

# **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE**



**Monday 14 November 2011**

**at 10.00 am**

**in Committee Room C  
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 Moving Forward Together – The Vision for Adult Social Care in Hartlepool 2011-2014 – *Director of Child and Adult Services*
- 1.2 Proposed Changes to the Council's Food Hygiene Award Scheme – Assistant Director, Regeneration and Planning

**2. OTHER ITEMS REQUIRING DECISION**

No items.

**3. ITEMS FOR INFORMATION**

- 3.1 Hartlepool Safeguarding Vulnerable Adults Board - Statistics & Safeguarding Progress Report – *Director of Child and Adult Services*
- 3.2 Working Together for Change – A Review of Day Opportunities – *Director of Child and Adult Services*

## **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO**

Report to Portfolio Holder  
14 November 2011



**Report of:** Director of Child & Adult Services

**Subject:** MOVING FORWARD TOGETHER – THE VISION  
FOR ADULT SOCIAL CARE IN HARTLEPOOL  
2011-2014

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### **SUMMARY**

#### **1. PURPOSE OF REPORT**

To seek endorsement for the consultation process with the people of Hartlepool in respect of Moving Forward Together: the vision for adult social care in Hartlepool 2011-2014.

#### **2. SUMMARY OF CONTENTS**

The Vision document sets out the direction of travel for adult social care in Hartlepool for the next three years. The document looks at what has been achieved over the last few years, sets out the vision for adult social care and outlines the priorities for 2011-2014. A high level action plan reflects these priorities and will be used as a framework to deliver more detailed implementation plans for each service area. Adult Social Care will be delivered in partnership with other Local Authorities, the NHS and a range of statutory, voluntary and private providers as well as people who use services, carers, families and local communities.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

The portfolio holder has provided a foreword to the vision document. The portfolio holder is invited to endorse the intention to take this vision document through a consultation process with a range of organisations prior to seeking approval for the vision from Cabinet in January 2012.

#### **4. TYPE OF DECISION**

Key test (ii), reference CAS 104/11

**5. DECISION MAKING ROUTE**

Forward Plan as key-decision: portfolio report for 14<sup>th</sup> November 2011 to request approval to consult and final report to Cabinet in February 2012 to request endorsement of the strategic direction for adult social care.

**6. DECISION(S) REQUIRED**

Portfolio Holder is requested to endorse the intention to take the vision document through a consultation process with stakeholders prior to seeking Cabinet approval for the vision for adult social care in February 2012.

**Report of:** Director of Child & Adult Services

**Subject:** MOVING FORWARD TOGETHER – THE  
VISION FOR ADULT SOCIAL CARE IN  
HARTLEPOOL 2011-2014

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## **1. PURPOSE OF REPORT**

To seek endorsement for the consultation process with the people of Hartlepool in respect of Moving Forward Together: the vision for adult social care in Hartlepool 2011-2014.

## **2. BACKGROUND**

The vision for adult social care in Hartlepool builds on the policies and direction of travel set out in national policy documents 2006-2011. The principles underpinning the national strategic direction for adult social care are personalised service, integrated health and social care with a leaner, more outcome focussed and outward-facing role for the public sector. The overall aim is to enable people to stay healthy and actively involved in their communities for longer, delaying or avoiding the need for targeted services. Those people who need services should retain maximum control over the process.

The two key components to reflect transformational change are:

- Community based approaches and
- Personalisation of care and support

Local Authorities will increasingly work with independent, voluntary and third sector providers, people who use services and their carers to shape provision and extend the number of people commissioning their own services as well as expanding the range of local service providers.

## **3. THE HARTLEPOOL VISION FOR ADULT SOCIAL CARE**

- 3.1 The vision document (**Appendix 1**) sets out the demographic challenges to social care in Hartlepool, notes the significant progress made in transforming adult social care services to create personalised services within a framework of economic recession and demographic challenges and builds on the commitment to enable people to live the life they want with the support they choose to meet their needs.

- 3.2 The vision document then sets out the priorities for delivering quality, cost-effective, personalised and transformational services over the next three years. These priorities are to:
- Provide quality advice, information and support services to all the citizens of Hartlepool;
  - Utilise social networking and other electronic media to reach out to people and promote technologies to keep people safe and confident in their own homes;
  - Ensure people are offered choice, control and timely/accessible services that empower them to recover as quickly as possible or live a good quality of life and manage their long term conditions effectively;
  - Increase the number of people who volunteer which will strengthen social capital and local communities;
  - Increase the number of people who have a personal budget, empower them to take control of their outcomes and support the growth of a robust market place which offers choice and diversity of provision;
  - Support the development of peer support networks and make local systems easy to navigate;
  - Develop a flexible work force adapted to new ways of working and amenable to change;
  - Explore new types of service provision, working with partners to share outcomes and budgets and join-up pathways to minimise duplication and waste;
  - Work with neighbouring Local Authorities and health partners to develop a strategy for the delivery of personalisation and enable the sharing of innovation as resources shrink.
- 3.3 The high level action plan in the vision sets out key activities, timescales and anticipated outcomes to achieve the priorities identified in the document.
- 3.4 The portfolio holder has written a foreword to the document.

#### **4. CONSULTATION**

- 4.1 The Vision for Adult Social Care sets out the strategic direction for adult social care provision in Hartlepool over the next three years. It is imperative that this document is owned by all local stakeholders: people who use services, their families and carers, independent and third sector providers and the voluntary sector in Hartlepool.
- 4.2 The intention is to take the vision document through a consultation process during November and gather views to inform the final document which will then be taken to Cabinet in February 2012 to consider approving the document.

## **5. RECOMMENDATIONS**

The Portfolio Holder is requested to endorse the process of consultation with a wide range of stakeholders:

- The LINK and Service User forums;
- Planning groups i.e. Older Persons Local Implementation Team; Carers' Strategy Group, Learning Disability Partnership Board; 50+ Forum, Service User Forum;
- HVDA networks;
- Hartlepool website and the Council intranet.

## **6. CONTACT OFFICER**

Geraldine Martin  
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Child & Adult Services  
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# Moving Forward Together

The vision for adult social care in Hartlepool 2011-2014

Hartlepool Borough Council  
Child and Adult Services



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## FOREWARD

**From: Councillor Ged Hall – Portfolio Holder,  
Adult Services and Public Health**

I am very pleased to be able to offer my support to the publication of this document “Moving Forward Together – the vision for adult social care in Hartlepool 2011-2014”.

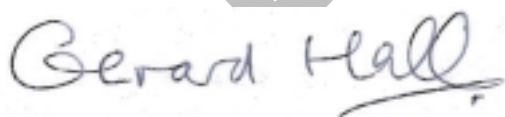
I have often referred to social care and safeguarding procedures as the “hidden services” because many people do not appreciate their scale or significance until they, or a member of their family, needs to access them.

Indeed, between a quarter and a third of Hartlepool’s net council budget is required to maintain the services we provide for older people, people with Mental Health issues and those with physical and learning disabilities, approximately £25 million per annum.

When Government announces that spending on the N.H.S. is to be preserved, and that up to £1.7 billion can be provided for adult social care, these measures are, of course, to be welcomed; however, on reading the document, the other side of the argument must be borne in mind – with the increasing demographic pressures on society, more funding is indeed required to ensure that all citizens have access to care needed. (A few years ago the major political parties tended to agree that there was a funding gap of some £6 billion to meet pressures).

In Hartlepool, we have a reputation for doing things “the Hartlepool way” – in other words finding our own initiatives and developing them to deliver excellent services – we were, for instance, a pioneer in the personalisation agenda frequently referred to.

I feel sure that the joint commitment of Council officers, members and valued partners to the needs of the most vulnerable will continue to ensure that we provide the best services possible in difficult times.



# SECTION ONE

## 1. Introduction

- 1.1 This document sets out our vision for adult social care in Hartlepool for the next three years. The vision encompasses all adults regardless of age, disability, gender, culture, faith, sexuality or ethnicity.

Since 'Our Health, Our Care, Our Say' in 2006 which laid out a major programme of change for social care, our services have been transforming to focus on independence, personalisation and partnership working across the health and social care sector. Appendix 1 sets out the policy directives of the last five years.

- 1.2 Adult social care will be facing many challenges over the next few years:

- increasing demand as a result of people living longer, often with complex health conditions;
- the impact of the recession on public finances;
- people increasingly expecting that services should be person-centred and give them more choice and control
- an ageing workforce and fewer young people entering the social care workforce;
- an increase in the numbers of people needing care but a reduction in the number of carers;
- the national vision for social care focusing on independence, personalisation and the devolution of responsibility to mutual and user-led organisations, carers and people using services;
- the expectation that Local Authorities (LAs) will increase their capacity to shape local service provision, expand the number of individual commissioners of services and extend the range of service providers locally.

- 1.3 We have made significant achievements over the last few years with the Care Quality Commission awarding us the following performance assessment result in 2010:

Outcome	Assessment
Improved health and wellbeing	Excellent
Improved quality of life	Excellent
Making a positive contribution	Excellent
Increased choice and control	Excellent
Freedom from discrimination and harassment	Performing Well
Economic well-being	Excellent
Maintaining personal dignity and respect	Performing Well
OVERALL ASESSMENT	EXCELLENT

This document looks at what we have achieved over the last few years, sets out our vision for adult social care and outlines our priorities for 2011-2014. A high level action plan reflects these priorities and will be used as the framework to deliver more detailed implementation plans for each area of service.

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## SECTION TWO

### 2. Our Vision

#### 2.1 The National Context

Our vision for adult social care builds on the policies and direction of travel set out in Our Health, Our Care, Our Say (2006), Putting People First (2007 and 2009), Valuing People Now (2009), Living Well with Dementia (2009), Shaping the Future of Care Together (2009), Personal Care at Home(2009), New Horizons (2009) and the Carer's Strategy 2010. All these policies set out the need for services to be personalised, promote independence, choice and control and deliver the outcomes that will make a difference to people's lives. There is an increasing emphasis on the role of preventative measures such as reablement in reducing dependency and supporting people to live in their own homes for as long as possible.

Recently three new policy documents have been issued to set out the strategic direction of travel over the next few years:

- A Vision of Adult Social Care : Capable communities and active citizens (2010);
- Equity and Excellence: Liberating the NHS (2010);
- Think Local Act Personal : Next Steps in transforming adult social (2011) - Appendix 1

These strategies build on the achievements of the last few years. The principles of personalisation and integrated health and social care remain at the centre of reform, underpinning a leaner, more outcomes-focussed and outward-facing role for the public sector. The overall aim is to enable as many people as possible to stay healthy and actively involved in their communities for longer, delaying or avoiding the need for targeted services. Those who do need help should retain maximum control over the process. The two key components to effect transformational change are:

- Community based approaches and
- Personalisation of care and support.

LAs will increasingly work with independent, voluntary and third sector providers, people who use services and carers to shape provision and extend the number of people commissioning their own services as well as expanding the range of local service providers. LAs will increasingly become enablers and commissioners rather than directly providing services.

#### 2.2 The Local Vision

Our vision for adult social care in Hartlepool is based on the six principles set out in A Vision for Adult Social Care (2010):

- Prevention: people are engaged in maintaining their own independence. Support focuses on helping people regain their independence to the greatest possible extent;
- Personalisation: individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.
- Plurality: the diversity of people's needs is matched by diverse service provision. LAs help to stimulate a broad market of high quality service providers and help to create the conditions in which new local support initiatives and social enterprises can thrive.
- Partnership: Support services are developed in partnership with the NHS, other agencies and local communities. Services are co-produced with the people who use them, building on their strengths, assets, networks of resources and potential for contributing to their local communities;
- Productivity : services are efficient, innovative, give value for money and support autonomy rather than dependency;
- Protection : safeguards are in place against the risk of abuse or neglect but risk is not used to limit people's activity;
- People: the workforce is empowered to deliver support with skill and imagination and is given the freedom to do so. Both staff and people using services should be empowered to take positive risks and respond creatively.

Social care provides support for people to maintain their independence and quality of life. We believe that people should be treated as individuals who have the right to be treated with dignity, respect and who are enabled to make decisions for themselves to the greatest possible extent. Our vision is for people to increasingly become direct commissioners of services and we will work with providers to develop a broader range of services and with local communities to actively build social capital and promote social inclusion for all local citizens. We will focus on maximising community capacity. Our vision acknowledges that care and support is provided by a multiplicity of others – carers, families, neighbours, mutuals, user-led organisations and social enterprises. Our vision over the next few years will see us delivering quality assurance, protection from harm and abuse, providing information and advice for all our local population and shaping the local care market to provide choice and diversity. We will increasingly work with health and other partners to deliver holistic services.

### 2.3 Our vision for adult social care in Hartlepool focuses on the four core activities:

- A. Universal approaches designed for all our citizens. We will provide advice and information to help people choose services they need to remain living as independently as possible in the community. A community based approach for everyone will be underpinned by the Joint Strategic Needs Assessment (JSNA) which identifies the needs

of the local community and brings together all the available resources in the area in a jointly funded outcomes-based approach.

We will focus on maximising existing community capacity and focus on greater choice, control and connecting up communities and networks for and with people.

We will promote health and well-being, try to avoid hospital admissions and respond to requests for social care assessments in a timely way.

- B. Targeted Support. We will work with more vulnerable people to offer crisis support, adaptations, re-ablement, intermediate care, personal budgets, care management, carer support and safeguarding services. We will focus care management and social work resources on areas that require our involvement such as formal elements of assessment, authorising support plans, reviewing packages of care and helping people in complex or risky situations. We will utilise our resources towards people who need the most support and into targeted prevention programmes. We will also focus on the development of suitable housing, extra care facilities and supported living options by working closely with housing providers and the third sector to achieve efficiencies and support innovation.
- C. Monitoring Performance. We will be held to account by the people using our services. We will utilize peer review and benchmarking together with a stronger local voice and accountability (building on the current Local Involvement Network (LINK), service user focus groups and experience questionnaires) to take responsibility for quality assurance and make our services responsive to the people we serve. We will include outcome measures within our performance monitoring regime.
- D. Workforce. Delivering our vision will require a capable and responsive workforce committed to using personalisation principles and skilled in terms of navigation, brokerage and community development. We expect to see, following the principles of plurality and partnership, more of our workforce increasingly employed in a range of organisations including mutuals, employee owned co-operatives, user-led organisations, existing independent sector employees and by people who use care and support services. We expect to see new and continuing professional roles being developed and employment opportunities growing over the next few years. We are committed to working with our LA and health partners across the Tees Valley to both develop our workforce for the future and explore innovative ways of sharing services and for developing new and creative ways of delivering services to the people within our communities.

- 2.4 Our vision for adult social care is underpinned by the concept of personalisation. All our services will be built around the person to ensure choice, control, flexibility, independence and autonomy to the greatest possible extent. We will offer a personal budget as the norm to people who need support as a way of increasing their control and purchasing power. As a result we expect to see more people who use services choosing to employ their own staff directly.

We recognise that personalisation is about more than personal budgets. It represents a fundamental shift in the relationship between the citizen and public services. We are committed to supporting people to achieve a more fulfilling and independent life by extending the control they have over their care and support. We will promote user-led organisations and focus on community initiatives which are underpinned by a pivotal role for volunteers and the growth of social capital. We will encourage people to maximise their independence, utilise their assets and take responsibility for their own lives wherever possible.

## SECTION THREE

### 3. Demographic Challenges

3.1 Hartlepool is one of the most deprived areas in England with the Audit Commission ranking it 23<sup>rd</sup> out of 354 LAs. 8 of the 17 wards in Hartlepool are among the 10% most deprived in the country:

- Unemployment claimant rate is 3.9% (national average 2.4%)
- Level of limiting long term illness is 17.3% (national average 13.8%)
- Proportion in receipt of key benefits is 21% (national average 13%)
- People with health problems is 24% (national average 18%)
- Ethnic grouping other than British is 1.2% (national average 9.1%)  
(*Tees Valley Joint Strategic Unit*)

Mapping by MOSAIC for deprivation by postcode confirms the high number of households which have:

- Poor diet and health
- High levels of unemployment
- Income support
- Social problems
- Financial worries

The profile produced by the Association of Public Health Observatories and the Department of health confirms that:

- The percentage of the Hartlepool population on GP mental health registers is significantly higher than the England average;
- Rates for alcohol related hospital stays and substance misuse treatment are also significantly higher than the England average

The total population of Hartlepool is set to decrease from 90,200 in 2003 to 87,100 in 2021 but the numbers of people above retirement age will increase by 27%. By 2026 it is expected there will be 1.7 million more adults in Britain who need care and support. People are living longer and whilst the increase in life expectancy is to be welcomed, this also challenges adult social care as people have complex health conditions into old age. Demographic pressures will also impact on the workforce as the population profile shows there will be a decline in the proportion of people of working age who can provide care and support.

3.2 In 2010, we supported 5,478 people to live independently through social care services.

The numbers of people with disabilities in Hartlepool is predicted to increase:



- Learning Disabilities (18-64): 1,366 in 2009 to 1,398 in 2030 (2.3%)
- Physical Disabilities (18-64): 4,432 in 2009 to 4,519 in 2030 (1.93%)
- Mental Health (18-64): 9,097 in 2009 to 9,195 in 2030 (1.07%)  
(*PANSI: Projecting Adult Needs and Service Information System*)
- Dementia: 968 in 2009 to 1635 in 2030 (68%)
- Limiting long term illness: 8,420 in 2009 to 12,753 in 2030 (34%)  
(*POPPI: Prevalence modelling for older populations*)

In 2010 we identified 9,853 people as carers (11.1% of the population) with 2,680 people providing over 50 hours caring a week. 134 young carers aged 7-18 were receiving support from the Young Carers Project.

#### KEY FACTS

- The number of people over 85 in the UK will increase by over 50% over the next decade;
- The number of sight impaired people is expected to double over the next 20 years;
- The number of people with dementia in the UK will double. Current cost to the economy is £17 billion a year;
- Unpaid carers save the state £87 billion a year;
- As people live longer and expectations rise there will be a significant strain on resources to support all people with disabilities.

- 3.3 We have been working alongside our health partners through the Joint Strategic Needs Assessment (JSNA) to look at our future service planning in light of local demographic challenges (A Local Resource for Intelligence-led Commissioning, 2010, Hartlepool Borough Council/Hartlepool PCT).

## SECTION FOUR

### 4. What We Have Achieved

- 4.1 We have made significant progress in transforming adult social care services to create personalised services within a framework of economic recession and demographic challenges. We have built upon our commitment to enable people to live the life they want with the support they choose to meet their needs.

Reviewing where we are now forms the basis for setting our priorities for the next three years.

Our achievements include:

- The development of 'Hartlepool Now' a web-based information site, including a Trusted Trades Register, accessible to all citizens and which has seen a steady increase in activity over the last 12 months.
- A range of new adult social care fact sheets, easily downloadable.
- The development of Connected Care in Owton with its associated social enterprise 'Who Cares NE'. A team of local navigators work with local people to support them to achieve their quality of life outcomes. The social enterprise commissions a range of support services including the Handyperson scheme, Supported Access to Independent Living Services (SAILS) which supports people in their homes to prevent admission to hospital or residential care, a time-bank and luncheon clubs. Currently operating in Owton Ward, this model will now be developed across the borough over the next 2 years;
- Social care staff co-located with our NHS partners and focused on local communities to deliver more seamless services to people;
- The development of a Centre for Independent Living (CIL) as a resource owned by the local community as well as being a focus for user-led organisations and a venue for training and health promotion activities;
- An increase in the number of extra care housing places available by 215 over the last 12 months, with 457 places available in March 2011;
- Carers have been supported with a Carers' Emergency Respite Services and a Carers Information Service and the Carers Strategy Group has over-seen the distribution of £70,000 of Carers' Grant in 2010-2011 to support carers' community support initiatives in Hartlepool.
- An increase in the number of telecare units from 700 to 960 units in March 2011;
- Six accessible 'Changing Places' facilities for people with disabilities across the borough;
- A refreshed pathway, protocols and policy for people in transition from child to adult services with an operational group in place to steer the work;
- Modernisation of day opportunities services for people with a learning disability and mental health needs;

- Launched the Autism Alert card and developed a local Autism Action Plan linked to the requirements within the Autism Act 2009;
- Completion of campus re-provision. People have been supported to move from hospital campus provision to new accommodation and access the support they need to lead their lives within the community – including an ‘independent travel training’ programme;
- Enabling people with a learning disability living in a residential setting to move to supported living models by working with providers to put in place Individual Service Funds;
- Establishing an integrated mental health and learning disabilities employment and floating support service;
- Delivering re-ablement and intermediate care services in partnership with NHS partners;
- Promoting robust safeguarding services through a joint Teeswide Safeguarding Vulnerable Adults Board, a local multi-agency Safeguarding Vulnerability Board and a discrete Safeguarding Unit with robust policies, procedures and well-trained practitioners;
- Investment in safeguarding, personalisation, autism and dementia training for all appropriate staff;
- Promoting the Dignity in Care agenda. We have hosted three provider events to develop ways to improve the quality of care in residential homes and the experience of citizens using services in the community. We have Dignity Champions in our services and in many local care homes. Lay assessors (LINK) visit people using services to provide rich information in terms of ongoing quality assurance;
- Over 1,500 people now have a personal budget with more choice and control over the services they receive (79% of people who are eligible for a personal budget).

4.2 These examples reflect a robust platform from which to take forward the new strategic direction for adult social care. The current turbulent environment places even more emphasis on the need to work closely with all statutory, private and third sector providers to collaborate in the delivery of services that minimise duplication and waste in the systems.

Significant challenges lie before us in the years ahead. Demographic pressures place increasing demands on services and the implications of possible changes as LAs move from being providers to commissioners, are difficult to quantify or plan for. The need to deliver efficiencies with minimum impact on front line staff and ways to achieve this, contribute to both uncertainty and an opportunity to develop shared services across the sector, new ways of delivering services and maximising people's own networks, resources and those of local communities.

Transformation of services over the next three years will continue. The goal, however, remains to deliver high quality, cost-effective services that deliver outcomes that people have identified themselves to improve their quality of life. We remain focused on this principle, in the delivery of adult social care, across the continuum of need from low-level prevention to maintenance and end of life care.

## SECTION FIVE

### 5. Priorities for the Future

- 5.1 Our vision for adult social care in Hartlepool over the next three years is that the services and support that we commission enable or provide will be more personalised, more preventative and more focused on delivering the best outcomes for people who use those services. We believe that the priority outcomes set out in 'A New Vision for Adult Social Care: Scoping Service Users' Views' (2011) are consistent with the aspirations of the people we work with:

1. Maintaining independence
2. Keeping clean and comfortable
3. Enjoying a clean and orderly environment
4. Being safe
5. Access to social contact and company
6. Keeping active and alert
7. Living healthier and longer lives
8. An adequate income
9. Opportunities to contribute to the community
10. Feeling valued

- 5.2 The model that underpins our vision of services reflects:

- Whole persons and personalised responses
- Empowerment as citizens
- Choice and diversity
- Reciprocity / assets / strengths
- Checks and balances
- Social capital
- Partnership and a community-facing ethos.

- 5.3 The next few years will be extremely challenging with demographic and economic pressures as well as the raised expectations in line with delivering personalisation, choice and control for people using services. We have made significant progress in modernising and transforming adult social care services over the last few years but more needs to be done if we are to meet the challenges that face us now.

Our priorities will be to:

- Provide advice, information and support for all our citizens to keep them safe, well, empowered to live independently in their own homes and contributing to their communities;
- Utilise social networking and other electronic media to reach out to people and promote the use of technologies to keep people safe and confident to live in their own homes;

- Ensure that people who need higher levels of support are offered choice, control and timely and accessible services that empower them to recover as quickly as possible or live a good quality of life and manage long-term conditions effectively;
- Encourage communities to become socially inclusive and increase the numbers of people who volunteer to strengthen social capital and networks of support;
- Increase the numbers of people who have a personal budget, empower them to take control of their outcomes and support the growth of a robust market place offering choice and diversity of provision;
- Support the development of peer-support networks and make local systems easy to use and self-navigate
- Develop a flexible workforce that is adaptable to new ways of working, encouraged to seek new and innovative ways to support people, skilled in community development and amenable to change;
- Explore new types of service provision, working with our partners to share outcomes and budgets and join-up pathways to minimise duplication and waste;
- Be bold in challenging ourselves and others to seek more efficient, effective and transformative ways to deliver services that are valued by the people who use them.
- Work with our neighbouring LAs and health partners to develop a strategy for the delivery of personalisation and enable the sharing of innovation as resources shrink.

5.4 The high level action plan at Appendix 2 will provide a framework for the detailed work required to meet the challenges of delivering adult social care over the next three years in Hartlepool and across the Tees Valley in partnership with other Local Authorities, the NHS and a range of statutory, voluntary and private providers as well as people who use services, carers, families and our local communities.

## SECTION SIX

### 6. How we will know if we have achieved our vision

- 6.1 Section 5 sets out our priorities for the next three years. We will regularly monitor and evaluate how we are doing against our action plan (Appendix 2), through our own performance management systems and by asking people we work with if they have been supported to achieve the outcomes that they have identified as important for them.

We know that there are some outcomes from our vision that must be in place in three years time if we are to have been successful in meeting our priorities:

1. Good quality, up-to-date and accessible information is available in a range of formats and utilising web sites for everyone so that they can get the information and advice they need;
2. A dynamic and varied market in personalised social care is in place offering people a choice in the way they receive support;
3. Strong partnerships are evident with a joined-up approach between social care, health, housing, employment and other sector partners to deliver better outcomes for people;
4. People are kept safe and risks are managed to maximise people's choice, control and ability to take risks to develop their potential;
5. More people are living in the community, supported to lead independent lives and receiving a personal budget which helps them to achieve their personal outcomes;
6. More people are empowered to be active and socially engaged regardless of age, disability or caring responsibilities;
7. Carers feel recognised, valued and supported;
8. New ways of working with health and communities are in place to support people stay well, manage needs before they escalate and increasingly evidence a growth in social capital, volunteering and inclusive networks of support;
9. More people with disabilities or mental health needs have settled accommodation and are in employment;
10. People are only spending as long as they need in hospital and can manage their long term conditions for themselves using new technologies;

11. More people are supported to remain in their own homes and regain their independence after a crisis or period of ill-health by utilising robust re-ablement services in a timely and accessible way;
12. Good quality residential care services are available to those who need them with personal dignity for people promoted at all times;
13. Our systems and processes for service delivery are as lean as possible, simple to use, fit for purpose with more people accessing self-assessment and managing their own support.
14. Different organisations are working in partnership together to provide transformative cost-effective, efficient services with joint pathways and shared services where appropriate.

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## NATIONAL POLICIES 2006-2011

Since 2006 the government has been looking at new ways in which to deliver a social care system which is fit for the 21<sup>st</sup> century.

Various government documents have been published during this time:

- ***Our Health, Our Care, Our Say (2006)*** – A white paper heralding a major programme of change for social care and focussing on independence, personalisation and partnership working, particularly with the health service.
- ***Putting People First (2009)*** – A unique concordat bringing together many government departments in a formal agreement focussed on developing personalised services, promoting independence and offering personal choice and control.
- ***Valuing People Now (2009)*** – A cross-government strategy for 2009-2012 which has a clear emphasis on delivering the vision set out in Valuing People (2001). All people with a learning disability are 'people first'. They have the same right to lead their lives like any other, with the same opportunities and responsibilities and to be treated with the same dignity and respect.
- ***Living well with dementia: A National Dementia Strategy (2009)*** – This strategy looks at the huge challenge dementia presents to society, both now and in the future.
- ***Shaping the Future of Care Together (2009)*** – A green paper on social care funding proposes a National Care Service to address the perceived unfairness of so-called postcode lotteries and also puts forward several models for social care funding to provide greater security for all.
- ***Personal Care at Home (2009)*** – This places emphasis on the role of preventative measures such as enablement in reducing dependency and increasing independence, responding to people's desire to live in their own home for as long as possible.
- ***New Horizons (2009)*** – A cross-government programme of action to improve the mental health and well-being of the population along with the quality and accessibility of services for people with mental ill-health.



- ***Carers at the Heart of 21<sup>st</sup> Century Families (2009)*** and ***Recognised, Valued and Supported: Next Steps for the Carers' Strategy (2010)*** – These documents recognise the value of carers' contributions to social care and society and offers to personalise support to carers with their caring role and education and employment opportunities.
- ***The Vision for Adult Social Care (2010)*** – This vision reaffirms the principles of personalisation and encourages further reform to develop a leaner, more outcome-focussed and outward facing public sector. The overall aim is to enable as many people as possible to stay healthy and actively involved in their communities for longer, delaying or avoiding the need for targeted services. Those people who do need help should retain maximum control over the process.
- ***Equity and Excellence (2010)*** – This outlines plans for a strong role for local councils in working with GP / clinical commissioning consortia to ensure greater integration of social care and health, the promotion of health and wellbeing in their local populations and the prevention of dependency. Joint Strategic Needs Assessments (JSNAs) will be a key tool in the arrangements for improved democratic accountability. The move towards council leadership for local health improvements, the development of Health and Wellbeing Boards, the development of Joint Health and Wellbeing Strategies, the creation of a National Public Health Service and the creation of GP / clinical commissioning consortia pave the way for the integration of health and social care.
- ***No Health without Mental Health (2011)*** – This cross-government mental health outcomes strategy for people of all ages represents a major step forward in mainstreaming mental health and achieving parity of esteem between physical and mental health. The interconnections between mental health, housing, employment and the criminal justice system are stressed. Priority is given to the development of personalisation, the imperative to offer personal budgets where appropriate and to increase access to talking therapies.

***Think Local Act Personal (2011)*** – This is a sector-wide partnership agreement across twenty-one organisations to move forward with personalisation and community-based support. Resources should be used to target improvement outcomes for people and reduce bureaucracy in the delivery of services. The direction of travel for adult social care dovetails with the 'Big Society' agenda:

- Empowering communities
- Opening up public services to a range of providers
- Promoting social action by encouraging people from all issues of life to play a more active part in their communities, i.e. volunteering, philanthropy and the 'good neighbour' ethos.

- ***Fairer Care Funding: The Dilnott Commission on the Funding of Care and Support (2011)*** – This report sets out proposals for developing a funding system that is a fair partnership between the state and the individual and which takes account of the vital role of families and carers.
- ***The Law Commission*** is looking at reform of the law underpinning adult social care by creating a single, modern statute that helps people to understand whether services can or should be provided.
- ***A Social Care White paper*** will be published 2011/2012 that sets the future direction of social care together with legislation to establish a modern and financially sustainable framework fit for the twenty-first century.

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ACTION	LEAD	TIMESCALE	OUTCOME
1. Continue to develop a range of information through 'Hartlepool Now', other web technologies and fact-sheets accessible in a range of formats.	<ul style="list-style-type: none"> <li>• Leigh Keeble</li> <li>• Margaret Hunt</li> </ul>	March 2013	All citizens in Hartlepool will have access to a broad range of information about adult social care services and the wider community resources available to them.
2. Continue to develop user focus groups, user / carer surveys and the Working Together for Change project. Support the development of the Centre for Independent Living (CIL) and other user led initiatives. Develop peer-support and peer review mechanisms for people who use services.	<ul style="list-style-type: none"> <li>• Leigh Keeble</li> <li>• Margaret Hunt</li> <li>• Chris Hom</li> <li>• Sarah Ward</li> <li>• Neil Harrison</li> </ul>	March 2013	People who use services are empowered to co-design, deliver and evaluate services. Services are contributing to the outcomes people want to see achieved in their local communities.
3. Develop 'Connected Care' services across Hartlepool which supports people to live at home and contribute to their local communities.	<ul style="list-style-type: none"> <li>• Geraldine Martin</li> <li>• John Lovatt</li> <li>• Phil Homsby</li> </ul>	March 2013	People have locally-based support that enables them to live safely at home and empowers them to contribute their assets and strengths to networks of support in their local communities.
<p>4. Continue to offer Personal Budgets to all people eligible for services, to include carers and children.</p> <p>Monitor progress in implementing personal budgets in mental health services.</p> <p>Support the development of the personal health budget pilot.</p>	<ul style="list-style-type: none"> <li>• Sarah Ward</li> <li>• Geraldine Martin</li> <li>• Steve Thomas</li> <li>• Jeanette Willis</li> </ul>	March 2013	People in Hartlepool who are eligible for social care services are able to utilise their personal budgets to achieve their defined outcomes in a way which maximises their choice and control over the way they receive support.

ACTION	LEAD	TIMESCALE	OUTCOME
5. Develop robust care pathways, systems and processes to promote re-ablement and intermediate care services in partnership with health services.	<ul style="list-style-type: none"> <li>• John Lovatt</li> <li>• Phil Homsby</li> </ul>	July 2012	People are confident that they will be able to access services to keep them at home as long as possible or help them to return home safely from hospital in a timely way.
6. Continue to implement the Dignity in Care campaign by working closely with providers to deliver services that promote respect, dignity and personalisation regardless of setting.	<ul style="list-style-type: none"> <li>• Steve Thomas</li> <li>• Phil Homsby</li> <li>• John Lovatt</li> <li>• Geraldine Martin</li> </ul>	March 2013	People feel safe, respected and their rights are upheld as citizens of Hartlepool and as valued members of their local communities.
7. Continue to support carers with a range of services through implementing the Carers' Strategy and developing personal budgets to maximise choice and control.	<ul style="list-style-type: none"> <li>• Steve Thomas</li> <li>• Phil Homsby</li> <li>• Jeanette Willis</li> <li>• Sarah Ward</li> </ul>	March 2013	Carers feel respected, valued, empowered to continue their caring role and confident that they can access the support they need as required.
8. Continue to implement the roll out of assistive technologies to keep people safe in their own homes and communities.	<ul style="list-style-type: none"> <li>• Steve Thomas</li> <li>• John Lovatt</li> <li>• Phil Homsby</li> </ul>	March 2013	People feel safe and supported to live confidentially in their own homes with help on hand when needed.
9. Continue to develop employment opportunities for people with disabilities and mental health needs in partnership with employment sector partners.	<ul style="list-style-type: none"> <li>• Neil Harrison</li> <li>• Chris Hom</li> <li>• Geraldine Martin</li> </ul>	March 2013	More people with disabilities or mental health needs are able to access education, volunteering and employment opportunities.

ACTION	LEAD	TIMESCALE	OUTCOME
10. Continue to modernise day opportunities' services for people in Hartlepool by implementing the outcomes from the Working Together for Change Project.	<ul style="list-style-type: none"> <li>• Neil Harrison</li> <li>• Sarah Ward</li> <li>• Chris Hom</li> </ul>	March 2013	People say that day opportunities services are supportive, flexible, accessible and link them to ordinary community resources to promote social inclusion.
11. Support the Waverley Terrace allotment project to develop a social enterprise that grows the business and develops opportunities for healthy eating, training, education and employment.	<ul style="list-style-type: none"> <li>• Chris Hom</li> <li>• Neil Harrison</li> <li>• Geraldine Martin</li> </ul>	March 2013	Waverley Terrace allotment is a thriving social enterprise delivering a range of opportunities for people to access exercise, health eating habits, learn new skills and enjoy employment opportunities.
12. Continue to work with housing providers to develop extra-care provision, individual service funds for people in supported living and accommodation and support to bring people with complex needs back to Hartlepool.	<ul style="list-style-type: none"> <li>• Neil Harrison</li> <li>• Sarah Ward</li> <li>• John Lovatt</li> <li>• Phil Homsby</li> </ul>	March 2013	There is a sufficient supply of accommodation in Hartlepool to meet the diverse needs of its population. People currently living out of area can return to Hartlepool where this is their wish and people living in supported living arrangements are confident that the services they receive are 'personalised'.

ACTION	LEAD	TIMESCALE	OUTCOME
<p>13. Refresh the Joint Strategic Needs Assessment annually in partnership with sector partners to deliver joined up outcomes and intelligent commissioning. De-commission services that are unable to deliver value for money or personalised outcomes. Work with providers to understand personalisation and outcomes-focused contracts.</p>	<ul style="list-style-type: none"> <li>• Louise Wallace</li> <li>• Jill Harrison</li> <li>• Phil Homsby</li> <li>• Neil Harrison</li> <li>• Geraldine Martin</li> </ul>	<p>March 2013</p>	<p>People, though the Health and Wellbeing Board have helped to shape the JSNA and own the identified priority development needs for their communities. Contracts are outcomes-focused and people can purchase/chose personalised services from a range of providers in a diverse market place.</p>
<p>14. Develop and implement CONTROCC and Care First 6 to improve performance monitoring and management.</p> <p>Develop a web-based system to enable people who use services to both complete self-assessments and view and manage their accounts on-line.</p>	<ul style="list-style-type: none"> <li>• John Lovatt</li> <li>• Trevor Smith</li> <li>• Jeanette Willis</li> </ul>	<p>March 2013</p>	<p>Timely, accurate and relevant performance data are available to managers. People using services can access and manage their service accounts on-line.</p>
<p>15. Develop and implement training for social care practitioners in personalisation, re-ablement, community development, safeguarding, transitions, dementia and autism. Work with Tees Valley LAs to develop a shared workforce strategy and implementation team.</p> <p>Review the workforce to ensure optimum skill-mix and coherent succession planning.</p>	<ul style="list-style-type: none"> <li>• Margaret Hunt</li> <li>• Leigh Keeble</li> <li>• Gwenda Pout</li> </ul>	<p>March 2013</p>	<p>A committed workforce, skilled to deliver support to people in the right way and only when it is needed.</p> <p>Workforce development and commissioning training packages are delivered on a Tees Valley shared service basis to optimise efficiencies and economies of scale.</p>

ACTION	LEAD	TIMESCALE	OUTCOME
16. Continue to develop and implement safeguarding systems locally, in partnership with neighbouring LA partners and reflecting the findings from the recent Safeguarding Peer Review.	<ul style="list-style-type: none"> <li>• Jill Harrison</li> <li>• John Lovatt</li> </ul>	March 2012	People in Hartlepool are kept safe from harm to the greatest possible extent. Sector partners work together to effect this outcome. People are clear about risks and supported to take good decisions in an empowering way.
<p>17. Work with Tees Valley LAs to consider developing shared services and / or a Local Authority Trading Company to release efficiencies, maximise synergy and encourage innovation.</p> <p>Work with health partners to consider the feasibility of developing a Care Trust Plus model for the delivery of integrated services.</p>	<ul style="list-style-type: none"> <li>• Jill Harrison</li> <li>• Geraldine Martin</li> <li>• John Lovatt</li> </ul>	March 2014	People who use services know that their LA is committed to securing services for them to maximise resource, secure efficiencies and constantly strives to deliver new and innovative models of support within adult social care.

## **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO**

Report to Portfolio Holder  
14<sup>th</sup> November 2011



**Report of:** Assistant Director (Regeneration and Planning)

**Subject:** PROPOSED CHANGES TO THE COUNCIL'S  
FOOD HYGIENE AWARD SCHEME

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### **SUMMARY**

#### **1. PURPOSE OF REPORT**

To seek approval and support to implement changes which will result in the migration from the local 'Tees Valley Food Hygiene Award Scheme' to the new national 'Food Hygiene Rating Scheme' (FHRS).

#### **2. SUMMARY OF CONTENTS**

This report provides information about recent changes which have implications for the Authority's future operation of the Tees Valley Food Hygiene Award Scheme.

It explains in brief that there is now a National Food Hygiene Rating Scheme (FHRS), which is being promoted by the Food Standards Agency (FSA), why and how it was developed, progress on its rollout, why Hartlepool Borough Council should migrate to this, what support the FSA will provide, what the benefits are for consumers and for local businesses, and the potential impact on the Authority's resources.

The report also considers alternative options available to the Authority should a decision be taken not to migrate to the FHRS.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

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



**4. TYPE OF DECISION**

This is a key decision – Key test (ii) – Forward Plan Ref: RN95/11

**5. DECISION MAKING ROUTE**

Adult & Public Health Services Portfolio.

**6. DECISION(S) REQUIRED**

It is recommended that:

1. the Portfolio Holder notes the update report regarding recent changes which have implications for the Authority's future operation of the 'Tees Valley Food Hygiene Award Scheme';

and

2. the Portfolio Holder approves Option 1: the decision to migrate from the 'Tees Valley Food Hygiene Scheme' to the new national 'Food Hygiene Rating Scheme' in 2012.

**Report of:** Assistant Director (Regeneration and Planning)

**Subject:** PROPOSED CHANGES TO THE COUNCIL'S  
FOOD HYGIENE AWARD SCHEME

---

## **1. PURPOSE OF REPORT**

- 1.1 To seek approval and support to implement changes which will result in the migration from the local 'Tees Valley Food Hygiene Award Scheme' to the new national 'Food Hygiene Rating Scheme' (FHRS).

## **2. BACKGROUND**

- 2.1 Since 1<sup>st</sup> April 2007 the Authority has operated a food hygiene rating scheme known as the "Tees Valley Food Hygiene Award Scheme". The scheme is operated in conjunction with the four other Tees Valley Local Authorities (Middlesbrough, Stockton, Redcar & Cleveland and Darlington Borough Councils).
- 2.2 Since its launch, the results of the risk scores determined after a food hygiene inspection have been made available to the public via the Scores on the Doors (SOTD) website, along with a star rating ranging from 0 to 5 stars. The SOTD system is a web-based platform which links to the Council's website and it is operated by Transparency Data Ltd. The Council pays an annual subscription for this service.
- 2.3 The SOTD scheme has been well received by both the public and local food businesses. Businesses have been using their star ratings in advertisements and the Council's Commercial Services team has seen a marked improvement in food hygiene compliance since the launch of the scheme.
- 2.4 The Food Standards Agency (FSA), the government body responsible for overseeing food safety, recognised the advantages of food hygiene rating schemes such as the Tees Valley Food Hygiene Scheme and similar schemes run by other local authorities. In 2008 the Agency undertook a public consultation, the outcome of which was that local authorities, the food industry and consumers all expressed the view that they would welcome a single national scheme.
- 2.5 In November 2010 the FSA launched the 'Food Hygiene Rating Scheme' (FHRS), as a FSA/local authority partnership initiative to help consumers choose where to eat out, or shop for food.

- 2.6 The FHRS scheme is key to the FSA's strategic objective; safer food for the nation. It was developed with the aim that it would become the single national scheme for England, Wales and Northern Ireland in time for the 2012 Olympics and Paralympics.
- 2.7 Participation in the FHRS is not yet compulsory though the FSA have been strongly encouraging councils to join the scheme. Currently the scheme has been adopted by 189 councils: 130 are in England (only 2 of which are in the North East and 3 in London), 20 in Northern Ireland, 20 in Scotland and 22 in Wales. The FSA have indicated that the requirement to join is likely to become obligatory if uptake by local authorities remains inconsistent.
- 2.8 One of the criticisms of the FHRS was that the IT system supporting it was not as good as the SOTD platform. The FSA has recently entered into a partnership with Transparency Data Ltd and have acquired the software rights for the SOTD platform. They have stated that they plan to improve the FHRS platform but do not intend to maintain the SOTD system.
- 2.9 Whilst we are reluctant to migrate to the FHRS, believing that the 'Tees Valley Food Hygiene Award Scheme' is a better scheme, in light of these recent developments we no longer believe that our local scheme is sustainable.
- 2.10 We therefore need to decide what we should do. The options are:
- move to the new FHRS scheme;
  - find an alternative host IT platform and continue with our current scheme; or
  - choose to stop operating a food hygiene rating scheme.
- 2.11 The FSA have invited councils to join the national scheme from April 2012 and have offered funding for those local authorities wishing to transfer to the FHRS. The deadline for submitting applications was 31<sup>st</sup> October 2011. In common with our colleagues in the other Tees Valley Authorities, we wish to consider migrating to the FHRS. We have submitted a bid for funding on the understanding that if the decision at Portfolio is not to migrate to the FHRS we can withdraw the application.

### 3. CONSIDERATION OF OPTIONS

#### 3.1 Option 1 : Move to the national Food Hygiene Rating Scheme (FHRS)

- 3.1.1 Like the 'Tees Valley Food Hygiene Award Scheme' the FHRS will help consumers choose where to eat out or shop for food by giving them information about the hygiene standards in food premises. The publication of the results of these inspections should encourage businesses to improve their standards. Membership of a national scheme will provide a broader database for public comparison.
- 3.1.2 The overarching aim of the FHRS is to reduce the incidence of food-borne illness and the associated costs to the economy – around one million people suffer from food poisoning every year at an estimated cost to the economy of £1.5 billion.
- 3.1.3 Catering and retail premises will be given a hygiene rating as part of the scheme. It is a six tier numerical system, with a scale ranging from '0' (urgent improvement necessary) at the bottom to '5' (very good) at the top.
- 3.1.4 Consumers will be able to access ratings at [food.gov.uk/ratings](http://food.gov.uk/ratings) and businesses will be encouraged to display stickers and certificates showing their rating at their premises.
- 3.1.5 Certain exemptions are proposed; for example, primary producers, packers, importers, manufacturers, exporters etc. and groups such as childminders which are operating from private addresses. In addition 'low-risk' establishments, such as chemists and newsagents selling pre-wrapped confectionery may be exempt; some of these currently receive a hygiene rating under our existing scheme.
- 3.1.6 Hartlepool Borough Council has been operating the 'Tees Valley Food Hygiene Award Scheme' since 1<sup>st</sup> April 2007. It has been extremely popular and our experience suggests that it has been highly successful in encouraging businesses to improve hygiene standards. However, it is a local scheme and it does vary from other schemes around the country. We are aware that the food industry told the FSA in a major public consultation in 2008 that they wanted a single national scheme.
- 3.1.7 The FHRS was developed collaboratively through a Steering Group involving local authorities, the Local Government Group, the Chartered Institute of Environmental Health, consumers, the food industry, the Better Regulation Executive and the Local Better Regulation Office. The distinctive FHRS branding is based on the findings of research indicating what consumers find easiest to understand and use.
- 3.1.8 Although the 'Tees Valley Food Hygiene Award Scheme' has been successful there are advantages to becoming part of the national scheme. A national scheme ensures both consistency for businesses and clarity for consumers. The scheme will also be supported and promoted by the FSA.

- 3.1.9 The FSA has an on-going programme for developing the IT system for publishing ratings to ensure that it has the functionality needed by local authorities and is as easy as possible for consumers to use. It has recently entered into a partnership with Transparency Data Ltd, and acquired the software rights for the SOTD IT platform. Whilst the FSA is committed to developing the FHRS IT platform, the SOTD platform will not be maintained and may be withdrawn in the future.
- 3.1.10 Currently the Authority pays an annual subscription of £2500 to Transparency Data Ltd to use the SOTD platform. Under the FHRS the FSA is providing a free IT platform (with helpdesk support) for publishing ratings and they will also cover the cost of certificates and stickers for businesses once the scheme is up and running.
- 3.1.11 The FSA has invited applications for grant funding from local authorities who adopt the scheme in 2011/12, to cover the cost of preparatory activities prior to launch. The FSA have also pledged to support the scheme in the following ways:
- through the establishment of a 'Priorities Fund' to cover the costs that authorities may face from unexpectedly high levels of re-visit requests from businesses. This will provide insurance for the period in which the FHRS is bedding in and likely demand for re-visits becomes clearer;
  - the Agency has organised and funded consistency training for local authority food safety officers;
  - it has issued the FHRS 'Brand Standard' which provides advice and guidance to local authorities on implementation and operation of the scheme;
  - It has produced a 'Communications Toolkit' that includes advice and guidance on promoting the scheme locally, including case studies and template press releases;
  - It is providing template materials for use with businesses and consumers and leaflets to explain what the scheme is about; and
  - the Agency is working with local authorities to promote the scheme locally, to raise awareness among consumers and businesses, and will promote the scheme on a national basis.
- 3.1.12 For consumers, the national promotional activities will raise awareness and understanding of food hygiene ratings and will help them to use the scheme, and they will be able to easily compare one business with another, not just within their own area but also further afield.
- 3.1.13 For businesses, they will have reassurance that they are being treated fairly and consistently with their local competitors and with competitors more widely. All businesses, no matter the size or nature of their operation, should be able to achieve the top rating.

**3.2 Option 2: Find an alternative host IT platform and continue with our current scheme**

- 3.2.1 The Authority could choose to continue to operate the Tees Valley Food Hygiene Scheme. In the short term no action would be required as our contract with Transparency Data Ltd (which has subsequently transferred to the FSA), to operate the SOTD platform does not expire until 31<sup>st</sup> March 2012.
- 3.2.2 As the FSA has stated that they do not intend to maintain the SOTD platform, if we choose to continue to operate a local scheme then we would need to find an alternative host IT platform to publicise our data. This would require the payment of an annual subscription fee to an alternative IT provider, or the development of our own website.

**3.3 Option 3: Choose to stop operating a food hygiene rating scheme.**

- 3.3.1 There is currently no requirement for local authorities to operate a food hygiene rating scheme, so the Council could choose not to participate in any scheme.

**4. FINANCIAL AND RESOURCE IMPLICATIONS FOR THE AUTHORITY**

- 4.1 The Authority currently pays an annual subscription of £2500 to use the SOTD platform; there is no fee associated with the FHRS.
- 4.2 If the Authority chooses Option 1 and decides to migrate to the FHRS we will be required to sign a formal agreement based on the 'Brand Standard'. To achieve compliance with the Brand Standard would involve considerable work, such as undertaking database checks and establishing IT links. As we do not have the necessary resources this would impact on our current workload. The FSA have recognised this and have consequently invited local authorities to bid for funding to finance the set up costs and pay for any backfilling required.
- 4.3 The deadline for submitting applications was 31<sup>st</sup> October 2011. We have submitted a bid for funding on the understanding that if the decision at Portfolio is not to migrate to the FHRS, we can withdraw the application. The suggested date for launch is 1<sup>st</sup> April 2012 (this is consistent with the other Tees Valley Authorities).
- 4.4 The bid covers funding to cover the following activities:
- file/database checks and database cleansing activities where necessary;
  - scope checks, including identification of establishments that fall within the scope of the scheme;
  - IT testing;
  - development and implementation of a strategy for communicating with local businesses;
  - co-ordination of activities of a number of local authorities in the case of a regional bid.

- 4.5 If we migrate to the FHRS this would have implications for 258 of the existing 753 food businesses in Hartlepool. Whilst the three elements (hygiene and safety compliance, structural compliance and confidence in management) used to determine the overall score would remain unchanged, the differences would arise due to variations in the width of the scoring bands associated with each hygiene rating.
- 4.6 Based on current data 232 businesses will increase their rating under the new scheme and 26 will receive a reduction in their rating. We would therefore need to manage the process to reduce the impact on affected businesses, particularly those facing a reduction. This work is covered in the funding bid that we have submitted.
- 4.7 Under the FHRS there is a procedure which affords food business operators the opportunity to request a re-visit inspection once they have taken action to rectify non-compliances identified during an inspection. At the re-visit the establishment may be re-assessed and given a new hygiene rating. A similar provision exists under the Tees Valley Food Hygiene Scheme and a charge is payable as these visits are not included in the work programme. Under the FHRS local authorities cannot impose any charges for such an inspection.
- 4.8 The FSA has stated that it is not opposed in principle to charging for requested re-inspections as part of the FHRS but that legislation is needed. The possibility of this is being considered by the FSA for the longer term.
- 4.9 If we choose Option 2 and seek to find an alternative host platform in order to continue with our current scheme, there will be financial and resource implications for the Authority. We could either develop our own system or pay a subscription to another service provider. If the other Tees Valley Authorities choose to migrate to the FHRS then we would also need to rebrand the scheme.
- 4.10 By choosing Option 3 and deciding not to run a scheme we could achieve financial savings. However, there would be no incentive for local businesses to improve and consumers would no longer have access to data which helps them decide where to eat out, or shop for food.

## **5. CONCLUSIONS**

- 5.1 The FHRS scheme is based around the planned food hygiene intervention programme, minimising any burden on participating local authorities. The main impact on resources will occur during the setting up of the scheme. A bid for funding has been submitted to cover such costs.
- 5.2 The cost of running the FHRS may be less than running the 'Tees Valley Food Hygiene Scheme,' as there is no annual subscription cost to use the IT platform. However it is anticipated that until the FHRS

scheme beds in it will create more work as we will have to meet the requirements of the 'Brand Standard'.

- 5.3 If we choose to either publicise hygiene ratings locally, or cease operating a scheme, businesses may no longer have an incentive to improve. Consumers will be disadvantaged as they will not be able to access data to assist them in making informed choices about where to eat out, or buy food.

## **6. RECOMMENDATIONS**

- 6.1 It is recommended that:

1. the Portfolio Holder notes the update report regarding recent changes which have implications for the Authority's future operation of the 'Tees Valley Food Hygiene Award Scheme';
- and
2. the Portfolio Holder approves Option 1: the decision to migrate from the 'Tees Valley Food Hygiene Scheme' to the new national 'Food Hygiene Rating Scheme' in 2012.

## **7. CONTACT OFFICER**

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## **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO**

Report to Portfolio Holder  
14 November 2011



**Report of:** Director of Child and Adult Services

**Subject:** HARTLEPOOL SAFEGUARDING  
VULNERABLE ADULTS BOARD - STATISTICS  
& SAFEGUARDING PROGRESS REPORT

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### **SUMMARY**

#### **1.0 PURPOSE OF REPORT**

To present the Hartlepool Safeguarding Vulnerable Adults Board (HSVAB) statistics covering the period from April - September 2011 and to report on the progress of the HSVAB Safeguarding Action Plan.

#### **2.0 SUMMARY OF CONTENTS**

This report provides information concerning Safeguarding Vulnerable Adults statistics for the first six months of the 2011/12 reporting period. It also outlines information relating to progress with the HSVAB Safeguarding Action Plan covering the same period.

#### **3.0 RELEVANCE TO PORTFOLIO MEMBER**

The Local Authority holds the lead responsibility for the co-ordination of adult safeguarding arrangements.

#### **4.0 TYPE OF DECISION**

No decision required – report for information.

#### **5.0 DECISION MAKING ROUTE**

Adult and Public Health Services Portfolio – 14 November 2011

#### **6.0 DECISION(S) REQUIRED**

The Portfolio Holder is asked to note the contents of the report.

**Report of:** Director of Child and Adult Services

**Subject:** HARTLEPOOL SAFEGAURDING  
VULNERABLE ADULTS BOARD STATISTICS  
& SAFEGUARDING PROGRESS REPORT

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## **1. PURPOSE OF REPORT**

- 1.1 To present the Hartlepool Safeguarding Vulnerable Adults Board (HSVAB) statistics covering the period from 1 April – 30 September 2011 and to report on the progress of the HSVAB Safeguarding Action Plan.

## **2. BACKGROUND**

- 2.1 This report responds to a request from the Portfolio Holder for a regular submission of information about trends, activity and challenges.

## **3. TRENDS**

- 3.1 In the reporting period of 1 April – 30 September 2011 there were 192 referrals identifying possible cases of abuse or neglect brought to the attention of the Duty Team, 86 of these referrals required further investigation and action under safeguarding adult procedures.
- 3.2 In the same period last year there were 159 referrals identifying possible cases of abuse and 85 required further investigation and action under safeguarding adult procedures.
- 3.3 In relation to this reporting period, those referrals that required no further action in terms of safeguarding procedures were dealt with via the social work and care management teams or the commissioned services team. Alternatively some referrals were simply managed by providing more detailed information, advice or guidance at the Duty point.
- 3.4 Within this reporting period, regarding the alleged victims of abuse / neglect approximately 52% of people were under the age of 65; 15% were between the age of 65-79 and 33% were aged 80 or over. More females than males were referred into the Safeguarding Framework. .
- 3.5 Care homes continue to be the most common location of abuse, with neglect and acts of omission and physical abuse being the most frequent causes. The perpetrators of abuse have been for the most part other service users or paid carers. Importantly however it should be noted that there continues to be a slight reduction in the number of

safeguarding investigations in care homes from 57 in the first six months of last year to 53 in the first six months of 2011/12. This reduction of 4 cases is a reduction of 7% in activity.

- 3.6 Comparison with the same reporting period last year shows the total number of safeguarding referrals received in 2011/12 thus far has increased by 33 cases, or approximately 21%. The number of cases of further investigation and action taken under safeguarding procedures has marginally increased from 85 cases in 2010/11 to 86 cases this period, an increase of approximately 1.2%.
- 3.7 It should be noted that whilst the volume of further investigation and action taken under safeguarding procedures has only marginally increased, there is evidence to suggest that the cases have become more challenging. This is supported by the content of the discussion at the complex case reference group and practice sub-group, as well as the necessity to continue to make applications to the Court of Protection.
- 3.8 In relation to Deprivation of Liberty Safeguards (DoLS), the figures for the reporting period are as follows:
- Total Number of DOLS Referrals – 24
  - Total Number of DOLS Reviews - 6
- 3.9 In comparison with the same reporting period last year DOLS Referrals have decreased from 34 to 24 cases a reduction of 29%.

#### **4. CONTINUOUS IMPROVEMENT - UPDATE ON SAFEGUARDING ACTION PLAN**

- 4.1 The Teeswide Safeguarding Vulnerable Adults Board (TSVAB) has recently completed a development day and members now intend to use the learning from this event to develop a new business plan, review membership of the Board and its Sub-groups and outline a new work programme.
- 4.2 The HSVAB continues to have representation on all of the sub groups of the TSVAB and our representatives are actively involved in the development and implementation of the new work programme. The chair for the TSVAB has recently been changed to Mike Robinson Director of Adult Social Care - Middlesbrough Borough Council.

- 4.3 The Policy and Procedure Subgroup has now finalised its work in relation to updating the Safeguarding Interagency Policy and Procedure. These have been updated in response to changes affecting adult protection processes and to reflect best practice. Importantly the revised arrangements promote the concept of involving service users and their carers more proactively in the safeguarding process. The policy and procedure has now been ratified by the TSVAB and they are available to all staff through the Management Guide on the Hartlepool website.
- 4.4 The Hartlepool led pilot scheme to develop an 'Expert by Experience' model of working has recently commenced. This pilot includes the involvement of an independent provider specifically commissioned to undertake the work. This important development continues the work of the Information, Engagement and Involvement Subgroup of the TSVAB. The purpose of this work is to actively explore how lessons can be learnt from those people who have experienced safeguarding investigations and determine how satisfied those involved with the safeguarding investigation are with the quality of the support they received. The learning from this pilot scheme will inform our understanding and enable us to make further improvements in operational practice. This learning will also be used to increase our understanding of the training requirements of the work-force.
- 4.5 The Head of Service or Assistant Director (Adult Social Care) continue to attend Multi Agency Public Protection Arrangements (MAPPA) meetings to assist with the management of people at high risk of causing significant harm to vulnerable people and possibly staff. The purpose of this arrangement is to ensure risks are minimised through effective communication, risk assessments and risk management within a multi agency forum.
- 4.6 Following the recommendations of the Safeguarding Peer Review. The Hartlepool Safeguarding Vulnerable Adults Board has recently completed a development day. Members now intend to use the learning from this event to develop a new strategic safeguarding plan which will reflect a greater focus on achieving outcomes rather than concentrating on processes. Additionally the intention is to review the membership of the Board, the content of the subgroups and their membership for the period 2011/13. Once it is finalised a copy will be provided to the Portfolio Holder for Adult & Public Health Services.
- 4.7 Work is currently being undertaken with regard to improving the interface between Adult Protection, NHS Incident Reporting and Serious Untoward Incident(s) as both the 2011/12 Safeguarding Board Action Plan and the recent Peer Review have highlighted the under reporting of incidents from health services / professionals. The significance of this interface has been acknowledged nationally and it is important lessons are learnt and best practice shared.

**5. FINANCIAL IMPLICATIONS**

5.1 There are no financial implications arising from the report.

**6. RECOMMENDATIONS**

6.1 It is recommended that the contents of the report are noted

**Contact Officer:**

John Lovatt

Head of Service (Adult Social Care)

## **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO**

Report to Portfolio Holder  
14 November 2011



**Report of:** Director of Child and Adult Services

**Subject:** WORKING TOGETHER FOR CHANGE – A  
REVIEW OF DAY OPPORTUNITIES

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### **SUMMARY**

#### **1. PURPOSE OF REPORT**

To inform the Portfolio Holder for Adult and Public Health Services of the review of day opportunities services that has been completed using the Working Together for Change approach and the resulting recommendations for people with learning disabilities, older people and younger people with a physical disability.

#### **2. SUMMARY OF CONTENTS**

The report covers work completed in relation to the above review between April and July 2011 using the Working Together for Change (WTfC) methodology. It details the eight steps of WTfC including a summary of key learning and outcomes and recommendations for next steps.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

The Portfolio Holder has responsibility for adult social care services, including services for older people and people with disabilities.

#### **4. TYPE OF DECISION**

Non Key

**5. DECISION MAKING ROUTE**

Adult & Public Health Services Portfolio, 14 November 2011.

**6. DECISION REQUIRED**

That the Portfolio Holder for Adult and Public Health Services notes the report

**Report of:** Director of Child and Adult Services

**Subject:** WORKING TOGETHER FOR CHANGE – A  
REVIEW OF DAY OPPORTUNITIES

---

## **1. PURPOSE OF REPORT**

- 1.1 To inform the Portfolio Holder for Adult and Public Health Services of the review of day opportunities services that has been completed using the Working Together for Change approach and the resulting recommendations for people with learning disabilities, older people and younger people with a physical disability.

## **2. BACKGROUND**

- 2.1 WTfC is a tried and tested approach to co-producing change with local people and harnessing the energy and intelligence from that process to drive commissioning and service development activity. It can help to make better use of scarce resources, improve productivity and lead to better outcomes for people by ensuring services provide the things people want and need in the way that makes most sense to them.
- 2.2 WTfC uses person-centred information, most commonly collected from individual reviews or support plans, to shine a light on what is working well for people, what is not working so well and what might need to change for the future.
- 2.3 The process is structured, tightly facilitated and highly engaging. Between April and July 2011 commissioners, providers and people with support needs, their carers and families worked together to analyse and understand the results of 156 person-centred reviews. The group looked at what the information was telling them and the actions required as a result.

## **3. THE PROCESS**

- 3.1 Hartlepool Borough Council were part of the Department of Health's National Provider Development Programme in 2009-2010 which used WTfC as a tool to drive change and improvement in provider services in response to the personalisation agenda.
- 3.2 Following this experience, Hartlepool chose to use WTfC as the methodology underpinning the review of day opportunities across the Borough. Groundswell supported Hartlepool throughout this process.



- 3.3 A key component of the Hartlepool work programme centred on supporting internal capacity building and skills development so that WTfC could be used in future without external support. This was in anticipation of Hartlepool embedding the process as a core tool for planning and engagement in local commissioning and service development.
- 3.4 Groundswell's support included a training programme for prospective WTfC facilitators, drawn variously from commissioning and contracts teams and including several local people with support needs. The programme began with a project initiation session in early April and concluded with two implementation-planning days in July.
- 3.5 WTfC follows an eight step process
1. Preparation: Deciding the scope of work, how information will be collected and quality assured and who needs to be involved;
  2. Gathering information: Collecting person-centred information from reviews, support plans or specially designed questionnaires;
  3. Recognising themes: Working together to cluster information and identify common issues;
  4. Understanding why: Thinking together about what the root causes might be for things that aren't working for people;
  5. Identifying success: Agreeing what success would look like from different perspectives (people with support needs, commissioners and providers) if these issues were resolved;
  6. Planning for change: Developing ideas, evaluating options and agreeing the actions that will make a difference for people;
  7. Making it happen: Implementing plans and seeing them through;
  8. Learning and review: Evaluating the impact, communicating the results and recording the outcomes.
- 3.6 As part of the project initiation event in April, commissioners and other stakeholders identified a sample size of person-centred information for each strand of the review. Targets of 100 reviews were set for older people (OP) /physical disability (PD) and 60 reviews for people with a learning disability (LD).

3.7 In addition, it was agreed that within each data collection efforts would be made to ensure the sample was broadly representative of the full spectrum of needs. Given that Hartlepool were also interested in gathering views of people not yet in contact with statutory services, it was agreed that some attempts would be made to canvas wider opinion though it was accepted that in practice this would necessarily be secondary to information relating to people currently accessing commissioned and in-house day opportunities services.

3.8 Information for the OP/PD review was received from the following sources:

- 33 from Hartfields Day Centre)
- 20 from Memory Lane Café
- 4 from Alzheimer's Day Centre
- 2 from Hartfields Extra Care
- 3 from CASS
- 11 from Luncheon Clubs
- 11 from Havelock Centre
- 5 from Belle Vue Centre
- 9 from Connected Care

3.9 Information for the LD review was received from the following sources:

- 3 from Havelock
- 1 from Belle Vue
- 2 from Mencap
- 4 from Pathways to Independence
- 2 from Dimensions
- 2 from Creative Support
- 1 from Hartfields Extra Care
- 2 from Carewatch
- 1 from Community Integrated Care
- 2 from Comfort Call
- 1 from Endeavour Housing
- 3 from Roaring Mouse
- 2 from Employment Link
- 1 from Catcote School
- 1 from Intensive Social Support Team service
- 30 from Warren Road

## 4. KEY FINDINGS

4.1 For the day opportunities review: The 'working', 'not working' and 'important for the future' data unearthed some common themes that are both consistent with the national policy drive for personalisation and conversant with Hartlepool's own plans for day service modernisation. There are significant similarities in the data from OP/PD and LD

suggesting that it may not be necessary to look at these two service areas separately

- 4.2 Amongst some of the things people say are **working** are enabling people to stay connected with family and friends, having a choice of activities, some degree of routine and good staff with the right skills.
- 4.3 Things that are **not working** well for people are transport, food, boredom, repetition and not getting out and about enough
- 4.4 Things that are most **important for the future** are work opportunities, maintaining friendships, getting out and about, feeling valued and having flexibility and choice
- 4.5 While some people identified “more service” and “a big centre” as their preferred solution, there were relatively few instances of people being obviously wedded to “buildings based services” – people want choice, flexibility, to get out and about more and to stay connected to friends and family – these are not things that have to run from traditional day services
- 4.6 The times that services are available came up as an issue for people – commissioners told us that this is not the result of rigid service specifications but provider practice, so work should be done with providers to encourage them to open up their hours of support, look at staff contracts and follow the in-house service’s lead and example
- 4.7 Transport is clearly an issue for people – which could conceivably be best addressed by focusing on day opportunities being about connecting local people rather than ferrying people to and from a centre – making progress with enabling people to pool their personal budgets, even if the council plays no formal organising role in this, should help to tackle the problem
- 4.8 There is a very encouraging focus on employment as an aspiration in the learning difficulties review in particular, but also in the younger physical disability review. This fits well with the stated ambition of commissioners to shift the balance of spend in the direction of supporting people into employment

## 5. NEXT STEPS & ACTION

- 5.1 OP/PD Review: - actions identified by People / Family
  1. Develop a presentation to show induction to the Artrium
  2. Approach Hartbeat re newsletter

3. Source information around respite/breaks and family activity breaks ie who, where, what, when, how
4. Consider a directory/newsletter to sign post people to appropriate services
5. Finding people's needs and wants (social) to look at forming a Buddy System.
6. Work with employment link and speak to local businesses to set up and support people with disabilities in small business ideas (banks, building societies, Enterprise Centre etc)
7. Buddy up via personal budgets and local entrepreneurs
8. Work with employment link to set up support workers for people to seek and maintain employment opportunities.
9. To speak to providers to encourage them to give incentives to encourage staff to access higher training for recognised qualifications and to improve working conditions.
10. To look at ways to simplify 'red tape'
11. Speak to HBC/Social Services to request they centralise all satellite systems i.e. PROP, Artrium, Studio, Handprints, Warren Road, Havelock, Hart Gables, Peoples centre so they are all under one roof.

5.2 OP/PD Review: - actions identified by Provider

1. Look in to personal budget for employment support
2. Better training, pay and conditions for those involved in care work
3. Red Tape – Speak to Commissioning to change/adapt to be flexible, to relax service requirements
4. Family respite – Focus on older people
5. Pool personal budgets – Social media, newsletter, forum, support service, service provider website
6. Personal budgets paid annually up front

5.3 OP/PD Review: - actions identified by commissioners

1. Re-model service opportunities by looking at what we have got, what's working and drilling down the review information further .We will do this through focus groups, reviewing existing block contract arrangements and examining Dragons Den format
2. Personal budgets – review service specification re legality of use of personal budgets

3. Public information – pull together a working group around public information to agree actions
4. Attend providers group
5. Consider use of Dragons Den event to stimulate social enterprises

5.4 LD Review: - actions identified by People / Family:

1. Compose letter to service providers to emphasise flexible recruitment/working 'contractual' hours, to advocate that support can be put in place at short notice, flexibility and choice of staff and recruitment. Rough draft to be shared before letter is sent so all in agreement.
2. Pooled Budgets- Holidays, outings – networking to achieve this. Diversity of options
3. Transport - Presentation to Council/Partnership Board
4. Talk to Head of Service
5. Develop quality standards for Day services

5.5 LD Review: - actions identified by Provider

1. Staffing- Re-visit supervision, good practice, standards, themes of supervision, personalise clients support, staff development using Helen Sanderson tool. Re-visit contracts, flexible working, handovers, cold calls/shadowing, maintain continuity of workers
2. Pooled Budgets -Survey to talk to clients, share information. Open communication between providers. Providers' forum, challenge commissioners, advocate for client, better joint working
3. Transport- Lobby councillors, support to look at provision, consultation
4. Reach out to community – schools
5. Website of services – opportunities available
6. Develop a forum of providers

5.6 LD Review: - actions identified by Commissioners

1. Host event to promote pooled support

2. Commission support services for opportunities – review existing services, establish gaps, needs and wishes, commission alternatives and/or expand existing services.
3. Consider use of community facilities for activities and events during day and evenings.
4. Explore links of 3. above with pooled budgets.
5. Consider additional packages within brokerage contracts to include staff supervision and training.
6. Unannounced quality assurance visits.
7. Consider commissioning organisations, family/carers to carry out unannounced inspections.

## **6. RECOMMENDATIONS**

- 6.1 That the Portfolio Holder for Adult and Public Health Services notes the report.

## **7. CONTACT OFFICER**

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