ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

DECISION SCHEDULE

HARTLEPOOL BOROUGH COUNCIL

Monday, 18 October 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 Health and Safety Service Plan 2010/11 - *Assistant Director (Community Safety and Protection)*

3. **ITEMS FOR INFORMATION**

   3.1 Adult Social Care Performance Analysis – *Director of Child and Adult Services*

4. **REPORTS FROM OVERVIEW AND SCRUTINY FORUMS**

   No items.

ADULT & PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
18 October 2010

HARTLEPOOL BOROUGH COUNCIL

Report of: Assistant Director Community Safety & Protection

Subject: HEALTH & SAFETY SERVICE PLAN 2010/11

SUMMARY

1. PURPOSE OF REPORT

To seek Portfolio Holders' approval to the Health & Safety Service Plan 2010/11.

2. SUMMARY OF CONTENTS

The report gives details of the Health & Safety enforcement service and the service plan for 2010/11.

3. RELEVANCE TO PORTFOLIO MEMBER

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

4. TYPE OF DECISION

Non key

5. DECISION MAKING ROUTE

Adult & Public Health Services Portfolio.

6. DECISIONS(S) REQUIRED

Approval of the Health & Safety Service Plan 2010/11.

Report of: Assistant Director Community Safety & Protection

Subject: HEALTH & SAFETY SERVICE PLAN 2010/11

---

1. **PURPOSE OF REPORT**

1.1 To seek Portfolio Holders' approval to the Health & Safety Service Plan 2010/11.

2. **BACKGROUND**

2.1 The Health & Safety Executive has a key role in overseeing local authority enforcement activities. They have duties to set and monitor standards of local authorities as well as carry out audits of enforcement activities to ensure that authorities are providing an effective service to protect public health and safety.

2.2 The Health & Safety Executive has issued guidance to local authorities, which provides information on how local authority enforcement service plans should be structured and what they should contain. Service plans developed under this guidance will provide the basis upon which local authorities will be monitored and audited by the Health & Safety Executive.

2.3 The service planning guidance ensures that key areas of enforcement are covered in local service plans, whilst allowing for the inclusion of locally defined objectives.

2.4 The Health & Safety Service Plan for 2010/11 is attached as **Appendix 1** and takes into account the guidance requirements.

3. **THE HEALTH & SAFETY SERVICE PLAN**

3.1 The service plan for 2009/10 has been updated to reflect last year's performance.

3.2 The Service Plan covers the following:

(i) Service Aims and Objectives.

(ii) The background to the Authority, including the scope and demands on the health and safety service.

(iii) Service delivery, including inspection programmes, service requests, complaints, advice, liaison and promotion.

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

(v) Quality assessment.

(vi) Details of the review of the Plan.

4. SUMMARY OF MAIN ISSUES RAISED IN THE PLAN

4.1 During 2009/10, the staffing resource for carrying out health and safety enforcement was reduced due to a post (Technical Officer(Health & Safety)) remaining vacant throughout the year. The situation was also exacerbated by the fact that the section had previously lost 3 posts in order to achieve required efficiency savings during 2008/09. One of these posts enforced health and safety legislation and as a result it was necessary to distribute the workload amongst authorised officers.

4.2 Due to the staffing issues outlined above and other demands on the service (mainly in respect of food enforcement) the health and safety premises inspection programme for 2009/10 did not reach the target of 100%, with only 65% of inspections achieved. A total of 265 health and safety inspections were carried out and the outstanding 141 inspections will be added to the programme for 2010/11.

4.3 We have actively participated in the Health & Safety Partnership working closely on various initiatives with other local authorities and the Health & Safety Executive. In partnership with the other 4 Tees Valley Authorities (Redcar & Cleveland, Stockton-on-Tees, Middlesbrough & Darlington Borough Councils) work was carried out in relation to controlling exposure to noise at work in the entertainment industry and a survey of waste compactors was also undertaken.

4.4 Over a two week period the Commercial Services team, working in partnership with the Health and Safety Executive, carried out health and safety inspections of more than 85 premises based on industrial estates across the borough. (These inspections were carried out in addition to the work identified in the workplan for 2009/10).

4.5 The aim of the campaign was to raise awareness, promote sensible management and improve safety standards in those businesses visited. Inspections focussed on several key topics including how risks relating to asbestos on the premises were being managed; how workplace transport was controlled and safety when working at height.

4.6 Whilst it was very encouraging to see that health and safety risks were in most cases being properly addressed, enforcement action was taken where considered appropriate. In total 12 companies were served with enforcement notices; all were HSE enforced. As well as issuing notices, officers were able to offer constructive, practical advice to many of the companies visited.

4.7 During 2009/10 legal proceedings were concluded in respect of an accident which had occurred during 2008. The accident involved a worker falling from a ladder. The employer pleaded guilty to failing to provide suitable equipment for working at height and received a conditional discharge.

4.8 No Simple Cautions or Improvement Notices were issued however it was necessary to issue a deferred Prohibition Notice requiring action to be taken to address unsafe storage of goods on an internal office roof.

4.9 During 2010/11 the Council has made a commitment to participate in the following work programmes / initiatives; -

National Injuries Reduction Programme

Officers will deliver local awareness based initiatives and enforcement focused on:

- LPG Inspection Campaign (statutory duty)
- Construction Activities
- Asbestos Duty to Manage
- Heavy Loads & Workplace Transport Load Security

Local programmes/initiatives

The Council has also agreed to work in partnership with the other Tees Valley Authorities (and HSE where appropriate) to deliver local awareness based initiatives and enforcement focused on:

- Noise at Work in the Entertainment Industry
- Violence and Aggression in the Retail Sector

4.10 The Tees Valley Flexible Warrant Scheme was launched in June 2010. Flexible warrants allow Local Authority and HSE inspectors as co-regulators to legally work across boundaries. This will help to provide an improved response in dealing with 'matters of evident concern' should the need arise and enhance partnership working between Hartlepool Borough Council and the Health and Safety Executive. Four enforcement officers from the Authority have been authorised.

4.11 Section 18 of the Health and Safety at Work etc Act 1974 puts a duty on the Health and Safety Executive and Local Authorities to make adequate arrangements for enforcement. New Section 18 guidance was issued in 2008 requiring Enforcing Authorities, from 1st April 2008, to work towards compliance with the principles and standards. From 31st March 2011, compliance is mandatory. During 2008/09 work comenced on meeting the requirements of the amended S18 Standard and this will be completed during the year.

4.12 Further to the planned health and safety inspections additional visits to businesses were 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 placed an additional demand on an already heavy workload.

5. RECOMMENDATIONS

5.1 The Portfolio Holder's comments on the Health & Safety Service Plan for 2010/11 are invited.

6. CONTACT OFFICER

6.1 Sylvia Pinkney
Public Protection Manager
Bryan Hanson House

Tel. (01429) 523315
Email: sylvia.pinkney@hartlepool.gov.uk

APPENDIX 1

Hartlepool Borough Council

Health & Safety Service Plan

2010/11

HEALTH & SAFETY SERVICE PLAN 2010/11

INTRODUCTION

This Service Plan details how the Health and Safety Service will be delivered by Hartlepool Borough Council.

The Plan accords with the requirements of the mandatory guidance issued by the Health and Safety Executive (HSE) under Section 18 of the Health and Safety at Work etc. Act 1974 (HSWA).

The HSE and Local Authorities (LAs) both have a statutory duty to 'make adequate arrangements for enforcement' under Section 18 of HSWA. In 2008 the Standard was revised and enforcing authorities were required to work towards compliance with the principles and standards set out. From 31st March 2011 compliance with the new Standard is mandatory.

The Standard sets out the arrangements that LAs and the HSE should put in place to meet the duty in four areas:

1. **"Make it happen"** - LAs shall set out their commitment, priorities and planned interventions; put in place the capacity, management infrastructure, performance and information systems to deliver an effective service and comply with their statutory duties; operate systems to train, appoint, authorise, monitor and maintain a competent inspectorate.

2. **"Do it right"** – use interventions including enforcement action, in accordance with its enforcement policy and within the principles of proportionality, accountability, consistency, transparency and targeting.

3. **"Work together"**- work in partnership within its own organisation and other bodies to make the best use of joint resources and to actively contribute to liaison, policy and governance arrangements at a local, regional and national level.

4. **"Sell the story"** – promote sensible risk management.

This Plan sets out the Council's aims in respect of its health and safety enforcement service and the means by which those aims are to be fulfilled.

Whilst focussing primarily on the year 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.

The Plan is reviewed annually and has been subject to Portfolio Holder approval.

1 SERVICE AIMS AND OBJECTIVES

1.1 Service Aims and Objectives

Hartlepool Borough Council aims:

- To carry out our enforcement duties and deliver high quality services through the efficient and effective use of resources;
- To supplement our enforcement role by providing targeted education and advice;
- To encourage innovation through actively seeking out best practice and working in partnership with other agencies;
- To actively contribute towards achieving nationally agreed strategic aims and objectives; and
- To ensure our actions are consistent, proportionate and targeted and that we are transparent and open about what we do.

In its delivery of the service the Council will have regard to directions from the Health and Safety Executive, Health and Safety / Local Authority Liaison Committee (HELA), Approved Codes of Practice, the Regulators' Compliance Code, and guidance from Local Government Regulation (formerly known as LACORS).

1.2 Links to Corporate Objectives and Plans

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

- Hartlepool's Community Strategy - the Local Strategic Partnerships (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
- Public Protection Divisional Plan
- Consumer Services Service Plan
- Health and Safety Enforcement Service Plan - sets out how the Council aims to deliver this statutory service and the Consumer Services section's contribution to corporate objectives

The Council's Community Strategy, 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 Health and Safety 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 health, safety and welfare, and avoid potential costly action at a later stage.

Lifelong Learning and Skills

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

Health and Care

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

Community Safety

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

Environment

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

Culture and Leisure

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

Strengthening Communities

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

This Health and Safety Service Plan similarly contributes to the vision set out in the Regeneration & 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".

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

2 BACKGROUND

2.1 Profile of the Local Authority

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

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

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

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. Between 70 and 100 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. There are currently 1219[1] businesses in Hartlepool for which the Council is the enforcing authority, all of which must be subject to intervention to ensure health and safety requirements are being met.

1 Total number of premises as at 31/3/2010

2.2 Organisational Structure

Hartlepool Borough Council is a democratic organisation. It comprises of 48 elected Councillors who are responsible for agreeing policies about provision of services and how the Council's money is spent. The key decision making body is the Cabinet. Members of the Cabinet are appointed by the elected Mayor, and each has a portfolio of responsibility for particular services that the Council provides.

The Portfolio holder for Adult & Public Health Services provides political oversight for Health and Safety enforcement.

The Management Organisation is led by the Chief Executive. The Council is made up of three Departments:

Chief Executive's
Child & Adult Services
Regeneration & Neighbourhoods

The health and safety service is delivered through the Community Safety & Protection Division of the Regeneration & Neighbourhoods Department.

2.3 Scope of the Health and Safety Service

The Council's Commercial Services team is a constituent part of the Community Safety & Protection Division and is responsible for delivery of the health and safety service.

Service delivery broadly comprises:

- Carrying out programmed health and safety inspections;
- Investigating complaints regarding health and safety and associated issues;
- Investigating workplace accidents, diseases and dangerous occurrences;
- Providing advice and information;
- Taking action (formal and informal) to ensure compliance with legislation;
- Responding to asbestos notifications;
- Registering premises and persons offering personal treatments e.g. body piercing, tattooing, acupuncture etc;
- Acting as a Statutory Consultee for applications made under the Licensing Act 2003; and
- Enforcing smoke free legislation in public places.

To achieve strategic aims and objectives it is necessary to work in partnership with other local authorities, the Health and Safety Executive and businesses. The Council aims to ensure that these joint working arrangements are in place and that officers of the service contribute and are committed to the ongoing development of these arrangements.

2.4 Demands on the Health and Safety Service

The Health and Safety Executive and Local Authorities are the principal enforcing authorities for Health and Safety at Work etc Act 1974 (HSWA) in Great Britain.

The primary purpose of the HSWA is to control risks from work activities. The role of the HSE and LAs is to ensure that duty holders manage and control these risks and thus prevent harm to employees and to the public.

The type of premises/nature of work activity falling to local authorites for enforcement is dictated by Health and Safety (Enforcing Authority) Regulations 1989 with further guidance provided by Health and Safety / Local Authority Liaison Committee (HELA) which is the formal enforcement liaison committee between the HSE and LAs.

The Council is responsible for the enforcement of health and safety in an estimated 1219 premises within the borough comprising retailers, wholesalers, offices, catering premises (including hotels and guest houses), leisure and consumer services and residential care homes. The businesses are predominantly small to medium sized establishments. The HSE are the enforcing authority for those premises not enforced by the Local Authority.

The table below provides a profile of the premises within the borough.

Premises Type	**No of Premises (As at 01/04/10)**
Retail Shops	427
Wholesale	17
Offices	118
Catering Services	303
Hotel/residential	19
Residential Care Homes	33
Leisure and Cultural	138
Consumer Services	154
Other (Miscellaneous)	10
Total	1219

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

Bryan Hanson House
Hanson Square
Hartlepool
TS24 7BT

Telephone: (01429) 266522
Fax: (01429) 523308

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. Contact can be made via Hartlepool Housing on (01429) 869424.

2.5 Enforcement Policy

The Council has signed up to the Enforcement Concordat and has in place a Health and Safety Law Enforcement Policy which was revised and subsequently approved by the Adult and Public Health Services Portfolio Holder on 21 March 2005. The Policy is to be reviewed and updated during 2010/11 having regard to the Regulators' Compliance Code.

The Health and Safety Executive Enforcement Management Model (EMM) will be used to inform the service's decision making process. Officers also have reference to the HSE's Enforcement Guide and the Work Related Deaths Protocol.

3 SERVICE DELIVERY

The Council is committed to meeting its obligations under the Section 18 Standard issued under the Health and Safety at Work etc Act 1974.

3.1 Proactive Work

3.1.1 Health and Safety Inspections

Health and safety inspections are carried out in accordance with the Council's policy and standard operating procedures and relevant national guidance.

Local Authorities are required to establish and maintain a planned inspection programme using a risk based priority planning system and taking account of the HSE's Strategic Plan.

Health and safety inspections will be carried out at a frequency determined by the Inspection Rating Scheme detailed in HELA LAC 67/2 (rev 2) which came into effect on 1st April 2010 (replacing LAC 67/1 (rev 3)). It provides guidance to local authorities on priority planning and recommends that premises are categorised into high, medium and low risk for the determination of inspection frequency.

This revised guidance introduces a new rating system whereby premises are risk rated based on 4 factors:

- Confidence in management
- Health performance
- Safety performance
- Welfare standards

It is expected that the number of high and medium risk premises will increase as a result of the implementation of the new criteria. This will impact upon our capacity to deliver the service.

The current premises profile is shown in the table below:

Risk Category		Frequency of Inspection	No of Premises
High	A	Not less than 12 months	5
Medium	B1	18 months	20
	B2	3 years	335
Low	C	5 years	703
Un-rated			156
Total			1219

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

The inspection programme for 2010/11 comprises the following number of scheduled health and safety inspections:

Risk Category	Frequency of Inspection	No of Inspections
A	Not less than 12 months	5
B1	18 months	14
B2	3 years	176
C	5 years	132
Un-rated		156
Total		483

The inspection target is to carry out 100% of programmed inspections (Premises Rating A-B2) and all new premises without undue delay.

Whilst the low risk (Category C) premises can be targeted by non-inspection interventions such as mail shots, self assessment questionnaires or training events this approach can be resource intensive and have limited impact.

As it is recognised that these businesses can change category at any time it is considered that the best use of resources is to continue to carry out inspections at these low risk premises combining this work with other visits for example to carry out surveys, sampling and other work such as food hygiene, and/or food standards inspections etc. Inspection visits may also be made where a low risk business is the subject of complaint and where notification of an accident or change of business use or proprietorship is received.

Priority will be given to the inspection of premises rated A-B2, however we will aim to inspect Category C premises using a risk based approach over a 5 year period.

During all programmed inspections officers will focus (where appropriate) on the following priority topics: slips and trips, falls from height, musculoskeletal disorders, workplace transport and work related stress. Officers will also continue to monitor compliance with smoke free legislation.

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.

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

Revisits will be carried out to check compliance with all statutory notices and where contraventions have been identified which may lead to risks to health and safety. Revisits other than for statutory notices will be made at officer's discretion.

It is estimated that such revisits are required in 15% of instances. The inspection programme for 2010/11 is expected to generate 70 revisits. A number of these premises revisits will be undertaken outside standard working hours and arrangements are in place to facilitate this.

The performance against inspection targets for all health and safety 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 and Public Health Services Portfolio Holder as part of the Regeneration & Neighbourhoods department plan update.

3.1.2 Strategic Priorities/Partnership Initiatives

The strategic goals for the health and safety of Great Britain are set out in the HSE publication "*The Health and Safety of Great Britain – Be part of the solution" (*2009).

Ultimately the goals set out in this strategy have four clear objectives for the health and safety of Great Britain. These are:

- *to reduce the number of work-related fatalities, injuries and cases of ill health;*
- *to gain widespread commitment and recognition of what real health and safety is about;*
- *to motivate all those in the health and safety system as to how they can contribute to an improved health and safety performance;*

- *to ensure that those who fail in their health and safety duties are held to account.*

The strategy encourages closer and risk integrated working arrangements between HSE and LAs to deliver tangible and substantial outcomes in relation to a number of strategic priorities. LAs are encouraged to make a contribution towards these priorities by participating in national, regional or local partnership initiatives, investigation of accidents or incidents, which fall within these priorities and, during routine inspections of higher risk premises.

During 2010/11 the Council has made a commitment to participate in the following work programmes / initiatives; -

National Injuries Reduction Programme

Officers will deliver local awareness based initiatives and enforcement focused on:

- LPG Inspection Campaign (statutory duty)
- Construction Activities
- Asbestos Duty to Manage
- Heavy Loads & Workplace Transport Load Security

Local programmes/initiatives

The Authority has agreed to work in partnership with the other Tees Valley Authorities (and HSE where appropriate) to deliver local awareness based initiatives and enforcement focused on:

- Noise at Work in the Entertainment Industry

Officers will continue to raise awareness of the steps that can be taken to reduce the risk from high noise levels. At workplaces where advice has already been given enforcement action will be considered.

- Violence and Aggression in the Retail Sector

The Council will work in partnership with the other Tees Valley authorities to raise awareness and improve management of work-related violence, including promoting the toolkit for managing work-related violence in licensed and retail premises. In carrying out this work it is our intention to utilise the flexible warrants which were issued as part of the Tees Valley Flexible Warrant Scheme in order to maximise our resources.

To carry out the above programmes of work we will need to use a mix of interventions, ranging from the innovative and original to the well tried and proven. Whilst some of this work can be incorporated into programmed inspections additional planning is required to organise additional visits and to put together campaign packs.

3.1.3 Planned Promotional and Educational Activities

The Council will endeavour to promote national campaigns such as European Health & Safety Week and the Ladder Exchange Scheme.

3.1.4 Advice to Businesses

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

Advice will be available during the course of routine visits and inspections, through information leaflets and booklets, in response to queries and through the Council's website.

3.2 Reactive Work

3.2.1 Health and Safety Complaints and Service Requests

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

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

The potential actions that are available vary from the provision of advice, often after liaison with the business, to full prosecution procedures in line with the Council's Enforcement Policy. Officers also have regard to the Enforcement Management Model (EMM) when making enforcement decisions.

Based on last years data it is estimated that 50 complaints / service requests will result in a visit being carried out.

3.2.2 Complaints against our Staff

Anyone who is aggrieved by the actions of a member of staff is encouraged, in the first instance, to contact the employee's line manager. Details of how and who to make contact with are contained in the inspection report left at the time of an inspection.

Formal complaints are investigated in accordance with the Council's corporate complaint procedure.

3.2.3 Accident/Disease/Dangerous Occurrences Investigations

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

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

3.2.4 Liaison Arrangements

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

- Tees Valley Health and Safety Liaison Group
- Tees Valley Public Protection Heads of Service Group
- North East Public Protection Partnership
- Health and Safety Executive and Local Authority Partnership Working Group

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

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

3.2.5 Lead Authority Partnership Scheme (LAPS) / Primary Authority Scheme

It is the Council's policy to comply with HSE's mandatory guidance in respect of the Lead Authority Partnership Scheme (LAPS) and Primary Authority Scheme.

In particular the Council will contact the Lead/Primary Authority and liaise over:

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

In Hartlepool, there are currently no formal Primary Authority arrangements in place however the service works closely with some local businesses on an informal basis.

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

4. RESOURCES

4.1 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 other services provided by this section including Health & Safety, Licensing, 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.

4.2 Staffing Allocation

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

The Public Protection Manager, with the requisite qualifications and experience, is designated as lead officer in relation to the health and safety function and has responsibility for the 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 Food, Licensing, Trading Standards, Environmental Standards, Private Sector Housing & IT)

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

3 x 0.25 FTE EHO (with requisite qualifications and experience)

1 x 0.10 FTE Part-time EHO

1 x FTE Technical Officer (Health & Safety)

The Public Protection Manager has responsibility for planning service delivery and management of the Health and Safety service, Food, Licensing, Public Health, Water Quality, Trading Standards, Animal Health and Welfare, Environmental Protection, Private Sector Housing 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 Health and Safety Service, Food, Public Health, Water Quality and Animal Health and Welfare.

The EHO's are responsible for carrying out the health and safety premises inspection programme as well as the delivery of all other aspects of the health and safety service and will undertake complex investigations. In addition these officers undertake food enforcement.

The Technical Officer (Health and Safety) is responsible for inspections, as well as revisits, investigation of less complex complaints and investigation of accidents.

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

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

4.3 Staff Development

The Council is committed to the training and personal development of its employees through the Investors in People (IIP) process 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.

To assess competence standards in respect of regulatory skills and knowledge and identify development needs, officers will also use the HSE's new web-based Regulators' Development Needs Analysis (RDNA) tool for inspectors.

It is a mandatory requirement for officers of the health and safety service to maintain their professional competency. This is achieved in a variety of ways including through attendance at accredited short courses, seminars or conferences, by vocational visits, directed reading and e-learning.

A Personal Development Plan that clearly prioritises training requirements of individual staff members will be developed and reviewed bi-annually.

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

4.4 Equipment and Facilities

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

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

5. QUALITY ASSESSMENT

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

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

Specifically the Principal EHO (Commercial 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 Health and Safety Executive may at any time notify the Council of their intention to carry out an audit of the service.

6 REVIEW OF 2009/10 HEALTH & SAFETY SERVICE PLAN

6.1 Review against the Service Plan

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 of 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.

Any relevant amendments to the Council's Corporate Plan will be incorporated into the service plan.

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

6.2 Performance Review 2009/2010

This section describes performance of the service in key areas.

During 2009/10, the staffing resource for carrying out health and safety enforcement was reduced due to a post (Technical Officer(Health & Safety)) remaining vacant throughout the year.

The situation was also exasperated by the fact that the section had previously lost 3 posts in order to achieve required efficiency savings during 2008/09. One of these posts enforced health and safety legislation and as a result it was necessary to distribute their workload amongst authorised officers.

6.2.1 Health & Safety Inspections

Due to the staffing issues outlined above and other demands on the service (mainly in respect of food enforcement) the health and safety premises inspection programme for 2009/10 did not reach the target of 100%, with only 65% of inspections achieved. A total of 265 health and safety inspections were carried out and the outstanding 141 inspections will be added to the programme for 2010/11.

Officers made 24 revisits to monitor compliance with contraventions identified during planned inspections.

It appears that the credit crunch is having an impact on standards. Financial pressures as a result of the recession has resulted in some businesses failing to carry out essential maintenance / repairs, consequently there has been an increase in the number of contraventions found. We anticipate that this trend of reduction in standards is likely to continue until the economic climate improves.

During 2009/10 the Authority undertook 841 enforcement visits to assess compliance with smoke free legislation which came into force on 1st July 2007, a proportion of which were carried out in conjunction with health and safety inspections.

6.2.2 Promotional/Campaign Work

During 2009/10 the following promotional/campaign work was undertaken:

- Noise at Work in the Entertainment Industry

In partnership with the other 4 Tees Valley Authorities (Redcar & Cleveland, Stockton-on-Tees, Middlesbrough & Darlington Borough Councils) further work was carried out in relation to noise at work in the entertainment industry. This work had commenced in 2008-09.

Officers visited a number of nightclub venues within the borough to assess the effectiveness of various ear plugs by monitoring noise exposure levels of staff working there. At a series of meetings in summer/autumn 2009 the results of the survey of ear defenders/hearing protection were analysed. There were no clear favourites, though some of the ear defenders trialled were slightly more popular than others.

A four-page leaflet was produced for distribution to local businesses under the 'Tees Valley' banner, explaining the legislation, the survey methods and results, and detailing the popularity of the different ear defenders which had been trialled.

This area of 'noise at work' is now addressed at inspections of relevant premises and the businesses are provided with guidance and the leaflet.

Compliance is to be addressed at the end of 2010, with a view to enforcement action where the advice/education approach is deemed not to have been successful.

- Health & Safety Targeted Inspection Campaign

Over a two week period, the Commercial Services team working in partnership with the Health and Safety Executive, carried out health and safety inspections of more than 85 premises based on industrial estates across the borough. (These inspections were carried out in addition to the work identified in the workplan for 2009/10).

The aim of the campaign was to raise awareness, promote sensible management and improve safety standards in those businesses visited. Inspections focussed on several key topics including how risks relating to asbestos on the premises were being managed; how workplace transport was controlled and safety when working at height.

Whilst it was very encouraging to see that health and safety risks were in most cases being properly addressed, enforcement action was taken where considered appropriate.

In total 12 companies were served with enforcement notices; all were HSE enforced. (22 Improvement Notices were served requiring 11 companies to provide additional safeguards such as effective management of asbestos, the fitting of edge protection on unguarded mezzanine floor storage areas and the testing of both lifting equipment and air receivers. Work was also prohibited at 2 companies in relation to unguarded dagerous machinery.)

As well as issuing enforcement notices, officers were able to offer constructive, practical advice to many of the companies visited.

- Compactor & Baler Survey

Following on from a training event for local authority officers, which took place in July 2009, the Tees Valley Local Authorities decided to carry out a survey of waste compactors. Officers attended a recycling plant to obtain further practical experience before surveying premises using an agreed proforma. In total 63 visits were made by officers from the five authorities. The majority of the equipment was found to be in good physical condition with clear operating procedures.

- Other Campaign Work

In addition to the above survey work priority areas have been addressed during topic based inspections and leaflets etc have been distributed to raise awareness regarding topics such as duty to manage asbestos, dermatitis, slips and trips, falls at height and workplace safety.

6.2.3 Health and Safety Complaints & Requests for Service

During the year the service carried out 51 visits in response to complaints / service requests relating to the condition of health and safety and working practice (this figure was twice the previous year's total). The initial response to these requests have been undertaken all within our target of 2 working days; however, they have had some effect on performance of the inspection programme.

Officers responded to 50 consultations relating to applications made under the Licensing Act 2003.

6.2.4 Complaints against Our Staff

No complaints were made against our staff during 2009/10.

6.2.5 Accidents/Diseases/Dangerous Occurrences Investigations

The service received 94 accident notifications during the year. All were responded to within 1 working day. Of these notifications 13 received detailed investigations by enforcement staff.

6.2.6 Formal Enforcement Action

During 2009/10 legal proceedings were concluded in respect of an accident which had occurred during 2008. The accident involved a worker falling from a ladder. The employer pleaded guilty to failing to provide suitable equipment for working at height and received a conditional discharge.

No Simple Cautions or Improvement Notices were issued however it was necessary to issue a deferred Prohibition Notice requiring action to be taken to address unsafe storage of goods on an internal office roof.

6.2.7 Improvement Proposals 2009/2010

The following areas for improvement were identified in the 2009/10 Health and Safety Service Plan.

1. Section 18 Guidance

   Enforcing Authorities are legally required, from 1st April 2008, to work towards compliance with s18 principles and standards. Although we currently meet many of the aforementioned standards, we will continue working towards full compliance with the requirements of the revised s18 guidance.

Work on meeting this guidance commenced during 2009/10 and will be completed by 31st March 2011.

2. Staff Competence

   To introduce the Regulatory Development Needs Analysis tool for staff competency determination.

All enforcement officers completed the Regulatory Development Needs Analysis self assessment and the findings are being used to draw up individual development programmes.

3. Flexible Warrants

   Work with the other Tees Valley Authorities and the Health and Safety Executive to implement the Flexible Warrant Scheme. Flexible warrants allow Local Authority and HSE inspectors as co-regulators to legally work across boundaries.

   This will help to provide an improved response for dealing with 'matters of evident concern' should the need arise and enhance partnership working between Hartlepool Borough Council and the Health and Safety Executive.

The Tees Valley Flexible Warrant Scheme was launched in June 2010. Four enforcement officers from the Authority have been authorised.

7. KEY AREAS FOR IMPROVEMENT & KEY CHALLENGES FOR 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 and some of the main challenges facing the service.

1. Ensure full compliance with the requirements of the revised s18 Standard by 31st March 2011.

   A toolkit has been published to assist enforcing authorities in meeting the requirements of the Standard. This advocates the completion of a self assessment questionnaire, the findings and supporting evidence from which must be subjected to peer review. A working party has been established comprising representatives from each of the Tees Valley local authorities to provide mutual support and to facilitate the peer review process. Each authority will develop an action plan identifying key actions required to comply with the Standard.

2. We aim to inspect all of the food mobiles and market stalls trading during the Tall Ships Event.

3. Resources challenging. The section lost 3 posts due to budget pressures during 2008/09 (one of these posts directly enforced health and safety legislation) and consequently their workload has had to be distributed amongst other authorised officers. This combined with the additional workload associated with the Tall Ships Event will result in extremely challenging targets in 2010/11.

4. Review the Health & Safety Enforcement Policy and produce a summary document.

5. Pledge support to the HSE's Sensible Risk Management Campaign by signing up to the principles of sensible risk management. In signing up to the campaign the Council will publically state their commitment to encourage a sensible and proportionate approach to risk management.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
18 October 2010

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Child & Adult Services

Subject: ADULT SOCIAL CARE PERFORMANCE ANALYSIS

SUMMARY

1. PURPOSE OF REPORT

To update the Portfolio Holder in respect of Adult Social Care provider services' performance in Hartlepool.

To provide an analysis of statistical information in relation to performance activity 2007-2010.

2. SUMMARY OF CONTENTS

The report considers the business flows across the Social Care Teams between April 2007 – March 2010. The report includes details of staffing vacancies and sickness levels and draws out trends and implications for future productivity. The report looks at the volume of complaints and compliments received about social care performance over the least three years and the impact of the new complaints process on the workload of Team Managers. The report analyses the data and highlights areas of risk and challenge.

The current operating environment is extremely demanding given the combined pressures of demography and the fiscal deficit. This report evaluates identified future risks to social care performance.

3. RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Holder has responsibility for Adult Social Care Performance.

4. TYPE OF DECISION

Non Key.

5. DECISION MAKING ROUTE

Adult and Public Health Portfolio 18 October 2010

6. DECISION REQUIRED

That the Portfolio Holder notes the contents of this report.

Report of: Director of Child & Adult Services

Subject: ADULT SOCIAL CARE PERFORMANCE ANALYSIS

---

1. PURPOSE OF REPORT

1.1 To update the Portfolio Holder in respect of Adult Social Care performance in Hartlepool.

1.2 To provide an analysis of statistical information in relation to performance activity 2007-2010.

2. BACKGROUND

2.1 Adult Social Care Provider Services in Hartlepool comprise:

- Duty Team
- Three Locality Care Management Teams (North, Central and South) - collocated with North Tees & Hartlepool NHS Foundation Trust (NT&H, NHS, FT)
- Safeguarding Adults Team
- Social Care Transformation Team
- Learning Disability Social Work Team - co-Located with the Tees and Esk Weir Valleys NHS Foundation Trust (TEWV, NHS, FT)
- Mental Health Assessment and Provider Team in Partnership with the TEWV, NHS, FT
- Multi-Link Team - co-located with the (NT&H, NHS, FT) to facilitate early discharge from hospital or prevent admission to hospital, residential / nursing care.
- Day Opportunity teams for older people and people with disabilities. (See ***APPENDIX 1*****).**

2.2 Adult Social Care Services are facing immense challenges across the United Kingdom. In 1982 30% of people were over the age of 50; in 2009 it was 34% and by 2026 it will be 40%. An increasing number of people with complex needs are living longer and they, rightly, have increasing expectations from services.

2.3 Social Care spends across local authorities (LAs) in England increased by 46% between 2001 – 2008.

2.4 The financial deficit and fall out from the banking crisis will have a significant impact on public spending. Over the last three years adult social care has restructured its services in response to personalisation and helping people to live independently in the community. Efficiencies have been made during this process.

2.5 The current economic and demographic context present unique challenges to Adult Social Care Services in Hartlepool as well as real opportunities to radically redesign the way we deliver services in the future.

2.6 This report looks at the performance of adult social care services over the last three years and evaluates the trends and risks going forward within this challenging environment.

3. THE SERVICES AND DATA

3.1 This report has a series of appendices which outline graphical data and issues discussed in the main body of this report, this information is in relation to the delivery of the whole range of adult social care services. ***APPENDICES 2 – 28).***

3.2 Duty Team

3.2.1 The Duty Team is a shared team with Children's Social Care Services and has a range of staff which includes qualified Social Workers, Social Care Officers, Clerical staff and, as a pilot exercise initially, an Occupational Therapy Assistant. This team has acted as first contact point for anyone who requires social care services or for safeguarding concerns relating to either vulnerable adults or children. The trends for adult and children services have reversed in recent years with children's referrals and contacts increasing significantly and adult's referrals into the department via this team reducing. Once working aged vulnerable adults are already known to the department they would go direct with any changes in need or additional needs via their allocated social worker / social care officer / care manager. The duty team has historically taken a significant number of referrals linked to older people's services and referrals for low level disability equipment to aid daily living. The development of inter agency Locality Teams may have also had an impact on this shift in referrals. Adult social care referrals into the Duty Team have decreased by 22% over the last 3 years and children's have increased by over 30%. The number of No Further Action (NFA) referrals for adults has decreased by 33% and the number of referrals passed to adult social care teams has increased by 5% this year. See ***(APPENDIX 10)***.

3.3 Multi-Link (Intermediate Care) Team (APPENDIX 9)

3.3.1 This team's role is to prevent admissions into hospital or facilitate early discharge from hospital and it is comprised of workers from both the Local Authority (LA) and NT&H, NHS, FT. Referrals, primarily from hospitals also come into the department via the Multi-Link Team. This team has seen a corresponding increase in referrals (versus the Duty Teams decrease) in to the department over the last three years. ***APPENDIX 11*** shows that Multi-Link referrals have increased by 20%

between 2007-2010 and ***APPENDIX 9*** shows that average caseloads have increased by 16% over the same time period.

3.3.2 This team specialises in intervening quickly to put support in place to enable people to return home from hospital or to avoid an unnecessary admission to hospital, so the turn over of cases in this team is very rapid. As a result of this the caseloads tend to be smaller than those of the Locality Teams due to the nature of the work but throughput is much quicker than other care management teams. In this area there are 4 social workers who currently have an average of 13 cases each. 2 Social Care Officers have an average of 9 cases each and the Principal Practitioner holds, on average, 13 cases. The Principle Practitioner's role is to hold a small caseload and to provide first-line management support to the team. There has been a relentless increase in business flows impacting on this multi-disciplinary team over the last three months and this is expected to continue to rise with the coming winter months.

3.3.3 In relation to the Multi Link service the following information is presented in the appendices to highlight how the service operates.

- ***APPENDIX 16*** shows the number of people going home from rehabilitation and transition beds has increased from 56 in 2008/2009 to 72 in 2009/10 – an increase of 29%.

- ***APPENDIX 15*** shows that the number of people moving from short stay placements into hospital has decreased from 45 in 2007/2008 to 28 in 2009/2010 – a decrease of 38%.

- ***APPENDIX 14*** shows that the number of people moving from short stay placements into permanent placements has declined from 107 in 2007 to 92 in 2009/2010 – a decrease of 14%.

- ***APPENDIX 17*** shows that the number of people moving into long stay admissions (65 years +) has declined from 145 in 2005/06 to 120 in 2009/2010 a decrease of 17%.

- ***APPENDIX 28*** shows the increase in people being supported in the community over the last 3 years increasing from 3818 to 4652 people: a 22% increase.

- ***APPENDIX 30*** shows the decrease in the numbers of people entering residential care placements over the same period from 751 to 594 people: a 21% decrease.

3.3.4 The above data set evidences a degree of success in keeping people living in their own homes rather than moving into either hospital or a residential/nursing placement. The nature of this success however has had an impact on the Social Care Locality Teams in terms of both increasing caseloads and an older/more frail/more complex client group as those people with on-going care needs must receive on-going support from the department in accordance with community care legislation.

3.3.5 The Multi-Link Team responds to referrals within 48 hours and there is no waiting list.

3.3.6 The Multi-Link service relies on effective integrated working between health and social care services. There has been a slight increase (7.7%) in the number of people moving into hospital over the last 3 months which we will work together with the NT&H, NHS, FT to ascertain why. One potential impact could be the recent changes in integrated health and social care management arrangements due to the governance requirements of the Foundation Trust Status. .

3.4 Locality Teams North, Central and South (APPENDIX 2 – 4)

3.4.1 The Locality Teams are multi-agency co located teams that comprise Social Workers, Occupational Therapists and a range of health professionals including District Nurses, Community Matrons and Mcmillan Nursing services. There are currently three localities teams in operation and their performance issues are outlined below.

3.4.1 North: Average caseloads for the Team have increased by 42% from 2007 – 2010. There are currently 260 people who are in receipt of social care services either in the community or in nursing /residential care who require regular statutory reviews. Of this group 121 people reside in residential care/nursing home placements and 139 live at home. The review function was previously within the remit of a discrete Review Team but this team was disbanded in 2008 and the function passed to the Locality or Specialist Social Work Teams. Locality reviews are completed for all open cases at least once a year. The North Team have a waiting list of 19 people.

3.4.2 Central: Average caseloads for the team have increased by 30% over the last three years. There are currently 261 people who are in receipt of social care services either in the community or in nursing /residential care who require regular statutory reviews. Of this group 168 people reside in residential care/nursing home placements and 93 live in their own homes in the community. The Central Team have 16 people waiting for a social work assessment.

3.4.3 South: average caseloads for the team have increased by 30% over the last 3 years. There are currently 341 people who are in receipt of social care services either in the community or in nursing /residential care who require regular statutory reviews. Of this group 172 people reside in residential care/nursing home placements and 169 live in their own homes in the community. The Team have 21 people waiting for a social work assessment.

3.4.4 Within the Locality teams there are 11 social workers across the 3 teams, each carrying a caseload of approximately 35 cases each. The 12 Social Care Officers are carrying an average of 20 cases each and 3 Principal Practitioners are carrying an average of 14 cases each.

3.4.5 Over the last 3 years there has been a reduction in the number of qualified social worker posts with several posts being filled by Social Care Officers (SCOs). At the same time, there has been an increase in the workload of qualified social workers due to the development of the Deprivation of Liberty Safeguards (DOLS) and the increased number of safeguarding referrals. Due the changing nature of the workload it is likely that we will need to rebalance the skill mix in these teams to focus on more qualified workers as posts become vacant in the future.

3.4.6 As a result of the implementation of the managerial Service Delivery Option in April 2010, the span of control of two Locality Managers broadened. Between them these Managers now manage North, Central, South locality teams, plus Multi-link.

3.5 Specialist Social Work Teams

Learning Disability (LD) Team (see *APPENDIX 5)*

3.5.1 Referrals for learning disability services have increased by 11% over the last 3 years. Currently there are 563 people aged 14 years plus with a learning disability registered with General Practitioners in Hartlepool and we currently work with approximately 350 people with learning disabilities on an ongoing basis of which 144 people have settled care plans and who require a statutory review.. There was a slight decrease in referrals into the team in 2008/2009 and this reflected the development of the Social Care Transformation Team (SCTT) which absorbed some complex open cases and transitions cases from the LD Team.

3.5.2 Learning Disability Social Workers carry an average caseload of 23 cases, the Team Manager has 13 cases, and the Principal Practitioner carries 52 cases due to a team vacancy which has only recently been filled with a qualified Social Worker. The nature of this work is more long-term and includes bringing people home from high-cost out of area placements to be nearer their families and local communities. This is often complex work, requiring detailed negotiation with both providers and local communities in order to craft a successful move for the person.

3.5.3 The Social Care Transformation Team is currently holding 91 cases of which 24 cases are moving people through the transitional framework from child to adult services. Referrals in respect of young people with complex needs in transition from child to adult services are increasing in number and there is a risk that these referrals will remain waiting for a review due to overall capacity issues.

3.5.4 The Team Manager carries 11 cases, the Principle Practitioner carries 38 cases, one SCO carries 23 cases and the other SCO carries 19 cases and oversees the work around Direct Payments.

3.5.5 It is important to recognise that the numbers of cases open to review in each of the care management teams are ***in addition*** *to* the workers' specifically allocated caseloads. These reviews represent a crucial part of the of care management cycle whereby people's support plans are checked to determine whether the outcomes have been met over the preceding year and if any additional or less support is required going forwards to manage needs and associated risks. People scheduled for a review meet the eligibility criteria for being at substantial or critical risk to their independence if their needs are not met.

3.6 Occupational Therapy (OT) Team *(APPENDIX 8).*

3.6.1 This team comprises of qualified Occupational Therapists (OT's) and Occupational Therapy Assistants (OTA's) whose role is to assess people for assistance with daily life through the provision of training, daily living aids and equipment, enabling access to Disabled Facilities Grants etc. Referrals to this service have risen by 15% over the last 3 years. As a result of efficiency savings one Principal Practitioner post was deleted in 2009. The Team Co-ordinator has a caseload of 23, the Principal Practitioner a caseload of 30 and the OTs and OTAs have an average caseload of 45 cases each. There are currently 53 cases on the waiting list and 1275 community equipment reviews, 158 DFG (Disabled Facilities Grant) reviews and 115 DPA (Disabled Persons Adaptations) reviews in partnership with Housing Hartlepool.

3.6.2 An OTA has been temporarily assigned to the Duty Team and this post has dealt with a high volume of 190 enquires over 7 weeks with 130 of these enquiries being passed on to OTs within the Locality Teams. Of the remaining enquiries, 9 were for advice only, 10 for the Handyman Service, 17 signposted to self-service or GP, 21 were already open to an OT and 3 referrals were abandoned after resolving the problem over the telephone. It is not yet clear whether this post will significantly reduce the numbers of referrals coming into the service because, until the Centre for Independent Living (CIL) is available to provide a demonstration/initial screening process, the resources available for the Duty OTA to signpost to are limited.

3.7 **Sensory Loss Team** ***(APPENDIX 6)***. The number of referrals has declined by 37% between 2007 – 2010. This may reflect the change in the Fair Access to Care Services (FACS) eligibility criteria from moderate to substantial in 2007. The Social Care Officer (SCO) for the blind and visually impaired has now had her role redesigned to take on other care management review duties in response to the slowing of the specific blind/visual impairment referral rate. For the same reason, the SCO for people with a hearing impairment has had their role redesigned to incorporate reassessments / reviews particularly focussing upon those people residing in extra care facilities.

3.8 **Mental Health Service** ***(APPENDIX 7)***.

3.8.1 This service operates a social work service and Approved Mental Health Practitioner Service though a number of integrated teams with TEWV, NHS FT.

3.8.2 Referrals to this service have increased by 56% between 2007 – 2010. Social Workers carry an average caseload of 25-30 cases each.

3.8.3 Support Time Recovery (SRT) Workers carry an average of 10 cases each. This smaller caseload reflects the nature of this role which is to work intensively alongside people to assist them to integrate back into their communities and develop the necessary domestic and social skills to maximise their independence. The three employment Link Workers have an average of 35 cases each.

3.8.4 There is no waiting list for the mental health service and people must be seen within 10 days of the referral entering the system. Reviews are completed bi-annually via the Care Programme Approach (CPA) process.

3.8.5 A previous Approved Mental Health Practitioner (AMHP) post has been re-designed and a newly qualified social worker has been recruited to champion personalisation and drive up the number of Personal Budgets across the Mental Health Services.

3.8.6 It is anticipated that the number of people requiring mental health services will increase in response to the current economic climate, anticipated job losses and financial hardship. However, those service requirements will probably be mostly at the Primary Care level rather than within Secondary Mental Health Services.

3.9 Day Opportunities Teams *(APPENDIX 22)*

3.9.1 The number of people using day services specifically aimed at vulnerable adults has reduced from 270 in 2007/2008 to 212 in March 2010 – a 22% decrease. As people increasingly use their personal budgets to purchase alternative forms of support it is expected that the numbers will continue to decline. However, over the last four months there have been 6 new referrals to the Day Opportunities Service in respect of people with learning disabilities. This represents more referrals coming into the system than has been seen over the last 18 months as young people in transition look for a "brokerage" service to help them to identify the types of support they require to meet their identified outcomes. These young people want a pick and mix arrangement which can offer employment support, support for daily living skills or social support to take part in community based activities as opposed to the traditional type of day service we operated historically.

3.9.2 Supported Employment Services have seen a 15% increase in people using them between 2007 and 2010 as can be seen in ***APPENDIX 23***. This upward trend reflects the increased focus being placed on employment/vocational training within the Day Opportunities Service. However it is anticipated that this service area will experience considerable challenges in the coming months to maintain people in employment due to the economic pressures in the wider society.

3.10 Safeguarding Team: ***(APPENDIX 12)***.

3.10.1 This team has a key role in managing and supporting effective safeguarding practices across both the Local Authority and private/ independent sector adult social care services in Hartlepool. In the time span 2007–2010 safeguarding referrals increased by 34%. This increase reflects the considerable resources put into raising awareness across agencies, services and the public in respect of Safeguarding Adults. There has been a 7.4% decline in referrals between April – July 2010 and this may be a result of the safeguarding processes now being 'bedded in' and better understood across the health and social care economy.

3.10.2 ***APPENDIX 13*** shows that Deprivation of Liberty Safeguards (DOLS) referrals increased from 2 in April 2009 (when the new process went live) to 41 in December 2009. The DOLS process is a requirement that anyone who may not have the capacity to make a decision, in terms of either accommodation or medical treatment, must be assessed to determine whether they have capacity or not. Where incapacity is shown, then decisions may be taken for them in regards to medication or where they should live. The process is onerous and laid out within the parameters of the Mental Capacity Act 2005. The increase in DOLS referrals between April - December 2009 represented a 1950% increase and again reflects the focused resources put into raising awareness of DOLS among hospital and care/nursing home staff. Between January 2010 and July 2010, the number of DOLS referrals coming into the Safeguarding Team has reduced by 12%. These numbers may continue to decrease as care homes become more experienced in preventing the need for a DOLS referral. On the other hand, the predicted rise in the number of people who have dementia may result in DOLS referrals remaining at a high level or even increasing.

3.10.3 The DOLS framework was implemented by training existing Social Workers to take on the role of Best Interest Assessor (BIA) rather than recruiting any additional staff to meet the additional workload. Initially this negatively impacted on the capacity of Social Workers, as it took time to train the professional staff and therefore the number of appropriately trained staff was limited. However we are now mid-way through a programme of training and it is encouraging that the available number of Local Authority staff qualified to undertake this time-consuming and complex role has increased.

4. OTHER RELEVANT DATA

4.1 There are currently 63% of people who use social care services in receipt of self directed support/personal budgets (NI130B). This represents 1242 people out of a possible cohort of 1970 in receipt of services. A recent exercise to check and cleanse the data and work with the teams to complete outstanding work and data entry processes should see a greater number of people in receipt of self directed support over the next 2 months.

4.2 ***APPENDIX 20*** shows that Direct Payments (DPs) have increased by 10% between 2007 – 2010. **APPENDIX 21** evidences a 45% increase in the number of people in receipt of a 'one-off' DP over the last 3 years.

4.3 **REVIEWS** ***(APPENDICES 18 AND 19)***

4.3.1 The statutory review function was transferred to the Specialist Social Work and Locality Teams in 2008/09 when the review team was disbanded as part of the efficiency savings process.. The number of service user reviews has increased by 24% between 2007–2010. The number of carer reviews has declined by 10% over the same period. Work is well underway to find out the reasons for the reduction in numbers, and consequently increase the number of carer re-assessments / reviews across the teams. Initial findings are encouraging.

4.4 ***APPENDIX 24*** shows that between 2007-2010 there has been a 100% increase in complaints from 14 to 28 complaints. This reflects both people's raised expectations in terms of quality services and the department ensuring that its complaints procedure is widely publicised and easily available.

4.4.1 The new complaints process has increased the workload of Team Managers who have responsibility for attempting to resolve the issues at a local level before they proceed further.

4.4.2 The number of compliments has increased by 3% over the last 3 years from 74 to 76.

4.5 Staffing Levels

4.5.1 The total number of Local Authority employed social care staff has declined from 404 in 2007/2008 to 342 in 2009/10 – a decrease of 18%. This is primarily as a result of the ongoing need to find service efficiencies. This has resulted in a reduction in the number of social care staff as well as a reduction in management posts and in addition some social worker posts have reverted to SCO (unqualified) posts to meet challenging efficiency targets. Team Managers are carrying caseloads to try and address the growing waiting lists and this is not an effective use of their time or skills within these posts, especially as their spans of control have broadened.

4.5.2 The number of social care staff vacancies has also decreased from 29 in 2007 to 21 in 2010 – a decrease of 27%.

4.6 Finance

4.6.1 Net social care expenditure per head of population is £390 which compares favourably to Hartlepool's Teesside regional comparator LAs. Total service delivery net expenditure from PSS EX1 2008/2009 is £28, 494, 00.

Service Delivery Net Expenditure from PSS Ex1 2008-09

	Stockton	Hartlepool	Middlesbrough	Redcar
PD	4,426	3,311	5,533	4,637
LD	13,073	6,607	10,889	12,620
OP	23,748	15,755	21,215	29,044
MH	4,225	2,620	4,665	3,860
Strategy	263	132	239	271
Other	1,516	69	1,786	37
Total	**47,251**	**28,494**	**44,327**	**50,469**

Population (1000's)	Stockton	Hartlepool	Middlesbrough	Redcar
16-64	118.7	55.2	88.3	81.6
65+	35.1	17.7	24.7	30.7
All Adults	153.8	72.9	113	112.3

4.7 Sickness

4.7.1 It is slightly difficult to unpick sickness levels due to the council wide restructures that have taken places in previous years, however sickness levels in social care services increased from 7% in 2007/8 to 10.1% in 2008/09 and then reduced to 9.4% in 2009/10. Appendix 25 shows Hartlepool's levels of sickness compare favourably with the Tees family of comparator LAs.

4.8 Training

4.8.1 Adult Social care has a specific workforce development programme that ensure we continue to meet our statutory obligations regarding qualifications within the workplace and ensure we can meet the professional requirements of a qualified social work service.

4.8.2 In the last three years the LA has held 839 training sessions and over 6019 staff from both the local Authority and the independent sector have taken part. Conversely in the last three years 444 training sessions were unused due to staff failing to attend pre-booked training places with no reason given. Team Managers are now holding staff accountable for failing to attend training courses without a valid reason and it is anticipated that performance will improve significantly over 2010 – 2011.

Between 2007/10 96 people cancelled pre-booked training places with 'pressure of work' cited as the reason for cancelling their courses. It is notable that the numbers of people cancelling courses because of 'pressure of work' has risen markedly over the last 3 years.

4.8.3 In-house Domiciliary Rapid Response Home Care Team ***(APPENDIX 28).***

This team provides emergency domiciliary support and reablement services. There has been a 24% increase in referrals over the last three years. The 'traditional' domiciliary support service is contracted out to the Independent Sector with three block contracts (reducing to 2 providers October 2010). These block contracts have seen a 16% increase in contracted hours over the last three years:

2007/08 _ 200,074 hours
2008/09 – 230,402 hours
2009/10 – 232,454 hours

It is noted that recently there has been a 66% reduction in the management capacity within this service with the loss of 2 registered manager posts as part of the managerial service delivery options.

5. OVERALL FINDINGS FROM THE DATA

5.1 Adult social care referrals coming into the Department through the Duty point have declined by 22%. This may be because of the FACS eligibility criteria being set at substantial rather than moderate and because people are being supported by low level services such as Connected Care, luncheon clubs and other voluntary sector organisations. However the numbers of referrals coming into intermediate care (Multi-Link) have increased by 20% over the last 3 years, reflecting people with more complex needs who are at risk of either being admitted to hospital or residential care. There are less referrals signposted away from the Department now than in 2007.

5.2 An increase in NFA (signposted) referrals would have been expected rather than the decrease of 33% but this may reflect that people are not self-referring or being referred to the department until it is felt that they will meet the FACS criteria. There is also the possibility that the intake team try to meet the needs of all those who approach the department by following the FACS guidance. This guidance stipulates that where a person's situation may deteriorate without support, assistance can be offered to prevent that deterioration occurring. **The pressure, however, on the whole system from the increasing number of referrals from hospital into Multi-Link is evident as, for the most part, these cases must be dealt with more quickly in order to avoid a financial reimbursement to our Health partners in accordance with Delayed Transfer guidance.**

5.3 Average caseloads have risen across all teams over the last 3 years with the exception of sensory loss which has seen a decline of 37% in their workload between 2007- 2010 and may be the result of the raised FACs eligibility criteria in 2007/8. The increase in caseload sizes reflects the increasing complexity of the work: Safeguarding, the Mental Capacity Act 2005 and DOLS safeguarding, personalisation, the pressure of early discharges from hospital and keeping increasingly vulnerable people at home in the community. The numbers of young people coming through transitions with complex needs is also increasing year on year.

5.4 The increase in caseloads must be seen within the context of:

- The growing number of older people, more people with dementia, young adults progressing through transitions with very complex needs.

- An increase in the number of people exhibiting challenging behaviours as well as people with profound disabilities living longer and requiring more care and intensive support.

- The strengthening of safeguarding procedures for vulnerable adults, the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards and the raised awareness of adult abuse and safeguarding responsibilities are all to be welcomed. They do, however, impact on the overall workload of the social workers and SCOs.

- The personalisation agenda, self-directed support, balancing people's right to choice and control with the right to protection and the department's statutory duty of care and responsibility for the effective and efficient use of public funds, has greatly increased the complexity of social care. The traditional 'gift' model of care management, with a limited pre-set menu of services, allowed for a routine 'tick box' response which enabled more rapid referral processing and turn-over rates. This 'gift' model is no longer acceptable and there is no doubt that the personalisation process produces better outcomes for people but authentic choice, control and producing creative outcomes is more complex and labour intensive in terms of time and co-production. Working through dilemmas about risk, equitable resources and the prudent use of funds takes time and without sufficient time to engage the process fully there is the risk that personalisation will revert to care management by another name. Recent research in Essex on the use of Personal Budgets (July 2010) highlights the amount of face to face time front line workers will need to spend with people to encourage creativity in developing support plans that are designed to have a positive impact on their lives.

- There has been an 18% reduction in the number of social care staff over the last 3 years as well as a reduction in management and some social worker posts reverting to SCO posts. Team Managers are carrying case loads to try and reduce waiting lists within their teams. This cannot be an effective use of this resource. Team Managers' time should be spent managing staff, developing high performing teams and quality assuring operational practices as well as carrying out effective supervision processes to ensure caseloads reflect only work that needs to be done.

- Overall the number of people reviewed has increased by 24% over the last three years and this function reverted to the operational teams following the discrete review team being disbanded in 2008 in order to achieve efficiency savings. The teams struggle to complete the reviews required for existing people who use services, in addition to their actual caseloads, in a timely way. There is now an increased risk that some of the most vulnerable people in our communities will fail to be reviewed on time and therefore they may not receive the optimum services to keep them living independently and safely in the community.

- The numbers of carers' assessments and reviews have declined by 10% over the last three years and this aspect is being carefully monitored to understand the reasons for this downward trend. It is noted that recent data over the previous 4 months (April – July 2010) indicates that we are projected to meet the NI135 target (carers receiving assessment, reviews, a specific service or advice and information) this year: 11.4% July with a target of 21% by the end of March 2011.

- There has been an increase in the numbers of social care staff citing 'pressure of work' as a reason for cancelling pre-booked training. This is a challenging finding given the increased complexity of the work and the need for social care staff to keep up to date with new legislation, guidelines and practices.

6. RECOMMENDATIONS

6.1 Intermediate care services have faced an increasing number of referrals over the last three years which reflects the pressure to move people out of hospital as quickly as possible. The reduction in the number of people being admitted to care home placements reflects success in keeping people in their own homes in the community. Telecare, extra-care facilities and the role of the Community Matron have all assisted in being able to bear down on the number of people moving into care home placements in recent years. Demographics however will continue to impact on this area of social care.

6.2 It has been shown that a period of effective reablement and rehabilitation not only reduces the number of people being admitted to hospital but also reduces the number of people who need ongoing social care support services. Currently however the numbers of people coming through intermediate care are significantly impacting on the entire system. This has not been helped by the reduction in acute beds made available across North Tees and Hartlepool.

6.3 Further work should be undertaken with our Health Partners regarding the business flows and together we should consider strengthening the reablement and rehabilitation element of intermediate care to maximise efficiency, effectiveness and reduce the ongoing need for health and social care support services. Further work also needs to be done to understand the decreasing number of NFA (signposted away from the Department) referrals over the last three years. The expectation would be to see an increasing number of NFA referrals in line with raising the FACs criteria to substantial and critical. It is possible that people are waiting until their needs are more severe before approaching the Department or that the intake team are utilising the FACS guidance and screening people into the service where they feel that, without support, their needs will deteriorate even if they do not currently meet "substantial risk to independence".

6.4 Fundamentally, the number of people on caseloads is increasing across all the teams except sensory loss. The complexity of the work associated with personalisation and safeguarding has stretched the capacity of the teams as they have had to respond to this challenging environment. There are less social care staff overall and less qualified social workers than in 2007. Restructuring the service has increased productivity in some areas, ie the new Safeguarding Unit however there are significant challenges emerging around meeting the needs of young people coming through transitions, carers' assessments and reviews and ensuring that reviews in general are completed in a timely manner.

6.5 It is recommended that further work should be done to consider possible ways to reduce the pressure on operational teams such as reducing the burden of the paperwork/process, undertaking a cost / benefit analysis about raising the eligibility criteria to critical or outsourcing support plans to the third/fourth sectors to increase the capacity within the Teams.

6.6 The data within this report highlights the significant risk that will come into play if this adult social care workforce is reduced in response to the demand for LA efficiencies over the next 2 years. The service is currently challenged by both the increased business flows through intermediate care and the complexity of the work within the modernised adult social care service. Reducing the number of operational staff further will result in a substantial risk of vulnerable people failing to receive effective and safe social care support services. It would also

create a risk both to Hartlepool Borough Council's reputation and the associated risk of litigation.

6.7 The Service Delivery Options (SDOs) for 2011/2012 will be considering the different ways in which social care services can be delivered in the future. This report argues that the current service model has reached maximum capacity and that salami-slicing to create efficiencies is no longer an option. The challenge identified in this report will require a radical re-appraisal of which services we should deliver in the future and how those services should be delivered.

6.8 The assessment and care management SDO 2012/13 requires an efficiency of £195,000 from operational services. This is on top of the £169,000 efficiencies identified within the SDO for 2011-2012.

6.9 This report argues that reducing further the social care workforce within the current service model will create a substantial risk to the delivery of effective, safe social care services in respect of some of the most vulnerable people in society.

6.10 The assessment and care management SDO should embrace the opportunity to radically reappraise the way we do business in the future. Doing more with less within the current service model is no longer a positive option. Serious consideration must be given to *how* we do more with less within a radically new model of service delivery. Would strengthening the reablement / rehabilitation service impact positively on the other operational teams in terms of releasing capacity? What services do we deliver now that we might not deliver in future? Should we consider a "shared services" approach with our neighbouring LAs and, if so, for which services? Which services should / could be 'floated off' to the third or fourth sectors and what would be the operational and financial impact of this? How can we strengthen the transitions pathway for young people moving from child to adult services within existing or reduced resources? Should we create a Local Authority Trading Company to hold social work as well as care provision?

6.11 This report has set out the real challenges facing social care services and the need to re-appraise the way we do business if we are to continue to deliver excellent or even good performance and avert the danger of risk both to that level of performance and to the vulnerable people we work with in adult social care.

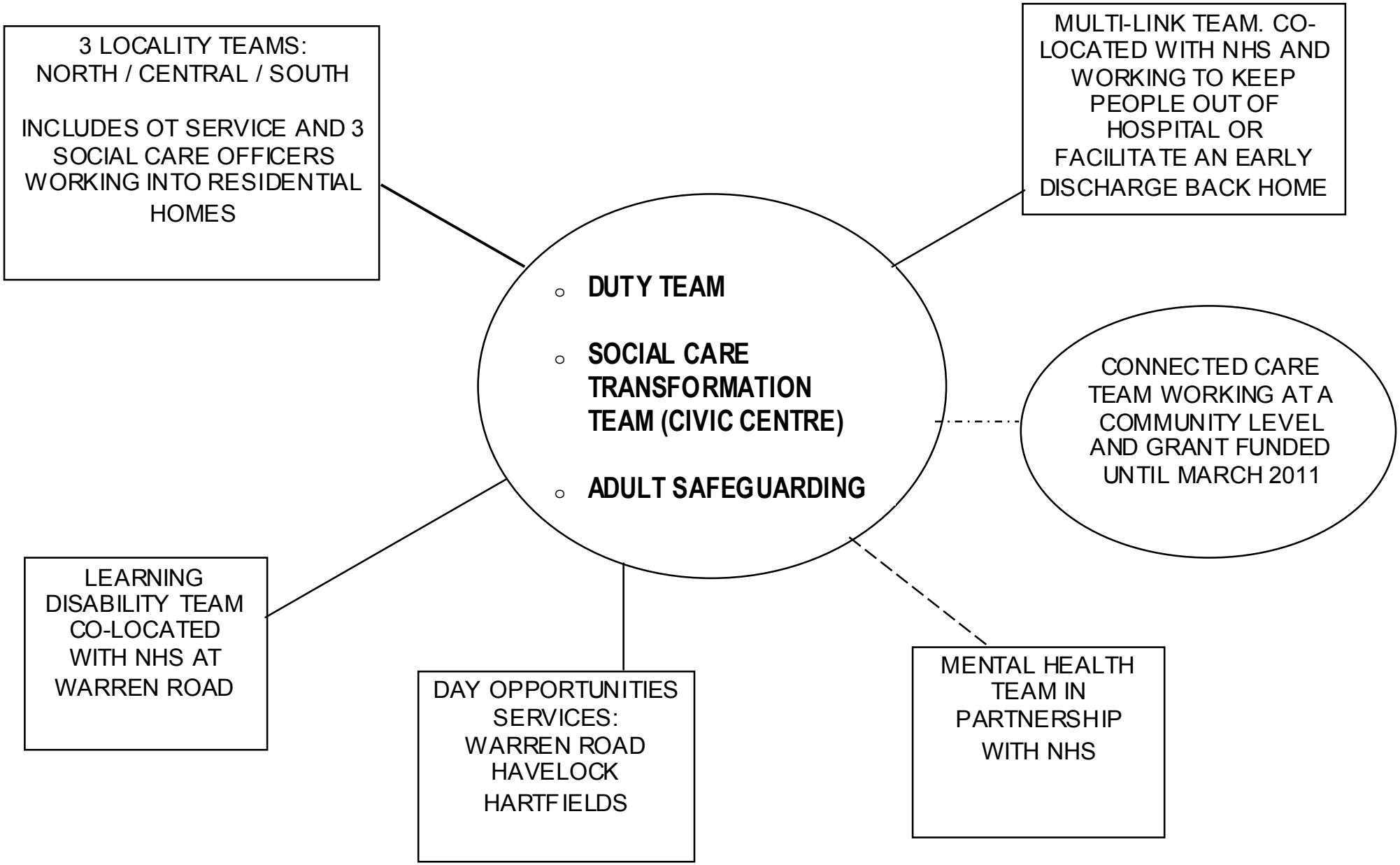
CONTACT OFFICER: Geraldine Martin, Head of Service, Adult Social Care

Background Papers

Reference: Office To Public Management (2010): Delivering Personal Budgets for Adult Social Care: Reflections From Essex

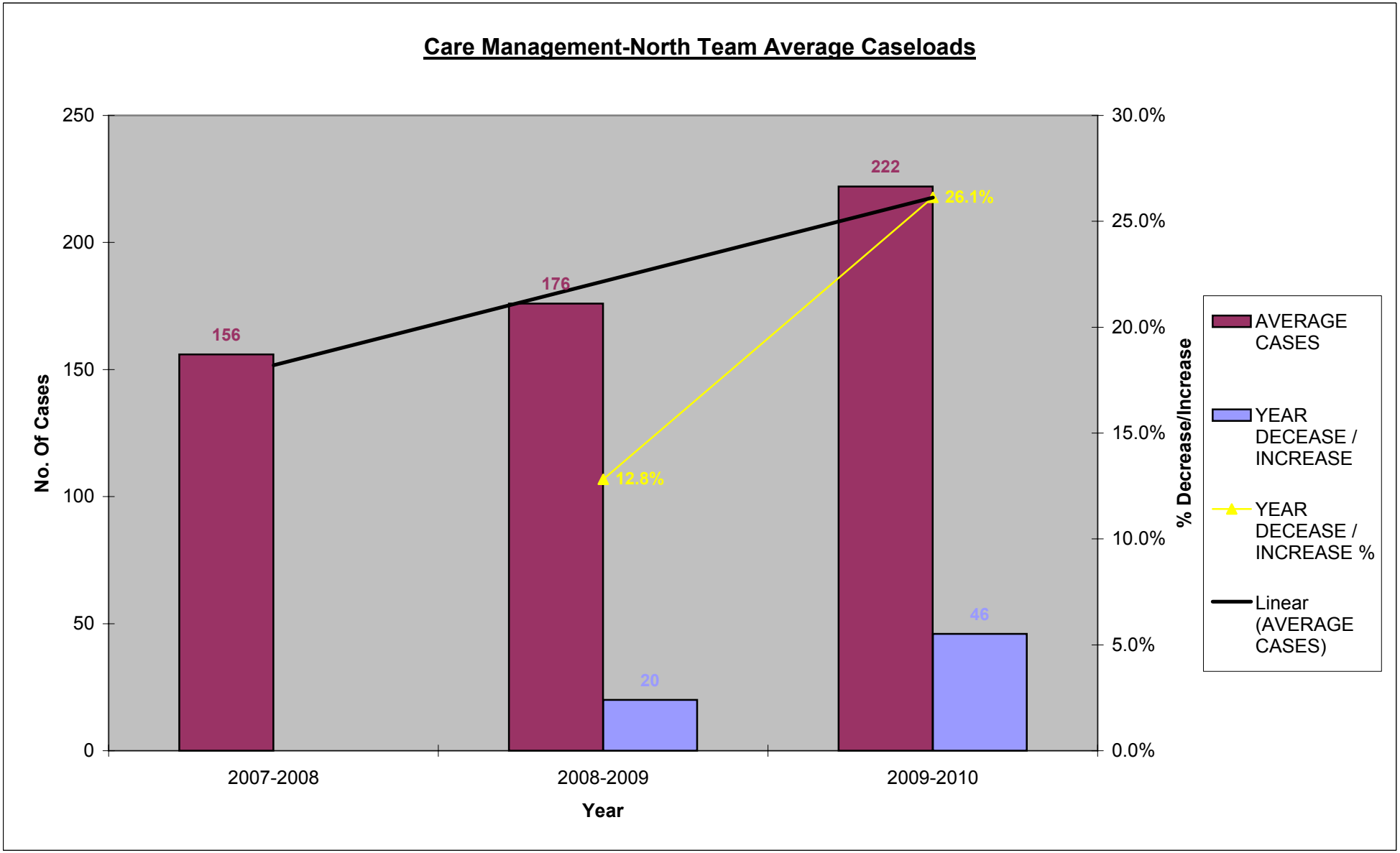
ADULT SOCIAL CARE SERVICES

APPENDIX 1

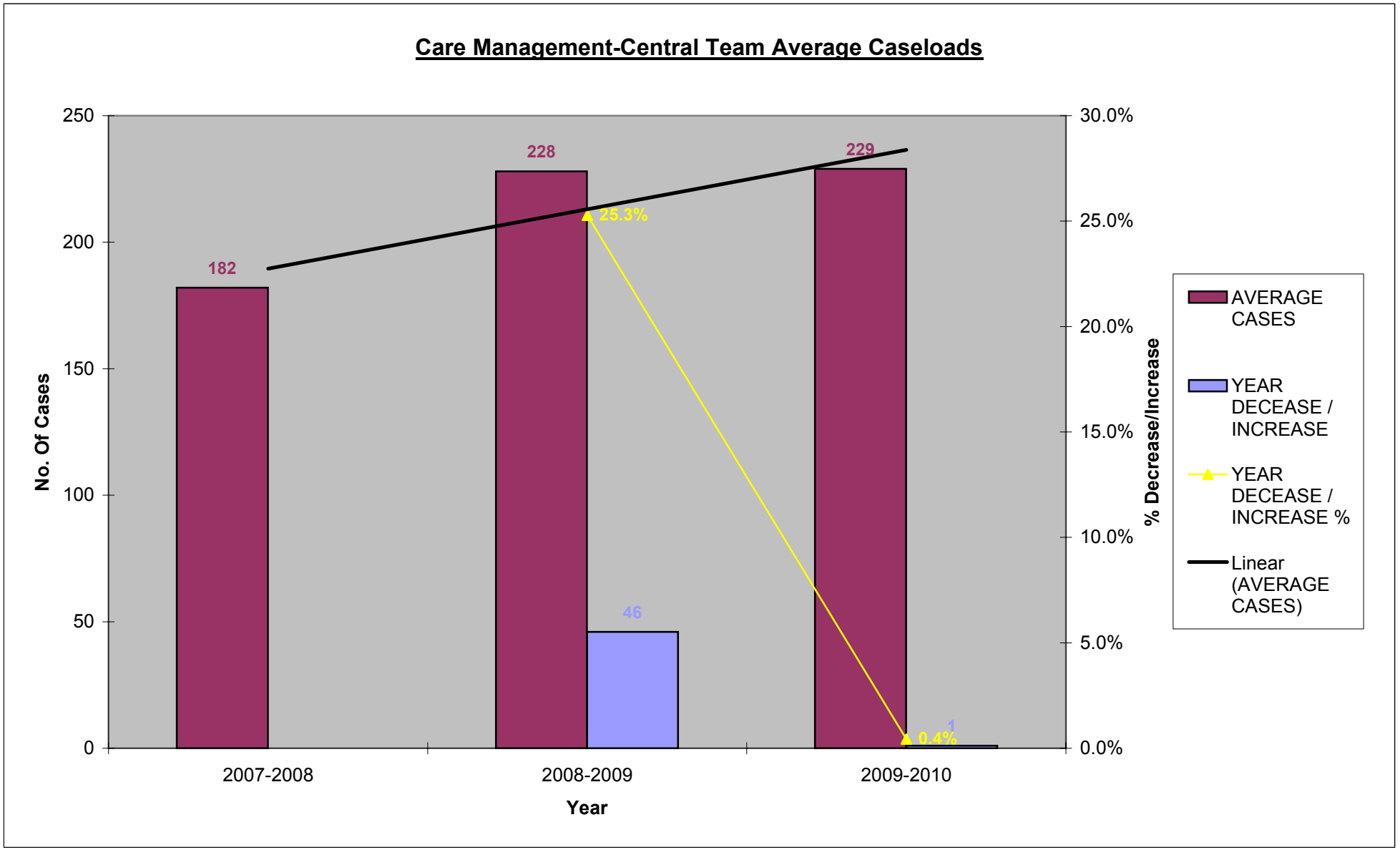


Appendix 2	Care Management-North Team Average Caseloads
Appendix 3	Care Management-Central Team Average Caseloads
Appendix 4	Care Management-South Team Average Caseloads
Appendix 5	PLD Total Caseloads
Appendix 6	Sensory Loss Total Caseloads
Appendix 7	Mental Health Service Total Caseloads
Appendix 8	OT Team Average Caseloads
Appendix 9	Intermediate Care Team Average Caseloads
Appendix 10	Total C&AS Referrals per year
Appendix 11	Referrals to Intermediate Care
Appendix 12	Safeguarding Further Action Referrals
Appendix 13	Deprivation Of Liberty Safeguards Further Action Referrals
Appendix 14	SS Placements-Made Permanent
Appendix 15	SS Placements-Admitted To Hospital
Appendix 16	West View Lodge - Rehab & Transitional Beds
Appendix 17	C72-Long Stay Admissions (aged 65+)
Appendix 18	D42-Number Of Carers Assessed And/Or Reviewed
Appendix 19	D40-Number Of Service Users Reviewed
Appendix 20	On-going Direct Payments
Appendix 21	One-off Direct Payments
Appendix 22	Day Service Users
Appendix 23	Supported Employment Users
Appendix 24	Complaints
Appendix 25	Sickness comparison data with Tees authorities
Appendix 26	LA funded Rapid Response Home Care Referrals
Appendix 27	DH RAP P1 & P2F-Users Receiving Services-Throughput
Appendix 28	DH RAP P1 & P2F-Users Receiving Services-Community Against Residential

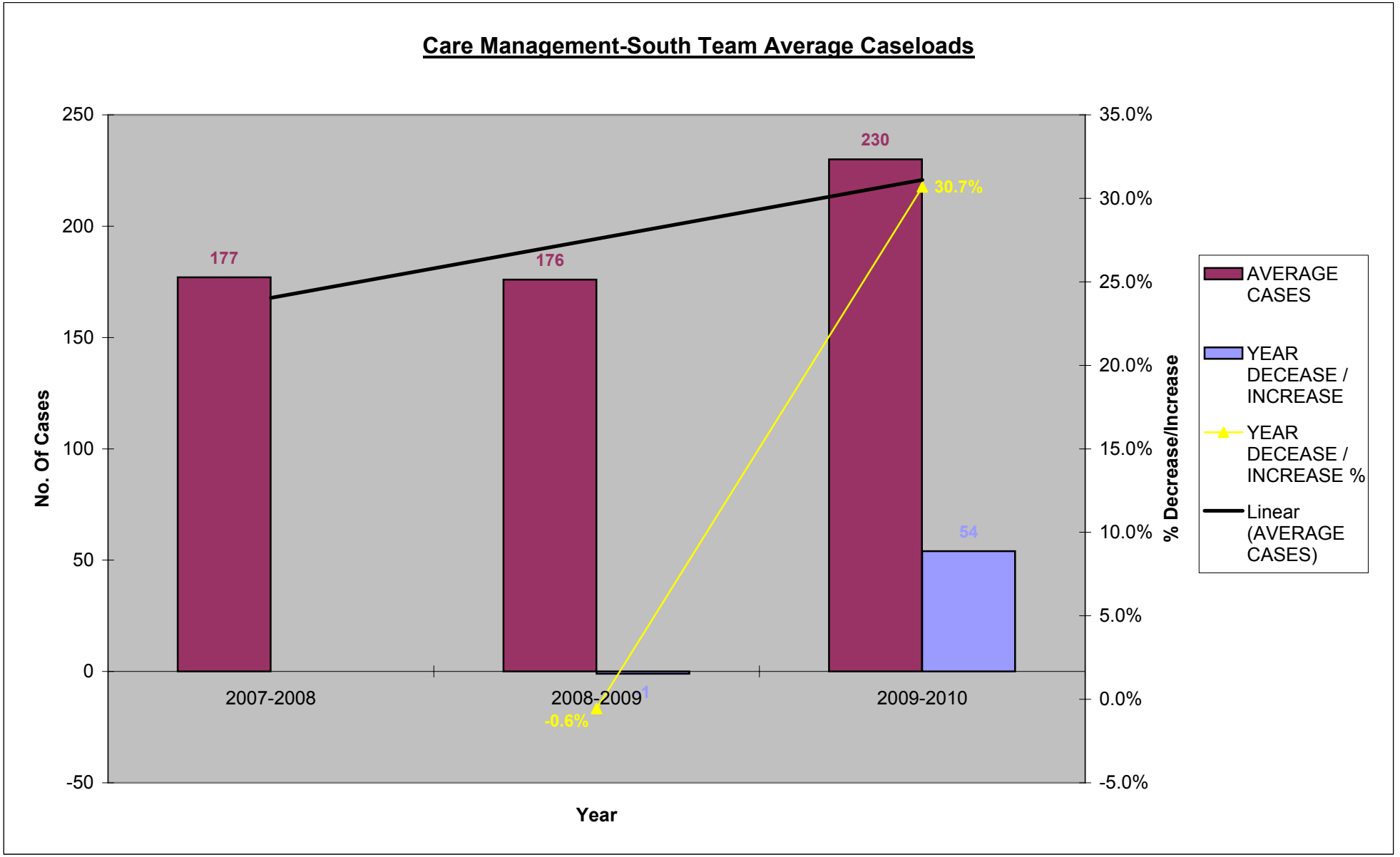
YEAR	AVERAGE CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	156		
2008-2009	176	20	12.8%
2009-2010	222	46	26.1%



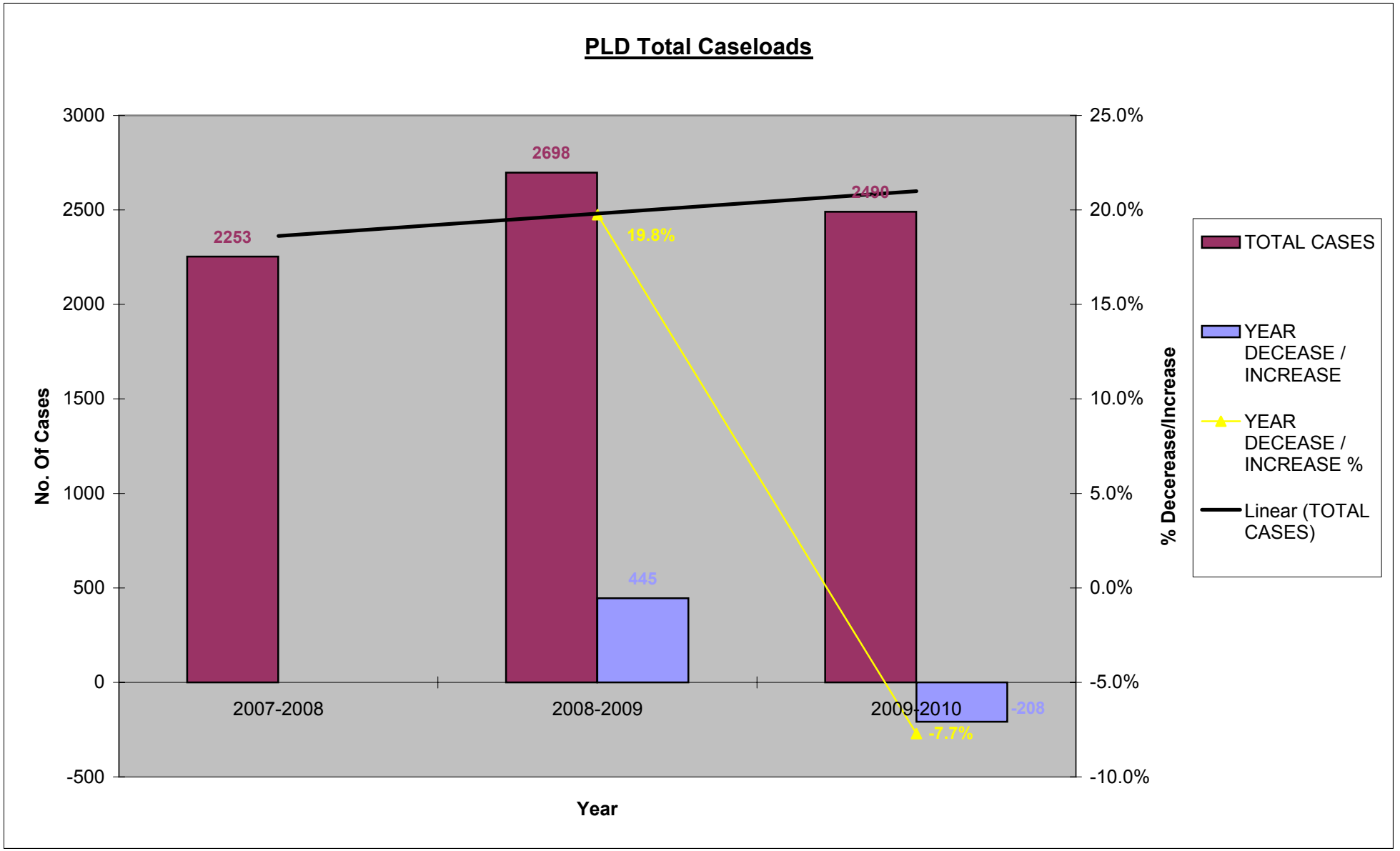
YEAR	AVERAGE CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	182		
2008-2009	228	46	25.3%
2009-2010	229	1	0.4%



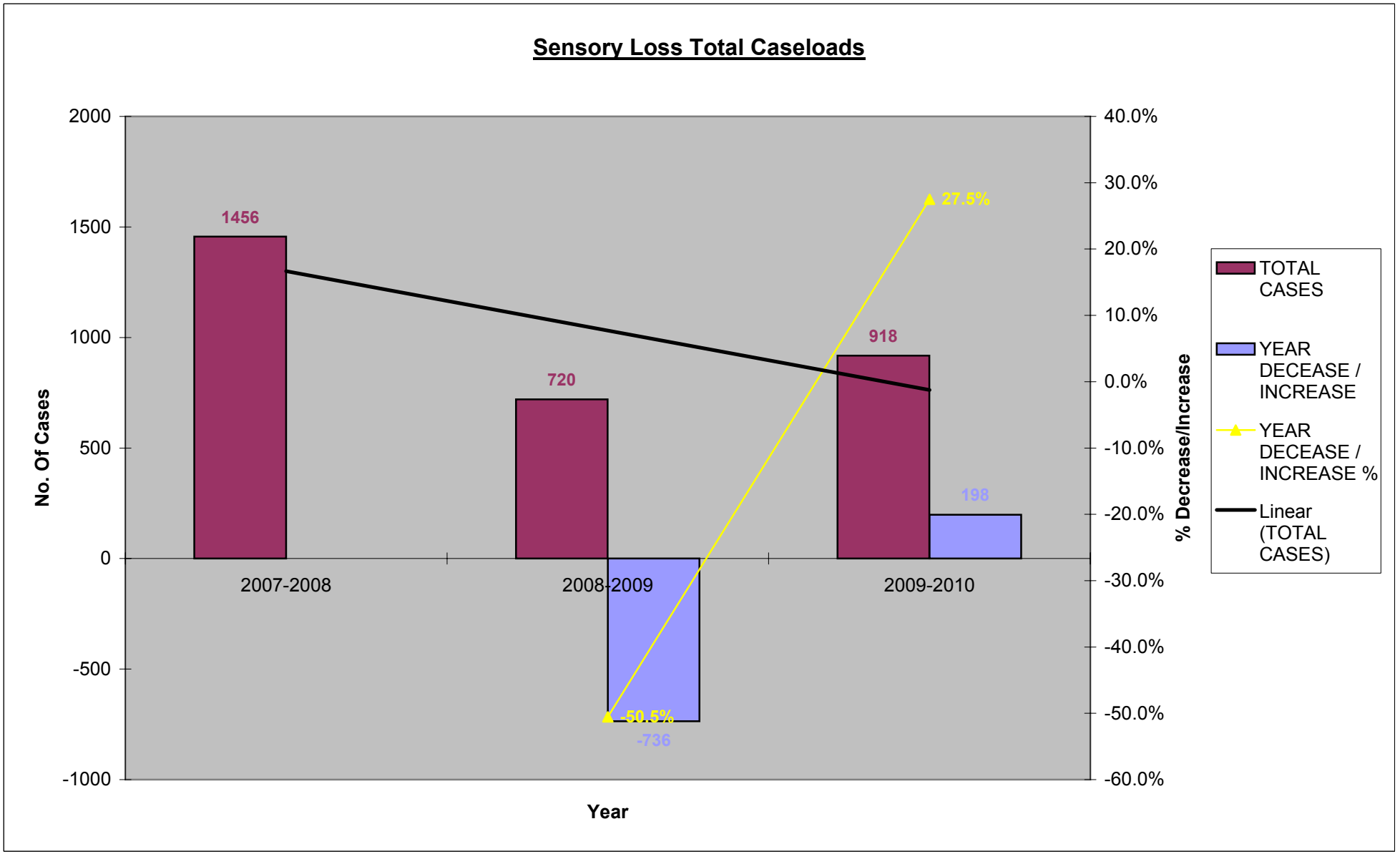
YEAR	AVERAGE CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	177		
2008-2009	176	-1	-0.6%
2009-2010	230	54	30.7%



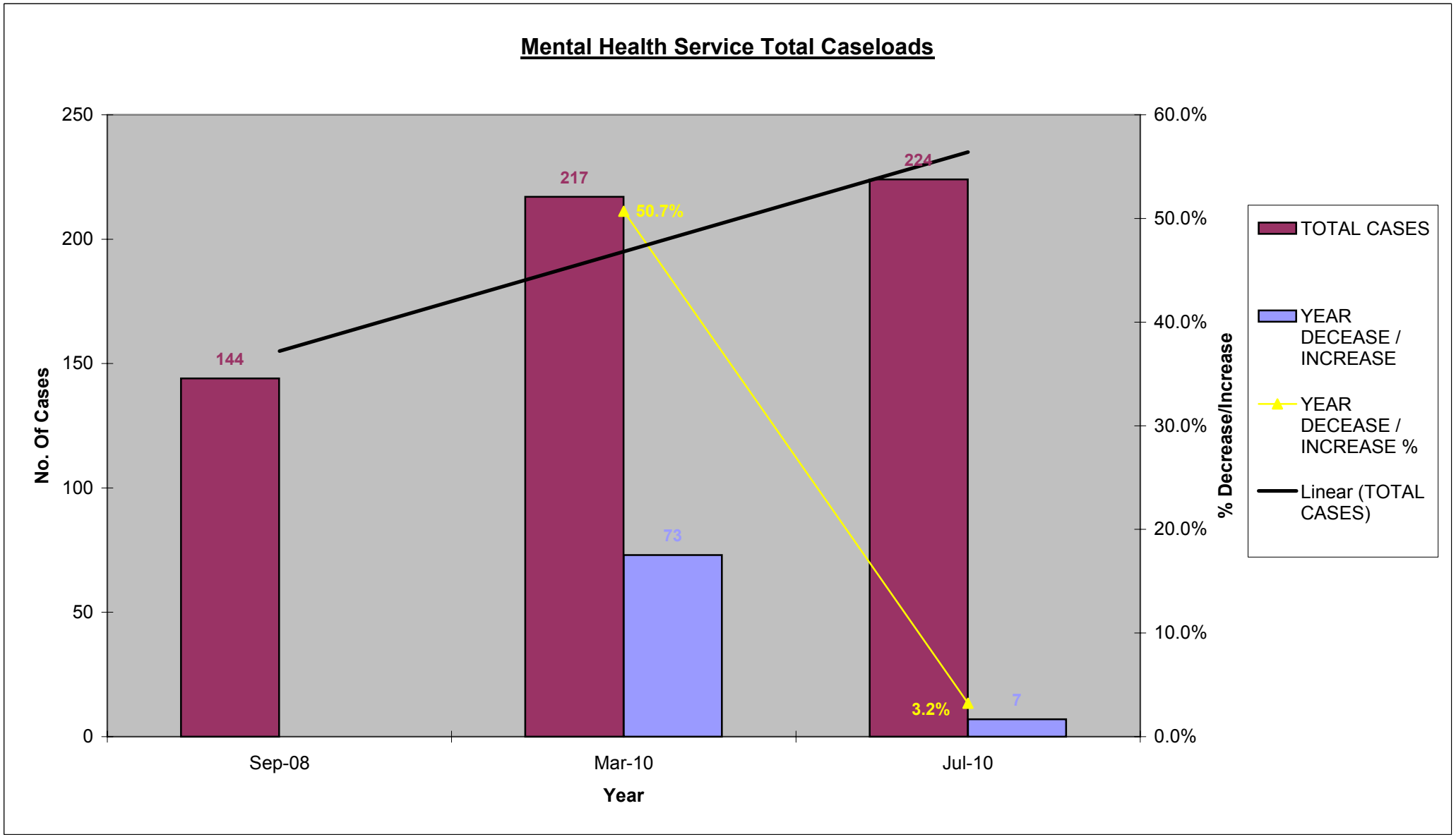
YEAR	TOTAL CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	2253		
2008-2009	2698	445	19.8%
2009-2010	2490	-208	-7.7%



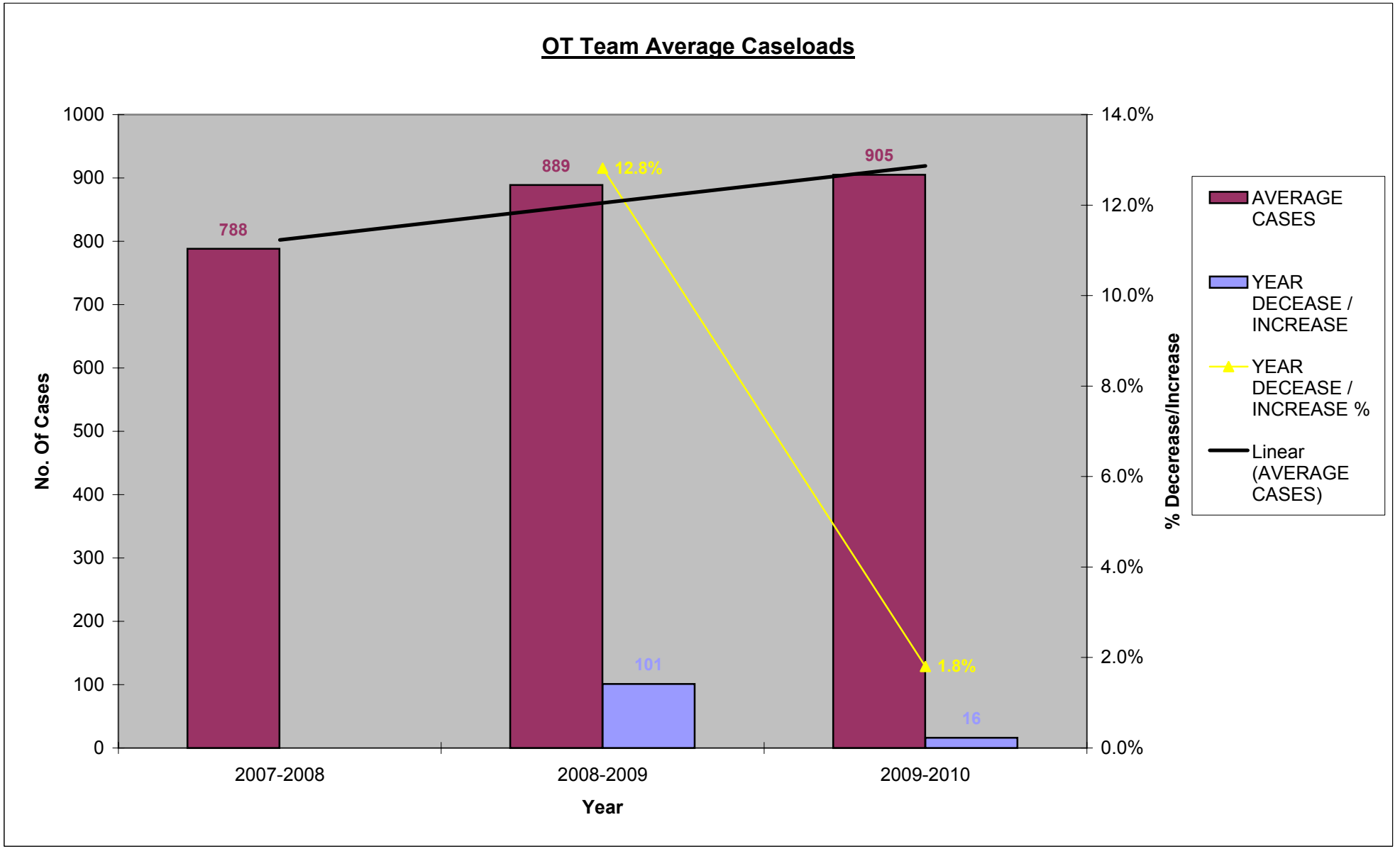
YEAR	TOTAL CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	1456		
2008-2009	720	-736	-50.5%
2009-2010	918	198	27.5%



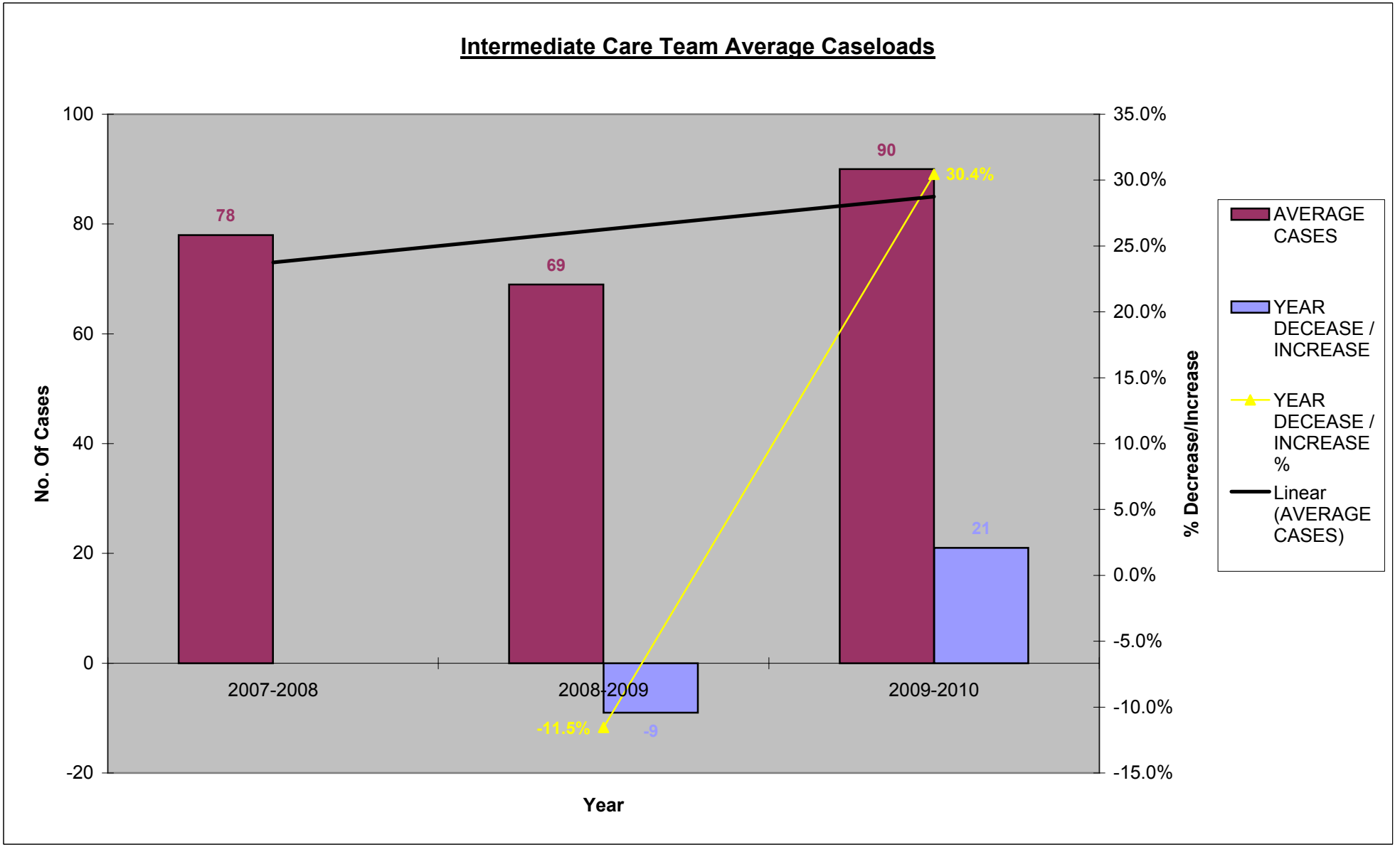
YEAR	TOTAL CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
Sep-08	144		
Mar-10	217	73	50.7%
Jul-10	224	7	3.2%



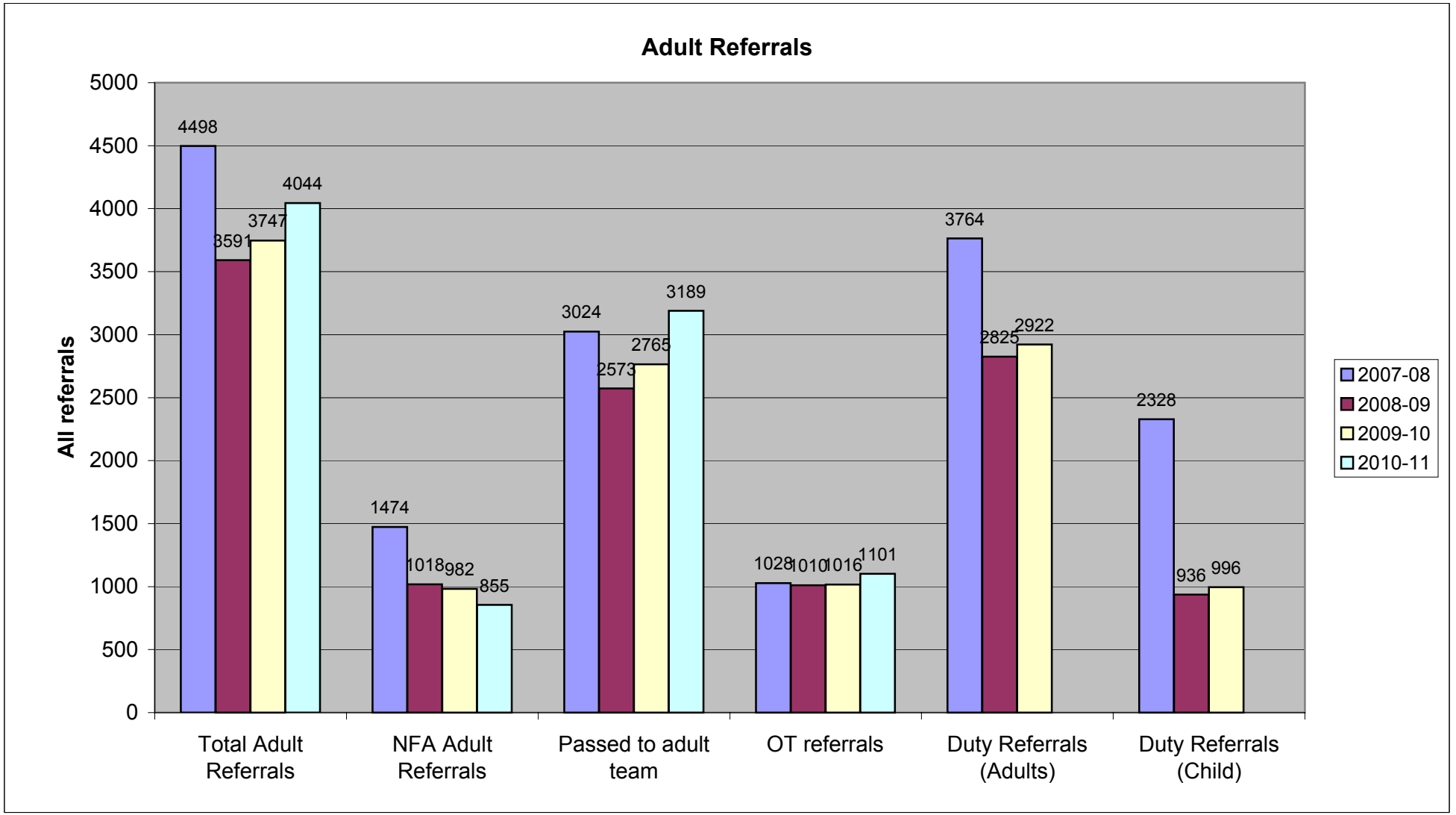
YEAR	AVERAGE CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	788		
2008-2009	889	101	12.8%
2009-2010	905	16	1.8%



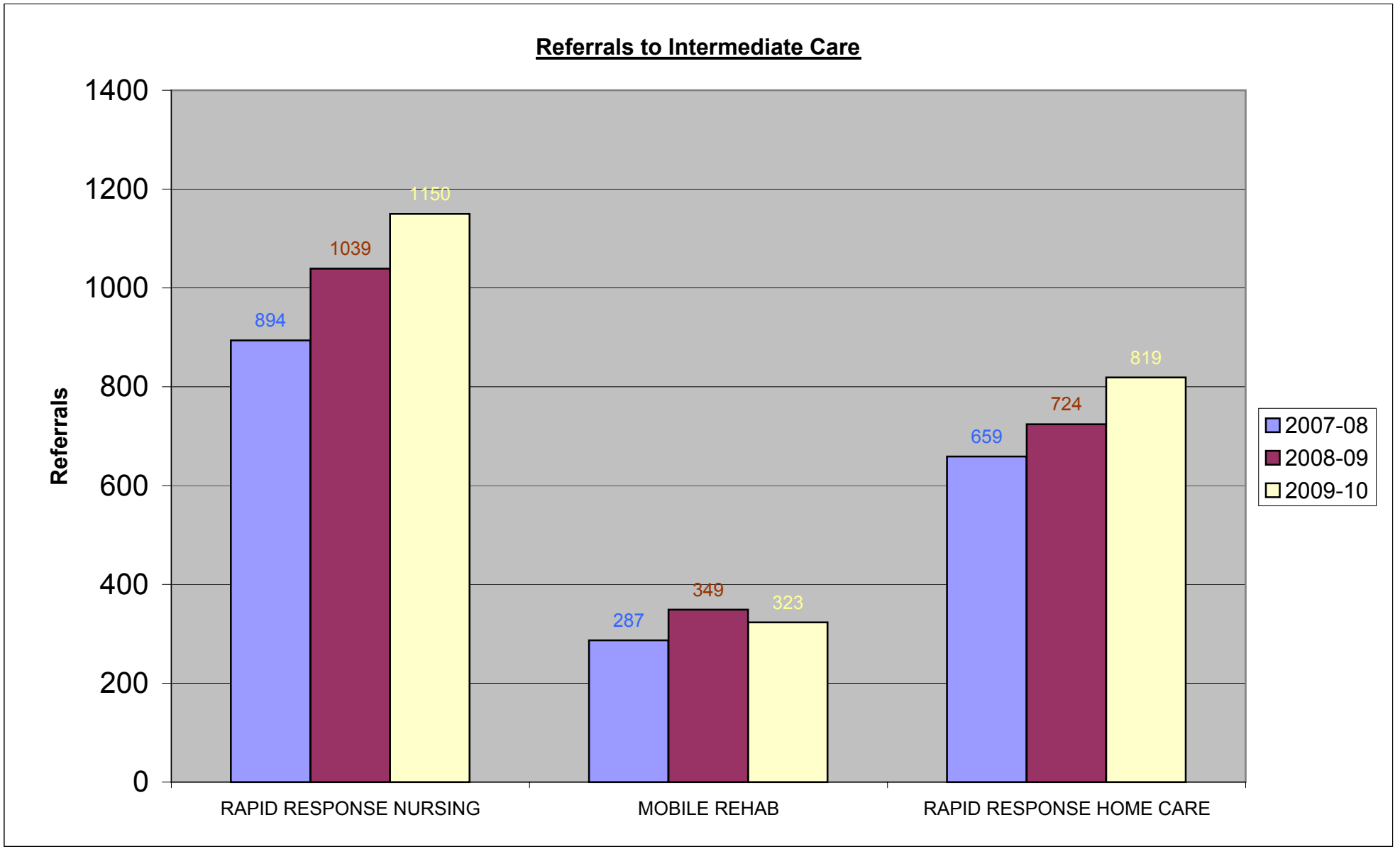
YEAR	AVERAGE CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	78		
2008-2009	69	-9	-11.5%
2009-2010	90	21	30.4%



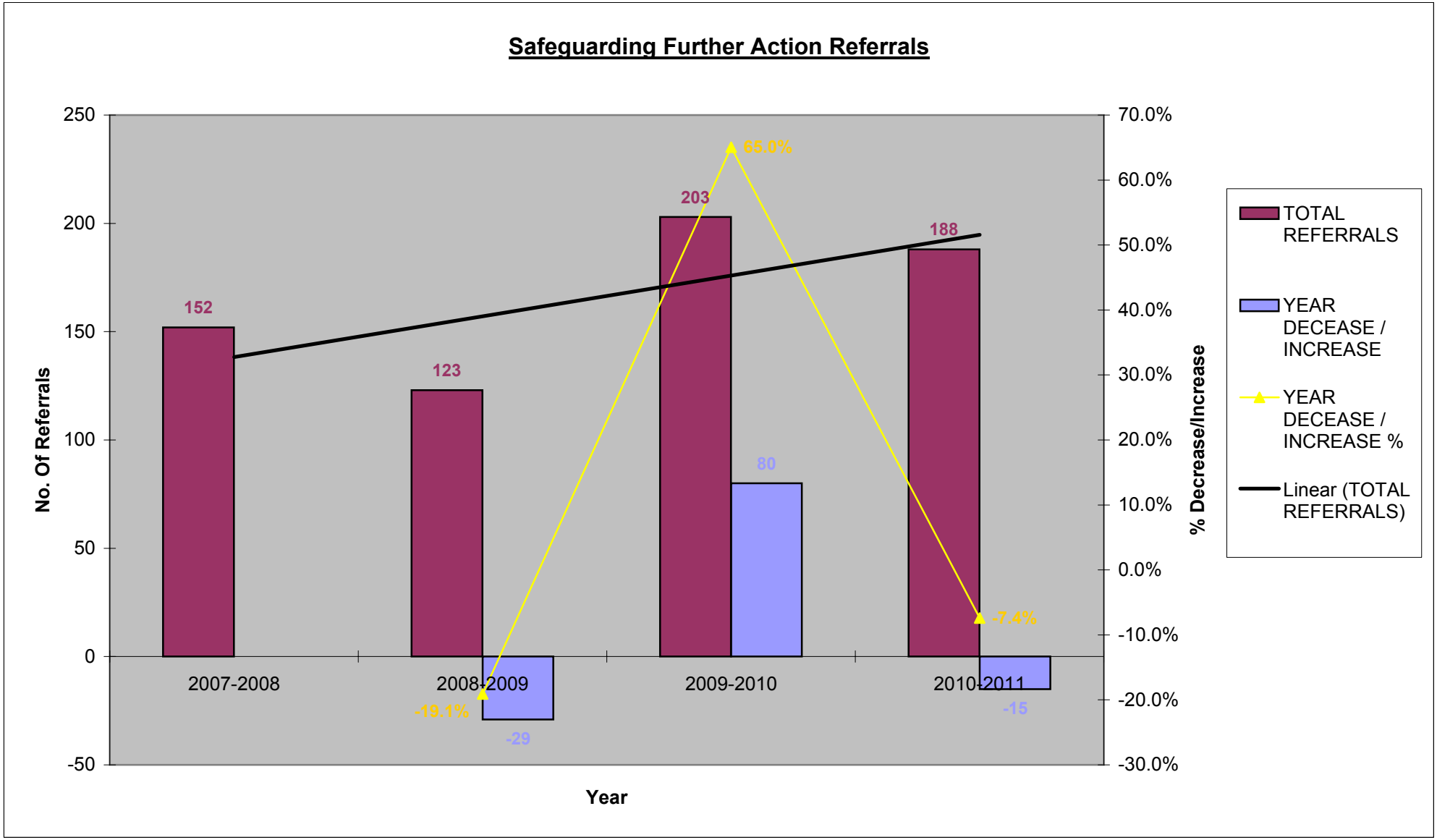
	Total Adult Referrals	NFA Adult Referrals	% Adult NFA	Passed to adult team	OT referrals	Duty Referrals (Adults)	Duty Referrals (Child)
2007-08	4498	1474	33%	3024	1028	3764	2328
2008-09	3591	1018	28%	2573	1010	2825	936
2009-10	3747	982	26%	2765	1016	2922	996
2010-11	4044	855	21%	3189	1101		



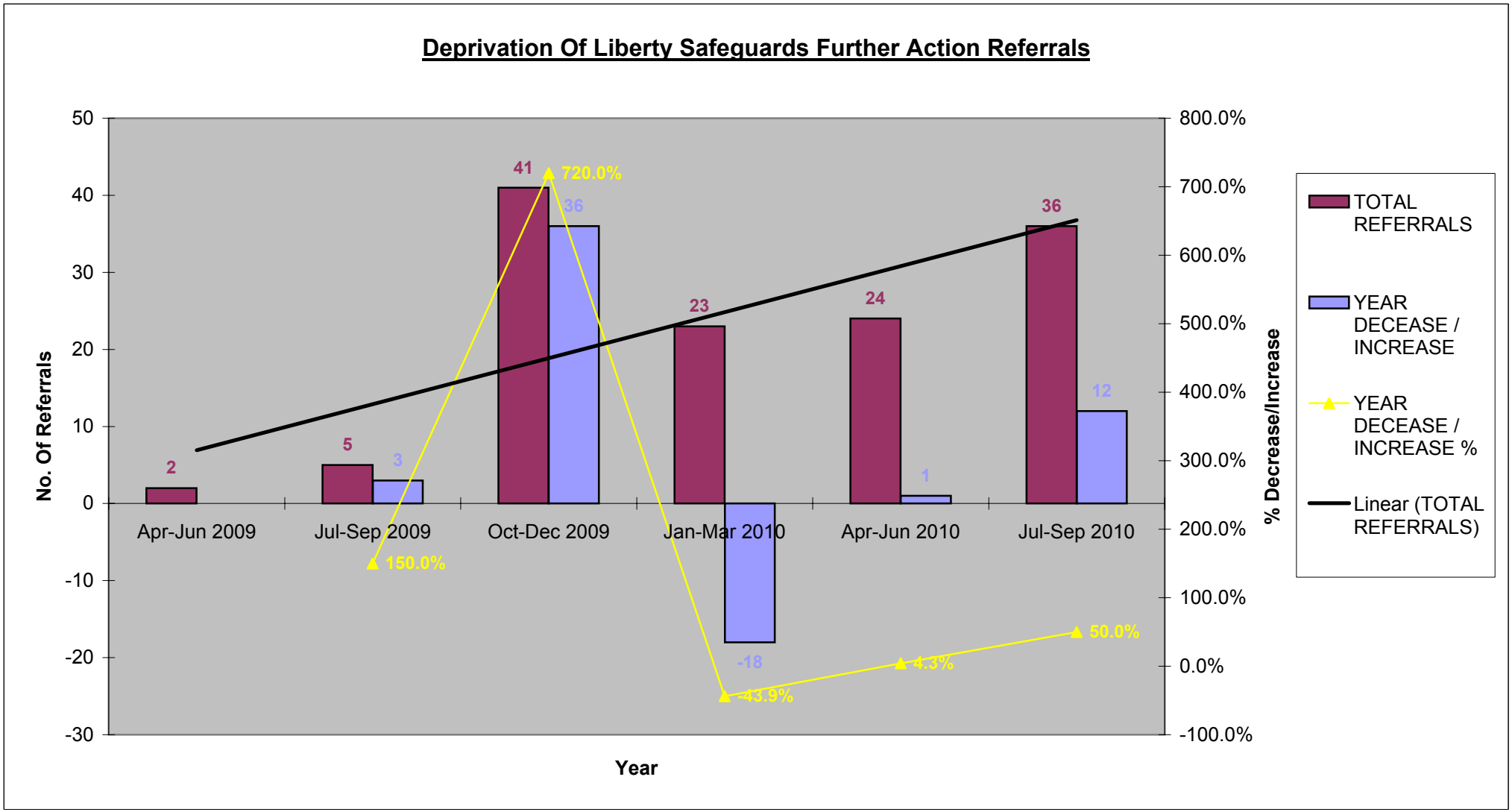
YEAR	RAPID RESPONSE NURSING	MOBILE REHAB	RAPID RESPONSE HOME CARE
2007-08	894	287	659
2008-09	1039	349	724
2009-10	1150	323	819



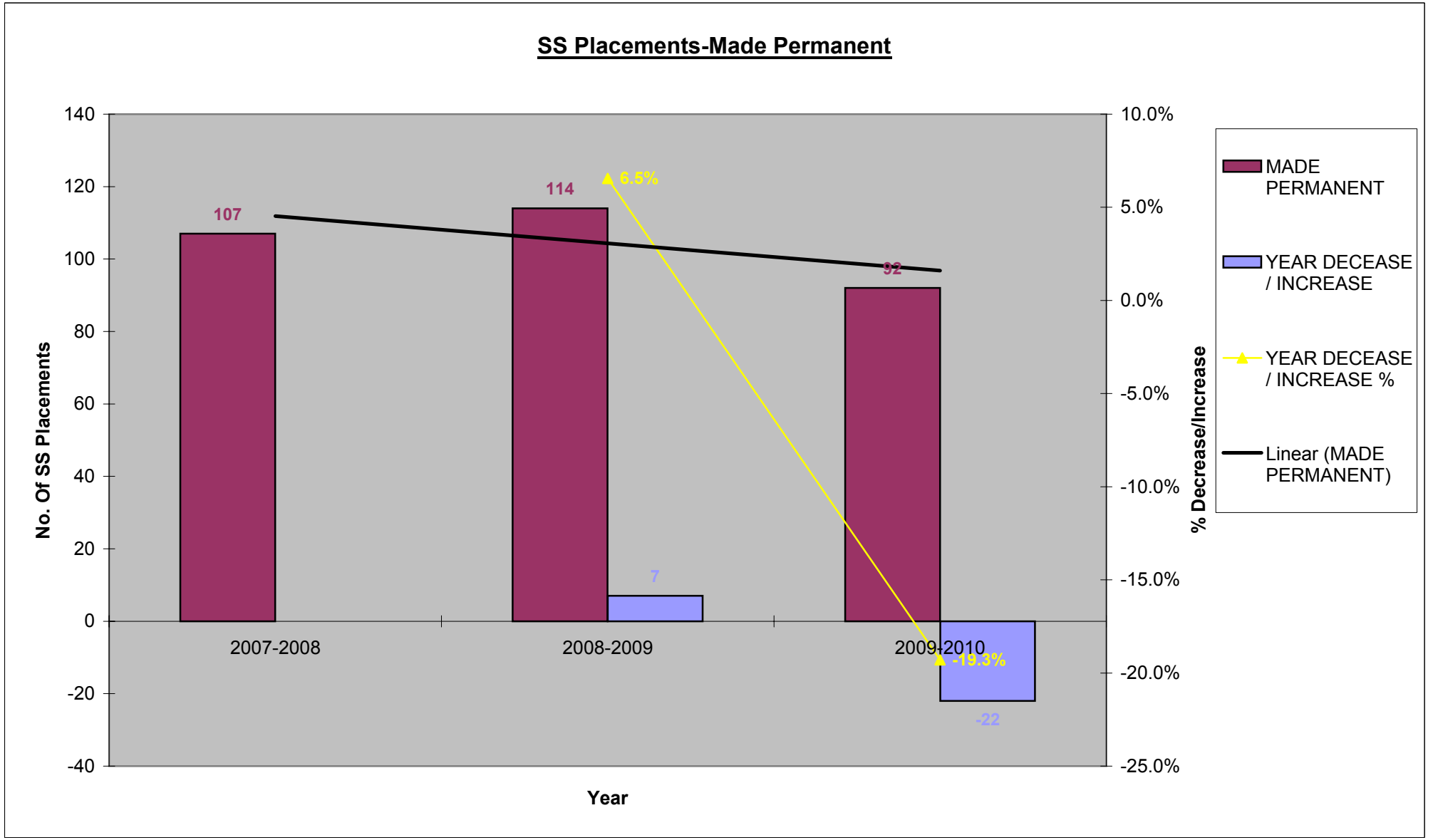
YEAR	TOTAL REFERRALS	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	152		
2008-2009	123	-29	-19.1%
2009-2010	203	80	65.0%
2010-2011	188	-15	-7.4%



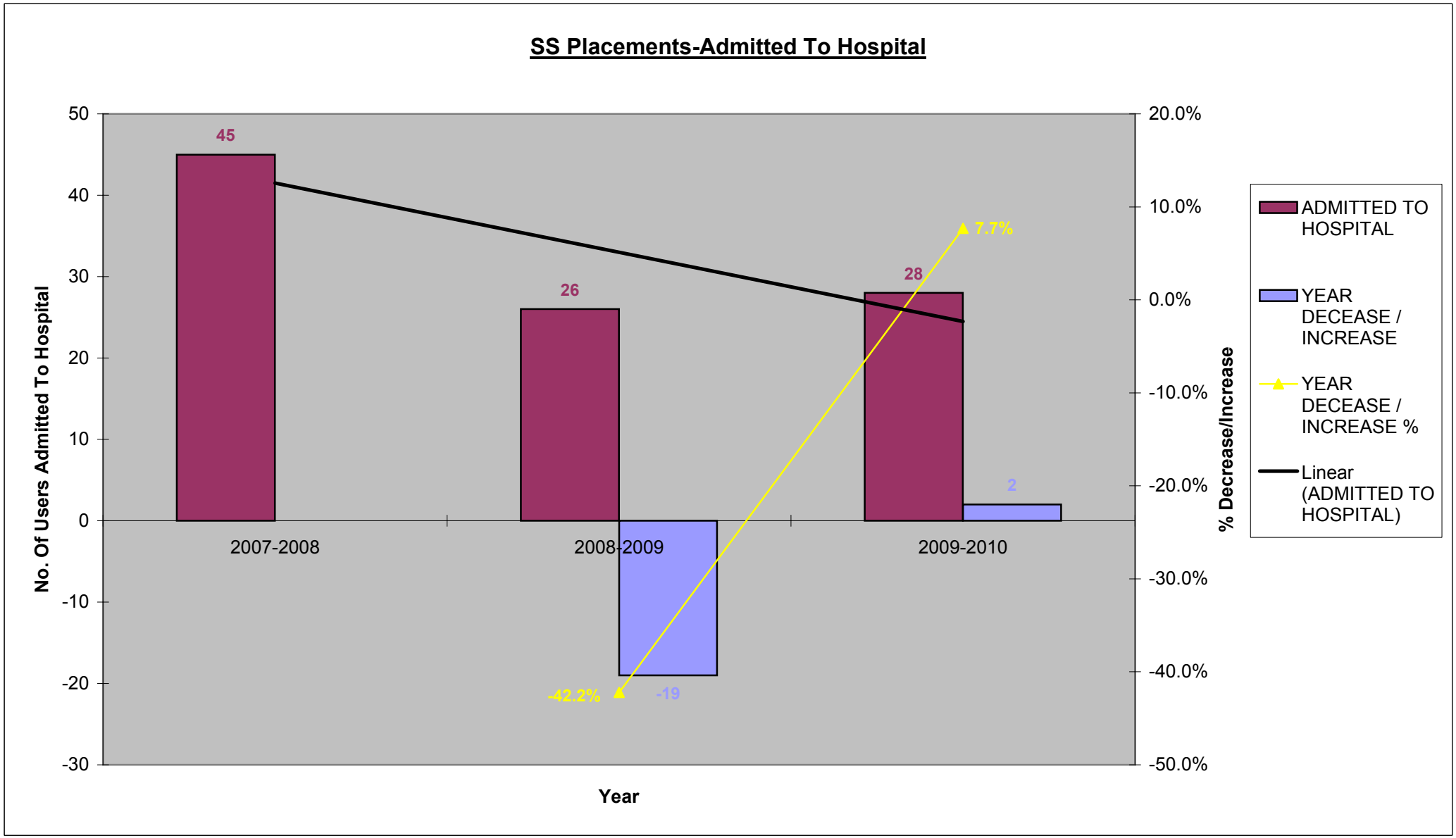
YEAR	TOTAL REFERRALS	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
Apr-Jun 2009	2		
Jul-Sep 2009	5	3	150.0%
Oct-Dec 2009	41	36	720.0%
Jan-Mar 2010	23	-18	-43.9%
Apr-Jun 2010	24	1	4.3%
Jul-Sep 2010	36	12	50.0%



YEAR	MADE PERMANENT	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	107		
2008-2009	114	7	6.5%
2009-2010	92	-22	-19.3%

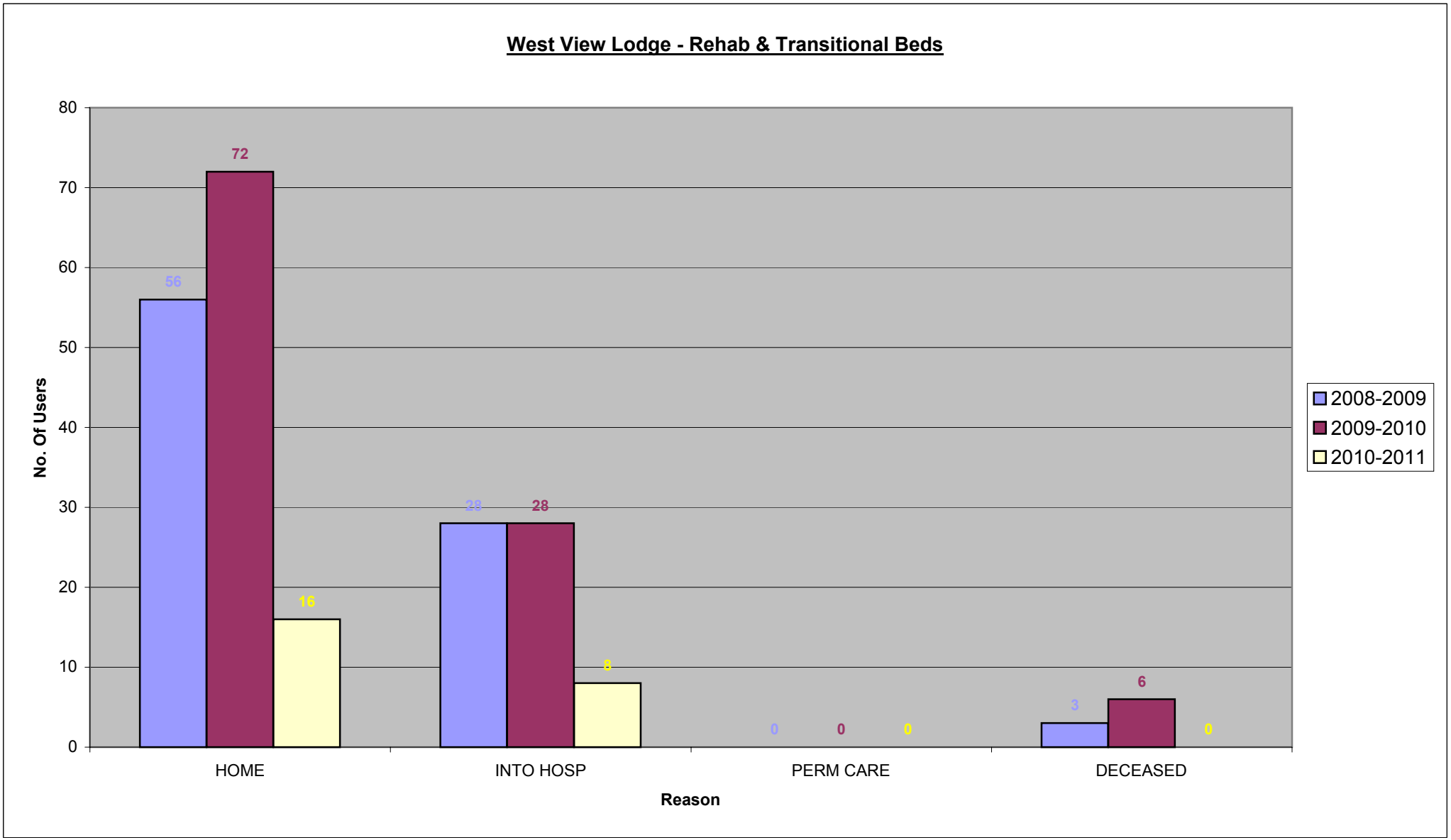


YEAR	ADMITTED TO HOSPITAL	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	45		
2008-2009	26	-19	-42.2%
2009-2010	28	2	7.7%

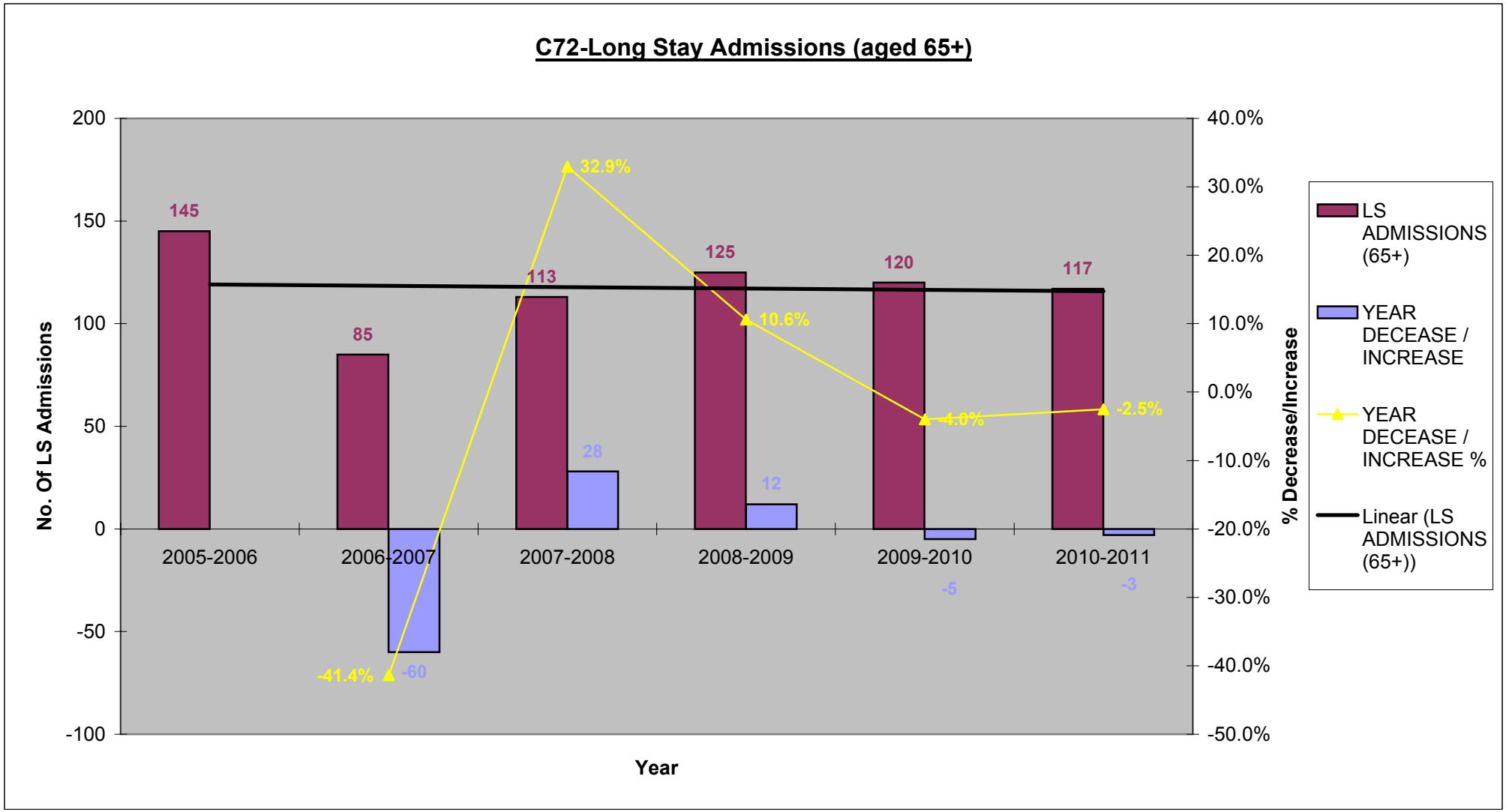


	HOME	INTO HOSP	PERM CARE	DECEASED
2008-2009	56	28	0	3
2009-2010	72	28	0	6
2010-2011	16	8	0	0

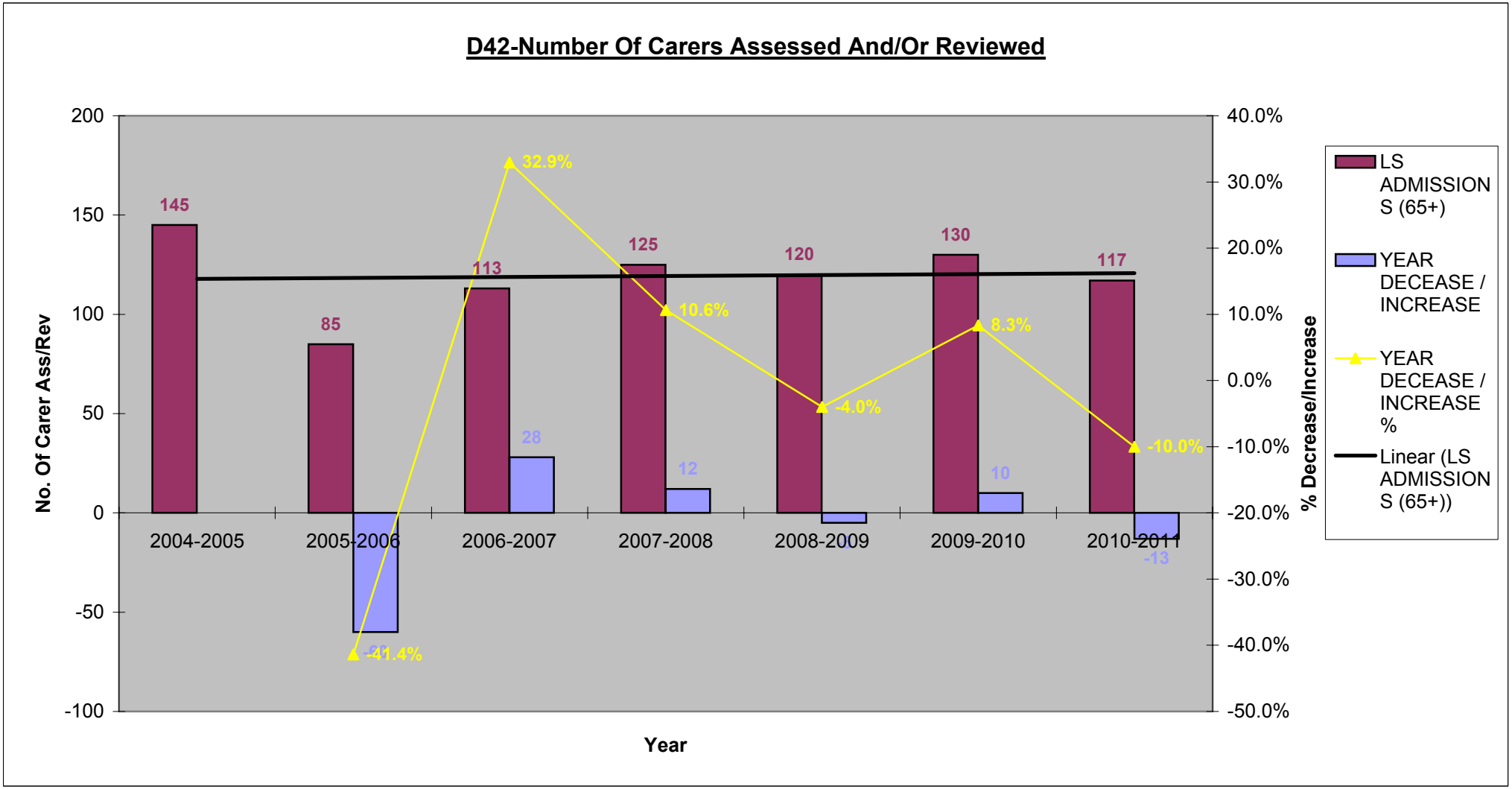
**Part Year



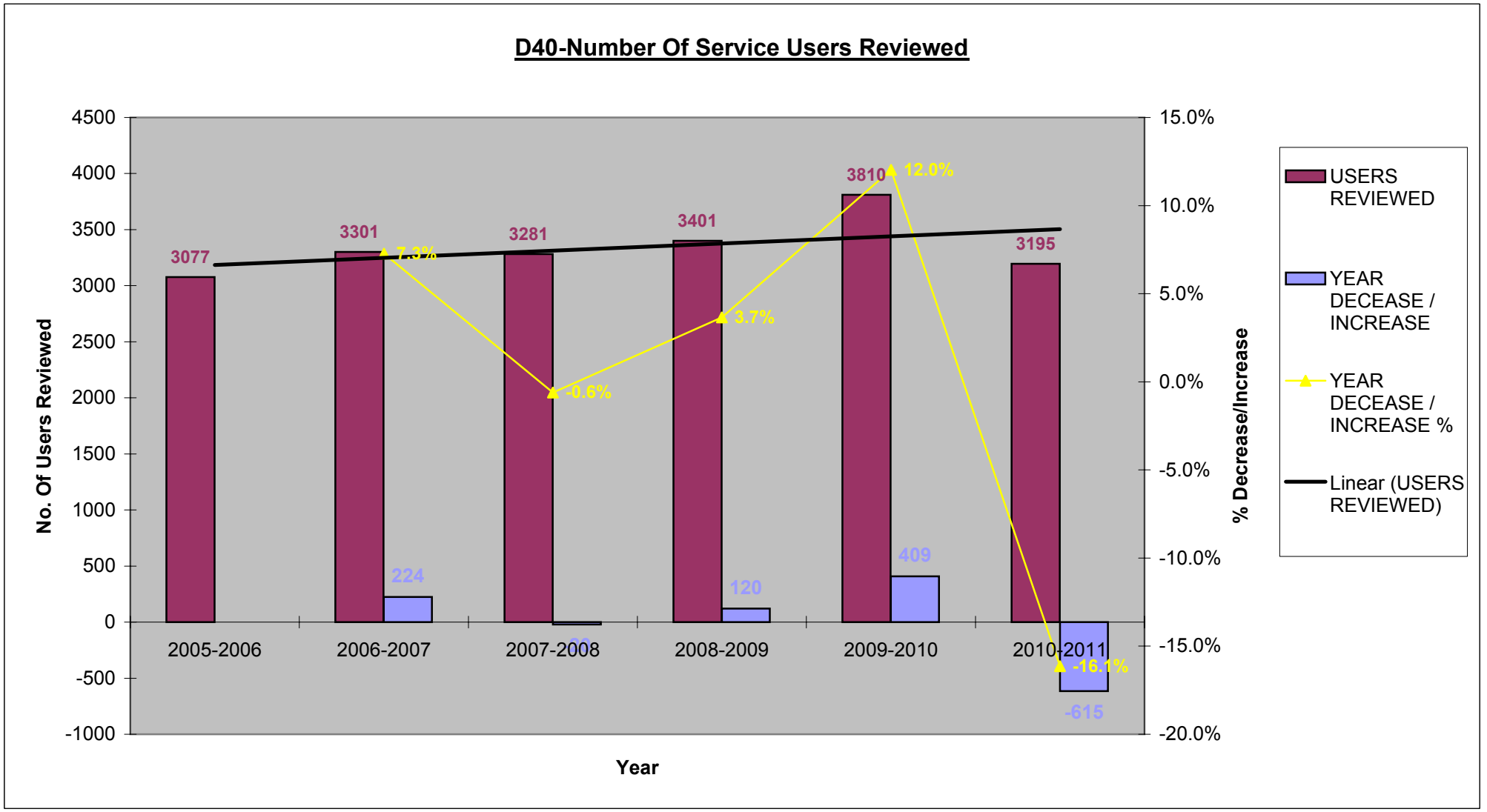
YEAR	LS ADMISSIONS (65+)	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2005-2006	145		
2006-2007	85	-60	-41.4%
2007-2008	113	28	32.9%
2008-2009	125	12	10.6%
2009-2010	120	-5	-4.0%
2010-2011	117	-3	-2.5%



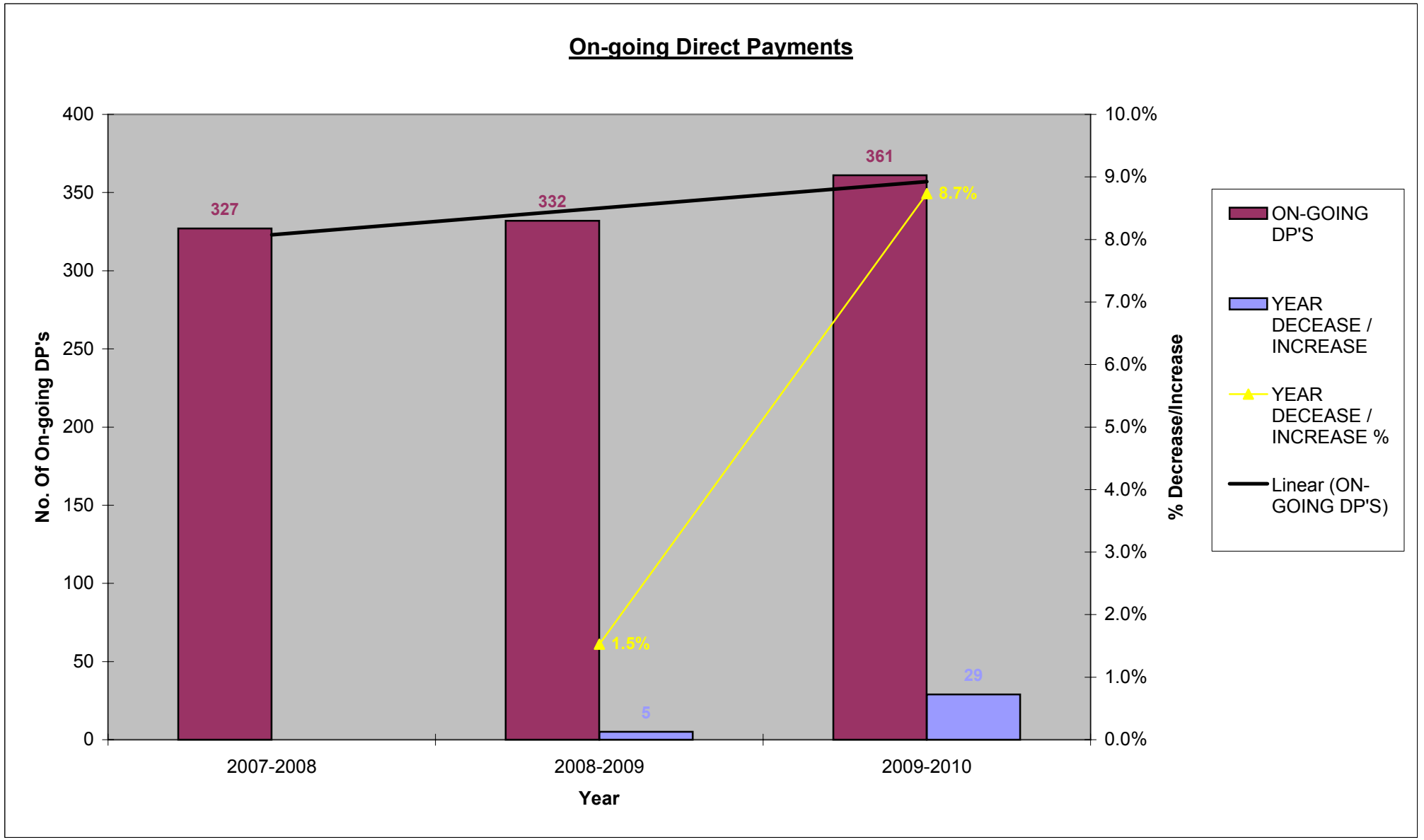
YEAR	LS ADMISSIONS (65+)	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2004-2005	145		
2005-2006	85	-60	-41.4%
2006-2007	113	28	32.9%
2007-2008	125	12	10.6%
2008-2009	120	-5	-4.0%
2009-2010	130	10	8.3%
2010-2011	117	-13	-10.0%



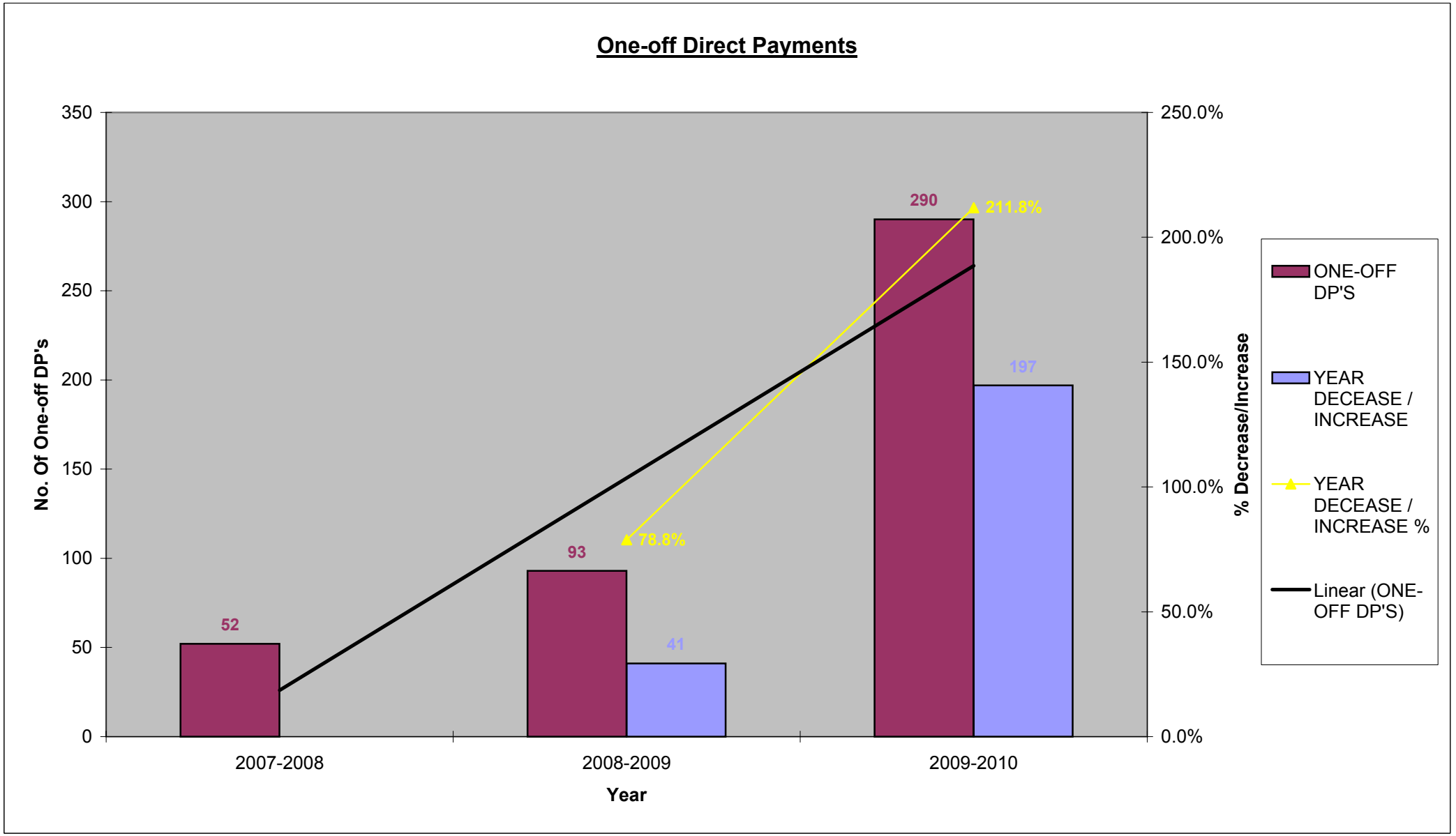
YEAR	USERS REVIEWED	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2005-2006	3077		
2006-2007	3301	224	7.3%
2007-2008	3281	-20	-0.6%
2008-2009	3401	120	3.7%
2009-2010	3810	409	12.0%
2010-2011	3195	-615	-16.1%



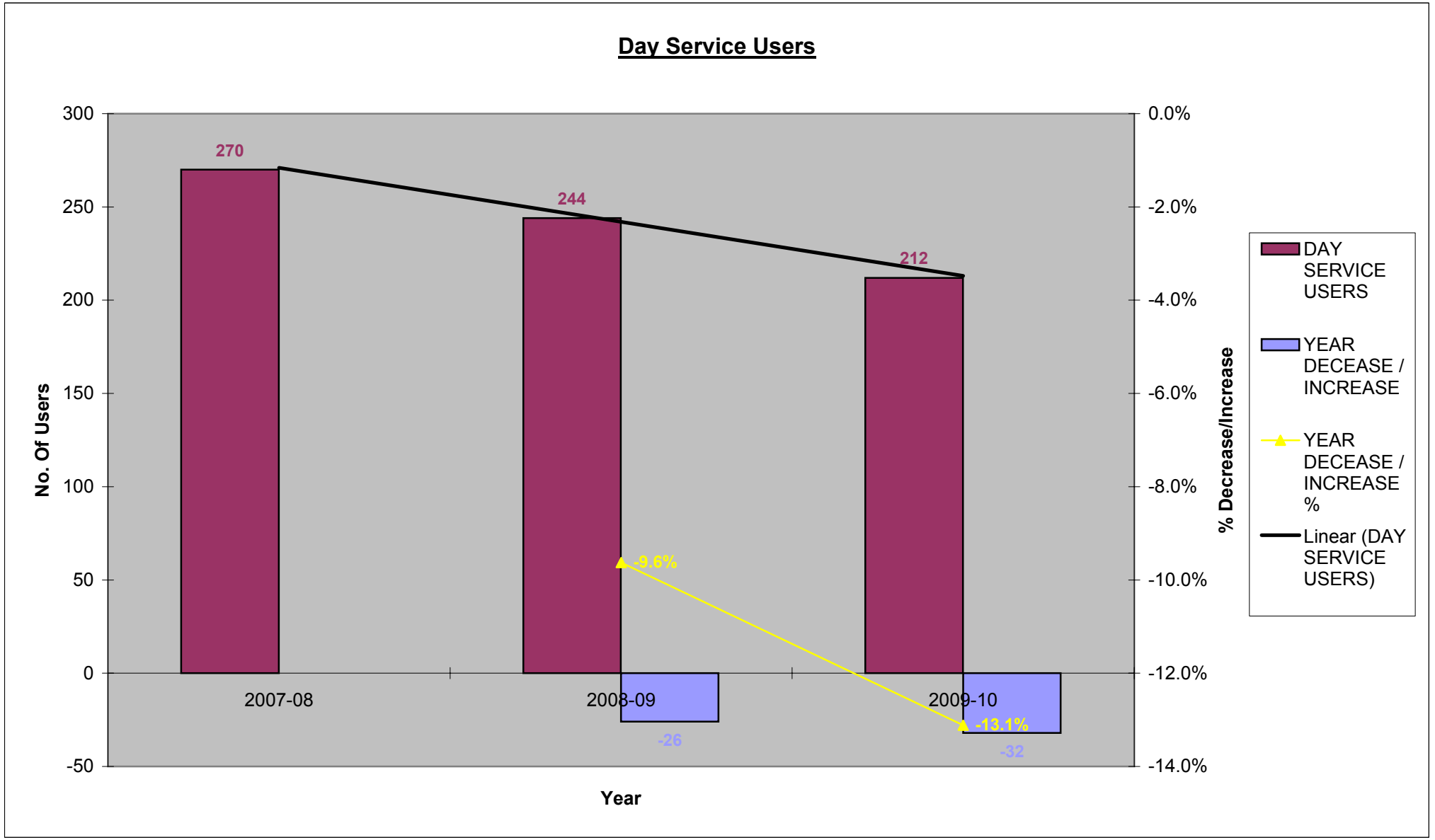
YEAR	ON-GOING DP'S	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	327		
2008-2009	332	5	1.5%
2009-2010	361	29	8.7%



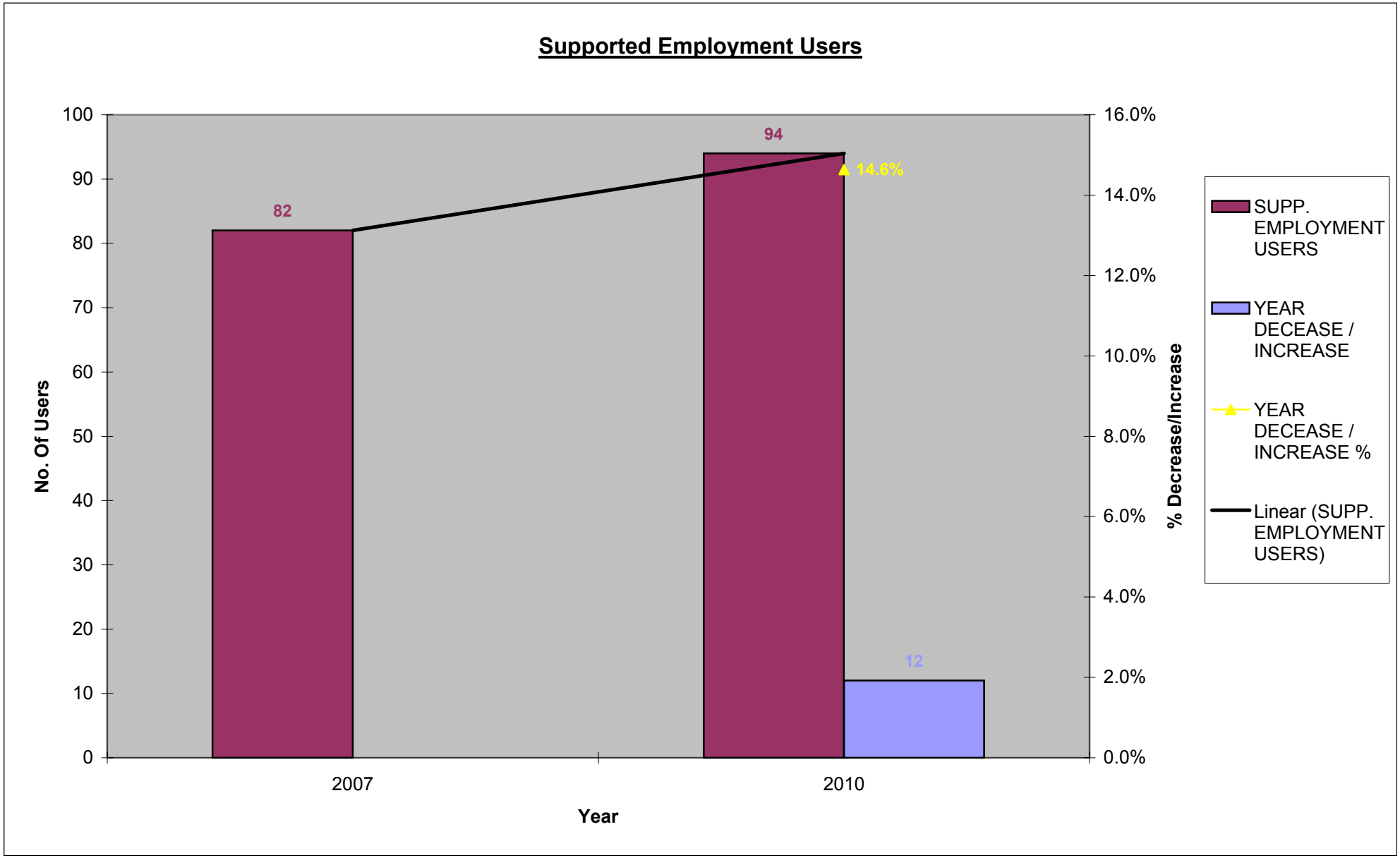
YEAR	ONE-OFF DP'S	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	52		
2008-2009	93	41	78.8%
2009-2010	290	197	211.8%



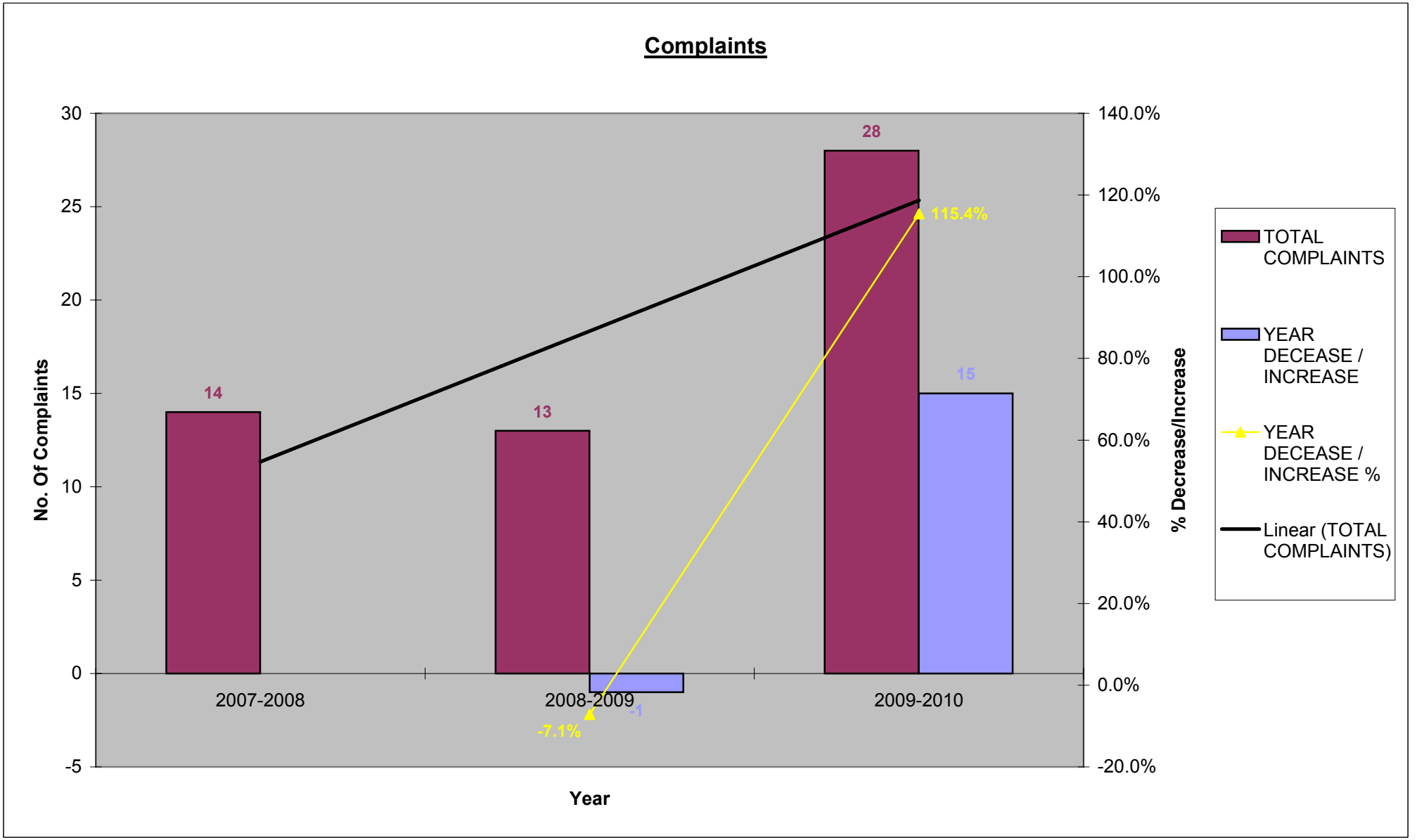
YEAR	DAY SERVICE USERS	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-08	270		
2008-09	244	-26	-9.6%
2009-10	212	-32	-13.1%



YEAR	SUPP. EMPLOYMENT USERS	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007	82		
2010	94	12	14.6%

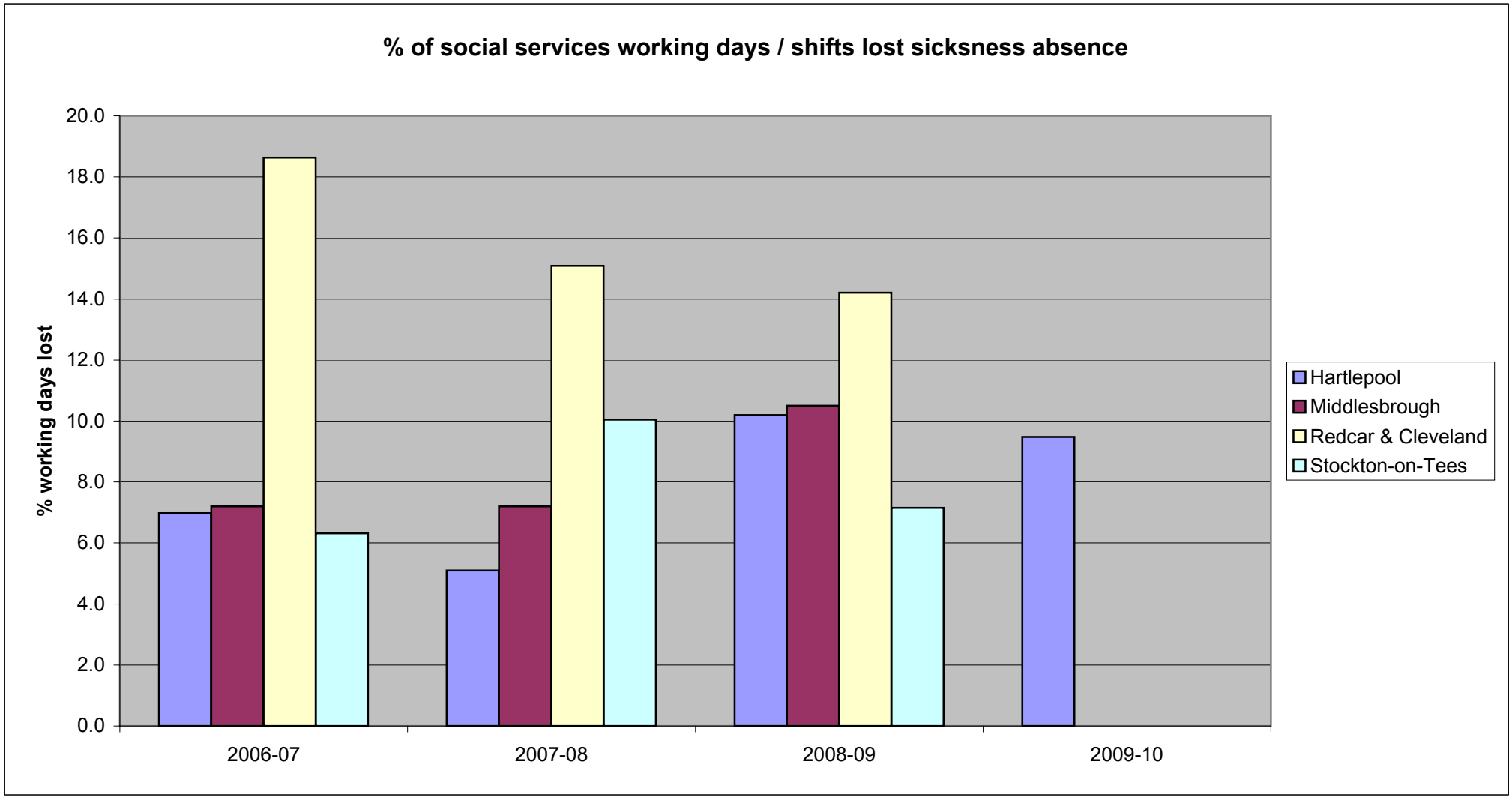


YEAR	TOTAL COMPLAINTS	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	14		
2008-2009	13	-1	-7.1%
2009-2010	28	15	115.4%

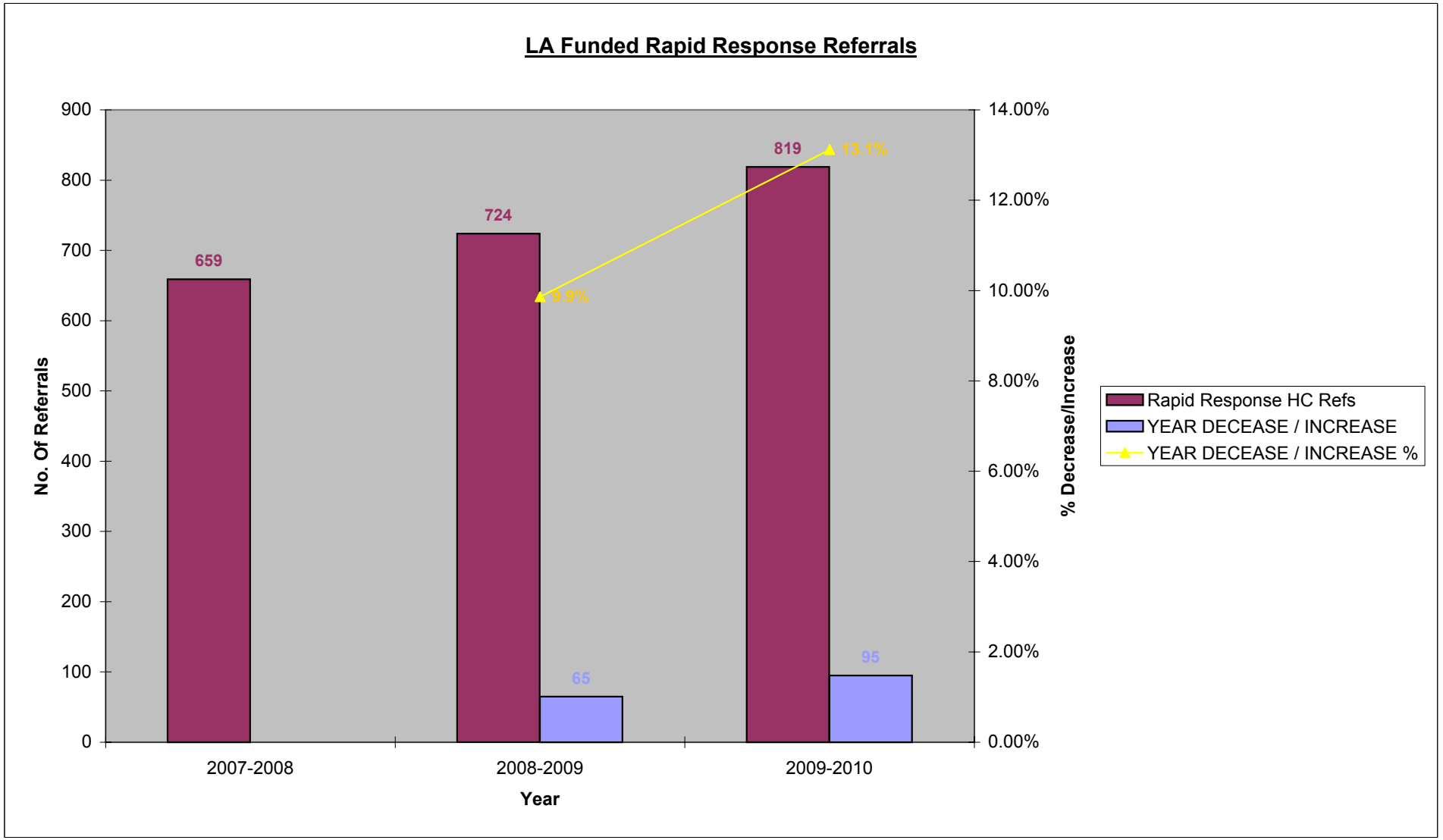


Percentage of Social Services working days / shifts lost to sickness absence during the financial year (adult services).

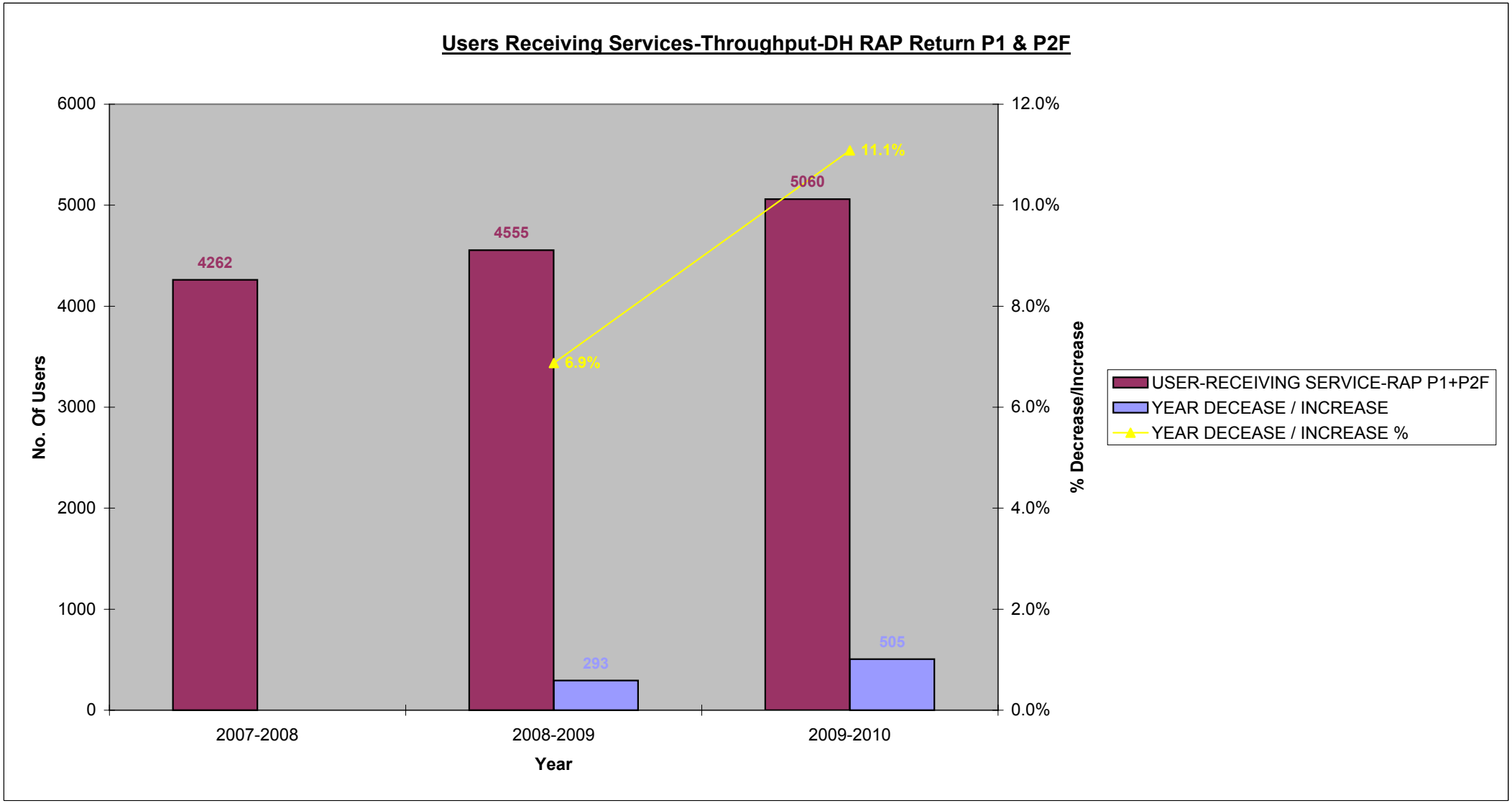
	2006-07	2007-08	2008-09	2009-10
Hartlepool	7.0	5.1	10.2	9.48
Middlesbrough	7.2	7.2	10.5	
Redcar & Cleveland	18.6	15.1	14.2	
Stockton-on-Tees	6.3	10.1	7.2	



YEAR	Rapid Response HC Refs	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	659		
2008-2009	724	65	9.9%
2009-2010	819	95	13.1%



YEAR	USER-RECEIVING SERVICE-RAP P1+P2F	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	4262		
2008-2009	4555	293	6.9%
2009-2010	5060	505	11.1%



YEAR	USER-RECEIVING SERVICE-RAP P1+P2F-COMMUNITY	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	3818		
2008-2009	4122	304	8.0%
2009-2010	4652	530	12.9%

YEAR	USER-RECEIVING SERVICE-RAP P1+P2F-RESIDENTIAL	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	751		
2008-2009	707	-44	-5.9%
2009-2010	594	-113	-16.0%