges in the Northern Region, proposals regarding charges and option-appraisal for the Wednesday Open Market and clarification on pest control charges.

3. RELEVANCE TO PORTFOLIO MEMBER

Portfolio Holder has responsibility for Environmental Health, Open Markets and the Cemeteries and Crematorium, to which these charges apply.

4. TYPE OF DECISION

Non key.

5. DECISION MAKING ROUTE

Portfolio Holder decision.

6. DECISION(S) REQUIRED

That Portfolio Holder notes the additional information, agrees the suggested charges and approves implementation from 1 April 2009.

Report of: Head of Procurement, Property and Public Protection

Subject: REVISION OF 2009/2010 FEES AND CHARGES –
UPDATE REPORT (ENVIRONMENTAL STANDARDS)

1. PURPOSE OF REPORT

- 1.1 To provide additional information for consideration by the Portfolio Holder in respect of proposed charges for services provided by the Environmental Standards Section of the Procurement, Property and Public Protection Division.

2. BACKGROUND

- 2.1 Proposed charges for the various services offered by the Environmental Standards Section were considered by the Portfolio Holder on 16 February 2009. The Portfolio Holder requested additional information on the cemeteries service and made proposals regarding the Open Markets.

3. PROPOSALS

- 3.1 Comparative information regarding cremations at various facilities in the Northern Region was requested and is provided in **Appendix 1** to this report. Many crematorium staff are reluctant to provide information prior to approval being obtained. A further, more comprehensive report will be provided later in the year once this information is publicly available.
- 3.2 In relation to Wednesday Market Traders, it was requested that further consultation be undertaken and that options be re-examined. This work will be undertaken during the first quarter of 2009/10 and a report detailing the outcome will be submitted for further consideration by the Portfolio Holder. The initial proposal to introduce self-erect stalls on the Wednesday Market included a reduction in the charges for a stall. As a result of the decision not to introduce self-erect stalls at this stage, it is proposed that the charges remain at 2008/9 levels until a final decision is made.
- 3.3 Self erection of stalls for the Thursday market revised charges proposals in the previous report will be instituted.
- 3.4 The proposal to introduce a flat rate charge of £25 per treatment for pests in domestic premises was approved. This charge is to be inclusive of VAT.
- 3.5 An amended table of charges has been included as **Appendix 2**.

4. FINANCIAL CONSIDERATIONS

- 4.1 The potential savings to be made by reducing the charges per pitch on the open markets and moving to self erect were estimated at £14,000 per annum. If the Wednesday Market were to continue to be provided with stalls, the saving would decrease accordingly.

5. RECOMMENDATIONS

- 5.1 That Portfolio Holder notes the additional information, agrees the suggested charges and approves implementation from 1 April 2009.

6. CONTACT OFFICER

- 6.1 Sylvia Tempest
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APPENDIX 1

Comparative Information – Cremation Fees

Crematorium		2008-2009		2009-2010	
		Cremation Fee	Environmental Surcharge	Cremation Fee	Environmental Surcharge
Hartlepool		£452.00	-	£490.00	£65.00
Middlesbrough		£438.00	£30.00	£482.00	£32.00
Darlington		£445.00	-	To be agreed	To be agreed
Blyth		£371.50	-	To be agreed	To be agreed
Carlisle		£491.00	-	To be agreed	To be agreed
Durham		£440.00	Included	To be agreed	To be agreed
Gateshead		£413.50	Included	To be agreed	To be agreed
Harrogate*		£585.00	Included	£623.00	Included
Leeds		£511.50	£30.00	To be agreed	To be agreed
Newcastle		£392.50	Included	412.50	To be agreed
Scarborough		£457.50	-	£467.50	To be agreed
York		£581.00	-	To be agreed	To be agreed
Sunderland	Resident	£426	To be agreed	To be agreed	To be agreed
	Non Res.	£587.00	To be agreed	To be agreed	To be agreed
Pontefract		£473.00	-	£518.00	Included
Whitley Bay		£381.50	-	To be agreed	To be agreed
Tynemouth		£381.50	-	To be agreed	To be agreed
Whitehaven	Resident	£452.00	£35.00	475.00	£40
	Non Res.	£545.00	£35.00	To be agreed	To be agreed

- Already fitted with abatement equipment

Charges – Environmental Standards Section**2009-10****PEST CONTROL****Domestic Premises**

Rats, mice, fleas (human), bed bugs and cockroaches	£25 fixed charge (no charge)
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Other pests (including, wasps, fleas (animal related), moles, woodlice, silverfish, earwigs, etc):	£30 (£29) per hour + materials + VAT
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Business Premises

All pest control, regardless of species	£47 (£45) per hour + materials + VAT
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THURSDAY OPEN MARKET

Charge for standard stall. (Plus proportional increases dependent on additional space used by traders).	£22 (£24)
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Charge during January and February for stall-holders with full attendance.	£16 (£18)
--	-----------

Additional charge for casual traders for the 4 weeks running up to Christmas.	£5
---	----

If holiday is taken or any other absence without notification a service charge will be levied.	£6
--	----

If payment is not received at the Civic Centre by 12 noon on market day, an admin charge will be made.	£6
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WEDNESDAY ANTIQUES MARKET

Charge for standard stall. (Plus proportional increases dependent on additional space used by traders).	£20 (£20)
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Charge during January and February for stall-holders with full attendance.	£15 (£15)
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Additional charge for casual traders for the 4 weeks running up to Christmas.	£4
---	----

If holiday is taken or any other absence without notification a service charge will be levied.	£5
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If payment is not received at the Civic Centre by 11.30 am on market day, an administration charge will be made.	£5
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ADULT AND PUBLIC HEALTH SERVICES
REPORT TO PORTFOLIO HOLDER
16th MARCH 2009



Report of: Director of Adult & Community Services

Subject: BUILDINGS BASED RESPITE CARE

SUMMARY

1. PURPOSE OF REPORT

To seek the Portfolio Holder for Adult and Public Health Services' approval to make an exception to the Contract Procedure Rules in relation to a contract for the provision of Learning Disability Respite Services.

2. SUMMARY OF CONTENTS

The report provides information on the proposed contract, the financial impact of the provision of the service and the justification for making an exception to the Rules.

3. RELEVANCE TO PORTFOLIO MEMBER

Any exception to the Contract Procedure Rules must be agreed by the Portfolio Member.

4. TYPE OF DECISION

Non Key

5. DECISION MAKING ROUTE

Decision by Adult and Public Health Services Portfolio Holder – 16 March 2009

6. DECISION REQUIRED

To seek agreement to make an exception to the Contract Procedure Rules in relation to a contract for the provision of Learning Disability Respite Services.

Report of: Director of Adult & Community Services

Subject: BUILDINGS BASED RESPITE CARE

1. PURPOSE OF REPORT

- 1.1 To seek the Portfolio Holder for Adult and Public Health Services' approval to make an exception to the Contract Procedure Rules in relation to a contract for the provision of Learning Disability Respite Services.

2. BACKGROUND

- 2.1 The initial contract for the provision of this Service was in place with Voyage Care Services (formerly Milbury Care Services) since 2001.
- 2.2 The Provider has been effective in meeting the requirements of the specification and the Service itself has been instrumental in the contribution to departmental priorities, statutory requirements and national and local objectives.

3. CURRENT SITUATION

- 3.1 Voyage Care Services have continued to provide respite services to Individuals with Learning Disabilities, under the current block contract that has been in place since August 2005, in order to provide respite as and when required.
- 3.2 The impact of the Personalisation Agenda and implementation of Self Directed Funding has developed the scope and availability of services in the marketplace used to meet people's individual needs.
- 3.3 Following an extended consultation exercise with Carers and Individuals who use the Service, the outcome of which is still to be finalised, approval to enter into a new contract until 31st March 2010 with Voyage Care Services is sought. This will enable sufficient time for a full tender process to be undertaken to establish a future buildings based respite service.
- 3.4 The cost of the service until 31st March 2010 will be c. £337,250.

4. RECOMMENDATION

- 4.1 That the Portfolio Holder for Adult and Public Health Services agrees to make an exception to the Contract Procedure Rules in relation to a contract for the provision of Learning Disability Respite Services.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
Monday 16 March 2009



Report of: Director of Adult & Community Services

Subject: SAFEGUARDING VULNERABLE ADULTS
NATIONAL CONSULTATION ON REVIEW OF
NO SECRETS AND HARTLEPOOL
VULNERABLE ADULTS PROTECTION
COMMITTEE QUARTERLY STATISTICS
01 OCTOBER 2008 – 31 DECEMBER 2008

SUMMARY

1. PURPOSE OF REPORT

To provide an update/summary on Consultation on the Review of the No Secrets Procedure.

To present Hartlepool Safeguarding Adults Quarterly Statistics.

2.0 SUMMARY OF CONTENTS

Review of No Secrets Procedure

A summary of key points from interim / draft responses of ADASS (Association of Directors of Adult Social Services) and CSCI (Commission for Social Care Inspection) are attached as Appendix A to this Report. A copy of the final report of the Review will be lodged when issued by the Department of Health in the Members Library.

The responses to the Review from ADASS and CSCI include the following key areas of the Safeguarding framework:

- Leadership
- Prevention
- Agency Roles
- Governance
- Guidance & Legislation
- Safeguarding Language/Definitions
- Outcomes

- Risk and Choice

HVAPC Quarterly Statistics

The Hartlepool Vulnerable Adults Committee Statistics Report 01 October 2008 – 31 December 2008 is attached as Appendix B to this report.

This includes:

- Source and detail of referrals of suspected abuse or neglect
- Profile and outcome information relating to the Vulnerable Adults and also Alleged Perpetrators of reported incidents of abuse/neglect

3. RELEVANCE TO PORTFOLIO

Adult Care Services have responsibility for ensuring appropriate multi agency arrangements are maintained in relation to safeguarding vulnerable adults.

4. TYPE OF DECISION

Non Key

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio March 2009.

6. DECISION(S) REQUIRED

To note the Report.

Report of: Director of Adult & Community Services

Subject: SAFEGUARDING VULNERABLE ADULTS:
NATIONAL CONSULTATION ON REVIEW OF
NO SECRETS AND HARTLEPOOL
VULNERABLE ADULTS PROTECTION
COMMITTEE QUARTERLY STATISTICS
01 OCTOBER 2008 – 31 DECEMBER 2008

1. PURPOSE OF REPORT

- 1.1 To provide an update about the National Consultation on the No Secrets Procedure.
- 1.2 To present Hartlepool Vulnerable Adults Committee (HVAPC) Safeguarding Adults Quarterly Statistics.

2. BACKGROUND

The Report provides an update on the recently completed National Consultation on the Safeguarding Framework. Also, local activity / statistical information on Safeguarding for the last Quarter.

3. NATIONAL REVIEW OF NO SECRETS

3.1 Background and Context

It is seven years since the current Safeguarding Adults Guidance was issued. During this time there have been some changes in policy and legislation. Also, lessons have been learned through research and practice. The recent Review of No Secrets will therefore enable revision of the existing Guidance within a context of greater *independence, choice and control* for service users.

- 3.2 The consultation phase of the Review was launched in mid October 2008 and concluded at the end of January 2009. Setting out of changes to the existing procedure is scheduled to be completed by the Department of Health in April '09.

3.3 Focus - The Review has focussed on the following key areas:

3.1 Adult 16.03.09 Safeguarding vulnerable adults national consultation on review of no secrets and hartlepool vulnerable adults

- Keeping people safe from harm
 - Safeguarding in a context of *independence, choice* and *control*. Also in an environment of safer housing and more access to criminal justice
- 3.4 Scope - Safeguarding is considered in relation to individual agency considerations. The review also explores the need for further guidance and *legislation*.
- 3.5 The framework for the Review is thematic and covers the following areas:
 - Prevention
 - Empowerment
 - Response
 - Guidance & Legislation
- 3.6 Response to the Consultation has been invited via regional and national events; also, workshops and meetings organised by the Care Services Improvement Partnership (CSIP). Additionally input from individual service users has been sought. Members of the Workforce in Hartlepool have had the opportunity to participate through a local Workshop; also, through the Hartlepool Vulnerable Adult Protection Committee and Teeswide Vulnerable Adult Strategy Steering Group.
- 3.7 Feedback on the Consultation - A summary of the response to the Consultation will be made available by the Department of Health by April 2009.

4. **HVAPC QUARTERLY STATISTICS** **01 OCTOBER 2008 – 31 DECEMBER 2008**

- 4.1 Trends - The total number of referrals of cases of possible harm to vulnerable adults has continued to increase. However, instances of financial abuse and sexual abuse have decreased.
- 4.2 The majority of victims remain in the age group 60+ and women have been slightly more often the subject of instances of abuse or neglect.
- 4.3 The most frequent location of abuse remains the home of the vulnerable adult. Also the alleged perpetrators have usually been known to the victims. In the Quarter 15/37 of the circumstances involved incidents of abuse perpetrated by another service user.

5. CONTINUOUS IMPROVEMENT

- 5.1 A number of inspections of Safeguarding arrangements have been undertaken by CSCI during 2008. However neither Hartlepool nor any of the Teesside authorities have yet been inspected. The inspection findings will nevertheless be a useful tool in helping assess the robustness of local multi agency arrangements and practice. Key messages coming out of the Inspections include:
- Prioritisation of Safeguarding and Commissioning with a clear agenda of Prevention of Abuse
 - Inclusion of Independent Sector Staff in Safeguarding training
 - Importance of information to promote general awareness of Safeguarding
 - Strengthening capacity to learn lessons from incidents of abuse and neglect
 - Developing ways to support vulnerable adults who have suffered abuse/neglect
- 5.2 Discussion is underway with Stockton Borough Council to jointly commission a *pre inspection* of Hartlepool and Stockton's Safeguarding arrangements.
- 5.3 National and local activity to evaluate Safeguarding arrangements will serve to help map necessary incremental steps for the continuous improvement of the Safeguarding Framework in Hartlepool and also Teeswide.

6. FINANCIAL IMPLICATIONS

- 6.1 There are no financial implications arising from this report.

7. RECOMMENDATIONS

- 7.1 That this report be noted.

INTERIM OVERVIEW OF CONSULTATION RESPONSE TO REVIEW OF NO SECRETS GUIDANCE

Potential Impact Areas

Multi Agency Working

- Agreement of common definitions and standards; alongside agreed roles, duties and powers between agencies
- National Policy and Guidance applicable to all agencies
- Exchange of personal information linked to community safety
- ‘Duty’ to co-operate between agencies for purposes of adult protection and public safety
- Bringing together parallel procedures on incident reporting so that processes can be integrated between local authorities and health services

Outcomes

- Prevention, including action in response to threats or incidents of harm
- Support to vulnerable adults – following incidents of harm – to access safe services
- Explicitly prioritising safety of people across agencies e.g. through Local Strategic Partnerships i.e. beyond *crime and disorder* toward *safety for all*
- Partnership with social landlords to enable housing policies, procedures and training to ensure appropriate safeguarding practices
- Greater consistency in the structures, roles and membership of Adult Protection Committees / Boards
- Use of a framework to enable benchmarking and assessment of comparative performance
- Greater consistency in relation to initiation of Serious Case Reviews
- Adopting a clearer model for risk assessment and risk management
- Greater consistency in relation to Vetting & Barring / Criminal Records Bureau checks to vulnerable adults receiving support through personal assistants
- Greater public awareness: communicating the message that safeguarding is “everybody’s business”.

Teeswide Vulnerable Adults Protection Statistics**Date 01 October – 31 December 2008**

		Hartlepool	Middlesbrough	Redcar & Cleveland	Stockton	TOTAL
Suspected Abuse	Physical abuse	18				
	Financial abuse	6				
	Sexual abuse	1				
	Neglect and acts of omission	12				
	Psychological	0				
	Discriminatory	0				
	TOTALS	37				

		Hartlepool	Middlesbrough	Redcar & Cleveland	Stockton	TOTAL
	Vulnerable adults subject to previous referral/s	11				
	Vulnerable adults placed by another Authority	0				

Teeswide Vulnerable Adults Protection Statistics**Date 01 October – 31 September 2008**

		Hartlepool	Middlesbrough	Redcar & Cleveland	Stockton	TOTAL
Vulnerable Adult Client Group	Physical Disabilities - Older People (65 & over)	21				
	Physical Disabilities - Adults (18-64)	3				
	Mental Health - Older People (65 & over)	10				
	Mental Health - Adults (18-64)	1				
	Learning Disabilities - Older People (65 & over)	1				
	Learning Disabilities - Adults (18-64)	1				
	Older People (65 & over)	0				
	HIV / AIDS Adults (18-64)	0				
	Sensory Loss	0				
	Carer	0				
	Substance misuse & Drugs	0				
	TOTALS	37				

Teeswide Vulnerable Adults Protection Statistics**Date 01 October – 31 December 2008**

		Hartlepool	Middlesbrough	Redcar & Cleveland	Stockton	TOTAL
Source of Referral	Social Services Department	6				
	Care Home Provider	5				
	Care Home with Nursing Provider	10				
	Home Care Provider	0				
	Relative	1				
	Health Professionals (Community based)	3				
	Health Professionals (Hospital based)	2				
	Self or persons formal advocate	0				
	CSCI	4				
	Probation Service	0				
	Police	0				
	Other Service User	0				
	Housing Support Provider	0				
	Other Local Authority	0				
	Department of Works & Pensions	0				
	Other-please name individually <ul style="list-style-type: none"> • 5 x EDT • 1 x Solicitor 	6				
	TOTALS	37				

Teeswide Vulnerable Adults Protection Statistics**Date 01 October – 31 December 2008**

		Hartlepool	Middlesbrough	Redcar & Cleveland	Stockton	TOTAL
Location of Abuse	Care Home	13				
	Care Home with Nursing	16				
	Day Care Unit	0				
	Relative's Home	0				
	Users Own Home	6				
	Hospital	0				
	Supported Living	0				
	Public Place	2				
	Other (please list)	0				
	TOTALS	37				

Teeswide Vulnerable Adults Protection Statistics**Date 01 October – 31 December 2008**

		Hartlepool	Middlesbrough	Redcar & Cleveland	Stockton	TOTAL
Alleged Perpetrator	Friend/Neighbour	1				
	Other Service User	15				
	Paid Carer or Health Worker	11				
	Partner	1				
	Relative	3				
	Volunteer	0				
	Trader	0				
	Unknown / Stranger	6				
	Self	0				
	TOTALS	37				

Teeswide Vulnerable Adults Protection Statistics**Date 01 October – 31 December 2008**

Ethnicity		Hartlepool	Middlesbrough	Redcar & CCleveland	St0ckton	TOTAL
	White – British	30				
	White- European	0				
	Asian-India	0				
	Asian-Pakistan	0				
	Asian-Bangladesh	0				
	Asian- Chinese	0				
	Asian-Vietnamese	0				
	African	0				
	Caribbean	0				
	Other ethnic group (please name)	0				
	Not Known	7				
	TOTALS	37				

Teeswide Vulnerable Adults Protection Statistics**Date 01 October – 31 December 2008**

		Hartlepool		Middlesbrough		Redcar & Cleveland		Stockton		TOTAL	
Age		F	M	F	M	F	M	F	M	F	M
	18 - 19	0	0								
	20 - 29	1	0								
	30 - 39	1	2								
	40 - 49	0	1								
	50 - 59	1	0								
	60 - 64	1	3								
	65 - 69	1	0								
	70 - 79	4	7								
	80 - 89	5	4								
	90 - 99	6	0								
		20	17								
	TOTALS	37									

Teeswide Vulnerable Adults Protection Statistics**Date 01 October – 31 December 2008**

		Hartlepool	Middlesbrough	Redcar & Cleveland	Stockton	TOTAL
Outcomes for Alleged Victim/protection Plan	3.1 Existing service provision reducing risk of further harm	11				
	3.2 New Community Care Assessment & Services	1				
	3.3 Removed from Property/Service	0				
	3.4 Counselling, support & advocacy	1				
	3.5 Management of access to alleged perpetrator	2				
	3.6 Action under Mental Health Act	0				
	3.7 Declaratory Relief	0				
	3.8 Appointeeship/Receivership	0				
	3.9 Civil Action	0				
	3.10 Unwilling to co-operate with Protection Plan/advice	0				
	3.11 Crime prevention/security advice	0				
	3.12 Other (please specify) • Service user deceased	1				
	TOTALS	16				

Teeswide Vulnerable Adults Protection Statistics**Date 01 October – 31 December 2008**

		Hartlepool	Middlesbrough	Redcar & Cleveland	Stockton	TOTAL
Outcomes for Alleged Perpetrator/ Organisation/Service	4.1 Criminal Prosecution/Caution	0				
	4.2 No further legal action following Police investigation	1				
	4.3 Disciplinary action/POVA referral	2				
	4.4 Action by Commissioning/Placing Authority	1				
	4.5 Action by CSCI	0				
	4.6 Action by Healthcare Commission	0				
	4.7 Carer's Assessment offered	0				
	4.8 Management action – supervision, training etc.	0				
	4.9 Counselling/support	0				
	4.10 Removed from property/service	0				
	4.11 Community Care Assessment & Services/Case Review	0				
	4.12 Action under Mental Health Act	0				
	4.13 Management of access to vulnerable adult	1				
	4.14 No Further Action	8				
	4.15 Other (please specify) • 1 x service user deceased • 2 x no perpetrators identified	3				
	TOTALS	16				

ADULT & PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
16 March 2009



Report of: Head of Procurement, Property & Public Protection

Subject: WATER SAFETY PLAN

SUMMARY

1. PURPOSE OF REPORT

To provide the Portfolio Holder with information about Hartlepool Water's 'Water Safety Plan'.

2. SUMMARY OF CONTENTS

The report gives details of the Water Safety Plan which was produced by Hartlepool Water, which is part of Anglian Water, in late 2008. The water company has an obligation to communicate their Plan to their stakeholders, which include the local authority and through them Parish Councils.

3. RELEVANCE TO PORTFOLIO MEMBER

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

4. TYPE OF DECISION

Non key.

5. DECISION MAKING ROUTE

Adult & Public Health Services Portfolio.

6. DECISIONS(S) REQUIRED

The Portfolio Holder is asked to note the contents of this report.

Report of: Head of Procurement, Property & Public Protection

Subject: WATER SAFETY PLAN

1. PURPOSE OF REPORT

- 1.1 To provide the Portfolio Holder with information about Hartlepool Water's 'Water Safety Plan'.

2. BACKGROUND

- 2.1 Hartlepool Water, which is part of Anglian Water, supplies water to around 90,000 people in the Borough of Hartlepool. The water company is responsible for checking the water supplies for a range of chemical and microbiological parameters as it travels from the borehole sources, through treatment and storage to customer taps.
- 2.2 The standards to which Hartlepool Water work are laid down in legislation in The Water Supply (Water Quality) Regulations 2000 which convert standards derived from World Health Organisation (WHO) and EC Directives into UK law. Compliance with the standards and the way in which they sample, treat and monitor water supplies are monitored by a government based regulator, the Drinking Water Inspectorate (DWI).
- 2.3 The World Health Organisation (WHO) recognised that to deliver a safe water supply, all countries should adopt a water safety planning approach to look at all the likely risks from source to tap. This approach has been endorsed by the UK and translated into UK law.
- 2.4 In late 2008, Hartlepool Water carried out a detailed risk assessment of all the water delivery stages from borehole source to tap. This included an assessment of risks to water quality in the catchment, treatment works, storage reservoirs, water mains network and within the customers' premises. These assessments were very wide ranging and examples included:
- Measures to protect individual boreholes from surface water
 - Measures to protect the groundwater from diffuse pollution
 - Maintenance procedures to protect hygiene during water mains repairs
 - Procedures to ensure only approved chemicals and materials are used in contact with the drinking water
 - Measures to monitor and control treatment operations
 - Advice to customers on how to preserve the quality of water in the home

- 2.5 Risks were scored according to a risk matrix both before and after account was taken of any risk reduction measures that are taken as part of daily operations. For example, during repairs to water mains there is a risk of ingress of surface water and contamination from unapproved fittings. To mitigate these risks, Hartlepool Water use trained and experienced people and fittings approved for use in contact with drinking water as means of mitigating these risks. Having examined the extensive range of risks that face the company as a water supplier, Hartlepool Water found that there were no risks with a residual risk factor that they deemed to be unacceptable and therefore requiring additional measures, investment or procedures.
- 2.6 Whilst this was an excellent result with no high level risks remaining, Hartlepool Water did identify improvements that could be made to their processes, procedures and measures to lower residual risks still further. One key result was the need to improve the waterproofing on some of their storage tanks early in 2011. This requirement has been built into their investment plans for the next 5 year period.
- 2.7 Following the above process, Hartlepool Water submitted a detailed Water Safety Plan to the DWI in late September 2008 and in November, it was confirmed that the Plan met the legislative requirements and was fit for purpose.
- 2.8 The Water Company has an obligation to communicate their Plan to their stakeholders, which include the local authority and through them Parish Councils. To fulfil these obligations, in February 2009 the plan was discussed during a meeting between Hartlepool Water and Public Protection staff.
- 2.9 Whilst the Plan itself has not been published owing to the sensitivity of some of the contents a briefing note is available through Hartlepool Water's website www.hartlepoolwater.co.uk A copy of this briefing note is included in **Appendix 1**.

3. RECOMMENDATIONS

- 3.1 The Portfolio Holder is asked to note the contents of this report.

4. REASONS FOR RECOMMENDATIONS

- 4.1 The report is for information only.

5. BACKGROUND PAPERS

- 5.1 None.

6. CONTACT OFFICER

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Consumer Services Manager
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Hartlepool Borough Council - Level 3
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Water Safety Plan

Hartlepool Water's number one priority is to deliver a safe, wholesome water supply to all of our customers across the whole supply area. The water should meet all the regulatory standards as set down in UK law, be pleasant to drink and available for the wide variety of uses in the home. The safety of our water supply is paramount and we take extensive steps to protect the water from contaminants as it travels from our borehole sources through to your tap. Public health is our business and everyone involved in delivering water to your home or business is fully aware of this heavy responsibility. To demonstrate our commitment, we have a comprehensive sampling programme which runs throughout the year and samples from source to tap. Where samples fail to meet the stringent standards, we carry out a full investigation to understand the reasons for the failure and to put in place measure to protect public health.

Maintaining high hygiene standards is nothing new to Hartlepool Water or the Water Industry in general. Since public water supplies were made available in the late 19th and early 20th centuries, good engineering practice, sound science and careful attention to hygiene during maintenance works and operation of the water system have been at the heart of what we do.

So what has changed?

The World Health Organisation (WHO) recognised that to deliver a safe water supply, all countries should adopt a water safety planning approach to look at all the likely risks from source to tap. This approach has been endorsed by the UK and translated into UK law. The Drinking Water Inspectorate (DWI) is the regulator responsible for policing water companies and ensuring we all meet the strict quality standards for drinking water and is therefore also interested in the way we manage risks that might affect drinking water.

In late 2008, Hartlepool Water carried out a detailed risk assessment of all the water delivery stages from borehole source to tap. This included an assessment of risks to water quality in the catchment, treatment works, storage reservoirs, water mains network and within the customers' premises. These assessments were very wide ranging and examples included:

- Measures to protect individual boreholes from surface water
- Measures to protect the groundwater from diffuse pollution
- Maintenance procedures to protect hygiene during water mains repairs
- Procedures to ensure only approved chemicals and materials are used in contact with the drinking water
- Measures to monitor and control treatment operations
- Advice to customers on how to preserve the quality of water in the home

Hartlepool Water submitted a detailed Water Safety Plan to the DWI in late September. In November, it was confirmed that the Plan met the legislative requirements and was fit for purpose.

So what did the Plan tell us?

Risks were scored according to a risk matrix both before and after we took account of any risk reduction measures that we take as part of our daily operations. For example, during repairs to our water mains there is a risk of ingress of surface water and contamination from unapproved fittings. To mitigate these risks, we use trained and experienced people and fittings approved for use in contact with drinking water as means of mitigating these risks. Having examined the extensive range of risks that face us as a water supplier, we found that there were no risks with a residual risk factor that we deemed to be unacceptable and therefore requiring additional measures, investment or procedures.

Whilst this is an excellent result with no high level risks remaining, we did identify improvements we can make to our processes, procedures and measures to lower residual risks still further. One key result was the need to improve the waterproofing on some of our storage tanks early in 2011. This requirement has been built into our investment plans for the next 5 year period.

A specific benefit of the planning process has been to bring together and assess the risks to water quality in the home. Water is a perishable product like many other foodstuffs and must be stored in a cool place in clean containers. The plumbing in the home can also affect the quality of your water, for example, from storage tanks that do not have adequate covers fitted. We have adopted the guidance produced through our Trade Association, Water UK in the form of a simple leaflet which gives lots of practical advice on keeping water safe to drink in the home. You can obtain a hard copy from us or download the attachment from this website.

Our Plan has provided some important guidance and gathers together a wide range of data important to us to run an efficient and effective water supply business and most importantly, to protect the health of the customers we serve. We also have an obligation to communicate our Plan to our stakeholders including the following groups:

- Our customers be they large industrial, commercial or domestic customers
- Our Regulators including the Environment Agency, the Drinking Water Inspectorate, the Consumer Council for Water and Natural England
- Our Local Authorities and through them our Parish Councils
- The Health Protection Agency through our local Consultant for Communicable Disease Control (CCDC)
- Our employees

We have included a reference to our Plan in our billing leaflet distributed to all of our customers in March 2009 and this briefing note is now available through our website. It must be noted that the Plan itself cannot be published owing to the sensitivity of the some of the information from a security aspect.

If you have any questions or want to discuss how our Plan helps to protect the water we supply to you, then please either telephone 01429 858050 during working hours (Monday to Friday 0830 to 1700 hours excluding Bank Holidays) or write to us at Hartlepool Water, 3 Lancaster Rd, Hartlepool TS24 8LW or e mail us at enquiries@hartlepoolwater.co.uk