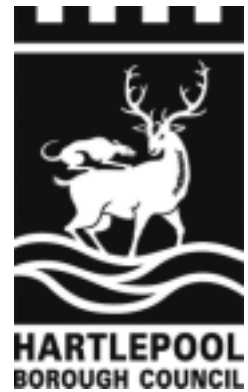


ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



Monday 26th July 2010

at 10.00 am

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

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

1. KEY DECISIONS

No items

2. OTHER ITEMS REQUIRING DECISION

- 2.1 Direction for an Exception to Contract Procedure Rules for the Purchase of Air Quality Monitoring Equipment – *Assistant Director (Community Safety and Protection)*

3. ITEMS FOR INFORMATION

- 3.1 Adult and Community Services Departmental Plan 2009/2010 – 4th Quarter Monitoring Report – *Director of Child and Adult Services*
- 3.2 Hartlepool Vulnerable Adults Protection Committee Quarterly Statistics and Update – *Director of Child and Adult Services*
- 3.3 Living well with Dementia – National Dementia Strategy – One Year On – *Director of Child and Adult Services*
- 3.4 Food Law Enforcement Service Plan 2010/2011 – *Assistant Director (Community Safety and Protection)*

4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS

No items

5. LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006

EXEMPT ITEMS

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) Order 2006

6. EXEMPT KEY DECISIONS

No items

7. OTHER EXEMPT ITEMS REQUIRING DECISION

No items

8. EXEMPT ITEMS FOR INFORMATION

- 8.1 Joseph Row ntree Housing Foundation – Apartment 109 Hartfields Manor
(para 3) – *Director of Child and Adult Services and Assistant Director*
(Resources)

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
26 July 2010



Report of: Assistant Director (Community Safety and Protection)

Subject: DIRECTION FOR AN EXCEPTION TO
CONTRACT PROCEDURE RULES FOR THE
PURCHASE OF AIR QUALITY MONITORING
EQUIPMENT

SUMMARY

1. PURPOSE OF REPORT

To obtain direction from the portfolio holder for an exception from the Contract Procedure Rules to enable quotations to be accepted for the purchase of air quality monitoring equipment.

2. SUMMARY OF CONTENTS

The report outlines the background and the reasons as to why a request is being made for an exception to the contract Procedure Rules.

3. RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Holder has responsibility for Air Quality Management.

4. TYPE OF DECISION

Non Key.

5. DECISION MAKING ROUTE

Portfolio Holder Decision.

6. DECISION(S) REQUIRED

That the Portfolio Holder makes a decision whether to agree to the exception from the provisions of the Contract Procedure Rules to enable officers to proceed with the quotations obtained and progress to ordering the required air quality monitoring equipment.

Report of: Assistant Director (Community Safety and Protection)

Subject: DIRECTION FOR AN EXCEPTION TO CONTRACT PROCEDURE RULES FOR THE PURCHASE OF AIR QUALITY MONITORING EQUIPMENT

1. PURPOSE OF REPORT

- 1.1 To obtain direction from the portfolio holder for an exception from the Contract Procedure Rules to enable quotations to be accepted for the purchase of air quality monitoring equipment.

2. BACKGROUND

- 2.1 The Contract Procedure Rules require the invitation for tenders for the supply of equipment where the contract for the provision of goods exceeds £25000. The purchase of air quality monitoring equipment will exceed this limit and therefore direction is required from the Portfolio Holder to approve an exception from the rules due to the urgent need for the purchase of this equipment.
- 2.2 The current air quality monitoring station is life expired and requires replacement. There is also a requirement for the provision of some permanent particulate monitoring at the Headland following the recent scrutiny investigations regarding dust issues.
- 2.3 There is some urgency for the provision of this equipment and in particular the particulate monitor for the Headland. Funding has been approved through SCRAPT for the purchase of all of the air quality monitoring equipment and associated fixtures.
- 2.4 The provision of the particulate monitor for the Headland has been accepted by Cabinet as part of the Neighbourhood Scrutiny Forum's action plan on dealing with the environmental issues of dust at the Headland. The target date for the provision of this equipment in the action plan is the end of August 2010.
- 2.5 The equipment is specialist and there are currently only three or four suppliers in the UK market.

- 2.6 The formal tendering process is lengthy and would result in too long a delay in providing the equipment promised to the Headland residents.
- 2.7 Quotations for the supply and installation of this equipment have already been obtained from the three suppliers who can provide the equipment to the required specification. A decision will be made on which quotation to accept on the basis of the equipment meeting the required minimum technical specification and the lowest quoted price. Delivery would be in the region of 4-6 weeks following receipt of an order. If approval is given for an exception to the contract procedure then we are in a position to order the equipment immediately and have it installed by the end of September at the latest.

3. RECOMMENDATIONS

- 3.1 That the Portfolio Holder agrees to the exception from the provisions of the Contract Procedure Rules to enable officers to proceed with the quotations obtained and progress to ordering the required air quality monitoring equipment.

4. REASONS FOR RECOMMENDATIONS

- 4.1 There is an urgent requirement to provide the monitoring equipment and in particular the particulate monitor for the Headland.
- 4.2 The equipment is of a specialist nature and only available from a limited number of suppliers.
- 4.3 The tendering procedure would result in too long a delay in the provision of the equipment.

5. BACKGROUND PAPERS

- 5.1 Neighbourhood Services Scrutiny Forum Report 12th April 2010
- 5.2 Scrutiny Coordinating Committee Report 23rd April 2010
- 5.3 Cabinet Report 24th May 2010

6. CONTACT OFFICER

Adrian Hurst
Principal Environmental Health Officer
Regeneration and Neighbourhood Services
Bryan Hanson House
Hanson Square
Hartlepool
TS24 7BT
Tel: 01429 523323
Email: Adrian.hurst@hartlepool.gov.uk

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
26 July 2010



Report of: Director of Child and Adult Services

Subject: ADULT AND COMMUNITY SERVICES
DEPARTMENTAL PLAN 2009/2010 – 4TH
QUARTER MONITORING REPORT

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder of the progress made against the Adult and Community Services Departmental Plan 2009/10 during 2009/10.

2. SUMMARY OF CONTENTS

The report summarises progress against the actions contained in the Adult and Community Services Departmental Plan 2009/10, the final year outturns of key performance indicators and associated risks.

3. RELEVANCE TO PORTFOLIO MEMBER

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

4. TYPE OF DECISION

Non-key

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 26 July 2010.

6. DECISION REQUIRED

Achievement on actions, indicators and risks be noted

Report of: Director of Child and Adult Services

Subject: ADULT AND COMMUNITY SERVICES
DEPARTMENTAL PLAN 2009/2010 – 4TH
QUARTER MONITORING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform the Portfolio Holder of the progress made against the key actions identified in the Adult and Community Services Departmental Plan 2009/2010, progress of key performance indicators for the period up to 31 March 2010 and associated risks.

2. BACKGROUND

- 2.1 The Child and Adult Services Department includes Community Services, reporting to Culture, Leisure and Tourism Portfolio Holder, and Adult Services, Adult Education and Supporting People reporting to the Adult and Public Health Portfolio Holder, and Children's Services Portfolio reporting to Children's Services Portfolio.
- 2.2 The Adult and Community Services Departmental Plan 2009/10 sets out the key tasks and issues with an Action Plan to show what is to be achieved by the department in the coming year. The plan also describes how the department contributes to the Organisational Development Improvement Priorities as laid out in the Corporate Plan. It provides a framework for managing the competing priorities, communicating the purpose and challenges facing the department, and monitoring progress against overall Council aims.
- 2.3 In 2008/09, the Council introduced a new electronic Performance Management Database (Covalent) for collecting and analysing corporate performance. The database collects performance information detailed in the Corporate Plan and the five Departmental Plans. The aim is that the database will eventually collect performance information for all levels of the Council, including individual service/operational plans in each department.

3. QUARTER FOUR (YEAR END) PERFORMANCE

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

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

Red	Action/PI target not completed or Action/PI intervention required
Amber	Action/PI progress acceptable
Green	Action/PI target on track or Action/PI target achieved.

- 3.4 Within the Adult & Community Services plan there were a total of 152 actions and 46 Performance Indicators identified in the Departmental Plan. Table 1, below, summarises the progress made, to the 31st March 2010 (2009-10 year end), towards achieving these actions and PIs.

Table 1 – Adult Services (APH portfolio) progress summary

	APH Portfolio	
	Actions	PIs
Green – completed	151	21
Green – on track	0	0
Amber - acceptable	0	3
Red – Intervention required	0	0
Red – not completed	1	10
Annual	0	12
Total	152	46

- 3.5 A total of 151 actions (99%) have been completed or achieved. There is 1 action (1%) which has not been achieved.
- 3.6 It can also be seen that 21 (46%) of the Performance Indicators have been highlighted as being achieved. There are 3 (7%) of the Performance Indicators where progress is acceptable. There are 10 PIs (28%) that did not hit their year-end target. Additionally, there are 12 (26%) indicators that are only collected on an annual basis and updates are not yet available for these indicators (this includes those completed as part of an annual survey and those survey indicators which are not collected in this year).

Table 2: Adult Services Actions – Target not achieved.

Ref	Action	Mile stone	Comment
CORP HW15. 1.2	Ensure that the developing user led organisation contributing to the OP agenda, has a focus on cultural sensitivities.	March 2010	Draft report from the Regional Improvement and Efficiency Partnership recommends that Hartlepool should not receive support for this project and is focusing attention to other parts of the region. The Older People's Local Implementation Team role and purpose has been reviewed and changes implemented with a representative from the 50+ Forum elected as co-chair. It is unlikely that a ULO that meets the government's requirements can be formed in Hartlepool and this outcome is to be reviewed.

Table 3: Adult Services PI's – Target not achieved.

Ref	PI	Mile stone	Comment
P033	Number of 4 week smoking quitters (rest of Hartlepool)	400	Information is supplied a quarter in arrears. This may reach the target, but the information will not be available until the end of June 2010.
P037	Prescribing of high level antidepressants (Hartlepool)	1720	There is an issue with this specific measure where good performance should be classed as being below the target, not above. This approach cannot be changed mid year, but will be amended for 2010-11. Latest quarter 4 figures show large decrease in anti depressant prescribing item based = 717.64, @ a cost of £54,151, equating to 14.563 items.
P054	% of older service users receiving an assessment that are from minority ethnic groups	1.0	This figure is a measure of the proportion of people getting assessment who are from ethnic communities, against the number of people in the town from ethnic communities. Ideally, this figure should be as close to 1.0 (meaning people assessed are in the same ratio as the population) as possible. While this figure has not met the target, performance is very close to the figure of 1.0
P055	% of older service users receiving services following an assessment that are from a minority ethnic group,	1.0	This figure is a measure of the proportion of people getting services who are from ethnic communities, against the number of people in the town from ethnic communities. Ideally, this figure should be as close to 1.0 (meaning people getting services are in the same ratio as the population) as possible. While this figure has not met the target, performance is very close to the figure of 1.0
P078	Number of deprivation of Liberty (DOL) referrals during the year	50	First year that this PI has been collected. There has been a considerable effort to publicise the DOLS programme and this has quite rightly resulted in the increased access to this service. We expect the DOLS referrals to stabilise over the next year.
P079	Number of Safeguarding Adults referrals during the year	133	Performance has exceeded the target figure of 133 referrals during 2009-10. Although this is deemed to be not meeting performance, the increased number of referrals has been as a direct result of considerable effort by the dept (and in particular the Safeguarding team) to publicise and encourage users or residential providers report instances of

			abuse etc with vulnerable adults. In this context, this has been a success during 2009-10 as we have been able to find out about more instances of potential abuse and therefore, can take action to improve these situations for vulnerable people.
NI 130	Social Care clients receiving Self Directed Support (per 100,000)	70.0%	This figure is calculated to show the proportion of clients with Personal Budgets and/or Direct Payments out of all possible cases who could receive Personal Budgets/Direct Payments. While this does not achieve the 70% target, it reflects very good performance that is well above the national average. There is considerable work now underway at both a local and national level to look at what is included in this indicator (as the full definition does include those in the denominator who would receive services, but have no reason to use a Personal Budget/Direct Payment, e.g. those receiving equipment or intermediate care only, those receiving professional support etc).
NI 132	Timelessness of social care assessments (all adults)	92.0%	This equates to 1016 out of 1233 clients having their assessments completed within 28 days (82.4%). While this does not achieve the target of 92%, it is still good performance and in line with national and regional averages. The national indicator NI 132 has a changed definition to its predecessor (the PAF indicator D55) on which the 3 year targets were set. If the calculation is done for the D55 version of the figure, the performance for 2009-10 would have been 92.9%. In light of this, the target for later years (2011-12 and 2012-13) has been re-evaluated and is set at a lower, but still challenging level of 85%
NI 145	Adults with learning disabilities in settled accommodation	70%	The PI is calculated from the ASC-CAR statutory return. For 2009/10 there were 225 people in LD settled accommodation. The denominator of 18-64 year old LD clients known to the council remains static at 343. This gives an outturn of 65.6%. For information, there were 52 people in non-settled accommodation. Although, this is under target, the performance for this measure is still in line with good performance at both a national and regional level.
NI 146	Adults with learning disabilities in employment	18.5%	The PI is calculated from the ASC-CAR statutory return. For 2009/10, there were 57 clients with a learning disability in paid employment. The denominator remains static at 343 LD clients aged 18-64 known to the council. This gives an outturn of 16.6%. Out of the 57 people, 2 work 16+ hours per week, while the remaining people all work less than 4 hours per week. 10 of these 57 clients also work in voluntary employment as well as their paid employment. For information, a further 22 people work voluntary only.

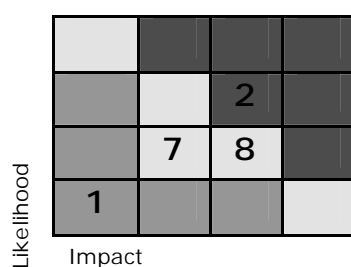
3.7 At the end of the year 2009-10, Adult Services have completed 151 out of 152 actions in the departmental plan – a number of these are shown below:-

- Review current day service provision at Hartfields. (CORP HW07.1.1).
- Issue a tender for advocacy provision for 2010/11 (CORP HW07.3.2).
- Increase the number of people managing their personal budgets (CORP HW08.1.2).
- Review Safeguarding procedures in light of the No Secrets Review and CSCI Report and develop an action plan to implement recommendations (CORP HW09.1.1).

4. RISK MONITORING

- 4.1 It is the policy of Hartlepool Borough Council to take an active and pragmatic approach to the management of risks that could prevent the achievement of corporate and departmental objectives. On a quarterly basis the Adult Services division assesses the risks identified within the Adult & Community Services Risk Register. The Council's approach acknowledges that the purpose is not to remove all risks (this is neither possible nor, in many cases, desirable), rather it is to ensure that potential 'losses' are prevented or minimised and that 'rewards' are maximised.
- 4.2 This summary is reported to the Portfolio Holder within the quarterly monitoring report to provide an overview of risks being addressed by the Adult Services Division of the Child & Adult Services Department.
- 4.3 The diagram below shows the distribution of risks according to their risk rating. Detail of the rating system is in **Appendix A**.

Diagram 1 –Risk Register Heat Map for Adult Services division of Child & Adult Services Department



See Appendix A for key to diagram above

- 4.4 There are a total of 15 risks. There are 13 risks on an 'AMBER' status and 2 of these risks is highlighted as 'RED'.

Table 4: Adult Services risk's – highlighted red.

Ref	Risk	Comment
R009	Serious disruption from financial short falls for voluntary sector	Service delivery reviews taking place in 2010 and 2011. Service delivery reviews will indentify potential areas for savings/efficiencies which may impact on voluntary and independent sector providers. Impact has increased from Medium to High, while likelihood has increased from possible to likely.
STR R045	Demographic changes to population causing increasing demand	Continued monitoring of budgets and activity levels underway to ensure issues are flagged up in line with the budget pressures process via cabinet, Reports on activity continue to be presented to portfolio holder as required. Service Delivery Options in Year 3 for adult social care are being planned and aim for increased efficiency in how we deliver and commission services in the future.

5. RECOMMENDATIONS

- i) It is recommended that achievement of key actions, risks and final year outturns of performance indicators are noted.

CONTACT OFFICER: Trevor Smith,
Performance & Information Manager (Adults)
Support Services

3.1 APPENDIX A

HARTLEPOOL BC RISK ASSESSMENT MATRIX AND VALUE GUIDES

		IMPACT			
LIKELIHOOD		1	2	3	4
		Low	Medium	High	Extreme
Almost certain	4	AMBER 4	RED 8	RED 12	RED 16
Likely	3	GREEN 3	AMBER 6	RED 9	RED 12
Possible	2	GREEN 2	AMBER 4	AMBER 6	RED 8
Unlikely	1	GREEN 1	GREEN 2	GREEN 3	AMBER 4

Use the following suggested value guides to help rate the level of the **controlled risk**.

IMPACT

Extreme	Total service disruption / very significant financial impact / Government intervention / sustained adverse national media coverage / multiple fatalities.
High	Significant service disruption/ significant financial impact / significant adverse Government, Audit Commission etc report / adverse national media coverage / fatalities or serious disabling injuries.
Medium	Service disruption / noticeable financial impact / service user complaints or adverse local media coverage / major injuries
Low	Minor service disruption / low level financial loss / isolated complaints / minor injuries

LIKELIHOOD

Expectation of occurrence ***within the next 12 months*** -

- Almost certain
- Likely
- Possible
- Unlikely

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
26 July 2010



Report of: Director of Child and Adult Services

Subject: HARTLEPOOL VULNERABLE ADULTS
PROTECTION COMMITTEE QUARTERLY
STATISTICS & UPDATE

SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 To present the Safeguarding Vulnerable Adults quarterly statistics and provide an update on safeguarding activity.

2.0 SUMMARY OF CONTENTS

- 2.1 This report provides information concerning Safeguarding Vulnerable Adults Quarterly Statistics for the fourth Quarter of 2010. The report provides information relating to trends and provides an update on the Hartlepool Safeguarding action plan covering the period from January to March 2010.

3.0 RELEVANCE TO PORTFOLIO MEMBER

- 3.1 Child and Adult Services hold lead responsibility for Adult Safeguarding.

4.0 TYPE OF DECISION

- 4.1 Non Key.

5.0 DECISION MAKING ROUTE

- 5.1 For information only.

6.0 DECISION(S) REQUIRED

- 6.1 To note the report

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 fourth quarter, January to end of March 2010 and provide an update on Safeguarding activity.
- 1.2 The Quarterly Safeguarding Statistics Report is attached at **Appendix A** to the Portfolio Report.

2. BACKGROUND

- 2.1 This is the fifth report to Portfolio concerning Adult Safeguarding activity following a request by the Adult & Public Health Services Portfolio Holder in May 2008 for a regular submission of reports to Portfolio Meetings.

3. TRENDS

- 3.1 In the reporting period there was an increase in the referral rate, with 78 alerts of possible cases of abuse or neglect being brought to the attention of the Duty Team; 59 of these referrals were raised for further action following screening under safeguarding procedures.
- 3.2 The remaining 19 alerts required no further action under safeguarding procedures as they did not meet the eligibility criteria, some of these alerts were dealt with via care management procedures and in other cases information and advice was provided.
- 3.3 Of the alleged victims of abuse/neglect 53% were people over the age of 65, with 49% of those over the age of 80. There were nearly twice as many women than men referred into the safeguarding system.
- 3.4 Care homes continue to be the most common locations of abuse and / or neglect. The perpetrators of abuse have been for the most part other service users or paid carers.
- 3.5 In relation to the Deprivation of Liberty Safeguards (DOLS) we have received 42 referrals in the reporting period, 41 were Hartlepool Local Authority responsibility and 1 was a NHS Hartlepool lead. Of the 41 Hartlepool Local Authority referrals, 32 were granted and 9 were not granted. The 1 referral dealt with by NHS Hartlepool was granted.

- 3.6 Four DOLS reviews were completed, 3 were completed by Hartlepool Local Authority and 1 was dealt with by NHS Hartlepool. Of the 3 Hartlepool Local Authority referrals all the DOLS conditions were ended, 2 people moved from the care home they resided in and 1 person was admitted to hospital, so it was deemed that depriving the person of their liberty was no longer in their best interest. 1 person's circumstances had changed in the care home so it was considered upon review that depriving the person of their liberty was no longer in their best interest. The NHS Hartlepool review deemed that the DOLS condition(s) was no longer in the best interest of the person as circumstances had changed, as the client had left the hospital and was residing in a care home.
- 3.7 As can be seen from the statistics in both Safeguarding and MCA/DOLS there has been an increase in the number of alerts.

4. CONTINUOUS IMPROVEMENT - Update on the Hartlepool Safeguarding Action Plan January to March 2010

- 4.1 The strategic and operational framework is in place and monitoring of activity is undertaken on a regular basis. The balance of work between the Safeguarding and Vulnerability Unit and the operational teams is appropriate and ensures that we always have sufficient capacity to manage operational risks.
- 4.2 A threshold guide for safeguarding has been agreed by the Performance, Audit and Quality Assurance Sub-group of the Adult Protection Committee to assist with the appropriate screening of alerts to the Duty Team. The Sub-Group has also implemented changes in the recording tool for safeguarding to ensure the Mental Capacity Act (2005) and Independent Mental Capacity Advocacy guidance is embedded into practice and appropriately recorded.
- 4.3 Links with GP practices and other health professionals has improved and the Safeguarding and Vulnerability Lead has met with staff from the Community Mental Health Team and Continuing Health Care Team to develop their understanding of processes. This has resulted in an improvement in their attendance at safeguarding meetings. Also Locality Team Managers have networked into GP Practice Manager's meetings to promote closer working relationships.
- 4.4 To ensure the safeguarding process is more robust across organisational boundaries, improved links have been made between Tees, Esk and Wear Valleys NHS Foundation Trust safeguarding arrangements and the Care Programme Approach (CPA). This arrangement has been strengthened as a result of the Strategic Lead for Safeguarding and Vulnerabilities convening meetings with the Manager of the Older Person's Community Mental Health Team and attending Clinical Governance meetings.

- 4.5 The Safeguarding and Vulnerabilities Lead has attended integrated locality team meetings to raise health and social care staff's awareness of safeguarding and reinforced this as "everybody's business".
- 4.6 Work is in progress by the Teeswide Safeguarding Board Policies and Procedures Sub Group to develop Teeswide joint guidance on information sharing with service users and their carers.
- 4.7 During this period a training event was rolled out to care home providers to raise awareness of the complaints procedures and how these dovetail with safeguarding procedures.
- 4.8 Safeguarding is now being discussed at a wider range of meetings, including the Operational Manager's Meeting as a standing item. Safeguarding cases are being discussed in staff supervisions, with a number of safeguarding cases being sampled and audited by Heads of Service and the Acting Assistant Director of Provider Services.
- 4.9 Improvements have been made to the Operational Framework following on from an activity analysis completed by the Safeguarding and Vulnerability Lead. The framework has been made available to staff so they know where to refer cases onto after each step of the safeguarding process and to clarify the expectations of Managers and Chairs at each stage. This framework should aid decision making in what is a complex area of work.
- 4.10 The Strategic and Vulnerabilities Lead continues to attend Multi Agency Public Protection Meetings to assist with the management of people at high risk of causing harm to vulnerable people and possibly staff to ensure risks are minimised through effective communication, risk assessments and risk management within a multiagency forum.
- 4.11 Through the work of the Safeguarding and Vulnerability Unit, the Commissioning and Contracts Team and Complaints Unit effective links have been established between safeguarding, complaints, contract compliance and Deprivation of Liberty Safeguards processes. Visual aid flowcharts have been developed clarifying respective roles and responsibilities and robust networks are in place to ensure a seamless safeguarding process across the operational and commissioning arrangements with closer links to registered facilities and other third sector providers.
- 4.12 Three realigned Social Care Officers have now been individually linked to a cluster of care homes and this has strengthened safeguarding arrangements and is enabling us to manage potential and emerging risks more proactively.
- 4.15 As a result of an analysis of activity the Safeguarding Unit has changed its practice and now a 'dedicated' Officer has responsibility for investigating most of the referrals relating to residents within residential

care homes, primarily focussing upon those investigations relating to care for people who are elderly mentally infirm (EMI). Referrals relating to those people living in the community are predominantly investigated by the Locality Teams.

- 4.16 Arrangements relating to the convening and finding of venue for safeguarding meetings and the chairing and minute taking have improved. Administrative staff within the Safeguarding Unit arranges the meetings and where possible take the minutes. Clerical staff have undertaken training on minute taking.
- 4.17 The local Practice Sub-Group has been re-developed and attendance is now mandatory for Operational Managers. The Group meets regularly to look at instances of good practice, consider complex matters and share lessons learned from the management of investigations. If the Practice Sub Group have concerns that impact on the Teeswide Policies and Procedures the matters raised are brought to the attention of the Adult Protection Committee for discussion and agreement about the way forward.
- 4.18 A Complex Case Reference Group has also been formulated to support staff in their roles. This group acts to share responsibility and provide practical advice in moving difficult cases forward. Terms of Reference have been formulated. The Group meets on the last Wednesday of the month.
- 4.19 Involvement from non-professionals in the safeguarding arena is being encouraged. The Strategic Lead has met with the Co-ordinator of the Local Involvement Network who has agreed to attend the Hartlepool Vulnerable Adult Protection Committee. Work is ongoing to establish a monitoring group drawn from service users, independent members of the public and lay members on planning groups to monitor issues that arise.
- 4.20 Training has been delivered to local authority staff to comply with safer recruitment. Training with staff from the voluntary sector was facilitated by the Safeguarding Lead and the Local Authority Employment Relations Officer to raise awareness of their roles and responsibilities in relation to the Vetting and Barring Scheme as directed by the new Independent Safeguarding Authority.
- 4.21 A local communication group has been established to raise awareness of Adult Safeguarding across Hartlepool. A website with information relating to safeguarding has been put in place.
- 4.22 The Mental Capacity / Deprivation of Liberties Safeguards Lead has facilitated three training sessions for local authority staff in adult services, and four training sessions for staff employed within the independent sector on MCA/DOLS. She also facilitated an awareness raising session at the 50 plus forum. Local authority and health staff

have been provided with personal guides relating to the Mental Capacity Act 2005 Guidance and Deprivation of Liberties Safeguards to assist them in their practice.

4.23 Training has been commissioned and we now have ten trained Best Interest Assessors, 8 from the Local Authority, 1 from NHS Hartlepool and 1 from North Tees and Hartlepool NHS Foundation Trust. Further training is to be provided for another seven members of staff who if they pass the course in September will be able to complete the Deprivation of Liberties Best Interest Assessments. This should ensure a more even spread of Best Interest Assessors across the operational teams.

4.24 The independent Mental Capacity Advocates (Skills for People) have been involved in the following referrals in 2009-2010;

- Inappropriate referrals (befriended) – 2
- Appropriate referrals – 26
 - 8 change of accommodation
 - 4 Adult Safeguarding
 - 4 Serious medical treatment
 - 2 accommodation review
 - 8 Deprivation of Liberty

The initial 3 year Teeswide contract with skills for people has been extended for 1 year from March 2010. Brian Ayre, Commissioned Services Manager will be completing a re tendering exercise for the IMCA Service for 2011-2012.

5. SERIOUS CASE REVIEW

5.1 Hartlepool Vulnerable Adult Protection Committee continues to monitor the recommendations arising from the Serious Case Review. The Local Authority has completed all of their recommendations work is ongoing in relation to Health and Commissioning Services.

6. FINANCIAL IMPLICATIONS

6.1 There are no financial implications arising from the report.

7. RECOMMENDATIONS

7.1 That this Report be noted.

CONTACT OFFICER -

Pamela Simpson

Strategic Lead for Safeguarding and Vulnerabilities (Adults)

Hartlepool Safeguarding Vulnerable Adults Protection Statistics

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct – 31 Dec 09	Hartlepool 01 Jan – 31 Mar 10	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Suspected Abuse	Physical abuse	21	20	16	26	83	64
	Financial abuse	8	0	3	2	13	23
	Sexual abuse	3	2	6	2	13	7
	Neglect and acts of omission	27	15	9	25	76	25
	Psychological	1	1	4	4	10	3
	Discriminatory	0	0	0	0	0	1
		60	38	38	59	195	123

Note: Within 4th Quarter Jan 01 – Mar 31st

19 further alerts were raised however following consideration were deemed No Further Action under Safeguarding Vulnerable Adults procedures.

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct – 31 Dec 09	Hartlepool 01 Jan – 31 Mar	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
	Vulnerable adults subject to previous referral/s	6	5	10	7	28	18
	Vulnerable adults placed by another Authority	0	0	1	0	1	1

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct – 31 st Dec 09	Hartlepool 01 Jan – 31 st Mar	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Vulnerable Adult Client Group	Physical Disabilities - Older People (65 & over)	28	18	0	31	77	66
	Physical Disabilities - Adults (18-64)	3	2	1	4	10	20
	Mental Health - Older People (65 & over)	18	11	6	14	49	16
	Mental Health - Adults (18-64)	4	1	0	2	7	7
	Learning Disabilities - Older People (65 & over)	0	0	0	1	1	1
	Learning Disabilities - Adults (18-64)	7	4	6	7	24	12
	Older People (65 & over)	0	0	23	0	23	0
	HIV / AIDS Adults (18-64)	0	0	0	0	0	0
	Sensory Loss	0	0	0	0	0	0
	Carer	0	0	0	0	0	1
	Substance misuse & Drugs	0	0	0	0	0	0
	Adult	0	0	0	0	0	0
		60	36	36	59	191	123

Noted – In 3rd quarter 2 service users have more than 1 referral in the framework.

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 st Oct – 31 st Dec	Hartlepool 01 Jan – 31 st Mar	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Source of Referral	Social Services Department	23	8	13	24	68	40
	Care Home Provider	0	9	7	11	27	32
	Care Home with Nursing Provider	0	12	5	10	27	11
	Home Care Provider	16	2	2	2	22	3
	Friend/Neighbour	2	0	0	0	2	0
	Relative	0	2	0	2	4	3
	Health Professionals (Community based)	2	2	3	5	12	3
	Health Professionals (Hospital based)	0	0	0	1	1	7
	Self or persons formal advocate	0	0	0	0	0	0
	CSCI	0	0	0	0	0	6
	Probation Service	0	0	0	0	0	0
	Police	1	0	0	0	1	7
	Other Service User	0	0	0	0	0	0
	Housing Support Provider	0	0	2	4	6	3
	Other Local Authority	0	1	0	0	1	4
	Department of Works & Pensions	0	0	0	0	0	0
	Other-please name individually Anonymous x 4 EDT x 17 Self x 1	16	0	6	0	22	4
		60	36	38	59	193	123

		Hartlepool 01 April – 30 June 09	Hartlepool 1 st July – 30 th Sept 09	Hartlepool 01 st Oct 31 st Dec 09	Hartlepool 01 Jan – 31 st Mar	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Location of Abuse	Care Home	17	3	8	21	49	56
	Care Home with Nursing	21	27	22	18	88	24
	Day Care Unit	0	1	0	1	2	0
	Relative's Home	1	0	0	0	1	3
	Users Own Home	13	5	3	10	31	32
	Hospital	0	0	0	1	1	0
	Supported Living	5	2	5	3	15	2
	Public Place	1	0	0	0	1	4
	Other (please list) CHC Unit x 2	2	0	0	5	7	2
		60	38	38	59	195	123

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct – 31 Dec 09	Hartlepool 01 Jan – 31 st Mar 10	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Alleged Perpetrator	Friend/Neighbour	0	0	0	0	0	4
	Other Service User	21	18	16	22	77	37
	Paid Carer or Health Worker	30	14	12	20	76	38
	Partner	3	0	1	1	5	4
	Relative	5	4	4	2	15	23
	Volunteer	0	0	0	0	0	0
	Trader	0	0	1	0	1	0
	Unknown	1	1	4	14	20	13
	Institution	0	0	0	0	0	4
	Self	0	1	0	0	1	0
		60	38	38	59	136	123

Ethnicity		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct – 31 st Dec 09	Hartlepool 01 Jan – 31 Mar 10	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
	White – British	60	38	38	59	195	122
	White- European	0	0	0	0	0	1
	Asian-India	0	0	0	0	0	0
	Asian-Pakistan	0	0	0	0	0	0
	Asian-Bangladesh	0	0	0	0	0	0
	Asian- Chinese	0	0	0	0	0	0
	Asian-Vietnamese	0	0	0	0	0	0
	African	0	0	0	0	0	0
	Caribbean	0	0	0	0	0	0
	Other ethnic group (please name)	0	0	0	0	0	0
	Not Known	0	0	0	0	0	0
		60	38	38	59	195	123

		Hartlepool 01 April – 30 June 09		Hartlepool 01 July – 30 Sept 09		Hartlepool 01 st Oct – 31 st Dec 09		Hartlepool 01 Jan – 31 Mar 10		Hartlepool Total		ANNUAL STATS 01 April 08 – 31 Mar 09	
Age		F	M	F	M	F	M	F	M	F	M	F	M
	18 - 19	1	0	0	1	0	0	0	0	1	1	2	0
	20 – 29	0	2	0	0	1	0	0	0	1	2	3	1
	30 – 39	0	0	0	0	1	0	0	1	1	1	4	2
	40 – 49	3	2	0	1	0	0	1	3	4	6	3	2
	50 – 59	1	2	2	2	1	3	4	2	8	9	7	5
	60 – 64	0	0	1	0	2	0	2	0	5	0	2	9
	65 – 69	3	6	1	0	0	0	2	0	6	6	4	0
	70 – 79	10	4	6	3	6	1	9	6	31	14	21	18
	80 – 89	9	10	8	8	14	7	18	6	49	31	21	9
	90 – 99	4	3	4	1	1	1	3	2	12	7	9	1
		31	29	22	16	26	12	39	20	118	77	76	47
		60		38		38		59		195		123	

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct – 31 st Dec 09	Hartlepool 01 Jan – 31 Mar 10	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Outcomes for Alleged Victim	3.1 Existing service provision reducing risk of further harm	19	24	3	0	46	19
	3.2 New Community Care Assessment & Services	2	1	1	2	4	2
	3.3 Removed from Property/Service	12	0	2	0	14	12
	3.4 Counselling, support & advocacy	0	0	0	1	0	0
	3.5 Management of access to alleged perpetrator	8	0	2	2	10	8
	3.6 Action under Mental Health Act	0	0	0	0	0	0
	3.7 Declaratory Relief	0	0	0	0	0	0
	3.8 Appointeeship/Receivership	0	1	0	0	1	0
	3.9 Civil Action	1	0	0	0	1	1
	3.10 Unwilling to co-operate with Protection Plan/advice	1	0	0	0	1	1
	3.11 Crime prevention/security advice	0	0	0	0	0	0
	3.12 Other (please specify) Deceased NFA Management Training Ongoing Assessment New Equipment / Diet Increased Monitoring Moved to increased/different care Still open in period	5	3	30	4 20 16 2 12	38	5
		48	29	38	59	174	48

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool 01 Oct – 31 Dec 09	Hartlepool 01 Jan – 31 Mar 10	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Outcomes for Alleged Perpetrator/ Organisation/Service	4.1 Criminal Prosecution/Caution	4	0	1	0	5	4
	4.2 No further legal action following Police investigation	0	2	0	0	2	0
	4.3 Disciplinary action/POVA referral	4	1	4	5	9	4
	4.4 Action by Commissioning/Placing Authority	14	2	0	0	16	14
	4.5 Action by CSCI	0	0	0	1	0	0
	4.6 Action by Healthcare Commission	0	0	0	0	0	0
	4.7 Carer's Assessment offered	0	0	0	0	0	0
	4.8 Management action – supervision, training etc.	2	2	0	0	4	2
	4.9 Counselling/support	0	0	4	8	4	0
	4.10 Removed from property/service	0	0	3	2	3	0
	4.11 Community Care Assessment & Services/Case Review	2	0	0	1	2	2
	4.12 Action under Mental Health Act	3	0	0	0	3	3
	4.13 Management of access to vulnerable adult	9	1	2	3	12	9
	4.14 No Further Action	9	17	16	11	42	9
	4.15 Other (please specify) <ul style="list-style-type: none"> • Deceased • Exoneration • Continued monitoring • Move to all male unit • Not known • Still open in period 	1	4	7	16 12	12	1
		48	29	37	59	114	48

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
26 July 2010



Report of: Director of Child & Adult Services

Subject: LIVING WELL WITH DEMENTIA - NATIONAL
DEMENTIA STRATEGY - ONE YEAR ON

SUMMARY

1.0 PURPOSE OF REPORT

The purpose of this paper is to update the portfolio holder on the delivery of the National Dementia Strategy following its publication in 2009.

2.0 SUMMARY OF CONTENTS

The report provides information on the self assessment undertaken against the National Dementia Strategy Baseline Assessment and the current position within Hartlepool.

3.0 RELEVANCE TO PORTFOLIO MEMBER

For information only.

4.0 TYPE OF DECISION

Non Key.

5.0 DECISION MAKING ROUTE

.No decision required.

6.0 DECISION(S) REQUIRED

For information only.

Report of: Director of Child & Adult Services

Subject: LIVING WELL WITH DEMENTIA -
NATIONAL DEMENTIA STRATEGY – ONE
YEAR ON

1. PURPOSE OF REPORT

The purpose of this paper is to update the portfolio holder on the delivery of the National Dementia Strategy (**Appendix A**) following its publication in 2009.

2. BACKGROUND

The National Dementia Strategy for England was announced in April 2009 by the Department of Health as a five year vision to transform services for people with dementia and their carers.

A framework for improvement has been laid out, identifying some of the challenges that must be overcome. It is intended to be used across the country and within organisations to drive change. The Strategy is not a blueprint for local services but provides guidelines for local service providers to enable them to set priorities according to local needs.

The Strategy was developed in response to a growing evidence base on the effectiveness and quality of health and social care services available to people with dementia and their carers.

In 2007 the National Audit Office concluded that despite significant investment in dementia, money was often spent on the later stages of dementia where services are more expensive. The report also found that services were not delivered consistently or cost-effectively.

3. PURPOSE OF THE STRATEGY

There are 17 objectives, which focus on four key areas for improving quality of life for people with dementia and carers; raising awareness and understanding, early diagnosis and support, living well with dementia and making the change (implementing the Strategy). The key focus of the objectives is that:

- 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

4. THE PLAN AND ITS PURPOSE

Over 5 years the purpose of the plan 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, Local Authorities, acute hospital trusts, mental health trusts, Primary Care Trusts, 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.

5. COMPLIANCE

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 amended following the launch of the National Dementia Strategy to reflect the requirements set out.

6. KEY PRIORITIES - ONE YEAR ON

Ensure better knowledge and understanding (Supporting objectives 1, 3 & 13)

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 aims to help everyone to understand dementia better and to remove the stigma attached to dementia

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

6.1 Update position

There has been a recent national media campaign highlighting dementia, aiming to increase public awareness and understanding.

The focus of the national Dementia Strategy is now embedded into action plans and strategies across health and social care, including housing care and support and workforce development.

Hartlepool Borough Council is committed to a joint approach with health partners to ensure that front line staff are trained in dementia awareness and a range of training opportunities and awareness raising programmes are now available to staff across health and social care and care home providers.

7. **ENSURE EARLY DIAGNOSIS (Supporting objectives 2 & 6)**

It is believed that only a third of people with dementia have proper diagnoses. When people access specialist services, it is often too late in their illness which means that 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

7.1 Update position

Specialist mental health services have targeted primary care “Time Out” events delivering the message of the importance of early detection and benefits of timely diagnosis.

Through the Annual Operating Plan process a business plan was submitted to support the expansion of the Memory Service within Hartlepool to enable increased capacity and resource available.

8. **DEVELOP SERVICES (Supporting objective 5,6,7,9,10,11,13 & 15)**

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

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.

8.1 Updated position

Significant service developments have occurred over the last year.

The success of the Memory Lane Café continues along with the CASS (Community Activity Sitting Service) and “Your Time” all of which are services that support people with dementia and their carers.

A range of extra care housing schemes have progressed and two ventures in the town will come to fruition this year (Laurel Gardens and Richard Court). These will allow people with dementia to have access to a range of housing options and help maintain independence.

Hartlepool Carers have successfully tendered for a contract to deliver a service that will support and facilitate carers to meet their individual outcomes and achieve equal access in relation to health, well being and employment. The development of a Carers Card which provides contact information and signposting is being progressed..

Direct Payments and Personal Budgets continue to be successful in offering choice and control, supporting people to remain independent for longer and providing increased choice.

The development and continued expansion of Telecare is also proving successful with a ‘Safer Walking’ project focusing on people in the early stages of dementia and a project to support people aged over 85 to remain in their own homes.

9. **NEXT STEPS - YEAR TWO PRIORITIES**

Progression of:-

Objective 4 Dementia Advisor. There are currently 2 pilots ongoing in the region. The result of these pilots will assist in the progression of this objective.

Objective 8 An identified lead within North Tees and Hartlepool NHS Foundation Trust has been identified (Dr Ward) and work is progressing. This area needs to be developed further and more joined up working is required to provide a comprehensive and timely pathway for people with dementia in an acute care setting. A Rapid Improvement Workshop is being held within Tees Esk and QWear

Valleys NHS Foundation Trust aimed at improving the Dementia Care Pathway and Hartlepool has been identified as a pilot site for the implementation of the pathway.

Objective 9, Clear priorities are set to further develop services and improve outcomes for people requiring intermediate care. A review of current services is to be undertaken.

Objective 12 End of Life Care, a lead (Dr Edwin Pugh) is identified and work is ongoing to further develop the end of life care pathway.

Work will continue to be progressed and monitored through the Older Person's Local Implementation Team and reported into the Health and Wellbeing Partnership meetings.

10. RECOMMENDATIONS

The Portfolio Holder is requested to note progress in relation to the National Dementia Strategy.

11. CONTACT OFFICER

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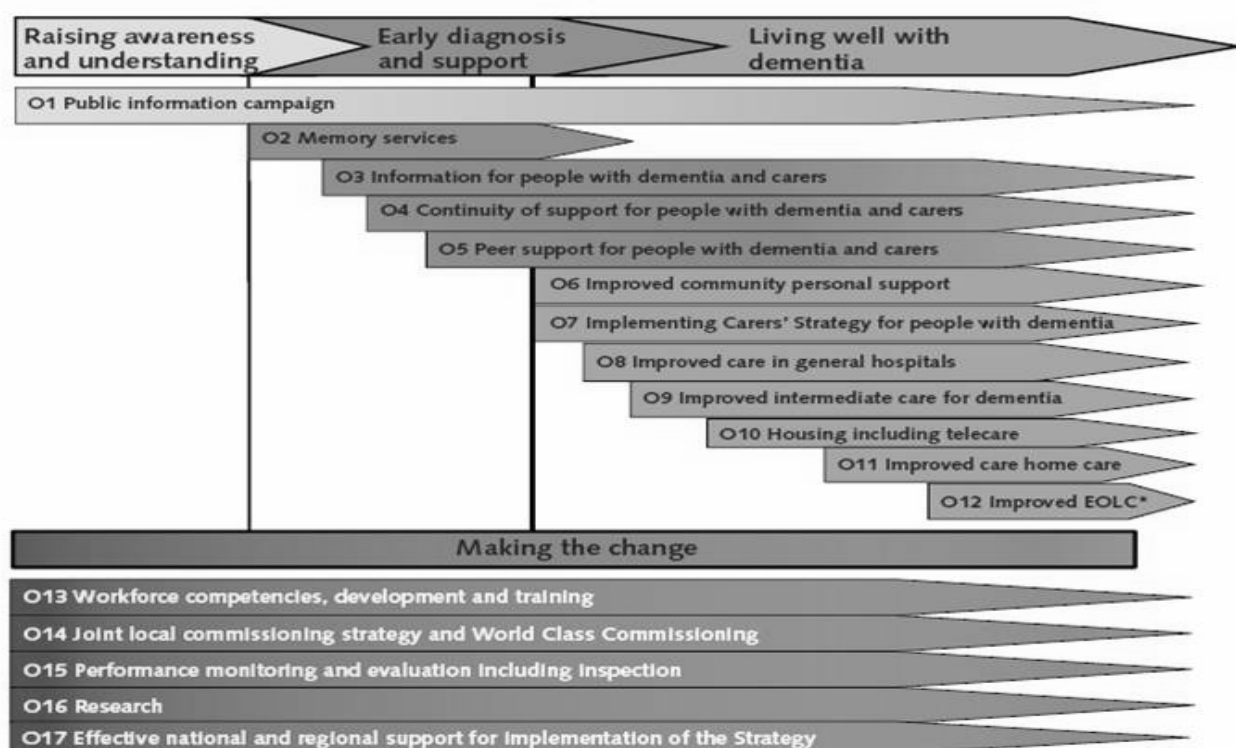
Appendix 1

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 reinforce 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 complementary 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:

- Implementing Putting People First personalisation changes for people with dementia and utilising the Transforming Social Care Grant.
- Establishing an evidence base for effective specialist services to support people with dementia at home.
- Commissioners implementing 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 focuses 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

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
26 July 2010



Report of: Assistant Director (Community Safety and Protection)

Subject: FOOD LAW ENFORCEMENT SERVICE PLAN
2010 / 2011

SUMMARY

1. PURPOSE OF REPORT

To consider the Food Law Enforcement Service Plan for 2010/2011, which is a requirement under the Budget and Policy Framework.

2. SUMMARY OF CONTENTS

The report sets out details of Hartlepool's Food Law Enforcement Service Plan 2010/11. The plan is a requirement of the Food Standards Agency and forms the basis on which the Authority may be monitored and audited to verify whether the service provided is effective in protecting the public. The plan sets out the Council's aims in respect of its food law service. Whilst focussing on 2010/11, it also identified longer term objectives as well as a review of performance for 2009/10.

3. RELEVANCE TO PORTFOLIO MEMBER

Portfolio Holder to consider issues prior to presentation to Cabinet.

4. TYPE OF DECISION

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

5. DECISION MAKING ROUTE

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

6. DECISION(S) REQUIRED

Comments on the Food Law Enforcement Service Plan are invited.

Report of: Assistant Director Community Safety and Protection

Subject: FOOD LAW ENFORCEMENT SERVICE PLAN
2010 / 2011

1. PURPOSE OF REPORT

- 1.1 To consider the Food Law Enforcement Service Plan for 2010/2011, which is a requirement under the Budget and Policy Framework.

2. BACKGROUND

- 2.1 The Food Standards Agency has a key role in overseeing local authority enforcement activities. They have duties to set and monitor standards of local authorities as well as carry out audits of enforcement activities to ensure that authorities are providing an effective service to protect public health and safety.
- 2.2 On 4 October 2000, the Food Standards Agency issued the document "Framework Agreement on Local Authority Food Law Enforcement". The guidance provides information on how local authority enforcement service plans should be structured and what they should contain. Service Plans developed under this guidance will provide the basis on which local authorities will be monitored and audited by the Food Standards Agency.
- 2.3 The service planning guidance ensures that key areas of enforcement are covered in local service plans, whilst allowing for the inclusion of locally defined objectives.
- 2.4 The Food Law Enforcement Service Plan for 2010/2011 is attached as **Appendix 1** and takes into account the guidance requirements.
- 2.5 The Plan will be considered by Cabinet in August, it will then be considered by Neighbourhood Services Scrutiny, prior to being considered by Council.

3. THE FOOD LAW ENFORCEMENT SERVICE PLAN

3.1 The Service Plan for 2010/11 has been updated to reflect last year's performance.

3.2 The Plan covers the following:

(i) Service Aims and Objectives:

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

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

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

(iii) Legislative Powers and Other Actions Available:

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

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

(v) A review of performance for 2009/10.

4. SUMMARY OF MAIN ISSUES RAISED IN THE PLAN

4.1 During 2009/10 the service completed 100% of all programmed food hygiene inspections planned for the year. As a result of prioritising resources in this area we were unable to achieve the targets set in respect of food standards and feeding stuffs inspections; 86% of food standards inspections were achieved and 63.4% of feeding stuffs inspections. The outstanding inspections will be added to the programme for 2010/2011.

- 4.2 The results from the 2009/10 sampling programme were disappointing. A total of 218 microbiological samples were taken, of which 73 were regarded as unsatisfactory, mainly as a result of high bacteriological counts. Advisory visits have been carried out and the majority of follow up samples subsequently improved. Of the 246 compositional/labelling samples that were taken, 11 were unsatisfactory, mainly due to labelling irregularities.
- 4.3 On 1st April 2007 the Council launched the Tees Valley Food Hygiene Award Scheme. Each business is awarded a star rating which reflects the risk rating given at the time of the last primary inspection. The star rating is made available to the public via the Council's website and the business is provided with a certificate to display on their premises.
- 4.4 The table below shows the results of the star ratings awarded to businesses at the start of the scheme on 1 April 2007, as compared with after 12 months (on 1 April 2008), after 24 months (on 1 April 2009) and after 36 months (on 1 April 2010):

Number of Stars	Number of Premises (1/4/07)	%	Number of Premises (1/4/08)	%	Number of Premises (1/4/09)	%	Number of Premises (1/4/10)	%
5 Stars	24/759	3%	85/762	11.1%	163/721	22.6%	237/709	33.4%
4 Stars	155/759	20%	217/762	28.5%	233/721	32.3%	205/709	28.9%
3 Stars	226/759	30%	294/762	38.6%	237/721	32.9%	195/709	27.5%
2 Stars	262/759	35%	137/762	18.0%	65/721	9%	60/709	8.5%
1 Star	60/759	8%	26/762	3.4%	17/721	2.4%	12/709	1.7%
0 Stars	32/759	4%	3/762	0.4%	6/721	0.8%	0/709	0%

- 4.5 It can be seen that the number of premises awarded 3 stars and above has risen significantly from 53% to 89.8%, with a more than tenfold increase in the number of premises awarded 5 stars.
- 4.6 Whilst the number of businesses trading fluctuates throughout the year the above figures show a decline in the number of food businesses operating in the borough. This information is consistent with national returns made for 2008/09 which indicate that there has been a slight decrease in the numbers of food businesses, but that there was a notable increase in business turnover and new business registrations, especially in relation to home catering and change in ownership.

- 4.7 Compliance levels of food businesses in our area are measured and reported on against National Indicator 184. As at the 1st April 2010, 91.5% of businesses in the borough were “Broadly Compliant” with food safety requirements (in 2008-09 the figure was 89.3%, which was 3.3% higher than the national average). For food standards 96.3% of businesses achieved broad compliance (in 2008-09 the figure was 93.3%). We aim to concentrate our resources to further increase our current rate by the end of 2010/11.
- 4.8 The service is committed to focussing its resources on carrying out interventions at those businesses which are deemed not to be ‘broadly compliant’ and has written to those awarded 2 stars or less offering advice and support. In the current financial climate we anticipate that it may become increasingly difficult to secure improvements however where necessary enforcement action will be taken.
- 4.9 During 2009/10, no emergency prohibition notices were served on businesses. A Hygiene Improvement Notice was served on a business to ensure compliance with food safety issues. No prosecutions or formal cautions were undertaken.
- 4.10 During 2010/11 there are 394 programmed food hygiene interventions, 248 programmed food standards inspections and 47 feed hygiene inspections planned. The number of premises liable for inspection has increased on last years figures. (The number of premises liable for inspection fluctuates from year to year as the programme is based on the risk rating applied to the premises which determines the frequency of intervention). An estimated 80 re-visits and 70 additional visits to new / changed premises will be required during the year.
- 4.11 Further to the above planned inspections it is predicted that an additional 150 visits will need to be carried out in relation to the Tall Ships Event and Headland Carnival. Such inspections must be carried out by a small team of officers with the suitable qualifications and competencies to undertake them. The volume of planned inspections and the need to carry out visits outside normal working hours will place an additional demand on an already heavy workload.

5. RECOMMENDATIONS

- 5.1 The Portfolio Holder’s comments on the Food Law Enforcement Service Plan for 2010/2011 are invited.

6. CONTACT OFFICER

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Hartlepool Borough Council

Food Law Enforcement Service Plan

2010/11

FOOD SERVICE PLAN 2010/11

This Service Plan accords with the requirements of the Framework Agreement on Local Authority Food Law Enforcement, and sets out the Council's aims in respect of its food law service and the means by which those aims are to be fulfilled. Whilst focussing primarily on the year 2010/11, where relevant, longer-term objectives are identified. Additionally, there is a review of performance for 2009/10 and this aims to inform decisions about how best to build on past successes and address performance gaps.

1. **Background Information**

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

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

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

In August, Hartlepool will welcome up to one million visitors for the finale of the prestigious 2010 Tall Ships' Races; an internationally acclaimed annual competition held every summer in European waters. Approximately 70 vessels from 15-20 countries, crewed by some 5-6,000 young people from over 30 countries worldwide are expected to take part. A wide range of entertainment events are planned to coincide with the event.

The tourist industry impacts upon recreational opportunities, shopping facilities and leisure facilities, including the provision of food and drink outlets that include restaurants, bars and cafes. There are currently 735¹ food establishments in Hartlepool, all of which must be subject to intervention to ensure food safety and standards are being met.

2. **Service Aims and Objectives**

Hartlepool Borough Council aims to ensure:

- that food and drink intended for human consumption which is produced, stored, distributed, handled or consumed in the borough is without risk to the health or safety of the consumer;

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

- food and food packaging meets standards of quality, composition and labelling and reputable food businesses are not prejudiced by unfair competition; and
- the effective delivery of its food law service so as to secure appropriate levels of public safety in relation to food hygiene, food standards and feeding stuffs enforcement.

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

Service delivery broadly comprises:

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

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

The service is also responsible for the following:

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

3. **Policy Content**

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

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

The Council's Community Strategy, called Hartlepool's Ambition, looks ahead to 2020 and sets out its long-term vision and aspirations for the future:

'Hartlepool will be an ambitious, healthy, respectful, inclusive, thriving and outward-looking community, in an attractive and safe environment, where everyone is able to realise their potential.'

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

Jobs and the Economy

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

Lifelong Learning and Skills

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

Health and Wellbeing

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

Community Safety

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

Environment

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

Culture and Leisure

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

Strengthening Communities

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

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

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

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

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

4. Interventions

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

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

Authorised officers can inspect food at any stage of the production, manufacturing, distribution and retail chain. The Council must draw up and implement an annual programme of risk-based interventions so as to ensure that food and feeding stuffs are inspected in accordance with relevant legislation, the Food Law Code of Practice and centrally issued guidance.

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

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

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

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

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

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

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

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

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

Local Authorities are required to report the percentage of “Broadly Compliant” food establishments in their area to the FSA on an annual basis through the Local Authority Enforcement Monitoring System (LAEMS). The Agency will use this outcome measure to monitor the effectiveness of a local authority’s regulatory service.

As at the 1st April 2010, 91.5% of businesses in the borough were “Broadly Compliant” with food safety requirements (in 2008-09 the figure was 89.3%, which was 3.3% higher than the national average). For food standards 96.3% of businesses achieved broad compliance (in 2008-09 the figure was 93.3%). We aim to concentrate our resources to further increase our current rate by the end of 2010/11 however given the current financial climate this will be extremely challenging.

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

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

5. Service Delivery Mechanisms

Intervention Programme

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

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

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

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

Food Hygiene:

Risk Category	Frequency of Inspection	No of Premises
A	6 months	1
B	12 months	38
C	18 months	290
D	24 months	185
E	36 months or other enforcement	202
Unclassified	Requiring inspection/risk rating	0
No Inspectable Risk (NIR)		19
Total		735

Food Standards:

Risk Category	Frequency of Inspection	No of Premises
A	12 months	2
B	24 months	118
C	36 months or other enforcement	595
Unclassified		1
No Inspectable Risk (NIR)		19
Total		735

Feed Hygiene

Risk Category	Frequency of Inspection	No of Premises
A	12 months	0
B	24 months	23
C	60 months	41
Unclassified		23
Total		87

The intervention programme for 2010/11 comprises the following number of scheduled food hygiene and food standards interventions:

Food Hygiene:

Risk Category	Frequency of Inspection	No of Interventions
A	6 months	1
B	12 months	39
C	18 months	205
D	24 months	86
E	36 months or alternative enforcement strategy	63
Unclassified		0
Total		394

Approved Establishments:

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

Primary Producers

From 1 January 2006 EU food hygiene legislation applicable to primary production (farmers & growers) came into effect. On the basis that the local authority officers were already present on farms in relation to animal welfare and feed legislation, the responsibility was been given to the Consumer Services Section to enforce this legislation. The service has an estimated 68 primary producers. Targets have been set for Councils to inspect 25% of farms classified as high risk and 2% of low risk premises. We currently do not have any high risk premises.

Food Standards:

Risk Category	Frequency of Inspection	No of Interventions
A	12 months	2
B	24 months	51
C	36 months or alternative enforcement	194
Not classified		1
Total		248

Feed Hygiene :

Risk Category	Frequency of Inspection	No of Interventions
A	12 months	0
B	24 months	21
C	60 months	0
Unclassified		23
Total		47

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

As a follow-up to primary inspections, the service undertakes revisits in accordance with current policy. For the year 2010/11, the inspection programme is expected to generate an estimated 80 revisits. A number of these premises revisits will be undertaken outside standard working hours and arrangements are in place as described above to facilitate this.

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

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

Tall Ships Event

In addition to the above planned inspection programme of fixed establishments, in the first quarter of the year we aim to visit all food businesses which are likely to be affected during the Tall Ships Event. We will provide tailored advice regarding planning for additional demands for service, changes to delivery times etc. In addition we aim to inspect all of the food vendors which will be operating as part of the Tall Ships Event (7-10th August) and the Headland Carnival. We anticipate that this will generate an additional 150 visits.

Port Health

Hartlepool is a Port Health Authority however it is not a Border Inspection Post or Point of Entry, therefore no food enters the port.

Fish Quay

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

Registration and Approval of Premises

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

The receipt of a food/feed premises registration form initiates an inspection of all new premises. In the case of existing premises, where a change of food/feed business operator is notified, other than at the time of a programmed inspection, an assessment is made of the need for inspection based on the date of the next programmed intervention, premises history, and whether any significant change in the type of business is being notified. It is anticipated that approximately 70 additional premises inspections will be generated for new food businesses during 2010/11.

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

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

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

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

Microbiological and Chemical Analysis of Food/Feed

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

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

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

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

The allocation for Hartlepool is 8,300 credits for the year 2010/11.

Points are allocated as follows:

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

A sampling programme is produced each year for the start of April. The sampling programme for 2010/11 includes national and regional surveys organised by LACORS and HPA/Local Authority Liaison Group.

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

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

Microbiological Food Sampling Plan 2010 /11

April Butchers Survey (re-samples) Rice from Chinese Takeaways (re-samples)	May Butchers Survey (re-samples) Rice from Chinese Takeaways (re-samples)	June Mobile Survey LACORS/HPA Pennington Study Dishwasher Study
July Ice-cream vendors LACORS/HPA Pennington Study Dishwasher Study	August Ice-cream vendors LACORS/HPA – Listeria in RTE Foods Dishwasher Study	September Sandwich shops/Cafes Salmonella in Fresh Herbs LACORS/HPA – Listeria in RTE Foods Dishwasher Study
October Sandwich shops/Cafes LACORS/HPA – Listeria in RTE Foods Dishwasher Study	November Sandwich shops/Cafes LACORS/HPA – Listeria in RTE Foods Dishwasher Study	December Pubs/Restaurants LACORS/HPA – Listeria in RTE Foods Dishwasher Study
January Pubs/Restaurants LACORS/HPA – Listeria in RTE Foods Dishwasher Study	February Pubs/Restaurants LACORS/HPA Pennington Study Dishwasher Study	March LACORS/HPA – Cleaning Cloths LACORS/HPA Pennington Study Dishwasher Study

Composition and Labelling Sampling Plan 2010 /11

MONTH	TEST	SAMPLES
April	Added water - processed meats Labels of the above products	7 7
May	Fat, salt & sugars – canned meals Labels of the above products	6 6
	<u>FSA Imported Food Survey:</u> The following foods will be sampled: Honey – moisture, sugars, HMF, labelling Crab – cadmium Chicken – added water, salt	6 2 4
June	Reformed meats in locally produced sandwiches	19
July	Saturated fat – fish & meat ready meals Labels of the above products	12 12
Aug	Meat content of locally produced sausage	3
Sept	Meat content of locally produced sausage	3
Oct	Gluten free – pre-packed goods Labels of the above products	12 12
Nov	Sodium – breakfast cereals/bars Labels of the above products	12 12
Dec	ABV – alcohol in restaurants Spirit testing	15
Jan	Added sugars – soft drinks Labels of the above products	8 8
Feb	Vegetarian foods, peanuts	12
Mar	Imported canned vegetables – heavy metals Labels of the above products	4 4

Total samples = 186

Feeding Stuffs

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

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

Feeding stuffs Sampling Plan 2010/11

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

Private Water Supplies

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

Food inspection

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

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

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

It is recognised that for most local food businesses contact with an officer of the service provides the best opportunity to obtain information and advice on legislative requirements and good practice. Officers are mindful of this and aim to ensure that when undertaking premises inspections sufficient opportunity exists for business operators to seek advice. Leading up to the Tall Ships Event officers will be providing tailored advice to businesses.

In addition, advisory leaflets including those produced by the Food Standards Agency are made available.

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

Guidance is also prepared and distributed to food businesses relating to changes in legislative requirements. The service also encourages new food/feed business operators and existing businesses to seek guidance and advice on their business. It is estimated that 35 such advisory visits will be carried out during the year.

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

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

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

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

The service receives approximately 21 complaints, each year concerning food/feed, all of which are subject to investigation. An initial response is made to these complaints within two working days. Whilst many complaints are investigated with minimal resource requirements, some more complex cases may be resource-intensive and potentially affect programmed inspection workloads.

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

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

Investigation of cases of Food Poisoning and Outbreak Control

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

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

Statistical returns are made weekly by the service to the Communicable Disease Surveillance Centre. It is estimated that between 90-100 food poisoning notifications are received each year, a large proportion of which are confirmed cases of Campylobacter. Historically we have investigated all reports either by interviewing cases or sending out questionnaires and advice leaflets.

It was identified that there was variation in the practice of Environmental Health departments both regionally and nationally in relation to the investigation of sporadic cases of Campylobacter therefore the Health Protection Agency (HPA) proposed that a common approach be agreed by North East Environmental Health Departments. As relatively little benefit has been demonstrated from the investigation of individual sporadic cases of Campylobacter only those who are food handlers or live/work in a residential setting will now be routinely investigated.

Any cluster or outbreak identified by the HPA or Environmental Health will be investigated following the agreed outbreak investigation arrangements. In the event of any major food poisoning outbreak a significant burden is likely to be placed on the service and this would inevitably impact on the performance of the inspection programme.

Dealing with Food / Feed Safety Incidents

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

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

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

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

Out of hours contact is arranged through Hartlepool Housing's Greenbank Offices, telephone number 01429 869424.

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

Whilst it is difficult to predict with any certainty the number of food safety incidents that will arise, it is estimated that the service is likely to be notified of 50 food alerts during 2010/11, a small proportion of which will require action to be taken by the Authority. This level of work can ordinarily be accommodated within the day-to-day workload of the service, but more serious incidents may require additional resources which may have an effect on the programmed inspection workload and other service demands.

In addition a significant number of Allergy Alerts are being sent to local authorities. A total of 34 were received during 2009/10 many relating to labelling irregularities by UK manufacturers who have for example omitted to declare the presence of an allergen in the food.

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

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

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

Based on the number of complaints in 2009/10 it is estimated that approximately 21 such complaints will be received in 2010/11.

Feed Law Enforcement

From 1 January 2006 feed businesses must be approved or registered with their local authority under the terms of the EC Feed Hygiene Regulation (183/2005).

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

Liaison arrangements

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

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

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

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

Home Authority Principle / Primary Authority Scheme

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

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

General

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

Bryan Hanson House
Hanson Square
Hartlepool
TS24 7BT

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

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

6. Resources

Staffing Allocation

The Director of Regeneration & Neighbourhoods has overall responsibility for the delivery of the food/feed law service. The Assistant Director Community Safety & Protection has responsibility for ensuring the delivery of the Council's Environmental Health service, including delivery of the food/feed law service, in accordance with the service plan.

The Public Protection Manager, with the requisite qualifications and experience, is designated as lead officer in relation to food safety and food standards functions and has responsibility for the management of the service.

The resources determined necessary to deliver the service in 2010/11 are as follows:

1 x 0.10 FTE Public Protection Manager (with responsibility also for Health & Safety, Licensing, Trading Standards, Private Sector Housing & Environmental Protection)

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

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

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

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

The Public Protection Manager has responsibility for planning service delivery and management of the Food Law service, Health & Safety at Work, Licensing, Public Health, Water Quality, Trading Standards, Animal Health & Welfare, Private Sector Housing, Environmental Protection and I.T. as well as general management responsibilities as a member of the Community Safety & Protection Management Team.

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

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

The Technical Officer (Food) is also responsible for inspections, as well as revisits, investigation of less complex complaints and investigation of incidents of food-borne disease.

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

Administrative support is provided by Support Services based within the Regeneration & Neighbourhoods department.

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

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

Financial Resources

The annual budget for the Consumer Services section in the year 2010/11 is:

	£ 000.0
Employees	457.9
Other Expenditure	182.5
Income	(4.3)
Net Budget	807.6

This budget is for all services provided by this section including Health & Safety, Animal Health, Trading Standards and resources are allocated in accordance with service demands. The figures do not include the budget for administrative / support services which are now incorporated into the overall budget.

Equipment and Facilities

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

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

Training Plans

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

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

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

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

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

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

7. Service Review and Quality Assessment

Quality Assessment

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

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

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

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

Review

It is recognised that a key element of the service planning process is the rational review of past performance. In the formulation of this service plan a review has been conducted of performance against those targets established for the year 2009/10.

This service plan will be reviewed at the conclusion of the year 2010/11 and at any point during the year where significant legislative changes or other relevant factors occur during the year. It is the responsibility of the Public Protection Manager to carry out that review with the Assistant Director Community Safety & Protection.

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

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

Performance Review 2009/10

This section describes performance of the service in key areas during 2009/10.

Inspection Programme

Our target is to complete 100% of the inspection programme for food hygiene, food standards and feeding stuffs. These are extremely challenging targets particularly since the section lost three posts due to budget pressures during 2008/09. Although none of these posts directly enforced food legislation their workload had to be distributed to the remaining workforce.

During the year we successfully completed all planned food hygiene inspections, however as a result of prioritising resources in this area we were unable to achieve our targets in respect of food standards and feeding stuffs inspections; 86% of food standards inspections were achieved and 63.4% of feeding stuffs. The outstanding inspections will be added to the programme for 2010/11.

We met our 2 working day response time, for all complaints with one exception, which related to a food labelling issue.

Registration and Approval of premises

Premises subject to approval were inspected and given relevant guidance.

Food Sampling Programme

The food sampling programme for 2009/10 has been completed. The microbiological results are as follows:

Microbiological Sampling (1/4/09 - 31/3/10)

<u>Bacteriological Surveys</u>	Total no. of samples	Number of Samples	
		Satisfactory	Unsatisfactory
Local Shopping Basket Survey (foods sampled included: pasta salad, trifle, quiche, smoked/cured meats)	14	13	1*
LACORS/HPA Butchers Survey	77		
Meat	33	21	12*
Sw abs	33	8	25*
Cloths	11	6	5
Imported Food Survey - Herbs	10	10	
LACORS/HPA Butchers Survey (Re-samples)	50		
Meat	23	20	3
Sw abs	22	18	4
Cloths	5	1	4
LACORS / HPA Pre-Packed Sandw ich Survey	16	14	2
Raw Shell Eggs from Residential Care Homes	5	5	
Take Away Premises Survey	46		
Rice	23	17	6*
Salad	9	8	1
Cloths	14	4	10
Total:	218	145	73

* Resampled and found to be satisfactory

The results from this years sampling programme were disappointing. A high proportion of the samples obtained from butchers' shops failed to comply with the Guidelines for Assessing the Microbiological Safety of Ready-to-Eat Foods. Advice was given and the results upon resampling showed a marked improvement.

A significant number of wiping cloths taken from butchers shops and takeaway premises were also found to be unsatisfactory. (63%). This trend has been mirrored across the region. Advice has been given and a guidance note is currently being prepared in conjunction with the Health Protection Agency and other Local Authorities who participated in the survey. A follow up survey is planned.

Whilst six rice samples were reported as unsatisfactory, all of these samples were taken after the initial cooking stage. All samples taken after the secondary cook were found to be satisfactory.

The composition and labelling results are shown below:

Food Standards Sampling (01.04.09 – 31.03.10):

Nature of Sample	Reason for Sampling	Satisfactory	Unsatisfactory
Soft Drinks	Sugar Free Declaration	16	
Honey	Floral Origin	12	
	Labelling	12	
Canned Vegetables	Sodium Content	3	1
	Labelling	4	
Ready Meals	Fat, Sodium & Total Sugars	5	1
	Labelling	6	
Basmati Rice*	Authenticity	10	
	Aflatoxins	10	1**
Ready Meals	Fish Content	5	
	Labelling	4	1
Fish*	Mercury, Lead, Cadmium	10	1**
	Labelling	5	5
Pre-Packed Food	Calcium Claims	12	
	Labelling	12	
Margarine	Saturated Fat Levels	15	1**
	Labelling	15	
Sandwiches	Distinguishing between Mayonnaise & Salad Cream	24	
Ground Nuts	Species	6	
	Labelling	6	
Fish	Species	15	
Cooked Meat	Species	12	
Canned Fruit or Veg	Arsenic	8	
	Labelling	8	
Totals:	246	235	11

* The Authority received funding from the FSA in conjunction with Stockton Borough Council to sample food originating from outside the EU (Basmati Rice & Fish were sampled).

** Resampled and found to be satisfactory

Overall there were relatively few food standards samples which failed to meet statutory requirements. All five of the imported fish samples did however fail to comply with the Food Labelling Regulations 1996 (e.g. some of the products did not include a 'Best Before' date on their labels.) Advice was provided to the businesses concerned.

Routine sampling of animal feeding stuffs has been given a low priority due to the lack of local manufacturers and packers. We were unable to complete the feeding stuffs sampling programme due to staffing resources however four samples of a molassed feeding stuff were taken in response to a complaint, one of which was submitted as a formal sample.

The composition of the samples was found to significantly differ from the information on the statutory statement which accompanied the product. The Home Authority for the manufacturer of the feeding stuff was contacted and an investigation was undertaken, the Food Standards Agency was also notified of the incident.

Food Inspection

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

Promotional Work

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

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

The service was unable to provide food hygiene training during the year due to insufficient resources. The team has however continued to offer advice and information on request with 35 advisory visits to businesses being carried out during the year.

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

Food Hygiene Award Scheme

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

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

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

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

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

The table below shows the results of the star ratings awarded to businesses at the start of the scheme on 1 April 2007, as compared with after 12 and 24 months of operation:

Number of Stars	Number of Premises (1/4/07)	%	Number of Premises (1/4/08)	%	Number of Premises (1/4/09)	%	Number of Premises (1/4/10)	%
5 Stars	24/759	3%	85/762	11.1%	163/721	22.6%	237/709	33.4%
4 Stars	155/759	20%	217/762	28.5%	233/721	32.3%	205/709	28.9%
3 Stars	226/759	30%	294/762	38.6%	237/721	32.9%	195/709	27.5%
2 Stars	262/759	35%	137/762	18.0%	65/721	9%	60/709	8.5%
1 Star	60/759	8%	26/762	3.4%	17/721	2.4%	12/709	1.7%
0 Stars	32/759	4%	3/762	0.4%	6/721	0.8%	0/709	0%

Whilst the number of businesses trading fluctuates throughout the year the above figures show a decline in the number of food businesses operating in the borough. This information is consistent with national returns made for 2008/09 which indicate that there has been a slight decrease in the numbers of food businesses, but that there was a notable increase in business turnover and new business registrations, especially in relation to home catering and change in ownership.

It can be seen that the number of premises awarded 3 stars and above has risen significantly from 53% to 89.8%, with a more than tenfold increase in the number of premises awarded 5 stars.

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

In December 2008 the Food Standards Agency confirmed its intention to introduce a National 'scores on the doors' scheme for England, Wales and Northern Ireland. A UK steering group has been established to ensure that the new scheme will be clear, robust and easy to use for both businesses and consumers. The scheme will have six tiers, which is consistent with the existing Tees Valley Scheme, although the band widths may differ.

Complaints

During the year the service dealt with 8 complaints relating to the condition of food premises and/or food handling practice. In addition, 13 complaints were received regarding unfit or out of condition food or extraneous matter and 10 complaints concerning the composition or labelling of food items. One complaint was received regarding animal feeding stuffs.

With one exception, investigations into the above were undertaken within our target of 2 working days.

Food Poisoning

The service received 100 notifications of food borne illness during the year, this figure was significantly higher than the previous year (61 notifications were received during 2009-10). No outbreak investigations were conducted.

Food Safety Incidents

The Service received 37 food alerts and 34 allergy alerts from the Food Standards Agency during the year. All requiring action were dealt with expeditiously. No food incidents were identified by the Authority that required notification to the Food Standards Agency, however the feed complaint referred to above was referred as a localised incident. No further action was required.

Enforcement

During 2009/10, no emergency prohibition notices were served on businesses. A Hygiene Improvement Notice was served on a business to ensure compliance with food safety legislation. No prosecutions or formal cautions were undertaken.

Improvement Proposals/Challenges 2009/10

The following areas for improvement/challenges were identified in the 2009/10 Food Service Plan.

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

Whilst officers attained the 100% target to complete all food hygiene inspections it was not possible to complete all planned food standards and feeding stuffs inspections. The outstanding inspections will be added to the inspection programme for 2010/11.

2. We will continue to review and update our standard operating procedures to reflect the requirements of the revised Code of Practice and in response to the recommendations made in the Public Inquiry Report into the 2005 *E.coli* O157 outbreak in South Wales, which was published in March 2009.

We have reviewed our procedures in light of the recommendations made in the Public Inquiry Report into the 2005 *E.coli* O157 outbreak in South Wales, which was published in March 2009. Officers have also received further update training in respect of hazard analysis.

3. Produce a summary of the Food Enforcement Policy.

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

8. Key Areas for Improvement & Challenges 2010/11

In addition to committing the service to specific operational activities such as performance of the inspection programme, the service planning process assists in highlighting areas where improvement is desirable. Detailed below are specifically identified key areas for improvement that are to be progressed during 2010/11.

1. We aim to visit all established food businesses which may be affected by the Tall Ships event beforehand to offer advice. We also aim to inspect all food vendors trading as part of the Tall Ships Event and Headland Carnival.
2. Resources challenging. The section lost 3 posts due to budget pressures during 2008/09. Although none of these posts directly enforced food legislation their workload has had to be distributed to the remaining workforce. Allocating targets for 2010/11 with existing resources will be extremely challenging with the additional workload associated with the Tall Ships Event.
3. Review the Food Enforcement Policy and produce a summary.