ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

DECISION SCHEDULE

HARTLEPOOL BOROUGH COUNCIL

Monday 28 March 2011

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**

1.1 Connected Care Developing the Business – *Director of Child and Adult Services*

2. **OTHER ITEMS REQUIRING DECISION**

2.1 Revision of 2011 / 2012 Fees & Charges – Public Protection – *Assistant Director, Regeneration and Planning*
2.2 Section 18 Standard for Health and Safety Enforcement – *Assistant Director, Regeneration and Planning*

3. **ITEMS FOR INFORMATION**

3.1 Local Autism Action Plan – *Director of Child and Adult Services*
3.2 Enablement and Support Services for People with Forensic Backgrounds *Director of Child and Adult Services*
3.3 Learning Disability Performance and Health Assessment Framework – *Director of Child and Adult Services*
3.4 Briefing on "No Health Without Mental Health" – The New Strategy for Mental Health in England – *Director of Child and Adult Services*

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

No items.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
28 March 2011

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Child & Adult Services

Subject: CONNECTED CARE: DEVELOPING THE BUSINESS.

SUMMARY

1. PURPOSE OF REPORT

This report provides an overview of Connected Care in Owton Ward and the development of Who Cares (NE), a community interest company (CIC), to commission services for the people living in Owton.

Connected Care's three year contract ends in March 2011. This report evaluates the success of the model and recommends that a further 2 year contract should be extended to fund a pilot project to enable the services to be rolled out and evaluated across the borough.

The report seeks to secure an exception to the contract procedure rules that require a contract valued over £100,000 to go through a tender procurement process.

2. SUMMARY OF CONTENTS

Connected Care is a model which seeks to address fragmented service provision and provide local services that are co-designed and produced by local people and rooted in their local communities.

In 2008 Connected Care went live with a small team of navigators who work with people using low-level interventions and linking them to more specialist services when required.

In 2010 a community interest company (CIC) Who Cares (NE) was set up to develop and commission services to support the people in Owton to live more independently and achieve a better quality of life. The CIC has a Board of Directors drawn from local organisations that have a wealth of experience in developing local community services. Connected Care is embedded in Manor Residents Association, a thriving social enterprise with over 20 years experience of developing local services. It

has deep roots and strong networks into the community and an understanding of what is needed.

Connected Care has been funded by the Department of Health (DoH) as a pilot project as well as Hartlepool Borough Council (HBC), Primary Health Trust (PCT), Housing Hartlepool, Neighbourhood Regeneration Funding (NRF) and a range of funding drawn in by the CIC. Work is currently underway with the London Schools of Economics (LSE) to complete a cost benefit exercise in respect of the money that Connected Care saves a whole range of organisations through its early intervention model.

The services offered by Connected Care and the CIC include:

- A team of navigators working with people on a range of issues and providing timely support to prevent escalation of their difficulties that would require more costly intervention.
- A magazine 'Who Cares' which reaches every home in the Ward
- A handyperson repair service
- Outreach sessions at the local Primary Care Centre
- A Time Bank where people share their skills
- Future Jobs Fund helping people into training and jobs
- A Benefits and Welfare Advice service
- Partnership with Accent Foundation Trust to refurbish flats and support vulnerable young people with their tenancies
- Supported Access to Independent Living Services (SAILS) service providing support to vulnerable older people at home.

Several external evaluations of Connected Care in the last 2 years have all been positive, feedback from local people using the service is excellent and, in April 2009, HBC Scrutiny Forum recommended the roll-out of Connected Care across the town 'as a positive way of helping reach families that would not normally interact with either the Council or engage with health services'

Connected Care has been recognised with a major national award from 'In Control' in respect of being an excellent model of community work that encourages community engagement and participation.

Connected Care has applied to be a "Local Inclusion Lab" (a Cabinet Office Project to tackle multiple disadvantages in the context of the Big Society, efficiency and reform). If successful this will enable Connected Care to draw in further funding, a Community Organiser and business planning skills as well as expertise to evaluate the roll out of Connected Care across the borough. The project runs for 6 months from April – October 2011.

Connected Care is due to be rolled out to the rest of the borough over the next 2 years. Funding is in place from HBC and the PCT to enable this development for the core navigator service. The CIL is drawing in income from Housing Hartlepool, Northern Rock and various other organisations to support the low level services. The intention is to put in place a 2 year pilot enable the roll out of the Connected Care model across Hartlepool. The pilot would be funded from a recurrent PCT/LA budget as well as from re-ablement funding coming over to the council in April 2011.
Connected Care is a model which delivers low-level interventions that prevent or delay the need for more costly services if current needs are left to deteriorate. *This is a cost-effective service that meets the requirements for prevention and reablement, keeping people living independently in their own homes and connected to their communities*. Many people who receive support from Connected Care subsequently become volunteers to give back something to the local community which was there when they needed support. Connected Care is well placed to deliver the roll out of this service across Hartlepool.

This model is founded on effective partnerships and merged funding streams from HBC, NHS, Housing Associations and a range of other sources. It is a model that works and, for that reason, an exemption to the current contract procedure rules that requires a Tender exercise to be used for all contracts over the value of £100,000 is recommended. *The exemption request is based on the recommendation that the 2 year roll out is a pilot project to evaluate the roll out of Connected Care across the borough. Funding for this pilot project would be drawn from £200,000 recurrent PCT/LA sources and £480,000 from the reablement funding for 2011-2013.*

The Connected Care model meets the objectives of localism, the Big Society, place-based funding and empowering local communities.
Over the next few months Connected Care/ Who Cares (NE) will be, together with a number of organisations from the Community and Voluntary sector (CVS), exploring the possibility of putting together a joint bid to take over some of the local authority's community centre buildings. Asset transfer would facilitate the development of hubs from which Connected Care could develop the business within local community settings in the North and Central areas of Hartlepool.

3. RELEVANCE TO PORTFOLIO MEMBER

Information on the success of Connected Care and the CIC in delivering its objectives together with developmental proposals for the next 2 years which will require an exemption to the current contract procedure of tendering for a contract whose value is in excess of £100,000.

4. TYPE OF DECISION

Key Decision – Test (i) and (ii) apply – Forward Plan Reference CAS 88/11.

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 28 March 2011

6. DECISION REQUIRED

- Exempt CC from the current procedure of tendering for a contract whose value is in excess of £100,000. This will enable Connected Care, as a pilot project to secure funding which will pump prime the roll out of Connected Care and the CIC across Hartlepool over the next 2 years.
- Continue the Handyperson service for three years to enable this valuable service to continue to support vulnerable and older residents across Hartlepool.

Report of: Director of Child & Adult Services

Subject: CONNECTED CARE: DEVELOPING THE BUSINESS

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1. PURPOSE OF REPORT

1.1 This report provides an overview of Connected Care in Owton Ward and the develop of Who Cares (NE) a community interest company (CIC), to commission services for the people living in Owton.

1.2 Connected Care's three year contract ends in March 2011. This report evaluates the success of this model and recommends that the contract be awarded to Connected Care as a pilot for a further 2 years to enable the model to be rolled out across the borough.

1.3 It is recommended that, as a pilot, the Connected Care service is exempted from the contract procedure rules that require a contract valued in excess of £100,000 to go through a tendering process. The Connected Care model is founded on effective partnerships and merged funding streams from Hartlepool Borough Council, the NHS, Housing Associations, Northern Rock and a range of other agencies. It is a model that works and meets the objectives of localism, Big Society, place-based funding and empowering local communities.

1. BACKGROUND

2.1 Connected Care was developed following a community-led audit in Owton Ward which highlighted the fragmented nature of services and the problems this caused people trying to access them. The audit identified what people wanted from services: good information, choice, local services delivered by a local workforce and outcomes that made a positive difference to the lives of people in Owton Ward.

2.2 Connected Care is an innovative model of service delivery which aims to bridge the gap in adult social care and health provision while ensuring that local communities directly influence the development of services:

- Breaking down the barriers between organisations
- Putting people in control of the services they need
- Involving people in the design and delivery of services
- Bringing services and communities together to provide webs of support.

2.3 Connected Care is able to support people who may not meet the FACS criteria and this contributes to prevention and early intervention initiatives which support people before they require more costly, secondary services.

2.4 Connected Care went live towards the end of 2008 with a small team of navigators who work with people using low-level interventions and linking them to more specialist services when required. The navigators work with people on a range of issues including debt, poverty and family welfare, volunteering, employment, health and social care, housing, mediation, home safety and bereavement.

A magazine 'Who Cares' is produced on a quarterly basis and reaches every home in Owton.

In the last 18 months, the navigators have supported over 1200 people to resolve their problems. A significant number of people who have been supported by Connected Care subsequently end up volunteering to put something back into the community which was there for them when they needed help.

2.5 In 2010 a Community Interest Company (CIC) Who Cares (NE) was established to develop and commission services to support the people in Owton to live independently and achieve a better quality of life. The CIC has a Board of Directors drawn from local organisations that have a wealth of experience in developing local community services. It has deep roots and strong networks into the community and an understanding of what is needed.

2.6 Core funding for the navigator service over the last 3 years has been provided by Hartlepool Borough Council, the Primary Care Trust and the Working Neighbourhood Fund with start-up costs being funded by the Department of Health 'Pathfinder' Pilot. The CIC has levered in funds from a range of organisations such as Housing Hartlepool, Accent Foundation Trust and Northern Rock.

2.7 In 2010 Connected Care was recognised with a major national award from the national charity 'In Control' in respect of being an excellent model of community work that is both innovative and successful at addressing people's needs at a community level.

Feedback from people who use the Connected Care Services and detailed outcomes from case studies evidence that local residents find the services accessible, approachable, efficient and helpful in joining up services and helping people access support in a timely way. The independent evaluation by Durham University of Connected Care services, a two year study concluding in early 2010, found that preventative work is being achieved. Access, choice, information, continuity and co-ordination (the outcomes requirements from the community-led audit in 2006) are met by the navigator service.

A second evaluation, independently commissioned by the Regeneration Services of Hartlepool Borough Council, reached the following conclusions:

- Connected Care embodies the Community Strategy's principles of effective partnership working, involvement and inclusion. It has a cross-cutting impact across all of the strategy's aims and is at the forefront of local service providers' approaches to Health and Wellbeing Agenda and
- "Connected Care has improved access to services and delivered a range of outcomes for residents in Owton Ward. It connects strategically and operationally with service providers and has established commitment to secure its immediate future" (Independent Consultants Report, 2009).

2.8 Connected Care contributed to the Hartlepool Health Scrutiny Forum in 'Hard to Reach Families' in early 2009. The findings of the Scrutiny Forum were '*that the Connected Care programme be rolled out across the town as a positive way of helping reach families that would not normally interact with either the Council or engage with health services*'

3. CURRENT SERVICES

3.1 The services offered by Connected Care and the CIC include:

- **Navigators** working with people to resolve their problems and in partnership with other providers to influence and improve services. Regular outreach sessions at the Intra Health Primary Care Centre have resulted in a significant number of people registering with a local GP.
- **Handyperson service** that works in partnership with Housing Hartlepool, the Owton and Rossmere Neighbourhood Action Plans and Hartlepool Borough Council. The service has now been rolled out across the town and provides low level adaptations together with a range of practical assistance for older people and people with disabilities. Over 549 people have received services with 251 jobs being completed for people in the last three months. In excess of 40 new clients are seen each month. The demand for this service has seen a rapid growth over the last four months since taking on the local authority contract in October 2010. Occupational therapists refer directly into the service. 54% of users of this service have submitted feedback and comments on the quality of the service and the work undertaken is excellent. Comments, cards and letters are kept on file and provide evidence of the value provided by this service.

- **Time Bank**, developed in 2010, currently has approximately 25 members and 800 hours time-banked. People share their skills which affirm their self-worth and confidence as well as building social capital and community cohesion.
- **Supporting Access to Independent Living Services (SAILS)** currently has approximately 60 people on the programme who are being helped to live independently in their own homes. A range of services are provided including meals, gardening, dog walking and a call back service. This project is run by volunteers with 600 meals delivered and 215 call-backs completed each month. There is a growing demand for this service and clear evidence that it contributes to the delivery of social preventative care for older residents in respect of prevention/delay of entry to residential care, hospital admissions and readmissions. Connected Care is working with health and other local providers to identify potential and emerging funding streams for this valuable service.
- **Benefits and Welfare Advice service** employing a dedicated advice worker and having, to date, assisted 1290 clients and levered in £200,000 in unclaimed benefits.
- **Supported Accommodation Project** for young people designed to achieve positive outcomes for vulnerable young people aged 18-24 years old. This project draws together key partners: Northern Rock Foundation, Manor Residents Association, Connected Care and the CIC, Accent Foundation and Hartlepool Borough Council.
- 37 flats, due for demolition, because the area had become a centre for drugs, crime and vandalism, are being refurbished.
- The project comprises 8 one-bedroom flats, a 2 bedroom house and a 'crash-pad' for emergency use as well as on site office facilities. Connected Care provides a flexible service to the vulnerable young residents including welfare advice, adult education and employment support and assistance to develop independent living skills and sustain their tenancies. The area has been turned round and is a success story for community regeneration.

4. BUSINESS PLAN 2011 – 2013

4.1 Over the next 2 years Connected Care and the CIC will:

- Acquire charitable status for the CIC to increase its ability to compete for a range of funding resources
- Expand the work undertaken with partner agencies to maintain both care navigation and project services
- Maintain a flexible approach that enables an effective response to changing circumstances and the expected growth in demand. This will be achieved by:

- Maintain flexibility in job roles and responsibilities.
- Grow the volunteer base.
- Identify and responding to new and emerging funding streams.
- Work with partners to deliver cost effective services that provide positive outcomes for people.
- Continue improving the services delivered by Connected Care and the CIC including working towards both the MATRIX standard for Advice and Guidance and the Legal Services kite mark for benefits and advice provision.
- Explore business opportunities and potential income sources to be accessed and delivered via the CIC.
- Continue to work with the London School of Economics (LSE) to evidence the savings made through the provision of Connected Care Services.
- Continue to develop the CIC as the commissioning and business development arm of Connected Care.
- Diversify the numbers of funding streams to both maintain and expand provision.
- Incrementally develop and roll out Connected Care, as a PILOT project, across the central and north areas of Hartlepool.
  Connected Care and MIND have recently completed an audit of the Burbank area of Hartlepool – report to be published spring 2011. Information from the audit will be utilised as a basis from which to develop the services identified by people as appropriate to Central Hartlepool.
- Develop a relationship with the emerging GP commissioning consortia to promote Connected Care as a cost-effective investment. *The increasing focus on prevention, early intervention and re-ablement services that delay or prevent admission / readmission to hospital is an agenda that Connected Care is well placed to deliver*.
- Explore, in partnership with a range of Community and Voluntary organisations (CVS), the potential to develop a joint bid to take over some of the local authority's community centre buildings. Asset transfer would facilitate the development of hubs from which Connected Care /Who Carers (NE) could develop the business within local community settings in the North and Central areas of Hartlepool.

5. FINANCIAL IMPLICATIONS 2011-2013

5.1 Hartlepool Borough Council and the Primary Care Trust will support Connected Care as a 2 year pilot with the following funding:

- £680,000 in total over two years which will comprise £200,000 from recurrent PCT/LA monies and £480,000 from the £1.3 million reablement funding that is being made available 2011-2013.

- The CIC will draw in additional income from a range of sources including Housing Hartlepool and Accent Foundation. There will also be the potential for maximising income generation through personal budgets, personal health budgets and the GP commissioning consortia. The work being completed by the London School of Economics (LSE) to evidence the cost savings utilised by low-level/preventative interventions will be useful in advocating for funding from a range of agencies ie community safety, education and children's services.

- If Connected Care is successful in being chosen as a "Local Inclusion Lab" (a Cabinet Office sponsored project lasting 6 months from April – October 2011. This project will look at resolving multiple disadvantages in the context of the Big Society, efficiency and reform) there will be opportunities for some limited funding, a Community Organiser, business planning skills expertise and support to evaluate the roll out of Connected Care/ Who Cares (NE) across the borough. Rolling out Connected Care across the borough during this period, if successful in the application process, will maximise the learning and evaluation. Conversely, failure to put a pilot project in place to roll out the model from April 2011 will mean that the potential advantages and learning opportunities arising from the Inclusion Lab will be lost.

- Following a meeting with Dr Posmyk, Dr Wood, PCT commissioners, Gerald Wistow and Connected Care on 22nd February 2011 it has been agreed that Connected Care will be part of the Pathfinder application that is being submitted by the nascent GP Commissioning Consortia.

6. EXEMPTION FROM CURRENT CONTRACT PROCEDURES

6.1 Connected Care is a model which delivers low-level interventions that prevent or delay the need for more costly services if current needs are left to deteriorate. This is a cost-effective service that meets the requirements for prevention and re-ablement, keeping people living independently in their own homes and connected to their communities.

Connected Care is well placed to deliver the roll out of this service across Hartlepool over the next 2 years. This model is founded on effective, established partnerships and merged funding streams from Hartlepool Borough Council, PCT, Local Housing Associations and a range of other funding sources. It is a model that is unique and has been built upon and rooted in the local community organizations which have dense networks, deep roots and a wealth of experience in growing local services and attracting resources, funding and volunteers. Connected Care is well placed to contribute to helping keep people at home and out of hospital as well as supporting them when they return home from hospital.

It is a model that works and which could not be replicated by a tender exercise.

7. RECOMMENDATIONS

It is recommended that:

1. An exemption to current contract procedure rules are waived so that Connected Care and the CIC can build on their current success and continue, as a 2 year pilot, to roll out this model of service provision to the central and north areas of Hartlepool. The pilot would be subjected to rigorous evaluation over this 2 year implementation period.

2. The Handyperson services contract continues for a further two years and continues to work across the borough of Hartlepool.

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ADULT & PUBLIC HEALTH SERVICES

Report to Portfolio Holder
28th March 2011

HARTLEPOOL BOROUGH COUNCIL

Report of: Assistant Director Regeneration & Planning

Subject: REVISION OF 2011 / 2012 FEES & CHARGES – PUBLIC PROTECTION

SUMMARY

1. PURPOSE OF REPORT

To consider the annual review of fees and charges in respect of services, licences and registrations undertaken by the Public Protection section of the Regeneration & Planning Division.

2. SUMMARY OF CONTENTS

The report sets out the services, licences and registrations undertaken under various enactments, together with current and recommended fees for 2011/2012.

3. RELEVANCE TO PORTFOLIO MEMBER

Portfolio Holder has responsibility for functions within Public Protection, to which these charges apply.

4. TYPE OF DECISION

Non key.

5. DECISION MAKING ROUTE

Portfolio Holder decision.

6. DECISION(S) REQUIRED

To agree the fees and charges for 2011/2012 to be implemented from 1 April 2011.

Report of: Assistant Director Regeneration & Planning

Subject: REVISION OF 2011 / 2012 FEES AND CHARGES – PUBLIC PROTECTION

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1. PURPOSE OF REPORT

1.1 To consider the annual review of fees and charges in respect of services, licences and registrations undertaken by the Public Protection section of the Regeneration & Planning Division.

2. BACKGROUND

2.1 Charges for the various services offered by the Public Protection section have been subjected to the annual review. The review has considered both the services provided to clients and the Council's financial position (including the 2011/12 budget process) and charges made for similar services across the Tees Valley.

3. PROPOSALS

3.1 The suggested charges for 2011 / 2012 are set out as **Appendix 1**, with the current year's figures in brackets.

3.2 Suggested increases in charges are based on:

(i) an average rise of 2.5%; or

(ii) a more accurate reflection of staff resources being utilised; or

(iii) bringing charges into line with other Authorities.

3.3 Charges have generally been rounded off to the nearest pound where appropriate and are exclusive of VAT.

3.4 Based on current service operation the increase in fees will achieve gross additional income of £8,800 However, costs including staff costs have also increased in proportion.

4. SEX ENTERTAINMENT VENUES

4.1 At its meeting on 14th April 2011 Council will be asked to approve the adoption of a new legislative framework that would introduce new licensing requirements for premises that regularly offer sexual entertainment to its customers.

4.2 Should Council agree to the introduction of these new controls, it will be necessary to consider what fees should be charged in respect of the consideration and granting of licence applications.

4.3 Premises that wish to be licensed as a Sex Entertainment Venue (SEV) will continue to require a Licensing Act premises licence that authorises the supply of alcohol and the provision of other forms of entertainment that are not of a sexual nature.

4.4 The consideration of an application for a SEV licence will require the Council to undertake a process of consultation and, due to the nature of the entertainment being requested, objections should be anticipated. Where objections are received the matter would be referred to a licensing sub-committee for consideration.

4.5 Due to the significant amount of work required to process a new application it is proposed that the licence fee be set at a sufficiently high level so as to cover Council costs.

4.6 However, once an initial decision has been taken to grant a licence the level of work required to renew that licence on an annual basis would reduce and, as such, it is proposed that the renewal fee be set at a lower level.

4.7 The proposed SEV fee structure is detailed below and is based on the current Licensing Act 2003 fees which are linked to the rateable value of the premises. As stated earlier, SEV fees will be in addition to other fees already due and therefore represent additional income.

4.8 Finally, there is one premises in Hartlepool that currently operates as a lap dancing club and would require an SEV licence should Council choose to adopt the legislation. The premises in question – *The Little Black Book* in Whitby Street – has been operating for more than two years and appears to be well run with little or no crime and disorder associated with it.

4.9 As this premises is already well established it is suggested that it does not require the level of consultation and consideration that a brand new application would warrant and therefore it would be appropriate to regard it as a ‘renewal’ rather than a new application and, as such, it would be liable to the ‘renewal’ fee rather than the higher ‘new application’ fee.

Rateable Value	New Application Fee	Renewal application	Variation of Licence	Transfer of Licence
No rateable value to £4,300	£500	£100	£100	£70
£4,301 - £33,000	£500	£190	£190	£70
£33,001 - £87,000	£850	£315	£315	£70
£87,001 - £125,000	£850	£450	£450	£70

5. RISK

5.1 There is a risk that the number of licences issued by the Authority may fall due to increased fees, resulting in reduced income and increased enforcement, however, the basis of the charges outlined in section 3.2 represents a reasonable assessment which can be justified to the various service users.

5.2 Several of the charges under consideration are statutory fees and therefore increased in line with the national requirement.

6. RECOMMENDATIONS

6.1 To agree the fees and charges for 2011 / 2012 to be implemented from 1 April 2011.

7. CONTACT OFFICER

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APPENDIX 1

LICENCES, REGISTRATIONS AND SERVICES

1.	**PET ANIMALS ACT 1951**	£126 (£123) plus any veterinary surgeon's fee where such an inspection is considered necessary.
	ANIMAL BOARDING ESTABLISHMENTS ACT 1963	£126 (£123) plus any veterinary surgeon's fee where such an inspection is considered necessary.
	THE BREEDING OF DOGS ACT 1973	£126 (£123) plus any veterinary surgeon's fee where such an inspection is considered necessary for 0-5 breeding bitches, £170 (£165) for 6-10 breeding bitches, Pro-rata for over 10 breeding bitches.
	SLAUGHTER ACT 1974	£50 (£50) Licence to slaughter animals.
	RIDING ESTABLISHMENTS ACT 1964 AND 1970	£126 (£123) plus any veterinary surgeon's fee where such inspection is considered necessary.
	PERFORMING ANIMALS	£126 (£123)
	DANGEROUS WILD ANIMALS ACT 1976	£126 (£123) plus any veterinary surgeon's fee where such inspection is considered necessary.
	VARIATION OF LICENCE	£58 (£57) plus any veterinary surgeon's fees where such inspection is considered necessary.

2.	**COPY OF ANY LICENCE**	£45 (£40) unless cost of copy is a statutory fee.

3.	**FOOD SAFETY ACT 1990**	
	'Export' Certificates	£70 + VAT (£67)
	Food Condemnations	
	- Certificate and removal	£80 + VAT (£77) for up to 1 hour - additional time at £42/hr (£40). Plus the costs incurred by the Department for removal.
	- Certificate only	£63 + VAT (£60)
	Level 2 Award in Food Safety	£55 + VAT (£52) – In line with Adult Services

FOOD SAFETY ACT 1990 (continued)

Level 3 Award in supervising food safety in catering	£198 (£195)
Tees Valley Food Hygiene Award Re-Rating visit	£150 (£150) (Tees Valley Fee)

5. **LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT, 1982**

Acupuncture, tattooing, ear piercing, electrolysis

- premises	£126 (£123)
- person	£63 (£62)

6. **SEX ESTABLISHMENT**

New licence	£1280 (£1250)
Renewal	£370 (£360)

7. **STATEMENT OF FACT**

£110 for up to 2 hours officers time	
Cost /hr thereafter	£55 (£52)

8. **LOCAL GOVERNMENT (MISC. PROV.) ACT 1976**

Hackney Carriages and Private Hire Licences:

Hackney Carriage Vehicle	£245 plus vehicle inspection fee (approx £65) = £310
Hackney Carriage Driver	£67 (£67)
Private Hire Vehicle	As Hackney Carriage
Private Hire Driver	As Hackney Carriage
Dual Driver	£95 (£95)
Transfer of Vehicle ownership	£30 (£30)
Replacement Vehicle	£70 (£70)
Renewal of Backing Plates	£30 (£30)
Knowledge Test Re-test (and non appearance)	£20 (£20)
Replacement drivers badge	£10.50 (no previous charge)
Replacement roundals	£5 each (no previous charge)

Private Hire Operators

£310 plus £10 per vehicle Max £550 (£300 plus £10 per vehicle Max £500)

9. **STREET TRADING**

All fees include a £50.00 non-refundable application charge, which will be retained by Hartlepool Borough Council, should an application be refused or withdrawn.

Street Trading Consents	0500 hrs – 2100 hrs (1800 hrs)		2100 hrs – 0500 hrs	
Annual	£1150	(£1120)	£2300	(£2240)
Half Yearly	£690	(£672)	£1380	(£1345)
Monthly	£175	(£170)	£350	(£340)
Weekly	£118	(£115)	£235	(£230)
Daily	£60	(£58)	£120	(£115)
Street Trading Licence				
Weekly	£118	(£115)		
Daily	£60	(£58)		

Where attending Thursday open market, Farmers Market or Maritime Festival, the above fee will not be charged as it is covered in the existing charges.

10. **LICENSING ACT FEES AND CHARGES (Statutory Fees)**

Band	**Rateable Value**	**Variation Fee and New Applications**	Annual Fee
A	No rateable value to £4300	£100	£70
B	£4301-£33000	£190	£180
C	£33001-£87000	£315	£295
D	£87001-£125000	£450	£320

MINOR VARIATION FEE £89

LICENSING ACT FEES AND CHARGES (Statutory Fees)

D*	See Note 1 below	£900	£1000	£900	£640
E	£125001 and above	£635	£755	£635	£350
E*	See Note 2 below	£1905	£2025	£1905	£1050

Note 1: For premises that have a band D rateable value (as detailed above) and which are used exclusively or primarily for the supply of alcohol for consumption on the premises, the licence fee is doubled.

Note 2: For premises that have a band E rateable value (as detailed above) and which are used exclusively or primarily for the supply of alcohol for consumption on the premises, the licence fee is multiplied by a factor of three.

Note 3: For large events, where the expected attendance will be greater than 5,000, an additional fee may be payable. Please contact the Council's Licensing Team for more details.

11.	**POISONS ACT, 1972**	
	Initial Registration	£64 (£62)
	Re-registration	£38 (£36)
	Change of details to register	£30 (£28)

12.	**MANUFACTURE & STORAGE OF EXPLOSIVES REGULATIONS 2005** (Fee set under the Health & Safety (Fees) Regulations 2010) (Schedule 8, Part 2)	
	Initial Registration of premises	£105 (£103)
	Renewal of Registration	£52 (£51)
	Initial Licence to store	£178 (£175)
	Renewal of Licence	£83 (£82)
	Variation, transfer or replacement	£35 (£34)

13.	**FIREWORKS ACT 2003**	
	Licence to Supply	£500 (Statutory Fee)

14.	**PETROLEUM CONSOLIDATION ACT 1928** Fees set under Health and Safety (Fees) Regs 2010	
	Fee for less than one year or for two years and three years are pro-rata of the current fee	
	Licence to keep petroleum spirit of a quantity not exceeding 2,500 litres	£42 (£41)
	Licence to keep petroleum spirit of a quantity 2,500 litres, not exceeding 50,000 litres	£58 (£57)
	Licence to keep petroleum spirit of a quantity exceeding 50,000 litres	£120 (£118)
	Transfer of licence	£8 (£8)

15.	**MOTOR SALVAGE OPERATORS LICENCE**	£70 (Statutory Maximum Fee)

16. **LOTTERIES AND AMUSEMENTS (Statutory Maximum Fee)**

Registration Fee	£40
Annual Renewal	£20

17. **SAFETY OF SPORTS GROUNDS**

Issue	£530 (£520) This applies to new safety certificates so only new regulated premises would be affected.
Amendment	£165 (£160)

Rise above 3% is due to increased workload

18. **SHIP INSPECTION CHARGES**
(Ships Sanitation Certificates Statutory Fees)

APHA recommended standard charging regime – fees as at 1 January 2011.

Gross Tonnage		
Up to 1,000	£70	
1001 – 3,000	£105	(£100)
3,001 – 10,000	£160	(£150)
10,001 – 20,000	£210	(£200)
20,001– 30,000	£265	(£230)
Over – 30,000	£320	(£300)

With the exception of:

- Vessels with the capacity to carry between 50 and 1000 persons - £ 320 (**£300)**
- Vessels with the capacity to carry more than 1000 persons -£550 (**£500)**

Extra charges may be added for exceptional costs such as launch hire, lengthy journeys to the port or laboratories, out of hours visits and samples taken.

19. **GAMBLING ACT 2005**

Class of Premise	New Application (premises hold a Provisional Statement) Statutory Maximum	New Application	Annual Fee	Variation	Transfer	Licence Reinstatement
		£	£	£	£ Max	£ Max
Bingo	1200	1590 (1550)	690 (670)	1500 (1450)	1200	1200
Adult Gaming Centre	1200	1590 (1550)	690 (670)	1000 Max	1200	1200
Betting (Tracks)	950	1590 (1550)	570 (555)	1250 Max	950	950
Family Entertainment Centre	950	1590 (1550)	570 (555)	1000 Max	950	950
Betting (Other)	1200	1590 (1550)	530 (520)	1500 (1450)	1200	1200

20. **PEST CONTROL**

	Agreed as part of SDO
Domestic Premises	
Rats, mice,	No Charge
fleas (human), bed bugs and cockroaches	£30 per hour + materials + VAT
Other pests (including, wasps, fleas (animal related), moles, woodlice, silverfish, earwigs, etc):	£31 (£30) per hour + materials + VAT
Business Premises	
All pest control, regardless of species	£50 (£48) per hour + materials + VAT

21.	**THURSDAY OPEN MARKET**	Agreed as part of SDO
	Charge for standard pitch. (Plus proportional increases dependent on additional space used by traders).	£25 (£22)
	Charge during January and February for stall-holders with full attendance.	£18 (£16)
	Additional charge for casual traders for the 4 weeks running up to Christmas.	£5
	If holiday is taken or any other absence without notification a service charge will be levied.	£7 (£6)
	If payment is not received at the Civic Centre by 12 noon on market day, an admin charge will be made.	£6 (£6)

ADULT & PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
28 March 2011

HARTLEPOOL BOROUGH COUNCIL

Report of: Assistant Director Regeneration & Planning

Subject: SECTION 18 STANDARD FOR HEALTH AND SAFETY ENFORCEMENT

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder of the progress made in meeting the Council's statutory obligations under Section 18 of the Health and Safety at Work etc Act 1974 and to seek approval of an action plan to fulfil unmet requirements.

2. SUMMARY OF CONTENTS

The report gives details of the Council's statutory obligations under Section 18 of the Health and Safety at Work etc Act 1974, progress made in meeting the requirements and a proposed action plan to fulfil the unmet requirements.

3. RELEVANCE TO PORTFOLIO MEMBER

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

4. TYPE OF DECISION

Non key

5. DECISION MAKING ROUTE

Adult & Public Health Services Portfolio.

6. DECISIONS(S) REQUIRED

The Portfolio Holder is asked to note the progress made and to approve the proposed Action Plan.

ADULT & PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder

HARTLEPOOL BOROUGH COUNCIL

Report of: Assistant Director Regeneration & Planning

Subject: SECTION 18 STANDARD FOR HEALTH AND SAFETY ENFORCEMENT

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1. **PURPOSE OF REPORT**

1.1 The purpose of the report is to inform the Portfolio Holder of the progress made in meeting the Council's statutory obligations under Section 18 of the Health and Safety at Work etc Act 1974 and to seek approval of an action plan to fulfil unmet requirements.

2. **BACKGROUND**

2.1 Hartlepool Borough Council is designated as a Health and Safety Enforcing Authority under the Health and Safety at Work etc Act 1974 and has a statutory duty to enforce the Act in those premises allocated under the provisions of the Health and Safety (Enforcing Authority) Regulations 1998.

2.2 The primary purpose of the Health and Safety at Work Act 1974 is to control risks from work activities. The role of the enforcing authorities is to ensure that duty holders manage and control these risks and thus prevent harm to employees and to the public.

2.3 Section 18(4) of the Health and Safety at Work etc Act 1974 puts a duty on the Health and Safety Executive (HSE) and local authorities to make 'adequate arrangements' for health and safety 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 with the Standard is mandatory.

2.4 The purpose of having adequate arrangements in place is:

- to deliver high-quality investigations and enforcement work;
- to effectively deliver a number of specific statutory duties and other obligations on behalf of the government;

- to have the right people, in the right place, at the right time, possessing the right skills, knowledge and behaviours and performing the right roles to make efficient use of the available resources in support of delivering health and safety objectives and wider community targets; and
- to be recognised as an effective and proportionate regulator.

2.5 The principles on which the Standard is based are set out in four parts:

1. To "make it happen" every Enforcing Authority shall……

   - set out their commitment priorities and planned interventions;
   - put into place the capacity, management infrastructure, performance management and information systems required to deliver an effective service and to comply with their statutory duties;
   - operate systems to train, appoint, authorise, monitor and maintain a competent inspectorate.

2. To "do it right" every Enforcing Authority shall…….

   - use intervention, including enforcement action, in accordance with their enforcement policy and within the principles of proportionality, accountability, consistency, transparency and targeting.

3. To "work together" every Enforcing Authority shall…..

   - work within their own organisation, in partnership with other Enforcing Authorities and with other regulators and stakeholders to make best use of joint resources and to maximise their impact on local, regional and national priorities.
   - actively contribute to liaison, policy and governance arrangements at a local, regional and national level.

4. To "sell the story" every Enforcing Authority shall….

   - promote sensible risk management as:

     i) ensuring that workers and citizens are properly protected;
     ii) providing overall benefit to society by balancing benefits and risks, with a focus on controlling real risks – both those which arise more often and those with serious consequences;
     iii) enabling innovation and learning, not stifling them;
     iv) ensuring that those who create risks manage them responsibly and understand that failure to manage real risks responsibly is likely to lead to robust action; and
     v) enabling individuals to understand that, as well as the right to protection, they also have to exercise personal responsibility.

   - Sensible risk management is not about:

     i) creating a totally risk free society;
     ii) generating mountains of useless paperwork;

iii) scaring people by exaggerating or publicising trivial risks;
iv) stopping important recreational and learning activities for individuals when the risks are managed or
v) reducing protection of people from risks that cause real harm and suffering.

2.6 Under the Health and Safety at Work etc Act 1974, the HSE has power to audit any local authority's health and safety enforcement service. Compliance with the Standard will be monitored initially through a system based on Self-Assessment and Peer Review. In exceptional cases, the HSE has the power to take over duties of persistently under-performing councils.

2.7 The Self-Assessment and Peer Review system consists of seven steps:-

a) Enforcing Authority self-assessment against S18 Standard using question sets to help determine level of implementation;
b) Enforcing Authority develops an Action Plan to overcome any deficiencies or put in place elements of best practice (progress reviewed annually);
c) Enforcing Authority records evidence of implementation where appropriate;
d) Enforcing Authority shares its Self-Assessment, Action Plan and supporting evidence with other Enforcing Authorities within their Liaison Group;
e) A peer review within the Liaison Group challenges the assumptions / conclusions reached by the Enforcing Authority and suggests any necessary revisions to the Action Plans;
f) Findings of the Self-Assessment / Peer Review and progress with Action Plans are reported to local Chief Environmental Health Groups;
g) Local Authority Unit gathers the review data and provides a report on implementation and issues for further consideration to HELA on an annual basis.

Self Assessment and Peer Review will be undertaken in full once every four years and progress on action plans reported annually.

2.8 To assist enforcing authorities HSE issued a toolbox containing guidance and criteria to be used to support the Self-Assessment and Peer Review process. By 31 March 2011 councils are expected to have:

- gone through the Self-Assessment,
- completed their Action Plan and started to deliver any necessary improvements and;
- have undertaken or planned for a peer review within their sub region.

3. SELF-ASSESSMENT AND PEER REVIEW

3.1 We have completed the Self-Assessment and consider ourselves broadly compliant with the S18 Standard. We have however identified a number of minor deficiencies which need to be addressed.

These are outlined below:

- Commitment, Priorities and Planned Interventions / Sensible Risk Management

  While the Council operates within the spirit of sensible risk management we have not formally pledged commitment to the Strategy 'Health and Safety of Great Britain' which encompasses the principles of the Sensible Risk Management Campaign. A copy of the Strategy is included as **Appendix 1**.

- Capacity

  Within the S18 Standard there is a requirement to assess whether there is sufficient capacity within the enforcing authority to undertake their statutory duties and to deliver an effective service.

  Whilst we have determined that with the existing compliment of staff we have adequate capacity to discharge our duty under the Standard we are facing unprecedented budget pressures. As each years Intervention / Service Plan is drawn up an assessment will need to be made to ensure that the Authority can continue to service its workload and fulfil its requirements under the Standard including:

  a) provide the necessary protection for employees and our local community;
  b) secure the required contribution to the national strategic priorities and related targets concerning reduction of workplace injury and ill health rates;
  c) accord with the principles of the Hampton Report and Better Regulation Executive report entitled 'Improving Outcomes of Health and Safety'

- Enforcement Policy

  Whilst we have an Enforcement Policy this is in need of review to reflect updated guidance and government priorities.

3.2 We have undertaken a Peer Review exercise with the other Tees Valley local authorities to compare and challenge our findings.

4. ACTION PLAN

4.1 An Action Plan has been drawn up to identify actions required to address the above deficiencies and we are working towards delivering the necessary improvements. A copy of the Action Plan is included as **Appendix 2**.

The actions required are summarised below:

1. The Council should make a formal corporate commitment to improving health and safety outcomes. It can do this by pledging commitment to the HSE's strategy, 'Health and Safety of Great Britain Be Part of the Solution', which encompasses the principles of sensible risk management.

   Pledging support for the Strategy will confirm the Council's commitment to the promotion and application of sensible risk management across all sectors. As an enforcing authority it is important that the Council takes a lead in pledging support for the policy. A copy of the pledge that the HSE is asking companies and organisations to sign is detailed below:

   We, the undersigned:

   - Agree to play our part in reducing the numbers of work-related deaths, injuries and ill-health in Great Britain.
   - Call on employers to put health and safety at the heart of what they do and to take a common sense approach to health and safety.
   - Commit to debunking myths around health and safety that trivialise the impact of injuries, ill health and deaths on individuals and their families.
   - Recognise the importance of health and safety in difficult economic times and the dangers of complacency.
   - Pledge to work with the Health and Safety Executive and its partners to Be Part of the Solution.

   Consultation has been undertaken with the Council's Health, Safety & Wellbeing Manager on pledging support to the principle of sensible risk management of health and safety. This is to ensure that the Council will also be meeting its corporate obligations as an employer in respect of health and safety legislation and as part of its Health and Safety Policy. The aim is to adopt a sensible risk management approach and accepting risks exist and managing them in a sensible and proportionate manner by concentrating resources on the higher risk activities.

2. As each years Intervention / Service Plan is drawn up an assessment will need to be made to ensure that the Authority can continue to service its workload and fulfil its requirements under the Standard. A statement of commitment to provide the required capacity shall be included in future plans.

3. The service's Enforcement Policy should be reviewed and updated. Work has already commenced and once it is completed a report shall be brought to the Portfolio Holder requesting approval of the new policy.

5. RECOMMENDATIONS

5.1 The Portfolio Holder is requested to:

(a) Note the new requirements placed on the Authority and the progress made in complying with the Standard and
(b) Agree the proposed Action Plan including approving that the Council should pledge commitment to the HSE's strategy, 'Health and Safety of Great Britain Be Part of the Solution'.

6. CONTACT OFFICER

6.1 Sylvia Pinkney
Public Protection Manager
Bryan Hanson House

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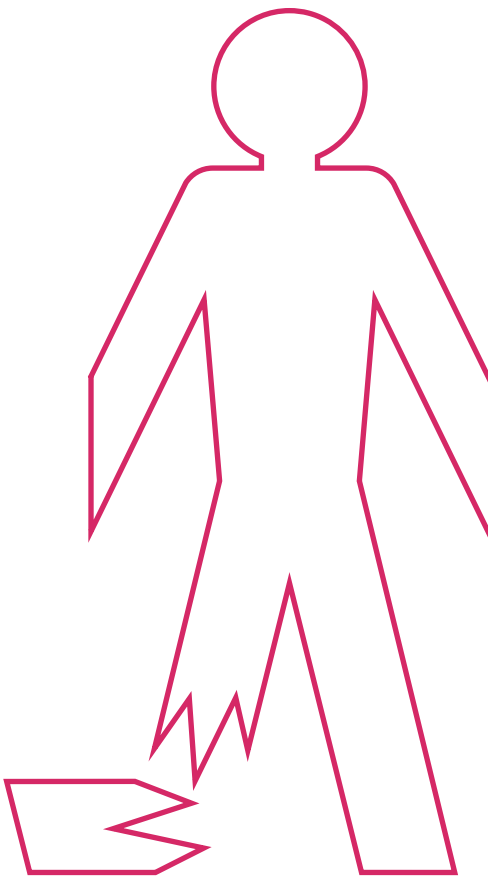
Email: sylvia.pinkney@hartlepool.gov.uk

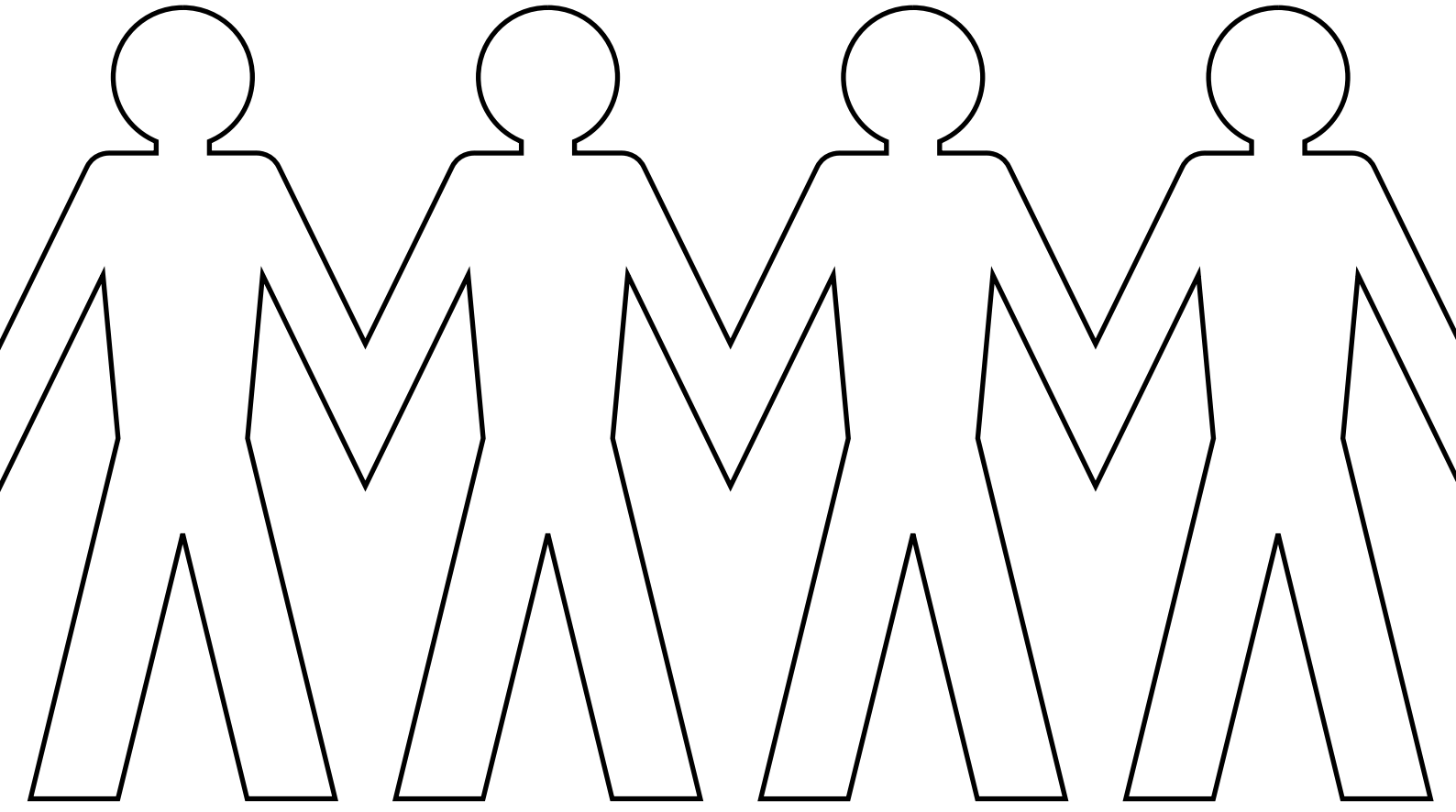
HSE

The Health and Safety of Great Britain \\ Be part of the solution



Our mission \\ The prevention of death, injury and ill health to those at work and those affected by work activities.

Contents

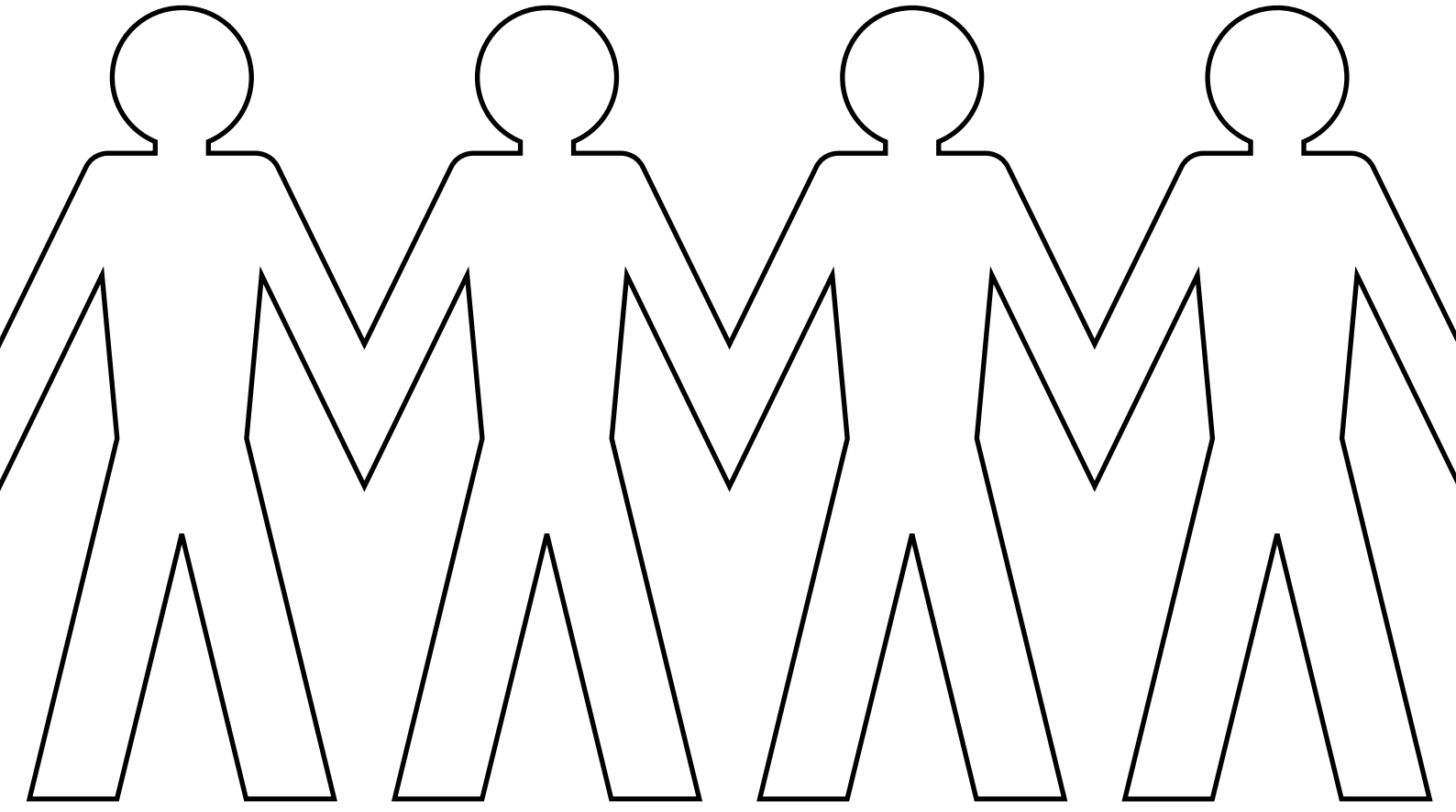


Our mission is to prevent death, injury and ill health in Great Britain's workplaces and we are seeking your support – for the strategy and by becoming part of the solution.

The improvements in Great Britain's health and safety performance over the last three decades are already a collective achievement we can all take pride in – and build on. The 1974 Health and Safety at Work etc Act and its underlying principles and philosophy provide us with a legislative framework that is adaptable and remains fit for purpose today.

When the new Board of HSE formed in April 2008 we decided to take the lead in developing a new strategy, which would build on the many strengths of what we already have, but would also recognise the many changes that continue to take place around us and which present new challenges for the health and safety system as a whole. The consultation process has evinced widespread support for our approach from all stakeholders and has enabled us to fine-tune the strategy to take account of the views expressed.

There is collective agreement that:
\\ We need renewed momentum to improve health and safety performance.
\\ We need to respond to a wide range of risks – from more small businesses, from new sectors and new technologies, as well as traditional industries and long-standing risks.
\\ We need to find new ways of engaging workforces in all workplaces of all shapes and sizes, using the knowledge we have gained from the past that properly involved unionised safety representatives achieved better health and safety performance.



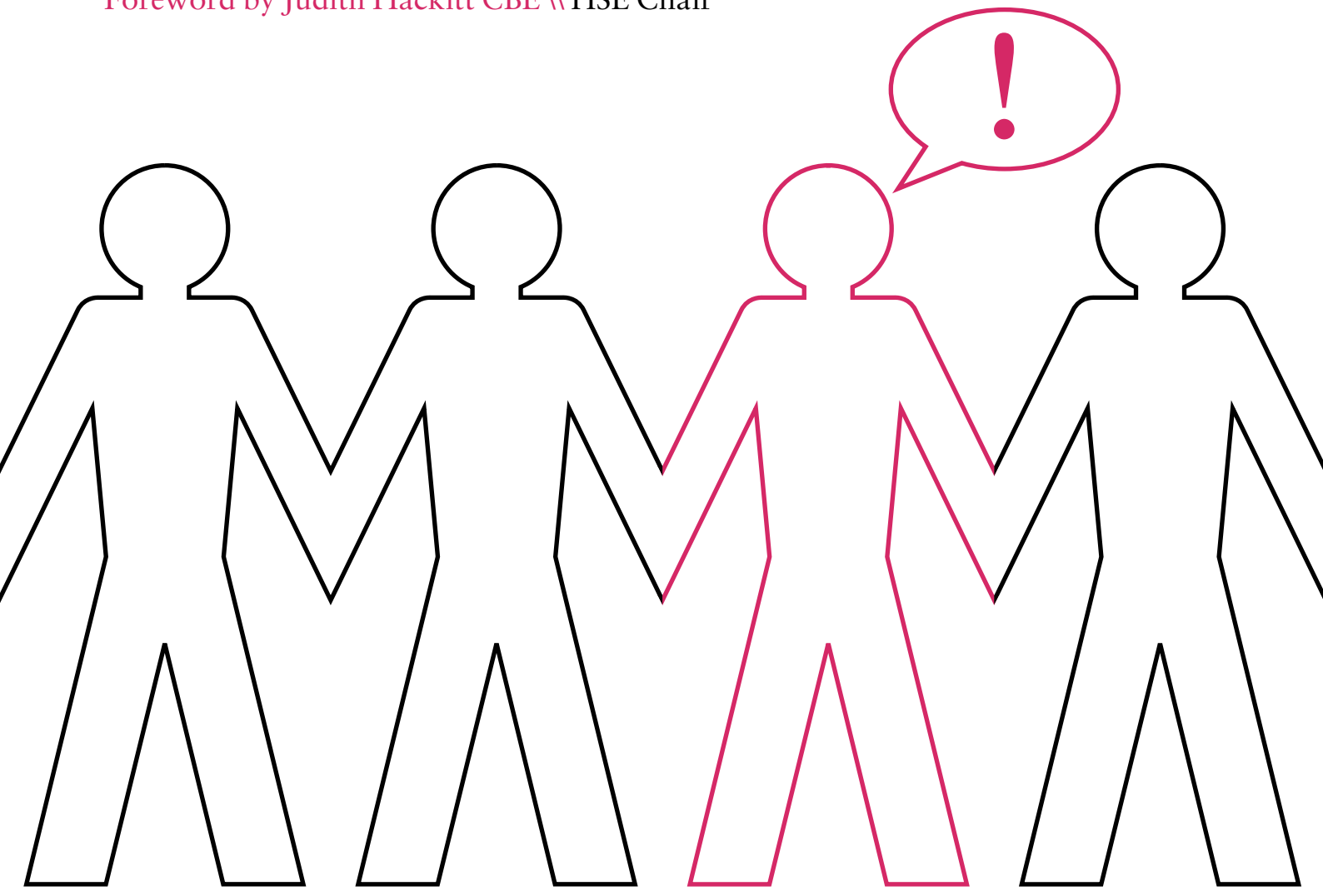
\\ We need leaders who are committed to promulgating a common-sense, practical approach to health and safety in their own organisations and throughout the supply chains they work with, motivated by the real business benefits, not exemption from regulatory scrutiny.
\\ We need to regain the value of the brand for what is real health and safety and challenge its devaluation as a synonym for unnecessary bureaucracy and an excuse for not doing things.

The strong co-regulator partnership between HSE and local authorities is integral to this strategy and to its delivery – but regulators cannot do it alone. We need everyone to play their part in delivering improved higher standards of performance in health and safety because it is delivery of this strategy that will count.

We will measure and report our progress, but we should be clear that we will be measuring the success of our collective efforts not just the role of the regulator.

You have told us that you support our approach, now let us work together to make this a truly shared mission and to realise the many benefits. Prevention of pain and suffering to people caused by work is the major driver for us all, but doing the right things the right way also delivers improved productivity, increased workforce commitment and enhanced reputation. In a world that is continually changing around us, the need for us all to work together to make this happen is constant.

Foreword by Judith Hackitt CBE \\ HSE Chair



Resetting the direction

The Health and Safety at Work etc Act 1974 established the simple yet enduring principle that those who create risk are best placed to manage it. The Act led to the setting up of the Health and Safety Commission (HSC) and the Health and Safety Executive (HSE) and established HSE and local authorities as joint enforcers of health and safety law.

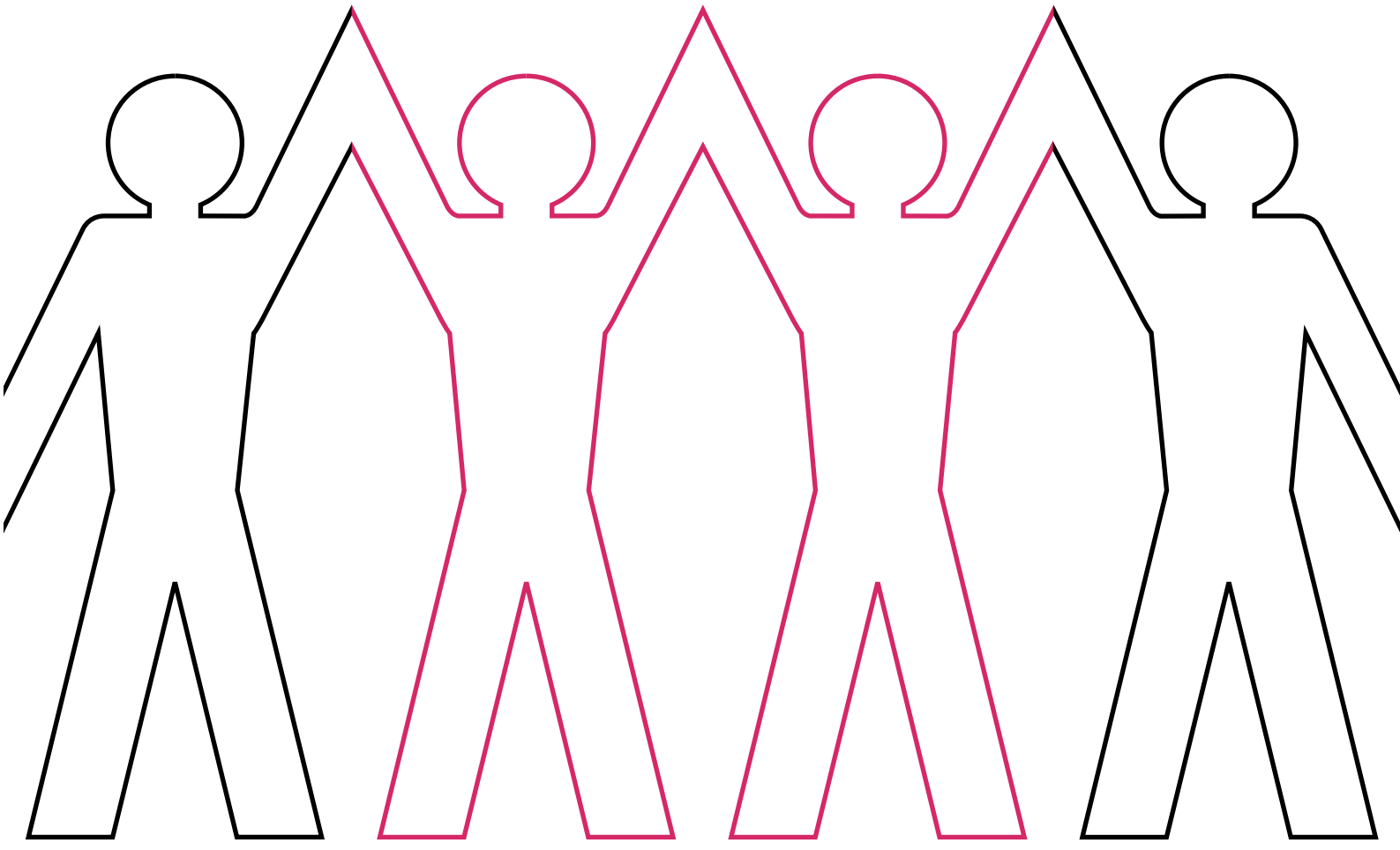
On 1 April 2008 HSC and HSE merged to form a single entity known as the Health and Safety Executive (HSE). HSE is the national regulatory body responsible for promoting the cause of better health and safety at work within Great Britain. It continues to work in close partnership with local authorities.

One of the first undertakings of the new HSE Board was to reset and reaffirm the direction of health and safety.

This document presents the Board's strategy for the health and safety system as a whole. It recognises and addresses the many stakeholders who have a role in maintaining or improving health and safety standards. Those stakeholders include:

\\ employers and their representative bodies;
\\ the self-employed;
\\ workers and their representative bodies;
\\ HSE;
\\ local authorities;
\\ Government, through its departments and agencies etc;
\\ the devolved administrations and their agencies etc;
\\ professional bodies;
\\ voluntary and third sector organisations.

To be truly effective, health and safety has to be an everyday process supported by all as an integral part of workplace culture.



The pressures to improve

Great Britain has one of the best health and safety records in the world. However, although the rates of death, injury and work-related ill health have declined for most of the past 35 years, the rate of decline has noticeably slowed.

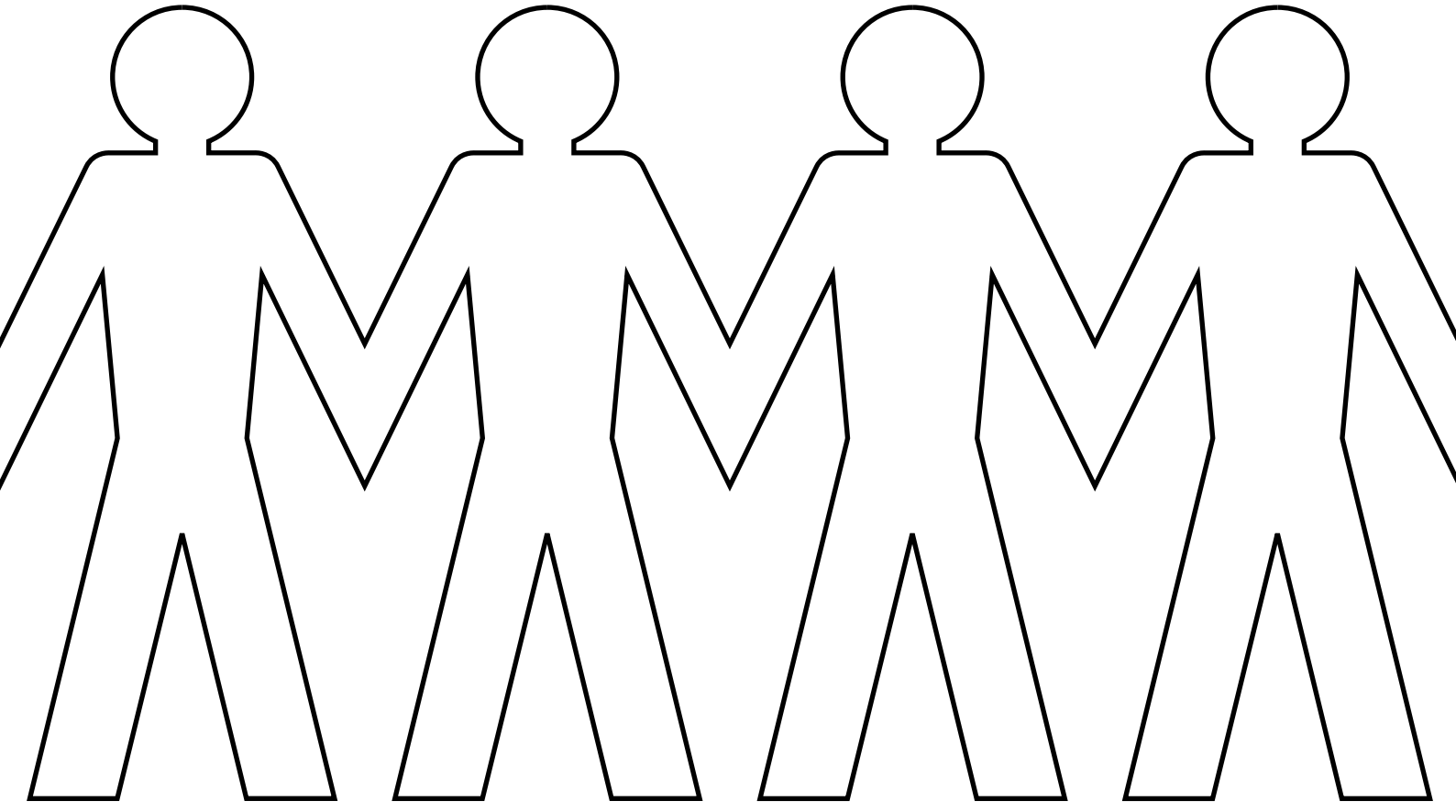
Within the EU, considerable effort has been invested in raising standards and bringing consistency to health and safety legislation across all member states. Even so, Great Britain has the lowest average rate of work-related fatal injuries and only Sweden and Ireland have lower rates for non-fatal injuries resulting in the worker being absent for three or more days.

Yet, despite the previous successes, today's headline figures indicate that the combined incidence of injury and ill health in Great Britain is much the same now as it was five years ago.

Provisional figures for 2007/08 show that 229 workers were killed and 136 771 employees were seriously injured at their place of work. Similarly, during the same period, approximately 2.1 million people were suffering from an illness reputedly caused or made worse by their current or past work. The emotional toll to families, friends and communities is enormous.

Then there is the impact on the economy. Around 34 million working days were lost in 2007/08 due to the consequences of accidents at work and work-related ill health. Looking at the finances, it is estimated that the annual cost to society of work-related accidents and ill health is a staggering £20 billion (approximately 2% of GDP).

Clearly, maintaining the status quo is morally, legally and financially unacceptable. The pressure is on to better understand why aspects of Great Britain's health and safety performance have apparently stalled, and to find ways of beginning again the process of improvement.



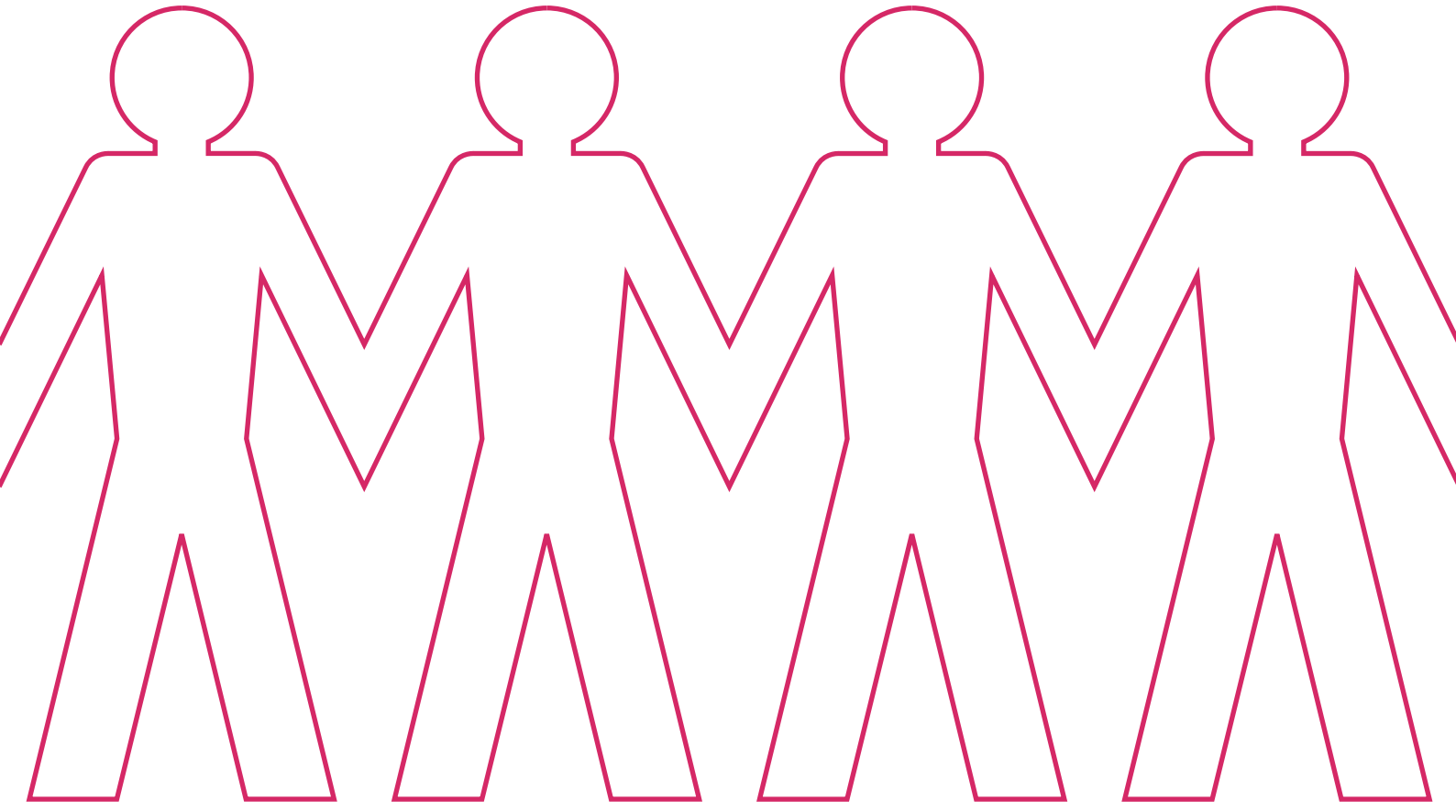
Everyone has a role

To bring about improvements in health and safety performance the need is for everyone to work together towards a set of common goals. For that to become a reality, each stakeholder within the health and safety system has to understand their role and become better at executing their responsibilities.

Employers, self-employed, manufacturers and suppliers
The Health and Safety at Work etc Act clearly places responsibility on those who create the risk to manage it. This applies whether the risk maker is an employer, self-employed or a manufacturer or supplier of articles or substances for use at work. Whatever the corporate status, each risk maker has a range of duties that must be implemented to manage the risk.

Workers
All workers have a fundamental right to work in an environment where risks to health and safety are properly controlled. The primary responsibility for this lies with the employer. However, workers have a duty to care for their own health and safety and for others who may be affected by their actions. The legislation requires that workers co-operate with employers on health and safety issues.

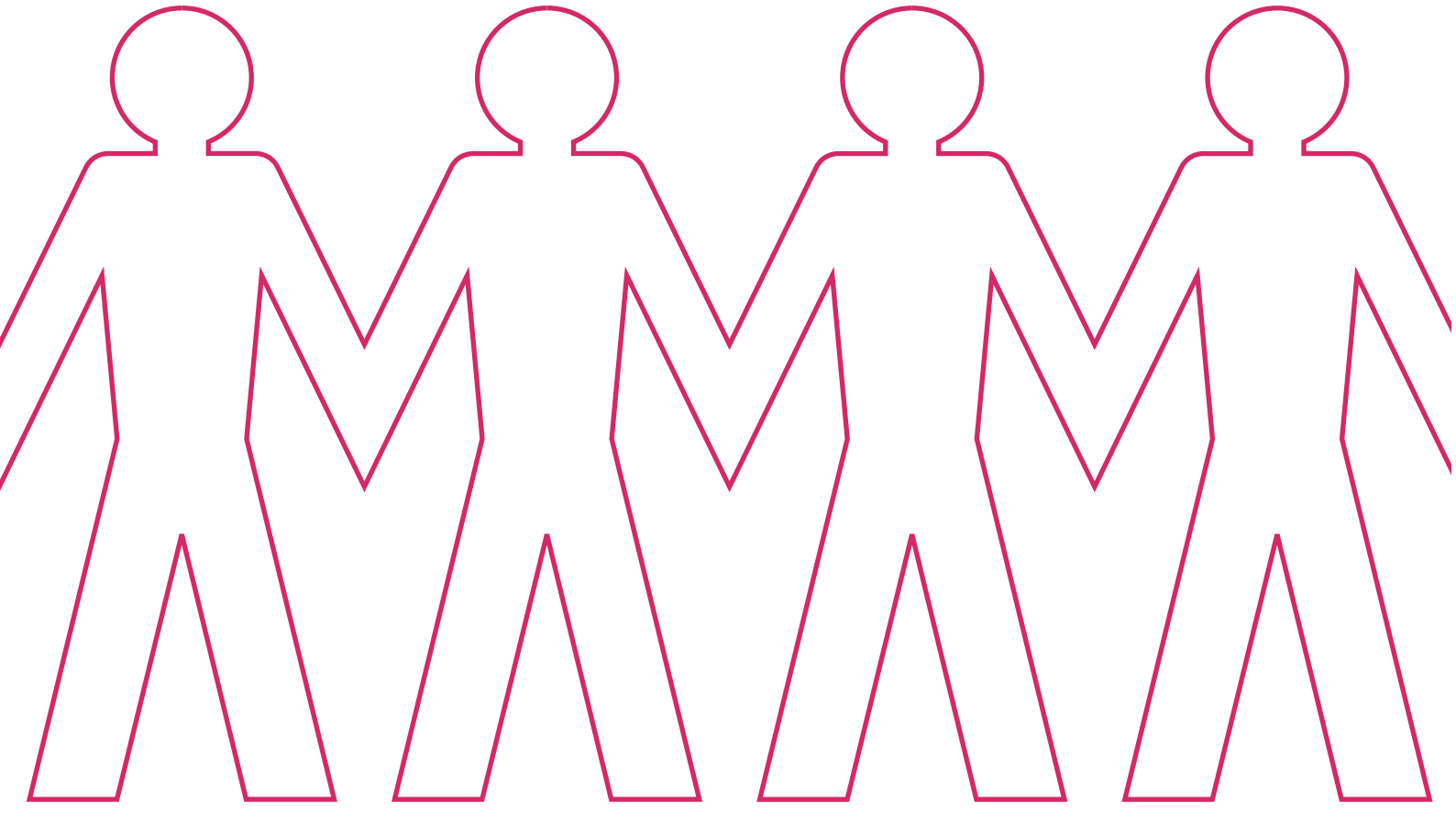
Third-party organisations
Representative organisations are in a position to play a key role in driving health and safety improvements. Some are already doing so. For instance, the TUC actively promotes health and safety, while many trade union appointed health and safety representatives do a commendable job in the workplace. There is also a good spread of employer organisations, trade associations, consultant firms and voluntary organisations providing health and safety guidance to members and clients. Plus there are other organisations such as government departments and local authorities exerting influence throughout the supply chain by ensuring that contractors work in a safe and healthy way.



HSE and local authorities
HSE provides strategic direction and leads the health and safety system as a whole. In addition to inspection, investigation and enforcement, key activities include research, introducing new or revised regulations and codes of practice, alerting dutyholders to new and emerging risks as they are identified, providing information and advice, and promoting training.

Local authorities operate in partnership with HSE to ensure that dutyholders manage their workplaces with due regard to the health and safety of their workforce and those affected by their work activities. To achieve this, local authorities, as with HSE, provide advice and guidance on what the law requires, conduct inspections and investigations, and take enforcement action where appropriate.

With regard to the public, there are many regulatory bodies whose remit includes protection of the public from work activities. Local authorities also have wider responsibilities for the safety of local communities. Where appropriate, HSE and local authorities will therefore work with partner bodies to ensure that activities are co-ordinated, duplication of effort is avoided and that public safety is effectively delivered.



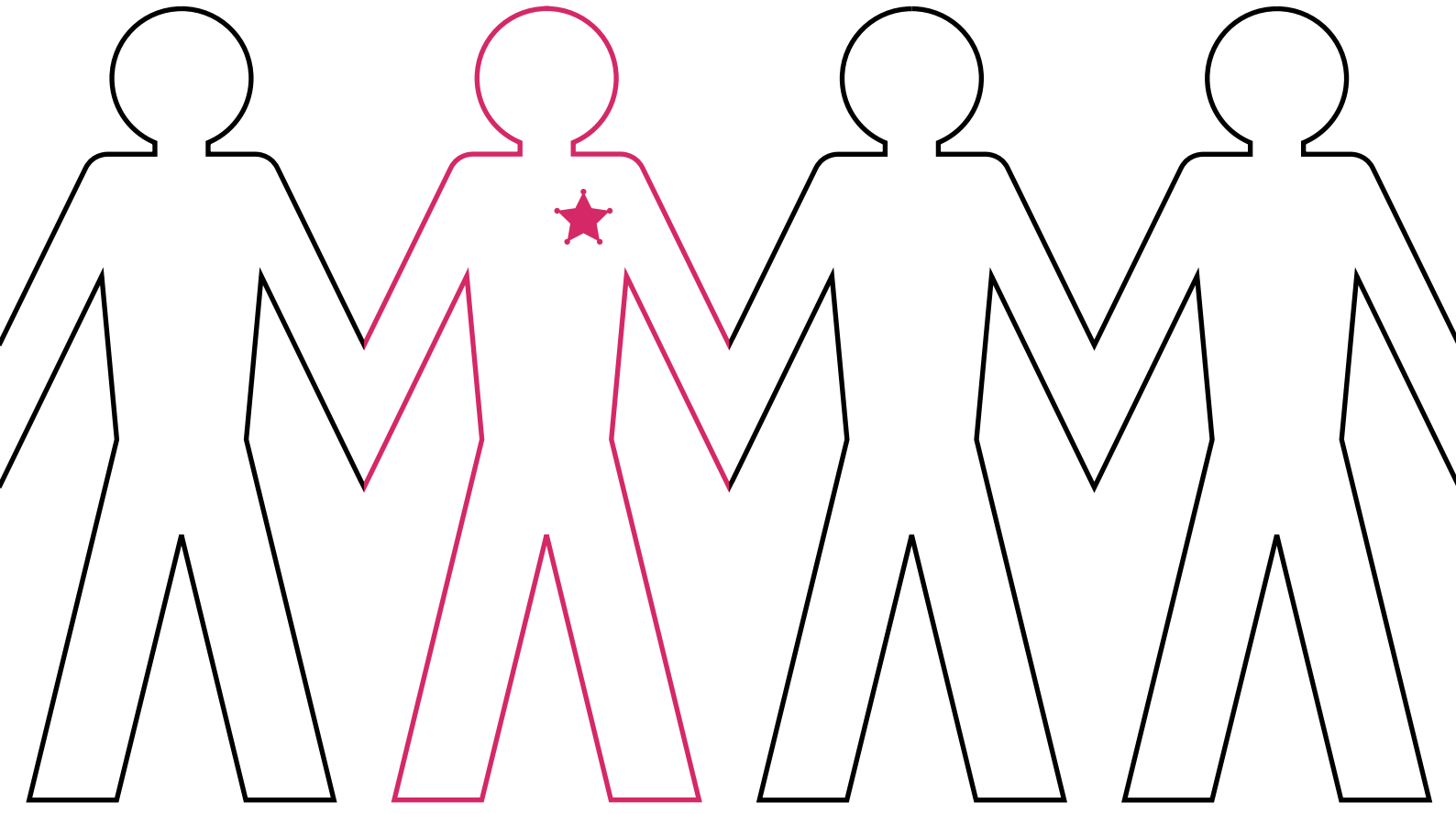
Investigations and securing justice

HSE and local authorities are independent regulators. Working in partnership, their primary focus is to assist dutyholders in preventing work-related accidents and ill health. This is generally achieved through inspections and a range of proactive measures including stakeholder engagement, communications programmes and the provision of information and advice.

Investigating complaints, accidents and ill health is also an important lever for improving health and safety standards. In particular, the investigation of incidents is crucial to help determine the causes, learn and share lessons and ensure that necessary measures are in place to prevent recurrence.

Investigation also provides the basis for enforcement action to secure justice. Where appropriate, HSE or the relevant local authority will rigorously seek justice against those that put others at risk and in particular where there is a deliberate flouting of the law.

Enforcement has three main objectives: Firstly, it seeks to compel dutyholders to take immediate action to deal with the risk. Secondly, it promotes sustained compliance with the law. Thirdly, it looks to ensure that dutyholders who breach health and safety requirements, and directors or managers who fail in their responsibilities, should be held to account for their actions.



Our goal \\ To encourage strong leadership in championing the importance of, and a common-sense approach to, health and safety in the workplace.

Our goal \\ To motivate focus on the core aims of health and safety and, by doing so, to help risk makers and managers distinguish between real health and safety issues and trivial or ill-informed criticism.

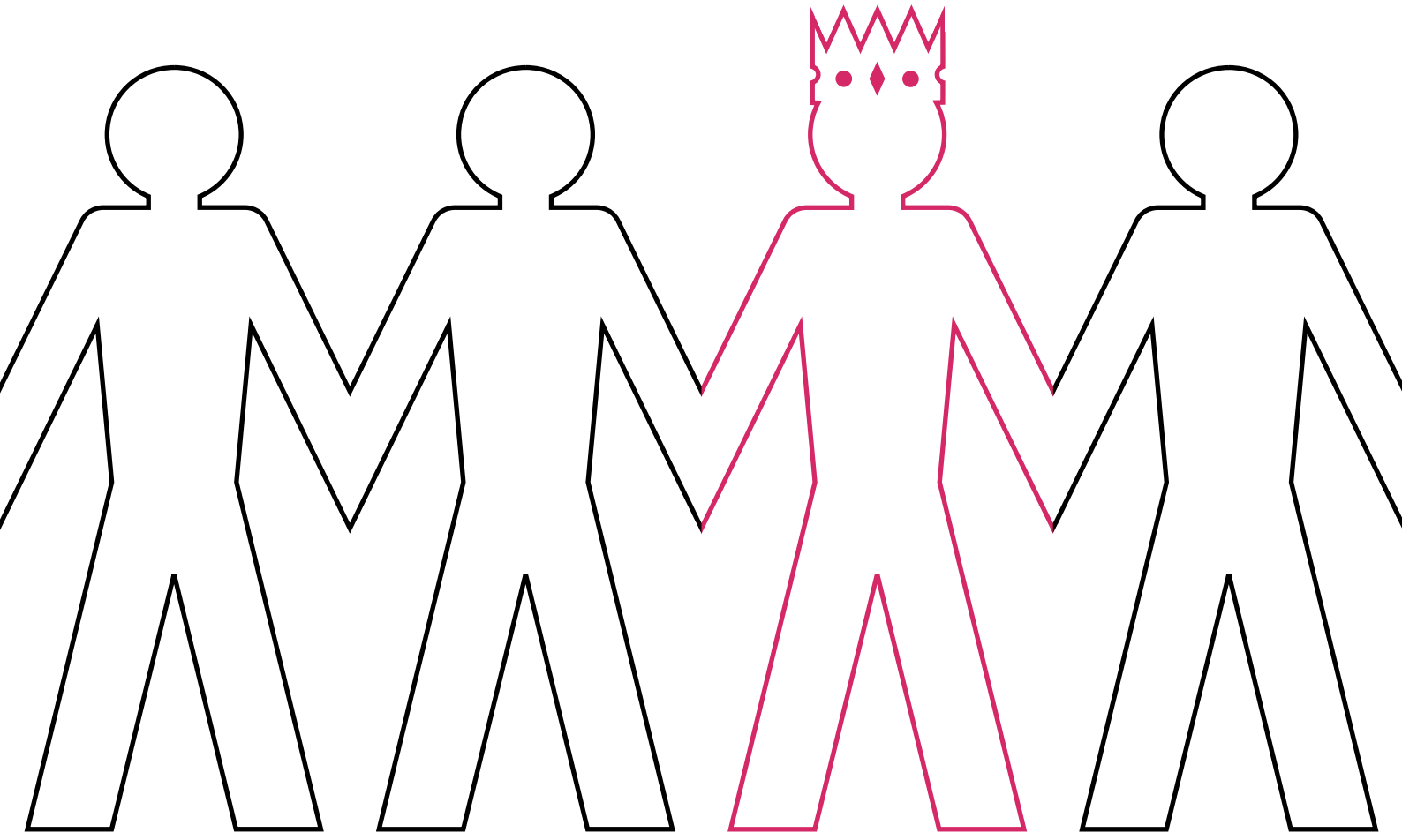
The need for strong leadership

Health and safety leadership must start at the top. Whatever the nature of the organisation, whether in the public, private or not-for-profit sector, members of the board have both collective and individual responsibility for health and safety. As such, the need is for people of board-level status to champion health and safety and be held accountable for its delivery.

Following the example of leadership at board level, leadership must also permeate throughout the management and supervisory levels and the workforce. In SMEs there should be at least one person committed to ensuring good health and safety performance.

Health and safety leadership is all about accountability. It means taking ownership of risk and accepting responsibility for managing it. A health and safety leader is the person who drives cultural change by winning the hearts and minds of directors, managers, workers and contractors. A leader fundamentally alters the corporate ethos so that health and safety becomes 'the way we do business around here'.

Importantly, good leadership maintains a focus on the real health and safety issues and distances itself from the 'jobsworth' approach and those instances where health and safety is used as a convenient excuse for not doing something.



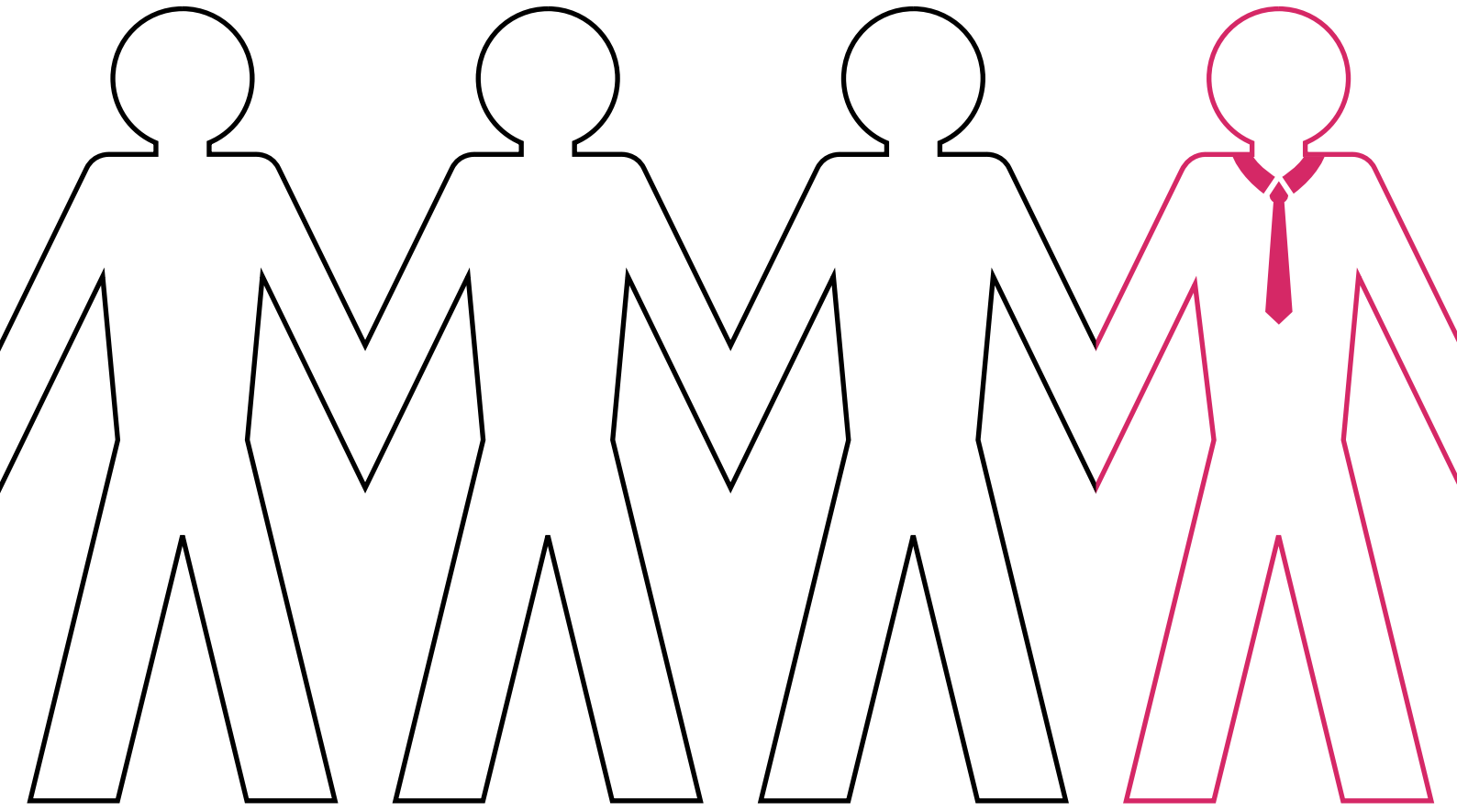
Our goal \\ To encourage an increase in competence, which will enable greater ownership and profiling of risk, thereby promoting sensible and proportionate risk management.

Building competence

It is important to understand that within health and safety legislation, organisations of all sizes are required to nominate at least one competent person to help them meet their duty to control the risks posed by their work activities. Larger organisations often appoint one or more members of the workforce to do this, while with SMEs the responsibility commonly rests with the owner/manager. Similarly, some organisations bring in specialist external consultants to help, and in other instances a professional body may be called upon to provide advice.

However, in practice, legislative compliance should be regarded as the minimum acceptable standard. Truly effective health and safety management requires competency across every facet of an organisation and through each level of the workforce. The need is for health and safety training to place greater emphasis on coaching so that directors, line managers and workers alike are able to determine what is sensible and reasonable. Also, it is important that the education system embeds the basic understanding of risk as a life skill so that young people joining the workforce are more risk aware.

The essence of competence is relevance to the workplace. What matters is that there is a proper focus on both the risks that occur most often and those with serious consequences. Competence is the ability for every director, manager and worker to recognise the risks in operational activities and then apply the right measures to control and manage those risks.



Our goal \\ To reinforce the promotion of worker involvement and consultation in health and safety matters throughout unionised and non-unionised workplaces of all sizes.

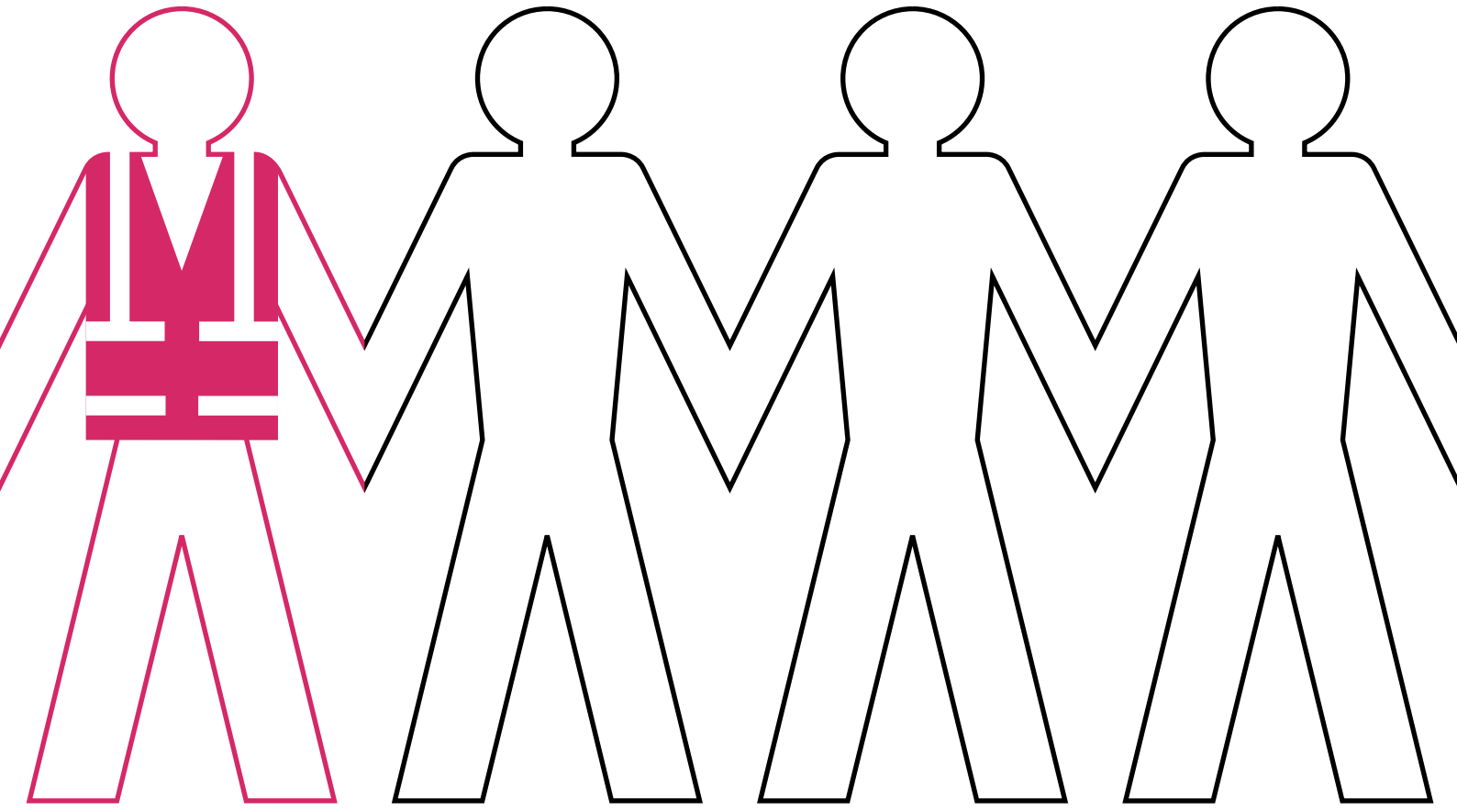
Involving the workforce

Workplace research provides evidence to suggest that involving workers has a positive effect on health and safety performance. Equally, there is strong evidence that unionised workplaces and those with health and safety representatives are safer and healthier as a result.

The need is to develop a genuine management/workforce partnership based on trust, respect and co-operation. With such a partnership in place, a culture can evolve in which health and safety problems are jointly solved and in which concerns, ideas and solutions are freely shared and acted upon.

In the first instance, training managers and health and safety representatives together will establish a shared perspective on tackling health and safety issues in their organisation and complement the training they already receive separately. This, in turn, encourages the combined involvement of management and health and safety representatives in inspections, investigations and risk assessments. Ultimately, the effect of workforce involvement is that operational practices and health and safety risk management are aligned for the benefit of all and with the co-operation of everyone.

Whether unionised or not, no matter the size or scope of the organisation, worker involvement is fundamental to good health and safety performance and therefore to good business.



Our goal \\ To specifically target key health issues and to identify and work with those bodies best placed to bring about a reduction in the incidence rate and number of cases of work-related ill health.

Our goal \\ To set priorities and, within those priorities, to identify which activities, their length and scale, deliver a significant reduction in the rate and number of deaths and accidents.

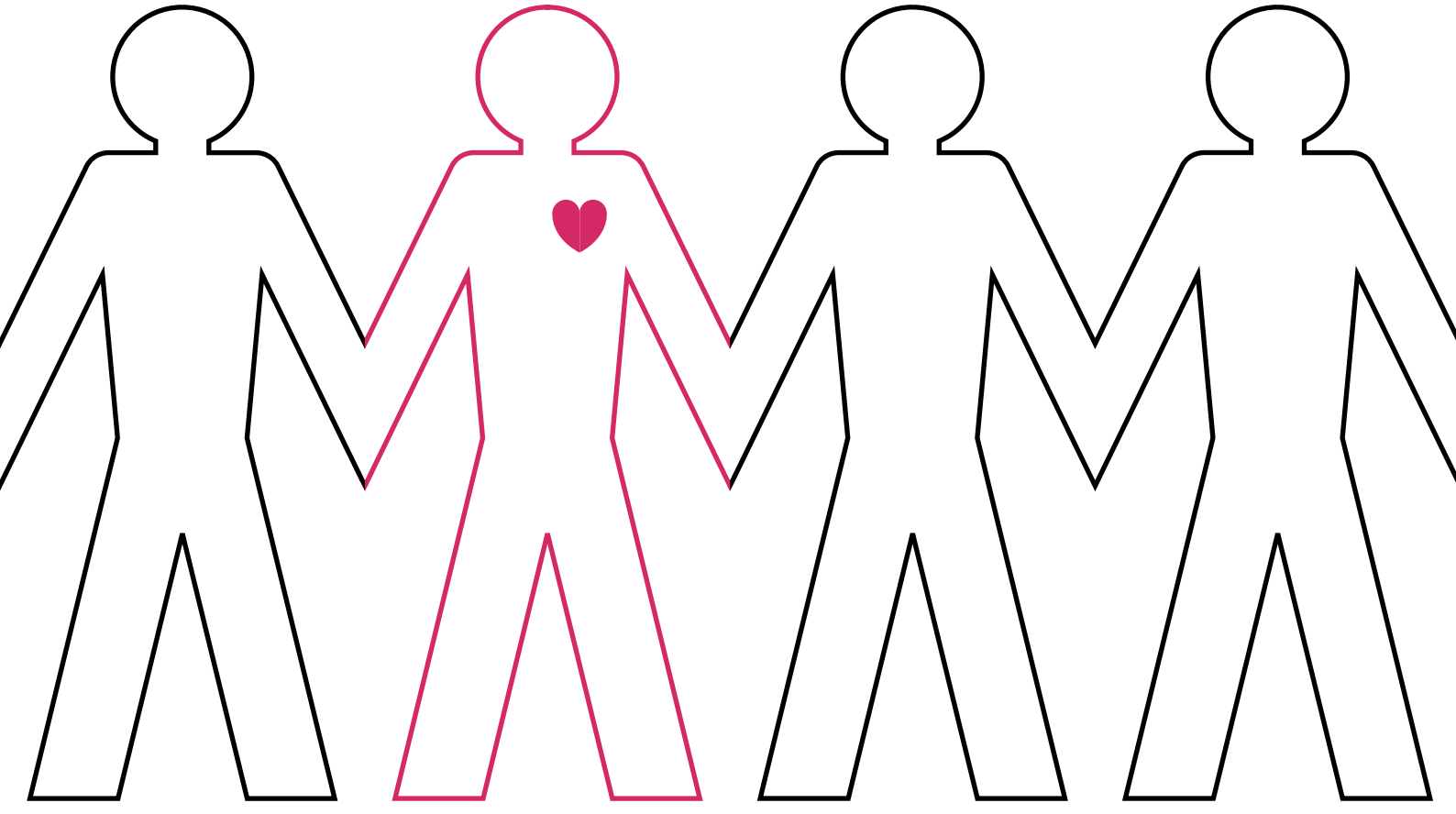
Creating healthier, safer workplaces

Central to the creation of healthier, safer workplaces is the need for all stakeholders in the health and safety system to set priorities. This applies whether the stakeholder focus is on an industry, a sector, a particular health and safety issue or an individual business or organisation.

The starting point is to create a risk profile identifying which groups of workers are most at risk and the scale and incidence of injuries or cases of ill health. Bearing in mind the evolving nature of British society, care should be taken to acknowledge differences within the workforce in terms of ethnicity and language, cultural values and gender. Having a risk profile sets the priorities for health and safety improvement, which then enables resources and expertise to be more accurately targeted to deliver those improvements.

With regard to work-related ill health, setting targets and implementing actions is complex. Some ill health is clearly work related, albeit with long latency in certain cases. However, as every employer will recognise, other causes of ill health are not solely work-related or their seriousness may be exacerbated by non-work-related factors. In order to set health priorities and establish the most effective delivery mechanisms, collaboration is required to establish who should deal with specific issues. Key among those issues is how best to manage the interface between work and the other factors that may be impacting on a person's health.

To make workplaces safer, in those sectors where injury has always run higher than average the need is to find new ways of tackling old problems. Equally, in emerging sectors and those existing sectors energised by evolving technologies, the requirement is to recognise the inherent new risks and implement appropriate methods for managing them from the beginning.

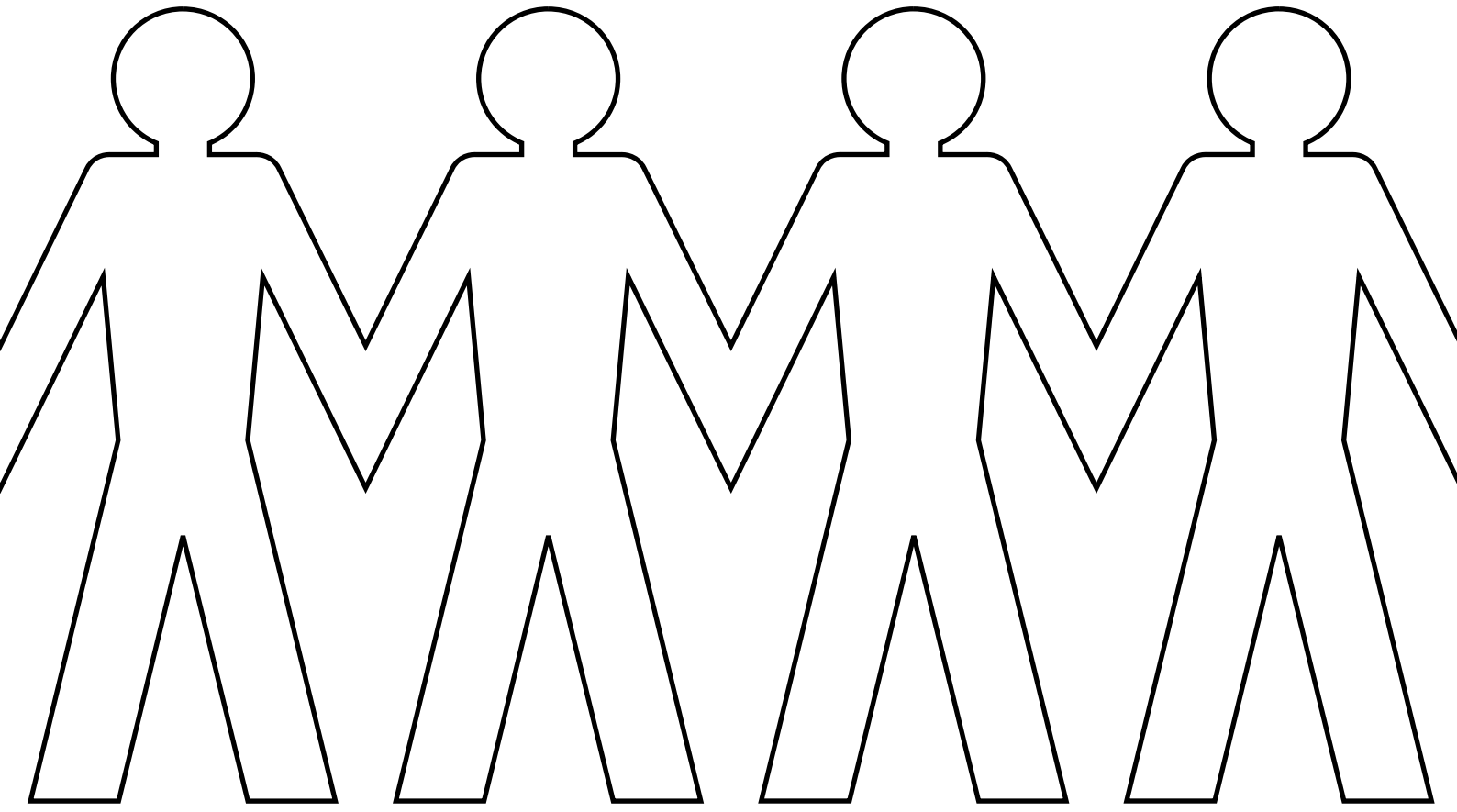


Our goal \\ To adapt and customise approaches to help the increasing numbers of SMEs in different sectors comply with their health and safety obligations.

Customising support for SMEs

Small businesses and other organisations make an important contribution to Great Britain's economic prosperity. However, they also account for a considerable number of the health and safety incidents reported each year. That is not to say that SMEs are inherently dangerous. Rather, it is the case that some SMEs conduct certain activities that carry a high level of risk.

SMEs often find goal-based health and safety management difficult to apply. Therefore, the objective for HSE, local authorities and all stakeholders involved with SMEs is to find new ways to help them understand how to comply with health and safety law in a manner proportionate to the risks posed by their work activities.

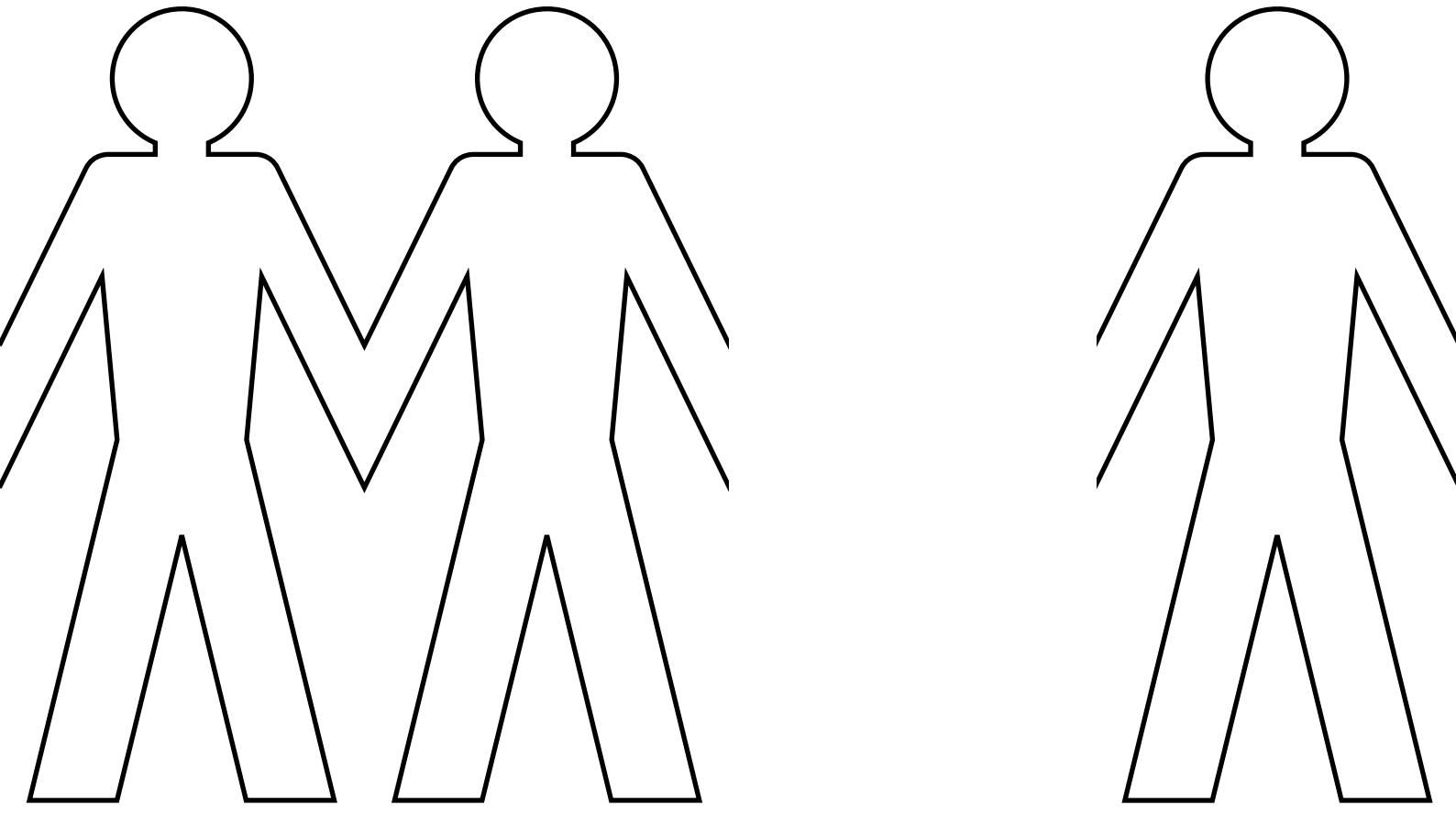


Our goal \\ To reduce the likelihood of low frequency, high impact catastrophic incidents while ensuring that Great Britain maintains its capabilities in those industries strategically important to the country's economy and social infrastructure.

Avoiding catastrophe

Great Britain has a number of highly specialised industries providing products or services that are essential to contemporary living, such as energy for homes and workplaces and fuel to power vehicles. There is a risk though that if these industries are not properly managed they have the potential to causeharm to their workers and the public at large. Even a small failure in their health and safety regimes could have catastrophic consequences.

Strong health and safety leadership is essential to make sure that the right systems are in place, that best practice is shared and that learning is disseminated from previous incidents. While recognising the economic and social importance of hazardous industries, the critical objective is to ensure that the hazards are kept firmly in check.



Our goal \\ To take account of wider issues that impact on health and safety as part of the continuing drive to improve Great Britain's health and safety performance.

Taking a wider perspective

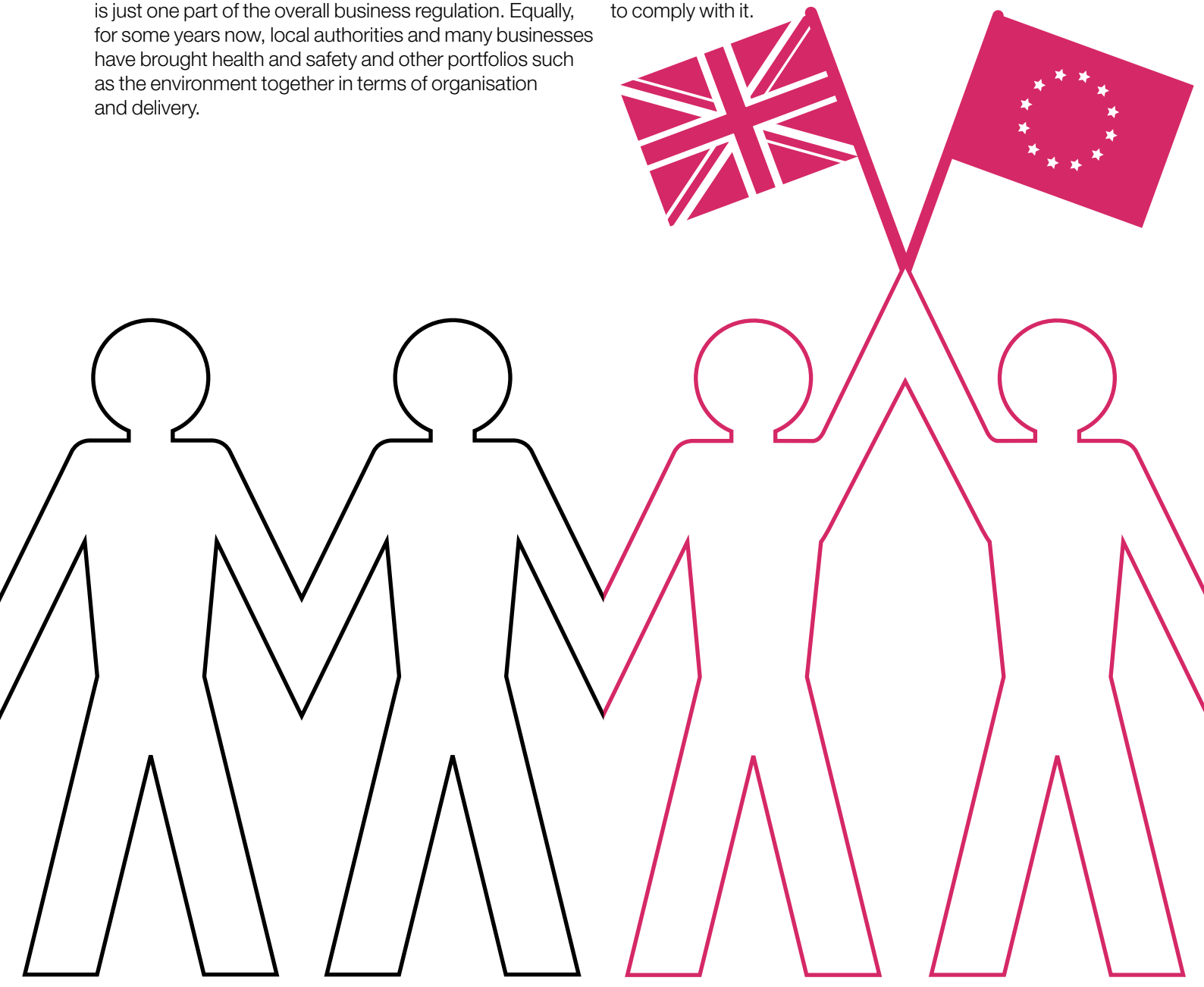
Health and safety does not and cannot exist in a vacuum. It is not a discrete entity and so Great Britain's health and safety priorities cannot be delivered in isolation from other issues that impact on or overlap with them.

National legislation and its implementation has been and continues to be influenced by the EU. Similarly, Britain's socio-economic make-up and cultural values have changed enormously since 1974 and so the practice of health and safety must continually evolve to accommodate diversity within the population.

From the Government's perspective, health and safety is just one part of the overall business regulation. Equally, for some years now, local authorities and many businesses have brought health and safety and other portfolios such as the environment together in terms of organisation and delivery.

The reality is that health and safety integrates with a much wider agenda aimed at protecting people from harm and thereby benefitting not just the individual but society as a whole.

This strategy seeks to continue improving the country's health and safety performance while recognising and responding to wider issues where it is appropriate to do so. As such, there is an acknowledged need for balance in managing the interfaces between health and safety and other law and also between HSE and other regulators. Crucially, regulation must be a benefit to those it seeks to protect, not a disproportionate burden on those who have to comply with it.



Driving change for the better

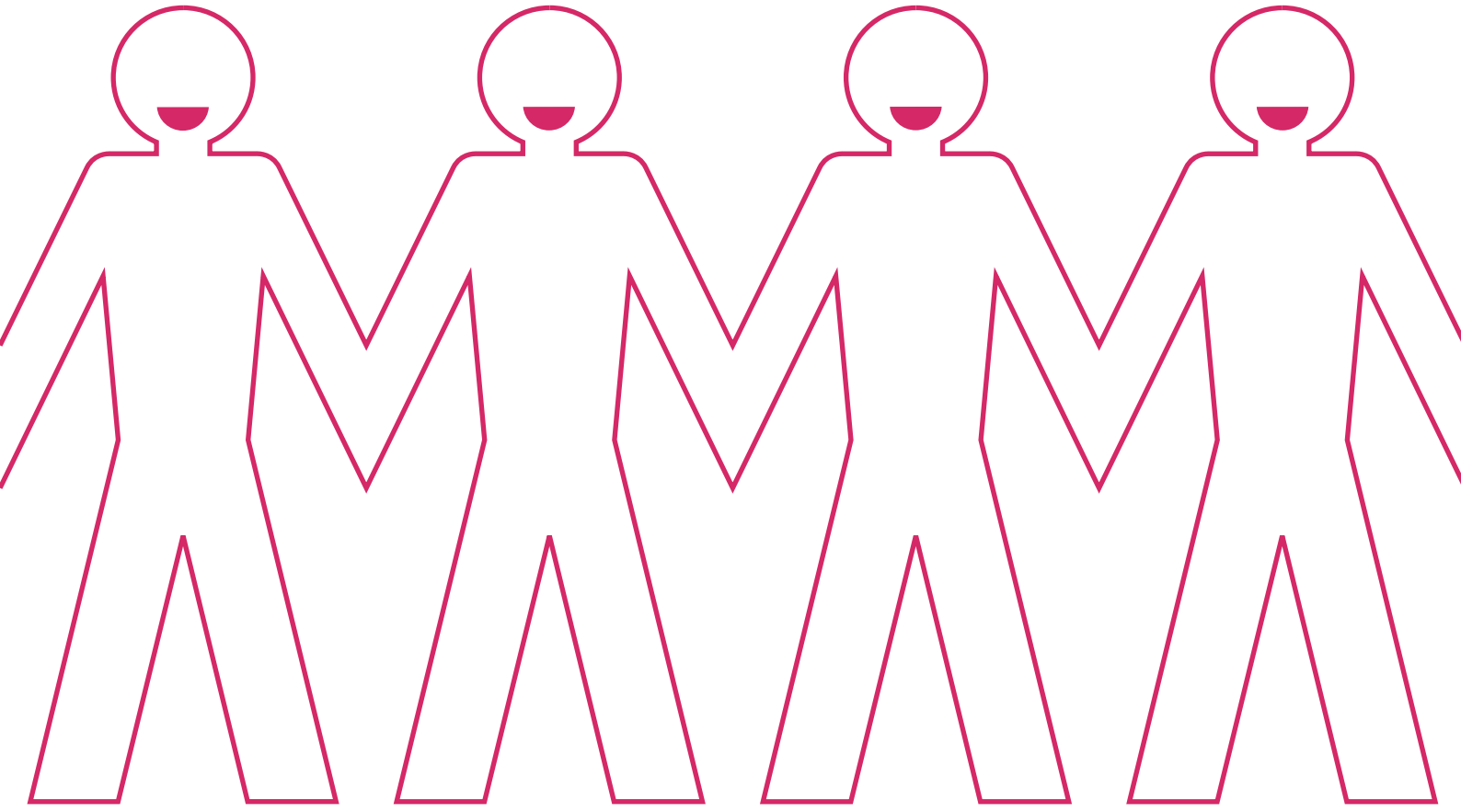
The strategic goals for the health and safety of Great Britain are founded in common sense and practicality. They have one overriding aim: that is to prevent the death, injury and ill health of those at work and those affected by work activities. The strategy is not asking for or expecting the impossible. Its essence is that everyone adopts a sharper focus on the priorities and takes leadership in addressing their responsibilities.

HSE is committed to directing its energies and resources to the achievement of the strategic goals. As such, it stands alongside all the stakeholders in the health and safety system and is prepared to be held accountable for its performance.

The process of health and safety improvement began in 1974 and continued unabated until around 2003. Since then it has stalled. From now on, if all stakeholders work together with a clear vision and purpose, improvement can recommence and changes for the better can be realised.

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

\\ 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.



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For information about health and safety ring HSE's Infoline Tel: 0845 345 0055 Fax: 0845 408 9566 Textphone: 0845 408 9577 e-mail: hse.infoline@natbrit.com or write to HSE Information Services, Caerphilly Business Park, Caerphilly CF83 3GG.

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Appendix 2

Section 18 Action Plan to Address Deficiencies

Local Authority: Hartlepool Borough Council

No.	S18 criteria not met	Action required	By whom	By when	Done
1.	**Commitment, priorities and planned interventions** The H&S Service Plan 2010/11 contains commitment to participate in initiatives and programmes of work which supports HSE's Strategy. However, the Council has not formally pledged commitment to the HSE's Strategy 'Health and Safety of Great Britain' which encompasses the principles of the Sensible Risk Management Campaign.	To pledge support to the HSE's Strategy, Health and Safety of Great Britain which encompasses the principles of the Sensible Risk Management Campaign.	PH for Adult & Public Health Services to approve pledge of support	31 March 2011	
2.	**Capacity** The Standard requires enforcing authorities to make adequate arrangements for enforcement . It specifically requires enforcing authorities to estimate the required capacity needed to carry out their statutory duties and a commitment to provide the necessary resources. The existing H&S Service Plan lacks a statement of commitment to improve health and safety outcomes including a commitment to provide the necessary capacity to deliver these improvements.	As each years Intervention / Service Plan is drawn up an assessment will need to be made to ensure that the Authority has sufficient resources to service its workload and fulfil its requirements under the Standard. Future Intervention / Service Plans will need to contain a statement of commitment by the Council to improve health and safety outcomes including a commitment to provide the capacity and resources to undertake its statutory duties.	PH for Adult & Public Health Services to confirm commitment to provide necessary resources and capacity via statement in 2011/12 Service Plan	June 2011	

3.	**Management Infrastructure**	None identified			
4.	**Performance Management**	None identified			
5.	**Information Systems**	None identified			
6.	**Competent Inspectorate**	None identified			
7.	**Enforcement Policy** The Council does have an Enforcement Policy and is therefore broadly compliant, however it was last reviewed in 2005 and is in need of updating to reflect latest guidance	To review and update the service's Enforcement Policy to reflect latest guidance.	PEHO to review Enforcement Policy & submit to PH Adult & Public Health Services for approval	June 2011	
8.	**Partnership Working**	None identified			
9.	**Governance**	None identified			
10.	**Sensible risk management** The Council has not pledged commitment to the HSE's Strategy 'Health and Safety of Great Britain' which encompasses the principles of the Sensible Risk Management Campaign.	The Council to pledge support to the HSE's Strategy, Health and Safety of Great Britain which encompasses the principles of the Sensible Risk Management Campaign.	PH for Adult & Public Health Services to provide approval.	31 March 2011	

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
28 March 2011

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Child and Adult Services

Subject: LOCAL AUTISM ACTION PLAN

SUMMARY

1.0 PURPOSE OF REPORT

To update the Portfolio Holder on developments in respect of autism.

2.0 SUMMARY OF CONTENTS

The report provides details on the North East Autism Consortium Regional Plan, the Tees Valley Autism Service Delivery Group Action Plan and the Local Autism Action Plan for Hartlepool.

3.0 RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Holder has responsibility for adult social care services, including services provided to people with autism and their families / carers.

4.0 TYPE OF DECISION

Non Key: For information only

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 28 March 2011

6.0 DECISION(S) REQUIRED

To note progress and approve the report

Report of: Director of Child & Adult Services

Subject: LOCAL AUTISM ACTION PLAN

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1. PURPOSE OF REPORT

1.1 To update the Portfolio Holder on developments in respect of autism.

2. BACKGROUND

2.1 The Autism Act 2009 makes provision for meeting the needs of adults with autistic spectrum conditions and for connected purposes. Following agreement by both Houses on the text of the Autism Bill it received Royal Assent on 12 November 2009. The Bill is now an Act of Parliament (Law).

2.2 On 17 December 2010 the Department of Health published statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy.

3. BRIEF OVERVIEW

3.1 The purpose of the statutory guidance is to secure the implementation of 'Fulfilling and Rewarding Lives: The strategy for adults with autism in England' by giving guidance to local authorities, NHS bodies and NHS Foundation Trusts around training of staff, the diagnosis of autism and the leadership and planning of services.

3.2 This guidance will help these bodies to develop services that support and meet the locally identified needs of people with autism and their families and carers. The strategy seeks to make existing policies and public services work better for adults with autism. This guidance therefore reminds local authorities, NHS bodies and NHS Foundation Trusts of what some of the relevant policies are and their existing duties and responsibilities. It refers to existing guidance to support adults with autism, and sets out some additional guidance to help these bodies implement the strategy.

3.3 The guidance includes information on:-

- The provision of relevant services for the purposes of diagnosis
- Identification of adults with such conditions
- The assessment of the needs of adults with such conditions or relevant services

- Planning in relation to the provision of services as they move from being children to adults
- All other planning in relation to the provision of relevant services to adults with autistic spectrum conditions
- The training of staff who provide relevant services to adults with such conditions
- Local arrangements for leadership in relation to the provision of relevant services to adults with such conditions.

4. AUTISM DELIVERY PLANS

4.1 The North East Autism Consortium (NEAC) supports the four sub-regional Autism Service Development Groups (ASDG). Commissioners from all 12 Local Authorities and PCTs participate in the Consortium.

4.2 The Consortium operates as a regional advisory group for services for people with autism and aspergers, and is chaired by Ewen Weir, Director of Adult and Community Services, Newcastle City Council on behalf of the North East branch of ADASS (Association of Directors of Adult Social Services).

4.3 **Appendix 1** provides information on the NEAC draft regional plan

4.4 The Tees Valley Autism Service Delivery Group (ASDG) is chaired by Ruth Hicks (Middlesbrough Borough Council) and has representation from Local Authorities, PCTs and NHS Trusts covering Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton. It also has involvement from education, housing, family members and people with autism.

4.5 **Appendix 2** provides information on the Tees ASDG Action Plan.

4.6 **Appendix 3** provides information on the Local Autism Action Plan for Hartlepool and supports the recommendations within the statutory guidance, and the Tees ASDG plan.

5. RECOMENDATIONS

5.1 The Portfolio Holder is asked to note progress and approve the report.

CONTACT OFFICER: Neil Harrison, Head of Service (Disabilities)

DRAFT REGIONAL PLAN

Preparing our 3 year Regional Plan for Autism from March 2011

This is the first draft for discussion at the NEAC Regional Forum on 7th December 2010. The themes have been identified as priorities at ASDG meetings and events for the wider consortium and its stakeholders, but stakeholders now have the opportunity to influence the content. The ASDG Chairs and interested parties will meet in February following the local action planning workshops to identify the milestones, the timing and the measures of success.

1. To develop the NEAC's regional advisory forum into a regional partnership arrangement which will support the implementation the regional and local action plans for autism.

   Ensure buy in from ADASS

   We will need to make sure that parents/carers are able to share their ideas, experiences and issues with Local Planning groups, sub regional groups and the NEAC's regional partnership.

   We will need to explore a variety of approaches which will suit young people and adults with autism and Asperger Syndrome to learn about the work of the consortium and to influence the local planning of services.

   We will need to set up a regional Autism Provider Forum which nominates people to link into the work of the NEAC.

   Monitor and review the implementation of the regional strategy against Fulfilling and Rewarding Lives and the DH best practice guidance.

   We will review our regional plan for autism every year, and the NEAC will work with the Local authority lead officers for autism to deliver their local action plans.

2. To support local authorities to focus on the following requirements within the Statutory Guidance

   - Improving the transition process for young people aged 14+ and people in transition into work/adult or community services after school or college.
   - Bringing together key partners to design and deliver a diagnostic service for our region
   - Improving the collection of data about what local people with autism need from the NHS and from local authorities in order to live both independently and safely.
   - Support local authorities to add to the info and advice available for families on their websites.

3. To support more people with ASCs and their families to feel the benefits of having a personal budget.

    - to support families to appreciate what is entailed and the benefits to expect
    - Need to review the assessment process to make it more autism specific
    - work with social care providers on an equal basis to create more individualistic care and support services to meet the needs of local people with autism
    - Collect evidence about the real improvements and practical safeguards in peoples' lives once they have their own budget.
    - Share the finding of the Individual Service Fund pilot study around the region.
    - Engage with social care providers, agencies and the VCS in order to plan and deliver local support services.
    - Establish links with ULOs which support Budget holders and train Personal Assistants.

4. To adopt the NEAC commissioning framework in every local authority which focuses on modern commissioning approaches, improved outcome and financial savings.

5. Involve additional parents in the work of the consortium and leisure LD PB Health and Well Being Boards, DEA's Criminal Justice system, housing providers.

6. Housing education training and employment.

7. To support initiatives which help more people with autism into work vis specialist disability employment programmes and the work of ULOs and other providers in our region

8. Support social care provider agencies to give the people they support the right support into employment.

9. To challenge services and commissioning practices which are not appropriate for the individual and don't improve the quality of their lives and are not a justifiable use of resources.
    - Focus on out of area placements
    - Accept that all models of support have their merits as part of the choices offered to individuals and their families.
    - Focus on preventative service and support networks

10. To coordinate the delivery of training in autism for our region

- Involvement in the DH work with the NAS, Skills for Care and Skills for Health which will produce guidance for employers, managers and staff within the Health and Social Care workforces.

11. Supporting local authorities to identify priority groups, and aligning plans with personalisation, re-ablement and safe-guarding and prevention.

12. To champion the implantation of the autism strategy, share achievements and undertake project work with our partners to improve the quality of life for individuals and their families who live in our region.

13. Provide practical support to the lead officers for autism in their role to oversee the implementation of their local action plans for autism.

Teeswide Autism Action Plan for 2011 (to be reviewed Jan 2012)

Local Authorities: **Middlesbrough, Hartlepool, Redcar & Cleveland, Stockton**
Lead Commissioners/Senior Managers: **Ruth Hicks, Neil Harrison, Ken McGladrie, Melanie Smiles**

	What are our shared priorities for this year?	What difference will it make to individuals with ASCs and their families?	What are the main tasks involved in these priorities?	Who will lead?	Who needs to be involved?	How long will it take?	Are we making enough progress? ☹ 😐 ☺
1	Training for front line staff in Health & Social Care	Greater awareness and understanding of ASCs by professionals when talking to families	▪ In the future, basic awareness training will become mandatory across social care, health and community services ▪ Create a map of existing awareness training for autism to show in-house provision and the types of external training available ▪ Arrange awareness training for the following priority groups: o Assessment and care planning staff in mental health/learning disability o Adult community mental and learning disability teams ▪ Professional qualifications and workforce development to involve in-house HR/Training ▪ Consider extending NAS Accreditation for contracted providers in the independent and voluntary sectors.	Training mgrs The MAIN Project HR/Training NEAC			

	What are our shared priorities for this year?	What difference will it make to individuals with ASCs and their families?	What are the main tasks involved in these priorities?	Who will lead?	Who needs to be involved?	How long will it take?	Are we making enough progress? ☹ 😐 ☺
		Employees with autism will be understood better in their workplace Family members will be supported by well trained staff who understand how to meet their needs	▪ Identify people on the spectrum and family members who could deliver real-life training to professionals ▪ Prepare a sub-regional training plan which all the local authorities are committed to which can be co-ordinated by the ASDG ▪ Council-wide awareness training is needed for elected members and front desk staff ▪ Review forthcoming DH guidance on making "reasonable adjustments" for employers to use and incorporate into awareness training ▪ Address the need to provide training before support services are delivered to individuals ▪ Local authorities need to work alongside providers of services so that bespoke training and support is in place for the individual with complex needs and autism	ASDG Chair			
2	Identification of people with autism	The creation of more person centred	▪ Update the autism data in the JSNA and plan for future needs with	JSNA Lead			

	What are our shared priorities for this year?	What difference will it make to individuals with ASCs and their families?	What are the main tasks involved in these priorities?	Who will lead?	Who needs to be involved?	How long will it take?	Are we making enough progress? ☹ 😐 ☺
		packages of care and support which suits the needs of families better Families will be able to read the plan on the Council's and NEAC website	stakeholders. Add the co-priorities from this action plan into the JSNA in each local authority. ▪ A RIEP funded project to create a Teeswide plan has recently begun ▪ The MAIN Project will provide a written update on the development of the Teeswide plan at each ASDG meeting	The MAIN Project	Pam Lawrence (NEAC)	12 mths	
3	Provision of diagnostic and assessment services for people with may be autistic	Families will get clear information about how to make a referral for diagnosis. Parents and carers will also be entitled to an assessment of their needs as well as the individual being diagnosed. Families will be provided with follow on information and contacts about the next steps	▪ Involve TEWV in ASDG meetings so that developments around diagnosis and care pathways are discussed. ▪ NEAC is available to host discussions between NHS Trusts (TEWV, NTW, Durham/Darlington) ▪ To follow statutory guidance on the development of diagnostic assessment and follow up services.	Paul Newton/Dr Helen Pearce NEAC Chair ASDG Chair	Commissioners and Senior Mgrs in Health & Social Care		
4	Planning for adult services	More accurate forecasting of the need for services will make it easier for families to get	▪ Produce a joint commissioning plan for autism services based on the data in the JSNA	Lead Commissioner/ Senior Mgr for autism			

	What are our shared priorities for this year?	What difference will it make to individuals with ASCs and their families?	What are the main tasks involved in these priorities?	Who will lead?	Who needs to be involved?	How long will it take?	Are we making enough progress? ☹ 😐 ☺
		the support they need. A smoother transition process from 14+ will benefit families. The development of local further education courses will mean students do not have to travel out of their local area.	▪ Involve partners involved in transition planning of young people with autism to identify where improvements can be made ▪ Planning needs to improve around developing further education opportunities for people with ASCs ▪ To work more closely with colleagues in mental health ▪ Consult Hartlepool's new transition protocol and feedback experiences to the ASDG ▪ Explore new types of support in the wider community for people who are assessed as not being eligible for care services ▪ Identify the most appropriate place to provide information for families about services and supports, especially following diagnosis. ▪ Support the roll-out of Personal Budgets and Direct Payments for people with autism ▪ Invite a speaker to talk about personal	Transition Officer LLD SRG (!) Neil Harrison LA communication officers	Transition Officers		

	What are our shared priorities for this year?	What difference will it make to individuals with ASCs and their families?	What are the main tasks involved in these priorities?	Who will lead?	Who needs to be involved?	How long will it take?	Are we making enough progress? ☹ 😐 ☺
			health budgets at the ASDG meeting ▪ Map existing children's and transition groups to avoid duplication. ASDG to merge or link with them ▪ Engage the Director of Children's services with planning around autism				
5	Continue the work to 'bring back' 10 people from Middlesbrough who are currently out of area	Family members will receive more appropriate care and support closer to home	▪ Evaluate the outcomes for this group of people to ensure their lives are improved despite the reduction in costs				
6	Reporting arrangements for the ASDG		▪ Explore the need to create an autism partnership board on Teeswide ▪ As new Health & Wellbeing partnerships are being created, ensure autism fits properly in the new structures (including GP Consortia)				
7	Local parent and carer engagement in the development of services for people with autism		▪ NEAC and The MAIN Project to explore how local authorities can meaningful engage with parents and carers	The MAIN Project			

	What are our shared priorities for this year?	What difference will it make to individuals with ASCs and their families?	What are the main tasks involved in these priorities?	Who will lead?	Who needs to be involved?	How long will it take?	Are we making enough progress? ☹ 😐 ☺
8	Engaging people with autism in the development of services for people with autism		▪ Find out about the variety of ways young people and adults with ASCs are able to engage with the work of the ASDG	The MAIN Project	Pam Lawrence (NEAC)		

Hartlepool Local Autism Action plan

Local Authorities: **Hartlepool**
Lead Professional: **Neil Harrison**

Tees Ref	What are the main tasks involved in these priorities?	Who will lead?	Progress	Links
1	a. basic awareness training across:- • Child & Adult social care • health • community services	Neil Harrison Margaret Hunt	Feb 2011(Child) NAS deliver an introduction to Autism to frontline staff. Feb 2011(Adult) NAS deliver an introduction to Autism to frontline staff. Feb 2011(Health) TEWV & Acute FT Trust requested WFD plan. Feb 2011(Community) NAS deliver an introduction to Autism to Public facing Staff	NEAC milestone 9
	b. Create a map of existing awareness training for autism to show in-house provision and the types of external training available	Neil Harrison Margaret Hunt	Feb 2011 NH will support the Main Project to develop and collect information on workforce training and development form external trainers across the North East. MH will provide information on HBC delivery of training.	NEAC milestone 2
	c. Arrange awareness training for the following priority groups: • Assessment and care planning staff in mental health • learning disability • Adult community mental and learning disability teams	Ellen Spence Mark Gwilt Anne Shanks Mark Rushforth	Feb 2011 (LD)LD Care management teams complete HBC awareness training as mandatory. Feb 2011 (MH) MH care management teams complete HBC awareness training as mandatory. Feb 2011 (TEWV) LD & MH requested info on ASC awareness training.	NEAC milestone 9
	d. Professional qualifications and workforce development to involve in-house HR/Training	Neil Harrison NEAC	Feb 2011 Awaiting the outcome of NAS / DoH Skills for health/care practice guidance.	NEAC milestone 9
	e. Consider extending NAS Accreditation for contracted providers in the independent and voluntary sectors.	Neil Harrison Brian Ayre	Feb 2011 Tees ASC framework agreement developed with 8 providers identified with the skills, knowledge and competence to work with people with ASC	NEAC milestone 4

Tees Ref	What are the main tasks involved in these priorities?	Who will lead?	Progress	Links
1	f. Identify people on the spectrum and family members who could deliver real-life training to professionals	Neil Harrison	Feb 2011 Delivered training to key professionals during 2009/10 through NAS / Main Project & ESPA.	NEAC milestone 9
	g. Prepare a sub-regional training plan which all the local authorities are committed to which can be co-ordinated by the ASDG	Margaret Hunt Main Project	Feb 2011 Main Project appointed lead from NAS to undertake a teeswide ASC strategy.	NEAC milestone 1
	h. Council-wide awareness training is needed for elected members and front desk staff	Democratic Services	Feb 2011 NH/MH to arrange a members seminar (June 2011) Main Project / Neil Harrison	NEAC Milestone 3 & 10
	i. Review forthcoming DH guidance on making "reasonable adjustments" for employers to use and incorporate into awareness training	HBC – Equality & Inclusion Group	Feb 2011 CH will request that the group look at the implications of DH guidance.	NEAC milestone 4
	j. Address the need to provide training before support services are delivered to individuals	Sarah Ward	Feb 2011 ensure support plans address the individual needs of people with Autism.	NEAC milestone 9
	k. Local authorities need to work alongside providers of services so that bespoke training and support is in place for the individual with complex needs and autism	Brian Ayre	Feb 2011 Tees ASC framework agreement developed with 8 providers identified with the skills, knowledge and competence to work with people with ASC	NEAC milestone 5,7,8

Tees Ref	What are the main tasks involved in these priorities?	Who will lead?	Progress	Links
2	a. Update the autism data in the JSNA and plan for future needs with stakeholders.	Neil Harrison Ruth Kimmins Louise Wallace	Feb 2011 JSNA October 2010 forwarded to NEAC website, information on the needs of young people, children and Adults outlined. Future plans outlined. Regional template to be developed.	NEAC milestone 2
	b. Add the co-priorities from this action plan into the JSNA in each local authority.	Neil Harrison	JSNA priorities 2010 • Increase uptake of SDS • Develop the workforce • IAG parents cares and staff. • Meeting local education and care needs.	NEAC milestone 2
	c. A RIEP funded project to create a Teeswide plan has recently begun	Neil Harrison Main Project	Feb 2011 Main project have appointed post to support the development of a 3 year strategy, advisor from NAS also supporting the project.	NEAC milestone 2
	d. The MAIN Project will provide a written update on the development of the Teeswide plan at each ASDG meeting		Feb 2011 Regular agenda item for ASDG meetings	NEAC Milestone 2

Tees Ref	What are the main tasks involved in these priorities?	Who will lead?	Progress	Links
3	a. Involve TEWV in local meetings so that developments around diagnosis and care pathways are discussed.	Neil Harrison Anne Shanks Mark Rushforth Ellen Spence	Feb 2011 Meeting to be held with PCT lead / TEWV and HBC commissioner to discuss care pathway for people on the ASC	NEAC milestone 2,5
	b. provide feedback from NEAC on the ASC diagnostic services	Neil Harrison ASDG Chair	Feb 2011 Referenced importance and received update at Tees ASDG.	NEAC milestone 2,5
	c. To follow statutory guidance on the development of diagnostic assessment and follow up services.	Neil Harrison Anne Shanks Sheila Halpin	Feb 2011 Attendance ASDG for Commissioners and Senior Mgrs in Health & Social Care Feb 2011 NEAC discussed potential evaluation of two proposed models for Diagnostic services. MDT approach or specialist TEWV provision.	NEAC milestone 2

Tees Ref	What are the main tasks involved in these priorities?	Who will lead?	Progress	Links
4	a. Produce a joint commissioning plan for autism services based on the data in the JSNA	Neil Harrison	Feb 2011 – JSNA updated in October 2010.	NEAC milestone 4
	b. Involve partners involved in transition planning of young people with autism to identify where improvements can be made	Neil Harrison TOG Sarah Ward	Feb 2011 Transitions Operational Group will identify people with ASC and discuss improvements to planning.	NEAC milestone 2
	c. Planning needs to improve around developing further education opportunities for people with ASC'	Neil Harrison Stephen Wright SENCO's	Feb 2011 – TOG meetings discuss educational opportunities and link to IB's (Personal budgets)	NEAC milestone 3
	d. To work more closely with colleagues in mental health	Neil Harrison Geraldine Martin	Feb 2011 – Green light action plan. LD/MH employment and FSW service to include ASC provision. Discussed in re-ablement plans for 2011	NEAC milestone 5
	e. Consult Hartlepool's new transition protocol and feedback experiences to the ASDG	Neil Harrison Mark Smith	Feb 2011 – NH will request a report from TOG members on the new protocol and pathway.	NEAC milestone 2
	f. Explore new types of support in the wider community for people who are assessed as not being eligible for care services	Neil Harrison Geraldine Martin	Feb 2011 – Exploring potential for Connected Care (LAC) to expand across the Borough, to support people with ASC (non FACS eligible)	NEAC milestone 3,8
	g. Identify the most appropriate place to provide information for families about services and supports, especially following diagnosis.	Margaret Hunt Neil Harrison Chris Horn	Feb 2011 – Further development of Hartlepool Now, Main project website, Trusted trades register and CIL website.	NEAC milestone 2
	h. Support the roll-out of Personal Budgets and Direct Payments for people with autism	Sarah Ward Emma Whitworth	Feb 2011 PHB event held at Wynyard, All people who are FACS eligible are offered a Personal Budget for social care. Carers & Children's RAS being developed.	NEAC milestone 3,10,13

Tees Ref	What are the main tasks involved in these priorities?	Who will lead?	Progress	Links
4	i. Invite a speaker to talk about personal health budgets at the ASDG meeting	Emma Whitworth	Feb 2011 invited Emma Whitworth to attend future Tees ASDG meeting.	NEAC milestone 3
	j. Map existing children's and transition groups to avoid duplication. ASDG to merge or link with them	ASDG Chair Neil Harrison	Feb 2011 Discussion at TOG meeting to map meetings of children's and transitions groups.	NEAC milestone 2
	k. Engage the Director of Children's services with planning around autism	Neil Harrison Nicola Bailey	Feb 2011 Plan will be reported through Portfolio meetings and Health & Well Being Partnership.	NEAC milestone 4

Tees Ref	What are the main tasks involved in these priorities?	Who will lead?	Progress	Links
5	a. Out of are placements. Evaluate the outcomes for this group of people to ensure their lives are improved despite the reduction in costs	Neil Harrison Ellen Spence Sarah Ward Donna Owens	Feb 2011 Transitions and Unsettled TIC group have identified OOA placements and those with ASC. Working with Housing Providers on identifying local housing needs.	NEAC milestone 8
6	a. Explore the need to create an autism partnership board on Teesside	ASDG Neil Harrison	Feb 2011 Discussed at Tees ASDG importance of local implementation teams, Partnership boards and forums. To ensure reporting back through Health and Wellbeing Boards (HWWB)	NEAC milestone 11
	b. As new Health & Wellbeing partnerships are being created, ensure autism fits properly in the new structures (including GP Consortia)	ASDG Neil Harrison	Feb 2011 AS ABOVE- ASDG group and HWWB reports	NEAC milestone 11
7	a. NEAC and The MAIN Project to explore how local authorities can meaningful engage with parents and carers	Neil Harrison The MAIN Project	Feb 2011 Explore links with MAIN and Local Carers groups. Main project moving to CIL in March 2011	NEAC milestone 5
8	a. Find out about the variety of ways young people and adults with ASCs are able to engage with the work of the ASDG	Neil Harrison Tracey Liveras MAIN Project	Feb 2011 Social Media task group consulted young people on the benefits of social media. To include the work of the aiming high steering group. Hartlepool Carers	NEAC milestone 2,3,5,13

Not Covered

NEAC milestone 6: Supporting initiatives with ASC into Work
NEAC milestone 7: Social care provider supporting employment
NEAC milestone 12: Support to Lead Officers in their role

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO
Report to Portfolio Holder
28 March 2011

Report of: Director of Child and Adult Services

Subject: ENABLEMENT AND SUPPORT SERVICES FOR PEOPLE WITH FORENSIC BACKGROUNDS

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder for Adult and Public Health Services of the intention to enter into a framework agreement for enablement and support services for people with forensic backgrounds.

2. SUMMARY OF CONTENTS

The report provides information on the proposed framework agreement to support people with forensic backgrounds

3. RELEVANCE TO PORTFOLIO MEMBER

The Portfolio holder is responsible for adult social care services, which includes support to people with forensic backgrounds.

4. TYPE OF DECISION

Non Key – for information only

5. DECISION MAKING ROUTE

Decision by the Director of Child and Adult Services – 28 March 2011

6. DECISION REQUIRED

No decision required. The Portfolio Holder is asked to note the content of the report and the arrangements as indicated

Report of: Director of Child and Adult Services

Subject: ENABLEMENT AND SUPPORT SERVICES FOR PEOPLE WITH FORENSIC BACKGROUNDS

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1. PURPOSE OF REPORT

1.1 To inform the Portfolio Holder for Adult and Public Health Services of the intention to enter into a framework agreement for enablement and support services for people with forensic backgrounds.

2. BACKGROUND

2.1 The Tees Integrated Commissioning Group identified a shortage of suitably trained and qualified providers within the region who could meet the support needs of people with learning disabilities and a history of offending.

2.2 Middlesbrough Council, with the support of Hartlepool, Stockton, and Redcar & Cleveland undertook a planning event in July 2009 aimed at developing the learning disability provider market across Tees.

2.3 With the support of Paradigm and with funding from the DH Valuing People Support Team, providers where given the opportunity to look at developing a care and support service to support people returning to their localities following a hospital admission.

2.4 Positive Support in Tees (PST) were supported as a newly formed Community Interest Company and have been awarded a framework agreement. PST will receive support through Paradigm and the Department of Health Valuing People Support Team to develop skills competencies and knowledge to ensure the outcomes of individuals with a forensic history can be met.

3. UNDERSTANDING THE FORENSIC PATHWAY

3.1 The learning disability forensic pathway functions within the range of learning disability as defined within ICD-10 (the International Classification of Disease; Mental and Behavioural Disorders)

3.2 The pathway supports adults from age 19 who may be subject to a legal order as a consequence of their offending behaviour. They may be engaging in behaviours that have been sufficiently severe as to be putting the safety of others at risk and as a result required police intervention.

3.3 In patient treatment and assessment pathways are delivered by Tees Esk and Wear Valley NHS Foundation Trust.

3.4 Forensic case management is supported via a Tees Agreement and a service is currently provided via Middlesbrough Borough Council with contributions from Hartlepool, Stockton and Redcar & Cleveland.

3.5 Treatment entails the application of recognised, definable, developmentally based therapeutic interventions aimed at an identified deficit, disability or area of the person's psychopathology. It is an active planned process with defined goals and outcome measurement.

3.6 Upon completion of the defined treatment the person is then assessed before a panel of experts to determine if appropriate to discharge.

3.7 Individual service design using person centred approaches are developed as part of the discharge process; it is at this stage when individuals will engage with respective providers.

4.0 CURRENT POSITION

4.1 At present there are 11 adults with learning disabilities from Hartlepool who are supported through the forensic pathway. It is estimated that 3 people will be ready for discharge over the next 12 months.

4.2 PST will work in partnership with Hartlepool, Stockton, Redcar & Cleveland and Middlesbrough Councils and will have close links with the Tees Forensic Assessment Unit.

5. APPROVAL OF FRAMEWORK AGREEMENT

5.1 The Director of Child and Adult Services has delegated authority within the HBC Constitution to make arrangements for social care services. In making such arrangements the Child and Adult Services Department is exempt from the Contract Procedure Rules where such contracts are in relation to services and appropriate provision for vulnerable people.

5.2 A proposal to establish a framework agreement with Positive Support in Tees to provide support for people with learning disabilities and forensic backgrounds was approved by the Director of Child and Adult Services on 14 February 2011.

6. RECOMMENDATION

6.1 That the Portfolio Holder notes the contents of the report and the arrangements as indicated.

7. CONTACT OFFICER

7.1 Neil Harrison, Head of Service (Disabilities)

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
28 March 2011

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Child and Adult Services

Subject: LEARNING DISABILITY PERFORMANCE AND HEALTH ASSESSMENT FRAMEWORK

SUMMARY

1.0 PURPOSE OF REPORT

To update the Portfolio Holder on the results of the third annual Learning Disability Performance and Health Assessment Framework

2.0 SUMMARY OF CONTENTS

The report provides an update on the annual self assessment undertaken with the support of the Hartlepool Learning Disability Partnership Board.

3.0 RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Holder is responsible for adult social care services including those provided to adults with learning disabilities.

4.0 TYPE OF DECISION

Non Key: for information

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 28 March 2011

6.0 DECISION(S) REQUIRED

To note progress and approve action plan updates

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Report of: Director of Child & Adult Services

Subject: LEARNING DISABILITY PERFORMANCE AND HEALTH ASSESSMENT FRAMEWORK

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1. PURPOSE OF REPORT

1.1 To update the Portfolio Holder on the results of the third annual Learning Disability Performance and Health Assessment Framework.

2. BACKGROUND

2.1 An independent inquiry into access to healthcare for people with learning disabilities was established under Sir Jonathan Michael's leadership in May 2007. The inquiry found convincing evidence that people with learning disabilities have higher levels of unmet need and receive less effective treatment.

2.2 Valuing People Now (a three year strategy for people with learning disabilities) has identified that a key priority for delivery is to secure access to, and improvements in healthcare.

2.3 A North East regional programme of work was launched in April 2008 with the aim of ensuring people with a learning disability are as healthy as possible and have equality of access to health care.

2.4 The leadership group is chaired by Stephen Singleton, North East Director of Public Health and Medical Director for the Strategic Health Authority (SHA).

3. PROGRESS

3.1 A performance and self assessment framework has been agreed, which is referred to locally as the Annual Health Check. The health check includes a strong focus on access to mainstream health improvement and health service provision including the commissioning of safe high quality specialist health learning disability services.

3.2 In October 2008 'Inclusion North' [1] supported the Hartlepool Learning Disability Partnership Board to complete its first Annual Health Check.

[1] Inclusion North works in Yorkshire, Humber and the North East to promote Inclusion for people with learning disabilities, their families and carer's.

3.3 Progress and findings were submitted to the North East SHA and a regional picture was formed.

3.4 During 2010 the Health Sub Group of the Learning Disability Partnership Board has monitored progress and information is then collated through the Council's performance management system Covalent (**Appendix 1**).

3.5 In addition a separate action plan has been developed to support the key challenges addressed in the Michael's report, Six Lives report and the recently published Raising Our Sights recommendations (**Appendix 2**).

3.6 An updated Annual Health Check has been submitted to the SHA, and will evidence progress against 4 key areas (**Appendix 3**).

4. RECOMMENDATIONS

4.1 The Portfolio Holder is asked to note progress and approve action plan updates.

CONTACT OFFICER: Neil Harrison Head of Service (Disabilities)

Health Check Assessment Plan (APPENDIX 1)

Generated on: 22 February 2011

Rows are sorted by Code

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
HCA 1	Plans are in place and resources identified to meet White Paper/DH learning disability targets fro resettlement and campus closure	Neil Harrison	31 Mar 2012		Action Completed	100%	04 Dec 2009	Completed
HCA 1.1	Everyone who was to move from long stay hospitals has moved	Neil Harrison	31 Mar 2012		Action Completed	100%	04 Dec 2009	Completed
HCA 1.2	The Partnership Board knows how many people live in a 'campus' home	Neil Harrison	31 Mar 2012		Action Completed	100%	23 Mar 2009	Completed
HCA 1.3	Some people have made a 'campus plan' - this has been talked about and agreed at the Partnership Board	Neil Harrison	31 Mar 2012		Action Completed	100%	23 Mar 2009	Completed
HCA 1.4	You are confident that: The plan really shows what people want; There is enough money to pay for it; It is clear when it will happen	Neil Harrison	31 Mar 2012		Action Completed	100%	04 Dec 2009	Completed

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
HCA 2	PCTs are working closely with local Partnership Boards and statutory and other partners, to address the health inequalities faced by people with learning disabilities	Neil Harrison	31 Mar 2012		Action On track	75%	31 Jan 2011	Agreement reached to provide a North of Tees LD Health Facilitation team, supported via the TEWV contract. Service specification being revised to include service provision across North of Tees.
HCA 2.1	GP's keep information on their registers about: Children and adults with a learning disability; Older family carers; People from minority ethnic groups; Carers of people from minority ethnic groups	Ruth Kimmins	31 Mar 2012		Action On track	37%	31 Jan 2011	It is yet unclear if LD DES contracts will be continued past 2011. Discussions across Tees and through LD CIT looking at how best to support GP Consortia.
HCA 2.2	Primary Care Teams are working hard to make things more equal. They are also promoting good health for people with a learning disability.	Ruth Kimmins	31 Mar 2012		Action On track	37%	31 Jan 2011	New appointments for LD/MH commissioning and CHC lead invited to LD Partnership Board.
HCA 2.3	People with learning disabilities can find out about and use these services like everyone else can: Health screening (like breast screening & cervical smears); Disease prevention (stop smoking groups); Health promoting activities (like healthy heart days)	Ruth Kimmins	31 Mar 2012		Action On track	75%	31 Jan 2011	LD HAF assessment submitted to SHA on 29th October- awaiting feedback Contact with manager for call and re-call service across Tees to arrange to meet to improve access to screening services. No feedback from SHA re regional issue. Have received information from Hull and Humber re removal from recall system using best interest assessment. To discuss with Tees recall service as to whether they had signed up to this. CVD easy read invite letter produced and being used Tees wide. Accessible information leaflet produced by DH and now being distributed to all G.P practices. No further work with new sexual health service provider as yet. Formal

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
								arrangements not yet in place
HCA 2.4	Other people to do with health, like dentists and chemists, are making things better for people with a learning disability	Ruth Kimmins	31 Mar 2012		Action On track	61%	31 Jan 2011	LINKS involved in questionnaires and seeking feedback from a range of Primary and Secondary care partners. Initial report presented to LDPB and referenced in feedback to SHA. Regarded as good practice having close working arrangements with LINKS.
HCA 2.5	There are written rules and contracts which talk about the needs of people with learning disabilities. People who are paid to provide health services have to follow these.	Ruth Kimmins	31 Mar 2012		Action On track	80%	31 Jan 2011	LD CQUIN targets have been included in Acute, community and specialist LD / MH NHS trusts and mirror the recommendations from the Michael's report. LDPB report on progress through Health and Wellbeing Partnership.
HCA 2.6	National Service Frameworks and Clinical Networks for Older People, Mental Health and other groups include people with a learning disability. National Service Frameworks and Clinical Networks are used to make things better for certain groups of people.	Ruth Kimmins	31 Mar 2012		Action On track	50%	31 Jan 2011	Greenlight action plan developed by TEWV with support form MH commissioners. Action plan to be presented to LDPB for information and comments.
HCA 2.7	Changes to the health computer records are being planned so that they will be accessible to people with a learning disability.	Ruth Kimmins	31 Mar 2012		Action On track	70%	31 Jan 2011	Work continues to implement personal health budgets, LD CIT progressing with health computer records. LTC LIT planned task and finish group to address personalised care plans for GP practices.LTC LIT on hold pending outcomes of a PCT restructure.
HCA 2.8	There is a long-term strategy (big plan) in place about the needs of people from black and ethnic minority	Ruth Kimmins	31 Mar 2012		Action On track	70%	31 Jan 2011	BME self assessment completed. Feedback to Regional programme board was delayed, awaiting outcome of a report Hosted by Middlesbrough Council.

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
	communities and their carers. This looks at how they can get good treatment and access to the healthcare they need.							
HCA 2.9	There is a long-term strategy (big plan) in place about the needs of people with high support needs and their carers. This looks at how they can get good treatment and access to the healthcare they need.	Ruth Kimmins	31 Mar 2012		Action On track	70%	31 Jan 2011	An event held in October invited a number of parties to contribute to the revised "our vision" document. The core themes were Housing, Health, Carers and Employment. The event attended by over 100 representatives sought views on the priorities for the next 3 Years. A report will be presented to the LDPB with key outcomes and action plan to follow
HCA 3	People with learning disabilities who are in services that the NHS commissions or provides are safe	Neil Harrison	31 Mar 2012		Action On track	87%	31 Jan 2011	Commissioner CQUIN visits undertaken. A joint review of the TEWV NHS TRUST Assessment and Treatment service was carried out in September. Report and action plan published in October 3 areas of improvement recommended, highly commended by staff, people using the services and evidence of clinical effectiveness good patient safety and satisfaction surveys. Clinical review sponsored by PCT/TEWV will be undertaken in 2011 to identify those people in out of areas and agree a transition plan for those with potential to return to their locality.
HCA 3.1	Commissioners and service providers have agreed what they need to do about the Healthcare Commission investigations and inspection reports. They are now doing these things.	Neil Harrison	31 Mar 2012		Action On track	76%	22 Feb 2011	A clinical review of all out of area high cost cases is ongoing through the Tees LD Commissioner. PCT commissioners are actively engaged in reviewing the service specifications of the TEWV contract. Commissioners continue to undertake service inspections whereby interviews with Service Users, Family Members and Staff are completed.
HCA 3.2	Each health	Neil Harrison	31 Mar 2012		Action On track	75%	22 Feb 2011	Agreement reached to seek Counsel

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
	organisation has in place clear policies and procedures about: Consent to Treat; MHCA; Equality BOURNEWOOD							(legal)l advice on revised process and protocol for LD and other cases where Capacity may be challenged. To review and revise existing framework subject to case law outcomes (GvE case). PCT commissioning functions have been re-aligned across Tees. A LD Commissioner attends the TEWV NHS LD Clinical Governance meeting.
HCA 3.3	We listen to complaints and investigate bad things that happen to people with a learning disability. We then change how things happen, to make things better	Jenette Donkin	31 Mar 2012		Action Completed	100%	15 Jun 2009	Procedure updated, easy read version updated reflecting best practice DOH guidance. New Keeping safe Booklet and DVD Rap released and available linked to Hartlepool Now Website.
HCA 3.4	We work well together across our organisations to make sure vulnerable people are protected from abuse	Pam Simpson	31 Mar 2012		Action Completed	100%	15 Jun 2009	Independent review of systems undertaken report returned. New strategic lead recruited to implement recommendations. Lead will link to DOLS and safeguarding and further commence the Tees inter agency agreement.
HCA 4	Progress is being made in implementing the service reforms and developments described in 'Valuing People'	Neil Harrison	31 Mar 2012		Action On track	72%	22 Feb 2011	Monitored closely at local and regional level. Three year strategy developed following event during September, action plan submitted to Regional programme board, event looked at Housing, Health, and Employment. Progress made on an array of self assessment data, including:- Housing, Health, BME, Autism, LDPB Review, Greenlight.
HCA 4.1	Some very young people and adults living in NHS and private sector hospitals will not be included in the campus target, but they are due to leave	Neil Harrison	31 Mar 2012		Action On track	80%	22 Feb 2011	Linked to TIC group, new autism Framework contract agreed. The TIC group have been developing a Forensic enablement and support framework contract. ISD & PCP identified for next batch of Forensic Workstream commencing 3 x people identified to

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
	hospital very soon. The Partnership Board is confident that plans are ready for their moves back home.							move out of Hospital in next 6 to 12 months. Housing options being explored
HCA 4.2	There are enough specialist learning disability services available. This means that people can stay in their local communities with the right support without being admitted or re-admitted into hospital	Neil Harrison	31 Mar 2012		Action On track	70%	22 Feb 2011	The TIC group provide a monthly overview on each respective LA's priorities. Hartlepool are looking to secure Housing Provision for a number of Specialist LD & ASC Service Users who are nearing the end of their treatment plans.
HCA 4.3	Plans are in place to make sure that there are enough mainstream and specialist services to support young people and their families as they become adults	Neil Harrison	31 Mar 2012		Action On track	70%	22 Feb 2011	Evidence that self directed support is having a positive impact on people during transition. Work continues with Tees Commissioners to ensure the best use of local resources. New Autism Framework (Tees) has been established. Recently established Transitions Operational Group (TOG) brings key agencies together.
HCA 4.4	People with learning disabilities and the people close to them are able to give their views on health services. They get the support to do this and it leads to changes in the way that services are planned and delivered.	Neil Harrison	31 Mar 2012		Action On track	70%	22 Feb 2011	People with learning disabilities and their families and carers have participated fully in the annual health assessment framework process and have been given support and a range of opportunities to have their say. Their views contribute to the self assessment submission and have led to improvements in services in recent years. The Learning Disability Partnership Board has a Health Action Sub Group which allows health related issues to be discussed on an ongoing basis, with people who have learning disabilities and their carers being part of the group.
HCA 4.5	There are detailed	Neil Harrison	31 Mar 2012		Action On track	66%	22 Feb 2011	JSNA refreshed, identifying priorities

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
	partnership agreements between organisations that work well. They look at day-to-day commissioning and the services that are provided							for next 3 to 5 years, information reflected in vision event held in September with local health & social care reps. Restructure within PCT completed.
HCA 4.6	We have plans in place to meet the needs of people with learning disabilities who are getting older. The plans are linked into other local plans, like the Older People's National Service Framework.	Ruth Kimmins	31 Mar 2012		Action On track	60%	22 Feb 2011	A review of people with a Learning Disability who are Older was recently undertaken, Health Action Plans and Dementia screening considered as part of the review. Housing needs of this group reported back through the Older Persons Housing Steering group.
HCA 4.7	The PCT and other partners have a strategy (big plan) about people with autism spectrum conditions. This look at the needs of young people in transition.	Neil Harrison	31 Mar 2012		Action On track	55%	22 Feb 2011	Tees Valley ASDG have reported back to NEAC and DoH on the Autism Delivery plan. A revised TV ASDG action plan has been refreshed. A local action plan ahs been drafted.
HCA 4.8	There are good local services available for people that challenge services	Neil Harrison	31 Mar 2012		Action On track	60%	22 Feb 2011	Discussions have taken place in respect of the development of a specialist LD framework agreement which it is hoped will identify the skills competences and knowledge required to meet the spectrum of needs of people with a learning disability, including those who present as a challenge to services.
HCA 4.9	There is a National Service Framework for mental health. In this area it includes and makes things better for people with a learning disability.	Donna Owens	31 Mar 2012		Action On track	70%	22 Feb 2011	Meeting around Greenlight action plan has taken place with Tees Esk and Wear valley NHS Trust. There is a provisional Hartlepool action plan in place. Further meetings need to happen to shape this plan. There is also an agreement with TEWV that a joint Hartlepool and Stockton Action plan is acceptable and something that may

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
								need to happen in the coming months given the restructuring of PCT Commissioning
HCA 4.10	Each area has a Workforce Plan. This says how people working in learning disability services will be trained. This Workforce Plan has links to national policy and other local plans of the Partnership Board.	Gwenda Pout	31 Mar 2012		Action Completed	100%		Completed
HCA 4.11	Healthcare for all - Independent inquiry into access to healthcare for people with learning disabilities - Updates	Neil Harrison	31 Mar 2012		Action On track	80%	22 Feb 2011	Action plan updated and includes recommendations from Michel's, Six Lives and Raising our Sights recommendations

HARTLEPOOL LEARNING DISABILITY PARTNERSHIP BOARD

Progress report for implementation of the recommendations in:-
"Healthcare for All" the Sir Jonathan Michael report.
"Raising our Sights" – Jim Mansell report
"Six Lives report" – Local Government and Health Ombudsman.

Recommendation	1 Clinical training to include mandatory training in learning disabilities	
Michael's Report Current Position	**Action**	**Named Lead/ Timescale**
• All staff have attended diversity, equality and rights training within PCT, Learning Disability (LD) and Local Authority and this is currently under review with the private and voluntary sector. • Mar 2011: Rolling programme identified in WFD. • All staff undertake mental capacity act training and should be fully aware on issues relating to consent to treatment. • Mar 2011: Training for signatories' delivered by Northumbria University, Best interest Assessors identified within local authority NHS Trust and PCT. Training also being developed for Section 12 Doctors. • We are working with relevant commissioners re medical and nurse training, (undergraduate and post graduate) for providing better care for people with LD to prevent overshadowing. • Mar 2011: Disaggregation of all TEWV LD & MH contracts, new service specification are being developed for 56 specific services, updated specs includes the VP now principles which support the Michaels key recommendations.	Further develop the work undertaken by the foundation for people with Learning Disabilities in developing good practice guidance to support primary care services, and their partners. Ensure GP registers are part of QOF and collate information on the wider spectrum of learning Disabilities, not just those people with severe learning disabilities Develop a pro-forma for use in Acute settings which accompanies each patient	Tees Alliance G Pout Dec 2011 R Kimmins Dec 2011 R Kimmins Dec 2011

• As part of Direct Enhanced Services, training has to be provided to staff in G.P practices. • Mar 2011:: Training delivered to all but 2 practices in Hartlepool, remainder to follow pending practice restructure. • The plan ensures that all staff attend Safeguarding and Protection of Vulnerable Adults training (POVA). We are due to scope PCT, LD, Independent and voluntary sector for this information. There is an identified person within LA and LD service for Safeguarding Adults, post vacant in Hartlepool PCT. • Mar 2011:: New strategic safeguarding post sits within Local Authority and linked to Deprivation of Safeguards Lead (DOLS) and Complaints • As part of the Workforce development plan, this evidence from LD, Independent, Voluntary, LA and PCT sectors will provide us with our current baseline • Mar 2011:: Tees integrated commissioning project – provider development event held further work to follow, linked to ADASS / RIEP North East Workforce strategy.	with a Learning Disability	

Recommendation	2. Collect data and information to allow people with a learning disability to be identified by the health service and pathway

Michael's Report Current Position	**Action**	**Named Lead/ Timescale**
• Our Health Facilitator has produced a register all people over age of 14 with a learning disabilities and a register of children is planned. • Mar 2011: This work is progressing links to all GP surgeries and Health facilitator integral part of Transitions pathway. • Working with GP practices to ensure all over age 14 identified as having learning disabilities and on the disability register to meet Quality Outcomes Framework targets are identified in the Primary Care Service Framework.	To develop an action plan following the implementation of the LD performance and self assessment framework. The LD Health "Toolkit" covers issues relating to specialist provision, primary care,	R Kimmins (ongoing)

• Mar 2011: This is monitored as part of LD DES • Identified Read Codes have been agreed across PCT's. • Mar 2011: Progress on this is monitored through LD Health sub group of partnership board. • G.P registers are kept up to date and involve Primary Care Informatics regarding this, as data reconciliation is required. • Mar 2011: Data reconciliation has been agreed with informatics, information can be pulled out of the data • No data available from GP re numbers attending screening (specifically Heart Disease, Diabetes, Cervical and Breast). To liaise with Acute Trust re data they hold, but we are aware that at present no coding takes place we are not be able to gather data on who attended screening • Mar 2011: This information is now available through the LD Des and informatics can produce this data. • To address this we are beginning a Flagging system in the Acute Trust both electronically through alert page and paper copy that a person has a LD. When completed, this Flagging will inform Service Pathways. This has not previously been a requirement however as part of the Self Assessment Framework we are reviewing the system. The work has been limited by an old system but a new system is planned and will work with Connecting for Health and NPfIT re LD coding. • Mar 2011: As above progressing, data being collected. • A new Paris System, has been launched by Tees Esk and Wear Valley which will enable us to better track the clinical pathways.	screening, health promotion, data and information, hospital admission, and complaints and is monitored through the LD Partnership Board To update and further develop information on primary care services in easy read format We need to ensure children are identified appropriately as LD in each GP practice.	C Granville (ongoing) Ruth Kimmins October 2009

• Mar 2011: New system in place, and have agreed a plan to collocate the Community Learning Disability team and LD Social work team with allied health professionals. Improved patient pathway.		
Recommendation	3. Family and carers should be involved as a matter of course as partners in provision of treatment and care	
Michael's Report Current Position	**Action**	**Named Lead/ Timescale**
• People and carers are involved in the Hartlepool Partnership Board. • There is a Carer's Group and a Life Chances Group, with good carer and service user representation with more limited involvement on the Health Action Sub group. • Mar 2011: Carers responsible for a small element of Carers Grant funding. Carers group linked to aiming high for disabled children – parent's forum. Carers represented on Health sub group • A Valuing People Now formal consultation took place with the main finding being that Information needs to be produced in easy read and that an audit of access issues is needed. • Mar 2011: Work progressing, accessible information officer in post based within Local Authority and has converted some documents to easy read. • All Carer's are offered a Carer's Assessment and Care Plan as part of the single assessment process. • Mar 2011: Carers assessment included in new SDAQ v5.5 • In Hartlepool we have a comprehensive carers strategy signed up to by all partners which has been recently been reviewed.	A presentation on the health needs of Adults with Learning disabilities will be presented to the Hartlepool LINK'S service To develop an action plan following the implementation of the LD performance and self assessment framework.	R Kimmins December 2009 R Kimmins (ongoing)

• Mar 2011: Work progressing, carers influence spending on the Grant. New Carers emergency respite Scheme operational.		
Recommendation	4. The needs of people with learning disabilities are identified and assessed as part of JSNA	
Michael's Report Current Position	**Action**	**Named Lead/ Timescale**
• Yes, the needs both children and adults with a learning disability have been identified in the first edition of the JSNA, and we are using a range of methods to ensure more accurate and comprehensive assessment using public health informatics. • Mar 2011: JSNA has been updated in July 2009, out for public consultation, now includes Autism as separate theme.	A review of the Joint Strategic needs assessment is planned	J Harrison October 2009
Recommendation	5. DH should establish a Public Health Observatory	
Michael's Report Current Position	**Action**	**Named Lead / Timescale**
• We support this initiative and welcome the recommendations in Valuing People Now • Mar 2011: This recommendation is being progressed nationally.	The lead officer (partnership Board) will continue to support and inform on national strategy	L Duncan (ongoing)
Recommendation	6. DH should amend core standards to include explicit reference to requirements to make "reasonable adjustments" in respect of D.D.A.	
Michael's Report Current Position	**Action**	**Named Lead/ Timescale**
• We support this initiative, and would ensure that any new information be presented to the LD Partnership Board to be implemented through HASG.	A programme of planned updates are presented to the	L Duncan (ongoing)

• Mar 2011: Work progressing through the Health sub group of LD Partnership Board	partnership Board	

Recommendation	7. Health services should make reasonable adjustment for people with learning disabilities through directed enhanced service. PCTs to commission enhanced primary care services which include regular health checks provided by GPs and improve data, communication and cross boundary working

Michael's Report Current Position	**Action**	**Named Lead/ Timescale**
• We have plans to implement DES in January 2009. • Mar 2011: DES implemented • A regional approach has been agreed for the development and implementation of training to all G.P practices. • Mar 2011: Training to all but 2 GP's completed • We are working with MIT within the Local Authority to ensure comprehensive coverage as DES Guidance indicates that only Severe LD and complex needs are included. All G.P practices to offer annual health check to this client group. • Mar 2011: Work progressing with Informatics • Data extraction will be utilised to demonstrate that this has occurred for Practices to receive payments. One of the areas where we aiming for improvement improve is that appointments are convenient and available for longer period of time. • Mar 2011: Negotiating with informatics on what data can be extracted	We will establish a process to ensure compliance and monitoring of the number of annual health checks, with a view to enable analysis of results. Including Health facilitation and Health action plans.	R Kimmins March 2010

Recommendation	8. Inspectorates should develop and extend their monitoring of the standard of health services provided to people with learning disabilities

Michael's Report Current Position	**Action**	**Named Lead/ Timescale**
• This is an issue for relevant national bodies, locally, however the PCTs are reviewing contractual arrangements with providers to include an expectation that reasonable adjustments are made for people with a learning disability. This will form part of the standard contract service specification. • Mar 2011: Progressing through CQC • Tees Esk and Wear Valley NHS Trust have developed a Patient's Charter which details expectations and standards that people with a learning disability and their families should expect. • Mar 2011: Standards for Better Health (TEWV) 08/09 is monitored and commented on by LD Partnership Board.	We will develop a process of peer review with "Voice for Hartlepool" Advocacy group	L Duncan October 2009
Recommendation	9.In line with Section 242 NHS Act 2006, all Boards should ensure that views of interested people with learning disabilities and their carers are involved in planning and development of services	
Michael's Report Current Position	**Action**	**Named Lead/ Timescale**
• People and carers are involved in the Hartlepool Partnership Board. There is a Carer's Group and a Life Chances Group, with good carer and service user representation with more limited involvement on the Health Action Subgroup. • Mar 2011: This work continues and will extend back to regional partnership boards – to Government office North East. • Valuing People Now formal consultation took place. • There is no representation from people with LD on other planning networks although the Health facilitator does provide some coverage e.g. Obesity, Healthy Eating, Smoking, CVD, Cancer and Sexual Health. • Mar 2011: LD members represented on Hartlepool LINK	We recognise the need for increased representation from ethnic minority and complex needs group on the Partnership Board. We will continue to support and further develop the Autism Self Help Group in planning and developing services.	L Duncan March 2010 N Harrison March 2010

• Some networks have been identified as priorities to engage including Mental Health LIT. This will be addressed partly through the recent appointment of a Patient Participation Officer within the Tees wide Patient Experience Team who will be supporting us to establish stronger links with these groups. • Mar 2011: Hartlepool Autism Self help group (HASH) meetings continue to look at the potential of support from the MAIN project who are soon to move into the newly refurbished CIL.		
Recommendation	10. Boards to demonstrate in routine public reports that they have systems in place to deliver effective reasonable adjusted health services. This should include providing advocacy for all those who need it and effective representation on PALS from all client groups	
Michael's Report Current Position	**Action**	**Named Lead/ Timescale**
• The DES, Self-Assessment Framework and JSNA have all being presented to the PCT Board for information. • Mar 2011: JSNA Updated now includes Autism as a theme. • Plans are in place for minutes from the Health Action Sub Group to be forwarded to the PCT Board via the DPH to increase awareness on learning disability issues, including reasonably adjusted Health Services. • In terms of advocacy funding is provided via LDDF for a part time Advocate working in Hartlepool MIND, a recent audit of this service has taken place and we are awaiting findings. • Mar 2011: New peer advocacy support in place "2B" • The "Voice for Hartlepool" (LD self-advocacy group) is awaiting a new venue and appointment of support worker to resume delivering a service responsive to local need. Working pathways with PALS are currently under review. • Mar 2011: Completed	A review of all Advocacy will be undertaken in 2010. The LD Partnership Board will present its findings from its self assessment and include Primary Care services in developing a local action plan.	J Harrison March 2010 L Duncan December 2009

"Raising our Sights" – Jim Mansell report

Area	1 Ensuring effective Implementation	
Raising our Sights	**Action**	**Named Lead/ Timescale**
• Vision for Adult Social Care published Nov 2010, recommendations on ensuring people get choice and control over their services from supported housing through to personal care.	HBC continue to implement personal budgets for those eligible for social care services	Sarah Ward Jan 2013
• Think Local Act, Personal published in Nov 2010, Councils health bodies and providers to work to integrate and personalise service delivery	Awaiting the full suite of practice documents to support PHB's in Health	Sarah Ward Jan 2013
Area	2 Supporting Families	
Raising our Sights	**Action**	**Named Lead/ Timescale**
• Vision for Adult Social Care Nov 2010, supports the development of User Led organisations.	A review of ULO's is being explored as part of RIEP community capacity building project	Neil Harrison Dec 2011
• Health and well being boards will represent local areas in developing plans to update its JSNA's	Awaiting the formation of a Health and Wellbeing Board.	Jill Harrison Mar 2012
Area	3 Advocacy	

Raising our Sights	**Action**	**Named Lead/ Timescale**
• Vision for Social Care Nov 2010, Councils should focus on improving the range, quality and accessibility of information, advice and advocacy.	Procurement of new Advocacy service undertaken during 2010. New service to be cited in the CIL. Service provided by DISC	Neil Harrison Mar 2011
Area	4 Planning and Predicting the need for support	
Raising our Sights	**Action**	**Named Lead/ Timescale**
• Proposed green paper on SEN needs & Disabilities informed by Getting a Life project (transitions)	Recently formed TOG group identify future commissioning priorities on a case by case basis. Resource allocations for Children being developed.	Neil Harrison
• All statutory providers should keep up to date information on PIMD to support effective planning of services.		Neil Harrison
Area	5 Recruiting and training personal assistants	
Raising our Sights	**Action**	**Named Lead/ Timescale**
• Training is reviewed for personal assistants to ensure they are trained in person centred approaches to communication and support that meets the needs for PIMD	An LD specialist provider framework agreement will identify the skills, competencies and knowledge of the workforce.	Margaret Hunt

Area	6 Housing		
Raising our Sights		**Action**	**Named Lead/ Timescale**
• The needs and aspirations of PIMD should be considered in the provision of general needs housing			

Area	7 Access to Community facilities		
Raising our Sights		**Action**	**Named Lead/ Timescale**
• Support the development of Changing Places, identify and disseminate good practice		2 new Accessible changing places under construction. HME & Coronation Drive	Neil Harrison Mar 2011
• Improve physical access to services		Central Library & Mill House Leisure Centre fitted with accessible changing places	Neil Harrison
Area	8 Health		
Raising our Sights		**Action**	**Named Lead/ Timescale**
• Recommendations covered in Six lives and Michel's Report		Separate report as above	
• Ensure new GP consortia advance equality of opportunity for PIMD			TBC
Area	9 Access to equipment (Wheelchairs)		

Raising our Sights	**Action**	**Named Lead/ Timescale**
• NHS regional Advisory Group set up to look at Equipment	Recommendations to follow	
Area 10 Communications aids and assistive technology		
Raising our Sights	**Action**	**Named Lead/ Timescale**
• Health and Social Care Bill Jan 2011 – supports multi agency working to support the implementation of telecare & telehealth	Awaiting new statutory guidance.	
• Vision for Adult Social Care Nov 2010 – Councils should commission a range of appropriate preventative and early intervention services such as re-ablement and telecare working in partnership with the NHS, housing and others.	Re-ablement model drafted linked to outcomes and expectations. New funding form DH.	
Area 11 Further Education		
Raising our Sights	**Action**	**Named Lead/ Timescale**
• Everyone with PIMD should have access to further education, YPLA & SFA to monitor volume and quality of provision	Living & Learning for Life, pilot looking at education for PIMD	Stephen Wright
• YPLA & SFA to increase local provision for PIMD	Development of ISP's across Tees	Stephen Wright
Area 12 Employment and Day activity		

Raising our Sights	**Action**	**Named Lead/ Timescale**
• Local Authorities should ensure that adults with PIMD are able to take part in a wide range of meaningful activities including employment, education and leisure activities	Working together for Change project will incorporate support plans into service outcomes	Sarah Ward Neil Harrison
• Local Authorities should ensure they continue to provide a base from which Adults with PIMD can go to different activities during the day.	Evidence of this may fall out of the Working together for Change project	Sarah Ward Neil Harrison
Area 13 Short Breaks		
Raising our Sights	**Action**	**Named Lead/ Timescale**
• Commissioners of Health and Social Care services should commission a range of short break services that provide staff with sufficient skills, expertise, equipment and facilities to meet the needs of PIMD.	Review undertaken in Children's Services (Aiming High) developed a range of short break options. Adult services during 2009 developed its short break options.	Tracey Liveras Neil Harrison
• Recognised, valued and supported: next steps for Carers Strategy Nov 2010 – identified additional resources for carer's breaks over the next 4 years.	NHS operating Framework 2011/12 – identify funding for Hartlepool	Donna Owens Neil Harrison
Area 14 Training		
Raising our Sights	**Action**	**Named Lead/ Timescale**
• Training needs of families and personal assistants should be included in local workforce plans, consideration should be given as to how these can be delivered at minimal cost.	ADASS regional workforce plan identified this as a priority	

• Think Local, Act Personal: next steps for transforming Adult Social care Nov 2010, referred to forthcoming PA strategy.		Await the publication of the PA strategy	
Area	15 Clinical Procedures		
Raising our Sights		**Action**	**Named Lead/ Timescale**
• High quality person centred transition plans should focus on outcomes and cover health, housing, employment and community participation.			
• Health and wellbeing boards should bring clarity about who should health information together		Await the formation of Health and wellbeing boards	
• NHS white paper, Equity and Excellence, Liberating the NHS made it clear that patient involvement on decisions was key to better health outcomes.			
Area	16 Funding		
Raising our Sights		**Action**	**Named Lead/ Timescale**
• For Adults with PIMD both health and social care service should work together in planning and commissioning services.		JSNA identifies commissioning intentions	
• Continuing Care guidance encourages joint arrangements between PCT's and Local Authorities in respect of assessment commissioning and case management			

"Six Lives report" – Local Government and Health Ombudsman.

Area	1 All NHS and social care organisations in England should review urgently and report accordingly to those responsible for the governance of those organisations	
Six Lives Report	**Action**	**Named Lead/ Timescale**
• The Learning Disability Partnership board will provide regular progress reports to the proposed Health and Wellbeing Board		Chris Hom Ruth Kimmins

Area	2 Health and social care organisations are meeting their statutory and regulatory requirements in relation to the provision of services to people with learning disabilities; and that they should report accordingly to their respective Boards	
Six Lives Report	**Action**	**Named Lead/ Timescale**
• Commissioning of services and future commissioning priorities are included for PIMD in the JSNA.	JSNA refreshed October 2010	

Area	3 Department of Health should promote and support the implementation of these recommendations, monitor progress against them and publish a progress report	
Six Lives Report	**Action**	**Named Lead/ Timescale**
• The Learning Disability partnership board and Health sub group will continue	Progress reports and updates	

to report on progress against the three major strategies (health care for All, Six Lives and Raising our sights)	will be presented to Health and Wellbeing boards and the SHA where appropriate.	
• The Learning Disability board will support its members at the Regional Programme board	Subscription to Inclusion North agreed till 2012	

Learning Disabilities Self Assessment 2010 - Feedback Forms
Locality HARTLEPOOL

Health Check – Top Target 1

1. Plans are in place to meet the needs of people who are no longer receiving treatment which requires in-patient care in an acute/long-stay residential facility or hospital

How we are doing overall on this standard

Please tick where you think are overall on this target ⇒

☹	😐	☺
		√

(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score? ☹	😐	☺	(5) One thing we want to be better in 12 months (Key priority)
1. Plans are in place to meet the needs of people who are no longer receiving treatment which requires in-patient care in an acute/long-stay residential facility or hospital	Everyone who is coming to the end of treatment has plan in place.				☺	Stronger links with Housing
1.1 The resettlement of identified people from long stay hospitals, is complete	Complete				☺	
1.2 All NHS Residential Campuses are to be closed by 2010	Campus closed				☺	Review and monitoring of new provider
1.3 **(formerly 4.1)** Discharge planning is in place for people (***not already included in the campus target***) both in and out of district, and in both NHS and private sector hospital provision, whose treatment is either complete, or	We are fully aware of the number of people who are living out of area and those who are currently in forensic and treatment and assessment units. Discharge planning is co-ordinated across Tees.	Support the development of appropriate accommodation for those people with complexities and behaviours that challenge.			☺	Independent clinical review of all out of area placements planned for 2011/12

nearing completion						

Health Check – Top Target 2

	**The PCT is working closely with the Partnership Board and other local partners. This means that people with a learning disability can use the same health services and get the same treatment as everybody else**	How we are doing overall on this standard Please tick where you think you are overall on this target ⇨	☹	😐	☺
			☐	√	☐

(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score? ☹	😐	☺	(5) One thing we want to be better in 12 months (Key priority)
2. PCTs are working closely with local Partnership Boards and statutory and other partners, to address the health inequalities faced by people with learning disabilities	Health facilitator part of health improvement team and links with PB Statutory, private voluntary, links and self advocates to ensure health inequalities are highlighted	Need to ensure that links with G.P practices are strengthened in preparation of the new planned commissioning arrangements			☺	Need to have equity of staffing across Tees for implementation
2.1 Systems are in place to ensure the following are identified within GP Registers: ➢ Children and adults with a learning disability ➢ Older family carers ➢ Those from minority ethnic groups ➢ Carers of those from minority ethnic groups ➢ Parents or carers with a Learning Disability	583 people with a leaning disability registered with G.P practices in Hartlepool. (14+years) Hartlepool Carers have been awarded funding to carry out piece of work to ensure that carers registers are in place. Currently 239 referrals received. Ethnicity groups are coded as standard. Number of people with LD from ethnic group very small. (7- known to services) Number of people with an LD who are parents/ carers is small (2- known to services). Working with individuals to gain consent to having electronic flag in place on	New SEN manager in place and we have had initial discussion regarding coding children with a LD not difficulties **Carers Update (ref 1)** Mechanism in place to ensure that coding continues as normal practice especially in transfer from children to adult services and shared with screening service and acute services		😐		Work being undertaken by CIT around the coding and flagging within the acute foundation trusts. Improve coding system

		PAS system within acute foundation trust. This being competed on individual basis until regional solution agreed			😐		
2.2	Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice	Practice nurses in each practice have received learning disability awareness training. All have received information on accessing easy read information and do have access to Health facilitator for advice Monday to Friday. 2009 all G.P practices offered annual health checks 50% in 2009/10. All practices have signed up for 2-10/11 Email evidence form Tees Contacts. Two practices to date have had refresher training. One practice has booked training session in December 2010. Outcome from practice that as a result of DES do have a better relationship with the LD clients within their practice	Impact of new white paper on transfer of health Improvement/ Public health to Local Authority. Impact on PCT restructures and new G.P commissioning arrangements and how this will impact on LD inequalities **GP annual Health Check (Ref 2)** Figures for 2010/11 published April 2011			☺	Once LD map of health up and running, to share this out to all practice managers and promote its benefits of using Need to produce supporting evidence for G.P practices on benefits of annual health checks so that they will continue once payments have ceased
2.3	People with learning disabilities access disease prevention, screening, and health promoting activities in their practice and locality, to the same extent as the rest of the population	CVD invite letters being used across Tees. Everyone who has a learning disability is called for Screening the same as the rest of the eligible population. Learning Disability SRE has been written and piloted. This resource looks at the wider risk taking behaviours too	Need to ensure that G.P practices share the LD status of people with call and recall services to ensure that easy read material is available and distributed with invite letters **CVD letter SLT & DVD (Ref 3)** **SRE training (Ref 4)**		😐		Learning Disability Sex and Relationship material going to print and to be launched by end of this year
2.4	The wider primary care community is demonstrably addressing and promoting the better health of people with learning disabilities	Easy read surveys have been produced and being completed by people with learning disabilities and their carers on access to other primary care services. Any issues raised will be fed back to providers and opportunities for LD awareness training to be offered at validation event. Interactive questions were carried out as part of the assessment. Health Improvement team has purchased a variety of resources that are available to people with LD, carers and care providers to aid in the	Need to ensure that the resource catalogue is distributed to all areas where people with a learning disability access **LDPB interactive presentation (Ref 5)**		😐		Ongoing monitoring Learning Disability Health Trainer now successfully appointed start date October 2010 post funded until August 2011. Need to ensure monitoring in place for quality outcome measures evidence as a mechanism to attempt to secure additional funding to

		teaching on many health related topics					sustain the post
2.5	Service Agreements with providers of general, specialist and intermediate health care, demonstrably secure equal access to healthcare for people with learning disabilities	All new service agreements do ensure accessibility for all vulnerable groups. New social housing scheme is inclusive for people with Learning Disabilities. As part of AHDC all universal services that were awarded money had to demonstrate that they fully include children with additional support needs	As all contacts are reviewed, the needs of all vulnerable groups are to be reflected within SLA. New assistive technology strategy which is currently under consultation clearly identifies the needs of people with learning disability, to be implemented in coming year **Assistive Technology strategy (Ref 6)**		😐		Need to ensure that schemes funded through AHDC are reviewed post March 2011 when grant ends.
2.6	PCT commissioning work-streams - and projects developed to implement them – apply equally to people with disabilities. The needs of people with learning disabilities are explicit in all such work-streams across the SHA area	PCT carers grant being utilised to address the need for short break care for young people from 14 -25 who have ASD or complex health needs. Community equipment steering group have developed clear pathway for all requests for community equipment Coordination meeting set up to review and monitor all requests, to speed up process and improve consistency. Acute and community contracts refer to improved outcomes for people with Learning Disabilities. Long term conditions LIT identifies the needs of all vulnerable groups which includes children and adults with a learning disability	Further work required on implementing the Green light Mental Health outcomes, proposals to support a Pan disability partnership board approach being suggested. **LTC LIT Minutes (Ref 7)**		😐		Review existing partnership boards and forums with a view to supporting a Pan Disability Board.
2.7	The benefits for patients derived from the development of computer technology are of equal benefit and equally open to people with learning disabilities and those who provide services to them	MY NHS is a subscription service which is accessible by all and acts to involve and update people as much or as little as they like. www.hartlepool.nhs.uk/mynhs Accessible information available from a variety of website and NHS choices. Hartlepool Borough Council have piloted a number of RIEP funding tele-care initiatives, including the Buddi-system, assistive technology strategy and through the use of Personal Budgets, tailored technology to suit individual needs.	Need to ensure that we promote the Our Vision our Future Website to more professionals and cares and people with learning disabilities. **MY NHS Flyer (Ref 8)** Working closely with our communications and engagement team who are developing on line surveys for a planned tablet/ hand held PC to monitor patient satisfaction. Planning to use the easy read information on these			☺	Support to develop social networking site, and further promote the trusted trades register
2.8	PCTs have agreed with local partner agencies a long term 'across system' strategy to address services to people	VP BME audit due for completion December 2010 which will inform our strategy	Difficult to implement the BME strategy and consult on its outcomes as low numbers of people from BME with a Learning Disability.		😐		

	with learning disabilities from ethnic minority groups, and their carers						
2.9	There is a long-term strategy in place to achieve inclusion and equality of healthcare and outcomes for people with profound disabilities and their carers	No Specific strategy in place, but People with complex health needs is included within all strategies. Outcomes measured through Essence of care within the Acute foundation Trust, CQC PI, Six Lives/ Michael's recommendations and through easy read surveys for both acute and community services. Transition pathway being piloted with young people for effectiveness.	Ratification and Implementation of Transitions pathway. In particular the transition of young person with complex health needs from Paediatric to Adult services **Health – Transitions Flowchart (Ref 9)**		😐		AOP bid submitted for Paediatric services

Health Check – Top Target 3

	**People with a learning disability are safe in National Health Service services**	How we are doing overall on this standard Please tick where you think you are overall on this target ⇨	☹	😐 √	☺

(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score? ☹	😐	☺	(5) One thing we want to be better in 12 months (Key priority)
3. People with learning disabilities who are in services that the NHS commissions or provides, are	Systems are in place to monitor patient safety within contacts with all commissioned services. As part of registered homes,			😐		

safe	providers duty to report untoward incidents, accidents					
3.1 Commissioners and service providers are systematically addressing any areas of concern, relative to the learning points from recent Healthcare Commission investigations, 'Healthcare For All' and 'Six Lives'	Six lives update completed and submitted from LA/PCT and North Tees and Hartlepool FT. Regional feed back not received as yet Michael report recommendation action plan updated. Review of treatment and assessment unit, identified a couple of minor issues, however overall satisfaction good. CQC action plan produced at A2A regional event Covalent report in evidence	**CQC regional action plan (Ref 10)** **Covalent Update (Ref 11)**		😐		Easy read complaints leaflet has been produced and to be launched in Acute foundation. PALS leaflet being updated. These to be forwarded to NHS Tees Communication and Engagement department
3.2 Each health organisation has in place transparent and well understood policies and procedures relating to key legislation including: ➢ Mental Capacity Act (including Consent) ➢ Disability Discrimination Act (including Disability Equality Duty) ➢ Human Rights Act	Acute Foundation Trust, TEWV and Tees NHS have in place policies and guidance on MCA, DOLS DDA, Human Rights Act and Safeguarding. LA provides training to Health, fire service and Voluntary, and care providers on MCA. Equality and Diversity training mandatory in Tees NHS. Recent training event jointly delivered by Teesside University, Acute Foundation and health facilitator looked at case studies and putting MCA into practice. MCA and consent awareness delivered to every G.P practice 09/10 as par of LD Awareness for DES. Two practices to date this year have received LD update which addresses consent in case study. 1 practice booked their training for 1st December 2010 Consent, MCA/Dols policy, E&D strategy including DED available, on North Tees and Hartlepool NHS Foundation Trust intranet site and implemented received NHSLA Risk Management Standards level 2 accreditation October 2010 East read information about key rights e.g. MCA, consent available and accessible to staff on Trust intranet site. Easy read coming into hospital patient information, developed	All health services to ensure LD awareness is mandatory WEBLINK TO E LEARNING (Ref 12)		😐		Blue Stream e-learning material to be completed and rolled out across region which covers MCA Plan to offer this training four times a year, and to include junior medics Working in partnership with SHA North East LD CIT and local NHS trusts across North East, Humber and North Yorkshire regions in the ongoing development and sharing of easy read resources

	in partnership with service users and NHS tees , emergency, elective and day case pathways					
3.3 The review and analysis of complaints and adverse incidents affecting people with learning disabilities leads to altered or improved practice in all organisations	Easy read questions highlights have you complained about the service you have received. If so have things improved as a result of complaint. North Tees and Hartlepool Foundation Trust stated All complaints and incidents routinely reported using DATIX system, LD is one of the categories for reporting. All complaints routinely investigated involving all staff related in patient care episode. Leads to lessons learnt via action plans. Response to complainant from chief executive. Advocacy support arranged if required. All incidents undergo routine Root Cause Analysis and Trust operates Being Open policy, keeping patient informed of investigations and outcome. Increased staff awareness of need to consider reasonable adjustments, MDT and carer involvement. Quarterly CLIP (Complaints, litigation, incidents and PALs) report presented to Trust Patient Safety/Quality Committee and Trust Board. Specific training in 2010 re people with LD admitted to acute hospital delivered by University of Teesside School of Health tutors, service users and carers, plans ongoing for four sessions per year. Working with North East SHA, LD CIT in the development of e-learning package for staff,	Implement the recommendations from the validation event **LDPB interactive presentation (Ref 5)**		😐		Easy read questions to be routinely available at all out patients/ in patients and all primary care facilities to monitor for complaints and outcomes

	with level 1 being for all staff and level 2 being for dinical staff. CQC self assessment – access to health for people with LD. May 2010 compliance at levels 3 -4 Locally developed Essence of Care style benchmark for people with LD in acute hospitals, facilitates real time reflection based on observations and feedback from patients, carers and staff to facilitate improvements in care where indicated.					
3.4 There are effective partnerships with local agencies, and across care sectors and localities, to ensure a coherent approach to Safeguarding Adults	Safeguarding inspection of children services outcome overall good. Tees wide safeguarding policy and procedure for Adults. Current policy and procedure produced Nov 2008 implemented Jan2009 and is under review. New policies and procedures will be produced to reflect new legislation and terminology will change form Vulnerable adult to Adult at Risk. 33 adults in safeguarding of which 8 have a learning disability (present data) All staff working directly with adults with learning disabilities has to attend Safeguarding training as mandatory. Staff working in children's settings but not working directly must have level 1 child protection and annual updates. Direct contact with children must complete 2 day training and annual update. All staff are CRB checked Chris Brown currently Safeguarding lead for NHS Tees. Pam Simpson safeguarding lead for Adults HBC. Maureen McKinney Safeguarding lead children HBC	133 children have protection plan but unable at this point to identify of these who has a learning disability. This being discussed by children safeguarding team to be able to identify for next year **OFFSTED Findings (Ref 13)**			☺	Identification of Children with a Learning Disability who have a protection plan

	Trust Deputy Director of Nursing is the Trusts Safeguarding lead and is actively involved in Regional, Teeswide and locality safeguarding adult and children's multi agency meetings. Trust staff complete Teesside Safeguarding and Child Protection training, compliant with policy requirements. % of staff who have attended training to follow. Local Safeguarding inspection report on LA website.					

Health Check – Top Target 4

	**Progress is being made in the health service reforms and developments described in Valuing People Now**	How we are doing overall on this standard Please tick where you think are overall on this target ⇨	☹	😐	☺
			☐	√	☐

(1)	(2)	(3)	(4)	(5)

Top Targets and Key Objectives	Good things happening	Where things need to get better	How do we score?			One thing we want to be better in 12 months (Key priority)
			☹	😐	☺	
4. Progress is being made in implementing the service reforms and developments described in 'Valuing People'	Partnership Board visioning event took place attended by Paul Davies VP Now lead for Northern Region. This focused on four priorities, Health, Carers, Housing and Employment. Our three year plan to be produced and agreed at Partnership Board	Information from vision event will form the basis of the priorities for the next three years			☺	Review and update our three year plan To ensure that the LD PB continues should LDDF money cease.
4.1 Discharge planning is in place for adults and young people (not already included in the campus target) both in and out of district, and in both NHS and private sector hospital provision, whose treatment is either complete, or nearing completion	We are fully aware of the number of young people and adults currently living out of area. Plans are in place for those wishing to return to Hartlepool. People with a learning Disability have been fully included.	Availability of appropriate accommodation. **CQUIN – Commissioning report (Ref 14)**			☺	Support to attract investment by Housing providers for People with a Learning Disability
4.2 There is a comprehensive range of specialist learning disabilities services available to sustain and support people in their local community, avoiding unnecessary admissions or re-admissions to hospital	Adult community nursing team has now co located with the social work team which has improved joint working and sharing knowledge and skills. Tees wide challenging behaviour in reach into Hartlepool. There as separate Challenging behaviour teams for children and adults. Assertive outreach team and crisis intervention for adults only, their remit is to prevent admissions or readmissions to assessment unit and support discharges. Children's specialist learning disability team is no longer based in Hartlepool, they are now a North of Tees Team and offers access to highly skilled workforce.	The Autism diagnostic pilot service developed by TEWV is currently not accepting new referrals, it is envisaged that this service is required and there remains a backlog of cases. Web-link for FISH service (Ref 15) A Teeswide ASC framework agreement has recently been approved with 8 providers with the skills required to support people on the			☺	Support a Tees or Region wide ASC diagnostic service.

	There is a range of specialist providers based in Hartlepool or working in to the area that can meet the needs of both children and adults in Hartlepool. Review under way with care providers to look at streamlining services so that a care provider can continue to work with person from children's to adult services, where assessed need is identified to promote continuity AHDC information group have developed a service guide which highlights all services that are available for families and children with additional support needs, this is web based and is currently being updated North Tees and Hartlepool Foundation Trust provided the following supporting evidence Bedside entertainment units provided by HOSPEDIA at all bedsides includes free radio (TV, telephone and other services by subscription.) LD patients are encouraged to bring their own favourite pastime into hospital (free access to TV may be provided by HOSPEDIA in special circumstances). The Trust has a range of communication aids and limited pastimes available, if needed. Where individual packages of support exist via direct payments they are encouraged to continue during hospital stay if appropriate. Special arrangements for carers are arranged on an individual basis.	Autism Spectrum. Local authorities to work in partnership across Tees to support implementation				

4.3 Plans are in place to ensure more locally available provision of the future mainstream and specialist health services needed to support young people approaching adulthood - and their families	Transitions pathway event was held 8th October 2010 to agree protocol and pathways. A2A have also produced clinical pathways for transitions. Increase in personalisation has resulted in the increase in local and specialist providers for children and young people who are moving into adult services. . Review under way to look at stream lining services so that a care provider can continue to work with person from children's to adult services, where assessed need is identified to promote continuity. Workforce developed in learning disability awareness and ASD awareness agreed in work force plan. Transitions have been identified as priority within the 2010 Refreshed JSNA -Looking at commissioning intentions for next 3- 5 years and decade. Learning Disability Partnership Board 2007-2010 identified transitions as a key priority, this is being refreshed following Visioning event on 30th September	This may be effected directly by the comprehensive spending review and implementation on the NHS white paper **NTSB – Action plan 2009/10 (Ref 16)** WEBLINK TO ACTION PLAN – Aiming High action plan(17) HBC workforce development plan (REF 18)			☺	Identify priorities from visioning event in relation to transition and implement into three year vision document
4.4 People with learning disabilities and their families/supporters are supported and empowered to fully contribute to and participate in discussion, as well as in the planning, prioritisation and delivery of health services generally	People with learning disabilities, their families and carers, service providers attended visioning Day and identified their priorities for health. This is reflected in the JSNA. White paper consultation, people were asked how we can feed back. Good representation on Health Sub Group and Partnership Boards. Electronic e-voting system utilised during Special partnership Board for the completion and validation of the self assessment. Well established parent led forum for parents of children with disabilities clearly set the direction of what needed to happen in	**LDPB interactive presentation (Ref 5)**			☺	

	Hartlepool in terms of Aiming High for Disabled Children agenda. Parent led conference 16th October with the agenda focussing on the sustainability of short breaks once AHDC monies ends March 2011 as well as how parent led forum can continue					
4.5 There are thorough, well-functioning partnership agreements and protocols between organisations, guiding day to day commissioning and service provision	JSNA, joint commissioners in place across PCT and Local authority. Acute / Community / Specialist contracts in place referring to LD	Spending review and PCT restructures will impact on commissioning arrangements. We need to ensure that works begin with the formation of G.P Consortia to ensure effective commissioning arrangement are agreed for people with learning disabilities			☺	Support the partnership board to engage with GP commissioners
4.6 The needs of people with learning disabilities who are ageing **(Note 19)** are contained in the local JSNA and corresponding plans are in place which reflect policy and best practice guidelines (including the national Dementia Strategy and New Ambitions in Old Age)	Piece of work was undertaken across Tees looking at the needs of people with learning disabilities who are ageing and presenting with dementia. (south of Tees) Report produced in evidence and also presented to Health Network	Whilst report highlighted areas for development across south of tees, similar experience noted north of tees. JSNA _ LD (Ref 19)		😐		Support the development of extra care housing Support progress on dementia screening for People with Downs Syndrome
4.7 PCTs have agreed with local partner agencies a long term 'whole system' strategy to address the needs of people with autism spectrum, which includes reference to adults with learning disabilities, and also to young people with learning disabilities approaching transition to adulthood	Review of contract with TEWV specialist learning disability and mental health service was undertaken. New service specification in place and new service for assessment of ADHD/ ASD in adults. Transition pathway and protocol was refreshed on event 8th October to ensure that LD CAMHs strengthened. Piece of work being undertaken to develop a short break provision for young people moving into adult services who have a diagnosis of ASD. JSNA produced in 2009 identified ASD in Hartlepool.	To complete ASD accreditation process for day opportunities and employment link service Engage with people on the Autism first year delivery plan and "fulfilling and rewarding lives" consultation An ASC framework agreement has been developed across Tees JSNA Autism (Ref 20)		😐		Support the development of an ASC diagnostic service.
4.8 There are a range of local services available to individuals who are described as having challenging behaviour. Such services take account of key standards from policy and best practice.	TEWV have specialist challenging behaviour team. Also community nurses have completed specific behaviour to effectively plan care to meet individual needs. There are a range of specialist care providers, offering residential and community packages of care for people who may present with behaviours that may	Further work required to support Providers. Gap analysis has supported the development of a new CIC to support people with complex, challenging behaviour. Part of the Tees Integrated Commissioning Group		😐		Further support to develop the local market.

	challenge.					
4.9 New Horizons for mental health is equally and equitably applied to people with learning disabilities who require psychiatric services	Work continues with the support of the Strategic Commissioner – mental Health Contract with TEWV NHS Trust outlines requirements to ensure equality of access to Mental health services for people with a learning disability	Support from local specialist LD health care providers at partnership board.		😐		Implement recommendations from green-light review
4.10 Each Partnership Board has a learning disabilities workforce development Plan in place which includes reference to the future training and development of people working in learning disability services, in both specialist and mainstream health care areas	The Learning Disability Partnership Board as part of its Big Plan highlights learning disability awareness training. The Visioning event on 30th September still identifies this as being a priority for not only direct learning disability providers but for the wider community. This is mirrored in the AHDC workforce plan to agree that all providers of children's service meet minimum standards of having basic learning disability awareness	Work developed with Children's department (HBC) on agreed workforce requirements, support to further extend this work to include Adults		😐		Support the implementation of the AHDC recommendations
4.11 PCTs and their partners are working with local and regional Offender health teams to ensure that people with learning disabilities in prison have access to a full range of healthcare – in line with legislation, policy and best practice	Piece of work has been undertaken with young offenders remand centre to look at needs of young people. Commissioners in Hartlepool link closely with Specialist in patient and community Forensic teams to ensure the health needs of people with learning disabilities are being met	Successful Future Jobs Fund bid to be implemented 2010/11. Partnership with HMP Kirklevington, HCFE and HBC to support people into employment		😐		Support further development of Waverley Terrace

Some more questions about how this self assessment process is reported back to the different organisations who contribute to it – and about the extent to which people are really involved and included in all the work.

Name of your local area: HARTLEPOOL

1. Can you please describe the different meetings and activities that took place to bring together all the information in this feedback form? (Can you include reference to Getting Ready Meetings and to the Big Health Check up Day itself?) Please also include some information about who came and how many people were involved.
   - Visioning event held with 100 people in attendance including Health, Housing, Education, People using services, Carers and VP Lead
   - Special meeting of the partnership board, using e-voting system on key points prior to validation with commissioners.
   - Health action sub group meetings throughout the year, including a meeting for planning and submitting SAF

2. This question is about making sure everyone in the Partnership Board and in other local groups (e.g. carers groups) are aware of this annual process and know how they can get involved. For example, did you have an initial presentation at the Partnership Board giving the background to the Health Check Up? Were presentations made to other groups? Please describe below what you did.

- Initial discussion at Health sub group of the partnership board (Carers present) included 2009/10 priorities
- Information presented on last years self assessment for verification at LD Partnership Board (carers present)
- Sign off at LDPB, Adult & Public Health Portfolio, PCT & Governance Board, Health and Wellbeing Partnership (LSP)
- Pre-meeting with DISC (self advocates) to support PWLD prior to visioning event (PWLD)
- Visioning event held with 100 people in attendance including Health, Housing, Education, People using services, Carers and VP Lead
- Special meeting of the partnership board, using e-voting system on key points prior to validation with commissioners.

3. This is a question about how statutory and other organisations in your local area contribute to and follow progress on your Health Agenda. Please give information here about the range of Boards, Groups and organisations who are 'briefed' about progress on the self assessment and its contents: who are they and how often do they request or receive reports?
   - Sign off at LDPB, Adult & Public Health Portfolio, PCT & Governance Board, Health and Wellbeing Partnership (LSP)
   - Reports are presented to LDPB prior to submission to SHA, following feedback from SHA the report goes to the LSP and its subsidiary groups as listed above

4. This is a question for carers and self advocates – did you feel enough people had a chance to join in the work and the Big Health Check this year? If you think it could get better, what kind of things need to happen to make sure more people get involved next year? (See reference 5)
   - The LDPB is having difficulty in supporting the increasing demand on its time, on average 50% of the LDPB's agenda is on supporting consultation on regional /national issues. The Board have commented on this previously and find not enough pressure is being placed on Health services directly. In some cases the LDPB feel it is unable to affect change in NHS organisations.

5. We would like to have a Regional overview about what all statutory organisations have done in response to the Ombudsman's Report '6 Lives'. Please summarise below the main things your local organisations have done (e.g. Hull developed an easy read booklet about '6 Lives'), and in particular, how your organisations are reporting this activity to their Boards/Cabinets and to local partnership boards.
   - An initial report was presented to PCT & Adult Management Board (PCT / HBC) with a follow up report Feb 2010.
   - Recommendations are included on the Local Authorities performance management system (Covalent) and quarterly reports are produced

as part of the Council's Business planning process.

- A copy of the report is included as evidence. **(see Reference 21)**

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
28 March 2011

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Child and Adult Services

Subject: BRIEFING ON "NO HEALTH WITHOUT MENTAL HEALTH" – THE NEW STRATEGY FOR MENTAL HEALTH IN ENGLAND

SUMMARY

1. PURPOSE OF REPORT

1.1 On 2 February 2011 the Government published No Health without mental health, its cross-government, all-age strategy for mental health in England. The vision sets out to improve outcomes for people who use mental health services and to promote positive health and wellbeing amongst the whole population.

This briefing summarises the strategy's six objectives and the outcomes that will measure progress against them.

2. SUMMARY OF CONTENTS

2.1 The strategy sets out six overarching objectives, aimed at improving the mental health and wellbeing of the whole population and improving outcomes for people who use services:

1. More people will have good mental health.
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health.
4. More people will have a positive experience of care and support.
5. Fewer people will suffer avoidable harm.
6. Fewer people will experience stigma and discrimination.

2.2 The new strategy should be viewed within a context of wider reforms to the NHS and public services:

- Equity and Excellent : Liberating the NHS : vision for the NHS
- Healthy lives, healthy people : vision for public health

- A Vision for social care : capable communities and active citizens : The future direction for adult social care.

2.3 Supporting outcomes frameworks have been developed alongside each of these strategies. See appendix 1

2.4 The strategy stresses the Government's expectation that there will be "parity of esteem" between physical and mental health services and emphasizes the interconnections between mental health, housing, employment and the criminal justice system.

2.5 The strategy is not intended to be directive. Local services are free to innovate and draw upon evidence of what works, including using National Institute of Clinical Evidence (NICE) quality standards, to develop services that meet local need.

2.6 Improving quality and efficiency will be driven by good information available to people who have greater choice and control over their treatments and support. At a local level the new statutory Health and Wellbeing Boards will bring together key partners to ensure services are effectively integrated.

2.7 During 2011/12 the Government will establish a Mental Health Strategy Ministerial Advisory Group to identify further actions to deliver the strategy.

2.8 £400 million will be committed over four years to expand the improved Access to Psychological Therapies (IAPT) programme to three new groups of people; children and young people; people with long term conditions; and people with severe mental illness. The money is not ring fenced and must be found from existing budgets. Expanding the IAPT service makes economic sense as highlighted in a report by The King's Fund and Centre for Mental Health. Improving psychological support for people with long term conditions and dealing more effectively with childhood mental health problems can give a return on investment which justifies the expenditure in financial terms alone.

2.9 A number of accompanying documents have been published alongside the strategy:

- No Health without mental health : delivering better mental health outcomes for people of all ages (evidence-based interventions)
- Talking therapies : a four year plan of action (IAPT roll-out)
- No Health without mental health : the economic case for improving efficiency and quality in mental health.

2.10 The new strategy presents mental health as everybody's business with three specific commitments to:

- Improve the health and wellbeing of the population

- Keep people well
- Ensure that more people with mental health problems regain a good quality of life as quickly as possible.

2.11 This is an ambitious strategy that acknowledges much work is needed if the vision is to become a reality. The objectives will not be achieved unless all relevant organisations are sufficiently held to account for delivering them.

3. RELEVANCE TO PORTFOLIO MEMBER

3.1 For information only.

4. TYPE OF DECISION

4.1 Non-key.

5. DECISION MAKING ROUTE

5.1 Not applicable.

6. DECISION(S) REQUIRED

6.1 None, for information only

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Report of: Director of Child and Adult Services

Subject: BRIEFING ON "NO HEALTH WITHOUT MENTAL HEALTH" – THE NEW STRATEGY FOR MENTAL HEALTH IN ENGLAND

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1. PURPOSE OF REPORT

1.1 This report summarises the new strategy's six objectives and describes how progress will be measured against the outcome framework for the NHS, Adult Social Care and Public Health.

2. BACKGROUND

2.1 Mental ill health represents up to 23% of the total burden of ill health in the UK – the largest single cause of disability. Nearly 11% of England's annual secondary care budget is spent on mental health. Estimates have suggested that the cost of treating mental ill health could double over the next twenty years. More than £2 billion is spent annually on social care for people with mental health problems. Estimates suggest that the cost of mental health problems is £105 billion of which around £30 billion is work related. 43% of the 2.6 million people on long-term health related benefits have a mental health or behavioural disorder as their primary condition.

2. The quality of mental health care has improved significantly in recent years; the development of community based services, the integration of health and social care, fewer people needing inpatient care and the number of inpatients committing suicide has reduced. The new strategy places an emphasis on prevention, early intervention, localism and people/communities taking more responsibility for their own wellbeing. Mental health is given parity with physical health and the focus is on outcomes.

Alongside the new mental health strategy the Department of Health (DoH) has published three key policy documents:

- Equity and Excellence: Liberating the NHS
- Healthy Lives, Healthy People: the Public Health Strategy
- A Vision for Adult Social Care: Capable Communities and Active Citizens.

Improving mental health outcomes are central to achieving the outcomes in all three frameworks. The six objectives laid out in the new mental health strategy are intended to be fully reflected in these

three frameworks' outcomes that hold the NHS, Public Health and Social Care accountable for the results they achieve. The objectives will also need to be included in the commissioning outcomes framework to be developed for GP consortia and any outcomes' measures used to monitor contracts locally.

2.3 The mental health strategy is a cross-government strategy for people of all ages and reflects an urgent need for co-ordinated action, starting from the earliest years in life, that will improve the mental health and wellbeing of the population year on year and the life chances and recovery rates of people who experience mental health problems.

3. KEY NATIONAL COMMITMENTS

3.1 The new strategy includes commitments to:

- Agree and use a new national measure for wellbeing.
- Challenge stigma (supporting the Time to Change programme)
- Invest around £400 million over four years to roll-out the IAPT programme to all who need it and expand this provision for children and young people, older people/carers, people with long term conditions and those with severe mental illness.
- Improve services for people within the criminal justice system.
- Improve services for Service and ex-Service personnel.
- Launch a set of 'recovery' pilots.
- Publish by April 2011 a series of evidence reviews on improving public mental health.
- Work with the Royal College of General Practitioners, the Association of Directors of Adult Social Services (ADASS) and the Royal College of Psychiatrists to agree advice and support for GP consortia to commission effective mental health services that are accessible to all.
- Ensure close working between Department of Health and Department of Works and Pensions that supports mental health service providers to help people to enter and return to work.
- Publish a new cross-government suicide prevention strategy in 2011.

4. SHARED OBJECTIVES

4.1 The strategy sets out six overarching objectives within a cross-government approach:

1. **More people will have good mental health**

   To achieve this, action will be needed to improve the mental wellbeing of individuals, families and the population in general. Work must continue to reduce the number of suicides. Public

Health England will assume responsibility for raising awareness of mental health and wellbeing.

2. **More people with mental health will recover**

   To achieve this, action will focus on helping people to recover their independence as much as possible, manage their own lives, have improved chances in education, employment and a stable place to live as well as using personal budgets to promote their choice and control.

3. **More people with mental health problems will have good physical health**

   To achieve this, action will focus on improving the physical health of people who have mental ill health and improving the mental health of people who have physical ill health.

4. **More people will have a positive experience of care and support**

   To achieve this, action will be needed to offer access to timely, evidence-based interventions in the least restrictive environment and should ensure people's human rights are protected. An area highlighted for improvement is transitions between services, ie, children and young people moving to adult mental health services.

5. **Fewer people will suffer avoidable harm**

   To achieve this, action will focus on providing high quality, safe services. This will include fewer people suffering avoidable harm from the care and support they receive, fewer people harming themselves or others and more progress being made on safeguarding children and vulnerable adults.

6. **Fewer people will experience stigma and discrimination**

   To achieve this, action will be needed to improve public understanding of mental health resulting in a lessency of negative attitudes and behaviours to people with mental health provisions.

5. MEASURING OUTCOMES

5.1 Support must be built around outcomes that matter to people who use mental health services to enable them to live the lives they want to live, including good relationships, purpose, education, housing and employment.

5.2 Progress against the objectives above will be measured through indicators contained within the outcomes frameworks relating to the NHS, Public Health and Adult Social Care Strategies. *Many of the mechanisms by which progress on the mental health strategy will be measured are still being developed*.
Appendix 1 sets out the domains from the three strategies' outcomes frameworks to demonstrate how the mental health strategy objectives link with them and illustrating that there is "no health without mental health".

6. QUALITY STANDARDS

6.1 The strategy outlines where NICE is developing relevant quality standards. These are intended to define what high quality care looks like for a particular care pathway or service. They will act as a bridge between the outcomes and the processes and structures that are needed to effect delivery. The commissioning function for quality standards will transfer to the NHS Commissioning Board (subject to the successful passage of the Health and Social Care Bill). The following quality standards are currently in development:

- drug use disorders in over 16's
- schizophrenia
- bi-polar disorders in adults and children
- alcohol dependence
- depression in adults
- post natal care
- drug use disorders
- dementia
- patient experience in adult mental health care
- safe prescribing
- falls in a care setting
- nutrition in hospital.

7. IMPLEMENTATION

7.1 The Cabinet Sub-committee on public health will oversee the implementation of the strategy.

7.2 The Government will also establish a Mental Health Strategy Ministerial Advisory Group of key stakeholders, including people with mental health problems and carers, during 2011 and 2012 while the NHS Commissioning Board and Public Health England are being established. This group will identify actions, in the transitional period, to deliver the strategy.

7.3 The strategy also confirms that mental health will move to a Payment By Results (PbR) system of payment. Paying for mental health services in the same way as physical health will help guard against the disadvantages of being paid on a block contract basis. Integrating social care within a PbR framework remains a challenge and adequate resources will be required to develop and implement this system effectively.

7.4 £400 million will be committed over four years to expand the IAPT programme. This money is not ring fenced and must be found from existing budgets. Expanding the IAPT service makes economic sense as highlighted in a report by the King's Fund and Centre for Mental Health. Improving psychological support for people with long term conditions and dealing more effectively with childhood mental health problems can give a return on investment which justifies the expenditure in financial terms alone.

7.5 The new strategy presents mental health as everybody's business with three specific commitments to:

- improve the health and wellbeing of the population
- keep people well
- ensure that more people with mental health problems regain a good quality of life as quickly as possible.

7.6 The strategy is not intended to be directive. Local services are free to innovate and draw upon evidence of what works. Improving quality and efficiency will be driven by good information available to people who will have greater choice and control over their treatments and support.

At a local level the new Health and Wellbeing Boards will bring together key partners to ensure services are effectively integrated to deliver the cross-cutting strategy.

8. FINANCIAL IMPLICATIONS

8.1 On the launch of the Strategy the Government said that "central to these plans is an additional investment of around £400 million to improve access to modern, evidence-based psychological therapies over the next four years". Final spend is subject to local decision-making; it is not ring-fenced. Over the next spending review period the NHS spending settlement will be flat. Delivering the extra investment required to deliver improved access to IAPT will, therefore, require commissioners and providers to work together to make savings elsewhere.

9. RECOMMENDATIONS

9.1 This is an ambitious strategy that acknowledges much work is needed if the vision contained in this strategy is to become a reality. The objectives will not be achieved unless all relevant organisations are sufficiently held to account for delivering them.

The Mental Health Strategy and Supporting documents can be found at:

www.dh.gov.uk/mentalhealthstrategy

10. CONTACT OFFICER

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OUTCOMES FRAMEWORKS: LINKAGES TO MENTAL HEALTH

1. THE NHS OUTCOMES FRAMEWORK 2011/12

DOMAIN 1: Preventing people from dying prematurely

- Under 75 mortality rate in people with serious mental illness

DOMAIN 2: enhancing quality of life for people with long term conditions

- Employment for people with mental illness
- Health related quality of life for carers

DOMAIN 3: Helping people recover from ill health or following injury

- Emergency re-admissions within 25 days of discharge from hospital

DOMAIN 4: Ensuring people have a positive experience of care

- Patient experience of community mental health services

DOMAIN 5: Keeping people in a safe environment and protecting them from avoidable harm

- Severity of harm and patient safety incident reporting
- Number of similar incidents

2. ADULT SOCIAL CARE OUTCOMES FRAMEWORK

DOMAIN 1: Promoting personalisation and enhancing quality of life

- Adults with secondary mental health needs in employment
- Proportion of people using social care who receive a personal budget

DOMAIN 2: Preventing deterioration, delaying dependency and supporting recovery

- Emergency re-admissions within 28 days of discharge from hospital
- Admissions to residential care per 1000 population
- Proportion of older people still at home 91 days following discharge from hospital into reablement services
- Emergency bed days associated with two or more acute hospital admissions for over 75's
- Delayed transfers of care
- Proportion of council spend on residential care

DOMAIN 3: Ensuring a positive experience of care

- Overall satisfaction with adult social care services

- Proportion of carers who report that they have been consulted about the person they care for

DOMAIN 4: Protecting from avoidable harm and caring in a safe environment

- Proportion of people using social care who feel safe
- Proportion of adults using secondary mental health services in settled accommodation.

3. PUBLIC HEALTH OUTCOMES FRAMEWORK

DOMAIN 1: Health protection

- Interagency plans for response to public incidents

DOMAIN 2: Tackling the wider determinants of ill health

- Proportion of people with mental illness in settled accommodation
- Proportion of people with mental illness in employment
- Incidents of domestic violence
- Statutory homeless households/housing overcrowding rates
- Fuel poverty and child poverty
- Rates of violent crime
- Social Connectedness

DOMAIN 3: Healthy lifestyles and healthy choices

- Smoking prevalence in adults
- Rate of hospital admissions as a result of self-harm
- Rate of hospital admissions per 100,000 for alcohol related harm
- Number leaving drug treatment free of drug dependence
- Percentage of adults meeting guidelines for physical activity (5 x 30 mins per week)
- Hospital admissions caused by deliberate and unintentional injuries to children and young people
- Self-reported well being

DOMAIN 4: Prevention of ill health

- Work sickness absence rate
- Rates of hospital admissions as a result of self-harm
- Smoking rates of people with serious mental illness
- Emergency readmissions within 28 days of discharge
- Health related quality of life for older people

DOMAIN 5: Healthy life expectancy and preventable mortality

- Suicide rate
- Mortality rates in people with serious mental illness