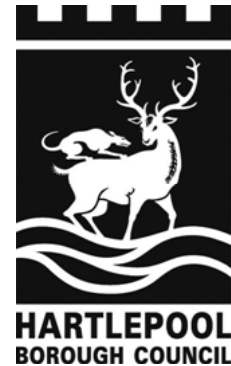


ADULTS AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



Monday 3rd August 2009

at 10.00 am

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

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

1. KEY DECISIONS

- 1.1 Carers Strategy – *Director of Adult and Community Services*
- 1.2 Replacement of Cremators – Stranton Crematorium – *Head of Procurement, Property and Public Protection*

2. OTHER ITEMS REQUIRING DECISION

- 2.1 Food Law Enforcement Service Plan 2009-2010 – *Head of Procurement, Property and Public Protection*

3. ITEMS FOR INFORMATION

- 3.1 Memorial Safety – *Head of Procurement, Property and Public Protection*
- 3.2 *E.Coli 0157* – The Pennington Report and Hartlepool's Response – *Head of Procurement, Property and Public Protection*
- 3.3 The Personal Social Services (PSS) User Experience Survey 2009 – *Director of Adult and Community Services*
- 3.4 Update on Mental Health Integrated Services and Related Mental Health Issues – *Director of Adult and Community Services*

**ADULTS AND PUBLIC HEALTH SERVICES
PORTFOLIO**

Report To Portfolio Holder

03 August 2009



Report of: Director of Adult and Community Services

Subject: CARERS STRATEGY

SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 To gain approval for adoption of the Carers Strategy for Hartlepool for financial years 2008/9 to 2009/10 and subsequent action plan.

2.0 SUMMARY OF CONTENTS

- 2.1 The Carers Strategy highlights local issues for carers of adults in Hartlepool and sets out an action plan to deliver improvements in lives of carers within the town.

3.0 RELEVANCE TO PORTFOLIO MEMBER

- 3.1 The strategy directly relates to the provision of social care support to Carers in Hartlepool.

4.0 TYPE OF DECISION

- 4.1 Key (i and ii)

5.0 DECISION MAKING ROUTE

- 5.1 Adult and Public Health Services Portfolio – 3 August 2009

6.0 DECISION(S) REQUIRED

- 6.1 Adoption of strategy and action plan.

Report of: Director of Adult and Community Services

Subject: CARERS STRATEGY

1. PURPOSE OF REPORT

- 1.1 To gain approval for adoption of the Carers Strategy for Hartlepool for financial years 2008/9 to 20010/11 and associated action plan

2. BACKGROUND

- 2.1 The last census (2001) identified 9853 people living in Hartlepool. At the time this represented 11.1% of the total population of the town. 2680 of the carers who identified themselves were providing in excess of 50 hours of direct care and support per week.
- 2.2 In 2006, the community services white paper Our health, our care, our say announced a New Deal for carers made up of four constituent parts
- A comprehensive national information service
 - 'Caring with Confidence', a training programme for carers
 - Emergency Care Cover
 - 10 year Prime Ministers Strategy for Carers
- 2.3 The local authority has a legal duty to provide social care support to carers within the locality. There are three separate acts of parliament in relation to the support and provision of services to carers. There are:
- The Carers (Recognition & Service) Act 1995
 - The Carers and Disabled Children) Act 2000
 - The Carers (Equal Opportunities) Act 2004
- 2.4 The Acts of parliament outlined above in addition to the 10 year Prime Ministers Strategy for Carers sets the local authority a clear framework for providing and supporting carers locally.

3. PURPOSE AND RELEVANCE OF THE STRATEGY

- 3.1 Hartlepool's Carers Strategy has been written in partnership with local carers taking into account the national priorities set by government. The strategy represents a very local interpretation of what is needed to improve the lives of carers locally through social care support and service provision.

- 3.2 The strategy has been written with an associated action plan included. This action plan will be monitored by carers through the Carers Strategy Group on a bi-monthly basis. The Carers Strategy Group itself reports to the Health and Wellbeing Partnership strand of the Community Strategy.

4. FINANCIAL IMPLICATIONS

- 4.1 The local authority receives in excess of £390,000 of non ring fenced grant to spend on carers support and services per annum.
- 4.2 The action plan associated with the local carers' strategy has taken into account the budget constraints of this grant and identified appropriate funding for any new services proposed.
- 4.2 Any contracts that are advertised for tender as a result of this strategy will follow corporate guidelines set down through contract scrutiny arrangements and local authority procurement guidelines.
- 4.3 Where individual permissions or approvals from members are required as a result of this strategy these will be gained following the procedures set down in the councils constitution.

5. RECOMMENDATIONS

- 5.1 The Portfolio member for Adult and Public Health Services is asked to consider and approve the Carers Strategy for the local authority.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

3rd August 2009



Report of: Head of Procurement, Property and Public Protection

Subject: REPLACEMENT OF CREMATORS – STRANTON
CREMATORIUM

SUMMARY

1. PURPOSE OF REPORT

To update the Portfolio Holder on works necessary to meet the requirements of the Department for Environment, Food and Rural Affairs (DEFRA) regarding Mercury emissions and operation of cremation equipment.

To inform the Portfolio Holder of updated costs of implementing the requirements and suggest options for funding the works.

2. SUMMARY OF CONTENTS

The report: outlines the background to the requirements for cremator equipment to reduce mercury emissions, provides comparative figures with other facilities in the region, puts forward updated costings for the works necessary and suggests options which could be adopted to fund the necessary works.

3. RELEVANCE TO PORTFOLIO MEMBER

Portfolio Holder is responsible for Cemeteries and Crematorium.

4. TYPE OF DECISION

Key decision.

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio and Cabinet

6. DECISION(S) REQUIRED

That the Portfolio Holder:

- i) Notes the report and recommends a method of funding works required to meet the requirements of the Department for Environment, Food and Rural Affairs (DEFRA).
- ii) Refers the issues and recommendation for consideration by Cabinet as part of the 20010/11 Budget and Policy Framework process.

Report of: Head of Procurement, Property and Public Protection

Subject: **REPLACEMENT OF CREMATORS – STRANTON CREMATORIUM**

1. PURPOSE OF REPORT

- 1.1 To update the Portfolio Holder on works necessary to meet the requirements of the Department for Environment, Food and Rural Affairs (DEFRA) regarding Mercury emissions and operation of cremation equipment.
- 1.2 To inform the Portfolio Holder of updated costs of implementing the requirements and suggest options for funding the works.

2. BACKGROUND

- 2.1 Government concern over the toxicity of mercury and the increasing emissions of the element from crematoria has led to the implementation of steps to sharply reduce this source of pollution derived from fillings in teeth, and which is estimated to be responsible for up to 16% of all UK emissions.
- 2.2 In October 2004, DEFRA published detailed requirements regarding emissions and operation of cremation equipment, including more stringent requirements for new crematoria from October 2006.
- 2.3 On 10th January 2005 DEFRA issued additional guidance which required cremation authorities to consider options for achieving a 50% reduction in the emissions of mercury and indicate their intention to install cleaning equipment (by 31st December 2012), or their expectation to rely on emissions trading to their relevant local authority regulator by 31st December 2005.

3. CONSIDERATIONS

- 3.1 At Stranton Grange Crematorium, two cremators were installed in 1998. The expected life-span of these cremators is 10-15 years and they were therefore due to be replaced between 2008 -2013.
- 3.2 DEFRA issued a further note on 15th September 2005 stating that, because of the finite capacity of cremator and abatement equipment manufacturers, it is very unlikely to meet the deadline of 31st December 2012 if all crematoria that are upgrading attempt to do so in the last couple of years before the deadline. For the deadline to be fully met, DEFRA expects a phased

programme of upgrades to be necessary. In order to ensure that all works are completed before the deadline, it is suggested that works be undertaken in 2010/11.

- 3.3 On 12th December 2005, approval 'in principle' was given by the Portfolio Holder (at that time) to replace both cremators at Stranton Crematorium with associated gas cleaning equipment and replacement of inadequate electricity supply. This decision was subsequently reported to the local authority regulator by the deadline date.
- 3.4 On 16th March 2009 a proposal was put to the Portfolio Holder as part of the review of fees and charges for 2009/10, to introduce an environmental surcharge equivalent to a 10% increase in cremation fees (in addition to the annual increase) to be levied on adult cremations and ring-fenced towards the cost of the works. The proposal was deferred and an update of costs compared with other providers was requested along with further clarification of funding options for the works.

4. COMPARATIVE COSTS

- 4.1 Charges for cremations and burials at facilities around the United Kingdom have now been agreed. Tables 1 and 2 below indicate charges for these services in Hartlepool compared to other facilities in the region.

Table 1. - Cremations

	(Adult) Cremation fees
Tynemouth	£391
Whitley Bay	£391
Newcastle	£439
Durham	£440
South Shields	£458
Middlesbrough	£464
Sunderland	£467
Scarborough	£484.50
Hartlepool	£490
Darlington	£525.50
Wear Valley	£535
Harrogate	£623

Table 2. – Burials

	(Adult) Burial fees
Linthorpe	£138
Horden	£131
Peterlee	£175
Stockton	£300
Hartlepool	£312
Redcar	£418
Middlesbrough	£429
Darlington	£457
Sunderland	£485

5. FINANCIAL IMPLICATIONS

- 5.1 Following discussions with J.G Shelton & Co., Ltd (provider and maintainer of current cremators) the costs (at 2005/6) were estimated as £780,000, rising to £904,000 by 2010/11. There will also be additional ongoing costs: energy and water consumption and maintenance of the system.
- 5.2 More recent discussions with the company (July 2009) indicate that the cost in 2010/11 is more likely to be in the region of £1,000,000.

- 5.3 It is likely that works would continue until end March 2011 and repayments for any prudential borrowing would be repaid commencing in 2011/12.
- 5.4 Based on a capital cost of £1,000,000, an operational life of 15 years for the new cremators and current interest rates, the annual repayment cost would be approximately £90,000.
- 5.5 The cost of the cremation equates to approximately 19% of the total fees charged by Funeral Directors for the average funeral.

6. FUNDING OPTIONS

- 6.1 There are two options which could be considered as a means of financing the necessary works:
- Prudential Borrowing with repayments to be funded through increase in cremation fees in the year following commencement of works (ie 2011/12)
 - Introduction of an 'environmental surcharge' on every adult cremation commencing 2009/10. Assuming the works are completed in 2010/11 and repayments for prudential borrowing commence in 2011/12, the additional fee income earned in 2009/10 and 2010/11 could be earmarked to offset the capital cost of replacing the cremators. The remaining capital cost would be funded from Prudential Borrowing with repayment costs being funded from an additional fee increase in 2011/12.

7. RISKS

- 7.1 At the meeting of 16th February 2009, the Portfolio Holder agreed a 10% increase in fees to address the efficiencies required by the Council. This increase was implemented in April 2009. If an additional environmental surcharge were to be introduced in 2009/10 to contribute to new cremators in the future, this could cause public concern.
- 7.2 If the option to fund the cremators through prudential borrowing in 2011/12 is agreed, this will necessitate a larger increase in fees in that year. The increase will be approximately £90 per adult cremation in addition to inflationary increases.

8. RECOMMENDATIONS

That the Portfolio Holder:

- 8.1 Notes the report and recommends a method of funding works required to meet the requirements of the Department for Environment, Food and Rural Affairs (DEFRA).

- 8.2 Refers the issues and recommendation for consideration by Cabinet as part of the 20010/11 Budget and Policy Framework process.

9. CONTACT DETAILS

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**ADULT AND PUBLIC HEALTH SERVICES
PORTFOLIO**

Report to Portfolio Holder
3 August 2009



Report of: Head of Procurement, Property and Public Protection

Subject: FOOD LAW ENFORCEMENT SERVICE PLAN
2009 - 2010

SUMMARY

1. PURPOSE OF REPORT

To consider the Food Law Enforcement Service Plan for 2009 - 2010, which is a requirement under the Budget and Policy Framework.

2. SUMMARY OF CONTENTS

The report sets out details of Hartlepool's Food Law Enforcement Service Plan 2009/10. The plan is a requirement of the Food Standards Agency and forms the basis on which the Authority may be monitored and audited to verify whether the service provided is effective in protecting the public. The plan sets out the Council's aims in respect of its food law service. Whilst focussing on 2009/10, it also identifies longer-term objectives as well as a review of performance for 2008/09.

3. RELEVANCE TO PORTFOLIO MEMBER

Portfolio Holder to consider issues prior to presentation to Cabinet.

4. TYPE OF DECISION

The Food Law Enforcement Plan is part of the Budget and Policy Framework of the Council.

5. DECISION MAKING ROUTE

As part of the Budget and Policy Framework, the Annual Food Law Enforcement Plan requires the involvement of Cabinet and approval by full Council.

6. DECISION(S) REQUIRED

Comments on the Food Law Enforcement Plan are invited.

Report of: Head of Procurement, Property and Public Protection

Subject: Food Law Enforcement Service Plan
2009 - 2010

1. PURPOSE OF REPORT

- 1.1 To consider the Food Law Enforcement Service Plan for 2009 - 2010, which is a requirement under the Budget and Policy Framework.

2. BACKGROUND

- 2.1 The Food Standards Agency has a key role in overseeing Local Authority enforcement activities. They have duties to set and monitor standards of Local Authorities as well as carrying out audits of enforcement activities to ensure that Authorities are providing an effective service to protect public health and safety.
- 2.2 On 4 October 2000, the Food Standards Agency issued the document "Framework Agreement on Local Authority Food Law Enforcement". The guidance provides information on how Local Authority enforcement service plans should be structured and what they should contain. Service Plans developed under this guidance will provide the basis upon which Local Authorities will be monitored and audited by the Food Standards Agency.
- 2.3 The service planning guidance ensures that key areas of enforcement are covered in local service plans, whilst allowing for the inclusion of locally defined objectives.
- 2.4 The Food Law Enforcement Service Plan for 2009 - 2010 is attached as **Appendix 1** and takes into account the guidance requirements.
- 2.5 The Plan will be considered by Cabinet on 10 August, it will then be considered by Neighbourhood Services Scrutiny, prior to being considered by Council.

3. THE FOOD LAW ENFORCEMENT SERVICE PLAN

- 3.1 The Service Plan for 2009/10 has been updated to reflect last year's performance.
- 3.2 The Plan covers the following:

(i) Service Aims and Objectives:

That the Authority's food law service ensures public safety by ensuring food, drink and packaging meets adequate standards.

(ii) Links with Community Strategy, Corporate Plan, Departmental and Divisional Plans:

How the Plan contributes towards the Council's main priorities (Jobs and the Economy, Lifelong Learning and Skills, Health and Care, Community Safety, Environment and Housing, Culture and Leisure and Strengthening Communities).

(iii) Legislative Powers and Other Actions Available:

Powers to achieve public safety include programmed inspections of premises, appropriate registration/approval, food inspections, provision of advice, investigation of food complaints and food poisoning outbreaks, as well as the microbiological and chemical sampling of food.

(iv) Resources, including financial, staffing and staff development.

(v) A review of performance for 2008/09.

4. SUMMARY OF MAIN ISSUES RAISED IN THE PLAN

4.1 During 2009/10 the section had a vacant environmental health officer post up until the final quarter. Steps were taken to ensure that food hygiene inspections were given priority and this allowed the service to ensure that only 2 high risk inspections were left outstanding. Only 3 other inspections were carried forward to next year's inspection programme.

4.2 A total of 417 food hygiene premises inspections were undertaken in 2008/09 this equates to 99% of all programmed inspections planned for the year. However only 156 food standards inspections were undertaken this equates to 73%. The outstanding inspections will be added to the programme for 2009 - 2010.

4.3 A total of 164 microbiological samples were taken, of which 5 were regarded as unsatisfactory, mainly as a result of high bacteriological counts. Of the 145 compositional/labelling samples that were taken, 7 were unsatisfactory, mainly due to labelling irregularities.

4.4 On 1 April 2007 the Council launched the Tees Valley Food Hygiene Award Scheme. Each business is awarded a star rating which reflects the risk rating given at the time of the last primary inspection. The star rating is made available to the public via the Council's website and the business is provided with a certificate to display on their premises.

- 4.5 The table below shows the results of the star ratings awarded to businesses at the start of the scheme on 1 April 2007, as compared with 1 year on (1 April 2008) and after 2 years (April 2009):

Number of Stars	Number of Premises (1/4/07)	% of premises	Number of Premises (1/4/08)	% of premises	Number of Premises (1/4/09)	% of premises
5 Stars	24/759	3%	85/762	11.1%	163/721	22.6%
4 Stars	155/759	20%	217/762	28.5%	233/721	32.3%
3 Stars	226/759	30%	294/762	38.6%	237/721	32.9%
2 Stars	262/759	35%	137/762	18.0%	65/721	9%
1 Star	60/759	8%	26/762	3.4%	17/721	2.4%
0 Stars	32/759	4%	3/762	0.4%	6/721	0.8%

- 4.6 It can be seen that the number of premises awarded 3 stars and above has risen significantly from 53% to 87.8%. The credit crunch is however having an impact on hygiene standards. Financial pressures as a result of the recession have resulted in some businesses failing to carry out essential maintenance / repairs, consequently there has been an increase in the number of premises receiving 0 stars. We anticipate that this trend of reduction in star ratings is likely to continue until the economic climate improves.
- 4.7 The service is committed to focussing its resources on carrying out interventions at those businesses which are deemed not to be 'broadly compliant' and has written to businesses that have been awarded 2 stars or less offering advice and support. Where necessary enforcement action will be taken.
- 4.8 During 2008/09 unacceptable standards were found in 1 premise following a programmed inspection, as a result a voluntary closure of the premises was agreed. Investigations are still in progress and formal action is under consideration. In addition five Hygiene Improvement Notices were served on three other food businesses to secure improvements.
- 4.9 In March 2008 the Authority was audited by the Food Standards Agency in relation to feeding stuffs and imported food & feed control. An action plan was drawn up to address the 5 minor areas requiring improvement. This has been implemented and approved by the Food Standards Agency.
- 4.10 During 2009/10 there are 360 programmed food hygiene interventions, 146 programmed food standards inspections and 41 feed hygiene inspections planned, in addition to an estimated 80 re-visits and 70 additional visits to new / changed premises. Such inspections must be carried out by a small team of officers with the suitable qualifications and competencies to undertake them. The volume of inspections and the need to carry out many of them outside

normal working hours and reduced resources will place an additional demand on an already heavy workload.

5. RECOMMENDATIONS

- 5.1 The Portfolio Holder's comments on the Food Law Enforcement Service Plan for 2009 - 2010 are invited.

6. CONTACT OFFICER

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Hartlepool Borough Council

Food Law Enforcement Service Plan

2009/10

FOOD SERVICE PLAN 2009/10

This Service Plan accords with the requirements of the Framework Agreement on Local Authority Food Law Enforcement, and sets out the Council's aims in respect of its food law service and the means by which those aims are to be fulfilled. Whilst focussing primarily on the year 2009-10, where relevant, longer-term objectives are identified. Additionally, there is a review of performance for 2008-09 and this aims to inform decisions about how best to build on past successes and address performance gaps.

1. **Background Information**

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

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

The borough contains a rich mix of the very old and the very new. Its historic beginnings can be traced back to the discovery of an iron-age settlement at Catcote Village and the headland, known locally as "Old Hartlepool" is steeped in history. On the other hand, the former South Docks area has been transformed in to a fabulous 500-berth Marina which will welcome the 2010 Tall Ships Race.

The tourist industry impacts upon recreational opportunities, shopping facilities and leisure facilities, including the provision of food and drink outlets that include restaurants, bars and cafes. There are currently 738¹ food establishments in Hartlepool, all of which must be subject to intervention to ensure food safety and standards are being met.

2. **Service Aims and Objectives**

Hartlepool Borough Council aims to ensure:

- that food and drink intended for human consumption which is produced, stored, distributed, handled or consumed in the borough is without risk to the health or safety of the consumer;
- food and food packaging meets standards of quality, composition and labelling and reputable food businesses are not prejudiced by unfair competition; and

¹ This figure includes a number of low risk premises which fall outside the intervention programme.

2.1 Appendix 1

- the effective delivery of it's food law service so as to secure appropriate levels of public safety in relation to food hygiene, food standards and feeding stuffs enforcement.

In it's delivery of the service the Council will have regard to directions from the Food Standards Agency (FSA), Approved Codes of Practice, the Regulators Code of Compliance, and guidance from Local Authorities Co-ordinators of Regulatory Services (LACORS).

Service delivery broadly comprises:

- Programmed inspections of premises for food hygiene, food standards and feed hygiene;
- Registration and approval of premises;
- Microbiological sampling and chemical analysis of food and animal feed;
- Food & Feed Inspection;
- Contributing to the step change on imported food/feed control through inspection and checks of imported food/feed at retail and catering premises;
- Provision of advice, educational materials and courses to food/feed businesses;
- Investigation of food and feed related complaints;
- Investigation of cases of food and water borne infectious disease, and outbreak control;
- Dealing with food/feed safety incidents; and
- Promotional and advisory work.

Effective performance of the food law service necessitates a range of joint-working arrangements with other local authorities and agencies such as the Health Protection Agency (HPA), Food Standards Agency (FSA), HM Revenue & Customs (HMRC), Meat Hygiene Service (MHS), Department of Environment, Food & Rural Affairs (Defra) & the Animal Medicines Inspectorate (AMI). The Council aims to ensure that effective joint-working arrangements are in place and that officers of the service contribute to the on-going development of those arrangements.

The service is also responsible for the following:

- Health and Safety enforcement;
- The provision of guidance, advice and enforcement in respect of Smoke free enforcement;
- Water sampling; including both private and mains supplies & bathing water; and
- Provision of assistance for animal health and welfare inspections, complaint investigation and animal movement issues.

3. **Policy Content**

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

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

The Council's Community Strategy sets out its vision for 'a prosperous, caring, confident and outward looking community realising its potential in an attractive environment'.

This Food Law Service Plan contributes towards the vision and the Council's seven main priorities in the following ways:

Jobs and the Economy

By providing advice and information to new and existing businesses to assist them in meeting their legal requirements with regard to food law requirements, and avoid potential costly action at a later stage;

Lifelong Learning and Skills

By providing and facilitating training for food handlers on food safety as part of lifelong learning, and promoting an improved awareness of food safety and food quality issues more generally within the community;

Health and Care

By ensuring that food businesses where people eat and drink, or from which they purchase their food and drink, are hygienic and that the food and drink sold is safe, of good quality and correctly described and labelled to inform choice;

Community Safety

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

Environment and Housing

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

Culture and Leisure

By exploring ways to promote high standards of food law compliance in hotels, other tourist accommodation, public houses and other catering and retail premises.

Strengthening Communities

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

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

Within this, the Consumer Services Section has a commitment to ensure the safe production, manufacture, storage, handling and preparation of food and its proper composition and labelling.

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

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

4. Interventions

The Council has a wide range of duties and powers conferred on it in relation to food law enforcement.

The Council must appoint and authorise inspectors, having suitable qualifications and competencies for the purpose of carrying out duties under the Food Safety Act 1990 and Regulations made under it and also specific food regulations made under the European Communities Act 1972, which include the Food Hygiene (England) Regulations 2006 and the Official Feed and Food Controls (England) Regulations 2007.

Authorised officers can inspect food at any stage of the production, manufacturing, distribution and retail chain. The Council must draw up and

implement an annual programme of risk-based interventions so as to ensure that food and feeding stuffs are inspected in accordance with relevant legislation, the Food Law Code of Practice and centrally issued guidance.

Prompted by the introduction of the Legislative and Regulatory Reform Act 2006 the Food Standards Agency (FSA) has made changes to the Food Law Code of Practice that took effect from June 2008.

The changes to the Code replaced an enforcement policy focussed primarily on inspections, with a new policy for a suite of interventions. This allows local authorities to choose the most appropriate action to be taken to drive up levels of compliance by food establishments with food law. This takes account of the recommendations in the 'Reducing Administrative Burdens: Effective Inspection and Enforcement'.

Interventions are defined as activities that are designed to monitor, support and increase food law compliance within a food establishment. They include:

- Inspections / Audit;
- Surveillance / Verification;
- Sampling;
- Education, advice and coaching provided at a food establishment; and
- Information and intelligence gathering.

Other activities that monitor, promote and drive up compliance with food law in food establishments, for instance 'Alternative Enforcement Strategies' for low risk establishments and education and advisory work with businesses away from the premises (e.g. seminars/training events) remain available for local authorities to use.

The revised Code also introduces the concept of 'Broadly Compliant' food establishments. In respect of food hygiene, "broadly compliant", is defined as an establishment that has an intervention rating score of not more than 10 points under each of the following components;

- Level of (Current) Hygiene Compliance;
- Level of (Current) Structural Compliance; and
- Confidence in Management/Control Systems

"Broadly Compliant", in respect of food standards, is defined as an establishment that has an intervention rating score of not more than 10 points under the following:

- Level of (Current) Compliance
- Confidence in Management/Control Systems

Local Authorities are required to report the percentage of "Broadly Compliant" food establishments in their area to the FSA on an annual basis through the Local Authority Enforcement Monitoring System (LAEMS). The Agency will

use this outcome measure to monitor the effectiveness of a local authority's regulatory service. As at the 1st April 2009, 89.3% of businesses in the borough were "Broadly Compliant" with food safety requirements and 93.3% for food standards. We aim to concentrate our resources to increase our current rate by the end of 09/10.

Since April 2008 local authorities are required to report the same information to the National Audit Office under National Indicator 184. We are also required to report on business satisfaction rates with the service under NI 182.

The Food Law Enforcement Plan will help to promote efficient and effective approaches to regulatory inspection and enforcement that will improve regulatory outcomes without imposing unnecessary burdens. The term enforcement does not only refer to formal actions, it can also relate to advisory visits and inspections.

5. Service Delivery Mechanisms

Intervention Programme

Local Authorities must document, maintain and implement an Interventions programme that includes all the establishments for which they have food law enforcement responsibility.

Interventions carried out for food hygiene, food standards and for feeding stuffs are carried out in accordance with the Council's policy and standard operating procedures on food/feed premises inspections and relevant national guidance.

Information on premises liable to interventions is held on the APP computerised system. An intervention schedule is produced from this system at the commencement of each reporting year.

The food hygiene, food standards and feeding stuffs intervention programmes are risk-based systems that accord with current guidance. The current premises profiles are shown in the tables below:

2.1 Appendix 1

Food Hygiene:

Risk Category	Frequency of Inspection	No of Premises
A	6 months	5
B	12 months	45
C	18 months	320
D	24 months	168
E	36 months or other enforcement	180
Unclassified	Requiring inspection/risk rating	0
No Inspectable Risk (NIR)		20
Total		738

Food Standards:

Risk Category	Frequency of Inspection	No of Premises
A	12 months	2
B	24 months	102
C	36 months or other enforcement	603
Unclassified		0
No Inspectable Risk (NIR)		20
Total		727

Feed Hygiene

Risk Category	Frequency of Inspection	No of Premises
A	12 months	0
B	24 months	35
C	60 months	21
Unclassified		27
Total		83

The intervention programme for 2009/10 comprises the following number of scheduled food hygiene and food standards interventions:

Food Hygiene:

Risk Category	Frequency of Inspection	No of Interventions
A	6 months	7
B	12 months	42
C	18 months	168
D	24 months	75
E	36 months or alternative enforcement strategy	68
Unclassified		0
Total		360

Approved Establishments:

There are 2 approved food establishments in the borough; a fishery products establishment and a manufacturer of food ingredients. These premises are subject to more stringent hygiene provisions than those applied to registered food businesses. These premises require considerably more staff resources for inspection, supervision and advice on meeting enhanced standards.

Primary Producers

New EU food hygiene legislation applicable to primary production (farmers & growers) came into effect. On the basis that the local authority officers were already present on farms in relation to animal welfare and feed legislation, the responsibility was been given to the Consumer Services Section to enforce this legislation. The service has an estimated 68 primary producers based on the 2004 Agricultural Census. The database at present does not reflect this new area of responsibility and will need to be updated throughout the course of the year to reflect these premises.

Food Standards:

Risk Category	Frequency of Inspection	No of Interventions
A	12 months	2
B	24 months	57
C	36 months or alternative enforcement	87
Not classified		0
Total		146

Feed Hygiene:

Risk Category	Frequency of Inspection	No of Interventions
A	12 months	0
B	24 months	29
C	60 months	0
Unclassified		12
Total		41

An estimated 10% of programmed interventions relate to premises where it is more appropriate to conduct visits outside the standard working time hours. Arrangements are in place to visit these premises out of hours by making use of the Council's flexible working arrangements, lieu time facilities and, if necessary, paid overtime provisions. In addition, these arrangements will permit the occasional inspection of premises which open outside of, as well as during standard work time hours. The Food Law Code of Practice requires inspections of these premises at varying times of operation.

As a follow-up to primary inspections, the service undertakes revisits in accordance with current policy. For the year 2009/10, the inspection programme is expected to generate an estimated 80 revisits. A number of these premises revisits will be undertaken outside standard working hours and arrangements are in place as described above to facilitate this.

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

The performance against inspection targets for all food hygiene and food standards inspections is reported monthly as part of the Neighbourhood Services Department internal performance monitoring. In addition, performance against inspection targets is reported quarterly to the Adult & Public Health Services Portfolio Holder as part of the Neighbourhood Services Department plan update and recorded on Covalent.

Port Health

Hartlepool is a Port Health Authority however it is not a border inspection post or point of entry and therefore no food enters the port.

Fish Quay

There is a Fish Quay within the Authority's area which provides a market hall although it is not currently operational and there are associated fish processing units, one of which is an approved establishment.

Registration and Approval of Premises

Food and feed business operators must register their establishments with the relevant local authority. This provision allows for the service to maintain an up-to-date premises database and facilitates the timely inspection of new premises and, when considered necessary, premises that have changed food/feed business operator or type of use.

The receipt of a food/feed premises registration form initiates an inspection of all new premises. In the case of existing premises, where a change of food/feed business operator is notified, other than at the time of a programmed inspection, an assessment is made of the need for inspection based on the date of the next programmed intervention, premises history, and whether any significant change in the type of business is being notified. It is anticipated that approximately 70 additional premises inspections will be generated for new food businesses during 2009/10.

A competent authority must with some exceptions, approve food business establishments that handle food of animal origin. If an establishment needs approval, it does not need to be registered as well.

Food premises which require approval include those that are producing any, or any combination of the following; minced meat, meat preparations, mechanically separated meat, meat products, live bivalve molluscs, fishery products, raw milk (other than raw cows' milk), dairy products, eggs (not primary production) and egg products, frogs legs and snails, rendered animal fats and greaves, treated stomachs, bladders and intestines, gelatine and collagen and certain cold stores and wholesale markets.

The approval regime necessitates full compliance with the relevant requirements of Regulation (EC) No 852/2004 and Regulation (EC) 853/2004.

There are 2 premises in the Borough which are subject to approval; a fishery products establishment and a manufacturer of food ingredients.

Microbiological and Chemical Analysis of Food/Feed

An annual food/feed sampling programme is undertaken with samples being procured for the purposes of microbiological or chemical analyses. This programme is undertaken in accordance with the service's Food/Feed Sampling Policy.

All officers taking formal samples must follow the guidance contained in and be qualified in accordance with relevant legislative requirements and centrally issued guidance, including that contained in the Food Law Code of Practice/Feed Law Enforcement Policy and associated Practice Guidance. Follow-up action is carried out in accordance with the service's sampling policy.

2.1 Appendix 1

Microbiological analysis of food and water samples is undertaken by the Health Protection Agency's Laboratory based at Newcastle General Hospital. Chemical analysis of informal food/feed samples is undertaken by Tees Valley Measurement (a joint funded laboratory based at Canon Park, Middlesbrough) and formal samples are analysed by Durham Scientific Services, who the Authority has appointed as their Public/Agricultural Analyst.

From April 2005 sampling allocations from the Health Protection Agency, which is responsible for the appropriate laboratory facilities, has been based on a credits system dependant on the type of sample being submitted and examination required.

The allocation for Hartlepool is 8,300 credits for the year 2009-10.

Points are allocated as follows:

Sample type	No of credits
Food Basic	25
Food Complex	35
Water Basic	20
Water Complex	25
Dairy Products	10
Environmental Basic	25
Environmental Complex	35
Certification	15

A sampling programme is produced each year for the start of April. The sampling programme for 2009-10 includes national and regional surveys organised by LACORS and HPA/Local Authority Liaison Group.

Sampling programmes have been agreed with the Food Examiners and Tees Valley Measurement. These have regard to the nature of food/feed businesses in Hartlepool and will focus on locally manufactured/processed foods/feed and food/feed targeted as a result of previous sampling and complaints.

In 2007 the Food Standards Agency, the Local Authorities Coordinators of Regulatory Services (LACORS) and the Association of Port Health Authorities set a national target that imported food should make up 10% of the food samples taken by local and port health authorities. The service shall therefore aim to meet this target.

2.1 Appendix 1

Microbiological Food Sampling Plan 2009-10

April Local Shopping Basket Survey	May LACORS/HPA Butchers Survey	June LACORS/HPA Butchers Survey
July Butchers Survey Imported Foods (Formal)	August Butchers Survey Ice cream Survey	September Butchers Survey (Follow up - resamples)
October LACORS / HPA Pre-Packed Sandwich Survey Survey of Locally Produced Sandwiches	November LACORS / HPA Pre-Packed Sandwich Survey	December LACORS / HPA Pre-Packed Sandwich Survey
January LACORS / HPA Pre-Packed Sandwich Survey	February LACORS / HPA Pre-Packed Sandwich Survey Take Away Premises Survey	March LACORS / HPA Pre-Packed Sandwich Survey Take Away Premises Survey

In addition to carrying out food sampling, arrangements are in place to enable inspections linked environmental sampling to be carried out,

The products sampled as part of the shopping basked survey include:

- Ready to Eat Pasta
- Salad Boxes/Ready to Eat Salad
- Chicken from Rotisseries
- Slush from Slush Puppies
- Ready to Eat Quiche
- Speciality Meats from Supermarkets
- RTEF Chilled Section Reduced Products
- Raw Diced Poultry

2.1 Appendix 1

Composition and Labelling Sampling Plan 2009-10

MONTH	TEST	SAMPLES
April	Sugar Free Declaration of Soft Drinks	16
May	Floral Origin of Honey Labels of the above Products	12 12
June	Sodium Content of Canned Vegetables Labels of the above Products	4 4
July	Fat, Sodium & Total Sugars of Ready Meals Labels of the above Products	6 6
	Aflatoxins and Authenticity of Basmati Rice* Mercury, Lead and Cadmium in Fish*	10 10
Aug	Fish Content of Ready Meals Labels of the above Products	5 5
Sept	Calcium Claims on Pre-Packed Goods Labels of the above Products	12 12
Oct	Distinguishing between Mayonnaise and Salad Cream in Locally Produced Sandwiches	24
Nov	Cooked Meat Species	
Dec	Ground Nut Species Labels of the above Products	12 12
Jan	Meat Species of Minced Beef from Local Butchers	12
Feb	Saturated/Unsaturated Fat of Margarine/Low Fat Spread Labels of the above Products	15 15
Mar	Ingredients of Canned Fruit Salad Labels of the above Products	15 15

*Part of FSA Survey

Total samples = 237

Feeding Stuffs

It is planned that six informal animal feeding stuffs samples will be taken this year.

At present feeding stuffs sampling has been given a low priority due to the lack of local manufacturers and packers. An annual feeding stuffs sampling plan however has been drawn up to carry out informal sampling at the most appropriate time of the year in respect of farms, pet shops and other retail establishments.

Feeding stuffs Sampling Plan 2009/10

April - June	0
July - September	2 feed samples (statutory statements)
October - December	2 samples from grain stores for mycotoxins
January - March	2 supplements

Private Water Supplies

A local brewery uses a private water supply in its food production. Regular sampling is carried out of this supply in accordance with relevant legislative regulations.

Food inspection

The purpose of food inspection is to check that food complies with food safety requirements and is fit for human consumption, and is properly described and labelled. As such, the activity of inspecting food commodities, including imported food where relevant, forms an integral part of the food premises inspection programme. Food inspection activities are undertaken in accordance with national guidelines.

Provision of advice, educational materials and courses to food/feed businesses

Following changes in relation to certified courses we are reviewing the training courses offered by the section. Where we are unable to deliver courses we will advise businesses of alternative local providers.

It is recognised that for most local food businesses contact with an officer of the service provides the best opportunity to obtain information and advice on legislative requirements and good practice. Officers are mindful of this and aim to ensure that when undertaking premises inspections sufficient opportunity exists for business operators to seek advice. In addition, advisory leaflets including those produced by the Food Standards Agency are made available.

In February 2006 the Food Standards Agency introduced Safer Food Better Business (SFBB) aimed at assisting smaller catering businesses to introduce a documented food safety management system. Since this time significant resources have been directed towards assisting businesses to fully implement a documented food safety management system.

Guidance is also prepared and distributed to food businesses relating to changes in legislative requirements. The service also encourages new food/feed business operators and existing businesses to seek guidance and advice on their business. It is estimated that 30 such advisory visits will be carried out during the year.

On 1st April 2007 the Council launched the Tees Valley Food Hygiene Award Scheme. At this time each business was awarded a provisional star rating which reflected the risk rating given at the time of the last primary inspection. The star rating was made available to the public via the Council's website and the business was provided with a certificate to display on their premises. The service has made a commitment to work with businesses to improve their rating.

Feeding stuffs advice is available via the Council's web site.

A limited level of promotional work is also undertaken by the service on food safety, with minimal impact on programmed enforcement work.

Investigation of Food/Feed and Food/Feed-Related Complaints

The service receives approximately 22 complaints, each year concerning food/feed, all of which are subject to investigation. An initial response is made to these complaints within two working days. Whilst many complaints are investigated with minimal resource requirements, some more complex cases may be resource-intensive and potentially affect programmed inspection workloads.

All investigations are conducted having regard to the guidance on the 'Home Authority Principle'.

The procedures for receipt and investigation of food/feed complaints are set out in detailed guidance and internal policy documents.

Investigation of cases of Food Poisoning and Outbreak Control

Incidents of food related infectious disease are investigated in liaison with the Durham and Tees Valley Health Protection Unit and in the case of outbreaks in accordance with the Health Protection Unit's Outbreak Control Policy.

Where it appears that an outbreak exists the Principal EHO (Commercial) or an EHO, will liaise with the local Consultant in Communicable Disease Control and, where necessary, the Director of Durham and Tees Valley Health Protection Unit, to determine the need to convene an Outbreak Control Team. Further liaison may be necessary with agencies such as the Food Standards Agency, the Health Protection Agency, Hartlepool Water and Northumbrian Water.

Statistical returns are made weekly by the service to the Communicable Disease Surveillance Centre.

It is estimated that between 70-90 food poisoning notifications are received each year. Most cases are sporadic in nature and can be investigated as part of the normal day-to-day workload. It is recognised, however, that in the event of a major outbreak a significant burden is likely to be placed on the service and this would inevitably impact on the performance of the inspection programme.

Dealing with Food / Feed Safety Incidents

A national alert system exists for the rapid dissemination of information about food and feed hazards and product recalls, this is known as the food/feed alert warning system.

All food and feed alerts received by the service are dealt with in accordance with national guidance and internal quality procedures.

Food and feed alert warnings are received by the service from The Food Standards Agency via the electronic mail system, and EHCNet during working hours. Several officers have also subscribed to receive alerts via their personal mobile phones.

The Principal EHO (Commercial Services) or, if absent, the Consumer Services Manager ensures that a timely and appropriate response is made to each alert.

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

In the event of a serious local incident, or a wider food safety problem emanating from production in Hartlepool, the Food Standards Agency will be alerted in accordance with guidance.

Whilst it is difficult to predict with any certainty the number of food safety incidents that will arise during any 12 month period, it is estimated that the service is likely to be notified of between 60 – 80 food alerts during 2009/10, a small proportion of which will require action to be taken by the Authority. This level of work can ordinarily be accommodated within the day-to-day workload of the service, but more serious incidents may require additional resources and may have an effect on the programmed inspection workload and other service demands.

In addition an increasing number of Allergy Alerts are being sent to local authorities. A total of 67 were received during 2008/09 many relating to labelling irregularities by UK manufacturers who have for example omitted to declare the presence of an allergen in the food.

Investigation of Complaints relating to Food/Feed Safety and Food Standards in Premises

The service investigates all complaints that it receives about food/feed safety and food standards conditions and practices in food/feed businesses. An initial response to any complaint is made within two working days. In such cases the confidentiality of the complainant is paramount. All anonymous complaints are also currently investigated.

The purpose of investigation is to determine the validity of the complaint and, where appropriate, to seek to ensure that any deficiency is properly addressed. The general approach is to assist the food/feed business operator in ensuring good standards of compliance, although enforcement action may be necessary where there is failing in the management of food/feed safety, or regulatory non-compliance.

Based on the number of complaints in 2008/09 it is estimated that approximately 30 such complaints will be received in 2009/10.

Feed Law Enforcement

From 1 January 2006 feed businesses must be approved or registered with their local authority under the terms of the EC Feed Hygiene Regulation (1831/2003).

This legislation relates to nearly all feed businesses. This means, for example, that importers and sellers of feed, hauliers and storage businesses now require approval or registration. Livestock and arable farms growing and selling crops for feed are also within the scope of the provisions of the regulation.

Liaison arrangements

The service actively participates in local and regional activities and is represented on the following:

- North East Regional Heads of Regulatory Services Group
- Tees Valley Heads of Public Protection Group
- Tees Valley Food Liaison Group
- The Local HPA/Local Authority Sampling Group
- Tees Valley Public Health Group
- North East Trading Standards Liaison Group
- North East Trading Standards Animal Feed Group

There is also liaison with other organisations including the Chartered Institute of Environmental Health, the Trading Standards Institute, LACORS, the Health Protection Agency, Defra, OFSTED and the Care Quality Commission.

Officers also work in liaison with the Council's Planning, Building Control and Licensing Sections.

Home Authority Principle / Primary Authority Scheme

The introduction of the Primary Authority Scheme in April 2009 under the provisions of the Regulatory Enforcement and Sanctions Act 2008 placed a statutory obligation on the Council to provide a significantly expanded range of Home Authority services to local businesses when requested by that business. There are opportunities for local authorities to recover costs from businesses to provide this premium service.

The Authority is committed to the LACORS Home Authority Principle, although at present there are no formal arrangements with food/feed businesses to act as a Primary Authority. The Authority does however act as Originating Authority for a brewery and a food manufacturer. Regular visits are made to these premises to maintain dialogue with management and an up to date knowledge of operations.

General

The delivery point for the food/feed law enforcement service is at:

Civic Centre
Victoria Road
Hartlepool
TS24 8AY

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

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

6. Resources

Staffing Allocation

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

The resources determined necessary to deliver the service in 2009/10 are as follows:

1 x 0.25 FTE Consumer Services Manager (with responsibility also for Health & Safety, Licensing and Trading Standards)

2.1 Appendix 1

1 x 0.35 FTE Principal EHO Commercial (with responsibility also for Health & Safety and Animal Health)

3 x FTE EHO (with requisite qualifications and experience and with responsibility also for Health & Safety)

1 x 0.56 FTE Part-time EHO (with requisite qualifications and experience and with responsibility also for Health & Safety)

1 x FTE Technical Officer Food (with requisite qualifications and experience)

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

The Principal EHO (Commercial Services) has responsibility for the day to day supervision of the Food/Feed Law Service, Health & Safety at Work, Public Health, Water Quality and Animal Health & Welfare. The Principal EHO (Commercial Services) is designated as lead officer in relation to animal feed and imported food control.

The EHO's have responsibility for the performance of the food premises inspection programme as well as the delivery of all other aspects of the food law service, particularly more complex investigations. In addition these officers undertake Health & Safety at Work enforcement.

The food technical officer is also responsible for inspections, as well as revisits, investigation of less complex complaints and investigation of incidents of food-borne disease.

Authorised Trading Standards Officers have responsibility for the performance of the feed premises inspection programme as well as the delivery of all other aspects of the feed law service.

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

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

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

Financial Resources

The annual budget for the Consumer Services section in the year 2009/10 is:

	£000
Employees	608.8
Other Expenditure	442.4
Income	(243.5)
Net Budget	807.6

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

Equipment and Facilities

A range of equipment and facilities are required for the effective operation of the food/feed law service. The service has a documented standard operating procedure that ensures the proper maintenance and calibration of equipment and its removal from use if found to be defective.

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

Training Plans

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

It is a mandatory requirement for officers of the food/feed law service to maintain their professional competency by undertaking a minimum of 10 hours core training each year through attendance at accredited short courses, seminars or conferences. This is also consistent with the requirements of the relevant professional bodies.

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

The staff Personal Development Plan scheme allows for the formal identification of the training needs of staff members in terms of personal development linked with the development needs of the service on an annual basis. The outcome of the process is the formulation of a Personal

Development Plan that clearly prioritises training requirements of individual staff members. The Personal Development Plans are reviewed six monthly.

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

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

7. **Service Review and Quality Assessment**

Quality Assessment

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

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

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

It is possible that the Food Standards Agency may at any time notify the Council of their intention to carry out an audit of the service.

Review

It is recognised that a key element of the service planning process is the rational review of past performance. In the formulation of this service plan a review has been conducted of performance against those targets established for the year 2008/09.

This service plan will be reviewed at the conclusion of the year 2009/10 and at any point during the year where significant legislative changes or other relevant factors occur during the year. It is the responsibility of the Consumer Services Manager to carry out that review with the Head of Procurement, Property & Public Protection.

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

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

Performance Review 2008-09

This section describes performance of the service in key areas during 2008/09.

During 2008/09 the section was not fully staffed having a vacant EHO post up until the final quarter. Steps were taken to ensure that food hygiene inspections were given priority and this allowed the service to enable that only 2 high risk inspections were left outstanding. Only 5 inspections were carried forward to next year's inspection programme. We achieved our response times for complaints responding within 2 working days in all cases; however we did not achieve our targets for planned inspections in relation to food standards and feeding stuffs.

The section has lost 3 posts due to budget pressures during 2008/09. Although none of these posts directly enforced food legislation their workload has to be distributed to the remaining workforce this will result in extremely challenging targets in 2009/10

Inspection Programme

The food premises inspection programme for 2008/09 did not quite reach the target of 100%. Due to staff shortages 99% of Food Hygiene and 73% of Food Standards inspections were achieved. The outstanding inspections will be added to the programme for 2008/09.

Registration and Approval of premises

Premises subject to approval were inspected and given relevant guidance.

Food Sampling Programme

The food sampling programme for 2008/09 has been completed. The microbiological results are:

2.1 Appendix 1

Microbiological Sampling (1/4/08 - 31/3/09)

<u>Bacteriological Surveys</u>	Total no. of samples	Number of Samples	
		Satisfactory	Unsatisfactory
Shopping Basket	51	48	3
Fresh Herbs	13	13	0
Ice	12	10	2
Deep Fried Chicken	8	27	0
Meat Pies	2	2	0
Nuts	46	46	0
Take Away Meals	12	12	0
Sandwiches	20	20	0
Total:	164	159	5

The composition and labelling results are:

Food Standards Sampling (01.04.08 – 31.03.09):

Nature of Sample	Reason for Sampling	Satisfactory	Unsatisfactory
Cereal Bars	Sodium Declaration Labelling	13 13	0
Sausages	Meat Content	3	0
Cooked Meats	Added Water Labelling	5 5	0
Fish Products	Fish Species Labelling	6 6	0
Ready Meals	Fat & Sodium Declaration	4	2
Gluten Free Products	Gluten Free Declaration	8	0
Pies	Meat Content	2	0
Take Away Meals	Peanut Free	11	1
Locally produced sandwiches	Labelling	12	0
Locally Produced Sandwiches	Reformed Meat	20	0
Juice Drinks	Vitamin C Declaration	18	0
Margarine Spreads	Fat Content Declaration	11	1
Tinned Fruit & Vegetables	Presence of Arsenic	7	0
Imported Coffee (*FSA Survey)	Presence of Aflatoxins Labelling	2 0	0 2
Imported Flour Confectionery products (*FSA Survey)	Presence of Undeclared Peanut Protein Labelling	2 1	0 1
Totals:		138	7

* In conjunction with Middlesbrough and Stockton Borough Council the Authority received funding from the FSA to sample imported coffee and flour confectionery products.

There were relatively few samples which failed to meet statutory requirements. Several of the imported foods sampled however failed to comply with the Food Labelling Regulations 1996 (e.g. some of the products did not include a 'Best Before' date on their labels.) Advice was provided to the businesses concerned.

Feeding stuffs has been given a low priority due to the lack of local manufacturers and packers. We were unable to complete the feeding stuffs sampling programme due to staffing resources. Two samples were taken and both were found to be satisfactory.

Food Inspection

The service undertook no formal seizure of unfit food in the year.

Promotional Work

Food safety promotion whether by advice, education, training or other means is a key part of the food team's strategy in changing behaviour and increasing compliance in businesses.

In February 2006 the Food Standards Agency (FSA) introduced Safer Food Better Business (SFBB) aimed at assisting smaller catering businesses to introduce a documented food safety management system. Since this time our resources have been directed towards continuing to assist businesses to fully implement a documented food safety management system.

The service was unable to provide food hygiene training during the year due to insufficient resources. The team has however continued to offer advice and information on request with 30 advisory visits to businesses being carried out during the year.

A variety of information leaflets, some in foreign languages, are available. Circular letters are issued as required to inform food business operators of food safety matters relevant to their operations e.g. changes in legislation, food alerts.

Food Hygiene Award Scheme

On 1 April 2007 the Authority in conjunction with the other Tees Valley authorities launched the Tees Valley Food Hygiene Award scheme. The scheme was based around a national pilot being undertaken by the Food Standards Agency.

2.1 Appendix 1

In accordance with the 'Food Law Code of Practice', following every 'primary' inspection a risk rating is undertaken which is used to determine the frequency of inspection for the business. Of the seven main categories used to determine the overall rating score the following three factors are used to create a star rating:

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

These ratings are the only ones that are directly controllable by the business and are the reason they have been used to obtain the food businesses star rating.

The total score from the 3 categories is then used to derive the star rating ranging from 0 (major improvements needed) through to 5 stars (excellent).

The table below shows the results of the star ratings awarded to businesses at the start of the scheme on 1 April 2007, as compared with 1 year on (on 1 April 2008) and after 2 years (on 1 April 2009):

Number of Stars	Number of Premises (1/4/07)	% of premises	Number of Premises (1/4/08)	% of premises	Number of Premises (1/4/09)	% of premises
5 Stars	24/759	3%	85/762	11.1%	163/721	22.6%
4 Stars	155/759	20%	217/762	28.5%	233/721	32.3%
3 Stars	226/759	30%	294/762	38.6%	237/721	32.9%
2 Stars	262/759	35%	137/762	18.0%	65/721	9%
1 Star	60/759	8%	26/762	3.4%	17/721	2.4%
0 Stars	32/759	4%	3/762	0.4%	6/721	0.8%

It can be seen that the number of premises awarded 3 stars and above has risen significantly from 53% to 87.8%.

The credit crunch is however having an impact on hygiene standards. Financial pressures as a result of the recession has resulted in some businesses failing to carry out essential maintenance / repairs, consequently there has been an increase in the number of premises receiving 0 stars. We anticipate that this trend of reduction in star ratings is likely to continue until the economic climate improves.

The service is committed to focussing its resources on carrying out interventions at those businesses which are deemed not to be 'broadly compliant' and has written to businesses that have been awarded 2 stars or less offering advice and support. Where necessary enforcement action will be taken.

In December 2008 the Food Standards Agency confirmed it's intention to introduce a National 'scores on the doors' scheme for England, Wales and

Northern Ireland. A UK steering group has been established to ensure that the new scheme will be clear, robust and easy to use for both businesses and consumers. The scheme will have six tiers, which is consistent with the existing Tees Valley Scheme.

Complaints

During the year the service dealt with 12 complaints relating to the condition of food premises and food handling practice. In addition, 11 complaints of unfit or out of condition food, extraneous matter, mould and 5 unsatisfactory labelling of food items were also received. These investigations have been undertaken all within our target of 2 working days; however, they have had some effect on performance of the inspection programme.

Food Poisoning

The service received 61 notifications of food poisoning during the year. No outbreak investigations were conducted.

Food Safety Incidents

The Service received 68 food alerts and 67 allergy alerts from the Food Standards Agency during the year. All requiring action were dealt with expeditiously. No food incidents were identified by the Authority that required notification to the Food Standards Agency.

Enforcement

During 2008/09, no emergency prohibition notices were served on businesses where formal cessation of a food activity was necessary however 1 voluntary closure of a food business was agreed. Five Hygiene Improvement Notices were served on businesses to ensure compliance with food safety issues. No prosecutions or formal cautions were undertaken.

FSA Audit

In March 2008 the Authority was audited by the Food Standards Agency in relation to feeding stuffs and imported food & feed control.

The final audit report contained 5 minor recommendations. An Action Plan was drawn up to address these matters. This action plan was fully implemented and has since been approved by the Food Standards Agency.

Improvement Proposals 2008/09

The following areas for improvement were identified in the 2008/09 Food Service Plan.

1. Produce a summary of the Food Enforcement Policy

Due to other priorities and resource constraints this was not completed.

2. Complete the Action Plan in relation to the FSA Audit

On 15 May 2009 the Authority received confirmation that the Agency was satisfied that the Action Plan had been fully implemented.

3. Carry out configuration of APP to enable completion of food & feed statutory returns in accordance with new guidance.

This work has been completed.

4. Implement the requirements of the revised Food Law Code of Practice, which is expected to be published in June 2008.

We have reviewed the requirements of the revised Code of Practice and are in the process of updating our standard operating procedures to reflect the changes.

8. Key Areas for Improvement & Challenges 2009/10

In addition to committing the service to specific operational activities such as performance of the inspection programme, the service planning process assists in highlighting areas where improvement is desirable. Detailed below are specifically identified key areas for improvement that are to be progressed during 2009/10.

1. Resources challenging. The section has lost 3 posts due to budget pressures during 2008/09. Although none of these posts directly enforced food legislation their workload has to be distributed to the remaining workforce this will result in extremely challenging targets in 2009/10
2. We will continue to review and update our standard operating procedures to reflect the requirements of the revised Code of Practice and in response to the recommendations made in the Public Inquiry Report into the 2005 *E.coli* O157 outbreak in South Wales, which was published in March 2009.
3. Produce a summary of the Food Enforcement Policy.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder

3 August 2009



Report of: Head of Procurement, Property and Public Protection

Subject: MEMORIAL SAFETY

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder of correspondence received from the Ministry of Justice on memorial safety and to provide an update on works undertaken by Hartlepool Borough Council in recent years.

2. SUMMARY OF CONTENTS

The report provides background information on recent guidance received from the Ministry of Justice on memorial safety including 'frequently asked questions and answers' and identifies works that have been undertaken in Hartlepool Borough Council cemeteries over recent years.

3. RELEVANCE TO PORTFOLIO MEMBER

Portfolio Holder has responsibility for Cemeteries and Crematorium.

4. TYPE OF DECISION

Non key.

5. DECISION MAKING ROUTE

Portfolio Holder only

6. DECISION(S) REQUIRED

Report is for information only

Report of: Head of Procurement, Property and Public Protection

Subject: MEMORIAL SAFETY

1. PURPOSE OF REPORT

To inform the Portfolio Holder of correspondence received from the Ministry of Justice on memorial safety and to provide an update on works undertaken by Hartlepool Borough Council in recent years.

2. BACKGROUND

- 2.1 On 16 January 2009, the Ministry of Justice issued new guidance for local authorities and other burial ground operators on managing the safety of burial ground memorials (see **Appendix 1**). The guidance was produced following public interest and concern, about the appearance of public cemeteries, and the distress caused to families, where memorials had been widely laid down or subject to other precautionary measures in order to minimise the risk of causing injury.
- 2.2 In May 2009, Bridget Prentice MP, Parliamentary Under Secretary of State wrote to all Chief Executives of Local Authorities, providing further clarification on some aspects of the guidance. The Ministry of Justice had prepared some supplementary frequently asked questions and answers. These are attached as **Appendix 2**.
- 2.3 The main focus of the guidance is that works on memorials should be undertaken following a risk assessment process and that they should be proportionate to the risk of serious injury occurring. Over the last 30 years, eight people in the UK have been killed when a memorial has fallen on them. Given the number of memorials and the number of visitors to burial grounds in any year, the risk of any injury is deemed to be extremely low.

3. MANAGING THE RISKS ASSOCIATED WITH MEMORIALS

- 3.1 The guidance described in paragraph 2.1 recommends inclusion of the following elements to ensure an effective, risk-based approach:
 - Knowledge of the different types of memorial currently installed in the burial ground. For example through a site survey that identifies the various designs and materials of individual memorials and groups of memorials, their historical and social importance, and the likelihood of members of the public visiting or walking past particular memorials.

- An overall assessment of the risks associated with these types of memorials to assist prioritisation of the more detailed inspections.
 - An inspection methodology for assessing the risk of each memorial.
 - Occasionally there may be memorials that have serious structural faults but which the operator decides not to remove having regard to their aesthetic or heritage value. Specific assessments for each memorial and specific management measures may be required in these cases.
- 3.2 Risk assessment is a systematic way of managing the risks associated with memorials. It also ensures that there is a focus on the risks with the potential to cause real harm and that any action is proportionate to the risk to health.
- 3.3 The Health and Safety Executive have a recommended 'Five Steps to Risk Assessment' which the guidance suggests could be used for memorial safety:
- Step 1: **Identify the hazard** – e.g. a potentially unstable memorial.
 - Step 2: **Identify who might be harmed and how** – these might be employees, contractors, volunteers or visiting members of the public who may be struck by a falling memorial.
 - Step 3: **Evaluate the risk** of a memorial falling and harming someone, and decide on the precautions needed to control this risk.
 - Step 4: **Record the significant findings** of the risk assessment and take steps to implement the precautions needed.
 - Step 5: **Review** the risk assessment periodically to see if anything has changed and update it if necessary.

4. WORKS TO ENSURE MEMORIAL SAFETY IN HARTLEPOOL

- 4.1 Since 2001, various surveys and inspections have been carried out to ensure the safety of memorials.
- In 2001, a safety inspection of memorials was carried out at North Cemetery, Spion Kop (Old Cemetery), Stranton Cemetery and West View Cemetery. A safety inspection was also carried out at St Peter's Churchyard, Elwick where three memorials were refixed and made secure. Repair works were also carried out to several memorials in St Hilda's Churchyard.
 - During 2002, an inspection of Stranton Cemetery was undertaken – eleven memorials had repairs and were made secure.
 - In 2003, a safety inspection of all Hartlepool Cemeteries was carried out.

- In 2004, a safety inspection of Hartlepool Cemeteries was carried out and four memorials were laid down and eleven needed attention.
 - Between 2005 and 2008, safety inspections of Stranton Cemetery were carried out annually by the cemeteries staff.
- 4.2 During 2008 capital funding was secured for repair of memorials at North Cemetery and tenders were invited for repairs to memorials and the erection of vandalised memorials in the cemetery. Paylor Memorials gained this contract and carried out major repair works in this cemetery at a cost of £42k.
- 4.3 All staff at the cemetery office and crematorium are now trained and qualified through the National Association of Monumental Masons (NAMM) on memorial safety and fixing systems. Our cemeteries staff carry out risk assessment in our grounds according to the 'five steps' as described in paragraph 3.3 above.
- 4.4 To date there have been no civil liability claims regarding injuries from memorials in Hartlepool cemeteries.

5. RISK

- 5.1 There is a risk to users of the cemeteries from unsafe and unstable memorials. As stated in paragraph 2.3, eight people in the UK have been killed when a memorial has fallen within the last thirty years.
- 5.2 The guidance in **appendix 1** sets out a risk-based and sensible approach to managing the health and safety risks arising from memorials. In Hartlepool we follow the procedures for inspecting, assessing and where necessary making safe memorials and can therefore demonstrate that we are doing what we can to minimise the risks to health and safety in a proportionate, sensible and sensitive way.

6. FINANCIAL IMPLICATIONS

- 6.1 Day to day inspection and repair of memorials has been largely funded from within existing budgets. However, there will be occasions when more substantial investment will be needed in high risk situations such as described in 4.2 above where there will be pressure on the capital programme.

7. RECOMMENDATIONS

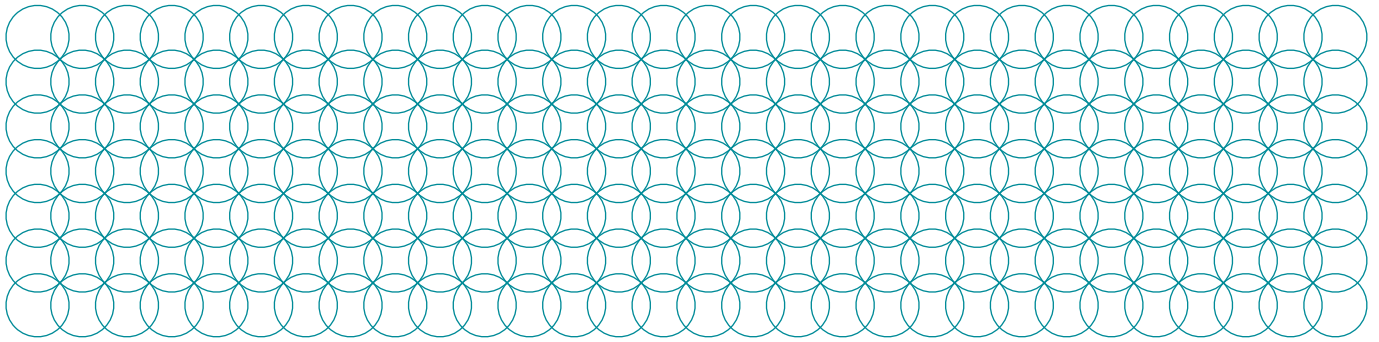
- 7.1 That Portfolio Holder notes the report.

8. CONTACT OFFICER

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Managing the safety of Burial Ground Memorials

Practical advice for dealing with
unstable memorials

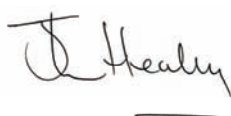
Preface

Over the past few years the issue of memorial safety has from time to time been the subject of adverse publicity and public distress – often because of over-zealous risk assessments or poor communication. In light of this burial ground operators have expressed concern about how to respond appropriately to the risks presented by unstable gravestones.

Significant risks should of course be properly managed – but the risk of injury from a gravestone or other memorial which has become loose and unstable is very low. That is why we issued a joint letter to burial authorities in March 2007 to make clear that any action to manage risks in burial grounds needed to be sensible, proportionate, and undertaken in a sensitive way.

The advice provided in this document is in response to the requests by burial ground managers for practical guidance to assist them in developing sensible, proportionate and sensitive arrangements for managing gravestones. It has been developed by relevant professional representative organisations¹ from the Burial and Cemeteries Advisory Group. We are grateful to them for this work.

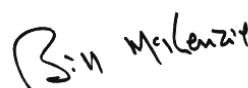
This guidance sets out a sensible approach to assist burial ground operators to meet their legal responsibilities. By following this good practice burial ground operators, can provide safe places to visit and work, and importantly make sure that remedial work to reduce any risk of serious injury does not cause unnecessary distress to bereaved families and others who value the great historical and environmental heritage of our cemeteries.



John Healey



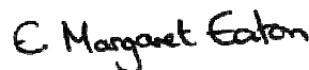
Bridget Prentice



Lord McKenzie of Luton



Judith Hackitt



Councillor Margaret Eaton

¹ Archbishop's Council of the Church of England
Association of Burial Authorities
Federation of Burial & Cremation Authorities
Health & Safety Executive
Institute of Cemetery & Crematorium Management
National Association for Local Councils
National Association of Memorial Masons
Society of Local Council Clerks

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Suggested approach to managing risks from memorials	5
Guidance on a sensible and proportionate approach to assessing and managing the risks	7
Keeping records	12
Communication	13
Concluding comments	14

Summary

This guidance has been developed by a sub-Group of the Burial and Cemeteries Advisory Group, which advises the Ministry of Justice on all aspects of burial law. The sub-Group represented burial ground operators, memorial masons and cemetery managers as well as the Health and Safety Executive. The insurance industry and the Local Government Employers were also consulted. This guidance represents good practice on the standard expected in the risk management of memorials in all types of burial grounds, public or private.

Burial ground operators ('operators')² should have systems in place to control the risks from memorials to their employees, contractors, friends' groups, volunteers and members of the public. They owe a general duty of care to visitors and other members of the public. Responsibilities are also set out in various legislation covering burial grounds, e.g. the Local Authorities' Cemeteries Order 1977 (LACO). Where the operator is an employer or self-employed person they also have duties under the Health and Safety at Work etc Act 1974 (HSWA74) and associated regulations such as the Management of Health and Safety at Work Regulations 1999. Operators should do all that is reasonably practicable to ensure that people are not exposed to risks to their health and safety.

This guidance sets out a risk-based approach to help operators develop a proportionate approach to managing the risks associated with memorials that is based on good practice.

Ownership of memorials remains with the family of the deceased, and for this reason there is some advice for operators on communicating with memorial owners, the bereaved and the wider community as part of the arrangements for managing memorials. There is potential for much distress when this is overlooked. Where memorials are found to require maintenance every effort should be made to contact the family to effect repairs. Only when the memorial poses a significant risk, such as imminent collapse in a way that could lead to serious injury, does immediate action need to be taken to control the risk.

² The term 'operators' in this guidance covers Burial Authorities (for local authority operators of cemeteries); Parochial Church Councils (for graveyards run by the Church of England); and companies, charitable organisations, other faith groups or individuals (for privately-operated burial grounds).

Background

What is the risk?

1. Over the last 30 years, eight people in the UK have been killed when a memorial has fallen on them. Given the number of memorials and the number of visitors to burial grounds in any year, the risk of any injury is extremely low.
2. However, this general low level of risk may be called into question by the public following an incident or by operators when it comes to their assessment of the theoretical risk. There are simple steps which operators can take to assess and manage the risks posed by memorials installed in a burial ground to provide assurance that the risks are low and that they are properly managed.

What is required?

3. Burial authorities have a general duty under LACO to maintain the burial ground in good order. Parochial church councils are required to keep churchyards in good order if responsibility has not been transferred to the local authority³. Most burial ground operators will also have duties under HSWA74. Operators should do all that is reasonably practicable to ensure that visitors and those working in burial grounds are not exposed to risks to their health and safety.
4. The approach to managing memorial safety set out in this guidance involves the periodic assessment of memorials as part of a planned exercise or when anything has changed, for example a programme of major work or repair to the burial ground environment. It is for operators to decide on the frequency of this assessment. Where action is necessary following this assessment, measures to control any risks should be proportionate to the level of risk.

³ Maintenance of Church of England churchyards is otherwise the responsibility of the Parochial Church Council under the Parochial Church Councils (Powers) Measure 1956.

5. The enforcing authorities⁴ under HSWA74 do not consider the risks from memorials to warrant inclusion in their proactive inspection regimes because of the low risk of injury. However, in the unlikely event of a serious accident, their inspectors may undertake an investigation. They will want assurance that operators had followed this guidance, had taken the sort of sensible, risk-based precautions set out, and that they had done all that is reasonably practicable in the circumstances. Inspectors recognise that even when all reasonably practicable precautions have been taken, incidents may still occur.

⁴ The enforcing authorities under the HSWA74 are the Health and Safety Executive for local authority-run burial grounds and the local authorities for churchyards.

Suggested approach to managing risks from memorials

6. Operators should adopt a risk-based and proportionate approach to managing memorials. The approach should be integrated into the operator's overall burial ground management regime that applies a sensible approach to all risks associated with the operation of the burial environment. Memorials are one of a number of relatively low level risks in the site environment that need careful and sensitive management. Operators should recognise that it is not possible to control all risks in such an environment.
7. An effective, risk-based approach should include the following:
 - Knowledge of the different types of memorial currently installed in the burial ground. For example through a site survey that identifies the various designs and materials of individual memorials and groups of memorials, their historical and social importance, and the likelihood of members of the public visiting or walking past particular memorials.
 - An overall assessment of the risks associated with these types of memorials to assist prioritisation of the more detailed inspections.
 - An inspection methodology for assessing the risk of each memorial, which might include:
 - A visual check for obvious signs that a memorial is likely to be unstable.
 - Where a visual check suggests no stability defects, a hand test can help confirm that assessment or identify stability problems – this test involves no tools or equipment and is intended to provide support to the visual checks.
 - Arrangements for more detailed inspections of particular memorials where the initial inspection identifies significant risk, for example by a specialist structural engineer or memorial mason.

Occasionally there may be memorials that have serious structural faults but which the operator decides not to remove having regard to their aesthetic or heritage value. Specific assessments for each memorial and specific management measures may be required in these cases.

8. To ensure the arrangements are widely understood and properly communicated the operator should also have arrangements that:
- Set out the range of precautions likely to be necessary to manage risks where they are identified.
 - Maintain records of the inspection and results, noting in particular those memorials where action is necessary, or likely to be necessary in future.
 - Make clear the system for securing specialist assistance or remedial action when a visual check reveals defects outside the experience and knowledge of the person carrying out the check, or where a memorial has historical significance for example.
 - Ensure there is a system to enable people to report damage to memorials, such as vehicle collisions, and to trigger checks following potentially damaging activities, e.g. work by the utilities providers in the vicinity of memorials.
 - Set out the procedures and timescales used for contacting relatives or other memorial owners where this is necessary.

Guidance on a sensible and proportionate approach to assessing and managing the risks

Using risk assessment

9. A risk assessment provides for a focus on those risks with the potential to cause real harm. In most cases a suitable and sufficient assessment can be completed by an officer of the burial ground operator using experience of burial ground management and the associated risks, and a working knowledge of memorials. Operators may need to provide training to officers or volunteers so they can develop the necessary skills to complete these assessments – including ensuring they have an understanding of the need for a proportionate approach to the assessment.
10. Operators can use the simple Five Step approach suggested by the Health and Safety Executive for their risk assessment⁵:
 - Step 1: **Identify the hazard** – e.g. a potentially unstable memorial.
 - Step 2: **Identify who might be harmed and how** – these might be employees, contractors, volunteers or visiting members of the public who may be struck by a falling memorial.
 - Step 3: **Evaluate the risk** of a memorial falling and harming someone, and decide on the precautions needed to control this risk.
 - Step 4: **Record the significant findings** of the risk assessment and take steps to implement the precautions needed.
 - Step 5: **Review** the risk assessment periodically to see if anything has changed and update it if necessary.
11. Risk assessment is an on-going management process. Operators will need to decide for themselves, knowing their circumstances, when to review their risk assessment.

⁵ Five Steps to Risk Assessment INDG 163

Identifying the profile of risks from memorials in the burial ground

12. Operators should use their experience and local knowledge to focus on those memorials most likely to present the greatest risk. Operators should consider local factors, the design and style of memorial as well as environmental and historical factors. The following are some of the considerations operators should take into account to focus and prioritise the inspection and assessment process:

- Memorials alongside or within a short distance of paths, are more likely to present a risk to visitors than those which are less accessible. Memorials of well-known people, or memorials widely appreciated for their architecture or aesthetic qualities are also more likely to attract visitors. Less frequented areas may attract anti-social behaviour, or may need greater maintenance as relatives are no longer tending memorials. Memorials situated on sloping or uneven ground, may present an increased risk.
- Multi-part memorials, which depend on bonding of their parts for stability, can present a risk where the joint has failed. Some memorials might also be made of material which more readily erodes and becomes unsafe. It may therefore be appropriate to examine these memorials in advance of others. On the other hand the risk of joint failure is absent in monolithic monuments, and memorials with a broad base are less likely to fall than those with a relatively narrow base.
- More recent memorials should be designed to British Standard 8415, and the construction, dowels and fixings should be in accordance with the National Association of Memorial Masons (NAMM) Code of Working Practice. Memorials installed to these practices have greater assurance of good stability.
- Operators need to build up a profile of the memorials in their burial grounds. They are best placed to do this. It is an essential first step to enable prioritisation of and provide a focus for the inspection and assessment process.

Inspection of memorials

13. A visual inspection should be the next step in assessing the risk of a memorial falling. It takes little time, uses simple common sense and judgment, and yet acts as an effective early warning system to help operators prioritise memorials that need more detailed inspection. Problems to look out for include:

- Damaged or eroding bonding.
- Movement of parts of a memorial from its original position.

- Kerb stones breaking apart.
 - Undermined or unstable foundations.
 - Leaning memorials – particular if there is evidence of recent movement.
 - Evidence of structural damage or disturbance (e.g. cracks).
 - The presence of vegetation, which may cause cracks etc to widen.
14. The profile of memorial types in the burial ground, together with the visual inspection will help determine those memorials that require a hand test, and how to prioritise those hand tests:
- Some memorials will require specialist assessment, and the location and frequency of visitors to these locations will help determine the timing of that specialist inspection. It is not normally appropriate to use a hand test to confirm stability of these memorials.
 - Where memorials (that do not require a specialist assessment) have visible signs of damage or defects such as joint or component failure, a hand test should be used to determine stability of the memorial and can save on unnecessary work. The location and frequency of visitors to these memorials will help determine the timing of the hand test e.g. more frequently visited parts of the burial ground should be prioritised for an early hand test. This can often be done straight away at the time of the visual inspection.
 - Where memorials (that do not require a specialist assessment) have no sign of defects, a hand test may not be necessary but can still be used to confirm that the memorial is stable. These tests should be treated as a lower priority to the hand tests of memorials that have signs of instability – though they may, of course, be undertaken at the same time as the visual inspection. Once again it makes sense to do the hand test of memorials in locations that are more frequently visited as a higher priority than the memorial in less frequented locations.
15. The hand check can be carried out by standing to one side of the memorial and applying a firm but steady pressure in different directions to determine to what degree if any the headstone is loose.
16. If some instability is detected following the hand test, a judgment must be made as to whether this movement is limited, or whether there is sufficient movement for the memorial to present a high risk to people's health and safety. Operators should note that many memorials installed in recent years on independent foundations are fitted with a ground support system. These memorials may move, even rock if the base to foundation joint is

broken, but do so within designed tolerance limits and represent no danger as the memorial will lock on the ground anchor.

17. Visual and hand checks can be carried out by a person with a working knowledge of memorials and their defects, and/or good knowledge of the memorials in any burial ground, but those inspecting memorials need to be mindful of, and consider, the risks to their own health and safety. Hand testing is appropriate for many memorials, such as the modern, lawn type, as well as smaller stepped designs or tiered crosses. Much larger, heavier memorials, such as older columns or obelisk types, may require an assessment by a specialist engineer or competent memorial mason.
18. The routine use of mechanical test instruments as inspection tools is not recommended. Results from these instruments are liable to overestimate the actual risk. The approach suggested above will enable the operator to assess the memorials in their grounds as either secure and stable or insecure and requiring action, and a mechanical test will not add to this judgment. However, where this judgment is not so clear, the operator may need to consult a specialist engineer or memorial mason for advice.

Deciding on precautions

19. Any precautions taken must be proportionate to the risk of people suffering harm. In most cases the actual level of risk from an unstable memorial will be very low such that a warning sign near to – or in some instances on – a memorial alerting visitors to the potential danger will suffice until repair has been arranged. If the circumstances make this impractical, for example there is the potential for confusion as to which memorial any warning refers, a memorial may need to be cordoned off until it is made safe.
20. A memorial may be so unstable there is an imminent risk of it toppling. In a very few cases where this could result in serious injury, immediate steps may be necessary to reduce the risk e.g. restricting access or laying the memorial flat. The routine staking of memorials is not recommended – not only is there a risk of harm in the staking itself, there is also the potential for damage to the memorial.
21. In all cases where temporary measures have been taken to make a memorial safe, steps to effect permanent repairs should be taken as soon as possible. Operators should be aware of the potential for upset and distress amongst mourners and the bereaved, as well as the potential for disfiguring the appearance of a burial ground.

22. Arrangements can also be put in place to encourage employees such as gardeners and other maintenance workers, as well as volunteers and members of the public, to report any memorials which they believe may be unstable.
23. If a lot of improvements are needed, an action plan may be necessary. A good action plan will include, for example, prioritisation of improvements to manage the greatest risks, as well as longer term measures for those memorials with structural faults which may need more frequent monitoring than the rest of the burial ground.

Keeping records

24. The record of the risk assessment should be kept simple. For example, it should note any prioritisation; a record of those memorials that were judged at high risk of collapse and the precautions taken/planned; and the timescale for when the assessment/inspection process will be repeated.

25. Operators need to consider keeping records to show that:

- Proper checks were made.
- Those who might be affected were identified.
- Significant risks will be dealt with, taking account of the number of people who might be exposed, and the likelihood of the risk.
- Any precautions are reasonable, and the remaining risk is acceptable.

Communication

26. Good communication of the inspection and assessment process, and the results of this, is crucial to obtaining the support of the local community. The bereaved, memorial owners, friends' groups and members of the public generally accept the need for an inspection and assessment programme if they are properly informed. It is vital to avoid a programme that focuses solely on safety of memorials, without thought to obvious potential for distress the programme may cause - particularly where improvements are needed.
27. Individual operators will know the best means of communicating in their particular circumstances but, for example, notices may be displayed at entrances to the burial ground concerned and in other prominent places within it. Given the infrequency of individual visits other communication channels might include local radio, the council's website, advertisements in the press, articles, letter drops and so on. Listed building or scheduled monument consent will also be needed for memorials of special historic interest.
28. Where a memorial has been deemed at immediate risk and work needs to be undertaken clear information should be posted in burial grounds. Notice should be placed on or near to these memorials, giving contact details and the period within which contact can be made. Where the grave owner is known, it is good practice to notify them to give them the opportunity to repair the memorial.

Concluding comments

29. This guidance sets out a risk-based and sensible approach to managing the health and safety risks arising from memorials. By following the simple procedures for inspecting, assessing and where necessary making safe, operators will be demonstrating that they are doing what they can to minimise the risks to health and safety in a proportionate, sensible and sensitive way.

For further information telephone 0203 3346386

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MINISTRY OF JUSTICE

MEMORIAL SAFETY GUIDANCE¹: FREQUENTLY ASKED QUESTIONS AND ANSWERS

Do I have to follow this guidance?

The guidance has no specific legal status, but sets out minimum standards of good practice that will help burial ground operators meet their legal obligations and duty of care. It was drafted with the assistance of burial professionals and has been widely endorsed by Ministers, the HSE and the LGA. Burial ground operators would be expected to give the guidance very careful consideration.

Can I undertake a more detailed assessment of memorials and implement additional safety measures, if I wish?

If, as a result of a risk assessment, you believe further precautions to be necessary in any particular case, they should be carried out. However, health and safety law does not require burial authorities to do more than is reasonably practicable to manage the low risk of memorials causing serious injury. In deciding to do more than the guidance recommends, a burial authority would need to consider whether this could be justified, especially if additional costs were to be imposed on families or local taxpayers as a result.

Doesn't any memorial that is loose present an imminent risk of causing serious injury?

No. It may be possible to cause a memorial to move, but that does not mean that it is liable to fall, or, if it does, to cause serious injury. Some memorials will be held upright by ground anchors. Other memorials may be loose, but by virtue of their size, location or lack of nearby traffic they may be unlikely to cause serious injury if they were to fall or to give way under pressure.

Burial authorities may find it helpful to maintain a system for recording the installation of ground anchors. These are not readily identifiable by visual inspection, but knowledge of their presence in relation to specific memorials could be helpful during any periodic inspection process.

How do I assess the likelihood that a loose memorial will cause serious injury?

Local health and safety advisers should be able to assist with such assessments. It is, however, important to distinguish between the hazard and the risk. A hazard is anything that may cause harm; the risk is the chance, high or low, that somebody could be harmed by a hazard, together with an indication of how serious the harm could be.

Whereas an unstable memorial could present a hazard with potential to cause injury, the risk assessment would consider all relevant local factors and balance the probability of imminent failure or collapse of the memorial against the likelihood of someone being in close vicinity at the time, and the likely severity of any injury that may be caused. This should not be over-complicated and in a public place such as a burial ground a subjective but balanced judgement will need to be made about the people likely to be at risk of injury. The mere fact that a passer-by may be present in a burial ground does not mean necessarily that they are at risk of harm from an unstable memorial in that burial ground.

¹ *Managing the Safety of Burial Ground Memorials*, Ministry of Justice, January 2009

How can I ensure that hand tests are applied consistently?

The purpose of the hand test is to ascertain whether there is any movement in a memorial which otherwise seems to be secure, not whether the memorial, or its fixings, can withstand any particular level of pressure.

Where movement is detected, sufficient pressure may, with care, be applied to ascertain whether the memorial locks on any ground anchor.

The hand test should only be used as part of the overall assessment of risk.

Why should I not use a pressure testing device to measure the pressure applied to a memorial?

The guidance recommends that pressure measuring devices should not be used routinely. This is because such devices will not usually add anything to an assessment made by a hand test that a memorial is not fixed securely. There are also doubts about the reliability of the results when used with the wide range of memorials that exist, with a consequent tendency to overestimate the risk. Use of such equipment can also divert attention away from the risk assessment which considers not only the whether a memorial is at risk of falling but other factors that contribute to the significant risk of serious injury including size, location, visitor traffic etc.

What does “not routinely” mean in this context?

This means that there is no need to use pressure testing devices on every memorial and that they should not be seen as the starting point in the risk assessment process. There may, however, be specific circumstances on a case by case basis where a test with such equipment may be appropriate in order to obtain information essential to the assessment of the memorial in that case.

How frequently should memorials be assessed?

It is for burial ground operators to decide how often they should assess their memorials. In doing so, they will need to take account of the findings of their risk assessments and local factors which may suggest that an assessment should be made more or less frequently. The frequency might vary between burial grounds or areas of burial grounds and might even be specific to some complex individual memorials of high public interest.

Has the 35kg pressure test in BS 8415 been rejected?

BS 8415 is understood to provide an installation standard with associated checks for construction and stability, which is considered unnecessary for general monitoring purposes across the wide range of memorials. Whether 35kg is the appropriate level of pressure has also been questioned by some practitioners and specialists.

Specific queries about BS8415, which is understood to be subject to review, should be directed to the British Standards Institute (<http://www.bsigroup.com/en/Contact-Us/>).

Compliance with the risk assessment process advocated in the guidance is likely to identify far fewer dangerous memorials. Surely that can't be right.

The guidance recommends a risk assessment process that is proportionate to the risk of serious injury occurring. Records show that the number of incidents involving a loose memorial is very low. Burial ground operators should therefore expect to identify only very few memorials which need to be made safe at a particular time.

Irrespective of any imminent risk of causing serious injury, many of our memorials have been found to be poorly installed. Surely we should be taking action to ensure that memorials are installed properly and will last a life time.

If memorials do not present a significant risk of causing serious injury, there is no need, for health and safety purposes, for immediate action to be taken to make them safe. If they have not been installed in accordance with relevant industry standards that may be an entirely separate contractual matter for the owner, the memorial mason, and/or the burial ground operator. It should not be confused with safety responsibilities.

What am I supposed to do to protect the public? Warning signs and cordons have been criticised just as much as staking memorials and laying them down.

The guidance provides some suggestions for temporary precautionary measures, but they are not exhaustive. Operators may wish to consider alternative measures, or ways to implement precautions which are more publicly acceptable. Signs and cordons do not necessarily need to be in high visibility colours, although they can be if deemed appropriate, and cordons do not need to constitute a physical barrier to prevent access, as long as the reason and purpose for their use is clear and the level of risk does not warrant more. Where signs or tapes need to be affixed to a memorial, they are more likely to be tolerated if they do not obscure any inscriptions. Any such measures should of course only be temporary pending permanent repairs.

Why should I not use a stake to support a loose memorial?

The guidance recommends that stakes should not be used routinely. This is because they can be unsightly, and the process of staking can present a risk of harm and can damage the memorial if installed without proper care. Routine use of stakes can also divert attention away from the need to consider the risk presented by a memorial. In some cases, stakes have come to be seen as a cheap, permanent or semi-permanent, solution rather than a temporary measure pending repair or restoration, and stakes themselves can be a hazard with their own risks.

Many of our memorials have already been supported with stakes. Should I now remove them?

Burial ground operators are encouraged to review the measures they may have already taken in the light of the MoJ guidance. Stakes, or any other temporary precautionary measures, can be removed where a review of the assessment shows the risks are not significant, also taking into account any residual adverse effects that might have arisen from the staking process. If the risk remains, prioritisation should be given to the repair of the memorial.

Who is responsible for repairing a dangerous memorial?

Much will depend on the facts and of course this applies only to memorials that are truly dangerous. Many memorials may have been installed before the introduction of modern standards, which should not normally be applied retrospectively. Burial ground operators will need to take this into account and ensure their assessment is suitable and appropriate to the age, design and construction of these memorials and does not overestimate the danger present.

In the rare circumstances where a memorial is considered truly dangerous there might be a number of causes. The memorial may have been poorly installed, it may have been neglected by the owner and deteriorated over time, or it may have been damaged by the cemetery staff or contractors.

Whoever may be responsible, burial ground operators are encouraged to ensure that dangerous memorials are repaired promptly and this will need to be weighed against the time it may take to contact or establish the identity of memorial owners.

Won't my authority or I be liable if an accident happens?

If an accident occurs (and accidents that cause serious injury involving memorials are very rare), depending on the apparent circumstances and severity of injury the HSE or local authority regulator may carry out an investigation. They will consider whether a significant risk was foreseeable and whether reasonable and practicable measures were taken to control such risks. These considerations are part of the risk assessment process. There is no requirement to remove all risk. A criminal law prosecution will not automatically follow just because an injury or death has occurred.

A person might pursue under the civil law a claim against you or your organisation for harm caused to them or their property. This would be settled between the parties or by the civil courts.

Advice on what may be "reasonable and practicable" can be found on the HSE website at www.hse.gov.uk/risk/theory/alarpglance.htm.

What about memorials in churchyards or consecrated parts of a cemetery?

Any work to be undertaken on consecrated land which is subject to the faculty jurisdiction needs to be authorised by a faculty in the normal way. The MoJ guidance does not supersede the terms or conditions under which a faculty may have been granted to allow memorials to be assessed and repaired. However, it may be appropriate to consider whether an application should be made to vary such terms and conditions if they appear to conflict with the principles set out in the guidance.

**ADULT AND PUBLIC HEALTH SERVICES
PORTFOLIO**

3 August 2009



Report of: Head of Procurement, Property and Public Protection

Subject: *E. coli* O157 – THE PENNINGTON REPORT AND
HARTLEPOOL'S RESPONSE

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder of the findings from the Public Inquiry into the September 2005 Outbreak of *E. coli* O157 in South Wales, led by Professor Hugh Pennington, which were published in March 2009. Also to outline actions being taken to ensure that the Council fully engages with the reports recommendations.

2. SUMMARY OF CONTENTS

In 2005 an outbreak of food poisoning was caused by *E. coli* O157. This report considers the recommendations of the Inquiry Report, commonly referred to as 'The Pennington Report'.

3. RELEVANCE TO PORTFOLIO MEMBER

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

4. TYPE OF DECISION

Non key.

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio meeting – 3 August 2009.

6. DECISIONS(S) REQUIRED

That the Portfolio Holder notes the report.

Report of: Head of Procurement, Property and Public Protection

Subject: *E. COLI* O157 – THE PENNINGTON REPORT AND
HARTLEPOOL'S RESPONSE

1. PURPOSE OF REPORT

- 1.1 To inform the Portfolio Holder of the findings from the Public Inquiry into the September 2005 Outbreak of *E.coli* O157 in South Wales, led by Professor Hugh Pennington, which were published in March 2009. Also to outline action being taken to ensure that the Council fully engages with the reports recommendations.

2. BACKGROUND

- 2.1 In September 2005, a major outbreak of *E.coli* O157 occurred in South Wales. It was the largest outbreak of its kind in Wales and the second largest to date in the United Kingdom.
- 2.2 A total of 157 cases were identified during the Outbreak investigation. Most cases were children who had consumed school meals in 44 schools across four Local Authority areas (Bridgend, Caerphilly, Merthyr Tydfil and Rhondda Cynon Taf). Thirty-one people were admitted to hospital and a five-year-old boy died.
- 2.3 The Outbreak Control Team identified that cooked sliced meats in school meals, which were contaminated with the food poisoning bacteria *E.coli* O157, was the likely source of infection.
- 2.4 *E.coli* O157 is a particularly nasty organism because it is highly infectious; only a few organisms can cause a potentially fatal infection and it can produce toxins which can survive for quite long periods in adverse conditions.
- 2.5 The bacteria gained access to the cooked meats through failure in food hygiene practices at John Tudor and Son, a catering butcher's premises, which supplied the school meals service with cooked meats in the four Local Authority areas.
- 2.6 It was concluded that William Tudor, the Proprietor, falsified records and deliberately misled Environmental Health Officers. After a thorough and lengthy investigation, in September 2007, he pleaded guilty at court to seven food hygiene offences and was sentenced to twelve months imprisonment.

- 2.7 The severity of the outbreak was such that a Public Inquiry was set up, chaired by Professor Hugh Pennington, who had previously chaired an Expert Group to examine the circumstances that led to an earlier Outbreak of *E.coli* O157 in Scotland.
- 2.8 The Inquiry's terms of reference were:
- "To inquire into the circumstances that led to the Outbreak of *E.coli* O157 infection in South Wales in September 2005, and into the handling of the outbreak; and to consider the implications for the future and make recommendations accordingly."
- 2.9 A summary of the report, which was published in March 2009, is included as **Appendix 1**.
- 2.10 The key findings of the report are that the:
- butcher failed to separate raw and cooked **meats and lied to EHOs**;
 - **HACCP plan was 'inaccurate and misleading'** (The HACCP (Hazard Analysis Critical Control Principles) plan details the food safety management system followed by the business);
 - inspections did not assess food safety as **well as they could have done**;
 - the Meat Hygiene Service failed to perform effectively; and
 - the Process by which food contracts were awarded was seriously flawed.
- 2.11 A significant factor is the report's finding that the systems of control in place in 2005 should have been such as to minimise the risks associated with the practices which led to the outbreak.
- 2.12 The Inquiry report emphasizes that responsibility for the outbreak "**falls squarely on the shoulders of William Tudor**." However, it identifies a number of key areas of concern and makes a number of recommendations, including some to food businesses, enforcement authorities, the Food Standards Agency and the Welsh Assembly Government, as to what needs to be "**improved, tightened up or reinforced**".

3. ISSUES

- 3.1 The Food Standards Agency's initial response to the report was discussed by the FSA Board at its open meeting on 21 April 2009. The Agency has since written to all local authorities on 22 May stating that it "*recognises that there is more to be done to improve food hygiene compliance in food businesses and to support enforcement officers across the UK. To do this the Agency will be carrying out a wide ranging review and taking forward a programme of work that will cover not just E.coli O157 but all pathogens, not just meat but all foods, and not just in Wales but throughout the UK.*"

- 3.2 The Agency's plans will be reported at the FSA open board meeting in July, and will highlight the importance of working with Local Authority partners and other interested parties to effect the necessary improvements.
- 3.3 Hartlepool Borough Council has a major role to play in preventing and responding to outbreaks such as this. The recommendations made by Professor Pennington are, therefore particularly relevant to the Council and will impact upon a range of Council functions, including its regulatory food hygiene role, procurement of high risk foods and the delivery or commissioning of catering services at schools and other premises.
- 3.4 A full list of Professor Pennington's recommendations is included as **Appendix 2**. Included are comments outlining both the Food Standard Agency and the Council's initial response.
- 3.5 The Food Standards Agency has indicated that they will again write to Local Authorities after their Board meeting in July. Once further information is received we will review our response to this and report back.
- 3.6 Having gone through the recommendations systematically we are currently looking at food procurement via our Tees Valley collaborative contract.
- 3.7 As a consequence of addressing Recommendation 8 – '*The inspection of HACCP Plans must be audit-based*' it ought to be noted that food hygiene inspections may take longer as more time will need to be spent on auditing the business' HACCP plans.

4. RECOMMENDATIONS

- 4.1 That the Portfolio Holder notes the current position of the Council in respect of the recommendations and accepts that progress to date is acceptable.

5. CONTACT OFFICER

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The Public Inquiry into the September 2005 Outbreak of *E.coli* O157 in South Wales

Summary

Chairman: Professor Hugh Pennington
March 2009

Outbreak of *E.coli* O157 in South Wales in 2005

- Primary Case(s) in School ▲
- Abercynon Infants School ▲
- Local Authority Boundary —
- City/Towns/Villages ■



SUMMARY

The Public Inquiry into the September 2005 Outbreak of *E.coli* O157 in South Wales

This document summarises my findings and lists my recommendations. My full report is available on the Inquiry's web site www.ecoliinquirywales.org

Professor Hugh Pennington
Chairman

The Outbreak

1. The Outbreak of *E.coli* O157 in South Wales in September 2005 was the largest outbreak caused by this organism in Wales and the second largest to date in the UK.
2. A total of 157 cases were identified, of which 118 were confirmed microbiologically as *E.coli* O157. Of those, 109 were of a strain unique to the Outbreak.
3. Most cases were children in 44 schools across four local authority areas. Thirty-one people were admitted to hospital. Tragically, Mason Jones aged five, died.

The Inquiry

4. The Inquiry's terms of reference were: "To enquire into the circumstances that led to the Outbreak of *E.coli* O157 infection in South Wales in September 2005 and into the handling of the Outbreak; and to consider the implications for the future and make recommendations accordingly".
5. Progress was affected by a criminal investigation and subsequent proceedings but the Inquiry was able to work in parallel with both.
6. The Inquiry considered a substantial volume of written and oral evidence. All relevant evidence and transcripts of proceedings can be accessed on the Inquiry's web site www.ecoliinquirywales.org

E.coli O157

7. Many types of bacteria live harmlessly in the digestive systems of people and animals. *E.coli* is one of them. But some types of it, such as *E.coli* O157, produce toxins that can cause serious illness.
8. *E.coli* O157 is a particularly nasty organism. It is highly infectious; only a few organisms can cause a potentially fatal infection.
9. The effect on some people can be mild but on others can be very serious and sometimes fatal. Some people are left with permanent kidney or brain damage.
10. Children under 5 and elderly people over 75 are particularly vulnerable. They are more likely to develop complications, which in themselves are not preventable and for which there are no specific treatments, only good supportive care.

Preventing Infection

11. The main source of *E.coli* O157 is the intestines of cattle and sheep. Infected animals show no symptoms but shed bacteria, most of which are found on the surface of their faeces.
12. Abattoirs must take steps to prevent an animal's flesh becoming contaminated with *E.coli* O157 in the first place. The organism is killed by cooking so action to prevent the cross-contamination of ready-to-eat foods is an essential food safety measure. In both abattoirs and butchers, food safety is delivered by Hazard Analysis Critical Control Point (HACCP), a system developed many years ago for the US Space Programme but now used worldwide.
13. Because *E.coli* O157 can also be transmitted between people, good personal hygiene practices are vital to prevent its spread. This is particularly important for elderly people in residential care homes, for children and young people in schools, and for people in hospital.
14. Food safety measures are underpinned by legislation, operated by businesses, and enforced by inspectorates. The regulatory systems in force at the time of the Outbreak had been reformed throughout the UK in the years before it. So the measures that were in place in 2005 were modern.
15. One of the measures, Butchers' Licensing, had even been introduced as a result of the 1996 outbreak of *E.coli* O157 in Scotland. All this makes the Outbreak particularly shocking.

Source of the Outbreak

16. The Outbreak was caused by food, cooked meats in this case, that had been contaminated with *E.coli* O157.
17. Extensive microbiological testing and typing revealed that the strains of *E.coli* O157 in people who were infected were indistinguishable from those found on cooked meats recovered from schools, in a sample of raw meat recovered from the premises of John Tudor & Son, a catering butcher business, and in samples of cattle faeces taken from a farm.
18. Cattle from the farm were slaughtered at the abattoir of J.E. Tudor & Sons Ltd, which supplied meat to John Tudor & Son
19. The Outbreak occurred because of food hygiene failures at the premises of John Tudor and Son. The responsibility for it falls squarely on the shoulders of William Tudor, the Proprietor.
20. William Tudor pleaded guilty to seven food hygiene offences. He was sentenced to twelve months imprisonment and banned from participation in managing any food business.
21. There were serious, and repeated, breaches of Food Safety Regulations. He failed to ensure that critical procedures, such as cleaning and the separation of raw and cooked meats, were carried out effectively. He also falsified certain records that were an important part of food safety practice.

- 22. The business's Hazard Analysis Critical Control Point (HACCP) plan was not valid. In some respects it was positively inaccurate and misleading.
- 23. William Tudor misled, and lied to, Environmental Health Officers on some issues, such as the use of the vac packing machine and a machine being away for repair.
- 24. There is no evidence that there was a sudden decline in food safety practice just before the Outbreak. Deficiencies had been there for a long time before.
- 25. William Tudor had a significant disregard for food safety and thus, for the health of people who consumed meats produced and distributed by his business.

The Inspections of John Tudor & Son

- 26. Bridgend County Borough Council was responsible for the inspection of John Tudor & Son.
- 27. The inspections undertaken by Environmental Health Officers were made less effective by William Tudor's dishonesty. Even so, the inspections did not assess or monitor the business's management of food safety as well as they could, or should, have done.
- 28. Clues were missed. Those that were spotted were lost in the system because there was no way of alerting other Environmental Health Officers to issues or concerns for subsequent inspections.
- 29. Failures around the Hazard Analysis Critical Control Point (HACCP) approach were the most important. The fundamental flaws in John Tudor & Son's HACCP plan could, and should, have been picked up.
- 30. There was insufficient focus on identifying and assessing working practices and procedures to ensure that the HACCP plan was being applied in practice.
- 31. The inspections failed systematically to assess the accuracy and effectiveness of the underlying HACCP documentation. Even when there is some indication that the underlying records were checked, inconsistencies and problems were not picked up.

The Food Standards Agency's Audit

- 32. Bridgend County Borough Council was audited by the Food Standards Agency in February 2004, some 18 months prior to the Outbreak.
- 33. Although feedback was provided at the end of the Audit in February 2004, the draft report was not sent to Bridgend until 17 June 2005, well over a year later.
- 34. The audit found little systemically wrong with Bridgend's team and methods of working.
- 35. The audit was systems-based. It was not designed to examine the techniques of an effective inspection.

School Meals

36. Schools were supplied with meats by John Tudor & Son under a contract with Rhondda Cynon Taf, Bridgend, Caerphilly and Merthyr Tydfil County Borough Councils.
37. The process by which the contracts were awarded in 1998 and 2002 was seriously flawed in relation to food safety.
38. The arrangements for the joint contract were inadequate, with a particular lack of clear and agreed roles and responsibilities between the organisations and key individuals.
39. The system for contract monitoring was not operated properly and the system for recording complaints was seriously flawed.
40. Better arrangements might have thrown more light on weaknesses in John Tudor & Son's approach to food hygiene and raised questions about his practices.
41. If anything was likely to have encouraged William Tudor to get his act together on food hygiene, it would have been the direct threat of failing to secure, or losing, what was a very significant contract.

The Abattoir

42. On the balance of probability, the *E.coli* O157 that caused the Outbreak entered the premises of John Tudor & Son on meat from the J.E. Tudor and Sons Ltd abattoir.
43. The likelihood of meat becoming contaminated with *E.coli* O157 at the Abattoir would have been significantly reduced if the Meat Hygiene Regulations that were in force in 2005 had been followed and enforced. There were big shortcomings in relation to both.
44. Over a prolonged period, the Meat Hygiene Service failed to perform effectively its overall enforcement function in relation to the Abattoir. Despite knowledge of longstanding, repetitive, failures, the Abattoir was allowed to continue functioning in breach of legislative requirements.
45. The limited enforcement action taken was demonstrably ineffective to achieve compliance with legislative requirements. For J.E. Tudor & Sons Ltd, the "light touch" enforcement was wrong.
46. Hygiene problems at the Abattoir had not been missed. The signals that the premises and its practices were unsafe were strong. They passed up lines of management in the Meat Hygiene Service. But it was allowed to continue in business without significant improvement.
47. There would have been a substantial increase in the risk of *E.coli* O157 on meat coming out of the Abattoir. As a result, the risks of unsafe food being produced and supplied into the food chain were considerably higher than they should have been.

Outbreak Control

48. The Outbreak was handled well. Importantly, the Outbreak Control Team identified a common link between cases at a very early stage. They reacted quickly, which led to the early removal of cooked meats from the food chain.
49. The Outbreak Control Team and many others who were also involved in action to control the Outbreak put in considerable time and effort to tackle the Outbreak, including extra hours and out-of-hours working.
50. But for the quality of the analysis and control measures, the Outbreak would have been considerably more severe and prolonged.

Schools and Hygiene

51. In 2004, the Children's Commissioner for Wales highlighted a problem with school toilets. He recommended that the Welsh Assembly Government should assist schools and governing bodies to undertake audits.
52. Few of the local authorities appear to have been aware of the Commissioner's report. The Assembly Government was aware of the report but did not bring it to the attention of local authorities.
53. As a result, and notwithstanding ongoing programmes of school improvements, the sort of action envisaged by the Children's Commissioner was triggered by the Outbreak itself.
54. Fortunately, the problems with toilet and hand washing facilities do not appear to have caused or contributed to the spread of the Outbreak. However, the provision of adequate facilities in schools is a basic requirement and it takes on a particular importance in terms of preventing the spread of an infection.

Treatment and Care

55. In-patient hospital care was as effective as it could be in the face of an infection that produces severe complications.
56. Some communications difficulties were experienced in the very early stages of the Outbreak. There was not a robust system for contacting Local Health Boards out-of-hours. The system for communications by Local Health Boards to front-line care professionals had weaknesses.
57. The communications difficulties did not have any adverse effects as far as outbreak control is concerned.
58. The Outbreak was a very real test of communications on a serious public health issue. It exposed some weaknesses and potential weaknesses in systems, which are likely to be relevant in most health incidents and/or outbreaks of a communicable disease, not just *E.coli* O157.

Learning Lessons

59. The only systems that worked well were outbreak control and clinical care. There were system failures everywhere else. Issues around HACCP were the most important. Wherever it should have been applied, there was insufficient appreciation of its power to deliver safe food.
60. I had hoped that the lessons from the shocking events in 1996 would stay in people's minds. But comparison of the failures that led to this Outbreak in South Wales with those in the outbreak in Scotland shows that this has not been the case.
61. We owe it to the memory of Mason Jones to learn the lessons from this Outbreak and to remember them.

Recommendations

The requirements for food hygiene that were in place at the time of the Outbreak should have been sufficient to prevent it. My recommendations therefore reflect what needs to be improved, tightened up or reinforced.

Food Safety Practice

1. All food businesses must ensure that their systems and procedures are capable of preventing the contamination or cross-contamination of food with *E.coli* O157.
2. Food businesses must get to grips with food safety management based very clearly on the seven key HACCP principles, ensuring it is a core part of the way they run their business.
3. Additional resources should be made available to ensure that all food businesses in Wales understand and use the HACCP approach and have in place an effective, documented, food safety management system which is embedded in working culture and practice.
4. The principles underpinning the Butchers' Licensing Scheme, which was introduced in response to the 1996 *E.coli* O157 outbreak, should guide food hygiene measures in businesses processing raw meat and unwrapped ready-to-eat foods.
5. The Food Standards Agency should review its current guidance and should be proactive in generating new guidance where needs are identified.
6. The Food Standards Agency should remove the confusion that exists among food business operators about what solution(s) should be used to prevent cross-contamination from surfaces and equipment.

Food Hygiene Inspections

7. Regulatory and enforcement bodies should keep the choice of “light touch” enforcement for individual food businesses under constant review.
8. The inspection of HACCP plans must be audit-based.
9. Training provision should be developed to ensure that all officers in Wales who check HACCP and HACCP-based plans, including those responsible for overseeing the work of those officers, have the necessary knowledge and skills.
10. Environmental Health Officers should obtain a copy of a business’s HACCP/food safety management plan at each inspection, which should be held on the business’s inspection file.
11. A system of logging issues, concerns or potential problems, whether by “red flagging” specific documents or by file notes, should be standard practice.
12. Decisions about confidence in a business’s management of food safety should be evidence-based.
13. All inspections, primary and secondary, must be unannounced unless, exceptionally, there are specific and justifiable circumstances or reasons why a pre-arranged visit is necessary.
14. Discussion with employees must be a standard part of food hygiene inspection visits.
15. The Food Standards Agency should develop, as part of its Audit Scheme or as an adjunct to it, a means of assessing how food hygiene inspections are undertaken by local authorities, including the assessment of HACCP and HACCP-based plans.

Procurement

16. Businesses contracting for the supply of high-risk foods, such as raw and cooked meats, to public sector organisations must be subject to independent food hygiene audits.

Health and Care Services

17. All health and care organisations should have an effective means of contacting key personnel during and outside normal working hours and for disseminating important information.

School and Hygiene

18. Every local authority should have a programme of audits to ensure that all schools have adequate toilet and hand washing facilities.

Learning Lessons

19. All local authorities in Wales should review their policies, procedures and systems against issues raised by this report.
20. The National Assembly for Wales should consider my recommendations and monitor and report progress on implementation.
21. A substantial review of food hygiene enforcement in Wales should take place approximately five years after the publication of this report.
22. Good practice advice and guidance issued by public bodies should be subject to follow-up and/or more detailed evaluation.

Learning More

23. Variable Number Tandem Repeat (VNTR) should be validated as a standard method for the typing of *E.coli* O157.
24. The feasibility of identifying “supershedder” cattle on farms should be explored as a potential means of reducing the likelihood of spreading *E.coli* O157 to other cattle.

PENNINGTON REPORT – E.coli O157

Statement	Comments	Accountability
FOOD SAFETY PRACTICE		
1. All food businesses must ensure that their systems and procedures are capable of preventing the contamination or cross-contamination of food with <i>E.coli</i> O157	<p><i>We will continue to endeavour to inspect all registered food businesses at a frequency stipulated in the Food Standards Agency's (FSA) Food Law Code of Practice. We will continue to stress the importance of having systems in place to avoid cross-contamination and will check such systems are in operation.</i></p> <p><i>We will take appropriate and proportionate formal action against those who breach Food Hygiene Legislation having regard to the Authority's Food Service Enforcement Policy. It is important, however, to appreciate that the responsibility for complying with Food Law rests with the Business itself</i></p>	Sylvia Pinkney, Consumer Services Manager, Public Protection Division
2. Food businesses must get to grips with food safety management based very clearly on the seven key HACCP principles, ensuring it is a core part of the way they run their business	<i>Food Enforcement Officers will continue to stress and police the importance of following HACCP principles</i>	Sylvia Pinkney, Consumer Services Manager, Public Protection Division
3. Additional resources should be made available to ensure that all food businesses in Wales understand and use the HACCP approach and have in place an effective, documented, food safety management system which is embedded in working culture and practice	<i>FSA response - Since the Outbreak the FSA have developed a range of materials for the retail and catering sectors including Safer Food Better Business (SFBB), Cook Safe and Safe Catering.</i>	Food Standards Agency
4. The principles underpinning the Butchers' Licensing Scheme, which was introduced in response to the 1996 <i>E.coli</i> O157 outbreak, should guide food hygiene measures in businesses processing raw meat and unwrapped ready-to-eat foods.	<p>The Butchers' Licensing Scheme was abolished in 2006 as a burden on trade.</p> <p><i>FSA response - The Food Standards Agency has stated that it will be reviewing the dual use of equipment such as vacuum packing machinery, given that there is no specific provision prohibiting the use of a single piece of equipment for both raw meat and unwrapped ready-to-eat foods.</i></p>	Food Standards Agency

<p>The principles underpinning the Butchers' Licensing Scheme, which was introduced in response to the 1996 <i>E.coli</i> O157 outbreak, should guide food hygiene measures in businesses processing raw meat and unwrapped ready-to-eat foods.</p>	<p><i>The following provisions of Regulation 852/2004 however still apply to food business operators:</i></p> <ul style="list-style-type: none"> <i>Food Business Operators (FBOs) must put in place, implement and maintain permanent procedures based on HACCP principles;</i> <i>FBOs must provide the competent authority with evidence of compliance with the above requirement;</i> <i>FBOs must ensure that HACCP documents developed are kept up to date;</i> <i>FBOs must at all stages of production ensure that all equipment with which food comes into contact is effectively cleaned and where necessary disinfected and that cleaning and disinfection takes place at a frequency sufficient to avoid <u>any</u> risk of cross-contamination</i> <p>Our Officers will continue to ask FBOs to demonstrate that they have permanent procedures based on HACCP principles in place and that those procedures adequately cover the dual use of equipment to avoid cross-contamination</p>	<p>Sylvia Pinkney, Consumer Services Manager, Public Protection Division</p>
<p>5. The Food Standards Agency should review its current guidance and should be proactive in generating new guidance where needs are identified</p>	<p><i>FSA response - Since the Oubreak the FSA have issued a revision of the Food Law Code of Practice, which sets out a framework for enforcement interventions / approaches, and re-emphasises the need for a risk-based, proportionate approach to inspection</i></p>	<p>Food Standards Agency</p>
<p>6. The Food Standards Agency should remove the confusion that exists among food business operators about what solution(s) should be used to prevent cross-contamination from surfaces and equipment</p>	<p><i>We would welcome this</i></p>	<p>Food Standards Agency</p>

FOOD HYGIENE INSPECTIONS			
7.	Regulatory and enforcement bodies should keep the choice of “light touch” enforcement for individual food businesses under constant review	We will continue to use stepped-up enforcement action in a manner proportionate to the circumstances. However, there is tension between such an approach and various Government initiatives brought about by the Hampton Review into Local Authority Regulatory Enforcement.	Sylvia Pinkney, Consumer Services Manager, Public Protection Division
8.	The inspection of HACCP Plans must be audit-based	Our inspections of HACCP Plans are already audit-based however we will allocate more time to be spent on auditing the plans in high risk businesses	Sylvia Pinkney, Consumer Services Manager, Public Protection Division
9.	Training provision should be developed to ensure that all officers in Wales who check HACCP and HACCP-based plans, including those responsible for overseeing the work of those officers, have the necessary knowledge and skills.	<i>FSA response - The FSA have delivered training for enforcement officers focusing on audit skills and HACCP-based systems</i> Our Food Officers are fully trained and benefit from regular Continuous Professional Development (CPD) training. Updating training will be provided as required.	Food Standards Agency Sylvia Pinkney, Consumer Services Manager, Public Protection Division
10.	Environmental Health Officers should obtain a copy of a business’s HACCP/food safety management plan at each inspection, which should be held on the business’s inspection file.	Whilst we already have some business’s HACCP/food safety management plans on file we are now formally requesting a copy of the current Plan from all butchers and other ‘high risk’ businesses	Sylvia Pinkney, Consumer Services Manager, Public Protection Division
11.	A system of logging issues, concerns or potential problems, whether by ‘red flagging’ documents or by file notes, should be standard practice	This is done already by file notes/ notes on APP Database	Sylvia Pinkney, Consumer Services Manager, Public Protection Division
12.	Decisions about confidence in a business’s management of food safety should be evidence based.	We currently do this	Sylvia Pinkney, Consumer Services Manager, Public Protection Division
13.	All inspections, primary and secondary, must be unannounced unless, exceptionally, there are specific and justifiable circumstances or reasons why a pre-arranged visit is necessary.	We currently do this	Sylvia Pinkney, Consumer Services Manager, Public Protection Division

14.	Discussion with employees must be a standard part of food hygiene inspection visits.	We currently do this however we have re-emphasised the importance of this with officers We would welcome this	Sylvia Pinkney, Consumer Services Manager, Public Protection Division
15.	The Food Standards Agency should develop, as part of its Audit Scheme or as an adjunct to it, a means of assessing how food hygiene inspections are undertaken by local authorities, including assessment of HACCP and HACCP-based plans.		
PROCUREMENT			
16.	Businesses contracting for the supply of high-risk foods, such as raw and cooked meats, to public sector organisations must be subject to independent food hygiene audits.	We are currently looking at food procurement via our Tees Valley collaborative contract	Graham Frankland, Head of Procurement, Property & Public Protection
HEALTH AND CARE SERVICES			
17.	All health and care organisations should have an effective means of contacting key personnel during and outside normal working hours and for disseminating important information.	The Council has well developed Emergency Planning arrangements in place.	
SCHOOL AND HYGIENE			
18.	Every local authority should have a programme of audits to ensure all schools have adequate toilet and hand washing facilities	The number of toilets in schools is regulated - 1:20 pupils for children over 5 years of age; 1:10 for children under 5. We would normally expect 1 hand wash basin for every toilet and for hot water to be provided at a regulated maximum temperature.	
LEARNING LESSONS			
19.	All local authorities in Wales should review their policies, procedures and systems against issues raised by the report.	<i>FSA's response - While the recommendation is directed to local authorities in Wales, the FSA suggests that all Local Authorities throughout the UK follow this recommendation.</i> All relevant systems have been reviewed and the results of this have been fed into this report. We will update our standard operating procedures as necessary	
20.	The National Assembly for Wales should consider my recommendations and monitor and report progress on implementation.		

21.	A substantial review of food hygiene enforcement in Wales should take place approximately five years after the publication of this report.	
22.	Good practice advice and guidance issued by public bodies should be subject to follow-up and/or more detailed evaluation.	
23.	Variable Number Tandem Repeat (VTNR) should be validated as a standard method for the typing of <i>E.coli</i> O157.	
24.	The feasibility of identifying “supershedder” cattle on farms should be explored as a potential means of reducing the likelihood of spreading <i>E.coli</i> O157 to other cattle.	

ADULTS AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder

3rd August 2009



Report of: Director of Adult and Community Services

Subject: THE PERSONAL SOCIAL SERVICES (PSS)
USER EXPERIENCE SURVEY 2009

SUMMARY

1.0 PURPOSE OF REPORT

To provide an overview of the findings from the 2008/2009 PSS User Experience survey of home care users in England aged 65 and over.

2.0 SUMMARY OF CONTENTS

The results from the survey were positive. A good proportion of eligible users were motivated to participate in the survey and their responses demonstrated high levels of satisfaction with the services received.

3.0 RELEVANCE TO PORTFOLIO MEMBER

For information.

4.0 TYPE OF DECISION

Non-Key.

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 3rd August 2009

6.0 DECISION(S) REQUIRED

To note the report.

Report of: Director of Adult and Community Services

Subject: THE PERSONAL SOCIAL SERVICES (PSS)
USER EXPERIENCE SURVEY 2009

1. PURPOSE OF REPORT

- 1.1 This report presents the findings from the Personal Social Services (PSS) User Experience Survey for Hartlepool in 2009. This is part of a rolling programme of surveys which are intended to benchmark how well services are meeting service users' and carers' needs within the performance framework for social care.

2. BACKGROUND

- 2.1. In 2000/2001 councils in England were required to carry out nationally comparable surveys of recently assessed social service clients and to return summaries of their responses to two key questions. At the time, the Department of Health (DH) made it clear that the 2000-01 survey was a first step in a broader programme of surveys of PSS User Experiences that would include a wider range of questions and coverage of more users, carers and client groups.
- 2.2. In 2003 the Social Services User Surveys Group (SSUSG) was set up by the DH to recommend a programme of social service user experience surveys. It was agreed that in 2008/2009 councils should undertake a survey of clients over 65 who received home care services.
- 2.3. User Experience Surveys carried out every three years for older people receiving home care services are required by the Department of Health and are regarded as an important part of the overall performance framework for social care. This study is a follow-up to similar studies conducted in 2002/2003 and 2005/2006.

3. CONTEXT

- 3.1. This survey was developed due to a need to learn more about whether or not home care received by older people (defined as anyone aged 65 or over) is helping them to live safely and independently in their own home.

3.2. Over the period April 2006 to March 2007 it was estimated that nationally approximately 480,000 clients aged 65 or over received home care as part of a care package following an assessment and over £1.9 billion was spent on home care for older people last year. Very little is known as to whether or not home care has helped clients to live independently. Within the Department of Health and Care Quality Commission home care is a key and important policy area, it is one of the services supporting the early intervention policy.

3.3. Hartlepool agreed to participate in an extension to the study organised by the Personal Social Services Research Unit (PSSRU) at the Universities of Kent, London School of Economics and Manchester. PSSRU developed an extended version of the Department of Health questionnaire which aimed to gather more data to:

- Add value to the user survey for the sample of participating local authorities by enhancing comparability across time and in dimensions of quality not included in the compulsory items.
- Investigate what explains changes in quality over time
- Investigate the control of the authority on performance indicators.

3.4. A report on the national results of the study will be forwarded by PSSRU in due course.

4. METHODOLOGY

4.1. Eligible users to be included in the survey were those people receiving care in their own homes funded wholly or in part by Adult Social Care who were or would be aged 65 or over when the questionnaires were distributed.

4.2. As the survey was directed at some of the more vulnerable members of the community, steps were taken to enable support to be offered for completion of the survey by way of personal interviews. This ensured that issues such as communication difficulties, visual impairment, hearing difficulties or physical disabilities did not prevent anyone taking part. Interview support was provided to one service user by the development officer.

5. RESPONSE RATE

5.1. Level of response is an important factor in both the overall value of the survey and also confidence in its results. It is recommended best practice that satisfaction surveys among users of social services should achieve a margin of error around their results of no more than +/-4%. To this end, attempts were made to involve as many service users as possible by including all eligible service users in the survey rather than only a sample group.

- 5.2. A total of 505 questionnaires were sent out. 299 completed questionnaires were returned. The overall response rate achieved was 59% which represents a margin of error of 3.62% indicating that we can be confident in the surveys results.

6. PROFILE OF RESPONDENTS

- 6.1. Respondents to the 2009 survey were as follows:

- 29% male and 71% female
- 99% white
- 6% received a Direct Payment and/or personal budget
- 72% received less than 10 hours of care a week
- 89% received other care and support from the department
- 86% received home care from an independent provider
- 24% used telecare

7. SUMMARY OF RESULTS

- 7.1. The findings from the survey were positive.
- 7.2. 56% of the respondents were either 'extremely' or 'very' satisfied with the help from Adult Social Care that they received in their home (Table One). The majority of the participants, 82%, advised that their care workers always or usually came at times that suited the service user (Table Two) and 67% were always or usually informed about any changes in their care (Table Three).

7.3. Table One

Overall, how satisfied are you with the help from Adult Social Care that you receive in your own home?

Response	%
I am extremely satisfied	25
I am very satisfied	31
I am quite satisfied	34
I am neither satisfied nor dissatisfied	6
I am quite dissatisfied	3
I am very dissatisfied	0.3
I am extremely dissatisfied	0.7
Total	100

7.4. **Table Two****Do your care workers come at times that suit you?**

Response	%
They always come at times that suit me	40
They usually come at times that suit me	43
They sometimes come at times that suit me	15
They never come at times that suit me	2
Total	100

7.5. **Table Three****Are you kept informed, by your home care service, about changes in your care?**

Response	%
Someone always lets me know about changes	27
Someone usually lets me know about changes	40
They hardly ever let me know about changes	19
They never me know about changes	14
Total	100

7.6. The majority of participants, 90%, reported that their care workers always or nearly always do the things that the service user wanted. However, whilst 74% reported that their care worker always or usually arrived on time, almost 60% reported that their worker was always, often or sometimes in a rush.

7.7. Table Four shows that the majority, 57%, of the respondents advised that their care workers never spent less time with them than they were supposed to. Although just 19% saw the same care work all the time, the majority, 68%, nearly always saw the same care worker (Table Five).

7.8. **Table Four****Do your care workers spend less time with you than they are supposed to?**

Response	%
They never spend less time with me than they are supposed to	57
They sometimes spend less times with me than they are supposed to	34
They often spend less time with me than they are supposed to	6

They always spend less time with me than they are supposed to	3
Total	100

7.9. Table Five

Do you always see the same care workers?

Response	%
Yes, I always see the same care workers	19
No, but I nearly always see the same care workers	69
No, I hardly ever see the same care workers	10
No, I never see the same care workers	2
Total	100

- 7.10. Overall, the respondents were positive about the way that their care workers treated them with Table Six showing over 90% of respondents advising that they were always or usually happy with the way their care worker treated them

7.11 Table Six

Overall, how do you feel about the way your care workers treat you?

Response	%
I am always happy with the way my care workers treat me	66
I am usually happy with the way my care workers treat me	30
I am sometimes happy with the way my care workers treat me	3
I am never happy with the way my care workers treat me	0.3
Total	100

- 7.12. Over 88% of the respondents advised that they would describe the relationship with their care worker as either excellent or good and 96% advised that they had as many visits from their care worker as they needed. The majority of the participants felt that, with help, they were in control of their daily lives.

8. The PSSRU Extended Survey

- 8.1. The Department of Health questionnaire included 14 compulsory questions discussed above. The extended study conducted by PSSRU looked at broader issues as to how participants felt about their relationship with social services and the services that they receive.

- 8.2. Table Seven shows that most of the participants felt that their opinions and preferences are taken into account when decisions are taken about services provided. Table Eight shows that the overwhelming majority of participants felt that people from social services understood their situation.

8.3. Table Seven

Do you feel that your opinions and preferences are taken into account when decisions are taken about what services are provided to you?

Response	%
Always	47
Usually	42
Sometimes	9
Never	1
Can't say	1
Total	100

8.4. Table Eight

Do you feel that people from Adult Social Care understand your situation?

Response	%
Everyone understands my situation	44
Most people understand my situation	46
Some people understand my situation	9
No-one understands my situation	1
Total	100

- 8.5. When considering the past year, of the 62% of the participants who had contacted social services, 44% advised that someone always got back to the participant. 17% advised that although someone did get back to them it was usually only after they had been chased. The majority of participants, 90% advised that they found it easy or fairly easy to find information and advice about support, services or benefits.
- 8.6. Participants were asked a series of questions in relation to their present situation, personal care and social situation. The results of these questions are detailed below in Tables Nine to Fourteen.

8.7. Table Nine

Which of the following statements best describes your present situation?

Response	%
I feel in control of my daily life	32
With help I feel in control of my daily life	59
I have some control over my daily life but not enough	7
I have no control over my daily life	2
Total	100

8.8. Table Ten

Thinking about your personal care, which of the following statements best describes your present situation?

Response	%
I always feel clean and am able to wear what I want	91
I occasionally feel less clean than I would like and am not able to wear what I want	7
I feel much less clean than I would like, with poor personal hygiene	2
Total	100

8.9. Table Eleven

Thinking about the meals you eat, which of the following statements best describes your present situation?

Response	%
I am able to eat the meals I like when I want	84
I can't always eat the meals I like when I want, but there is no risk to my health	13
I can't always eat the meals I like when I want, and I think there is a risk to my health	3
Total	100

8.10. Table Twelve

Which of the following statements best describes your social situation?

Response	%
My social situation is as good as I want	67
Sometimes I feel lonely and cut off from others	29
I feel socially isolated and often feel lonely	4
Total	100

8.11. **Table Thirteen**

Thinking about what you do with your time including leisure, doing things for others and paid/ unpaid employment, which of the following statements best describes how you spend your time?

Response	%
I do the things I want to do	45
I can't do many of the things I want to do	47
I can't do anything I want to do	8
Total	100

8.12. **Table Fourteen**

Which of the following statements best describes how safe you feel?

Response	%
I have no worries about my personal safety	66
I have some worries about my personal safety	32
I am extremely worried about my personal safety	2
Total respondents	100

8.13. Generally the tables above show that the service users who participated in the survey felt in control of their lives. They, amongst other things, felt clean, ate what they wanted to and did the things that they wanted to do. Table Fifteen demonstrates how services contributed to these findings.

8.14. **Table Fifteen**

In what ways do services help you?

Response	%
to feel in control of daily life	53
with personal care	70
meals	45
socialising and keeping in touch with friends, family and others	27
keeping active and occupied	19
feeling safe and secure	39
keeping my home clean and comfortable	33
other	4

9. Conclusions

- 9.1. A reasonable proportion of eligible users were motivated to participate in the survey and their responses demonstrated good levels of satisfaction with the services received.
- 9.2. Some 57 per cent of the respondents advised that they were extremely or very satisfied with the services they received from Adult Social Care in their own home signifying that these services have helped people to maintain their independence.

10. Recommendations

Portfolio is requested to note the report.

ADULTS AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder

3 August 2009



Report of: Director of Adult and Community Services

Subject: UPDATE ON MENTAL HEALTH INTEGRATED SERVICES AND RELATED MENTAL HEALTH ISSUES

SUMMARY

1.0 PURPOSE OF REPORT

To update the portfolio holder on developments in Integrated Mental Health Services and related issues

2.0 SUMMARY OF CONTENTS

There has been significant progress in a number of areas that the portfolio holder needs to be aware of including:

- Introduction of the new Mental Health Act
- Improving Access to Psychological Therapy Services
- Partnership Agreement
- Social Inclusion Initiatives
- Mental Health Promotion Action Plan
- Out of Area Placements

We are also taking this opportunity to inform the policy holder on a number of annual reporting issues:

- Integrated Mental Health Service Staffing Issues
- Finance Mapping
- Self Assessment
- Service Mapping
- Themed Review
- Mental Health Act Assessments including Sections and Guardianship

3.0 RELEVANCE TO PORTFOLIO MEMBER

Mental Health Services are a key provision within Adult and Community Services and the Member needs to be aware of progress and challenges

4.0 TYPE OF DECISION

Non Key

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 3 August 2009

6.0 DECISION(S) REQUIRED

To note the report

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

Subject: UPDATE ON MENTAL HEALTH INTEGRATED SERVICES AND RELATED MENTAL HEALTH ISSUES

1. PURPOSE OF REPORT

- 1.1 To update the portfolio holder on developments in Integrated Mental Health Services and related issues

2. BACKGROUND

2.1 Introduction of the new Mental Health Act amendments

- 2.1.1 The legislation governing the compulsory treatment of certain people who have a mental disorder is the Mental Health Act 1983 (the 1983 Act). The main purpose of the Mental Health Act 2007 (the 2007 Act) is to amend the 1983 Act. It also extends the rights of victims by amending the Domestic Violence, Crime and Victims Act 2004. It will introduce "deprivation of liberty safeguards" by amending the Mental Capacity Act 2005 (MCA) in April 2009.
- 2.1.2 The new act changes the way the 1983 Act defines mental disorder, so that a single definition applies throughout the Act, and abolishes references to categories of disorder.
- 2.1.3 It changes the criteria for a detention introducing the concept of appropriate medical treatment test which will apply to all the longer-term powers of detention.
- 2.1.4 It is now possible under the new act for other professions to take up the functions which were previously only performed by approved social workers and responsible medical officers.
- 2.1.5 It gives to patients the right to make an application to the county court to displace their nearest relative and enables county courts to displace a nearest relative who it thinks are not suitable to act as such.
- 2.1.6 It also introduces supervised community treatment (SCT) for patients following a period of detention in hospital. It is expected that this will allow a small number of patients with a mental disorder to be discharged from detention subject to the possibility of recall to hospital if necessary. This aims to prevent the so-called revolving door patient

by offering an alternative means to ensure they continue with their medication.

- 2.1.7 It will place a duty on the appropriate Health Authority to make arrangements for help to be provided by independent mental health advocates. A pilot service has been commissioned to deliver an Independent Mental Health Advocacy Service for Hartlepool since April 2009.

2.2 Improving Access to Psychological Therapy Services

- 2.2.1 The tender process is almost complete with providers identified to deliver this service; these include local statutory and third sector providers. The Local Authority will continue to be engaged in this development to ensure it addresses the needs of people experiencing anxiety and depression from a holistic perspective. The service is to be provided by a collaborative led by Mental Health Matters alongside (amongst others) TEWV NHS Foundation Trust and Hartlepool MIND. The service is due to start at the end of September 2009.

2.3 Partnership Agreement

- 2.3.1 Agreement has been made between the Local Authority and TEWV to actively review the Partnership Agreement and this is being conducted alongside Stockton Council. Key issues around agreeing communication practices and roles of key personnel are being examined with the aim of ensuring the current integrated provision delivers effective services.

2.4 Social Inclusion Initiatives

- 2.4.1 There is a Social Inclusion Plan that is reported to and monitored through the Mental Health LIT which is currently under review. Key activities that have been undertaken are described below and include the Moving Forward project which supports people back into education with the specific aim of enabling people to return to full time paid employment.
- 2.4.2 The Allotments Project has been developed with a range of Service User Groups including Mental Health to support people into routines and practices that will help them achieve better outcomes for themselves. There is also the Shape Up programme, a contract from Stockton PCT but working into Hartlepool, to engage people in Statutory Mental Health Services with health eating, more activity and leading generally healthier lifestyles.

2.4.3 Early planning has also begun on exploring the opportunities a Therapeutic Farm can offer. The goals are to enable people to have an active healthy lifestyle whilst focussing on a return to a normal life which includes being at work or in education

2.4.4 Mental health services are supporting the personalisation agenda and this approach for all service users has been adopted by the integrated staff, both health and social care, as a means to provide those service users whose mental health is stable with an alternative means to meet their care needs.

2.4.5 The Employment Link service which is now aligned with the Community Intervention Team and the Community Resource Team has been extremely successful in supporting people into employment. The figures for the last quarter to April 2009 show encouraging signs that there is an increase in people taking up education, part time work and full time employment. Most clients are enabled to have a clear pathway and a detailed action plan to allow them to take the relevant steps to paid employment. There have been able to forge close links with the education department, which has paid dividends in enabling people to gain skills and confidence as part of their pathway to work.

- Supported into full time paid work 8
- Support into part time paid work 1
- Numbers in University 3
- Numbers achieved Vocational Qualifications (some still currently studying towards) 11
- Numbers achieved Non Vocational Qualifications 3
- Numbers in Voluntary Work 11
- Providing support with application forms, CV's etc 16
- Signposting to other organisations 26
- Attending University to support 2
- Support including Job Training 3
- Support within the workplace 3
- Job Tasters and Training Opportunities 10

2.5 Mental Health Promotion Action Plan

2.5.1 This is regularly monitored through the Mental Health LIT with key actions developed in partnership by all stakeholders working within the borough. See **Appendix 1**.

2.6 Out of Area Placements

2.6.1 Mental Health Services have been working closely with commissioners to bring people back from out of area placements where appropriate. A recent initiative has enabled people to return from long term placements in Darlington to more local provision

2.7 Integrated Mental Health Service Staffing Issues

- 2.7.1 Mental Health Services continue to be able to attract external applicants for all vacancies that have arisen over the last three years and it is envisaged that this will continue. At present there is only one vacancy within the Support, Time and Recovery service, which will be advertised in the near future. We have a number of staff who are due to retire shortly and following the vacancy monitoring process, measures are in place to recruit to these posts in order to sustain the appropriate number of approved mental health practitioners within the locality.

2.8 Finance Mapping

- 2.8.1 An annual assessment has been undertaken in each Mental Health Local Implementation Team (LIT) since the launch of the Mental Health National Service Framework in 1999, this was a 10 year plan to initiate and monitor improvements in mental health services. This has been known historically as the Autumn Assessment but over this last year it has become known as the Annual Assessment. There are four elements to this assessment process, the first of which is Finance Mapping.
- 2.8.2 The Local Authority contribution to this is submitted through our own finance colleagues; however other financial information is submitted from the PCT as well as directly from Providers including TEWV NHS Foundation Trust which do not currently have disaggregated budgets. Due to this the results received have always needed to be seen with a significant caveat that the information may not be completely accurate. This is being addressed through an agreed process which will enable disaggregated budgets to be identified within this financial year.
- 2.8.3 The document is attached as **Appendix 2** but key information from this report identifies that Hartlepool spends slightly less than other areas on direct Adult Mental Health Service costs and slight more on indirect and overhead costs, however this total spend is greater than other similar areas and the national average.
- 2.8.4 It also identifies that more is spent on direct service costs for Older Person Mental Health Services than other areas and slightly less on indirect and overhead costs however this total spend is less than other similar areas and the national average.
- 2.8.5 As indicated above this information does need much more rigorous examination in the light of disaggregated health budgets and will need to be reviewed in light of this information, when it is available.

2.9 Self Assessment

2.9.1 The Self Assessment requires LITs to rate themselves against a predetermined list of service provision or key elements of appropriate engagement or planning. This is completed on a Red, Amber, Green basis depending on the requirements of each area against set rating scales, and initially these were submitted to the Strategic Health Authority with feedback received on areas of strength and areas for improvement. Over the last 3 years the SHA have stopped providing this feedback. The list of issues has changed over recent years, although there have been a number of consistent elements.

2.9.2 Comparing the 30 areas monitored this year and last, we rated 16 Green, 13 Amber and 1 Red in 2008, in 2009 we have scored 22 Green, 8 Amber and 0 Red.

2.9.3 Of the 3 new elements this year we rated Amber for Commissioning of Mental Health Services and Offender Mental Health and Green for ensuring a specific question on abuse is asked by Mental Health Services.

2.9.4 Key areas to note this year have been;

The Early Intervention in Psychosis Service (EIP) has slipped from Green to Amber for the first time. This is because the number of people on their caseload has fallen below the nationally expected figures. Locally over the last 6 months we have implemented a range of plans to address this, including targeting potential referrers and services to improve awareness and ensuring EIP is seen as a core part of the mental health system.

2.9.5 We have moved from Amber to Green in the Employment of Service Users predominantly due to the focus we have implemented on services to address this issue proactively including actively monitoring outcomes and working closely with other sections such as Adult Education.

2.9.6 Carers feel that they need to be more meaningfully involved in planning and delivery of Mental Health Services which resulted in our rating moving from Green to Amber this year. A range of initiatives have been implemented including the third Mental Health Visioning Event which attracted a significant number of carers, the continuation of a TEWV Service User and Carers Group and two Carers Support Workers working locally.

- 2.9.7 There was a significant positive shift from Red straight to Green this year in the Commissioning of the Third Sector, this has been due to the very proactive work Commissioners and Providers have undertaken to ensure there is some plurality of good quality service provision within Hartlepool and providers are in a position to work either independently or in collaboration to deliver high quality outcomes.
- 2.9.8 There were 2 further positive changes in both the Commissioning and Service Delivery of Mental Health Services for Older People, this was due to the Strategy being developed and agreed over this year and some key positive changes have been made as a result including increasing the skills and knowledge of people working in Primary Care and Care Homes.
- 2.9.9 Work on producing a collaborative approach to Suicide Prevention in both Primary Care and Secondary Care has resulted in moving from a Amber to Green rating. This is in its very early stages and the positive outcomes of this approach may not be seen for some time.
Requirements to be fully prepared, across all agencies, for the changes imposed by the Mental Health Act Amendments was not in place last year resulting in an Amber score, this is now in place and has meant that we now rate Green.
- 2.9.10 Due to the fact we have now commissioned a comprehensive Service to deliver Improved Access to Psychological Therapies in Hartlepool we have moved from Amber to Green.

2.10 **Service Mapping**

- 2.10.1 An annual Service Mapping exercise has been completed that reports on the services and contact details of all of the mental health services provided to people living in Hartlepool. The web address is <http://www.mhcombinedmap.org/Directory.aspx>

2.11 **Themed Review**

- 2.11.1 The final aspect of this years Annual Assessment was a review of the progress made in localities following the inception of the National Service Framework and what areas for development/ risks will remain when this policy ends this year. This response was completed in conjunction with other LITs across Tees and members of Hartlepool LIT.

2.11.2 Over the past 10 years we have made significant progress around the following areas (for more detail see table below).

- Engagement with primary care.
- Crisis Resolution
- Assertive Outreach
- Acute inpatient care
- Social inclusion
- Vocational support
- Employment of service users
- Recovery
- Governance
- Service user and carer involvement
- Commissioning from the third sector
- Older persons mental health services
- Working with public health
- Advocacy
- Implementing National Mental Health policies
- Improving Access to Psychological Therapies
- Dual Diagnosis
- Offender Mental Health
- Working in partnership and having effective planning systems
- Working with Local Strategic Partnerships
- Secure Places / Intensive Care
- Specialist Services
- Working with black and minority ethnic communities

2.12 Areas for Development and Risks

2.12.1 This is a particularly challenging time for mental health, as one national policy replaces another, however we feel the priority areas for development and the risks associated with achieving this are detailed below.

- Mental Health Promotion and Wellbeing – the mental health promotion and wellbeing agenda is an area of increasing local and national focus. Whilst we have invested in a range of schemes including mental health first aid and developed some targeted work aimed at children and young people, further work is ongoing to ensure that mental health and wellbeing issues are central to developments across all health and social care settings. This work will need to be reviewed over future months and years.
- Recovery – recovery is area that has been promoted to all our services and commissioned intent, however we do not feel that it is truly embedded and having the full impact possible. We feel that this needs to be a continued area for development.

- Commissioning – The LITs have been a cornerstone of planning and development for the majority of commissioned services. Alongside the initiation of world class commissioning competencies engagement with local communities and stakeholders must be maintained, and a process for ensuring this continues is imperative.

National targets that are reported through statutory bodies and monitored by local stakeholders have proved beneficial in enabling mental health to be seen as a priority for commissioning bodies. This is against a raft of competing priorities for other services, such as Heart Disease or Stroke, and without mandated targets mental health may well be pushed back to a marginalised area of health and social care.

- Personalisation / Self Directed Support – The vision is to make personalisation, including a strategic shift towards early intervention and prevention, the cornerstone of social care ensuring that every person across the spectrum of need has control over the shape of his or her support in the most appropriate setting.

In achieving this vision for social care it is of fundamental importance that systems and processes are streamlined and managed in the most effective way in order that this strategic shift can be achieved whilst maintaining the delivery of services during the transitional period. This programme aims to ensure that both the social care reform agenda and the Value for Money agenda complement and support each other and issues around finances are robustly managed.

Personalisation and Self Directed Support describes a way of redesigning the social care system so that the people who are eligible to receive services take much greater control over them. It includes the use of personal budgets, direct payments and other elements of support. The underlying principle for the development of self directed support is the desire to move to a system where people have the ability to take greater control of their lives and the social care that they receive, enabling them to make their own decisions and manage their own risks. This puts people at the centre of assessing their own needs, deciding how best those needs can be met, and tailoring support to meet their individual needs. This will provide people with greater flexibility to choose how they are supported thereby raising quality of services and improving outcomes. This requires whole system transformation of adult social care.

Personal Health Budgets, as indicated in 'High quality care for all: NHS Next Stage Review final report' will shortly be piloted in 68 (provisional) areas of the country and we note that a significant

number have chosen mental health in their expressions of interest. The progress of these mental health pilots will need to be monitored in order to forward plan, as necessary.

- **Payment by Results** – work has commenced on the care pathways and packages project across North East and Yorkshire SHA areas with a target date of describing a currency for mental health services by 2012. Whilst some development work has been undertaken, this has been led by provider organisations with little or no commissioner input. This is an area that requires a higher degree of commissioner engagement to develop the tariff to ensure the financial modelling can be undertaken and the impact managed effectively.
- **Community Development Workers** – the current contract for the CDW service runs until March 2010. This is to be retendered with resultant anxiety in the workforce leading to potential retention issues. In the past high levels of staff turnover and changes in leadership have had a negative impact on delivery of the CDW action plan. We believe that this needs to be a continued area of focus and support.
- **Future role of the LITs** - Over the last ten years the Local Implementation Team has played a central role in the delivery of the National Service Framework for Mental Health. It has brought together key players from all local stakeholder groups able to commit their agency to a particular course of action and to commit resources within agreed allocations. The NSF provided a framework for LITs to demonstrate steady progress towards delivering its contribution towards national targets, turning policy into a reality, involving and ensuring a user and carer voice at all levels. We also feel it is necessary that when responses are required from Stakeholders that realistic timeframes are employed to enable meaningful engagement to occur.

As the NSF draws to an end, the role of the LIT remains unclear, posing a risk to its sustainability, membership and direction of travel. A model favoured in Tees would be for the Local Implementation Team to continue developing as the local Mental Health Partnership Board where information and decisions on service developments are developed and shared with a focus on preventative mental health strategies and improving mental well being as well as maintaining existing progress for people with severe and enduring mental health needs, enabling recovery and social inclusion.

There are also a number of national issues that will have an obvious impact on mental health and wellbeing. These include the current economic difficulties as well as implementation of national

monitoring bodies. We need to ensure that all partners outwith the specialist mental health sphere are fully engaged in addressing these issues. For example, we need to ensure that local employment agencies and health and care monitoring arrangements work in concert with mental health services. Any information around new policy direction needs to be fully communicated to all our communities across the health, social care and employment spectrum, so that the mental health and wellbeing is comprehensively understood by all.

2.13 Mental Health Act Assessments

- 2.13.1 The introduction of the 2007 amendments to the Mental Health Act 1983 has required Approved Social Workers (ASW's) to undergo further training in order to convert their status to Approved Mental Health Practitioners (AMHP's). All Hartlepool ASW's have now converted successfully to AMHP status and following on from the introduction of the new act have all been reapproved for a further five years. We have in place a training programme which will continue to ensure that Hartlepool has sufficient AMHP's in post to meet its statutory requirements. Over the past year there has been a slight increase in the number of mental health assessments conducted and below are the outcomes for the last year.

Hartlepool

Section 3 assessments	24
Section 2 assessments	35
Section 7 guardianship	1
Guardianship renewal	1

3. FINANCIAL IMPLICATIONS

- 3.1 There are no current financial implications however should this change the Portfolio Holder will be informed.

4. RECOMMENDATIONS

- 4.1 To note the progress made and developments that have taken place

Hartlepool Public Health Strategy
Mental Health Promotion Action Plan
1st April 2009 – 31 March 2010

Aim: To promote good mental health and well-being

Objective 1.1 – Strengthening individuals

Actions in Strategy	Delivery in 2009/10	Who (lead & partners)	Times cale	Resources /Finance	Progress
1.1.1 Promote opportunities for social support and interaction.	Continuation of membership system to integrate non MH Service users into the activities of the Atrium. Numbers to be monitored quarterly	Artrium	Ongoing	Self-funding through membership & HBC	
	X2 children's groups 9-11 and 12-15 social learning focused. Rolling stock programme.	CAMHS	Ongoing	Within present resources	
	PCMHT to support people to access various community services as suitable for their needs. Numbers to be monitored quarterly	Lynn Priestly,	Ongoing	Within present resources	
	Maintain minimum requirements of the National Healthy Schools Programme. Support all schools that have achieved status with the transition onto and the implementation of the new national	Sandra Saint NHS Programme	Ongoing	Within present resources	

3.4 Appendix 1

	enhancement model.				
	Roll-out of the secondary school SEAL resources Ensuring all SEAL resources are embedded into PSHE schemes of work	Dave Jarvis, Behaviour & Attendance Co-ordinator			
	Develop, pilot and roll out the Hartlepool Healthy Early Years Status	Sandra Saint	09/10		
	Continue to provide awareness/training to schools in relation to the development of self-esteem and emotional health.	Sandra Saint	Ongoing		
	To raise aspirations through the constant development of self-esteem and self-confidence as part of a high quality PSHE programme and the whole school-healthy school embedded ethos.	Sandra Saint		Within present resources	
	Provide PSHEe curriculum support to schools staff as requested/required in line with new curriculum guidance/statute.	Sandra Saint	As required	Within present resources	
	Promote and encourage use of SEAL as universal and targeted resource.				
	Ensure that all schools are provided with the support and relevant CPD needed to facilitate a positive ethos/promote wellbeing.	Sandra Saint	As required		
	The national PSHEe CPD (qualification) for teachers and community nurses now includes Emotional Health and Wellbeing and has been extended to other professionals.	Sandra Saint		Central funding	
	Use of Healthy Schools as a mechanism to deliver the Wellbeing Indicators	Sandra Saint			

3.4 Appendix 1

1.1.2 Increase emotional resilience through interventions designed to promote self-esteem, life skills and coping skills.	Mental Health Creation building community support, supporting people to get their support form the own community	Hartlepool Mind		PCT	
	Run support groups for lesbian, gay, bisexual and transgender people	Hart Gables	Ongoing	Big Lottery/Community Pool/Northern Rock Foundation	
	Community Walking Group	Hartlepool Mind	Ongoing		
	New Horizons Teesside to identify, encourage and support clients to access services specific to individual needs.	New Horizons Teesside	Ongoing	Supporting People/Charity	
	Hartlepool Carers will continue to facilitate social networks and support groups for informal carers in Hartlepool and surrounding villages	Tracy Jefferies Hartlepool Carers	Ongoing	Self funding & HBC	
	NDC funded project to provide one full day a week counselling in Dyke House School for pupils with mild/moderate emotional difficulties. Links to Health Development Worker project in Dyke House School	Martin Booth NDC/Carole Johnson	Funded to 2010	NDC/PCT/School	

3.4 Appendix 1

	Emotional Literacy workshops to be delivered by Headland Future – 8 young people on each course.	Martin Todd/Carole Johnson	Funded until 2010	NDC/ PCT Public Health Grant	
	4 courses in Dyke House School				
	4 courses in Manor College				
	3 courses in High Tunstall School				
	2 courses in St Hilds School				
	On Target Project This Project is aimed at Young man aged 16-21 that are unemployed and not accessing any education or training. Building Life skills through football and getting them job ready	Hartlepool Mind	On going subject to funding		
	Set 4 life Girls Project This project is aimed at young girls aged 16-21 that are unemployed and not in any education or training. Building like skills and getting them job ready.	Hartlepool Mind	On going subject to funding		
	Paving The Way project is aimed to provide interventions to people experiencing pain, symptom management through psychological and social interventions.	Hartlepool Mind Brian Cooper			
	Human Givens outreach Project, connecting people up in their community and building community champions	Terry Kelly		Self funding	

3.4 Appendix 1

	Hartlepool Carers continue to provide training and workshops to both Adult and Young Carers on building life skills, confidence and self esteem	Tracy Jefferies Hartlepool Carers	Ongoing		
	Ongoing delivery of developmental workshops on assertiveness skills, building self esteem, stress management and anxiety management. Numbers to be monitored	Iain Caldwell MIND	Ongoing all year	NDC and possibly PATH project	
	Self help clinic to continue through primary care after new Graduate Mental Health Workers have been appointed. Numbers to be monitored	PCMHT	Ongoing all year	Existing resources	
	Promotion and distribution of expanded redesigned booklist for Reading for Wellbeing Scheme. Number of lists distributed to be recorded.				
	Primary Care Mental Health Team involved with Open Doors/IAPT project with 5 GP surgeries to improve access to stepped care. Referrals to be monitored.	PCMHT/MIND PCMHT		PCT/D of H	
	IAPT step 2 worker	Hartlepool Mind Iain Caldwell		PCT	
	Step 2 CCBT recovery support work				
	Run Counselling Service for LGBT people	Hart Gables	Ongoing	Big Lottery	

3.4 Appendix 1

1.1.3 Maintain and extend support for families and develop parenting skills.	Alcohol Project therapists and support worker interventions	Hartlepool Mind Kyle Brooks	100 clients per year	PCT	
	In house Support Worker. Artists/volunteers trained to meet the requirements of the members. SW completing regular reviews to identify areas for development. SW to attend training to increase knowledge of clients needs.	ARTRIUM	Ongoing	Limited due to funding but main funder HBC	
	New Horizons Teesside to promote self help, signpost to other relevant organisations such as Mind, refer to New Directions/GP for counselling, promote positive thinking, focusing on clients strengths'. Empower clients to make their own choices (where appropriate	New Horizons Teesside	Ongoing	Supporting People/ Charity	
	Hartlepool Carers to continue to provide peer and representational advocacy to informal carers to increase their self esteem and help provide person centred outcomes	Tracy Jefferies Hartlepool Carers	Ongoing	Self funding & HBC	
	Delivery of Parenting Under Pressure Workshops – based on expressed need – numbers to be monitored	Hartlepool Mind Val Jackson		NDC	
	Fatherhood Services – development of parenting skills for young dads as well as self esteem and self confidence with supplementary group activities	Headland Future Ltd	Martin Todd/ Carole Johnson		
	Human Givens therapist in 5 family centres providing emotional support to parents and extended family members	Hartlepool Mind Val Jackson		Family Centres	

3.4 Appendix 1

	<p>X2 children's groups 9-11 and 12-15</p> <p>Primary mental health worker led Parent Management course – numbers to be monitored</p> <p>Hartlepool Carers to continue to support informal carers, including parent carers and dependant parents through both the adult and young carer's projects</p> <p>Project Dementia Café – Raising awareness and offering low level support for people living with dementia and their carers</p>	<p>CAMHS</p> <p>CAHMS</p> <p>Tracy Jefferies Hartlepool Carers</p> <p>David Granath/Jo Blackwood Hospital of God</p>	Ongoing	<p>Present resources</p> <p>HBC & PCT</p>	
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Objective 1.2 – Strengthening Communities					
Actions in Strategy	Delivery in 2008/09	Who (lead & partners)	Timescale	Resources /Finance	Progress
1.2.1 Promote social inclusion and participation as the responsibility of a wide variety of partner organisations.	<p>All themed groups of Hartlepool Partnership to work to Social Inclusion Plan. These to include:</p> <ul style="list-style-type: none"> • Increase in people accessing Direct Payments • Continuation and development of employment project • Continuation and development of horticultural project • Positive Choices Project at Hartlepool Carers continues to assist Informal Carers and Carers with mental health problems into employment and or training, also helping them to remain there because of their caring responsibilities. We have strong working links with a host of partner organisations <p>Run The Gaymes – a fun/sports day for LGBT people, their family, friends and neighbours</p>	Diane Whitehead, HBC	Ongoing		
		Tracy Jefferies Hartlepool Carers	Ongoing	HBC	
		Hart Gables		Health Chest Grant/ Safer Hartlepool	
		ARTRIUM		HBC	

3.4 Appendix 1

<p>1.2.2 Support the improvement of neighbourhood environments.</p> <p>1.2.3 Promote the importance of good emotional wellbeing in all settings – workplaces, schools and community.</p>	<p>Signposting to support organisations, involvement in community activities and events.</p>	<p>Tracy Jefferies Hartlepool Carers</p>			
	<p>Development of Young and Adult Carers Allotment Project</p>				
	<p>Schools Participation in World mental Health Day activities</p>		<p>October 2009</p>		
	<p>Promotion of LGBT support in HCFE and through OutFE</p>	<p>Hart Gables</p>	<p>Ongoing</p>	<p>Big Lottery/ Hartlepool Youth Service</p>	
	<p>Workplaces/Community Provision of mental health awareness sessions and stress awareness workshops for a range of agencies – number of sessions dependent on need Training voluntary sector agencies to deal with issues around mental health</p>	<p>Iain Caldwell MIND</p>	<p>On going</p>		
	<p>Outreach projects aimed at promoting well being in the community including local primary schools and community centres.</p> <p>Volunteers are given the necessary tools and information to improve general Mental health awareness</p> <p>Awareness raising on the early detection of dementia</p>	<p>ARTRIUM</p> <p>ARTRIUM</p> <p>Dr Akhtar</p>		<p>Members fees and school donations</p>	

3.4 Appendix 1

	<p>for GPs</p> <p>Awareness raising on the recognition of dementia symptoms in Acute hospitals</p> <p>Awareness raising of dementia conditions and carers support</p> <p>Acute Hospital Liaison worker to be employed to deal with referrals and offer advice and guidance on a daily basis.</p> <p>Provision also of teaching sessions to all junior medical staff, nursing staff and allied health professionals. Attendance at nursing team away days delivering teaching sessions on a specific theme of dementia care.</p> <p>RGN currently working in mental health services on a training secondment to gather skills and knowledge to share with others in the acute trust.</p>	<p>Lorraine Ferrier, TEWV</p> <p>Jackie Straughan/ Joanne Blackwood, Gretton Court</p>			
	<p>Hartlepool Carers continue to have a presence in various schools to help support Young Carers and raise awareness of Carers issues</p>	<p>Tracy Jefferies Hartlepool Carers</p>	Ongoing	Self-funding	
	<p>Hartlepool Carers also continues to develop and promote services around emotional well being and social inclusion with members of the Deaf community</p>	<p>Tracy Jefferies Hartlepool Carers</p>	Ongoing		

Objective 1.3 – Reducing structural barriers to social inclusion and active citizenship that can improve mental health					
Actions in Strategy	Delivery in 2008/09	Who (lead & partners)	Timescale	Resources /Finance	Progress
1.3.1 Help more individuals with mental health problems to find, or return to work	<p>The use of therapy, Clinical Support workers and workshops to support clients back into employment. Can be measured as those returning to work and those in employment for first time</p> <p>Hartlepool Job Placement Scheme. One to one Information, Advice & Guidance is given to clients with mental health problems to assist them in accessing Employment, Training, Education and/or Voluntary work, by responding to the individual's need. Referrals are taken from Assertive Outreach, Community Intervention & Early Intervention teams only. Clients can also be signposted and supported by the Employment Coach when attending other statutory service providers etc.</p> <p>Monitoring to cover:</p> <ul style="list-style-type: none"> • Numbers signed up to Employment Service • Number of vocational assessment & agreed action plan • Number undertaking vocational training • Number undertaking work experience/voluntary work • Number of applications for employment • Number of interviews for employment • Numbers in supported paid work • Numbers in unsupported paid work • Discharged 	<p>Catherine Wakeling, Mind</p> <p>Ann Marshall Employment Coach</p> <p>Ann Marshall</p>	Ongoing	WNF/DWP	

3.4 Appendix 1

	<p>Employment Link Scheme to help more individuals with mental health problems to find or return to work. Clients offered individually tailored support which meets their vocational needs. An initial assessment of the client is provided using a person centred approach. An action plan is then developed for a 12 month period. This takes the client, step by step at own pace to enable them to achieve their aspirations and goals.</p> <p>Monitoring to cover:</p> <ul style="list-style-type: none"> • Numbers supported into paid full time work • Numbers supported into paid part time work • Numbers in University • Numbers achieved vocational qualifications • Numbers achieved non vocational qualifications <p>Employment Link to involve clients in voluntary work</p> <p>Provide support with application forms, CVs, etc.</p> <p>Signposting service to other organisations</p> <p>Support including job training</p> <p>Attending university to support</p> <p>Support within the workplace</p> <p>Job Tasters and Training Opportunities</p> <p>Build up client's confidence and when clients' ready- to identify training, voluntary jobs, paid work, support in finding out financial aspects of taking job.</p> <p>Hartlepool Carers to continue to develop the positive choices project to enable carers with mental health problems into employment</p>	<p>Julie Costello Integrated mental Health Services, HBC</p>			
		<p>New Horizons Teesside</p>	<p>Ongoing</p>		
		<p>Tracy Jefferies Hartlepool Carers</p>	<p>Ongoing</p>		

3.4 Appendix 1

1.3.2 Help more individuals with mental health problems to access education	Job Placement scheme – as above – training opportunities, e.g. IT skills	Ann Marshall	Ongoing		
	Identify, Encourage and support clients to access education specific to individual needs such as Distance Learning as well as Colleges, Learn Direct etc. Help with initial contact, filling in forms, bus time tables.	New Horizons Teesside	Ongoing		
	Support with application forms, CV's and further learning NVQ etc. involvement of all members to improve social skills (customer service at promotional events) Signposting to partner organisations etc	Artrium	Ongoing		
	<p>The use of therapy, Clinical Support workers and workshops to support clients back into education. Development of the Moving Forward Project which is an innovative idea developed by Employment Link and Adult Education jointly. It is a pilot new to mental Health Services for adults with mental health problems which will increase numbers participating in learning and enhance progression to mainstream provision</p> <p>Development of training packages for staff in dealing with mental health clients. The following outcomes have been identified as achievable by the project:</p> <ul style="list-style-type: none"> • 28 adults engaged • 16 individual action plans produced • 6 achieving a Skills for Life qualification • 8 clients referred to mainstream provision 	<p>Catherine Wakeling, Mind Julie Costello, Integrated MH Services, HBC and Maggie Heaps, Adult Education</p> <p>As above</p>	Ongoing		

3.4 Appendix 1

<p>1.3.3 Help more individuals with mental health problems to access housing</p> <p>1.3.4 Help more individuals with mental health problems to access appropriate financial advice</p>	<ul style="list-style-type: none"> • 4 achieving supported employment • 1 new partnership formed • 1 evaluation completed • 1 client survey completed • Training packages developed • 4 staff to receive training <p>Membership in Vulnerable pupils meetings (monthly)</p> <p>Improved links with training organisations to deliver literacy and numeracy qualifications and develop basic skills. One to One support with literacy and numeracy. Signposting to additional agencies.</p> <p>Clinical Support workers to help clients to access housing</p> <p>Support to clients to access West View Advice and Resource Centre, CAB and NDC benefits advisor. Benefits advisor at Hartlepool Carers and Moneywise Approx. numbers only possible from West View</p> <p>Signposting and advice. Communication with other agencies.</p> <p>Support clients to Civic Centre, West View Resource Centre. Liaise with appropriate agencies</p>	<p>CAMHS</p> <p>Artrium</p> <p>Catherine Wakeling, MIND</p> <p>Iain Caldwell, Primary Care Practitioners Team, West View Advice Centre, CAB, NDC</p> <p>Artrium</p> <p>New Horizons Teesside</p>	<p>Ongoing</p> <p>Ongoing</p>		
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3.4 Appendix 1

1.3.5 Work with the media to reduce discrimination against those with mental health problems	Promotion of World Mental Health Day through multi-agency working Working with partnership board and local publications. Creating awareness to eliminate the stigma.	Carole Johnson with partners Artrium	October 2009		
1.3.6 Working to Teeswide Suicide Prevention Strategy	Implementation of newly-developed action plans through the Teeswide Suicide Task Force to inform work for the coming year.	Jayne Gardner and Carole Johnson	Throughout year		



Autumn 2008 Monitoring

LIT Results of Financial Mapping for

Hartlepool

1. CONTEXT

This report, prepared by Mental Health Strategies is derived from an analysis of the financial mapping returns completed in October 2008 - January 2009 and presents results from the LIT perspective. It includes ONLY information received and if investment is known to be missing for your individual LIT, then this is flagged up on the first report.

The report provides an overall picture of reported investment in adult and older people mental health services, including delivery of services from all providers to, and all commissioners for the LIT, not just NHS organisations.

The financial maps are designed to dovetail with service mapping; to give a detailed and comprehensive picture of the national investment in mental health services; and to enable LITs to use the autumn review results to evaluate their local services. The overall objectives of the initiative are to:

1. provide financial transparency in mental health
2. increase understanding around allocation and spend for mental health
3. improve confidence in, and so validity of mental health financial information, and
4. facilitate the monitoring by DH development of priority mental health services.

The direct service costs (primarily staffing costs) of adult mental health are analysed by sixteen service categories and thirteen categories for older people. Additionally, indirect costs, overheads and capital charges which are not directly allocated to the service categories, are included to identify each LIT's total investment in adult or older people mental health services.

From October 2008 online guidance notes were available for completion of financial maps whilst the DH/CSIP notified participating organisations. LIT leads were responsible for co-ordinating and delivering the exercise locally, although finance staff in provider and commissioning units actually produced the data. LIT leads distributed blank returns to all providers delivering services to their LIT where they would be broken down by commissioner and returned to LITs for initial validation.

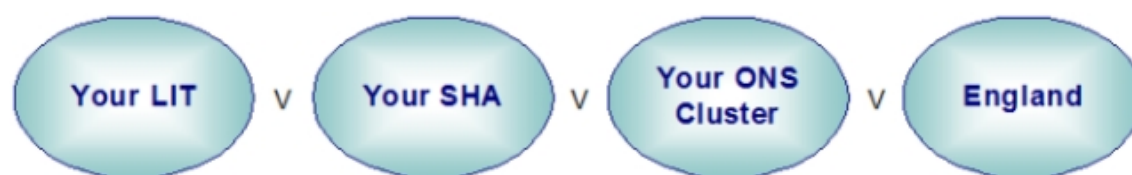
All the spreadsheets were then forwarded to Mental Health Strategies for further validation and production of reports to LITs, provider trusts and PCTs.

2. ISSUES

The overall quality of the data nationally supplied from organisations inevitably varies but has been validated by the supplying organisations, LITs and ourselves. However, 2008/09 is only the third year that local authorities have collected OPMH finance mapping figures and thus overall, their figures are unlikely yet, to equal the quality or coverage, of the now well established adult finance mapping data. The OPMH analyses should therefore be considered, to a degree, to be provisional, and can be expected to improve in future years.

3. THE COMPARATIVE ANALYSIS

Three comparators are used to compare your LIT in 2008/09 as shown below:



The ONS Cluster refers to the latest classification by the Office of National Statistics (ONS), which allocates all local authorities and health authorities to one of twelve "family groups", or areas with broadly similar characteristics. The ONS Group health area classifications are:

- (a) Centres with industry
- (b) Coastal and Countryside
- (c) Industrial Hinterlands
- (d) London Centre
- (e) London Cosmopolitan
- (f) London Suburbs
- (g) Manufacturing Towns
- (h) New and Growing Towns
- (i) Prospering Smaller Towns
- (j) Prospering Southern England
- (k) Regional Centres and,
- (l) Thriving London Periphery.

The classification is based upon the predominant characteristic of the area's population, not its geography. For those LITs servicing an area not exactly matching a local authority area, the allocation is drawn from the authorities making up the LIT area. Where LITs have merged, we have taken the predominant ONS cluster as "best fit" or classed it as "Mixed ONS Cluster".

The comparative analysis is presented in eight reports providing both a high level and a detailed analysis of investment as follows:-

		Working Age Adults	Older People
Overview Report	High level Snapshot	See Report 1	See Report 5
Direct Provider Analysis	Shows who provides what	See Report 2	See Report 6
Direct Provider Percentage Analysis	Shows relative priorities	See Report 3	See Report 7
Direct Investment per Weighted Head	Shows amount spent per head	See Report 4	See Report 8

Please note that the figures reflect the way in which submitting organisations have treated indirect costs, capital charges and indirect costs. Consequently the figures in Reports 2, 3 and 4 and Reports 6, 7 and 8, are dependent on the extent to which indirect costs, capital charges and overheads are absorbed into direct service categories. Individual percentage figures in the reports have been rounded up/down for clarity.

This LIT report is based solely on the figures received and the weighted populations for those LITs who have submitted data. The National Report (see below) includes estimates of any missing information.

The direct service categories used in the Older People Reports 6, 7 and 8 are taken from the service development guide document "Everybody's Business - integrating mental health services for older adults" published by CSIP in November 2005.

Note: LIT Report 2 shows the reported direct services investment by the type of organisation which has physically provided it, and NOT by the organisation type commissioning it.

One LIT reported a large sum delivered by an unidentified mix of NHS and Non Statutory providers, so for this particular LIT the total direct services investment shown in LIT Report 2 will differ from that shown in LIT Report 1.

4. ABOUT THE WEIGHTED POPULATIONS FOR THE LIT

Last year we recalculated the weighted populations for each LIT, for both need and cost factors using the 2006 mid year population estimates kindly supplied by the Office of National Statistics and updated cost factors from the Department of Health to produce two weighted populations - one for 18-64 year olds and one for those 65 and over.

The weighted populations used within financial mapping are already weighted for both mental health need AND financial factors such as market forces factors and thus already takes into account the higher cost of staff in areas such as London thus facilitating direct comparison.

The advantage is that these updated weighted populations are now more representative, the downside is that the investment per weighted head figure will not be directly comparable to those shown in the years 2006/07 and earlier.

5. ABOUT THE NATIONAL REPORT

The National Report which is published after these LIT reports estimates the level of missing, that is "unreported" investment and will inevitably be based on different (greater) totals of both investment and weighted populations. Consequently the more "inclusive" weighted investment figures reported in that National Report may differ from those here.

LIT Report 1 - Overview of adult investment

Your LIT's total investment in adult mental health services is analysed in four cost groupings - direct costs, indirect costs overheads and capital charges, showing the combined investment from both PCTs and Local Authority commissioners and including all types of provider. The figures identify the extent to which your LIT investment is spent on direct care costs or other costs.

Investment is compared both in overall and percentage terms against Strategic Health Authority, ONS cluster and national figures, rounded up/down for presentation purposes.

Your LIT's total investment is tabled below followed by two charts showing the percentage of investment reported spent on direct services and the overall investment per weighted head of population for the LIT.

LIT

Hartlepool

St HA

NORTH EAST SHA

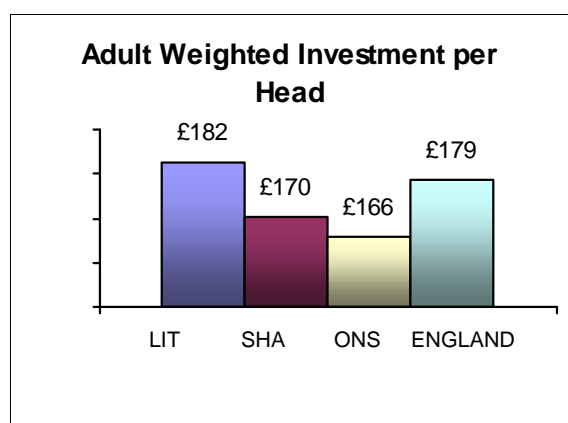
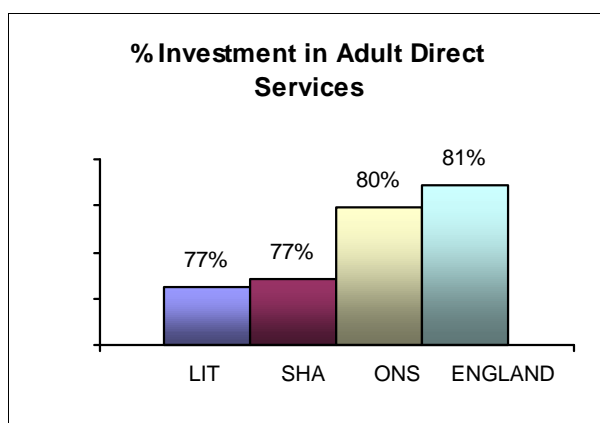
ONS

Industrial Hinterlands

Service category	£'000s	Percentage			
		This LIT	This SHA	This ONS	English LITs
DIRECT COSTS:	£9,459	77%	77%	80%	81%
INDIRECT COST:	£836	7%	7%	7%	7%
OVERHEADS:	£1,797	15%	13%	10%	9%
CAPITAL CHARGE:	£269	2%	3%	3%	3%
Total adult investment in £'000s	£12,360	100%	100%	100%	100%

This report compares the total adult investment within your LIT, with the total adult investment of your Strategic Health Authority, the ONS cluster of the LIT and the English national average.

COMPLETENESS OF ADULT DATA: No missing data known



Working Age Weighted Population for LIT 18 -64 - weighted for Need and Cost :

67,757

LIT Report 2- Adult direct services provider analysis

Here your LIT's direct services investment is analysed over the four main types of provider - NHS, non GMS, local authorities and the non statutory sector.

It shows who is reported as physically providing the service - NOT who commissions and pays for it. e.g if a PCT or Local Authority commissions a service from a private (that is non statutory) provider, that investment will be shown under the "Non Statutory" provider type column.

The non statutory sector comprises voluntary, independent and private sector providers.

LIT

St HA

ONS

Hartlepool

NORTH EAST SHA

Industrial Hinterlands

Service Category

	Provider type				
	NHS	NGMS	Social Services	Non statutory	Total
Access & Crisis Services	£1,199	£0	£91	£10	£1,301
Accommodation	£0	£0	£0	£713	£713
Carer's Services	£0	£0	£0	£87	£87
Clinical Services	£1,260	£0	£0	£5	£1,265
Community Mental Health Teams	£1,192	£0	£353	£0	£1,545
Continuing Care	£614	£0	£0	£884	£1,499
Day Services	£193	£0	£260	£120	£573
Direct Payment	£0	£0	£0	£114	£114
Home Support Services	£0	£0	£0	£65	£65
Other community and hospital professional teams/specialists	£168	£0	£186	£60	£414
Personality Disorder Services	£20	£0	£0	£0	£20
Psychological Therapy Services	£49	£0	£0	£342	£391
Secure and High Dependency Provision	£1,145	£0	£0	£278	£1,424
Services for Mentally Disordered Offenders	£33	£0	£0	£0	£33
Support Services	£14	£0	£2	£0	£16
Total direct services in £'000s	£5,887	£0	£892	£2,679	£9,459
% provided by each provider type	62%	0%	9%	28%	100%

COMPLETENESS OF LIT DATA: No missing data known

Note: Only those direct services reported as supplied to the LIT are shown above.

LIT Report 3- Adult direct services percentage analysis

Here your investment in each of the direct service categories is expressed as a rounded up percentage across the three comparator areas.

LIT

Hartlepool

St HA

NORTH EAST SHA

ONS

Industrial Hinterlands

Service category	£'000s	Percentage			
		This LIT	This SHA	This ONS	English LITs
Access & Crisis Services	£1,301	14%	13%	13%	12%
Accommodation:	£713	8%	9%	10%	9%
Carer's Services:	£87	1%	0%	0%	1%
Clinical Services:	£1,265	13%	17%	17%	18%
Community Mental Health Teams	£1,545	16%	15%	15%	15%
Continuing Care:	£1,499	16%	16%	13%	12%
Day Services:	£573	6%	4%	3%	3%
Direct Payment:	£114	1%	0%	1%	0%
Home Support Services:	£65	1%	3%	3%	2%
Mental Health Promotion Services	£0	0%	0%	0%	0%
Other community and hospital professional teams/specialists:	£414	4%	5%	4%	2%
Personality Disorder Services:	£20	0%	0%	0%	0%
Psychological Therapy Services:	£391	4%	4%	4%	4%
Secure and High Dependency Provision:	£1,424	15%	13%	14%	19%
Services for Mentally Disordered Offenders:	£33	0%	0%	0%	1%
Support Services:	£16	0%	1%	1%	1%
Total direct services in £'000s	£9,459	100%	100%	100%	100%

COMPLETENESS OF LIT DATA:

No missing data known

LIT Report 4- Adult direct services investment per weighted head

Here your investment in each of the direct service categories is expressed as an investment per weighted head across the three comparator areas.

LIT

St HA

ONS

Hartlepool

NORTH EAST SHA

Industrial Hinterlands

Service category	£'000s	Weighted Investment per head			
		This LIT	This SHA	This ONS	English LITs
Access & Crisis Services	£1,301	£19.2	£16.5	£16.9	£16.8
Accommodation:	£713	£10.5	£12.2	£13.6	£12.8
Carer's Services:	£87	£1.3	£0.5	£0.6	£0.8
Clinical Services:	£1,265	£18.7	£22.8	£23.1	£26.7
Community Mental Health Teams	£1,545	£22.8	£19.1	£19.7	£21.1
Continuing Care:	£1,499	£22.1	£20.4	£17.7	£17.5
Day Services:	£573	£8.5	£5.5	£3.7	£4.7
Direct Payment:	£114	£1.7	£0.6	£0.9	£0.4
Home Support Services:	£65	£1.0	£3.5	£4.5	£3.6
Mental Health Promotion Services	£0	£0.0	£0.0	£0.2	£0.1
Other community and hospital professional teams/specialists:	£414	£6.1	£6.2	£4.7	£3.5
Personality Disorder Services:	£20	£0.3	£0.2	£0.2	£0.7
Psychological Therapy Services:	£391	£5.8	£4.8	£5.8	£5.7
Secure and High Dependency Provision:	£1,424	£21.0	£16.8	£18.7	£27.7
Services for Mentally Disordered Offenders:	£33	£0.5	£0.5	£0.6	£1.7
Support Services:	£16	£0.2	£1.3	£1.6	£1.7
Total direct services in £'000s	£9,459	£139.6	£130.8	£132.5	£145.5
Working Age Weighted Population for LIT 18-64 - weighted for Need and Cost:					67,757
COMPLETENESS OF LIT DATA:		No missing data known			

LIT Report 5 - Overview of OPMHS investment

Your LIT's total investment in Older People's mental health services is analysed in four cost groupings - direct costs, indirect costs overheads and capital charges, showing the combined investment from both PCTs and Local Authority commissioners and including all types of provider. The figures identify the extent to which LIT investment is spent on direct care costs or other costs.

Investment is compared both in overall and percentage terms against Strategic Health Authority, ONS cluster and national figures.

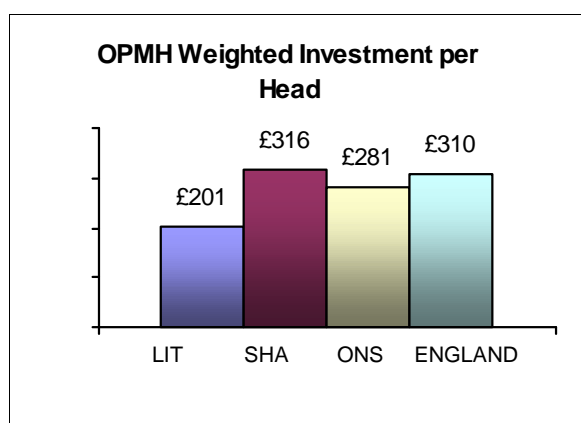
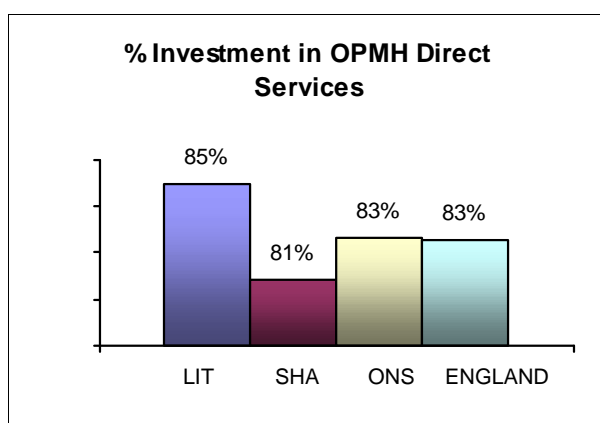
Your LIT's total investment is tabled below followed by two charts showing the percentage of investment reported spent on direct services and the overall investment per weighted head of population for the LIT.

<u>LIT</u>	<u>St HA</u>	<u>ONS</u>
Hartlepool	NORTH EAST SHA	Industrial Hinterlands

Service category	£'000s	Percentage			
		This LIT	This SHA	This ONS	English LITs
DIRECT COSTS:	£3,117	85%	81%	83%	83%
INDIRECT COST:	£324	9%	5%	5%	7%
OVERHEADS:	£70	2%	10%	9%	8%
CAPITAL CHARGE:	£159	4%	4%	3%	3%
Total OPMHS investment in £'000s	£3,671	100%	100%	100%	100%

This report compares the total OPMHS investment within the LIT, with the total OPMHS investment of the LIT's Strategic Health Authority, the ONS cluster of the LIT and the english national average.

COMPLETENESS OF LIT DATA: No missing OPMH data known



OPMH Weighted Population - weighted for Need and Cost

18,246

LIT Report 6- OPMH direct services provider analysis

Here your LIT's OPMH direct services investment is analysed over the four main types of provider - NHS, non GMS, local authorities and the non statutory sector.

The non statutory sector comprises voluntary, independent and private sector providers.

It shows who is reported as physically providing the service - NOT who commissions and pays for it. e.g if a PCT or Local Authority commissions a service from a private (that is non statutory) provider, that investment will be shown under the "Non Statutory" provider type column.

<u>LIT</u>	<u>St HA</u>		<u>ONS</u>		
Hartlepool	NORTH EAST SHA		Industrial Hinterlands		
Service Category	Provider type				
	NHS	NGMS	Social Services	Non statutory	Total
Other Specialist Mental Health Services - OPMH	£1,224	£0	£0	£1,505	£2,729
Primary and Community Care - Day Services	£0	£0	£0	£79	£79
Primary and Community Care - Residential	£0	£0	£0	£227	£227
Special Groups - OPMH	£83	£0	£0	£0	£83
Total direct services in £'000s	£1,307	£0	£0	£1,811	£3,117
% provided by each provider type	42%	0%	0%	58%	100%

COMPLETENESS OF LIT DATA: No missing OPMH data known

Note: Only those direct services supplied to the LIT are shown above.

LIT Report 7- OPMH direct services percentage analysis

Here your investment in each of the direct service categories is expressed as a rounded up/down percentage across the three comparator areas.

LIT

Hartlepool

St HA

NORTH EAST SHA

ONS

Industrial Hinterlands

Service category	£'000s	Percentage			
		This LIT	This SHA	This ONS	English LITs
Care and Repair	£0	0.0%	0.0%	0.0%	0.0%
Care for People in General Hospital	£0	0.0%	0.2%	0.2%	0.3%
Carer's Services	£0	0.0%	0.1%	0.1%	0.5%
Emergency Services	£0	0.0%	0.3%	0.1%	0.3%
Intermediate Care	£0	0.0%	0.1%	0.1%	0.9%
Other Specialist Mental Health Services	£2,729	87.5%	36.6%	37.4%	41.5%
Primary and Community Care:					
- Day Services:	£79	2.5%	3.5%	6.7%	6.1%
- Homecare:	£0	0.0%	4.9%	5.6%	4.9%
- PCS:	£0	0.0%	6.3%	2.8%	1.0%
- Residential:	£227	7.3%	47.2%	46.0%	42.4%
- Specialist Housing:	£0	0.0%	0.3%	0.3%	0.6%
Special Groups	£83	2.7%	0.4%	0.4%	1.2%
Support Services	£0	0.0%	0.1%	0.2%	0.3%
Total OPMH direct services in £'000s	£3,117	100.0%	100.0%	100.0%	100.0%

COMPLETENESS OF LIT DATA:

No missing OPMH data known

LIT Report 8- OPMH direct services investment per weighted head

Here your investment in each of the direct service categories is expressed as a investment per weighted head across the three comparator areas.

LIT

St HA

ONS

Hartlepool

NORTH EAST SHA

Industrial Hinterlands

Service category	£'000s	Direct Services Weighted Investment per Head			
		This LIT	This SHA	This ONS	English LITs
Care and Repair	£0	£0.0	£0.0	£0.0	£0.0
Care for People in General	£0.00	£0.0	£0.5	£0.5	£0.6
Carer's Services	£0	£0.0	£0.3	£0.3	£1.3
Emergency Services	£0	£0.0	£0.7	£0.3	£0.9
Intermediate Care	£0	£0.0	£0.2	£0.2	£2.2
Other Specialist Mental Health Services	£2,729	£149.6	£93.5	£87.0	£106.1
Primary and Community Care:					
- Day Services:	£79	£4.3	£8.9	£15.5	£15.6
- Homecare:	£0	£0.0	£12.6	£13.0	£12.6
- PCS:	£0	£0.0	£16.2	£6.6	£2.5
- Residential:	£227	£12.5	£120.6	£107.1	£108.2
- Specialist Housing:	£0	£0.0	£0.7	£0.6	£1.6
Special Groups	£83	£4.5	£0.9	£0.9	£3.1
Support Services	£0	£0.0	£0.2	£0.5	£0.7
Total OPMH direct services	£3,117	£170.9	£255.4	£232.6	£255.6

COMPLETENESS OF LIT DATA: No missing OPMH data known

OPMH Weighted population - weighted for Need and Cost 18,246

Note that the above weighted investment figures for direct services are based upon the reported figures submitted and that any missing OPMH investment may alter the comparison.