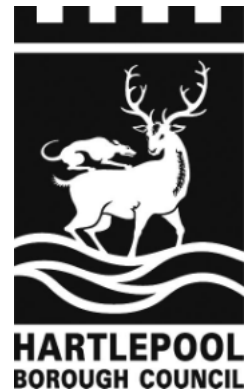


ADULTS AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



Wednesday 23rd September 2009

at 10.00 am

**in Committee Room A,
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 Child and Adult Services*

2. OTHER ITEMS REQUIRING DECISION

- 2.1 Adult and Community Services Departmental Plan 2009/2010 – 2011/2012 –
Director of Child and Adult Services
- 2.2 Dignity in Care – *Director of Child and Adult Services*

3. ITEMS FOR INFORMATION

- 3.1 Annual Complaints Report 1 April 2008 – 31 March 2009 – *Director of Child and Adult Services*
- 3.2 Annual Diversity Report 2008/2009 – *Director of Child and Adult Services*
- 3.3 Hartlepool Vulnerable Adults Protection Committee Quarterly Statistics – 1 April 2009 – 30 June 2009 – *Director of Child and Adult Services*
- 3.4 Living Well with Dementia – A National Dementia Strategy – *Director of Child and Adult Services*

4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS

No items

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder
23 September 2009



Report of: Director of Child and Adult 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 20010/11 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 (tests i and ii apply)

5.0 DECISION MAKING ROUTE

- 5.1 Adult and Public Health Services Portfolio

6.0 DECISION(S) REQUIRED

- 6.1 Adoption of strategy and action plan.

Report of: Director of Child and Adult 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 2010/11 and associated action plan

2. BACKGROUND

- 2.1 The last census (2001) identified 9,853 carers 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. These 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 set the Local Authority a clear framework for providing services to 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 in Hartlepool 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. A copy of Hartlepool's Carers Strategy is attached as **Appendix A** to this report. A copy of the action plan of Hartlepool's Carers Strategy is attached as **Appendix B** to this report.

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.
- 4.4 A full breakdown of the current spend for 2009/10 of the Carers Grant is attached to this report as **Appendix C**

5. RECOMMENDATIONS

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

Who Cares for Carers?



A Multi-Agency Strategy for Carers in Hartlepool

2008 – 2010

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Introduction



Who is a carer?

A carer spends a significant proportion of their life providing unpaid support to family or potentially friends.

This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems

Carers in Hartlepool

9853 people from Hartlepool identified themselves as carers at the last census which took place in 2001. At the time this represented 11.1% of the population of the town.

2680 of these carers identified themselves as providing over 50 hours of care per week. This represented 3% of the population of the town.

This represents an enormous amount of care and represents the huge commitment of unpaid carers in Hartlepool.

Carer Quote -

"I object to being called an 'informal carer'. I don't feel that this reflects the work that I do as a carer and would prefer to be called an 'unpaid carer'".

Why Hartlepool Needs a Carers Strategy



In a world where, through advances in technology and medicine, people survive with complex health conditions, live longer and have multiple needs, the demand for care will continue to grow.

It is essential that support and services are available to protect the interests of carers and ensure that they too have a good quality of life. The strategy is one tool we can use to try and make this happen.

Carer Quote:-

“Red tape and decision making has taken a long time to implement changes and improvements with a lot of professionals needing to be involved in any services offered”

New Deal for Carers

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

Local consultation in Hartlepool for this strategy has included the outputs of this white paper.

Why Hartlepool Needs a Carers Strategy

Carers and the Law

There are a number of laws which aim to protect carers and those they care for.

The laws identify what the local authority must do when working with carers and vulnerable people.

The main laws relating to carers and web addresses of how to access them are detailed below

The Carers (Recognition & Service) Act 1995

www.opsi.gov.uk/acts/acts1995/Ukpga_19950012_en_1

The Carers and Disabled Children Act 2000

www.opsi.gov.uk/acts/acts2000/ukpga_20000016_en_1

The Carers (Equal Opportunities) Act 2004

www.opsi.gov.uk/acts/acts2004/ukpga_20040015_en_1



Carer Quote:

"I seem to have to tell the same story over and over again.

Workers change or move on and there is very little information given out or it takes a while before you see anyone again."



Scope of the Strategy

Who the strategy covers

This strategy covers all carers and their families who provide support to someone who is resident in Hartlepool.

The aim of this strategy is to ensure that carers have an excellent quality of life regardless of their caring role.

Any services that are developed as a result of this strategy will be carer centred and can be accessed regardless of age, disability, race, religion or sexuality.

What the strategy does

This Carers' strategy outlines the vision for carers in Hartlepool. It provides a set of priorities identified by carers within the town that will be used to guide policy development and service provision in the future.

The strategy identifies what actions are needed to ensure that carers feel supported, valued and recognised in their important role.

Support that will be provided as a result of this strategy will take many forms. This could range from extra support at home, help with accessing services., identifying services that are already there, some forms of respite care and help to support carers have a life of their own through leisure and relaxation.

Most importantly this strategy needs to ensure that carers receive recognition and support from statutory and voluntary services in their role.



Carer Quote:-

"My benefits changed once I retired.

I didn't know I was entitled to Tax Credits until I found out through another carer."

Delivering the Strategy

This strategy is a living strategy. It is accompanied by an Action Plan that details how the Strategy will be implemented over the next two years.

It is expected that as we achieve success with the actions identified in this document then the priorities of Carers within Hartlepool will change. It is therefore proposed to revisit this strategy in 2010 in order to make sure that Carers needs and views are being met.



Leadership and Governance of the Strategy

The strategy has been developed by the Adult and Community Services Department of the Council working in partnership with Health and the Third Sector Agencies.

A Carers Strategy Group made up of carers and agencies meets six times per year to monitor progress made.

The Carers Strategy Group reports to the Health and Wellbeing Partnership. This partnership is responsible for delivering on the aims of the Community Strategy for Hartlepool.

This governance mechanism will ensure that Carers issues remain at the forefront of service provision.

Ownership

To be successful this strategy needs to be owned by the Carers of the town.

The statutory and third sector agencies will work closely together to achieve the actions within the strategy however we need carers to make sure we are delivering what is needed.

Carers have already shown a huge commitment to this strategy in the time and effort they have given as part of the consultation process.

Carer Quote:-

"I go to a few groups with other families, that's where I find out about what's going on."

Carers Priorities

Following extensive consultation with Carers in Hartlepool eight priorities were identified for action.

These priorities were identified using a range of consultation methods such as face-to-face interviews, telephone interviews, meetings, questionnaires and briefing sessions.

Whilst it is impossible to obtain the views of every carer, the extent of the consultation that took place makes us confident that real views have been expressed

Carer Quote:-

"Keep any changes to a minimum.

Notify carers as soon as possible.

Follow up if a carer has been told of any issues."

What are the Priorities

1. **Information and Communication**
2. **Access to Health Services**
3. **Access to Financial Resources**
4. **Support with Assessments**
5. **Remove Discrimination of Carers**
6. **Flexibility for a life of your own**
7. **Training & Support to Care**
8. **Emotional Support**

Each of these priorities will be used as a heading for related actions. These will then be used to monitor progress made in this area



Measuring the success of the Strategy



Carer Quote:-

"I am lucky that my family are there, they help me out a lot.

There have been times when I have just wanted to pick up the phone and speak to someone and get advice or something - that would be useful."

How will we measure success

Ultimately this strategy will only be successful if Carers themselves can see improvements to their lives.

The main actions of the strategy will be monitored as detailed in the governance arrangements.

Carers will also be asked how they feel the strategy has impacted on their caring role.

It is proposed to have an annual Carers Questionnaire that is associated with this strategy to try and monitor the success.

Information on progress made will also be distributed to carers with this questionnaire to inform them of the activity completed.

It is felt that this will be the true measure of success for the strategy and will enable a greater proportion of carers to have a say on how the strategy has impacted on their lives.

The first questionnaire will take place in 2009 and then take place annually after this.

It is hoped that this will take the format of an online questionnaire as well as in paper format for those who prefer.

Action Plan to 2010



What next?

Now that we have said how the strategy will be managed and what the priorities for the strategy are we need to look in detail at how we will deliver on the priorities identified.

The detail will be included in the next section known as the action plan.

This plan will detail how over the next two years we propose to try and improve the lives of carers in Hartlepool through investment in services, training and working together across all agencies.

Carer Quote:-

"Anyone can be a carer. Everyone needs a bit of understanding about that.

One day I am a mam
the next I am a carer.

I am still a mam
regardless of what title
you use."

Information & Communication

We asked carers:

- The three most important areas to provide information on
- How carers should receive information
- Who should provide information to carers
- How often information should be provided

Carers told us:

- 50% of carers surveyed asked for information on Carer Support available and Benefits information and advice
- A further 33% of carers said that they wanted information on Disability, Social Care and Health issues
- 62% of carers surveyed said they would like to receive information in either Leaflet, Newsletter or via Face-to-Face communication
- 52% of carers felt that the information that is provided should be delivered either by the third sector or a carers network.
- 51% of carers felt the best time for information to be provided was when the caring role starts
- 46% of carers felt that information should be updated either monthly or quarterly to ensure relevance.

Actions:

- Contract a Carers information service to sit within the third sector to include information for carers and the professionals they work with
- Ensure that information is produced in a variety of formats including a regular newsletter, leaflets and web space
- Target areas to distribute public information to carers using demographic breakdown tool called mosaic to ensure best coverage and value for money

Access to Health Services

We asked carers:

- What health services carers have problems with (if any)
- What types of problems carers face with health services
- What improvements carers feel that could be made to health services
- What individual services could be offered to improve health and wellbeing

Carers told us:

- 65% of carers told us the main areas they have problems with regarding health service related to GP Surgeries and Hospitals
- 84% of carers said the problems they have encountered relate to appointments, waiting times and the poor understanding of carers issues from health professionals
- 66% of carers told us that a better appointments system, reduced waiting times and training for health staff would improve health services for them
- 20% of carers would simply like to see better health information overall relating to what is available in health services
- 67% of carers said that they would like to have a individual health check or access to counselling to improve their health and wellbeing

Actions:

- Funds to be identified to enable a carers representative to support GP practices and the NHS Trust within the town from the third sector
- Carers information on health services to be developed as part of Information and Communication contract
- Awareness training programme to be developed for Health and Social Care staff in partnership with carers and rolled out town wide

Access to Financial Resources

We asked carers:

- What service or information resource would help you to cope better financially in your caring role
- What is the best way to provide information about financial help that is available within the town

Carers told us:

- 35% of carers would like better information and improved access to any benefits that are available to them as carers
- 24% of carers felt that better information and improved access to Direct Payments would help them and be of benefit
- 18% of carers felt that a financial advice service should be made available to look at things such as budgeting among other things
- 43% of carers felt that any service made available would be most beneficial as a face to face service
- 57% of carers felt that a mixed approach of leaflets, newsletters, posters and website information would be the best way to provide information

Actions:

- Coordinate existing resources such as Hartlepool Borough Council benefits team and the Department of Work and Pensions to provide a carers service
- Ensure financial information is a key subject area for any information and communication contract
- Work with the third sector and other agencies to identify what information already exists and make sure this is passed to those who need it

Support with Assessments

We asked carers:

- Who carers felt were the best people/agency to assess their needs as a carer
- Where the best place would be for an assessment to take place
- If an assessment identifies need, who the best person /agency is to provide this

Carers told us:

- 41% of carers felt that they themselves were the best people to assess their needs
- 26% of carers felt that a third sector agency should do it with 20% feeling that social care were most appropriate
- 93% of carers felt that the best place for the assessment to be completed was in the carers own home
- 43% of carers said the best place to receive support as a result of an assessment was in the third sector
- 29% of carers felt that social care should be providing post assessment support with 20% feeling they could arrange their own support.

Actions:

- Develop a carers self assessment questionnaire to replace existing assessment documentation
- Develop a resource allocation system for carers to provide resources to meet assessed need
- Ensure that contracts within the third sector reflect the wishes of carers to provide support especially within the carers own home

Remove Discrimination of Carers

We asked carers:

- What is the best method of highlighting the work and role of carers
- Which sections of the community should be targeted to provide most benefit
- If carers felt that a 'Carers Card' should be developed within the town to easily identify carers and provide benefits to them

Carers told us:

- 74% felt that a coordinated publicity campaign including events to highlight the carers role would be most beneficial
- 65% of carers felt that every section of the community should be included in any activity rather than have targeted information to specific sections
- 95% of carers agreed that a carers card should be introduced to help identify carers within the town as long as carers are able to choose where and when they use it
- 62% of carers felt that any carers card should provide a range of services and incentives for carers within the town. Popular areas that a card could cover are discounts for carers, access to leisure activities or just general recognition for their role

Actions:

- Develop a carers card as part of a contract with the third sector to enable carers to register if they wish to do so
- Identify funds to promote the role of carers within Hartlepool through publicity campaign and events. Particular focus around supporting Carers Rights day and National Carers Week
- Link any new carers card to Carers Emergency Respite Care Scheme carers card to avoid duplication

Flexibility for a Life of Your Own

We asked carers:

- What would be the best services to have available to enable a break
- What activities or access to activities should be available for carers to participate in while taking a break
- What the best enabler would be to allow a carer to access a break

Carers told us:

- Carers told us that they would like to use a range of services to look after the people they cared for to enable them to have a break. This would be individual not only to the carer but also the cared for
- 85% of carers told us that the best way for them to relax whilst having a break would be to either attend social events, have excursions provided or take part in relaxation therapies
- 90% of carers felt that the best way to enable them to take part in any activities would be to provide access via a specific carers card or through a carers direct payment

Actions:

- Ensure a range of support services are available and publicised with carers to enable them to have time off for a break
- Ensure that the carers managed fund accessed through the carers grant considers applications which will specifically provide services to carers via the carers strategy
- Publicise direct payments for carers and link services to carers card

Training & Support to Care

We asked carers:

- What training (if any) carers themselves felt they needed to enable them to complete their caring role
- Which professionals carers felt needed training (if any) on specific carer related issues

Carers told us:

- 42% of carers felt that training in advocacy would help them most in their caring role. This would allow them to self advocate should the need arise
- 21% of carers felt that welfare rights training would be useful whilst 18% felt that training specific to their caring role would be of most use. 14% of carers requested some moving and handling training
- Only 5% of carers felt that qualification based training would be of any help to them at this stage
- *Carers felt that social workers (37%) needed the most training on carers issues, closely followed by nurses (25%), voluntary agencies (24%) and GP's (13)

*These figures need to be considered in light of the number and frequency of interactions which may have an effect on the outcome

Actions:

- Link into the governments programme Caring with Confidence to provide training to carers in Hartlepool
- Awareness training programme to be developed for Health and Social Care staff in partnership with carers and rolled out town wide
- Ensure any training available to carers is well publicised to maximise take up

Emotional Support

We asked carers:

- What type of emotional support did carers feel would be beneficial to them in their role
- How would carers like to access any emotional support services that were available

Carers told us:

- 62% of carers felt that the best way to provide emotional support to them would be through having an advice line or counselling service available
- 25% of carers felt that a support group consisting of other carers would provide the most help as they would be with people who have similar experiences
- 52% of carers felt that any emotional support service provided should be in the carers home because of the sensitive nature and confidentiality
- 42% of carers said that emotional support services should be provided in the voluntary sector

Actions:

- Support carers to access the governments support/advice line when it is up and running in 2009 through publicity
- Ensure emotional support services are made available to carers in the voluntary sector through the commissioning process
- Encourage the creation of carers support groups via monies allocated through the Carers Strategy Group

Carers Strategy Action Plan 2008-2010

Action Area	Planned Activity	Responsible	Timescale	Carer Outcome
Information & Communication	Research areas to target information for carers	A&CS	By April 09	Improved access to information
	Develop Carers information service specification	A&CS / Carers	By June 09	Improved access to information
	Contract Carers Information Service	A&CS / Carers / Third Sector	By September 09	Improved access to information
Access to Health Services	Develop carers awareness training for professionals	A&CS /PCT /Carers	By September 09	Improved satisfaction with professional contact / interaction
	Deliver carers awareness training for professionals	Carers	Ongoing from Sept 09 – 8 sessions planned	Improved satisfaction with professional contact / interaction
	Develop proposal for a presence for carers within GP surgeries and hospital in Hartlepool	A&CS / Third Sector / Carers	By June 09	Improved support within the health sector for carers

Access to Financial Resources	Develop information on existing financial support for carers in Hartlepool	A&CS	By September 09	Improved take up of financial entitlements for carers
	Coordinate existing support from HBC benefits teams and DWP to provide streamlined access for carers	A&CS	By June 09	Improved take up of financial entitlements for carers
Support with Assessments	Revise existing third sector contracts and tender for a single contact focusing on home based support and personalisation	A&CS	By September 09	Provide appropriate carers services
	Develop a self assessment questionnaire for carers	A&CS / Carers	December 09	Provide appropriate carers services
	Develop a resource allocation system for carers	A&CS	March 2010	Provide appropriate carers services
Remove Discrimination of Carers	Develop specification for Carers Card and tender for the provision of this service to sit within the Third Sector	A&CS	By September 09	Carers feel valued as part of society
	Identify funds from carers grant to support the positive promotion of carers in Hartlepool, focussing on carer's rights day and carer's week.	A&CS / Strategy Group	By April 09	Carers feel valued as part of society

Flexibility for a life of your own	Identify budget for applications from the carers grant. This will be administered through the carer's strategy group and allocated direct to projects through the established application process.	Carers Strategy Group	By April 09	Improved community based services for carers
Training and Support to Care	Launch the governments 'Caring with Confidence' programme in Hartlepool ensuring it is well publicised	A&CS	By April 09	Carers feel they have the skills and support to provide care
	Ensure any information service coordinates and signposts carers to the training that is available to them.	A&CS / Third Sector	March 2010	Carers feel they have the skills and support to provide care
Emotional Support	Launch the governments national carer support/advice line in Hartlepool	A&CS	September 2009	Carers feel emotionally supported in their role
	Ensure a contract for emotional support for carers is awarded locally through the carer's strategy group.	A&CS	March 2010	Carers feel emotionally supported in their role

Carers Grant Budget Allocation**1.1 Appendix C**

Description	Details	2009/10	2008/09 (Carry Forward)
Elderly Contracts	Day care places to support carers and home sitting service	80525	0
Carers Direct Payment	Payments direct to carers to support direct purchase of support	106218	0
Carer's Event	Admin costs to fund consultation, publication and strategy group	9850	0
Carer's Ass Project	Contract with Hartlepool Carers to provide assessments and support	46758	0
MH Carers	Contract with Hartlepool Mind to provide MH assessment and support	35840	0
Ind Sector Carer's Support Contracts	40k for Carers Strategy Group, 20k for Information Service, 10k for Registration Scheme	70000	0
Carers Emergency Respite	Core budget for respite scheme and extra for hours used.	44809	34171
		394000	34171

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder

23 September 2009



Report of: Director of Child and Adult Services

Subject: ADULT AND COMMUNITY SERVICES
DEPARTMENTAL PLAN 2009/2010 –
2011/2012

SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 To submit the Departmental Plan for Adult and Community Services Department (attached as a separate document) for Portfolio Holder consideration.

2.0 SUMMARY OF CONTENTS

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

3.0 RELEVANCE TO PORTFOLIO MEMBER

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

4.0 TYPE OF DECISION

- 4.1 Non-key

5.0 DECISION MAKING ROUTE

- 5.0 Adult and Public Health Services Portfolio – 23 September 2009
Culture Leisure and Tourism Portfolio – 25 August 2009

6.0 DECISION(S) REQUIRED

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

Report of: Director of Child and Adult Services

Subject: ADULT AND COMMUNITY SERVICES
DEPARTMENTAL PLAN 2009/2010 –
2011/2012

1. PURPOSE OF REPORT

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

2. BACKGROUND

- 2.1 Overview of the Plan - The Departmental Plan (attached as a separate document) sets out the direction of travel for Adult and Community Services for the next three years. This is the third annual update and outlines progress on previous year's work. The plan enables us to ensure that we are able to respond to new initiatives and legislation that may affect the Council or the Department itself.
- 2.2 This plan is intended to inform the reader about Adult and Community Services and how we as an organisation determine what we do, how we do it and how well we do it.
- 2.3 It is intended to signpost the reader to where they may find more out about a specific services area or aspect of what we do. To this end our plan is not an exhaustive document but an overview of the priorities and initiatives that are specific to this department.
- 2.4 The Departmental Plan for Adult and Community Services has been written in accordance with the agreed corporate format, and has clear linkages with the Corporate Plan. Moreover, within the Department, Service Plans, Team Plans and indeed individual officers' objectives can be clearly linked to the Corporate Plan.
- 2.5 The Department recognises the importance of the plan and regards it as essential to the delivery of services that achieve its strategic objectives. Additionally it is the means by which people at all levels of the organisation can understand how their work contributes to the achievements of those strategic objectives.

2.6 The following service plans are being developed under the strategic umbrella of the overall Departmental Plan:

- Support Services
- Adult Education
- Libraries
- Sports & Recreation
- Museums and Heritage
- Parks & Countryside
- Strategic Arts
- Tall Ships Races 2010

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

2.7 Strategic Direction for Adult Services – In January 2006 the Department of Health produced a White Paper “Our Health, Our Care, Our Say”. This set out a clear vision for the future of adult social care services which includes:

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

2.8 A report to Cabinet was made on 27 February 2006 outlining the content and implications of the White Paper. This continues to be an important driver for our work.

2.9 The White Paper has been complemented by a paper from the LGA, ADASS and NHS called Putting People First. This protocol seeks to set out and support the Governments commitment to independent living for all adults and outlines the shared values and aims which will guide the transformation of social care.

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

- Improving the Adult Education Service to focus on creating a strong emphasis on improving work skills and Skills for Life. Family Learning is also seen as a key priority, as is the

maintenance of a wide range of 'First Step' provision to introduce adults to learning.

- Much of the work of Community Services is undertaken in collaboration with external partners and significant funding is sourced from regeneration schemes, government agencies and income generation to support a range of innovative schemes and services through:
 - Libraries
 - Sports and Recreation
 - Museums and Heritage
 - Strategic Arts and Events
 - Parks and Countryside

- 2.11 The opportunities for new partnership both within and out with the department are exciting, and the potential to increase the quality of services offered to Hartlepool's residents through better integration is significant. The management of services within their own compartments is a thing of the past.
- 2.12 The future lies in demonstrating leadership across traditional boundaries, and then putting citizens in control of the services they want and need and of their future design. The skills and experience of everyone in Adult and Community Services will be central to this task.
- 2.13 This plan explains our future priorities and sets out the Department's objectives. Implicit within that is our determination to improve things even further and provide services that offer quality, independence and choice in line with what citizens of Hartlepool tell us they want.
- 2.14 Monitoring and Reporting - The action plan detailing how the department will meet its main aims/objectives for the forthcoming year will be monitored constantly, and a quarterly report will be given to Portfolio Holder to update them on progress and highlight any key areas of achievement and concern.
- 2.15 Throughout the year, in certain circumstances, it may become necessary to either remove or amend an aim/objective or specific action from the annual plan. This could be for a number of reasons, such as changing priorities or a delay in implementing a particular scheme through unforeseen circumstances. Any amendments to the plan will only be made with full agreement of the relevant Portfolio Holder(s).

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

3. FINANCIAL IMPLICATIONS

- 3.1 Nil.

4. RECOMMENDATIONS

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



ADULT AND COMMUNITY SERVICES DEPARTMENT

DEPARTMENTAL PLAN

2009/10 – 2011/12

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WELCOME TO OUR PLAN



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

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

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

The Department of Adult and Community Services was created in June 2005 following a major restructure across the Council. The department has become well embedded over the past four years and there are numerous examples of how adult social care and community services have been able to work closely together to improve outcomes for people. A further restructure within adult social care has been undertaken over the past twelve months and as a result we now have integrated operational services in place through a partnership with North Tees & Hartlepool NHS Foundation Trust and integrated commissioning of services takes place through a partnership with Hartlepool PCT. The restructure has involved making a number of joint appointments, the introduction of a single line management structure for operational services and co-location of operational and commissioning teams.

One of the key challenges will be the creation of the new Department that will bring together Adult & Community Services and Childrens Services, developing new structures and roles so that the Council can continue to provide the best services for the people of Hartlepool. We also will work with the Business Transformation Team to implement [any](#) recommendations. This will be a time of change for staff and we will endeavour to ensure that these changes are effectively communicated and managed.

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

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

In 2007 the Government produced the concordat 'Putting People First' which shapes the personalisation agenda and promotes the development of services that support people to:

- Live independently
- Stay healthy and recover quickly from illness
- Exercise maximum control over their own life and where appropriate the lives of their family members
- Sustain a family unit which avoids children being required to take on inappropriate caring roles
- Participate as active and equal citizens, both economically and socially
- Have the best quality of life, irrespective of illness or disability
- Retain maximum dignity and respect

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

- Improving the Adult Education Service to focus on creating a strong emphasis on improving work skills and Skills for Life. Family Learning is also seen as a key priority, as is the maintenance of a wide range of 'First Step' provision to introduce adults to learning.
- Much of the work of Community Services is undertaken in collaboration with external partners and significant funding is sourced from regeneration schemes, government agencies and income generation to support a range of innovative schemes and services through:
 - Libraries
 - Sports and Recreation
 - Strategic Arts and Events
 - Museums and Heritage
 - Parks and Countryside

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

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

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

KEY ACHIEVEMENTS LAST YEAR IN ADULT SOCIAL CARE

- The Hartfields Extra Care Village at Middle Warren opened in August 2008 and as of May 2009 approximately 140 people have moved in and are enjoying the facilities.
- Funding has been secured for a further extra care development at Orwell Walk and existing sheltered housing schemes at Bamburgh Court and Albany Court have been redeveloped or re-modeled to further increase supported housing options and choice for individuals.
- There has been a significant increase in the number and range of people receiving Personal Budgets to enable them to arrange their own support with over 1,200 people currently directing their own support in this way, either through Direct Payments or other arrangements. We have seen some excellent examples of people using their budgets creatively and innovatively in order to meet their identified outcomes.
- Integrated management arrangements between health and social care have led to increased use of rapid response interventions and intermediate care to prevent admission into hospital and or residential / nursing care and facilitate early discharge.
- Implementation of the Older People's Housing, Care and Support Strategy is ongoing. This has led to the expansion of extra care provision, housing related/ floating support, improved signposting, advice and information via Hartlepool Now and the broader and increased use of assistive technologies.
- Despite the fact that in April 2008 the Independent Living Fund (ILF) criteria changed and became much more restrictive, we have still achieved an increase of £137,860 in terms of the level of ILF funding claimed by residents of Hartlepool from April 2008 to April 2009. This has resulted in a total figure of ILF claimed to pay for additional support needs of £1,135,053 per year.
- More people are accessing mainstream sports and leisure facilities.
- The use of Assistive Technology including telecare services has continued to increase and there are now over 300 people using telecare with a very high level of satisfaction reported by those accessing the service. The primary focus is on falls prevention with falls packs being distributed to all identified as being at risk of falling. A telehealth pilot is to commence with the PCT during the summer of 2009/10 which will focus on respiratory problems.
- The availability of housing related support has increased to help more people to live in their own homes. These services are known as 'floating support' because they focus on non-accommodation based support, and have given people increased opportunities to avoid social isolation and participate in community activity. A more specialised floating support service has been introduced for older people with mental health needs. This service responds flexibly to promote opportunities for community engagement and to support carers to continue in their role.

- A contract has been established with the Hindu and Sikh Cultural Society to help us to promote culturally sensitive services for this section of our community.
- Integrated locality teams are now established and bring health and social care professionals together under a single management structure within new shared team bases. This has enabled us to support people with Long Term Conditions more robustly through pro-active engagement with Community Matrons who work in the new teams.
- Real progress has been made with Connected Care project in the Owton Ward. Connected Care Navigators and co-ordinators are in place and plans for a social enterprise continue to develop.
- There has been an increase in the number of carers assessments which have resulted in an increased number of carers receiving services in their own right. This includes a greater number of carers receiving Direct Payments to plan and commission their own support.
- An emergency respite scheme for carers has been established and early feedback is very positive.
- In-house home care services received national recognition for their innovative approach to providing domiciliary care services. This service has now been amalgamated with floating support services to provide greater opportunities to engage with more vulnerable people.
- Exemplary performance has been maintained in relation to preventing delayed transfers of care.
- We have further developed user led evaluation to determine the quality and effectiveness of the services we commission to meet people's assessed needs.
- We have seen an increase in the number and range of NVQs delivered to employees.
- Introduction of the successful Skills for Jobs programme which assists unemployed people to become job ready and supports them to find suitable employment.

PUBLIC OPINION OF OUR SERVICES

We collect vital feedback through the involvement of people who use services in evaluation of a wide range of our services. For example over 300 people contributed to the review of home care services, with most being satisfied with the privacy, choice and opportunity for fulfillment which the service offered.

Annual National Survey of Adult Social Care Service Users

The annual national survey of adult social care service users for 2009 concentrates on older people and their home care. The survey will help us 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.

Complaints

Complaints are used to improve services. We also ask complainants to feedback on the handling of their complaint. Unfortunately despite our best endeavours we have had very little feedback for 2008/2009. Improving feedback will be a key target for 2009/2010.

The quality of investigation was said by 75% of respondents to be very satisfactory. The remaining 25% of respondents were said to be quite satisfied.

In relation to the Department's response to their complaint

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

New arrangements for handling both health and adult social care complaints were introduced on 1 April 2009 under the banner 'Making Experiences Count'. It is intended that the new arrangements will offer:

- A more flexible person-centred approach
- A focus upon listening, responding and improving

Under the new regulations, there will be:

- A two tier process. Firstly, a local resolution stage which should be robust, effective and comprehensive. The complainant should receive a tailored response proportionate to the issues raised. Secondly, there is recourse to the Local Government Ombudsman.

- No prescribed timescales for responding to a complaint. It is expected organisations will act in a speedy, efficient manner and will agree with the complainant, at the outset, an anticipated timescale for investigating and responding to each complaint they receive which is proportionate to the issues raised.
- An emphasis on using people's experiences to improve services;
- A duty on joined-up arrangements to responding to complaints that span both adult social care and NHS bodies.

Complaints received before 1 April will continue to follow the old, 3 stage regulations.

New procedures are currently being drafted in consultation with managers and staff. Following this, we will revise the 'Complaints and Comments' public information material and roll out a training programme which will include a module aimed at raising awareness of the new procedure as well as a module about investigating complaints.

Individual Views of Adult Social Care

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

"Our daughter, S, is mentally ill, an alcoholic and an ex drug addict. My husband and I (both disabled pensioners) have given S all the support and help that we can possibly give. We were worn out both physically and mentally. Then along came a lady to whom we will be eternally grateful, MS. She took an enormous load off our shoulders. Her way of handling S is nothing short of amazing. M has worked with S for a long time and her patience seems to be inexhaustible." (Parents/Carers of a service user, Mental Health Services)

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

"I think the help available to me was great. The lady who came to assess me was very helpful and the equipment is very helpful." (Service user, OT).

"It was just good to find out that there was help available. The waiting time was very short." (Service user, OT).

"For the short weeks my mother-in-law needed your services their caring and attitude was fantastic. I can't praise them high enough. Each carer that came to her house was of a very high standard." (Carer, Older Persons Services).

"I am taking this opportunity to express my thanks to you and your team for the really outstanding service you provided. I cannot find fault in any way, no sooner did I request anything it was delivered, sometimes within hours. Everything was carried out in a real friendly manner. You have a team that you can really feel proud of and my wife and myself are both grateful."
(Service User, Older Persons Service).

The Department is keen to know about how people experience our services and have set up two new initiatives aimed at ensuring that we consult with people who use our services to ensure that we work consistently to improve outcomes,

The Service User Experience Sampling project involves senior managers within the Department interviewing randomly selected people who have accessed our services over the last year. The interviews focus on how people experienced accessing our services, what worked well and what could have been better and the person interviewed will be asked to discuss what advice they would give to others using the system. The information that we get from these interviews will be used to help us think about how we can improve the services that we provide and how we can help people access those services.

A number of focus groups with people who use services and carers are also taking place. The subject for each group will be decided in advance by the people who attend and may include: issues that they want more information about and/or concerns or problems with a particular service. Senior officers from the department will be attending the groups to provide feedback on issues and developments and to provide opportunities for meaningful two way dialogue.

Learning Disability – Partnership Board

The Learning Disability Partnership Board continues to work well as an inclusive and active planning group that gives people with learning disabilities a real voice.

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

The Learning Disability Partnership Board supported the completion of a performance and self assessment framework focused on four key priorities for health. These are:

- Campus homes to be closed by 2010
- Ensuring people with learning disabilities have access to the same treatment as everybody else
- Ensuring people with learning disabilities are safe
- Improved services and more opportunities for people with learning disabilities.

The priorities are reported to the Strategic Health Authority and form the basis of the forthcoming action plan for 2009.

Telecare

Outcomes of the annual Telecare survey show high percentage satisfaction rates with the service. Work is being progressed to investigate whether Telecare should remain as a preventative service outside the contributions policy and work also continues to link the activity of the Telecare service to fall services locally. A pilot Telehealth project is underway managed by the PCT to focus on patients with respiratory conditions. An assistive technology strategy is being developed to include all elements of Telecare and Telehealth plans and will be in place by November 2009.

Older People

Work to develop strategies and plans for older people's service now routinely includes older people themselves, with an event planned for Autumn 2009 to refresh the Older People's Strategy and Housing Care and Support Strategy.

Additionally, work has taken place to gather the views of older people on the services they receive, using independent assessors.

Carers

The Carers Strategy outlines the vision for carers in Hartlepool. It provides a set of priorities identified by carers within the town that will be used to guide policy development and service provision in the future. The strategy identifies the actions needed to ensure that carers feel supported, valued and recognised in their important role. Support that will be provided as a result of this strategy will take many forms. This could range from extra support at home, help with accessing services identifying services that are already there, some forms of respite care and help to support carers have a life of their own through leisure and relaxation. Most importantly the Strategy ensures that carers receive recognition and support.

KEY ACHIEVEMENTS LAST YEAR IN COMMUNITY SERVICES

Progress to date in this area over the past year include:

- A number of successful projects have been delivered including the 2008 Maritime Festival, the National BMX trials at Summerhill and work continues in preparation for the Olympic and Paralympic training camp opportunities for Hartlepool Marina and sail training camps.
- The Tall Ships Project continues to gain momentum, following the official STI (Sail Training International) inspection the project team has received complimentary feedback on the progress made to date, effectively confirming that Hartlepool is ahead of its 2010 Race partners.
- The visitor figures for the Hartlepool visitor attractions have borne up remarkably well considering a poor national performance. The Hartlepool Maritime Experience including the HMS Trincomalee, has seen an increase in visitors which demonstrates the value of the recent investment programme.
- Recent results from the Active People survey show an increase in adult participation in sport to 22.1 per cent; the highest increase in the Tees Valley Sub-Region.
- Targeted outreach work in areas where engagement is low, Owton Manor.
- Put in bid for Monsters, Myths and Legends for Hartlepool Cultural Olympiad at Summerhill.
- Discussion continued regarding the redevelopment of the Mill House site with funding being sought to refurbish the pool changing room facilities during 2009/10. New automated entrance/exit doors have been installed at Mill House to improve accessibility.
- Social cohesion was encouraged through a range of partnership art projects in, for example, community arts engagement and performance at the Maritime Festival, a Ministry of Defence Veterans focused intergenerational project, Town Hall Theatre performances, the Kathakali Project with schools and young learning disability groups and the successful performance of the Burbank Pantomime.
- Work on the GP Referral Programme continues to develop with a range of activities being offered to communities with unmet needs. For example, a women only session specifically for the Asian community as it was identified that this group's needs were not being met.
- A number of initiatives aimed at raising participation have been implemented including PE and School Sport for Young People and the 'Five Hour Offer', the Government's free swim initiative for under 16s and over 60s and offering concessionary pricing for over 60s through the Active Card.

- In libraries, there was a sustained programme of literature and reading related cultural events within the 2008 National year of Reading focusing on the health agenda and with activities such as visits by authors to discuss their work, a Murder Mystery event, sessions on reflexology, healthy eating and gardening for mental health which encouraged relaxation and easing stress as well as stimulating the mind.
- The Library Transformation Programme was approved by Cabinet and the introduction of self issue technology (RFID) was completed by the end of March as the first stage of service redevelopment.
- The Headland Sports Hall and the Sports Development Team have achieved the Quest Quality Accreditation Standard.
- Adult Education in association with LA partners in the Tees valley were awarded a National Award for innovation in learning technology.

PUBLIC OPINION OF OUR SERVICES

The 2 yearly Mori Household 2008 survey was published in March 2009.

Overall satisfaction rates were good:

Service	% Satisfied (NRF)	% (Wider Hartlepool Figure)
Museums/Art Galleries	70%	80%
Libraries	86%	90%
Sports Club Facilities	72%	75%
Youth & Community Centres	68%	63%
Public Parks and Open Spaces	64%	84%

There are also figures for usage of local services which show that public parks and open spaces are the most used (59%), closely followed by libraries (50%) and museums and art galleries (31%).



Nicola Bailey
Director of Adult and Community Services

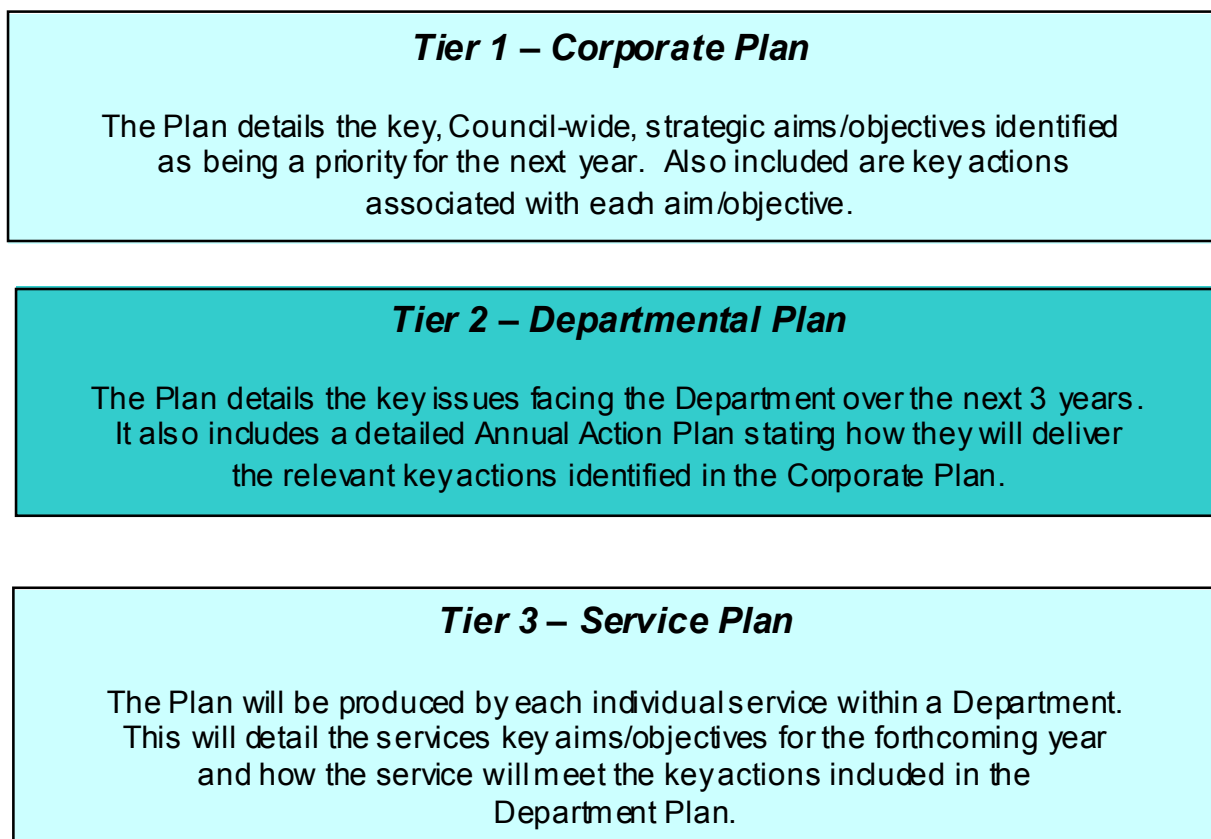
INTRODUCTION

This document is the Adult & Community Services Departmental Plan for 2009/2010 and forms part of the Council's overall Service Planning arrangements. The plan details the key priorities and issues facing the department over the next three years, and includes a detailed action plan for the next 12 months. This plan will be reviewed on an annual basis, which will allow for any emerging priorities to be included.

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

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

Fig 1:



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

CHAPTER 1

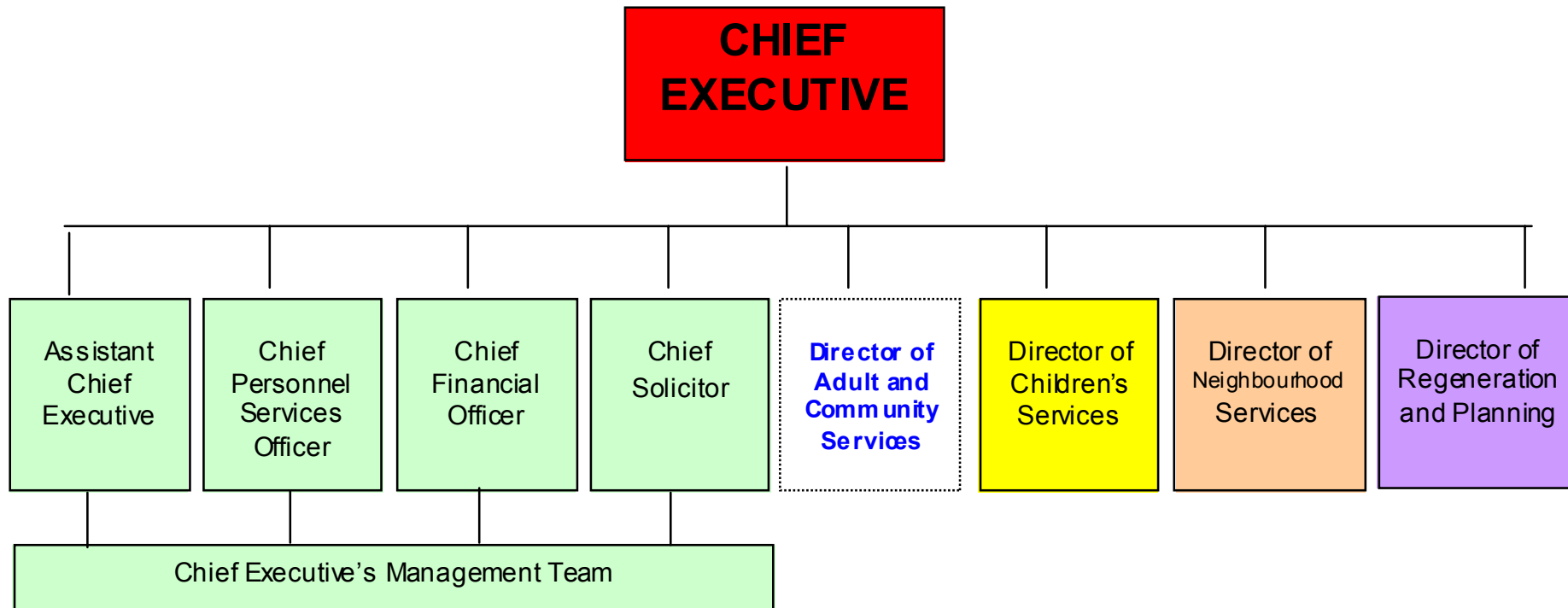
DEPARTMENTAL STRUCTURE

This section contains the following:

- Section 1 The Senior Officer Structure – Departmental Management Team (DMT) and Management Structure
- Section 2 Chief Officer accountabilities
- Section 3 Overview of Departmental structure, and where Department sits in overall Authority structure
- Section 4 The services that are provided by the Department

SECTION 1

CORPORATE MANAGEMENT TEAM



**DEPARTMENTAL
MANAGEMENT
TEAM**



Director of Adult and Community Services
Nicola Bailey



**Assistant Director
(Support Services)**
Alan Dobby



**Assistant Director
(Adults Commissioning)**
Jill Harrison



**Assistant Director
(Adult Services)**
John Lovatt



**Assistant Director
(Community Services)**
John Mennear

SECTION 2

CHIEF OFFICER ACCOUNTABILITIES

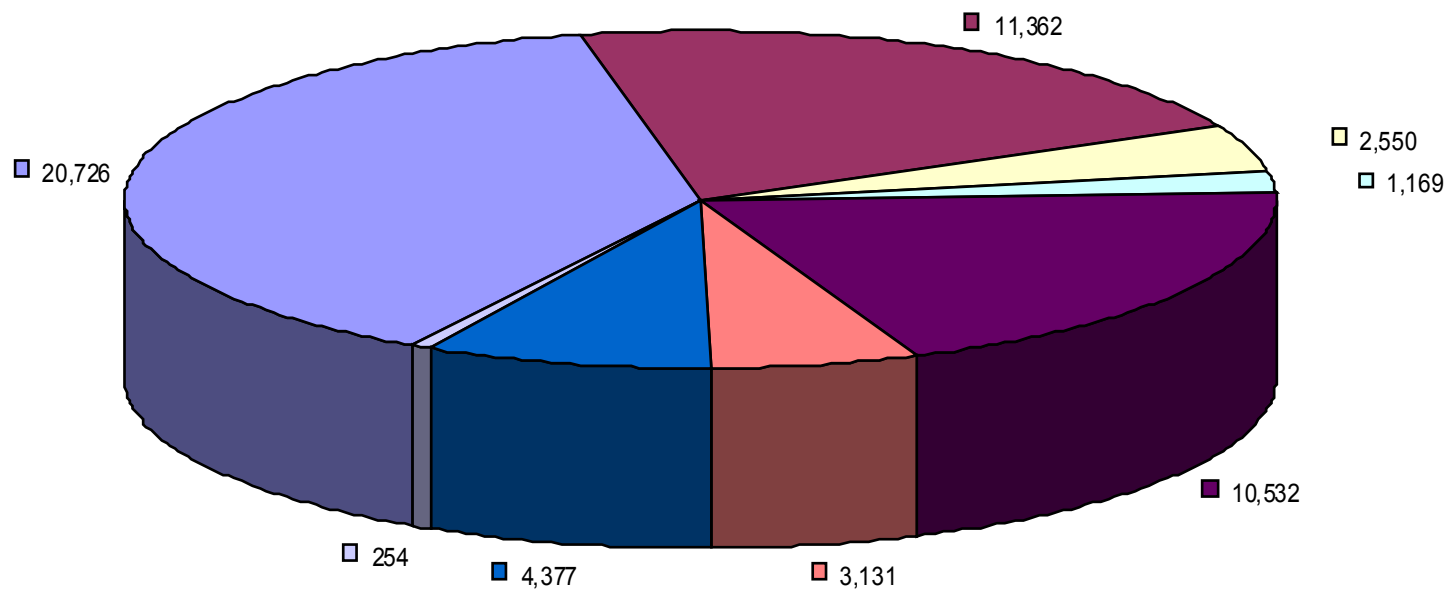
The Adult and Community Services Department has a net budget in excess of £30m and over 600 staff working in the following divisions:

Assistant Director - Adult Commissioning	Adult Health and Social Care Commissioning Supporting People	Jill Harrison
Acting Assistant Director – Adult Operations	Adult Health and Social Care Services	John Lovatt
Assistant Director Community Services	Community Services Adult Education	John Mennear
Assistant Director Support Services	Support Services	Alan Dobby

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

GROSS EXPENDITURE £ 000's - ADULT & COMMUNITY SERVICES 2009/2010

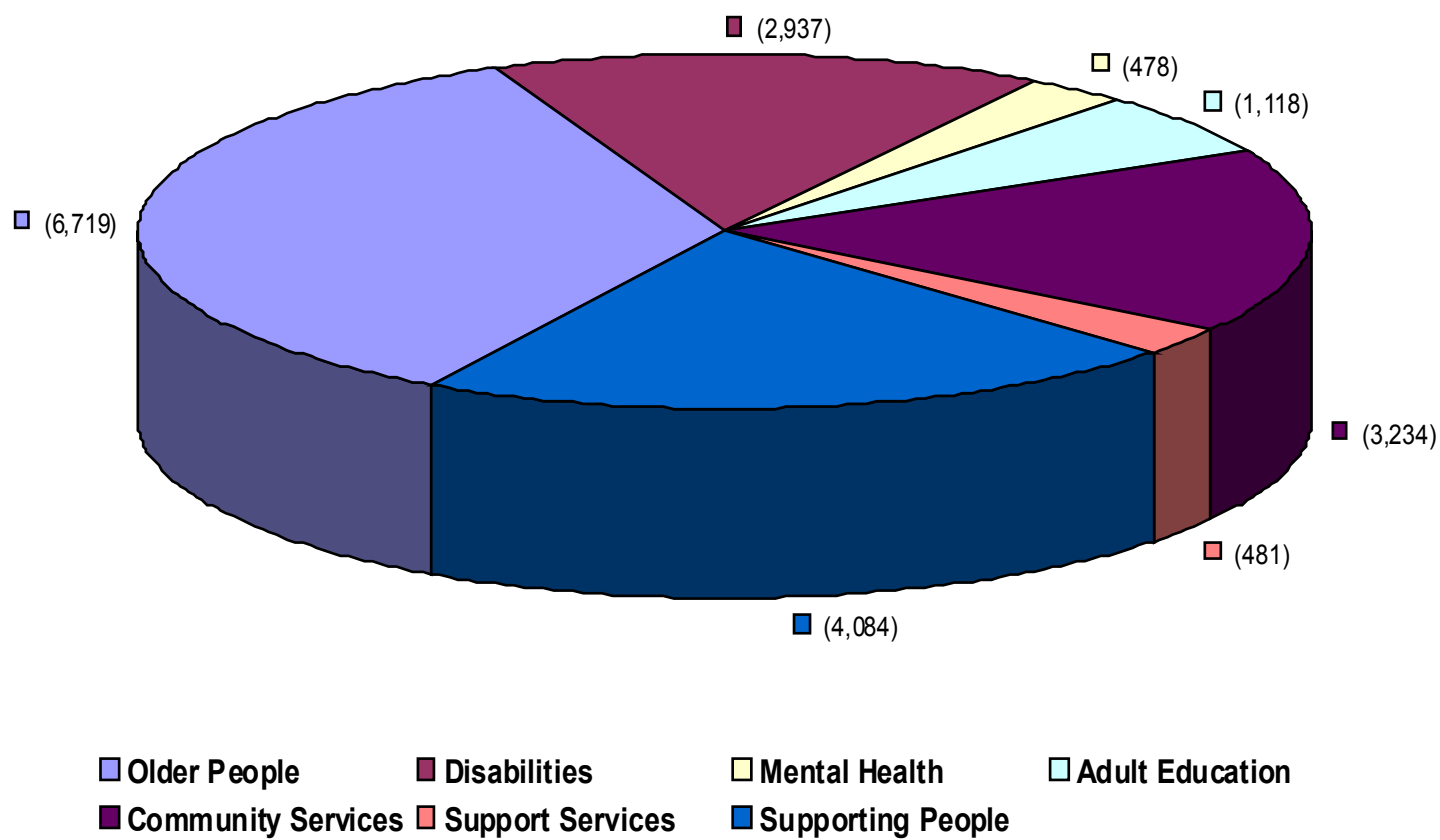
TOTAL GROSS EXPENDITURE - £54,100,000



Older People	Disabilities	Mental Health	Adult Education
Community Services	Support Services	Supporting People	WNF

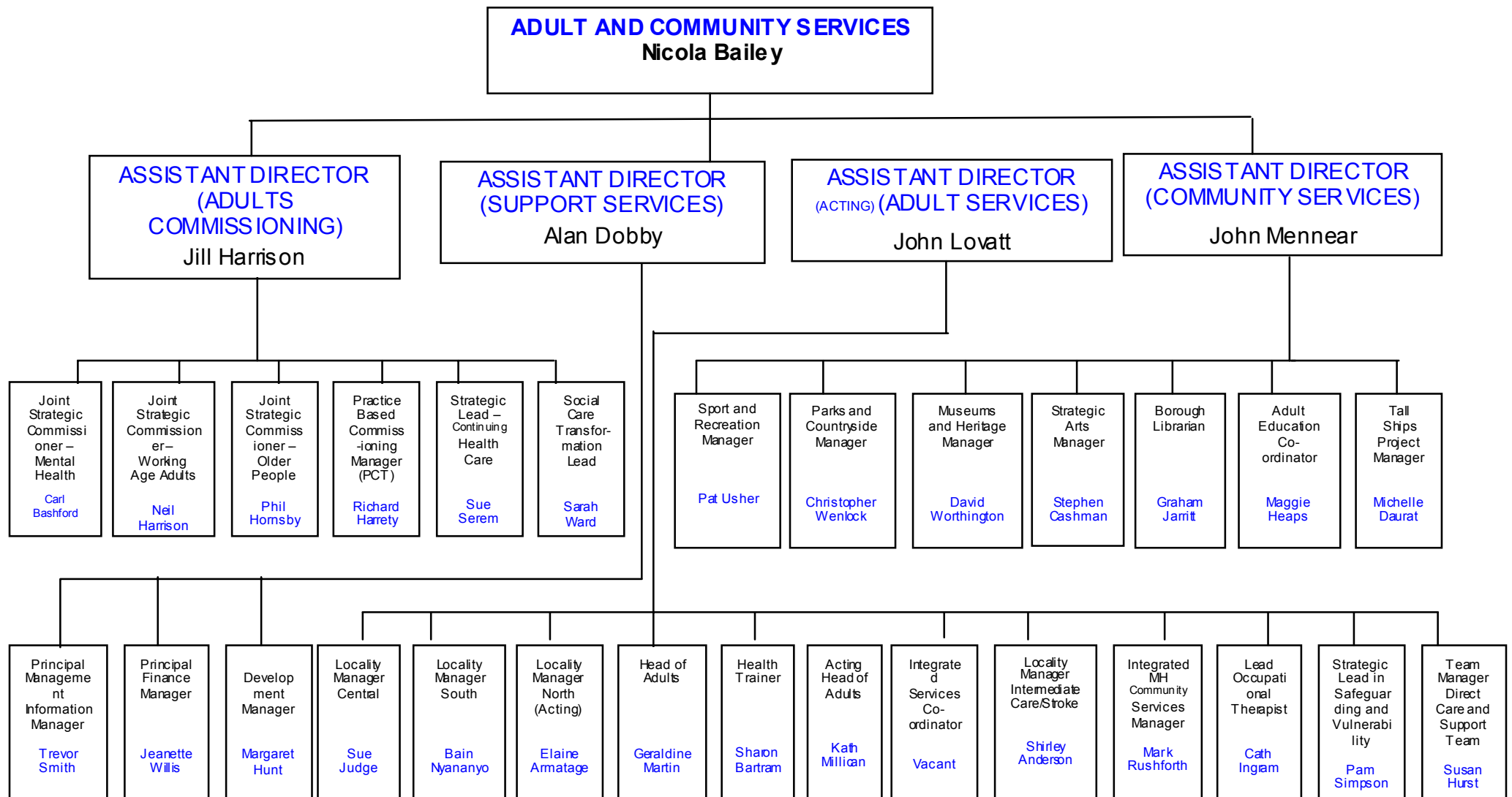
INCOME £ 000's - ADULT & COMMUNITY SERVICES 2009/2010

TOTAL INCOME £19,050,000



MANAGEMENT STRUCTURE

SECTION 3



SECTION 4

SERVICES PROVIDED

Here is an overview of each part of the Department and the services provided:

COMMUNITY SERVICES

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

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

Adult Education

The Adult Education Service is committed to providing a range of easily accessible opportunities for any adult wishing to participate in learning. The Service works in partnership with a range of agencies to ensure that all adults have access to learning which is both locally available and of a high standard in a range of topics.



There are very good partnerships in place with a range of local organisations to make sure that the learning opportunities contribute to local, regional and national priorities.

Approximately 50% of our courses provide access to an accredited qualification. This includes opportunities to gain a range of vocational qualifications up to Level 5. There are also a range of opportunities that are designed to encourage participation in learning for pleasure. All of these courses cover a wide range of topics.

The service also provides access to support for unemployed adults who wish to gain vital skills to assist them to re-enter the labour market. This support is varied and includes access to such things as CV writing and interview skills.

The service is also accredited to the Matrix standard to provide Information, Advice and Guidance to adults on learning and work opportunities.

The Service receives the majority of its funding from the Learning and Skills Council; with a total LSC Grant for 2008/9 of approximately £900,000. Additional funding is received from other funding agencies such as the European Social Fund and Job Centre Plus.

The Service employs approximately 60 staff, including tutors, development and support teams. These all ensure that all adults are catered for and that under represented priority groups are not disadvantaged from accessing provision and achieving their chosen aim.

In the last year the service in partnership with the other Local Authorities in Tees Valley was awarded a National Award for Innovation and Learning Technology.

Museums and Heritage

The provision of Museum and Heritage services includes the award winning Hartlepool Art Gallery in Church Square which hosts over 6 exhibitions per year in addition to providing a base for significant outreach activity.



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

The Hartlepool Maritime Experience is the Tees Valley's premier tourist attraction consisting of the Museum of Hartlepool, the paddle steamer PSS Wingfield Castle and Hartlepool Maritime Experience which is the home of Europe's oldest floating warship, HMS Trincomalee. The combined site is a major functions venue and features significantly as Hartlepool's key visitor destination.

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

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

Parks and Countryside



The Parks and Countryside Service manages the town's parks including the prestigious Ward Jackson Park, recently renovated via a Heritage Lottery Fund (HLF) Grant to restore and improve this wonderful Victorian legacy complete with new café and small function facilities.

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

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

Other facilities include Seaton Park, Rossmere Park, six Local Nature Reserves, fifteen playgrounds, sports pitches and bowling greens. The service manages a total of 1,050 allotments over 15 sites townwide and has responsibility for over 95 km of public footpaths including the Hart to Haswell walkway. The foreshore service includes seasonal Lifeguard services at Seaton and the Headland.

Arts and Events

The Strategic Arts and Events Service exists to provide support and encourage opportunities to engage with a wide variety of arts experiences for Hartlepool residents and visitors alike.

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

The Borough Hall with a 1,200 capacity is a very flexible venue and provides opportunities to maximise use by an extremely wide user base – ranging from International Boxing Championships to radio and TV show recordings as well as being an ideal venue for community entertainment.

The Bi-annual Maritime festival is another event provided via the service. It was held in 2008 and in 2009, will be succeeded by 'Dockfest' – an enhanced offering featuring top music acts and comedy performers among other attractions. In 2010 it will be transformed into the spectacular Tall Ships Races which are being hosted by Hartlepool. Other events include the Seaton Fireworks and a host of smaller co-operative ventures working and supporting others.

Libraries

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

This is complemented by a branch library network at Seaton Carew, Owton Manor, Foggy Furze, Throston, West View and the Headland in addition to which the service provides a Home Library service to over 600 individuals who are classed as housebound or live in residential care homes.

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

The joint archive service is hosted by Middlesbrough Borough Council and based in Middlesbrough town centre, with libraries the lead representative for HBC.

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

Sport and Recreation

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

Following new developments the focus for Sports Centre activity is now centred on Mill House Leisure Centre with the town's only public access swimming pool and a major sports hall, squash and fitness gym, the Headland Sports Centre with a four court sports hall and multi station fitness suite and a close working relationship with Brierton Sports College which provides good facilities for club bookings out of school hours. The service also manages Grayfields Recreation Ground which is the hub for our Football Development Programme.

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

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

Tall Ships 2010

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

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

It is anticipated that Hartlepool will attract in excess of 100 tall ships with a crew complement nearing 3,000, the event is estimated to attract around 1 million visitors and this will create many logistical challenges, particularly in terms of transport infrastructure, park and ride schemes and general town centre congestion.

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

ADULT SOCIAL CARE

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

Adult Social Care Services are now integrated with community services provided by North Tees & Hartlepool NHS Foundation Trust. There are three geographic teams supporting older people and people with physical disabilities that involve social care staff working alongside nursing colleagues. These teams operate within an integrated management structure and are co-located.

An integrated Mental Health Service continues to be provided in partnership with the Tees Esk and Wear Valleys NHS Foundation Trust and there are plans for community learning disability services to co-locate during 2009/10.

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

Finally Adult Social Care continues to be at the forefront nationally in terms of introducing personal budgets - enabling people who use services to have more choice and control and to direct and commission the support they need. Since December 2007, over 1,200 people have been given a personal budget and the support they require to determine how it is used.

Older People Services



Services for older people have a gross budget in excess of £19 million. Direct support is provided to more than 3,000 people by over 220 staff. This includes a Direct Care and Support Service which combines in-house rapid response home care with a 'floating support' service which offers low-level accommodation related support through Supporting People funding. All other direct provision is purchased from independent providers.

The older people's service is actively implementing self directed support, to ensure that all older people who are eligible and needing support have access to a personal budget. This allows the older person to develop their own support plan and significantly influence how they want their needs to be met. People have the option of managing their budget themselves or using support and brokerage services to help them do this and in many instances people are being assisted by care managers.

The Duty Team is the first point of contact for most people wishing to access social care and it is based at the Civic Centre. However for those people requiring support in relation to hospital discharge, this is facilitated by the award winning 'Multi-link' Team.

Care management support, including social work and occupational therapy services is provided through integrated health and social care arrangements.

Learning Disability Services

There are currently more than 250 people with learning disabilities receiving support from a social care team of 50 staff. The total gross budget for learning disabilities in 2009/10 is over £6 million, including money transferred from health services to provide for continuing needs of people resettled from long stay hospitals. The only direct provision by the Council is day opportunity services which are undergoing modernisation to enable people to access ordinary community resources wherever possible.

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

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

The service can be accessed following an assessment by a social worker or community nursing health professional in learning disability services. Increasingly, people who use services are choosing to use their personal budgets to purchase their own support to meet their needs and secure the outcomes they want to see in their lives.

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

Mental Health Services

Mental Health Services for adults under 65 are now fully integrated with the NHS Trust providing services to Hartlepool. The total Council mental health gross budget is £2 million, and the integrated service offers provision to over 1,000 people. There are 35 local authority employees working in the integrated service at present.

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

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

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

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

The PCT are commissioning a provider for delivery of Improving Access to Psychological Therapy (IAPT) services following a tendering and procurement process and the Local Authority will continue to engage with this development. This will include involvement with Local Delivery Groups for the implementation of IAPT ensuring the successful implementation of 30 high intensity workers and 26 low intensity workers across Tees (7 new high intensity therapists and 4 new low intensity therapists in Hartlepool).

We plan to undertake a benchmarking of local services against the new National Dementia Strategy with local partners and review local pathways for assessment and diagnosis of dementia across the mental health system. This will also include a review of Older Peoples Liaison Psychiatry Services in Care Homes and development of an Open Pathway Referral to Memory Clinics. This will be supported through the production and procurement of accessible information for people with dementia and their families.

All services including social care and primary care services will be described and delivered against the Stepped Care Model and all specifications for new and existing commissioned services will promote personalisation and choice as well as safeguarding protocols. There will be bespoke initiatives to ensure that Early Intervention in Psychoses Services are delivering national targets to ensure people access services as soon as possible reducing the impact of longer term costs and to ensure that Crisis Services are developed and delivering rapid access to interventions reducing the risk of long term problems developing and helping people stay at home.

Key Issues around equality and inclusion will be addressed through better engagement with the Black and Minority Ethnic Community Development Worker Service, more modern day services and ensuring that socially inclusive outcomes are delivered by providers specifically in relation to vocational outcomes including paid employment.

Services to People with Physical or Sensory Disabilities

The only service directly provided by the Council is day opportunities; with a gross budget of £1.8 million, and services provided to over 600 people.



Social work and occupational therapy assessment and care management is provided by the three integrated locality teams. The teams provide assessment and support to adults with physical disabilities and sensory loss.

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

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

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

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

There has been an increase in the number of people accessing personal budgets and this has evidenced better outcomes related to people's needs and enabled them to develop choice, control and increased levels of independence in their lives.

SUPPORT SERVICES

Support Services provide specialist assistance at Departmental level. The 3 sections provide the following functions:

Management Information: information systems and technology; statutory returns; and support to performance management.

Finance: financial planning and management; creditor/debtor processes; and financial assessment and user's property.

Development: workforce development; public information and engagement, organisational development and quality; diversity; administration and support to the complaints processes.

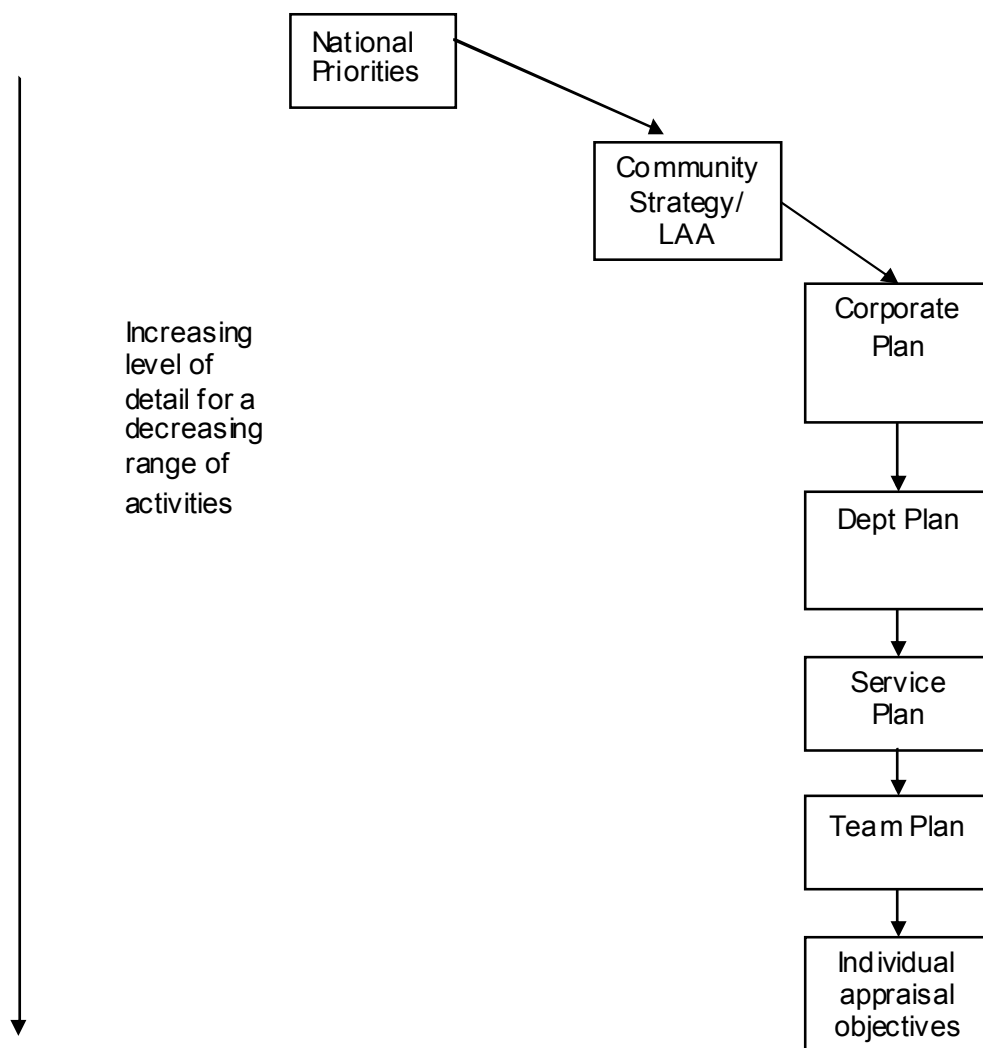
Our focus is on maintaining and improving services for those who use them, and ensuring that the Department works effectively within the wider Local Authority, and partnerships. This includes leading on ensuring efficiency savings, and re-engineering of business processes.

CHAPTER 2

PERFORMANCE MANAGEMENT FRAMEWORK

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

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



Our challenge is to be more explicit about what we intend to do and to ensure that everyone within the Department understands their own responsibilities and how what they do contributes to the Council's strategic objectives.

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

- Further developing and updating the Joint Strategic Needs Assessment and resulting commissioning intentions to identify how we are going to meet the future needs of people who require adult social care services
- Continuing to develop service specific business cases for all new developments, e.g Mill House Site Redevelopment
- Further developing Business Planning to engage our employees in developing team plans and targets
- Ensuring that all of our staff have access to regular support and appraisal opportunities linked to continuing personal and professional developments.

EXTERNAL PERFORMANCE MANAGEMENT

In addition to internal performance management Adult Social Care is rigorously performance managed through the Care Quality Commission (CQC).

In 2008 the Commission for Social Care Inspection (which has now been replaced by the CQC) judged Hartlepool as 3 stars and delivering good outcomes with excellent capacity for improvement.

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

MONITORING AND REPORTING

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

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

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

COMMUNICATION

The Department has developed a statement of communication standards. This details standards regarding internal communications and will cover team meetings, minutes, Management and Staff Forums and the use of the Department hard drive.

The Department recognises that it is essential to have a coherent approach to internal communication. At the Management Forum we have looked at a number of issues which impact on the whole department and given managers the opportunity to meet, work together and explore linkages. This will continue to be built on over the next year. The 'Respect Values' have also been developed:

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

We have continued to work on improving internal communications and produce a regular newsletter, hold Staff Seminars, and Management Forums. With our wider audience we have a Public Engagement Strategy developed for the whole department. We have a range of meetings with our providers of social care to discuss developments and policies.

We meet with key stakeholders to discuss performance as follows:

- Care Quality Commission (CQC) for regular meetings
- LSC (Learning & Skills Council)
- Local Strategic Partnership (LSP) – themed partnerships discuss their performance with the public via an annual event. We arrange for these for:
 - Health & Wellbeing Partnership
 - Culture, Leisure and Community Learning Theme Partnership

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

More formal links with the Voluntary Sector are also being developed, via a Voluntary Sector Strategy. The final draft for consultation has been approved by Cabinet, the Local Strategic Partnership and the PCT Board. A Steering Group will oversee its implementation.

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

HARTLEPOOL NOW

The Hartlepool Now website continues to develop (www.hartlepoolnow.co.uk).

The site is a public information service which will bring together information from a range of organisations across the town. The site will act as a central point for people who want to access low-level services to support them living at home.

We want Hartlepool Now to be the first place the public, the statutory and voluntary and community sectors look for information on service provision. We are creating a high quality web site which is easy to use and provides up-to-date and trusted information.

Hartlepool Now has three key elements. These are:

- To help people to remain as independent as possible by gathering, collating and publishing relevant information in appropriate accessible formats
- To establish a system for holding information from a range of statutory and voluntary service providers to enable immediate access.
- To utilise a variety of information dissemination systems to maximise coverage. Options for this include:
 - Direct access to www.hartlepoolnow.co.uk
 - Assisted access to www.hartlepoolnow.co.uk through the development of a network of intermediaries (from the statutory and voluntary and community sectors) allowing for the retrieval of information on request by individuals who can't access it themselves. These individuals may make contact with access points by telephone, in writing, or in person.

REVIEWING THE PLAN

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

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

VISION STATEMENT

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

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

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

- Framework For the Future for Libraries
- The Game Plan in Sports and Recreation
- Renaissance in the Regions in Museums and Heritage
- 'Our Health, Our Care, Our Say'
- Putting People First

CHAPTER 3

PRIORITIES

The priorities for the Department are developed as a result of national and local priorities:

- Implementation of Putting People First priorities which will include maximising access to universal services, increased focus on wellbeing, prevention and early intervention, promotion of independence and increased opportunities for self directed support
- Maximise the benefits of integrated service provision and commissioning.
- Increase the number of people planning, directing and commissioning their own support
- Work with the PCT to develop and evaluate a pilot for personal health budgets.
- Implement an improvement plan for safeguarding procedures and strengthen management arrangements across health and social care.
- Implement Deprivation of Liberty Safeguards.
- Continued implementation of the Older People's Housing Care and Support Strategy.
- Development of a Housing Care & Support Strategy for Working Age Adults.
- Implementation of the national Dementia Strategy.
- Implementation of the Carers Strategy which will include a range of developments that support carers to continue caring, increased uptake of personal budgets by carers and provision of a range of short break options.
- Development of an Assistive Technology Strategy and Implementation Plan, including access to telehealth.
- Continued modernisation of disability services to focus on social inclusion and community participation
- Improved access to healthcare for people with learning disabilities.
- Ensuring that people with mental health problems can access ordinary community resources and opportunities.

- Improved access to psychological therapies.
- Evaluation of the Connected Care pilot and exploration of links with other developments.
- Review of advocacy services.
- Implementation of short term priorities within the Voluntary Sector Strategy action plan.
- Development of a robust approach to risk and asset management which is firmly embedded in the business planning process
- Implementation of the Scrutiny Action Plan to maximize access to recreation for older people and vulnerable groups.
- Increasing access to cultural, leisure and community learning activities
- Complete a Review of the Cultural Strategy
- Progress the Mill House site redevelopment consultation
- Implementation of the Tall Ships Delivery Plan in readiness for August 2010.
- Exploring different forms of promoting the exhibition programme at the Museum of Hartlepool and Hartlepool Art Gallery to hard to reach groups and individuals.
- Creating new sport and recreation initiatives for the over 50's.
- Making sure that our public information is clear and easy to understand.
- Delivering Dockfest 2009 to maintain momentum for Tall Ships 2010.
- Continuing to support and develop the Waverly Allotment Project.
- Introducing an expanded programme of family and cultural events in Central Library.
- Carrying out buildings improvements at the Central Library.
- Continuing working on plans for redevelopment of Mill House site
- Developing and adopting the Hartlepool Allotments Strategy

- Implementing the Playbuilder Programme over the next two financial years.
- Responding to the Supporting People Inspection findings
- Working with Adult Social Care and partners to provide information for the Hartlepool Now website.
- Development of a Department wide efficiency strategy which incorporates ICT and BPR (Business Process Re-engineering)
- Further developing the Departmental Strategy Team to ensure the provision of synergy, and better ways of working.
- Continuing to implement Investors In People Action Plan
- Maintaining Level 3 Equality Standard and ensuring that INRAs/DIAs are completed
- Improving the quality and efficient use of office accommodation
- Ensure the Links (Local Involvement Networks) Development (for public engagement re Health and Social Care) works effectively
- Implementation of the National Workforce Strategy (Social Care)
- Implementing Healthier Communities IDeA Project

CHAPTER 4

WORKFORCE PLANNING AND DEVELOPMENT

The Adult and Community Services Department employs over 670 people in a diverse range of jobs.

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

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

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

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

The Department has a dedicated Workforce Planning and Development Manager, a Skills Development Manager and Officer and Administration Team. There is an allocated training budget to support the whole of the workforce.

Development needs are identified through:

- Induction
- Supervision and Annual Appraisal
- Department, Service And Team Plans
- Local and National priorities

Workforce Training and Development Plans

Services Heads are required to prepare Service Plans which identify training and development needs for their workforce.

An overarching plan, which reflects the operational plans and the outcomes of the appraisal processes for different categories of staff, is then published by the Workforce Planning and Development Section.

Analysis of Workforce

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

The Department holds information on workforce with regards to gender, disability, age, qualification levels, ethnicity, and number of people in management role, average number of reports per manager, budget for staff, budget for training and development, average spend per person on training, average length of stay in post and number of appraisals / training reviews completed.

- The tables below show the workforce to be predominantly female.
- 63 of the management posts are held by female workers and 21 male.
- There is a relatively high percentage of part time and casual workers.

The workforce was 679 as of 31st December 2008 (source department database).

Management Information	A&Cs Staff Totals
Number of individuals in management role* from band 10	84
Average Number of reports per manager	8
PCT Managers (partnership posts)	10

Employment Type	A&Cs Staff Totals	
Full Time	340	50.08%
Part Time	268	39.37%
Casual / Sessional	75	10.46%
Total	679	

Gender	A&Cs Staff Totals	
Female	525	77.31%
Male	154	22.69
Total	679	

Disability	A&Cs Staff Totals	
Yes	47	6.92%
No	420	61.85%
Not declared	212	31.24%
Total	679	

Age	A&Cs Staff Totals	
Over 65	9	1.33%
55 - 64	136	20.03%
45 - 54	208	30.63%
35 - 44	180	26.51%
25 - 34	93	13.70%
18 - 24	52	7.66%
Under 18	1	0.14%
Total	679	

Ethnicity	A&Cs Staff Totals	
White British	671	98.83%
White Irish	2	1.17%
White Other	3	
White Black African	1	
Other	1	
Asian	1	
Total	679	

Review of Workforce Training and Development Activity 2008/9

A programme of training and associated information was made available to all staff in 2008.

Training planned and delivered in the year contributed to achieving objectives for the department which were developed as a result of national and local priorities.

Appraisal - The revised HBC appraisal process was implemented from April 2008. Completed appraisal figures are an internal performance indicator for the Council.

The Training Review Section of the appraisal documentation informs the greater part of the Training Programme for 2009/10.

IIP - The Department is fully committed to the IIP standard. The Council was accredited with the Investors in People Award in July 2008 following a joint assessment of all 5 Departments and Members.

Development areas arising from the assessment findings are being addressed via the departments IIP Steering group.

Recognising the Workforce - An objective from the 2008/9 Departmental Plan was to provide an awards event for all staff achieving qualifications. This took place in December 2008 and over 45 staff attended. A similar event took place to recognise those staff that completed the IDeA Healthier Communities programme which received national recognition.

Staff from the Department were also nominated and recognised in the corporate Celebrating Success event.

Restructure of services in adult services -Support for this workforce was a priority item for the training budget to support staff through change and engage them in training activity to provide them with skills for their changing roles.

Integrated Services - Changes in the workforce have included the integration of social care teams with North Tees & Hartlepool NHS Foundation Trust and integration of commissioners with Hartlepool PCT. Work began during the year to develop joint workforce training plans and training initiatives to reflect the new ways of working across the teams.

Procurement - An ambitious approach to procuring training is being implemented across the Council which involves a process not yet tried in any other authority.

Working with Carers and People who Use Services to Deliver Training - Support has been given via the Carers Grant to support training in postural care. A local event promoting the benefits of postural care for carers, people who use services, private and voluntary sector employers and employees and Council staff will be supported from training grant.

Joint Workforce Planning and Delivery - The workforce planning and development section continues to work closely with the private and voluntary sector providers of social care. The team have been involved in the development of regional strategies relating to medication and infection control learning disability services and Putting People First and we have an annual event with providers to shape the development of the training plan for the independent sector.

Business Process Reengineering - Business process reengineering continues in the department and key managers are supporting the process.

Improvement and Development Agency - A pilot programme of training in healthy communities' competencies ran throughout the year and received extremely positive feedback from the government agency IDeA. The programme was recognised locally and nationally and the Department was encouraged by IDeA to access more funding to develop the training across the whole Council in 2009/10. A further £100k was received.

FUTURE WORKFORCE REQUIREMENTS

The Department has not experienced the shortage of skilled workers experienced by many authorities. However workforce data is used to predict future trends and possible skills gaps.

In Adult & Community Services trainee initiatives in social care and culture and heritage have been adopted in service areas.

Modern apprenticeships and student and pupil placements are supported across the Department.

There is a strong commitment within the workforce from staff and managers to providing quality and purposeful placement experiences.

The Department employs a significant number of casual and sessional workers and voluntary staff who work varying lengths of hours and shift patterns. Ensuring that they have appropriate inductions and are offered access to supervision and appraisal processes and opportunities to continuous development is a major consideration for managers to ensure equality of access. Managers respond to workers needs by arranging training outside of work hours and with a flexible approach to induction, supervision and appraisal.

Arrangements for Workforce Planning - There are key aims for workforce development from the service plan 2009-10

- 1) Produce annual plan/report detailing the workforce planning and development activity for the year and implement departmental training plan/report and programme
- 2) Develop tailored training and development programme for department and partner agencies ensuring the workforce have access to information about departmental training & development opportunities
- 3) Implement the training procurement framework and procedures and develop a specialist training framework
- 4) Develop workforce planning and development skills of department managers ensuring the workforce have access to information about corporate training and development opportunities
- 5) Produce joint workforce development plans detailing workforce planning and development activity across partner agencies and implement plans and strategies from national and regional initiatives into department workforce training and development plans
- 6) Participate in research and planning initiatives with focus on the future of the workforce including submission of social care data for the National Minimum Data Set

Key Issues - There are a number of developments locally, regionally and nationally in relation to the Workforce Development agenda for Adult Social Care. These include:

- a) A national strategy for Workforce Development "Putting People First – Working to make it happen"
- b) A regional strategy "Developing an Adult Social Care Strategy for the North East – A vision and first steps forward"
- c) Developing a collaborative approach to induction across Tees

We will ensure that we are proactive in implementing these initiatives.

The National and Regional strategies are not just about adult social care but relate to the wider workforce. A key objective will be to develop appropriate local responses.

CHAPTER 5

DEPARTMENTAL ANNUAL ACTION PLAN 2009/10

Theme: **Health & Wellbeing**

Outcome: **Improved Health**

Corporate Plan Action: To improve the health and wellbeing of Hartlepool citizens by implementing the Public Health Strategy and Action Plan

Code	Action	Responsible Officer	Due Date
CORP HW01.1	Ensure that resources are effectively managed to deliver public health outcomes	Margaret Hunt	Mar-10

Outcome: **Improved Health**

Corporate Plan Action: To revise the Joint Strategic Needs Assessment (JSNA) and ensure that it influences all plans and programmes that address health inequalities

Code	Action	Responsible Officer	Due Date
CORP HW02.1	Lead the process to revise the JSNA	ACSD?	Oct-09

Associated Performance Indicators

Code	Short Name
NI 137	Healthy life expectancy at 65
NI 119	Self reported measure of peoples overall health and well being
NI 120a, b	All Age All Cause mortality (a-Females b-Males)
NI 121	Mortality rates for circulatory diseases aged under 75
NI 122	Mortality for all cancers aged under 75

Outcome: Improved Health			
Corporate Plan Action: To reduce smoking prevalence in Hartlepool			
Code	Action	Responsible Officer	Due Date
CORP HW21.1	Ensure implementation of all of the action plans developed through Smoke Free Hartlepool Alliance	Louise Wallace	Mar-10

Associated Performance Indicators

Code	Short Name
NI 123	Stopping smoking (current smoking prevalence 16+)
NI 123 (NDC)	Stopping smoking (current smoking prevalence 16+) [NDC]
P030	The prevalence of smoking among adults (Hartlepool)
P031	The prevalence of smoking among adults (NRA + NDC)
P032	Number of 4 week smoking quitters (NRA + NDC)
P033	Number of 4 week smoking quitters (rest of Hartlepool)

Outcome: Improved Health			
Corporate Plan Action: To increase participation in Physical Activity within Hartlepool			
Code	Action	Responsible Officer	Due Date
CORP HW22.1	Be an active partner in the physical activities network	Pat Usher	Mar-10

Associated Performance Indicators

Code	Short Name
NI 8	Adult participation in sport and active recreation
P059	Overall attendances at Leisure Centres

Outcome: Improved Health			
Corporate Plan Action: To increase the number of people eating healthily across Hartlepool			
Code	Action	Responsible Officer	Due Date
CORP HW23.1	Be an active partner in the healthy eating workstream of the Public Health workstream	Louise Wallace	Mar-10

Outcome: Improved Health			
Corporate Plan Action: To reduce the prevalence of obesity			
Code	Action	Responsible Officer	Due Date
CORP HW24.1	Be an active partner in both the physical activities and obesity steering group	Louise Wallace	Mar-10

Associated Performance Indicators

Code	Short Name
P034	Number of patients completing a 10 week programme of referred activity as a result of health practitioner recommendation
P035	Of those completing a 10 week programme the percentage going onto mainstream activity

Outcome: Improved Health

Corporate Plan Action: To promote good mental health and wellbeing

Code	Action	Responsible Officer	Due Date
CORP HW25.1	Ensure co-ordination of mental health activity across the town	Carl Bashford	Mar-10

Associated Performance Indicators

Code	Short Name
P037	Prescribing of high level antidepressants (Hartlepool)
P038	No of emergency psychiatric re-admissions as % of discharges

Outcome: Improved Health

Corporate Plan Action: To reduce the death rate and the rate of serious harm from accidents

Code	Action	Responsible Officer	Due Date
CORP HW26.1	Contribute public health expertise to the accident prevention agenda	Louise Wallace	Mar-10

Outcome: Improved Health			
Corporate Plan Action: To promote the uptake of screening and immunisation programmes			
Code	Action	Responsible Officer	Due Date
CORP HW27.1	Ensure a strategic approach to increase the uptake of screening and immunisation	Louise Wallace	Mar-10

Outcome: Improved Health			
Corporate Plan Action: Take action to address the wider determinants of health			
Code	Action	Responsible Officer	Due Date
CORP HW28.1	Improve communications across LSP workstreams	Louise Wallace	Mar-10

Outcome: Exercise of choice and control and retention of personal dignity			
Corporate Plan Action: To ensure all service developments have involvement from service users and their carers			
Code	Action	Responsible Officer	Due Date
CORP HW07.1	Promote user involvement in service reviews and increase user led evaluation of services.	Phil Hornsby	Mar-10
CORP HW07.2	Maintain and further develop active participation of people and their carers in all planning groups.	Jill Harrison	Mar-10
CORP HW07.3	Review advocacy services and develop a new service specification for 2010/11.	Carl Bashford	Mar-10

Associated Performance Indicators

Code	Short Name
NI 129	End of life care – choice of death at home

Outcome: Exercise of choice and control and retention of personal dignity			
Corporate Plan Action: To ensure that all service users and carers have the opportunity to plan, direct and commission their own support			
Code	Action	Responsible Officer	Due Date
CORP HW08.1	Increase the number of people directing their own support.	Sarah Ward	Mar-10

Associated Performance Indicators

Code	Short Name
NI 130	Social Care clients receiving Self Directed Support (per 100,000)

Outcome: Exercise of choice and control and retention of personal dignity			
Corporate Plan Action: Ensure vulnerable adults are safeguarded			
Code	Action	Responsible Officer	Due Date
CORP HW09.1	Review current safeguarding procedures and strengthen management arrangements.	John Lovatt	Jul-09
CORP HW09.2	Implement Deprivation of Liberty Safeguards	Jill Harrison	Mar-10

Associated Performance Indicators

Code	Short Name
P078	Number of Deprivation of Liberty (DOL) referrals during the year
P079	Number of Safeguarding Adults referrals during the year

Outcome: Exercise of choice and control and retention of personal dignity			
Corporate Plan Action: To increase the number and range of supported accommodation options			
Code	Action	Responsible Officer	Due Date
CORP HW10.1	Complete LD Campus reprovion	Neil Harrison	Dec-09
CORP HW10.2	Develop a Housing Care & Support Strategy for Working Age Adults.	Neil Harrison	Mar-10
CORP HW10.3	Reprovion of LD respite service.	Neil Harrison	Mar-10
CORP HW10.4	Implement priority recommendations from the Older Peoples Housing Care & Support Strategy	Phil Hornsby	Mar-10

Associated Performance Indicators

Code	Short Name
NI 136	All adults supported to live independently by social services
NI 141	Percentage of vulnerable people achieving independent living
NI 142	Percentage of vulnerable people supported to maintain independent living
NI 145	Adults with learning disabilities in settled accommodation
NI 149	Adults in contact with secondary Mental Health in settled accommodation
P003	No of Extra Care Housing Places

Outcome: Improved Mental Health and Wellbeing			
Corporate Plan Action: To support people with mental health issues into paid employment			
Code	Action	Responsible Officer	Due Date
CORP HW11.1	Support people with mental health issues to access training, employment and volunteering opportunities	Carl Bashford	Mar-10

Associated Performance Indicators

Code	Short Name
NI 150	Adults in contact with secondary Mental Health in employment

Outcome: Improved Mental Health and Wellbeing			
Corporate Plan Action: To increase social inclusion for people with mental health issues			
Code	Action	Responsible Officer	Due Date
CORP HW12.1	Ensure people with mental health problems can access ordinary community resources and opportunities.	Carl Bashford	Mar-10
CORP HW12.2	Undertake service reviews to ensure services are appropriate, compliant with NICE guidance and delivered efficiently and effectively.	Carl Bashford	Mar-10

Outcome: Easier Access to Services			
Corporate Plan Action: To ensure that carers are supported effectively to support their family members for as long as they wish			
Code	Action	Responsible Officer	Due Date
CORP HW13.1	Implement 2009/10 priority actions within the Carers Strategy.	Dale Owens	Mar-10

Associated Performance Indicators

Code	Short Name
NI 135	Carers receiving needs assessment/review & services, advice/information

Outcome: **Easier Access to Services**

Corporate Plan Action: To evaluate the Connected Care scheme in conjunction with Turning Point and University of Durham

Code	Action	Responsible Officer	Due Date
CORP HW14.1	Evaluate Connected Care and explore links with other developments.	Geraldine Martin	Mar-10

Outcome: **Easier Access to Services**

Corporate Plan Action: To ensure that services are culturally sensitive and are able to respond flexibly to the diverse needs of the community

Code	Action	Responsible Officer	Due Date
CORP HW15.1	Ensure that services are culturally sensitive and are able to respond flexibly to diverse needs	Margaret Hunt	Mar-10

Outcome: Easier Access to Services			
Corporate Plan Action: To ensure easier access to both universal and targeted services that are tailored to individual needs			
Code	Action	Responsible Officer	Due Date
CORP HW16.1	Modernise of disability day opportunities	Neil Harrison	Mar-10
CORP HW16.2	Improve access to healthcare for people with learning disabilities.	Neil Harrison	Mar-10
CORP HW16.3	Implementation of Valuing People Now	Neil Harrison	Mar-10
CORP HW16.4	Review current capacity within intermediate care services and model to meet future need, ensuring that plans fit with Momentum work streams	Phil Hornsby	Mar-10
CORP HW16.5	Work with other stakeholders to develop community facilities in the Burbank area	Neil Harrison	Mar-10
CORP HW16.6	Increase use of Assistive Technologies to support people in their own homes.	John Lovatt	Mar-10

Associated Performance Indicators

Code	Short Name
NI125	Achieving independence for older people through rehabilitation/intermediate care
NI131	Delayed transfers of care
NI134	Emergency bed days per head of weighted population
P051	Access to equipment & telecare: users with telecare equipment

Outcome: Easier Access to Services			
Corporate Plan Action: To develop appropriate partnerships with the Voluntary sector by setting up the Steering Group and implement the Strategy			
Code	Action	Responsible Officer	Due Date
CORP HW17.1	Implementation of the Voluntary Sector Strategy actions for 2009/10.	Margaret Hunt	Mar-10

Outcome: Easier Access to Services			
Corporate Plan Action: Improve access to psychological interventions			
Code	Action	Responsible Officer	Due Date
CORP HW18.1	Improve access to psychological therapies	Carl Bashford	Mar-10

Associated Performance Indicators

Code	Short Name
P008	Over 65's helped to live at home

Outcome: Easier Access to Services			
Corporate Plan Action: To ensure integrated services are delivered in conjunction with Health where appropriate			
Code	Action	Responsible Officer	Due Date
CORP HW19.1	Ensure that appropriate management arrangements are in place for all integrated services	Nicola Bailey	Oct-09
CORP HW19.2	Establish a framework to progress the Putting People First agenda.	Jill Harrison	Mar-10
CORP HW19.3	Maximise the benefits of integrated service provision and commissioning	John Lovatt	Mar-10

Associated Performance Indicators

Code	Short Name
NI 124	People with Long Term Condition (LTC) supported to be independent
NI 130	Social Care clients receiving Self Directed Support (per 100,000)
NI 132	Timelessness of social care assessments (all adults)
NI 133	Timelessness of social care packages following assessment
NI 138	Satisfaction of people over 65 with home / neighbourhood
NI 139	People over 65 receiving information and support to live independently
P050	Equipment delivered in 7 days
P072	Clients receiving a review

Theme: Lifelong Learning and Skills			
Outcome: Provision of high quality learning and skills opportunities that drive economic competitiveness, widen participation and build social justice			
Corporate Plan Action: To increase universal access to high quality learning and skills opportunities			
Code	Action	Responsible Officer	Due Date
CORP LLS17.1	Ensure access to high quality learning opportunities that increase the skills and qualification of local residents	Maggie Heaps	Jul-10
CORP LLS17.2	Ensure a wide range of learning opportunities are available which encourage participation in Lifelong learning	Maggie Heaps	Jul-10
CORP LLS17.3	Ensure a range of learning opportunities are available which encourage community involvement	Maggie Heaps	Jul-10

Associated Performance Indicators

Code	Short Name
NI 13	Migrants' English language skills and knowledge
NI 161	Learners achieving Level 1 Literacy
NI 162	Learners achieving entry Level 3 numeracy
NI 164	Proportion of population qualified to Level 3 or higher
NI 165	Proportion of population qualified to Level 4 or above

Theme: Culture and Leisure			
Outcome: Enrich individual lives, strengthen communities and improve places where people live through enjoyment of culture, leisure and sport			
Corporate Plan Action: Develop and deliver strategies to improve cultural, leisure facilities and events			
Code	Action	Responsible Officer	Due Date
CORP CL01.1	Provide the administrative secretariat for the Culture Leisure and Community Learning Theme Partnership to contribute to the Local Strategic Partnership	John Mennear	Mar-10
CORP CL01.2	Implement quality improvement action plans to achieve and maintain service accreditations	Pat Usher	Mar-10
CORP CL01.3	Implement a facility improvement plan for the Mill House Leisure site	Pat Usher	Mar-10

Associated Performance Indicators

Code	Short Name
P059	Overall attendances at Leisure Centres
P060	Proportion of attendances from NRF area

Outcome: Enrich individual lives, strengthen communities and improve places where people live through enjoyment of culture, leisure and sport			
Corporate Plan Action: To ensure the public have access to a wide range of information about leisure, culture and sporting opportunities in a variety of accessible mediums			
Code	Action	Responsible Officer	Due Date
CORP CL02.1	Publish the revised Hartlepool Cultural Strategy	Stephen Cashman	Jun-09
CORP CL02.2	Attract events of national and regional importance	Stephen Cashman	Mar-10
CORP CL02.3	Carry out building improvements to the Central Library to improve quality of user experience and embed the RFID self-issue system	Graham Jarritt	Mar-10
CORP CL02.4	Implement the Hartlepool Playbuilder initiative	Chris Wenlock	Mar-10
CORP CL02.5	Contribute to the development of the school transformation initiative for PE and sport and co-location opportunities	Pat Usher	Mar-10
CORP CL02.6	Work in partnership with Children's Services Department to improve upon the delivery of PE and Sport for young people	Pat Usher	Mar-10

Associated Performance Indicators

Code	Short Name
NI 10	Visit to Museums and Galleries
NI 11	Engagement in the Arts
P009	Visits to museums per 1000 population
P011	People in organised school trips to museums / galleries

Outcome: Cultural and leisure services better meet the needs of the community, especially those from disadvantaged areas			
Corporate Plan Action: To increase participation in culture, leisure and sporting activity			
Code	Action	Responsible Officer	Due Date
CORP CL03.1	Undertake a strategic lead for the delivery of Sport and physical activity through the Community Activities Network	Pat Usher	Mar-10
CORP CL03.2	Undertake a review of library service delivery within Hartlepool Borough Council Transformational Programme framework	Graham Jarritt	Dec-09
CORP CL03.3	Deliver Renaissance Programme to improve access to Museum Service and develop new audiences	David Worthington	Mar-10
CORP CL03.4	Work closely with key partners and groups to deliver programmes of activity to meet the sport and physical activity needs of the Hartlepool community increasing participation by 1%	Pat Usher	Mar-10

Outcome: Cultural and leisure services better meet the needs of the community, especially those from disadvantaged areas			
Corporate Plan Action: Ensure community involvement and engagement in the development and delivery of services			
Code	Action	Responsible Officer	Due Date
CORP CL04.1	Work with the Diversity Working Group to ensure that statutory obligations and the Equality Standard are met in the delivery of services	Stephen Cashman	Mar-10
CORP CL04.2	Target and support the Voluntary Sector through the provision of grant funding and development of initiatives and to raise standards	Pat Usher	Mar-10
CORP CL04.3	Engage with a diverse range of groups and individuals as part of the process for development, review and monitoring of services	Graham Jarritt	Mar-10

Theme: Strengthening Communities			
Outcome: Empower local people to have a greater voice and influence over local decision making and the delivery of services			
Corporate Plan Action: Ensure that sound mechanisms are in place which engenders a culture that provides the opportunities for meaningful public participation in Service Delivery			
Code	Action	Responsible Officer	Due Date
CORP SC01.4	Improve and coordinate Public Engagement with all sectors of the community acting on feedback.	Margaret Hunt	Mar-10

Outcome: Freedom from discrimination and harassment			
Corporate Plan Action: Enhance Equality and Diversity arrangements and mainstream into all Council service activities			
Code	Action	Responsible Officer	Due Date
ACSD 01	Implement the Adult and Community Services Equality and Diversity Plan	Margaret Hunt	Mar-10

Associated Performance Indicators

Code	Short Name
P054	% of older service users receiving an assessment that are from minority ethnic groups
P055	% of older service users receiving services following an assessment that are from a minority ethnic group,

Theme: Organisational Development			
Outcome: Improve Elected member and Workforce arrangements			
Corporate Plan Action: Implement the People Strategy and Workforce Development Strategy			
Code	Action	Responsible Officer	Due Date
ACSD 02	Continue to support workforce development and planning function in the department	Gwenda Pout	Jul-09
ACSD 03	Contribute and respond to Corporate workforce activity	Gwenda Pout	Mar-10
ASCD 04	Support the development and implementation of national and regional workforce strategies	Gwenda Pout	Apr-10

Outcome: Improve efficiency and effectiveness of the organisation			
Corporate Plan Action: Develop and implement Business Transformation Programme			
Code	Action	Responsible Officer	Due Date
CORP OD15.1	Implement the Corporate Restructure and new Management structures	Alan Dobby	Mar-11
CORP OD15.2	Strengthen Corporate Asset Management and rationalise the Council's assets	Alan Dobby	Mar-11
CORP OD15.3	Transform services for Transactional HR, Finance and Administration	Alan Dobby	Mar-11
CORP OD15.4	Improve Customer Services, including use of Hartlepool Connect	Alan Dobby	Mar-11
CORP OD15.5	Establish a programme of fundamental reviews of Service Delivery	Alan Dobby	Mar-11
CORP OD15.6	Reshape Non-Transactional Support Services, including ICT and Procurement	Alan Dobby	Mar-11

Key Performance Indicators 2009-10

Ref	Description
P003	No of Extra Care Housing Places
P004	Number of days sick per employer
P008	Over 65's helped to live at home
P009	Visits to museums per 1000 population
P011	People in organised school trips to museums / galleries
P016	Museum outreach engaged by under represented groups
P017	Visit by C2DE visitors to Museum of Hartlepool
P019	Increase residents satisfied with museums/ art
P020	Increase residents satisfied with museum / art (NRF)
P021	Increase residents satisfied with Park and Open Spaces
P022	Increase residents satisfied with Parks and Open Spaces (NRF)
P023	Increase residents satisfied with Libraries
P024	Increase residents satisfied with Libraries (NRF)
P027	Increase the number of adaptations carried out to enable vulnerable people to remain living independently in their own home.
P030	The prevalence of smoking among adults (Hartlepool)
P031	The prevalence of smoking among adults (NRA + NDC)
P032	Number of 4 week smoking quitters (NRA + NDC)
P033	Number of 4 week smoking quitters (rest of Hartlepool)
P035	Of those completing a 10 week programme the percentage going onto mainstream activity
P037	Prescribing of high level antidepressants (Hartlepool)
P038	No of emergency psychiatric re-admissions as % of discharges
P050	Equipment delivered in 7 days
P051	Access to equipment & telecare: users with telecare equipment
P053	Adults participating in all forms of learning
P054	% of older service users receiving an assessment that are from minority ethnic groups
P055	% of older service users receiving services following an assessment that are from a minority ethnic group,
P059	Overall attendances at Leisure Centres
P060	Proportion of attendances from NRF area
P062	Number of housebound people receiving a home visit from the home library service once every 4 weeks, for as long as they require the service
P063	Voluntary / Community groups supported by Council.
P064	Grant aid to Voluntary / Community Groups
P066	Admissions to residential care – age 65+
P068	Adults with Learning Disabilities helped to live at home
P069	Adults with Mental Health problems helped to live at home
P070	Supported admissions to residential / nursing care (under 65)
P071	Physical Disabilities supported to live at home
P072	Clients receiving a review
P078	Number of Deprivation of Liberty (DOL) referrals during the year
P079	Number of Safeguarding Adults referrals during the year
NI 8	Adult participation in sport and active recreation
NI 9	Use of Public Libraries
NI 10	Visit to Museums and Galleries
NI 11	Engagement in the Arts
NI 13	Migrants' English language skills and knowledge

NI 119	Self reported measure of peoples overall health and well being
NI 120a	All Age All Cause mortality (Females)
NI 120b	All Age All Cause mortality (Males)
NI 121	Mortality rates for circulatory diseases aged under 75
NI 122	Mortality for all cancers aged under 75
NI 123	Stopping smoking (current smoking prevalence 16+)
NI 124	People with Long Term Condition (LTC) supported to be independent
NI 125	Achieving independence for older people through rehabilitation/intermediate care
NI 129	End of life care – choice of death at home
NI 130	Social Care clients receiving Self Directed Support (per 100,000)
NI 131	Delayed transfers of care
NI 132	Timelessness of social care assessments (all adults)
NI 133	Timelessness of social care packages following assessment
NI 134	Emergency bed days per head of weighted population
NI 135	Carers receiving needs assessment/review & services, advice/information
NI 136	All adults supported to live independently by social services
NI 137	Healthy life expectancy at 65
NI 138	Satisfaction of people over 65 with home /neighbourhood
NI 139	People over 65 receiving information and support to live independently
NI 141	Percentage of vulnerable people achieving independent living
NI 142	Percentage of vulnerable people supported to maintain independent living
NI 145	Adults with learning disabilities in settled accommodation
NI 146	Adults with learning disabilities in employment
NI 149	Adults in contact with secondary Mental Health in settled accommodation
NI 150	Adults in contact with secondary Mental Health in employment
NI 161	Learners achieving Level 1 Literacy
NI 162	Learners achieving entry Level 3 numeracy
NI 163	Proportion of population qualified to Level 2 or higher
NI 164	Proportion of population qualified to Level 3 or higher
NI 165	Proportion of population qualified to Level 4 or above

Associated Risks

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

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

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

Risk Register Ref		Key risks to achieving departmental service outcome	Priority H/M/L	Procedures/processes/ management arrangements/ controls in place to mitigate identified risks	Method of Review	Date of Review Last/Next	Responsible Officer
STR031		Potential for cost shunting between HBC/PCT regarding Continuing Health Care	L	Clear protocols and criteria with panel and arbitration arrangements	DMT Quarterly	Quarterly	Jill Harrison
NEW		Risk if Safeguarding Procedures are not followed	H	Revised structure for safeguarding	DMT Quarterly	Quarterly	John Lovatt
RO45		Demographic changes to population causing increased demand.		Monitoring information appropriate commissioning strategies	DMT Quarterly	Quarterly	Nicola Bailey

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder
23 September 2009



Report of: Director of Child and Adult Services

Subject: DIGNITY IN CARE

SUMMARY

1.0 PURPOSE OF REPORT

To update the Portfolio Holder on current developments around Dignity in Care and propose how this work could be further developed.

2.0 SUMMARY OF CONTENTS

The Dignity in Care campaign was launched in November 2006 to stimulate debate about dignity for people in care and create a system where there is zero tolerance of abuse and disrespect of adults. This report updates on progress locally and suggests how the work can be promoted through the development of Dignity in Care Champions and use of Dignity Challenges.

3.0 RELEVANCE TO PORTFOLIO MEMBER

The paper directly relates to the provision of social care support in Hartlepool.

4.0 TYPE OF DECISION

Non key

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 23 September 2009

6.0 DECISION(S) REQUIRED

Agreement on proposals to develop a Dignity in Care campaign in Hartlepool, promote Dignity in Care Champions and Dignity Challenges.

Report of: Director of Child and Adult Services

Subject: DIGNITY IN CARE

1. PURPOSE OF REPORT

- 1.1 To update the Portfolio Holder on current developments around Dignity in Care and propose how this work could be further developed.

2. BACKGROUND

- 2.1 The Dignity in Care campaign was launched in November 2006 to stimulate debate about dignity in care and create a care system where there is zero tolerance of abuse and disrespect of adults. The campaign aims to win hearts and minds and change the culture of care services with greater emphasis on improving the quality of care and the experience of citizens using NHS hospitals, community services, care homes and home support services.

- 2.2 Key to the campaign are two concepts; Dignity Champions and the Dignity Challenge.

- 2.2..1 A Dignity Champion's expectation is that dignity is a basic human right, not an optional extra and care services must be compassionate, and person centred, as well as efficient. Champions need to be willing to try to do something to achieve this, including:

- standing up and challenging disrespectful behaviour rather than just tolerating it;
- acting as good role models by treating other people with respect, particularly those who are less able to stand up for themselves;
- speaking up about Dignity to improve the way that services are organised and delivered;
- influencing and informing colleagues;
- listening to and understanding the views and experiences of citizens.

Each Dignity Champion's role varies depending on their knowledge, influence and the nature of their work. They can include health and social care managers and frontline staff, doctors, dieticians, porters, care workers in care homes, MPs, councillors, members of local action groups and Local Involvement Networks (LINKs), and people from voluntary and advocacy organisations.

2.2.2 The Dignity Challenge is based on 10 principles that high quality care should include:

1. A zero tolerance of all forms of abuse;
2. Support people with the same respect you would want for yourself or a member of your family;
3. Treat each person as an individual by offering a personalised service;
4. Enable people to maintain the maximum possible level of independence, choice and control;
5. Listen and support people to express their needs and wants;
6. Respect people's right to privacy;
7. Ensure people feel able to complain without fear of retribution;
8. Engage with family members and carers as care partners;
9. Assist people to maintain confidence and positive self-esteem;
10. Act to alleviate people's loneliness and isolation.

3 CURRENT SITUATION

- 3.1 Putting People First and the personalisation agenda are driving changes and the Care Quality Commission is moving the regulatory framework to become more outcome focused.
- 3.2 Local Dignity in Care Champions are now in place in at least 2 care provider organisations and the user led evaluation of care recently undertaken included a Dignity in Care champion who was an older person. The programme of user-led evaluations of care homes was undertaken by volunteers who are older people themselves. Using the principles of Dignity in Care they designed and used questionnaires to interview residents in every home in the town. Each home received a report describing their strengths and areas to be addressed.
- 3.3 A new care review tool has also been developed using the 10 Dignity in Care principles and based on work by the Picker Institute, commissioned by Help the Aged. This tool helps to identify indicators across a range of domains to measure dignified care. These include: personal hygiene; eating and nutrition, privacy; communication; pain; autonomy; personal care; end of life care and social inclusion. It is important that these domains measure not just what is done but how it is done too. This initiative is linked to the appointment of 3 new Social Care Officers who will carry out reviews using the tool. They are being aligned to OPTIN Community Matrons and the clusters of care homes to which they are associated. The combination of an effective tool and a good working relationship with specific homes, linked with health and social care will promote Dignity in Care, improve communications and promote best practice.

- 3.4 Monthly meetings have been established involving Joint Commissioning, Safeguarding and Operations staff to check issues of care practice and promote dignity in care. In particular they will target special areas such as medication audit to ensure people are getting what they require, which has been found to be very effective in other areas. This builds on the shared knowledge available within Adult Care, the Foundation Trust and the PCTs.
- 3.5 Work is also underway to further develop practice in Palliative Care and End of Life Care, through a training programme using the Gold Standard Framework. Dementia care is also being addressed; awareness raising sessions have been commissioned over the next 16 months to help individuals identify issues in their own family or the general public who may use their services. People will be signposted to appropriate help and advice and also helped to see what a patient's journey might look like. Preventative advice on healthy lifestyle and vascular dementia will be included.

4 NEXT STEPS

- 4.1 As an outcome of the user led evaluation of care an overview report is being written which will pull together positive activity in Hartlepool. It will be made widely available to assist development of best practice.
- 4.2 A trainer post for dementia awareness has been proposed to enable staff involved in direct care to receive more in depth training (two day training package) in addition to the awareness raising sessions.
- 4.3 Locally there appears to be an informal consensus that organisations should be encouraged to identify Dignity Champions as a key means of promoting Dignity in Care. Some already exist but most organisations do not have Dignity in Care Champions. Older People's Champions have been identified in a number of organisations and although specific to older people the 2 roles have considerable overlap and could be the same person, although this would not necessarily be a requirement.
- 4.4 In November a large scale Older People's consultation event is being held to refresh and re-launch the Hartlepool Older People's Strategy and enable older people to set priorities for the development of services and support over the next 3 – 5 years.

5. RECOMMENDATIONS

- 5.1 The Portfolio Holder for Adult and Public Health Services is asked to support Dignity in Care and the development of a campaign to publicise the role of Dignity in Care Champions and recruit and train them so that they can act as catalysts within organisations and support the goals of the campaign. These champions would be key to promoting Dignity in Care challenges.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder
23 September 2009



Report of: Director of Child and Adult Services

Subject: ANNUAL COMPLAINTS REPORT
1 APRIL 2008 – 31 MARCH 2009

SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 To present the fourth Annual Complaints Report of the former Adult & Community Services Department on complaints and representations for the period 1 April 2008 to 31 March 2009.
- 1.2 The Annual Report is attached as **APPENDIX A** to this report.
- 1.3 The Annual Report provides information on the complaints and representations framework. It draws together information in relation to complaints that have been received and dealt with during the reporting period.
- 1.4 Complaints relating to Community Services come within the Authority's Corporate Complaints Framework which is also reported to the Culture, Leisure and Tourism Portfolio Holder.

2.0 SUMMARY OF CONTENTS

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

2.3 The content of the Report includes the following areas:

- Types of complaints and representations received 2008/09
- Profile data on service users who were the focus of the complaints
- Outcomes of complaints
- Compliance with timescales
- Learning lessons and service improvement

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

3.0 RELEVANCE TO PORTFOLIO MEMBER

3.1 Service is within the Portfolio Member's responsibility.

4.0 TYPE OF DECISION

4.1 Non key.

5.0 DECISION MAKING ROUTE

5.1 Adult and Public Health Services Portfolio – 23 September 2009

6.0 DECISION(S) REQUIRED

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

Report of: Director of Child and Adult Services

Subject: ANNUAL COMPLAINTS REPORT
(1 APRIL 2008 – 31 MARCH 2009)

1. PURPOSE OF REPORT

- 1.1 To present the fourth Annual Complaints Report of the former Adult and Community Services Department on complaints, compliments and representations for the period 1 April 2008 to 31 March 2009.

2. BACKGROUND

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

3. FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications of the report.

4. RECOMMENDATIONS

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

Complaints, compliments and representations

Annual report

1 April 2008 – 31 March 2009

Hartlepool Borough Council

Adult and Community Services Department

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1. Introduction

Welcome to Hartlepool Borough Council's Adult and Community Services Department's fourth Complaints, Compliments and Representations Annual Report. The report covers the period 1 April 2008 to 31 March 2009.

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

The report outlines:

- Details of the complaints and compliments received over the reporting period;
- Lessons learned and resulting improvements following enquiry into complaints;
- Performance in relation to our handling of complaints.

2. Background

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

3. Complaints Framework: Adult and Community Services (up to 31 March 2009)

Hartlepool Borough Council's Adult and Community Services complaints framework is derived from the statutory complaints procedure for complaints relating to Adult Social Care; and the corporate complaints procedure for those

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

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

Effective from 1 April 2009 the Statutory Complaints Framework has changed. However, for the purpose of this report, the framework is derived from the following legislation:

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

4. Principles and Outcomes

Good handling of complaints and representations involves:

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

Both statutory and corporate complaints are underpinned by the following:

- A procedure that aims to be fair, clear, robust and accessible;
- Support being available to those wishing to make a complaint;
- Timely resolution following enquiry into complaints/representations;
- Lessons learnt following complaints and services improved;

- Monitoring being used as a means of improving performance.

5. Adult Social Care complaints

For the period up to 31 March 2009 there were up to 3 stages to the Statutory Complaints Procedure as follows:

» Stage 1

Known as 'Local Resolution', this was an informal problem-solving stage at which most complaints were resolved.

» Stage 2

Known as 'Investigation', this was a formal stage where an independent investigation was undertaken by an officer who is not an employee of the Council.

» Stage 3

Known as 'Review Panel', this was where consideration was given to the thoroughness and fairness of the Stage 2 investigation and the Department's response to the investigation.

6. Community Services complaints

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

» Formal complaint

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

» **Appeal**

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

7. Training

Two training sessions were held during the year to a total of 7 members of the Department's Adult Social Care workforce.

8. Public Information

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

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

9. Summary of representations in Adult Social Care

a. Compliments

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

During the reporting period, 72 compliments have been received relating to Adult Social Care. Table 1 provides some examples of compliments received during 2008/09.

b. Concerns

Representations that were not formal complaints were made by 9 service users and/or carers. These were dealt with seriously and thoroughly so that they could afford opportunities to improve services.

c. Summary and analysis of complaints

» Complaints received

A total of 13 complaints were received with one complaint being withdrawn leaving 12 complaints investigated. The number of complaints investigated has decreased by two from 2007/2008. During the period some 4555 people received services from Adult Social Care, the number of complaints received represents considerably less than 1 per cent of service users.

» Client groups

The table below provides a comparison of the number of complaints received by client groups with those of the previous year.

Adult Social Care		
Client group	2008/2009	2007/2008
Older Persons	8	6
Disabilities	4	4
Adult Mental Health (Integrated Service)	1	0
Support Services	0	4
Sub total	13	14
Less complaints withdrawn	1	0
Total investigated	12	14

In summary, there were no complaints received this year relating to Mental Health Services or Support Services. Complaints about disabilities services have

remained the same and complaints about older people services have increased in comparison to the previous year.

» **Nature of complaints**

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

» **Statistical data of service users**

The service users who were the focus of the complaints were 3 (25%) males and 9 (75%) females.

All of the service users were White British and were aged as follows:

- 18-25: 2 service users
- 26-35: 1 service user
- 36-45: Nil
- 46-55: 1 service user
- 56-65: Nil
- 66-75: 1 service user
- 76-85: 4 service users
- 86+: 3 service users

» **Advocacy services**

All complainants are provided with details of advocacy service provision upon acknowledgement of their complaint. Two of the 12 complainants chose an advocate to assist them with their complaints.

» **Stages 1, 2 and 3**

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

Four (33.3%) of the 12 complaints received were resolved and concluded at Stage 1. The remaining eight complaints (66.66%) progressed straight to Stage 2.

Stage 2 of the complaints procedure represents a formal process for investigation and resolution of complaints. Of the 8 complaints, 5 were about contracted provision two of which had their complaints considered by the service provider in the first instance. Of the stage 2 complaints, 3 of the complaints have been resolved, 4 remain within the stage 2 process and 1 has progressed to Stage 3 Complaints Review Panel.

It is not yet known whether the complainant whose complaint has been heard by the Stage 3 Complaints Review Panel will approach the Local Government Ombudsman.

The outcome of one complaint, where the complainant approached the Local Government Ombudsman in 2007/2008 is still awaited.

» **Interim costs**

To date, the costs associated with Adult Social Care Stage 2 investigations completed during the year totalled £18,532.75. We are still awaiting two investigation costs for ongoing complaints. Additional costs incurred in connection with Independent Investigating Officers' attendance at Stage 3 Review Panels totalled £487.50. Other costs for training, room hire etc totalled £362.50.

» **Compensation**

A sum of £208.40 was awarded to a complainant where injustice was identified in relation to a complaint made in 2005/06.

» **Time taken to respond to completed complaints**

Response times	Adult Social Care	
Number of working days	Number of complaints	
	Stage 1	Stage 2
0-20	4	0
21-40	0	0
40-65	0	2
Over 65	0	1
Total	4	3

» **Stage 1**

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

» **Stage 2**

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

There was one Stage 2 complaint where the response was outside the required timescale. The table shows that 2 of the 3 completed Stage 2 complaints were concluded within the requisite timescale of 65 working days. The remaining Stage 2 investigation was concluded within 69 working days. The delay encountered was owing to the non availability of individuals for interview and the planned annual leave of the independent investigating officer.

» **Complaint outcomes**

All complainants received written findings and conclusions following investigation into their complaints. Outcomes of complaints received during the year are summarised at Table 2.

Of the 4 complaints concluded during the year at Stage 1:

- 2 were not upheld
- 2 were partially upheld

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

- 3 were partially upheld

Some of the service improvements resulting from complaints during the year are detailed at Table 2.

10. Summary of representations in community services

a. Compliments

During the year, 11 compliments relating to Community Services have been recorded. Table 3 provides some examples of compliments received during 2007/08.

b. Summary and analysis of complaints

» **Complaints received**

In comparison to last year, the number of Community Services complaints received has increased; with 11 complaints being received compared to 8 in the previous year (2007/08).

» Service areas

The table below provides comparison of complaints received by different service areas.

Community Services		
Business unit	2008/2009	2007/2008
Adult Education	0	0
Parks and Countryside	5	2
Libraries	0	0
Sports and Recreation	5	4
Museums and Heritage	1	1
Strategic Arts	0	1
Total investigated	11	8

» Nature of complaints

Table 4 provides factors giving rise to complaints and, from these, some of the lessons that have been learned.

» Costs

One complainant was offered a refund for the purchase of an Active Card and one was offered a refund for the cost of a class. There have been no other costs connected with investigating and responding to Corporate Complaints.

» Time taken to respond to complaints

The Corporate Complaints Procedure is required to operate within a timescale of 15 working days. Of the 11 complaints investigated, 7 complaints, (64%), were responded to within the requisite timescale. The remaining 4 complaints were responded to within 18, 19 and 29 working days.

» Complaint outcomes

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

11. Local Government Ombudsman

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

It is not yet known whether the complainant whose Adult Social Care complaint has been heard by the Stage 3 Complaints Review Panel will approach the Local Government Ombudsman. No other complainants have approached the Local Government Ombudsman's office for consideration of their complaints. There remains one 2007/08 complaint that is still being considered by the Local Government Ombudsman.

12. Satisfaction surveys

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

Responses are provided through completion of questionnaires by complainants. During the year, 3 complainants were issued with a complaints satisfaction survey; 1 of whom provided feedback. Reasons for non-issuing of the survey/non return include situations where the complaint investigation was ongoing or progressed directly to the next stage.

The response to the survey that was received was positive with the complainant indicating that they found making the complaint very easy and the information provided was clear and easy to understand. Overall that complainant was very satisfied with the way the department handled and investigated the complaint.

13. Lessons learned

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

14. Advocacy

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

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

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

During 2008/09, a total of 2 complainants sought use of an Advocate to support them with their complaints. One utilised the services of CAB and the other used the services of Hartlepool MIND.

15. Conclusions and way forward

We continue to ensure that a person-centred approach is adopted for the handling and investigation of each complaint. This approach provides a good basis for the introduction of the new complaints policy, 'Making Experiences Count'. We will continue to focus on ensuring that we monitor that: complainants receive appropriate and timely feedback on complaints; appropriate apologies are offered; and any service improvement recommendations are delivered.

16. New complaints procedures effective from 1 April 2009

A new single approach to dealing with complaints for both the National Health Service (NHS) and Adult Social Care started on 1st April 2009. These changes are contained in the Local Authority Social Services and National Health Service Complaints (England) Regulation 2009 and revoke the 2004 and 2006 regulations. The three-stage process for complaints has been removed in favour of a 'single level' process for formal complaints and a requirement for frontline staff to adopt a more low risk or informal approach to complaints and to deal with these promptly.

Activity during the coming year will include:

- The final development of the new complaints policy and procedure
- Promoting staff awareness in relation to the new policy and procedure
- Ensuring effective evaluation of lessons learnt from complaints and monitoring of service improvements resulting from recommendations.
- Promoting staff awareness in relation to compliments.

Appendix 1

Table 1: Examples of compliments received across adult social care services

"I would like to express my sincere thanks for the help and information with regards to my hearing test that the worker so kindly explained. He was most kind and helpful and explained in detail all the appliances and there uses which will be a great help"

■ From a service user regarding a social worker from disability services

"I write to compliment the excellent service given to me by home care since January 26 2009 when I came out of hospital, until last week when I was able to be self-managing. All your staff who visited me were kind and considerate and always asked if there was anything else they could do for me. I cannot single any one person out for special comment – all were excellent. Please convey my sincere thanks to them all, and with my best wishes to them all."

■ From a service user regarding home care services

"Thank you for your letter of 20th inst advising me that you have closed your file on myself. I am taking this opportunity to express my thanks to you and your team for the really outstanding service you provided. I cannot fault it in any way, no sooner did I request anything it was delivered, sometime within hours. You have a team that you can really feel proud of, and both my wife and myself are most grateful."

■ From a service user regarding the Multi-Link Team

"During my six weeks the help has made me realise how good the support can be. It has helped me re-gain confidence to re-start my busy life again. Thanks to you all."

■ From a service user regarding home care services

"I would like to inform you how greatly appreciated that myself and my wife are as until we were introduced to the worker we were at our wit's end and the stress and frustration because of the lack of help or information regarding her illness was taking its toll. I'm relieved to say that a great deal of the stress and frustration has now been taken away due to the workers help advice and information that she was able to give us, was invaluable. Her thoughtfulness and caring attitude will not be forgotten by my or my wife."

■ From a carer regarding the Locality Team (North)

"Heartfelt thanks to you and the girls for the lovely care you all took of mam and dad. You were all superb and dad used to say you all brightened up their day."

■ From the daughter of a service user regarding the Locality Team (South)

Appendix 2

Table 2: Adult social care completed complaints investigations and actions taken/lessons learned

Reference	Complaint	Action taken/lessons learned
SO0275	<p>The complainant, the mother of services users, cites situations involving her sons that she is unhappy with and alleges a lack of information about 'In Control'.</p> <p>LEARNING DISABILITIES STAGE 1 PARTLY UPHELD TIME TAKEN: 6 WORKING DAYS</p>	<p>Reinforced with staff:</p> <ul style="list-style-type: none"> ▪ The importance of people obtaining the right information, in the right format and in a way that they can understand the process of self-directed funding (In Control). ▪ The importance that people have the time to write their support plans (with as little or as much help as they need) but also that the process ensures there is no great time lag between completing the support plan and putting monies in place to deliver the outcomes from that plan.
SO0274	<p>The complainant, the mother of a service user, is unhappy with aspects of her daughter's contact with her father and alleges the Department and the Unit where her daughter is placed have not adhered to a risk assessment said to have been carried out and in place. (There are 9 separate elements to this complaint.)</p> <p>LEARNING DISABILITIES STAGE 2 8 ELEMENTS OF COMPLAINT NOT UPHELD 1 ELEMENT OF COMPLAINT UPHELD TIME TAKEN: 69 WORKING DAYS</p>	<p>For the element of complaint that was upheld, the complainant's mileage allowance payment (in connection with her daughter's residential care placement) was maintained in line with HM Revenue and Customs (formerly Inland Revenue) the approved mileage allowance.</p>

SO0279	<p>The complainant, the daughter of a service user, is unhappy that her mother is being transferred from a hospital setting to a specific care home for rehabilitation and assessment rather than direct from the hospital setting to a care home that meets her mother's care needs. The complainant is of the opinion this would be one move too many and detrimental to her mother's health.</p> <p>OLDER PERSONS STAGE 1 NOT UPHELD FOLLOWING REASSESSMENT TIME TAKEN: 17 WORKING DAYS</p>	<p>A full explanation was provided to the complainant. A reassessment by a CPN was carried out which informed the decision for the complainant's mother to transfer directly from hospital to an EMI residential care placement of the service user's and family's choice.</p>
SO0282	<p>The complainant, the daughter of a service user, was unhappy with the care provided to her mother by an independent sector home care provider. (There were 7 separate elements to this complaint.)</p> <p>OLDER PERSONS STAGE 2 5 ELEMENTS OF COMPLAINT NOT UPHELD 2 ELEMENTS OF COMPLAINT UPHELD TIME TAKEN: 44 WORKING DAYS</p>	<ul style="list-style-type: none"> ■ A gift in kind was offered to the complainant for her mother which was at least the equivalent of 1¼ hours financial contribution of home care. This offer was not taken up by the complainant. <p>The care provider reinforced with care workers through team meetings and supervision processes:</p> <ul style="list-style-type: none"> ■ The current mechanism in place for care workers to alert line managers if all specified care tasks cannot be completed in the allocated time. ■ Log books being initialled as an absolute minimum. ■ Removing out-of-date foods on their entirety from a service user's home. This will eliminate an individual from taking foods back out of the dustbin and placing them back in the fridge.

SO0284	<p>The complainant, the granddaughter of a deceased service user, is unhappy with the quality of care provided by the independent sector residential care home in relation to her late grandmother's care. (There were 5 separate elements to this complaint.)</p> <p>OLDER PERSONS STAGE 2 3 ELEMENTS OF COMPLAINT NOT UPHELD 2 ELEMENTS OF COMPLAINT UPHELD TIME TAKEN: 62 WORKING DAYS</p>	<ul style="list-style-type: none"> ■ Apology issued by the care home for the 2 elements of complaint that were upheld. The apology was also endorsed by the department for incidents which occurred in one of its commissioned services. ■ 'Moving and Handling' review completed by Departmental staff in the care home concerned. The 'Moving and handling' Review was subsequently widened to all care homes in Hartlepool contracted with the Council to identify whether the particular incident was an isolated case or whether there are training and competency issues that need to be addressed in other care homes.
SO0285	<p>The complainant, the wife of a deceased service user, alleges that the social worker did not listen to her wishes which resulted in fees that she states she had paid to the care home 'under duress'.</p> <p>OLDER PERSONS STAGE 1 NOT UPHELD TIME TAKEN: 13 WORKING DAYS</p>	<p>A full explanation was provided to the complainant around fees in relation to care home residents who are admitted to hospital.</p>

SO0284	<p>The complainant, the wife of a service user, was unhappy with aspects of her husband's care. (There were 4 separate elements to this complaint.)</p> <p>PHYSICAL DISABILITIES</p> <p>STAGE 1</p> <p>2 ELEMENTS OF COMPLAINT NOT UPHELD</p> <p>1 ELEMENT OF COMPLAINT UPHELD</p> <p>1 ELEMENT OF COMPLAINT PARTLY UPHELD</p> <p>TIME TAKEN: 14 WORKING DAYS</p>	<p>Reinforced with staff:</p> <ul style="list-style-type: none"> ■ The importance of acknowledging receipt of correspondence. ■ Keeping carers informed of any potential changes to care provision.
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Appendix 3

Table 3: Examples of compliments received across community services

“In terms of the support for this group, members of the local community with heart conditions and indeed a multiplicity of health issues, we have accessed the Central Library community room on a monthly basis. Staff have been very helpful when we have needed anything, the meeting room is accessible and in a central location. The group has also accessed the facility at Summerhill on a fortnightly basis and this really is the ‘jewel in the crown’. Staff have all been extremely welcoming from first contact at receipt to the manager. All staff have made every effort to support the members of this group and tailored any pieces of work accordingly. We have had lunch provided by the Havelock Centre and each meeting has been very enjoyable. This group has looked forward to these events immensely.”

- From a member of the Heart Health Group regarding the Central Library and Summerhill

“In terms of support for people with heart conditions, the support from sports development is excellent. I can honestly say that without this support I would not be where I am today. It can be a long road to recovery, or for some, a deteriorating condition, however, the programmes that are set up for support are excellent. Staff are well trained, knowledgeable, caring and give great consideration to individual needs. Staff at both Mill House and the Headland Sports Centre are friendly, welcoming and extremely helpful from reception to the sports workers. Sessions are fun and friendly and progress is carefully monitored. All in all an excellent service!”

- From a person attending the cardiac rehab sessions provided by Sports Development

“Can I say ‘thank you’ to all HBC staff involved on behalf of my niece as she received a ‘Captain’s Chair’ and will now renovate it to its former glory. Many thanks once again.”

- From visitor to Borough Hall

“I thought it was brilliant that a) the museum would accept a small group as none of the other museums in the Tees Valley would. The group travelled to Hartlepool from Stockton with very young children as our local museum does not accept small groups at their public workshops, b) the helpfulness of the staff at the workshop and in the Museum and c) the content of the workshop.”

- From a visitor to Hartlepool’s Maritime Experience who attended a workshop with her playgroup

Appendix 4

Table 4: Community services complaints and actions taken/lessons learned

Reference	Complaint	Action taken/lessons learned
CS0081	<p>The complainants (a group of 19 members of a Tuesday Keep Fit Class) were unhappy with the increased price rise for weekly sports development activity sessions.</p> <p>NOT UPHELD TIME TAKEN: 15 WORKING DAYS</p>	<p>An explanation was provided around annual price increased which are approved by the relevant Portfolio Holder.</p>
CS0082	<p>The complainant, an allotment holder, was dissatisfied with:</p> <ul style="list-style-type: none"> ■ No response to an earlier email; ■ Vacant plots which are derelict and overgrown. <p>PARTLY UPHELD TIME TAKEN: 8 WORKING DAYS</p>	<p>An apology was issued to the complainant for not responding to an earlier email. Response outlined Department's intended action relating to vacant plots.</p> <p>Reviewed the way emails are dealt with to avoid a future reoccurrence.</p>
CS0083	<p>The complainant, the husband of an allotment holder, was dissatisfied when his wife received a warning notice for non cultivation of the plot. The complainant alleged that when asbestos was found on the plot, telephone contact was made with the Council and the matter of clearing the site has been ongoing since October 2007.</p> <p>UPHELD TIME TAKEN: 2 WORKING DAYS</p>	<p>The complainant's wife was refunded one year's rent as a result of her inability to use the plot.</p> <p>The warning notice for non cultivation was withdrawn.</p> <p>A meeting with the allotment holder to progress clearing the plot was held and agreement reached.</p> <p>Implementation of a system to record all telephone call queries electronically on the Allotments software package.</p>

Reference	Complaint	Action taken/lessons learned

CS0084	<p>The complainant, a user of the Mill House Leisure Centre, was dissatisfied with the closure of the instructor led mixed circuit class.</p> <p>NOT UPHELD TIME TAKEN: 4 WORKING DAYS</p>	<p>An explanation was provided to the complainant relating to the class being under review for some time. Despite being advertised, the class numbers did not increase.</p> <p>The complainant's 'silver pass' was extended for a further 2 weeks so that the complainant could try other available classes.</p>
CS0085	<p>The complainants, 2 young persons, expressed that the skate park was untidy and they wished for a new skate park.</p> <p>NOT UPHELD TIME TAKEN: 15 WORKING DAYS</p>	<p>A full explanation was provided which referred to the Playground Inspector tidying the skate park on a daily basis. The visits are logged so an accurate record of inspections and cleansing is kept.</p>
CS0086	<p>The complainant, a visitor to the Summerhill Centre, expressed her dissatisfaction around an event's performance content.</p> <p>NOT UPHELD TIME TAKEN: 2 WORKING DAYS</p>	<p>An explanation that the show was part of a free-play programme of activities was provided to the complainant. It was acknowledged that the content of the performance was based on a traditional style which may upset some people.</p>
CS0087	<p>The complainant, a visitor to the Maritime Experience, was unhappy that as a visitor from outside Hartlepool, the entrance cost to the attraction was £5.75 more than if she had been a Hartlepool resident.</p> <p>NOT UPHELD TIME TAKEN: 4 WORKING DAYS</p>	<p>An explanation was provided that Elected Members had agreed to offer Hartlepool residents a discounted rate given that the local council tax payers subsidise the museum service though their council tax. This type of situation is not unique. Other local authorities offer similar schemes to their local Council Tax payers.</p> <p>All staff at the Maritime Experience were made aware of the charging policy and the reasons for this to prevent any inaccurate information been given to visitors.</p>

CS0088	<p>The complainant, a user of the Mill House Leisure Centre, expressed his dissatisfaction with respect to an alleged change of policy where cancellation fees are now levied.</p> <p>NOT UPHELD TIME TAKEN: 18 WORKING DAYS</p>	<p>A full explanation was provided to the complainant which indicated that a Cancellation Policy had always been in place but had not been followed by staff. Staff had been reminded of the Policy and the need to implement consistently which resulted in the complainant being charged.</p>
CS0089	<p>The complainant, a user of the Mill House Leisure Centre, expressed her dissatisfaction with respect to changes made in the operating hours of the Learner Pool.</p> <p>NOT UPHELD TIME TAKEN: TOTAL 29 WORKING DAYS (2 LETTERS)</p>	<p>A full explanation was provided to the complainant. Following consideration of the options available, the change in operating hours was a decision reached by the Portfolio Holder.</p> <p>Complainant offered a full refund on the Active Card she'd purchased.</p>
CS0090	<p>The complainant, a former allotment holder, expressed his dissatisfaction that there was no compensation for his caravan, which had been located on his former allotment plot, when it was set alight in an alleged arson attack.</p> <p>NOT UPHELD TIME TAKEN: 18 WORKING DAYS</p>	<p>A full explanation was provided which included reiterating the allotment tenancy agreement relating to the value and protection of equipment/property is the allotment holder's responsibility.</p>

CS0091	<p>The complainant, a user of the Mill House Leisure Centre, was dissatisfied with the introduction of an Aquafit class which, in part, coincided with the Adult Improver Swimming Class. The complainant further alleged that she was not made aware that there would be 2 separate classes taking place at the same time when she enrolled.</p> <p>PARTLY UPHELD TIME TAKEN: 19 WORKING DAYS</p>	<p>A full explanation was provided to the complainant including criticism in an Audit by the Amateur Swimming Association for not utilising the pools to offer different activities at the same time.</p> <p>Complainant was offered a refund.</p>
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ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
23rd September 2009



Report of: Director of Child and Adult Services

Subject: ANNUAL DIVERSITY REPORT 2008/2009

SUMMARY

1. PURPOSE OF REPORT

To provide the Portfolio Holder with an update on diversity actions completed by the Adult and Community Services Department in 2008/2009, and to provide an overview of key diversity issues for 2009/2010.

2. SUMMARY OF CONTENTS

The report includes an analysis of key achievements and the approach to diversity in 2008/2009, which is more mainstreamed by being linked to the business planning process. The report also highlights some of the key activities to be undertaken next year.

3. RELEVANCE TO PORTFOLIO MEMBER

Diversity is a major stream of activity.

4. TYPE OF DECISION

Non-key

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 23rd September 2009

6. DECISION(S) REQUIRED

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

Report of: Director of Child and Adult Services

Subject: Annual Diversity Report 2008-2009

1. PURPOSE OF REPORT

- 1.1 To provide the Portfolio Holder with an update on diversity actions completed by the Adult and Community Services Department in 2008/2009, and to provide an overview of key diversity issues for 2009/2010.

2. BACKGROUND

- 2.1 Diversity issues are of paramount importance to the provision of services, which are fully inclusive, and are provided equally to all sections of the community.
- 2.2 The Council aims to develop an inclusive society and is committed to ensuring all council services are accessible and their provision is free from prejudice and unlawful discrimination and sensitive to the need of all local communities.
- 2.3 Adult and Community Services contributed to the successful completion of the self-assessment process which led to the Council achieving Level 3 Equality Standard for Local Government. The department continues to fully participate in the corporate Diversity Steering Group, and has a well established Diversity Working Group to ensure diversity issues are fully addressed in the department, diversity issues are reported on a quarterly basis to DMT.
- 2.4 The department contributed to the development of the Equality and Diversity Scheme 2008-2011.
- 2.5. The working group will work to embed the new Equality Framework for Local Government that has been designed to build on existing work by:
- Providing a simpler framework, reducing the amount of process and introducing a more outcome focused approach
 - Using the framework so that it is proportional and relevant to the needs and circumstances of the authority
 - Integrating the public duties on race, disability and gender and providing a common performance framework for compliance, and
 - Enabling local authorities and their local strategic partners to identify and analyse equality priorities for inclusion in local area agreements

- 2.6 Training has been undertaken for staff and managers to ensure diversity issues are understood and addressed.
- 2.7. Consultation on a range of issues has taken place to inform service developments.

3. KEY ACTIONS AND ACHIEVEMENTS 2008/2009

- 3.1 **Appendix A** provides a summary of the key achievements, and actions completed in 2008/2009 as provided for inclusion in the Corporate Annual Diversity Report.

4. ISSUES AND ACTONS 2009/2010

- 4.1 In order to ensure diversity issues are fully mainstreamed diversity issues will continue to be included within the service planning process for 2009/2010.
- 4.2 Each service plan includes diversity objectives and includes an Impact Needs Requirement Assessment process which enables directorates or divisions to assess their services and functions and update on an annual basis.
- 4.3 The actions identified are then included in the service plans. A summary is included at **Appendix B**.
- 4.4 Diversity actions will therefore be monitored on Covalent as part of corporate service-planning.

5. RECOMMENDATIONS

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

Adult and Community Services – Summary of Key Achievements 2008/2009

Introduction: Adult and Community Services was comprised of Adult Social Care, Community Services and Support Services

Each division is split into sections as follows:

Adult Social Care	Community Services	Support Services
<ul style="list-style-type: none"> • Commissioning • Operations 	<ul style="list-style-type: none"> • Libraries • Sport and Recreation • Museums and Heritage • Parks and Countryside • Strategic Arts • Adult Education 	<ul style="list-style-type: none"> • Finance • Management Information • Development

The operations section of Adult Social Care is integrated with the Foundation Trust and covers assessment and care management services, and the provision of day services and homecare. Adult Social Care commissioning services are integrated with the Primary Care Trust (PCT) and commissions services from the independent and voluntary sector and statutory sector.

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

Community Services includes:

- Libraries (Central Library and branch libraries) together with a mobile service
- Sports and Recreation is made up of four key components:
 - Facilities such as leisure centres
 - Community Centres
 - Community Pool (providing financial support to the voluntary sector)
 - Sports Development.
- The department also includes museums and strategic arts (facilities such as the Town Hall Theatre).
- Parks and Countryside covers facilities such as Summerhill, recreation facilities and allotments.
- Adult Education provides a range of adult education courses often in community venues.

Key diversity achievements of the department are:

Race:

BME women were targeted as part of the Hartlepool Exercise for Life Scheme resulting in a 10 week course being held at the Methodist Church Centre. The centre has secured funding to continue with the session.

Gender:

The 'Women Begin to...' programme is being offered by our Sports and Recreation section offering women the opportunity to participate in activities in a women only environment.

Men only health and fitness sessions continue to be provided at Belle Vue community centre funded through the Health and Wellbeing Partnership Neighbourhood Renewal Fund.

Disability:

The number of people with disabilities in receipt of Personal Budgets has increased

The Community Activities Network has established a disability sports sub-group which has brought together groups from across the town. The aim of the group is to raise awareness of the activities for the disabled that are available in the town and to provide closer working to ensure a coherent approach to physical activity provision for the disabled.

Age:

With government funding we are able to provide free swimming for the over 60's and under 16's from April 1st for a period of two years.

The Department continues to support the 50+ Forum and has actively promoted its inclusion in the Local Involvement Network (LINK)

Sexual Orientation:

Following consultation with the lesbian, gay, bisexual and transgender (LGBT) community, the library service has set up a dedicated LGBT library collection.

Sports Development is part of the planning group established by Harts Gables, the local LGBT service, to develop and promote the Gaymes. Gaymes were held in September 2008 with another event due to be held in September 2009.

Religion and Belief:

A Spirituality Forum has been established. Arising from an identified need at a Mental Health visioning day, the forum held an event to explore and develop understandings and experiences from the rich variety of traditions, faith journeys, and more modern expressions of spirituality which are to be found in our area. The forum, supported by Hartlepool Mind, continues to meet and has organised a series of workshops which will be delivered during 2009.

Diversity objectives set in 2008/09	Progress made
<p>Adult Social Care: Revise telecare strategy to increase capacity to 200 units and include Extra Care.</p> <p>Revise carers strategy to ensure carer involvement and increased participation.</p> <p>Disabilities and Mental Health Promote social inclusion by ensuring that service response is in line with person-centred plans.</p> <p>Explore staff understanding of the links between spirituality and mental health.</p> <p>Tackle social exclusion by ensuring robust information systems/data collection systems are in place to track the numbers of people helped to gain/retain work and access vocational opportunities and mainstream services.</p> <p>Older People Review of Older People's Strategy Action Plan</p> <p>Continue to increase awareness of the Older People's strategy.</p>	<p>Telecare service increased to 200 units in 2008/09 with inclusion in Hartfields extra care facility. There will be a full revision of the Assistive Technology Strategy by November 2009 to include Telehealth pilot for those diagnosed with Chronic Obstructive Pulmonary Disease (COPD). A wider rollout to extra care and support living in St Columbas will take place during the next year.</p> <p>The Carers Strategy has been updated and aligned to the National Carers Strategy with priorities and action plan set for the next two years. The consultation process for the strategy included presentations to BME and LGBT communities as well as 'hard to reach' carers contacted through a third sector agency. Three specific contracts will be commissioned this year as part of the strategy's action plan with further consultation taking place on specific action points.</p> <p>Person centred plans are in place via Personal Budgets and the care programme approach in mental health services.</p> <p>A Spirituality event took place early 2009 and was a great success. Hartlepool MIND are running a series of spirituality workshops.</p> <p>Robust data information systems in place via Covalent to track people accessing work, vocational opportunities and mainstream services.</p> <p>This is an ongoing process which is reported to the Older People's Local Implementation Team and 50+ Forum.</p> <p>This is ongoing with a major event planned for November 2009.</p>

<p>Parks and Countryside To achieve the Green Flag Award for Summerhill</p> <p>To achieve the Green Flag award for Ward Jackson Park</p> <p>Work with the organisations dealing with vulnerable groups to provide activities at Summerhill, including Archery, Walking, Orienteering, Climbing and High Ropes</p> <p>Sport and Recreation Develop opportunities for BME women to access the Hartlepool Exercise for Life Scheme (HELP)</p> <p>Source further funding to continue the Drug Intervention Programme and Disability Community Sports Coach posts for a further year.</p> <p>Deliver the 'Women's Begin to ...' Programme working in specific areas of the town</p> <p>Work with Hart Gables to deliver the Gay Olympics</p>	<p>Achieved</p> <p>Achieved</p> <p>Summerhill has developed a package of activities targeted at vulnerable groups which assist groups in developing their own objectives. The development of these packages is continuing.</p> <p>Pilot course accessed by 12 Asian women. Sessions were a success and a bid was made to Hartlepool CAN to increase these. Contact has been made with the Salaam Centre to promote a new healthy living course</p> <p>We have sourced funding to run until March 2010 for the DIP post. The disability post runs until June this year, we sourced some funding to extend it for one month. The disability post will not be extended as there is no more funding</p> <p>The Begin to Run programme is located at Summerhill. There are also women only swimming sessions at Brinkburn Pool, and women and child sessions there too. These activities are in blocks so they don't continue all year round, exit routes are advertised with the ladies so they can continue with their exercise. The other health services are also promoted to the clients.</p> <p>Work and regular consultation occurs with Hart Gables. The Gaymes were held in September 2008 with another event due to take place in September 2009.</p> <p>Sports Development ran a 5-a-side competition in which 9 teams entered (4 adult including a team from Hart Gables and 5 junior teams including a girls team from New castle)</p> <p>In addition to the football, there were various stalls offering a wide range of information for young people, a local drum band and West View projects</p>
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<p>Adult Education</p> <p>Ensure access to a range of accredited learning to allow adults to achieve a national qualification</p> <p>Ensure access to a range of learning activities to encourage participation</p> <p>Ensure access to a range of support activities to remove barriers to learning</p> <p>Provide access to outreach information, advice and guidance</p> <p>Libraries</p> <p>Attend LGBT meeting to discuss library services</p> <p>Increase participation of boys in Summer Reading Challenge</p> <p>Review access and support to the profoundly deaf</p> <p>Museums and Heritage</p> <p>Continue to develop the Museums and Heritage presence on the HBC Community Portal</p> <p>Continue to work with stakeholders and other organisations to maximise visitors/audiences through new initiatives/promotions.</p> <p>.</p>	<p>climbing tower.</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Attended meeting in September 2008. As a result, set up dedicated LGBT library collection, promoted the IDAHO and other Campaigns.</p> <p>The encouragement of boys reading was part of the 2007 Summer reading scheme, which is a national programme. We would expect there to be some national research over time to measure the impact of this.</p> <p>Improving services and better understanding the needs of people with a hearing impairment continues to be a priority.</p> <p>The Council's website is currently being reviewed and it is anticipated that work will continue to improve the site.</p> <p>In terms of learning, a relationship has been developed with Hartlepool's Pupil Referral Unit allowing us to engage with children at risk of exclusion from formal education. Similarly, the team has worked with the Hub Education Team and Sure Start in Hartlepool to develop a very popular programme of drop-ins and activities for children under the age of 5 and their carers. From a collections perspective, the work with the Public Catalogue Foundation has meant that all of the oils and acrylics from our fine art collections have been photographed and will be brought together, along with those from other museums in the Tees Valley,</p>
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Continue to promote Renaissance in the region.	in a single catalogue to be sold alongside similar catalogues for the other areas of the region
Install the Audio/Visual kiosks and explore using the kiosks to show case art collections	In order to promote Renaissance we are ensuring that the 'Renaissance Branding' appears on all promotional material and that staff will ensure Renaissance is promoted when conducting activities in the public domain. Audio/Visual kiosks were finally delivered in 2008. However, due to the amount of time that they had been held with the suppliers, the content was out of date. One has been taken to the museum but has not yet been installed.
Deliver an anti-bullying project.	A workshop was developed using the Samurai collections in the art gallery. It has been piloted and added to our suite of workshops which are offered to schools.
Strategic Arts and Events Deliver the Hartlepool Maritime Festival 2008	The Maritime Festival was delivered including a major Hornpipe event.
Support and deliver live theatre performances in Ward Jackson Park	Live theatre performances in Ward Jackson Park have been supported – productions delivered are: Much Ado About Nothing, Aesop's Fables and the Community Pantomime.
Devise and deliver October mini-festival of inclusion	Postponed until November 2009.
Create Community Arts Forum and devise and run two pilot projects	The forum has been instigated and details of projects are to be finalised.
Devise, support and encourage Youth Drama Inclusion initiative	First stage feasibility has been completed with the first practical projects being delivered in 2009/10.

Adult and Community Services

Key diversity objectives and targets 2009-2010

Adult Social Care:

- Promote user involvement in reviews and evaluation of services
- Commission user led organisations to contribute to the older people agenda focusing on user-led evaluation and cultural sensitivities.
- Tender for new advocacy provision.
- Increase number of people with Personal Budgets and work with the Primary Care Trust to develop a personal health budget pilot.
- Further develop floating support services for people with dementia.
- Increase number of people with mental health needs into employment.
- Increase the uptake of Personal Budgets for people with Mental Health needs
- Increase the number of carers receiving assessment and support
- Evaluate the role of the mental health community development worker (services that are culturally sensitive)
- Develop a Centre for Independent Living (CIL) by March 2010
- Modernise Disability Day Opportunities in relation to employment, education and specialist autistic support
- Improve access to health care for people with learning disabilities
- Increase use of assistive technologies for people with disabilities to support them in their own homes
- Progress agreed Supporting People priorities in relation to people who abuse alcohol and people who are homeless

Parks and Countryside

- Review the web pages for the parks and countryside section to ensure information presented is attractive, user friendly and consistent.
- Work with volunteers to improve local nature reserves. Target to achieve the equivalent of 300 volunteer days.
- Creation and development of Young Wardens Scheme.
- Support the development of the Allotment Project at Waverley.
- Work with the Havelock Centre, Adult Services, to provide catering for meetings and events at Summerhill
- Work with organisations dealing with vulnerable groups to provide activities at Summerhill including archery, walking, orienteering, climbing and high ropes.
- Deliver year 1 of Play Building Project and progress the second year site identification

Sports and Recreation

- Increase the inclusive range of activities to participate in sports and physical activity.
- Deliver actions of the Hartlepool Community Activity Network
- Continue to create new initiatives to ensure the participation of older people
- Develop sustainable opportunities for inclusive participation by vulnerable people (Active People segmentation)
- Continue to consult with the groups who do not tend to use the sports and leisure facilities to find out what stops them using the facilities and how we can help them access them
- Improve access to Mill House Leisure Centre – wet side changing village and reception area
- Deaf awareness training for key workers at Mill House Leisure Centre/Headland Sports Hall
- Make sure that our public information is clear and easy to understand

Adult Education

- Enhance support to improve achievement of low achieving groups
- Develop a range of projects which encourage participation from under represented groups
- Analyse impact of support and information, advice and guidance (IAG) on attendance, retention and achievement
- Continue to increase the range of IAG provision

Libraries

- Maintain the contacts established with identified groups, i.e. deaf, LGBT, older people and people suffering from Alzheimer's
- Audit DDA compliance at Central Library and improve as necessary
- Provide services to people who speak languages other than English by monitoring provision of library materials in languages other than English and adapt to meet changing needs.

Museums and Heritage

- Develop contemporary collecting policy and implement through an outreach project
- Completion of access improvements to Hartlepool's Maritime Experience by seeing through production of alternative format text and transcriptions of audio interpretation
- Manage and successfully deliver Renaissance programme as agreed with the Museums, Libraries and Archives Council and stated in the North East Regional Museums Hub Operational Plan for 2009-2011
- Deliver community engagement project in Owton area of Hartlepool to improve levels of cultural participation across the community (priority area as identified by Ipsos/Mori Hartlepool Household Survey 2008)
Deliver community engagement project in Hartlepool with Young People to support Museums Service's Iron and Steel collections initiative (NE Curatorial Needs programme)
Improve public accessibility to the Tees Valley SPA (on-line collections project), in collaboration with Middlesbrough Museums Service.
Consult with LGBT people on community engagement programmes, representation in collections, and access to museum venues
- Consult with Disabled people on community engagement programmes

Strategic Arts and Events

- Programme and market a wider range of performances and workshops with special emphasis on diversity, access and inclusion
- Commission a review of the arts developmental needs of Hartlepool's communities with the intention of using this to inform the Youth Arts and Accessible arts initiatives
- Enhance awareness of and access to developmental opportunities for different communities
- Devise plan for provision for hard to reach and excluded people
- Devise plan for 'Pink Theatre' initiatives for LGBT people, along with diversity festival and chances for excluded residents to see positive role models.
Create and implement a social marketing campaign to raise awareness of engagement with Arts opportunities to generate an enhanced 'glow' effect to be identified through the Active People survey (NI11)

Support Services:

- Develop and promote awareness of Hartlepool Now
- Develop the department's web presence on www.hartlepool.gov.uk
- Review and redesign the department's public information

The following services within our department have undergone diversity impact assessments –

The Department has undertaken 7 impact assessments on the following services-

Adult Social Care
Adult Education
Sport and Recreation
Libraries
Museums and Heritage
Strategic Arts and Events
Parks and Countryside

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
23 September 2009



Report of: Director of Child and Adult Services

Subject: HARTLEPOOL VULNERABLE ADULTS
PROTECTION COMMITTEE
QUARTERLY STATISTICS
1 APRIL 2009 – 30 JUNE 2009

SUMMARY

1. PURPOSE OF REPORT

To present the Safeguarding Adults Quarterly Statistics and provide an update on Safeguarding activity.

2. SUMMARY OF CONTENTS

The Statistics Report is attached as **Appendix A** to this Report.

A summary of cases during April 08/March 09 that have been in the Safeguarding Framework previously is provided at **Appendix B**.

The Report covers Safeguarding activity for the first quarter, 1 April – 30 June 2009.

The Report includes the following:

- Cases of suspected abuse
- Vulnerable Adults subject to previous referrals
- Vulnerable Adults by Service User Group
- Sources of Referrals
- Location of Alleged Abuse
- Relationship of Alleged Perpetrators to Vulnerable Adults
- Age, Gender and Ethnicity of Vulnerable Adults
- Outcomes for Alleged Victims
- Outcome for Alleged Perpetrators

3. RELEVANCE TO PORTFOLIO

- 3.1 Adult Care Services have the lead responsibility for ensuring appropriate arrangements are in place for multi-agency work to Safeguard Vulnerable Adults.

4. TYPE OF DECISION

- 4.1 Non Key

5. DECISION MAKING ROUTE

- 5.1 Adult and Public Health Services Portfolio 23 September 2009.

6. DECISION(S) REQUIRED

- 6.1 To note the Report and progress made.

Report of: Director of Child and Adult Services

Subject: HARTLEPOOL VULNERABLE ADULTS
PROTECTION COMMITTEE
QUARTERLY STATISTICS & UPDATE

1. PURPOSE OF REPORT

- 1.1 To present Safeguarding Vulnerable Adults Quarterly Statistics for the first quarter of 2009/2010 and provide an update on Safeguarding activity.
- 1.2 The Quarterly Statistics Report is attached as **Appendix A** to the Portfolio Report. **Appendix B** details cases in the Framework during the Quarter that had been referred in previously and were closed.'

2. BACKGROUND

- 2.1 This is the regular quarterly report to the Portfolio Holder.

3. TRENDS

- 3.1 The number of alerts of possible cases of abuse/neglect during the reporting period has increased overall. Within this instances of sexual abuse neglect/omissions and physical abuse have increased. However, the numbers of overall Alerts and Referrals have increased.
- 3.2 In 76% of cases the alleged victim of abuse/neglect was a person over 65 years of age. In the same quarter for 2008/2009, older people accounted for 61% of the cases.
- 3.3 The most common location of abuse/neglect is a care home, either with and without nursing. This is followed by abuse within the family home most often the perpetrator is someone known to the alleged victim.

4. CONTINUOUS IMPROVEMENT

- 4.1 *Review of outcomes for Alleged Perpetrators* – following the previous review for referrals requiring no further action a slight decrease can be seen within this area and other action being taken.

- 4.2 Members of the workforce now give more careful consideration to recording of *no further action*, so that this only happens where there are no other options to more accurately reflect the outcome for the alleged perpetrator of abuse/neglect.
- 4.3 A review has been undertaken of referrals during 08/09 that had previously been referred into the Safeguarding Framework. A summary is provided in the table at Appendix B.
- 4.4 Following the Review of the Safeguarding Adults Arrangements in May 2009, prepared by Linda Priest, Social Care Consultant, a number of recommendations were made.
- 4.5 Consideration was to be given to the Terms of Reference for the Tees wide Safeguarding Board for Vulnerable Adults and what will be needed on the local agency multi-agency committee in each of the local authorities. This should include consideration of the role of elected members and the relationship to the Local Strategic Partnership. The Board has been established and a business administrator is being employed and funded by all of the authorities involved. Work on this is ongoing. Assistant Directors for Adult Commissioning and Adults Provision will be attending this meeting on behalf of the local authority
- 4.6 Consideration was to be given to the role of coordinator to ensure a balance between operational input and strategic duties for the local authority. This has been addressed through the establishment, on 1st July 2009, of the new safeguarding unit which comprises of the strategic lead for safeguarding and vulnerability, an adult safeguarding and vulnerability officer, the Deprivation of Liberties Lead, plus administrative staff. The team are responsible for actioning 80% of all safeguarding adult referrals with the other 20% redistributed to the care management teams.
- 4.7 Consideration is being given to the relationship between the Care Programme Approach and adult safeguarding. A meeting has been arranged with the responsible member of staff for in safeguarding from the Tees Esk and Wear Valley NHS Foundation Trust to address these matters.
- 4.8 Feedback from those who have been subjected to safeguarding action will be obtained on a regular basis via a tool developed to capture this information.
- 4.9 Regular audits of compliance with timescales, procedures and outcomes will be undertaken by the strategic lead and regular reports will be provided for senior managers.
- 4.10 Referrals which result in no further action are being examined by the strategic lead to explore the thresholds and consistency in approach.

- 4.11 Opportunities for practitioners from adult services to gain some experience in child safeguarding and vice versa have been identified and will be promoted to staff across the authority.
- 4.12 Integrated teams need to consider the role of all of their members from health and social care and ensure they are all fully participating with adult safeguarding. This will be promoted through the strategic lead attending team meetings.
- 4.13 The Teeswide Steering Group has commissioned appropriate training for investigations. Training in relation to chairing of strategy meetings is ongoing.
- 4.14 Closer working between safeguarding, commissioning and complaints has been developed
- 4.15 *Taxi Driver* Licensing - In July 2008, the Licensing Committee recommended development of a protocol with Adult & Community Services Department to enable a formal process for trying to ensure the suitability of Taxi Driver Applicants. This arrangement has now been established and is ongoing.
- 4.16 The strategic lead also has responsibilities to attend all Multi Agency Public Protection Meetings relating to those posing a risk to Vulnerable Adults. MAPPA Board Meetings will be attended by the Head of Adults with responsibility for safeguarding.
- 4.17 Guidance needs to be developed on information sharing with service users and their carers, and their involvement in safeguarding meetings.

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATIONS

- 6.1 That this Report be noted.

Hartlepool Safeguarding Vulnerable Adults Protection Statistics **1 April 09 – 30 June 09 & Comparative Statistics**

		Hartlepool 01 April – 30 June 09	Hartlepool 01 April – 30 June 08	ANNUAL STATS 01 April 08 – 31 Mar 09
Suspected Abuse	Physical abuse	21	12	64
	Financial abuse	8	7	23
	Sexual abuse	3	1	7
	Neglect and acts of omission	27	3	25
	Psychological	1	0	3
	Discriminatory	0	0	1
		60	23	123

Note :April – June 09

-18 Additional Alerts were received. However, following initial contact with Duty and subsequent enquiry were deemed NOT to be appropriate to come into the Vulnerable Adults Framework.

- 21 cases were suspected as Physical abuse, 16 of which were referral from Residential homes, supported living, public places and user homes.

- 27 referrals for suspected Neglect/Omissions, 12 of these relate to Pangbourne the remaining are for various residential care homes and supported living.

April – June 08

-An additional referral was made for which the category of abuse / neglect will not be confirmed until Strategy process has been reported.

-14 additional Alerts were received. However, following initial contact with Duty and subsequent enquiry were deemed NOT to be appropriate to come into the Vulnerable Adults Framework.

-1 referral was taken out of the Safeguarding Framework following Team Manager Investigation / assessment when it was deemed to require no further action.

Hartlepool Safeguarding Vulnerable Adults Protection Statistics
Date 1 April 09 – 30 June 09 & Comparative Statistics

April 08 – March 09

- 142 alerts were made to Duty however, they were deemed as no further action.

Teeswide Vulnerable Adults Protection Statistic
Date 1st April 09– 30 June 09 & Comparative Statistics

		Hartlepool 01 April – 30 June 09	Hartlepool 01 April – 30 June 08	ANNUAL STATS 01 April 08 – 31 Mar 09
	Vulnerable adults subject to previous referral/s	6	10	18
	Vulnerable adults placed by another Authority	0	0	1

Teeswide Vulnerable Adults Protection Statistic
Date 1st April 08– 30 June 08 & Comparative Statistics

		Hartlepool 01 April – 30 June 09	Hartlepool 01 April – 30 June 08	ANNUAL STATS 01 April 08 – 31 Mar 09
Vulnerable Adult Client Group	Physical Disabilities - Older People (65 & over)	28	8	66
	Physical Disabilities - Adults (18-64)	3	1	20
	Mental Health - Older People (65 & over)	18	3	16
	Mental Health - Adults (18-64)	4	1	7
	Learning Disabilities - Older People (65 & over)	0	0	1
	Learning Disabilities - Adults (18-64)	7	7	12
	Older People (65 & over)	0	3	0
	HIV / AIDS Adults (18-64)	0	0	0
	Sensory Loss	0	0	0
	Carer	0	0	1
	Substance misuse & Drugs	0	0	0
	Adult	0	0	0
		60	23	123

Note:April – June 09

- 12 of the 28 referrals relating to Physical Disabilities-Older people (65 & over) relate to Pangbourne and the remaining to other residential care homes.

Hartlepool Safeguarding Vulnerable Adults Protection Statistics
Date 1 April 09 – 30 June 09 & Comparative Statistics

		Hartlepool 01 April – 30 June 09	Hartlepool 01 April – 30 June 08	ANNUAL STATS 01 April 08 – 31 Mar 09
Source of Referral	Social Services Department	23	11	40
	Care Home Provider	0	5	32
	Care Home with Nursing Provider	0	4	11
	Home Care Provider	16	1	3
	Friend/Neighbour	2	0	0
	Relative	0	1	3
	Health Professionals (Community based)	2	0	3
	Health Professionals (Hospital based)	0	0	7
	Self or persons formal advocate	0	0	0
	CSCI	0	0	6
	Probation Service	0	0	0
	Police	1	1	7
	Other Service User	0	0	0
	Housing Support Provider	0	0	3
	Other Local Authority	0	0	4
	Department of Works & Pensions	0	0	0
	Other-please name individually Anonymous x 4 EDT x 12 Self x 1	17	0	4

		60	23	123
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Hartlepool Safeguarding Vulnerable Adults Protection Statistics
Date 1 April 09 – 30 June 09 & Comparative Statistics

		Hartlepool 01 April – 30 June 09	Hartlepool 01 April – 30 June 08	ANNUAL STATS 01 April 08 – 31 Mar 09
Location of Abuse	Care Home	17	12	56
	Care Home with Nursing	21	3	24
	Day Care Unit	0	0	0
	Relative's Home	1	1	3
	Users Own Home	13	4	32
	Hospital	0	0	0
	Supported Living	5	0	2
	Public Place	1	2	4
	Other (please list) CHC Unit x 2	2	0	2
		60	23	123

Hartlepool Safeguarding Vulnerable Adults Protection Statistics
Date 1 April 09 – 30 June 09 & Comparative Statistics

		Hartlepool 01 April – 30 June 09	Hartlepool 01 April – 30 June 08	ANNUAL STATS 01 April 08 – 31 Mar 09
Alleged Perpetrator	Friend/Neighbour	0	0	4
	Other Service User	21	7	37
	Paid Carer or Health Worker	30	9	38
	Partner	3	1	4
	Relative	5	6	23
	Volunteer	0	0	0
	Trader	0	0	0
	Unknown	1	0	13
	Institution	0	0	4
	Self	0	0	0
		60	23	123

Note:April – June 08

- 21 other service User is a cross between both Residents in Care Homes and Supported living.

- Of the 30 under the category of Paid Carer or Health worker 12 relate to Pangbourne the remaining is a mix between both supported and residential.

Hartlepool Safeguarding Vulnerable Adults Protection Statistics
Date 1 April 09 – 30 June 09 & Comparative Statistics

Ethnicity		Hartlepool 01 April – 30 June 09	Hartlepool 01 April – 30 June 08	ANNUAL STATS 01 April 08 – 31 Mar 09
	White – British	59	23	122
	White- European	0	0	1
	Asian-India	0	0	0
	Asian-Pakistan	0	0	0
	Asian-Bangladesh	0	0	0
	Asian- Chinese	0	0	0
	Asian-Vietnamese	0	0	0
	African	0	0	0
	Caribbean	0	0	0
	Other ethnic group (please name)	0	0	0
	Not Known	1	0	0
		60	23	123

Hartlepool Safeguarding Vulnerable Adults Protection Statistics
Date 1 April 09 – 30 June 09 & Comparative Statistics

		Hartlepool 01 April – 30 June 09		Hartlepool 01 April – 30 June 08		ANNUAL STATS 01 April 08 – 31 Mar 09	
Age		F	M	F	M	F	M
	18 - 19	1	0	0	0	2	0
	20 – 29	0	2	0	1	3	1
	30 – 39	0	0	1	0	4	2
	40 – 49	3	2	1	0	3	2
	50 – 59	1	2	2	2	7	5
	60 – 64	0	0	1	1	2	9
	65 – 69	3	6	0	0	4	0
	70 – 79	10	4	5	1	21	18
	80 – 89	9	10	7	1	21	9
	90 – 99	4	3	1	0	9	1
		31	29	18	6	76	47
		60		23		123	

Hartlepool Safeguarding Vulnerable Adults Protection Statistics
Date 1 April 09 – 30 June 09 & Comparative Statistics

		Hartlepool 01 April – 30 June 09	Hartlepool 01 April – 30 June 08	ANNUAL STATS 01 April 08 – 31 Mar 09
Outcomes for Alleged Victim/protection Plan	3.1 Existing service provision reducing risk of further harm	19	15	19
	3.2 New Community Care Assessment & Services	2	2	2
	3.3 Removed from Property/Service	12	0	12
	3.4 Counselling, support & advocacy	0	0	0
	3.5 Management of access to alleged perpetrator	8	0	8
	3.6 Action under Mental Health Act	0	0	0
	3.7 Declaratory Relief	0	0	0
	3.8 Appointeeship/Receivership	0	2	0
	3.9 Civil Action	1	1	1
	3.10 Unwilling to co-operate with Protection Plan/advice	1	0	1
	3.11 Crime prevention/security advice	0	0	0
	3.12 Other (please specify) Deceased NFA Management	5	3	5
		48	23	48

Note:

April 09 – June 09

Within this period 34 cases were opened and closed.

26 cases remain open.

14 of the 48 cases closed within this period were from previous quarters.

Hartlepool Safeguarding Vulnerable Adults Protection Statistics
Date 1 April 09 – 30 June 09 & Comparative Statistics

April 08 – June 08

-The above includes outcomes for 16 referrals received and completed within or just after the Quarter. Also, 7 referrals that came into the Safeguarding framework previously were completed.

-There are an additional 7 cases with unreported outcomes that will be known following completion of Strategy / Follow On / Outcome process

April 08 – March 09

- Within this period 48 out of the 123 cases that came into the Safeguarding framework were opened and closed. 75 cases carried forward into 09/10

Hartlepool Safeguarding Vulnerable Adults Protection Statistics
Date 1 April 09 – 30 June 09 & Comparative Statistics

		Hartlepool 01 April – 30 June 09	Hartlepool 01 April – 30 June 08	ANNUAL STATS 01 April 08 – 31 Mar 09
Outcomes for Alleged Perpetrator/ Organisation/Service	4.1 Criminal Prosecution/Caution	4	0	4
	4.2 No further legal action following Police investigation	0	0	0
	4.3 Disciplinary action/POVA referral	4	3	4
	4.4 Action by Commissioning/Placing Authority	14	0	14
	4.5 Action by CSCI	0	0	0
	4.6 Action by Healthcare Commission	0	0	0
	4.7 Carer's Assessment offered	0	0	0
	4.8 Management action – supervision, training etc.	2	6	2
	4.9 Counselling/support	0	0	0
	4.10 Removed from property/service	0	1	0
	4.11 Community Care Assessment & Services/Case Review	2	0	2
	4.12 Action under Mental Health Act	3	0	3
	4.13 Management of access to vulnerable adult	9	0	9
	4.14 No Further Action	9	11	9
	4.15 Other (please specify) Deceased	1	2	1
		48	23	48

Hartlepool Safeguarding Vulnerable Adults Protection Statistics
Date 1 April 09 – 30 June 09 & Comparative Statistics

Note :

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Vulnerable Adults/Referrals that have come back into the Safeguarding Framework: April 08 – March 09

Total number of Vulnerable Adults with previous referrals in the Safeguarding Framework	18
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	Number of Referrals April 07- March 08	Number of Referrals April 08- March 09	Total
Case 1	1	1	2
Case 2	2	1	3
Case 3	1	2	3
Case 4	1	1	2
Case 5	1	1	2
Case 6	2	1	3
Case 7	2	1	3
Case 8	2	1	3
Case 9	1	1	2
Case 10	1	1	2
Case 11	2	1	3
Case 12	1	1	2
Case 13	1	1	2
Case 14	1	1	2
Case 15	1	1	2
Case 16	1	1	2
Case 17	2	1	3
Case 18	2	2	4

Identity of Alleged Perpetrator			
	Number with the same perpetrator(s)/agency as in previous referrals	Number with the same agency but different perpetrator	Number where perpetrator/agency is different in all referrals
Case 1		2	
Case 2			3
Case 3		3	
Case 4	2		
Case 5		2	
Case 6			3
Case 7			3
Case 8			3
Case 9	2		
Case 10			2
Case 11	2	1	
Case 12			2
Case 13		2	
Case 14	2		
Case 15		2	
Case 16			2
Case 17			3
Case 18	4		

Categories of Abuse : Referrals – previous and current

	Physical	Financial	Sexual	Neglect	Psychological	Multiple
Case 1		13/01/09		18/05/07		
Case 2		18/10/07 06/12/07 22/08/08				
Case 3	03/10/08 22/12/08			14/06/07		
Case 4	15/02/08			20/06/08		
Case 5	16/12/08			14/06/07		
Case 6	22/10/07 05/02/09	04/06/07				
Case 7	22/10/07 05/02/09	04/06/07				
Case 8	22/10/07 05/02/09	04/06/07				
Case 9				18/12/07 24/04/08		
Case 10	21/01/08			22/12/08		
Case 11	10/09/07 19/03/08 19/08/08					
Case 12	16/09/08			14/06/07		
Case 13		03/08/07 11/09/08				
Case 14	16/09/08			14/06/07		
Case 15				05/03/08 10/10/08		
Case 16					29/03/07 23/09/08	
Case 17			22/07/08		06/12/07	01/10/07
Case 18			13/02/08 20/02/08 23/07/08 09/10/08			

Period of time Referrals in Safeguarding Framework – Previous and current
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	1 – 2 Weeks	2- 4 Weeks	4 – 12 Weeks	12+ Weeks	Still in Framework
Case 1	18/05/07				13/01/09
Case 2	06/12/07	18/10/07		22/08/08	
Case 3	14/06/07 03/10/08			22/12/08	
Case 4		20/06/08		15/02/08	
Case 5	14/06/07	16/15/08			
Case 6	04/06/07 22/10/07 05/02/09				
Case 7	04/06/07 22/10/07 05/02/09				
Case 8	04/06/07 22/10/07 05/02/09				
Case 9	18/12/07			29/04/08	
Case 10	22/12/08			21/01/08	
Case 11	10/09/07 19/03/08 19/08/08				
Case 12	14/06/07 16/09/08				
Case 13	03/08/07	11/09/08			
Case 14	14/06/07 16/09/08				
Case 15		05/03/08 10/10/08			
Case 16			29/03/07 23/09/08		
Case 17		06/12/07	01/10/07 22/07/08		
Case 18	13/02/08	20/02/08 23/07/08		09/10/08	

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder
23 September 2009



Report of: Director of Child and Adult Services

Subject: LIVING WELL WITH DEMENTIA – A
NATIONAL DEMENTIA STRATEGY

SUMMARY

1. PURPOSE OF REPORT

The purpose of this paper is to outline the key issues and likely impact for Hartlepool following the publication of the National Dementia Strategy.

2. SUMMARY OF CONTENTS

This paper outlines The Dementia Strategy and describes how the national aim will lead to a situation where:

- All people with dementia have access to care and support that they would benefit from.
- Public and professionals are well informed
- Fear and stigma of dementia are reduced
- Families affected know where to go for help and know what services to expect
- Quality of care is high and equal wherever you live
- People are confident to look for help with memory problems early and are encouraged to do so

3. RELEVANCE TO PORTFOLIO MEMBER

Dementia causes a significant and increasing need for health and social care services and the new national direction will inform the local direction of travel.

4. TYPE OF DECISION

Non Key

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 23 September 2009

6. DECISION(S) REQUIRED

The Portfolio Holder is requested to note the National Dementia Strategy and associated key objectives.

Report of Director of Child and Adult Services

Subject: LIVING WELL WITH DEMENTIA - A NATIONAL
DEMENTIA STRATEGY

1. PURPOSE OF REPORT

- 2.1 The purpose of this paper is to outline the key issues and likely impact for Hartlepool following the publication of the National Dementia Strategy

2. BACKGROUND

- 2.1 Aim - To transcend existing boundaries between health and social care and third sector service providers and people with dementia and their carers
- 2.2 Vision - The Dementia Strategy will lead to a situation where:
- All people with dementia have access to care and support that they would benefit from.
 - Public and professionals are well informed
 - Fear and stigma of dementia are reduced
 - Families affected know where to go for help and know what services to expect
 - Quality of care is high and equal wherever you live
 - People are confident to look for help with memory problems early and are encouraged to do so
- 2.3 Rationale - From national research and consultation the government have identified that knowledge is power with respect to diagnosis. It gives those affected and their families an understanding of what is happening. This, in turn gives them the opportunity and ability to make choices for themselves. Early diagnosis is crucial and means that there is the chance to prevent future problems and crises and to benefit more from positive interventions.

2.4 Purpose of the Strategy - The strategy is a 5 year plan and its purpose is to:

- Provide a strategic quality framework within which local services can deliver quality improvements to dementia services and address health inequalities relating to dementia;
- Provide advice, guidance and support for health and social care commissioners, strategic health authorities (SHAs), local authorities, acute hospital trusts, mental health trusts, primary care trusts (PCTs), independent providers and the third sector, and practice-based commissioners in the planning, development and monitoring of services;
- Provide a guide to the content of high-quality health and social care services for dementia to inform the expectations of those affected by dementia and their families.

2.5 The Strategy does not act as a detailed clinical guideline – the joint National Institute for Health and Clinical Excellence (NICE) and Social Care Institute for Excellence (SCIE) guideline fulfils that role. The Strategy is designed to be inclusive of dementia of all types in all groups affected.

2.6 Key Stages in delivery - The Strategy has 3 key steps to improve the quality of life for people with dementia and their carers:

1. Ensure better knowledge –

There is a lot of ignorance about dementia, not only among the public, but among the people who provide services too. Many do not realise that there are ways of supporting and treating people with dementia. In fact, if there is a diagnosis early enough, a lot can be done to help with the symptoms and to help people to cope.

This strategy tries to help everyone to:

- understand dementia better
- get rid of the stigma attached to dementia

A key message in the Strategy is the need for better education and training for professionals.

2. Ensure early diagnosis

At the moment, it is believed that only about a third of people with dementia ever have proper diagnoses. When people see specialist services, it is often too late in their illness. This means that the illness will have worsened and the chance of improving their quality of life is less. So it is very important to:

- Have an early diagnosis
- Give people the information they need as early as possible
- Start support and treatment as early as possible

Some people argue that it is better not to tell someone if they have dementia, but the government's consultation discovered that most people believe they should have the right to be told.

3. Develop services

A range of services that fully meet the changing needs of people with dementia and their carers in the future need to be developed.

People who replied to the national consultation generally agreed on what these services should be. These will be tested out in a series of pilots and are likely to include things like:

- GPs working side by side with mental health services in a hospital
- GPs knowing how to spot the first signs of dementia
- Having one person who is responsible for dementia services
- Making sure people with dementia get information and support as soon as possible
- Giving everyone with dementia their own adviser to help them
- Helping people with dementia to stay in their own homes for longer

Success will depend on service providers working together to make sure they provide properly co-ordinated services to people with dementia and their carers, wherever they live.

The 17 individual objectives are detailed in **Appendix 1**

3. FINANCIAL IMPLICATIONS

- 3.1 £150 million of Health funding has been identified nationally to ensure the National Dementia Strategy is delivered, and the North East SHA have estimated this as £306,000 for Hartlepool. This funding has been reported to be within the PCT Baseline and to date there are no firm plans to access this funding.

- 3.2 As part of the continuous improvements in Older Person Mental Health Services, the Hartlepool Older Person Mental Health Strategy was developed and ratified in 2008; an action plan was developed and is in the process of being amended to reflect the requirements set out in the National Dementia Strategy and any impact on finances will be raised through this process.
- 3.3 This will continue to be progressed with multi stakeholder involvement including people who use dementia services and their carers.

4. RECOMMENDATIONS

- 4.1 The Portfolio Holder is requested to note the National Dementia Strategy and associated key objectives

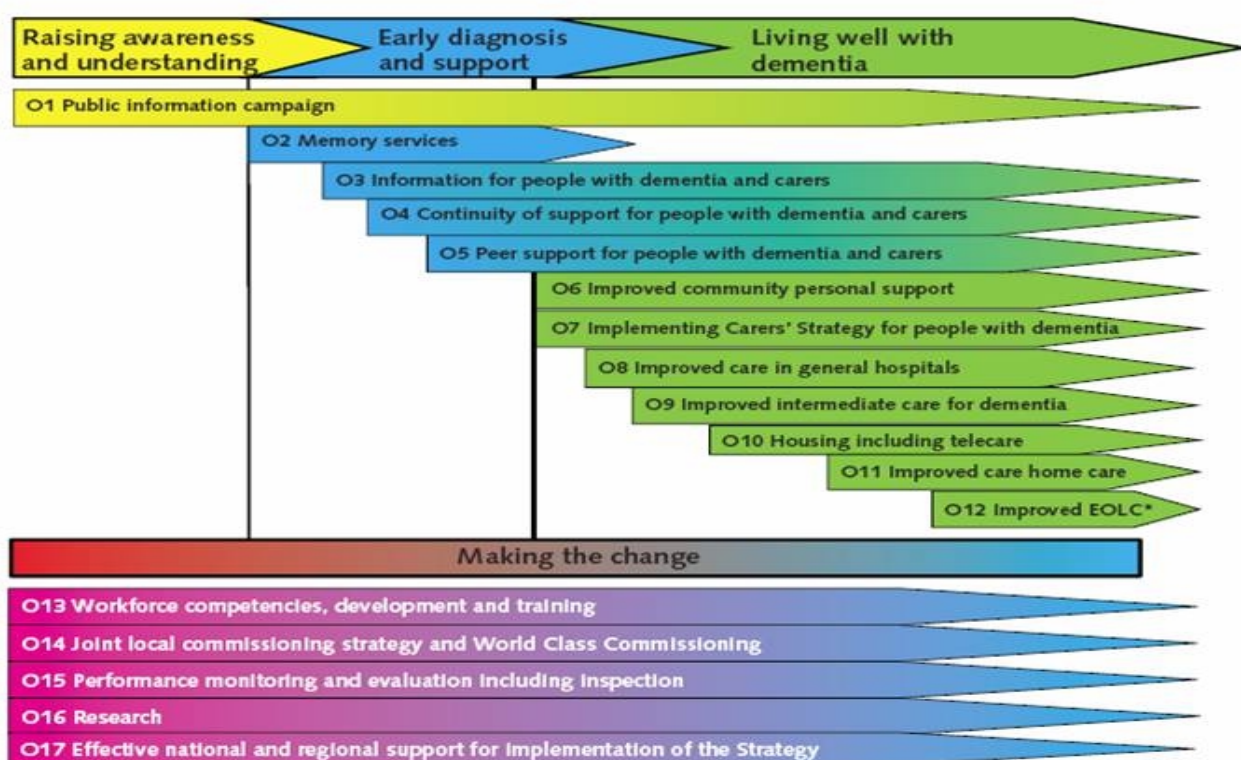
3.4 Appendix 1

National Dementia Strategy objectives

The Strategy has 17 key objectives.

Figure 1 below, shows the 17 objectives in a suggested sequence for implementation, and is followed by detailed commentary;

Figure 1: Delivering the National Dementia Strategy – joint commissioning of services along a defined care pathway to enable people to live well with dementia



Main thrust and Ramifications

Objectives 1 to 3 are restatements of what has been seen as best practice that has grown up following the National Service Framework for Older People and "Everybody's Business." However they place much greater emphasis on informing people and early diagnosis.

Objective 4 introduces the new concept of a dementia adviser who remains in contact with the person with dementia and their carer from diagnosis throughout their care. This is a deliberate move to respond to a desire for "someone to be with us on the journey."

This is a reaction to the frequent practice of most health and social care services who often discharge individuals once the case is stable and the care package delivered. The outcome of consultation suggests that this is almost always perceived negatively by people with dementia and their carers, who,

when faced with a serious illness where there is inevitable long-term decline and increase in dependency, want to feel that there is continuing support available to them when they need it.

The dementia adviser's role is viewed as different from and doesn't duplicate the hands-on case management or care and should not remove health and social care professionals from front line care. It should be complimentary to other elements of the care pathway.

The suggestion is that these could be commissioned in the "third sector" but could be located in the early diagnosis and intervention service described in the strategy

Objective 5 promotes structured peer support and learning networks. It proposes a programme incorporating investigation and analysis of current practice and evaluation of new models

Objective 6 addresses the need for improved integrated community support both generic and specific and suggests this is achieved through:

- Implement Putting People First personalisation changes for people with dementia and utilising the Transforming Social Care Grant.
- Establish an evidence base for effective specialist services to support people with dementia at home.
- Commissioners to implement best practice models thereafter.

In order to identify, collate and evaluate the data available on existing models of generic and specialist personal support, a collation and evaluation period will be necessary to enable good-quality advice and information to be made available for commissioners.

Objective 7 focusses on the important role of family carers and the need for them to be effectively supported. The strategy suggests this can be achieved through:

- Ensuring that the needs of carers for people with dementia are included as the strategy is implemented.
- Promoting the development of breaks that benefit people with dementia as well as their carers.

Objective 8 addresses dementia care in general hospitals. The strategy suggests this can be achieved through:

- Identification of a senior clinician within the general hospital to take the lead for quality improvement in dementia in the hospital.
- Development of an explicit care pathway for the management and care of people with dementia in hospital, led by that senior clinician.
- The gathering and synthesis of existing data on the nature and impacts of specialist liaison older people's mental health teams to work in general hospitals.
- Thereafter, the commissioning of specialist liaison older people's mental health teams to work in general hospitals.

Objective 9 addresses intermediate care for people with dementia. The strategy suggests this can be achieved through:

- The needs of people with dementia to be explicitly included and addressed in the revision of the Department of Health's 2001 guidance on intermediate care.

Objective 10 addresses housing and telecare for people with dementia. The strategy suggests this can be achieved through:

- Monitoring the development of models of housing, including extra care housing, to meet the needs of people with dementia and their carers.
- Staff working within housing and housing-related services to develop skills needed to provide the best quality care and support for people with dementia in the roles and settings where they work.
- A watching brief over the emerging evidence base on assistive technology and telecare to support the needs of people with dementia and their carers to enable implementation once effectiveness is proven.

Objective 11 deals with improving care for people with dementia in care homes. The strategy suggests this can be achieved through:

- Identification of a senior staff member within the care home to take the lead for quality improvement in the care of dementia in the care home.
- Development of a local strategy for the management and care of people with dementia in the care home, led by that senior staff member.
- Only appropriate use of anti-psychotic medication for people with dementia.
- The commissioning of specialist in-reach services from older people's community mental health teams to work in care homes.
- The specification and commissioning of other in-reach services such as primary care, pharmacy, dentistry, etc.
- Readily available guidance for care home staff on best practice in dementia care.

Objective 12 deals with end of life care. The strategy suggests this can be achieved through:

- Initiating demonstration projects, piloting and evaluation of models of service provision prior to implementation, given the current lack of definitive data in this area.
- Developing better end of life care for people across care settings which reflects their preferences and makes full use of the planning tools in the Mental Capacity Act.
- Developing local end of life care pathways for dementia consistent with the Gold Standard framework as identified by the End of Life Care Strategy.

- Ensuring that palliative care networks, developed as part of the End of Life Care Strategy, support the spread of best practice on end of life care in dementia.
- Developing better pain relief and nursing support for people with dementia at the end of life.

Objective 13 to 17 deal with the delivery of the strategy through;

- improvements in skills and personal development via workforce strategies, lobbying of professional bodies, changes in care standards and commissioners specifying dementia training in contracts,
- a joint commissioning strategy for dementia, linking to LAAs and developing sustainable communities and an individual focus based on personal budgets and self directed support
- performance monitoring and evaluating, including inspection
- clear picture of research evidence and needs
- effective national and regional implementation of the strategy