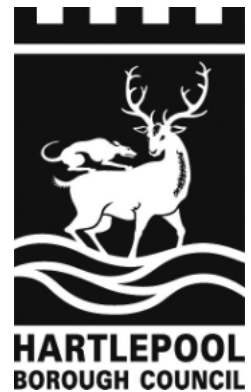


ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



Monday 30 January 2012

at 10.00 am

in Committee Room C, Civic Centre, Hartlepool

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

1. KEY DECISIONS

No items

2. OTHER ITEMS REQUIRING DECISION

No items

3. ITEMS FOR INFORMATION

- 3.1 Food Standards Agency Audit – *Assistant Director (Regeneration and Planning)*
- 3.2 Learning Disability Performance And Health Assessment Framework – *Director of Child and Adult Services*
- 3.3 Commissioned Services Update – *Director of Child and Adult Services*
- 3.4 Hartlepool Safeguarding Vulnerable Adults Board - Statistics & Safeguarding Progress Report – *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
30 January 2012



Report of: Assistant Director (Regeneration and Planning)

Subject: FOOD STANDARDS AGENCY AUDIT

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder of the Food Standards Agency's visit to audit the Authority's Enforcement Monitoring Return (LAEMS data) made in respect of the Food Law Enforcement Service.

2. SUMMARY OF CONTENTS

The report outlines the findings of a focussed audit carried out by the Food Standards Agency (FSA) of the Authority's Enforcement Monitoring System Returns.

3. RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Holder for Adult and Public Health has responsibility for Environmental Health.

4. TYPE OF DECISION

Non key: For information

5. DECISION MAKING ROUTE

Adult & Public Health Services Portfolio.

6. DECISION(S) REQUIRED

The Portfolio Holder is requested to note the report.

Report of: Assistant Director (Regeneration and Planning)

Subject: FOOD STANDARDS AGENCY AUDIT

1. PURPOSE OF REPORT

- 1.1 To inform the Portfolio Holder of the Food Standards Agency's visit to audit the Authority's Enforcement Monitoring Return (LAEMS data) made in respect of the Food Law Enforcement Service.

2. BACKGROUND

- 2.1 The Food Standards Agency (FSA) has a key role in overseeing Local Authority enforcement activities. They have duties to set and monitor standards of Local Authorities as well as carry out audits of enforcement activities to ensure that Authorities are providing an effective service to protect the public.
- 2.2 On 4 October 2000, the Food Standards Agency issued the document "Framework Agreement on Local Authority Food Law Enforcement".
- 2.3 Audits of Local Authority's food law enforcement services are part of the Food Standards Agency's arrangements to improve consumer protection and confidence in relation to food. These arrangements recognise that the enforcement of UK food law is largely the responsibility of Local Authorities.
- 2.4 The FSA's audits assess Local Authorities' conformance against the Food Law Enforcement Standard, "The Standard", which was published by the Agency as part of the Framework Agreement on Local Authority Food Law Enforcement.
- 2.5 The main aim of the audit scheme is to maintain and improve consumer protection and confidence by ensuring that Local Authorities are providing an effective food law enforcement service. The scheme also provides the opportunity to identify and disseminate good practice and provide information to inform Agency policy on food safety.

3. THE SCOPE OF THE AUDIT

- 3.1 In October 2011 the FSA informed the Authority that it intended to visit as part of a programme of follow-up visits on Local Authority

Enforcement Monitoring Systems Returns. The Authority was selected because manual returns as opposed to automated returns had been submitted to the FSA since 2008.

- 3.2 The scope of the audit was service planning documentation, the accuracy of the food premises database and returns made to the Agency and internal monitoring.

4 THE AUDIT PROCESS

- 4.1 The on-site visit was carried out on 3 November 2011. The visit consisted of an examination of the Authority's Service Planning documentation covering the years 2008-2012, electronic premises files and records, relevant computer records and interviews with enforcement staff.

5 AUDIT REPORT

- 5.1 The detailed report of the audit produced by the FSA is attached in **Appendix 1**. The report confirms the main issues discussed and their findings, which were as follows:
- as part of the visit the Authority's Service Planning documentation was examined. Three Service Plans covering the years 2008-12 were considered and were found to have been produced in accordance with Service Planning Guidance in the Framework Agreement. Each Service Plan provided a thorough and comprehensive review of the Food Safety Service provided by the Authority;
 - the Authority was able to discuss and demonstrate its system for ensuring the accuracy of its food premises database and for protecting and maintaining the database. Database and record checks during the visit demonstrated that a robust system for accessing past records electronically had been developed, and a very high standard of record keeping was noted, sufficiently detailed records being easily retrievable and legible;
 - the Authority had submitted manual LAEMS returns to the FSA since 2008. File checks and reports from the Authority's database confirmed that the data which had been submitted was generally accurate and reflective of the level of service provided by the Authority. However, the FSA explained the importance of submitting automated reports in the future and have offered assistance in resolving the issues that the Authority had experienced with the automatic LAEMS upload process;

- throughout the visit the Authority was able to discuss and demonstrate an appropriate system of quantitative and qualitative internal monitoring to ensure the quality and consistency of work undertaken by staff.

5.2 One of the objectives of the audit programme was to identify any useful documents or practices that may be helpful to share with other Authorities and several potential areas of good practice were identified during the visit. These included:

- the development of a detailed inspection aide-memoire focussed on businesses food safety management systems;
- the development of a practical system for scanning and holding electronic food premises records; and
- thorough internal monitoring arrangements.

5.3 The FSA do not intend to carry out a formal follow-up on the issues raised.

6 RECOMMENDATIONS

6.1 That the Portfolio Holder is requested to note the report.

7. CONTACT OFFICER

Sylvia Pinkney
Public Protection Manager
Bryan Hanson House

Tel. (01429) 523315

Email: sylvia.pinkney@hartlepool.gov.uk



Ms Sylvia Pinkney
Public Protection Manager
Hartlepool Borough Council
Bryan Hanson House
Bryan Hanson Square
Hartlepool
TS24 7BT

Reference:EPA30/630

14 November 2011

Dear Ms Pinkney

**FOOD STANDARDS AGENCY PROGRAMME OF FOLLOW-UP VISITS ON LOCAL
AUTHORITY ENFORCEMENT MONITORING SYSTEM RETURNS (LAEMS)**

Thank you for the cooperation and hospitality of your colleagues at our meeting on 3 November to discuss your LAEMS data and the arrangements for submission of future returns.

As outlined at the meeting, our visit formed part of a programme of visits and telephone calls to authorities to follow up on the LAEMS returns. The Agency has carried out checks on the data submitted by all Authorities and from that carried out a prioritisation exercise identifying authorities where it appears that a follow-up visit may be beneficial in relation to apparent service performance issues or an Authority's ability to provide an appropriate return. Your Authority was selected because manual returns had been made to the Agency since 2008.

I am now writing to confirm the main issues we discussed during the meeting, as follows:

1. As part of the visit we examined the Authority's Service Planning documentation. The Authority provided evidence of three Service Plans covering the years 2008-2012. In each case the documents had been produced in accordance with Service



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Planning Guidance in the Framework Agreement, each providing a thorough and comprehensive review of the Food Safety Service provided by the Authority.

2. The Authority was able to discuss and demonstrate its system for ensuring the accuracy of its food premises database. Methods used included cross checks with a land gazetteer database and the Authority's own business rates database to ensure that accurate and up to date information was being recorded about food businesses in the area. Using data provided prior to the visit and by using reports produced on the day of the visit from the Authority's own APP database we were able to verify the general accuracy of the data provided to the Agency. The Authority was able to demonstrate its method of limiting staff access to the system dependent upon the level of officer authorisation, to protect and maintain its database. The Authority had implemented an appropriate system of scanning documents and associated premises records onto its database, to reduce the need for paper record storage. Database and record checks during the visit demonstrated that a robust system for accessing past records electronically had been developed, and a very high standard of record keeping was noted, sufficiently detailed records being easily retrievable and legible.
3. The Authority had submitted manual LAEMS returns to the Agency in all previous years. We discussed the reasons and background to this issue and explained the importance of submitting automated returns in the future. We discussed the possibility of providing further assistance with the automatic LAEMS upload process and the Authority expressed its willingness to cooperate with the Agency to ensure the process is successful. We were however able to conduct file checks and run reports from the Authority's own database during the visit to provide assurance that the data already submitted was generally accurate and reflective of the level of Service provided by the Authority.
4. Throughout the visit the Authority was able to discuss and demonstrate an appropriate system of quantitative and qualitative internal monitoring to ensure the quality and consistency of work undertaken by staff. This included conducting checks on all out going correspondence from officers. Through random file checks performed during the visit and an analysis of the database provided prior to the visit, we were able to verify that appropriate follow-up actions had been taken in each case and appropriate risk scores had been allocated by officers. A small number of minor risk scoring consistency issues were identified and discussed with the Authority.

I mentioned during the meeting that one of the objectives of the programme was to identify any useful documents or practices that may be helpful to share with other

authorities. Several potential areas of good practice were identified during our visit. These included the development of a detailed inspection aide-memoire focussed on businesses food safety management systems, the development of a practical system for scanning and holding electronic food premises records and thorough internal monitoring arrangements.

During the visit you asked about the proper approach to recording and reporting of previously unrated premises following initial inspection. I will forward your query to the monitoring team and reply to you once the issue has been clarified. We also noted your observations on the benefits of using internal staff to deal with inspection back logs rather than using contractors.

It is not intended to carry out a formal follow-up on the issues raised at the meeting, however if you would like to discuss any of the contents of this letter, please do not hesitate to contact me. However, as outlined above, I will put you in touch with the appropriate person to assist you with automated data uploads.

Yours sincerely



Andrew Gangakhedkar
Audit and Policy Branch
Local Authority Audit and Liaison Division



ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
30 January 2012



Report of: Director of Child & 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 fourth 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 – 30 January 2012

6.0 DECISION(S) REQUIRED

To note progress and approve action plan updates.

Report of: Director of Child & Adult Services

Subject: LEARNING DISABILITY PERFORMANCE AND HEALTH ASSESSMENT FRAMEWORK

1. PURPOSE OF REPORT

- 1.1 To update the Portfolio Holder on the results of the fourth 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 2009 (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).

3.0 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 carers.

- 3.3 Progress and findings were submitted to the North East SHA and a regional picture was formed.
- 3.4 During 2011 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 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 categories (Appendix 3).

4.0 SUMMARY OF FINDINGS – LD SAF

- 4.1 26 areas were reviewed across 4 specific categories.
- 4.2 23 areas remain effective showing marginal improvement.
- 4.3 2 areas have shown a marked improvement and requirements have been exceeded the requirements in relation to campus accommodation and work supporting the local Joint Strategic Needs Assessment (JSNA).
- 4.4 1 area which is less effective than in previous years is access to health screening. No evidence can be secured to determine whether people are accessing NHS health screening programmes as read codes are unable to identify people with a learning disability.

5.0 RECOMMENDATIONS

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

6. BACKGROUND PAPERS

- 6.1 None

7. CONTACT OFFICER

Neil Harrison
Head of Service – Adult Social Care
Child & Adult Services

Health Check Assessment Plan









Generated on: 06 January 2012









APPENDIX 1












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	<div><div>100%</div></div>	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	<div><div>100%</div></div>	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	<div><div>100%</div></div>	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	<div><div>100%</div></div>	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	<div><div>100%</div></div>	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		06-Jan-2012	On the 8th December NHS tees hosted an LD summit. The summit was supported by Inclusion North and attended by senior officers from the 4 local authorities and tees Primary Care Trust representatives. The event furthered the work of the North East SHA response to Winterbourne view, with Public bodies being asked to give assurances over the safety of people placed in out of area / assessment and treatment facilities. An action plan has been developed and progress will be reported back via the LDPB.
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 Completed		01-Apr-2011	GP registers have been in place throughout 2010/11 and quality of information has improved. There are concerns about whether this will be maintained from April 2011 due to changes in the PCT funded health facilitation function.
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		01-Apr-2011	All GP Practices have participated in the Direct Enhanced Service for people with learning disabilities throughout 2010/11 and completed relevant training. The number of people being offered an annual health check has improved but the NHS need to do further work to progress this in 2011/12.
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);	Ruth Kimmins	31-Mar-2012		Action On track		06-Jan-2012	The Learning Disability Partnership Board reported back its findings to the SHA in December 2011. Within its action plan the board identified 'Health Screening' as an area for improvement. Although progress has been made to ensure this information is recorded in Health Action Plans, it is not possible to identify the benefits and outcomes of screening as data is not collated at a





Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
	Health promoting activities (like healthy heart days)							central point.
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		06-Jan-2012	The learning disability partnership board has been working with Kahmani Shah from NHS Tees to develop a study on the work and impact of the community dental service for people with profound and complex needs who require reasonable adjustments or specialist intervention. The work will support improvements to future services for people with a learning disability.
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 Completed		01-Apr-2011	The needs of people with learning disabilities are reflected in the Joint Strategic Needs Assessment and also within quality targets in contracts for all acute, community and specialist NHS services within the Tees area. All GP practices are signed up to the Directed Enhanced Service to improve services for people with learning disabilities
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		01-Apr-2011	Progress has been made through the development of a local action plan. Performance is rated as amber using the traffic light system so there is further work to be done within the NHS to progress this further.
HCA 2.7	Changes to the health computer records are being planned so that they will be accessible to people with a	Ruth Kimmins	31-Mar-2012		Action On track		06-Jan-2012	Work is being led by the strategic health authority to ensure that planned changes to health computer records make them more accessible to people with learning disabilities and result in



Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
	learning disability.							improvements to the current process. The LD clinical innovation team will be attending a future LDPB meeting to share progress on this issue
HCA 2.8	There is a long-term strategy (big plan) in place about the needs of people from black and ethnic minority communities 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		06-Jan-2012	There is ongoing consultation with people from black and ethnic minority communities and their carers. Previous reviews have identified a small number of people (7) who access services and are from BME communities. The diversity and equality group encourage participation from local communities at regular monthly meetings.
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 Completed		01-Apr-2011	The vision document has been revised following a consultation event and an action plan developed identifying priorities for the next three years focused on housing, health, carers and employment.
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		06-Jan-2012	Neil Harrison (HBC) has been nominated as lead commissioner for North East SHA in response to the findings at Winterbourne view. HBC has undertaken assurance work with NHS Tees in respect of looking at the quality of care of people placed in unsettled accommodation, NHS and independent hospitals, in patient assessment and treatment provision, or out of area provision.. NHS Tees summit held on 8 December. Action plan developed across Tees to ensure consistency, improve quality and develop good local intelligence.

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
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		10-Nov-2011	Progress report will be presented to adult & public health portfolio on 16 January 2012, letter forwarded to NHS CEO in the region, with expectations to engage on supporting recommendations within LD SAF. Letters received from North Tees & Hartlepool NHS FT & NHS Tees on their actions in respect of healthcare for all.
HCA 3.2	Each health organisation has in place clear policies and procedures about: Consent to Treat; MHCA; Equality BOURNEWOOD	Neil Harrison	31-Mar-2012		Action On track		06-Jan-2012	Agreement reached to seek Counsel (legal) 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 realigned 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		10-Nov-2011	Hate crime event attended by over 50 people with a vested interest. Report produced by inclusion North, action plan developed
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		15-Jun-2009	Independent review of systems undertaken report returned. Strategic lead 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		06-Jan-2012	The learning disability partnership board has held several themed events during 2011 (Housing, Hate Crime, Health, Advocacy) and plans to continue this process during 2012. The outcomes from themed events have been well represented and actions from the events are included in the boards

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
								delivery plan. Key priorities for 2012 have been identified through consultation and will be developed into the JSNA for Hartlepool.
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 hospital very soon. The Partnership Board is confident that plans are ready for their moves back home.	Neil Harrison	31-Mar-2012		Action On track		31-Mar-2011	Forensic Agreement completed and agreed at Portfolio. ASC Framework in place. LD Specialist framework agreement developed. LD Campus targets achieved. All people due to leave Hospital are monitored appropriately.
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		06-Jan-2012	A new specialist LD framework agreement has been developed and will be implemented in January 2012. The core skills and competencies reflect n the new skills for health and skills for care QCF awards for LD. this framework compliments the ASC Tees framework agreement and forensic protocol, including a new workforce strategy for autism.
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		06-Jan-2012	New draft information sharing protocols presented at transitions operational group. Database of all 14-25 year olds with eligible need has been produced, and individuals prioritised according to level of need and complexity. Exploring workforce priorities for the new pathway, protocol and practice guidance, to ensure PCP's are embedded in the transitions process. Training for this was delivered October - December, with a launch event held in November. A new LD specialist framework agreement has also been developed to include a provider able to offer support to both children and

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
								adults through transition.
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		06-Jan-2012	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 partnership agreements between organisations that work well. They look at day-to-day commissioning and the services that are provided	Neil Harrison	31-Mar-2012		Action On track		06-Jan-2012	The Tees integrated commissioning group is represented by 4 Local Authorities and its respective PCT cluster groups. Improvements have been made in supporting Transitions, Forensic, reducing out of area placements, Autism and contracts and commissioning
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		06-Jan-2012	During April - July 2011 HBC with the support of Groundswell undertook a service wide person centred review of day opportunities afforded to people with disabilities including Older people. Feedback and responses were received from 156 person centred reviews and a plan was developed identifying what worked, what didn't and what needed to change. The report and its findings were fed back to the LDPB and an action plan developed to form the basis of work to support the corporate housing care and support steering group.

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
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	<div><div>72%</div></div>	06-Jan-2012	The North East Autism Consortium has refreshed its regional plan, this links directly to the sub regional Tees Valley ASD Group and to the Hartlepool local Autism action plan. Hartlepool have been asked to consider new workforce development initiatives to ensure compliance with the Autism Act. During 2012 the Tees Valley ASD steering group will be chaired by Jill Harrison (HBC)
HCA 4.8	There are good local services available for people that challenge services	Neil Harrison	31-Mar-2012		Action On track	<div><div>70%</div></div>	06-Jan-2012	A specialist LD framework agreement will be in place from 2012 it is hoped this 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. This will work in tandem to the New ASC & Forensic LD framework agreements
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 Progress acceptable	<div><div>67%</div></div>	06-Jan-2012	Meeting around the Mental Health 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 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	<div><div>100%</div></div>		Completed

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
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		06-Jan-2012	Action plan updated and includes recommendations from Michel's, Six Lives and Raising our Sights recommendations. Letters received from CEO NHS FT & NHS Tees on how NHS organisations will meet six lives, Raising our Sights and Michels report. Portfolio Report will be presented in January 2012 highlighting progress against the action plans

HARTLEPOOL LEARNING DISABILITY PARTNERSHIP BOARD

APPENDIX 2

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	
<ul style="list-style-type: none"> 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. Dec 2011: Rolling programme identified in WFD, includes ASC Provision All staff undertake mental capacity act training, and awareness relating to consent to treatment. Dec 2011: Training for signatories’ delivered by Northumbria University, Best interest Assessors identified within local authority NHS Trust and PCT. Training delivered for Section 12 Doctors. Work continues with relevant commissioners re medical and nurse training, (undergraduate and post graduate) for providing better care for people with LD to prevent overshadowing. Dec 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 	<p>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.</p> <p>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</p> <p>Develop a pro-forma for use in Acute settings which</p>	<p>Tees Alliance G Pout Ongoing</p> <p>R Kimmins Ongoing</p> <p>D Owens Ongoing</p>	

recommendations. <ul style="list-style-type: none"> As part of Direct Enhanced Services, training has to be provided to staff in G.P practices. Dec 2011: Training delivered to all practices in Hartlepool. The plan ensures that all staff attend Safeguarding and Protection of Vulnerable Adults training (POVA). There is an identified person within LA and PCT for Safeguarding Adults. Dec 2011: Strategic safeguarding posts sits within Local Authority and linked to Deprivation of Safeguards Lead (DOLS) and Complaints Dec 2011: Tees integrated commissioning project, linked to ADASS / RIEP North East Workforce strategy. 		accompanies each patient with a Learning Disability 2011 LD SAF has shown reduction in annual health checks T.I.C. Group reviewed includes, ASC, Unsettled transitional and forensic work streams	R Kimmins Ongoing N Harrison Ongoing
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
<ul style="list-style-type: none"> Our Health Facilitator has produced a register all people over age of 14 with a learning disabilities and a register of children is planned. Dec 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. Dec 2011: This is monitored as part of LD DES Identified Read Codes have been agreed across PCT's – but still require implementation 		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, screening, health promotion, data and information, hospital admission, and complaints and is monitored through the LD Partnership Board	R Kimmins (ongoing)

<ul style="list-style-type: none"> • Dec 2011: Progress on this is monitored through LD Health sub group of partnership board. • Dec 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). No coding takes place we are not be able to gather data on who attended screening • 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. 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. • Dec 2011: Paris System, used by Tees Esk and Wear Valley which will enable us to better track the clinical pathways. 		<p>To update and further develop information on primary care services in easy read format</p> <p>We need to ensure children are identified appropriately as LD in each GP practice.</p>	<p>C Granville (ongoing)</p> <p>Ruth Kimmins October 2009</p>
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
<ul style="list-style-type: none"> • People and carers are involved in the Hartlepool Partnership Board. • There is a Carer's Group with good carer and service user representation with more limited involvement on the Health Action Sub group. • Dec 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 		<p>A presentation on the health needs of Adults with Learning disabilities will be presented to the Hartlepool LINK'S service</p> <p>To develop an action plan following the implementation of the LD performance and self assessment framework.</p>	<p>R Kimmins</p> <p>R Kimmins (ongoing)</p>

being that Information needs to be produced in easy read and that an audit of access issues is needed. <ul style="list-style-type: none"> All Carer's are offered a Carer's Assessment and Care Plan as part of the single assessment process. Dec 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. Dec 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
<ul style="list-style-type: none"> Dec 2011: The needs of children and adults with a learning disability have been identified in the JSNA, and we are using a range of methods to ensure more accurate and comprehensive assessment using public health informatics. 		A review of the Joint Strategic needs assessment is planned	J Harrison Ongoing
Recommendation		5. DH should establish a Public Health Observatory	
Michael's Report Current Position		Action	Named Lead / Timescale
<ul style="list-style-type: none"> We support this initiative and welcome the recommendations in Valuing People Now Dec 2011: This recommendation is being progressed nationally. 		The lead officer (partnership Board) will continue to support and inform on national strategy	N Harrison (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
<ul style="list-style-type: none"> We support this initiative, and would ensure that any new information be presented to the LD Partnership Board to be implemented through HASG. Dec 2011: Work progressing through the Health sub group of LD Partnership Board 		A programme of planned updates are presented to the partnership Board	N Harrison (ongoing)
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
<ul style="list-style-type: none"> Dec 2011: DES implemented in 2nd year A regional approach has been agreed for the development and implementation of training to all G.P practices. Dec 2011: Training to all 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. 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. 		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 Ongoing

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
<ul style="list-style-type: none"> 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. Dec 2011: Progressing through CQC Tees Esk and Wear Valley NHS Trust have revised their Patient's Charter which details expectations and standards that people with a learning disability and their families should expect. 		We will develop a process of peer review with "Voice for Hartlepool" Advocacy group	N Harrison (Ongoing)
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
<ul style="list-style-type: none"> People and carers are involved in the Hartlepool Partnership Board. There is a Carer's Group, with good carer and service user representation with more limited involvement on the Health Action Subgroup. Dec 2011: This work continues and will extend back to regional programme boards 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. Dec 2011: LD members represented on Hartlepool LINK 		<p>We recognise the need for increased representation from ethnic minority and complex needs group on the Partnership Board.</p> <p>We will continue to support and further develop the Autism Self Help Group in planning and developing services.</p>	<p>N Harrison Ongoing</p> <p>N Harrison Ongoing</p>

<ul style="list-style-type: none"> 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. Dec 2011: Hartlepool Autism Self help group meetings continue to look at the potential of support from the MAIN project who are soon to move into the newly refurbished CIL completing a WTFC Project and Strategy 			N Harrison (ongoing)
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
<ul style="list-style-type: none"> The Self-Assessment Framework has all been presented to the Partnership Board for information. Dec 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, a recent audit of this service has taken place and we are awaiting findings. Dec 2011: advocacy support in place 		<p>A review of all Advocacy will be undertaken in 2010.</p> <p>The LD Partnership Board will present its findings from its self assessment and include Primary Care services in developing a local action plan.</p>	<p>J Harrison Ongoing</p> <p>C Horn Ongoing</p>

“Raising our Sights” – Jim Mansell report

Area	1 Ensuring effective Implementation		
Raising our Sights		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Vision for Adult Social Care, supports the development of User Led organisations. 		A review of ULO's is being explored as part of a community capacity building project	Neil Harrison Ongoing
<ul style="list-style-type: none"> 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 Ongoing

Area	3 Advocacy		
Raising our Sights		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> Vision for Social Care, Councils should focus on improving the range, quality and accessibility of information, advice and advocacy. 		Procurement of new Advocacy service undertaken during 2010.	C Horn Ongoing
Area	4 Planning and Predicting the need for support		
Raising our Sights		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> 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.	Neil Harrison Ongoing
<ul style="list-style-type: none"> All statutory providers should keep up to date information on PIMD to support effective planning of services. 		TOG list refreshed quarterly	Neil Harrison Ongoing
Area	5 Recruiting and training personal assistants		
Raising our Sights		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> Training is reviewed for personal assistants to ensure they are trained in person centred approaches, communication and support that meets the needs for PIMD 		An LD specialist provider framework agreement identifying the skills, competencies and knowledge of the workforce.	N Harrison Ongoing

Appendix 2

Area	6 Housing		
Raising our Sights		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> The needs and aspirations of PIMD should be considered in the provision of general needs housing 		LD Housing Care and Support Strategy in Place 2009-2012	N Harrison Ongoing

Area	7 Access to Community facilities		
Raising our Sights		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> Support the development of Changing Places, identify and disseminate good practice 		2 new Accessible changing places under construction. HME & Coronation Drive	Neil Harrison Ongoing
<ul style="list-style-type: none"> Improve physical access to services 		Central Library & Mill House Leisure Centre fitted with accessible changing places	Neil Harrison Ongoing

Area	8 Health		
Raising our Sights		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> Recommendations covered in Sixlives and Michel's Report 		Separate report as above	Neil Harrison
<ul style="list-style-type: none"> Ensure new GP consortia advance equality of opportunity for PIMD 		Reported to SHA and LD PB	Ongoing

Area	9 Access to equipment (Wheelchairs)		
Raising our Sights		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Health and Social Care Bill – supports multi agency working to support the implementation of telecare & telehealth 		Awaiting new statutory guidance.	N Harrison Ongoing
<ul style="list-style-type: none"> Vision for Adult Social Care – 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 from DH.	G Martin Ongoing
Area	11 Further Education		
Raising our Sights		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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 developed its short break options.	Tracey Liveras Neil Harrison
<ul style="list-style-type: none"> Recognised, valued and supported: next steps for Carers Strategy– identified additional resources for carer's breaks over the next 4 years. 		NHS operating Framework 2011/12	Donna Owens Neil Harrison Ongoing
Area	14 Training		
Raising our Sights		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> Training needs of families and personal assistants should be included in local workforce plans, consideration should be given as to how these can be 		ADASS regional workforce plan identified this as a priority	

delivered at minimal cost.			
<ul style="list-style-type: none"> Think Local, Act Personal: next steps for transforming Adult Social care, referred to forthcoming PA strategy. 		Await the publication of the PA strategy	
Area	15 Clinical Procedures		
Raising our Sights		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> High quality person centred transition plans should focus on outcomes and cover health, housing, employment and community participation. 		New pathway agreed	N Harrison Ongoing
<ul style="list-style-type: none"> Health and wellbeing boards should bring clarity about who should health information together 		Await the formation of Health and wellbeing boards	J Harrison Ongoing
<ul style="list-style-type: none"> NHS white paper, Equity and Excellence, Liberating the NHS made it clear that patient involvement on decisions was key to better health outcomes. 		To identify an LD Rep for C.C.G.S.	D Owens Ongoing
Area	16 Funding		
Raising our Sights		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> For Adults with PIMD both health and social care service should work together in planning and commissioning services. 		JSNA identifies commissioning intentions	N Harrison D Owens
<ul style="list-style-type: none"> Continuing Care guidance encourages joint arrangements between PCT's and Local Authorities in respect of assessment commissioning and case management 		Co-location with HBC/TEWU LD Teams	N Harrison

“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
<ul style="list-style-type: none"> The Learning Disability Partnership board will provide regular progress reports to the proposed Health and Wellbeing Board 		16 January 2012 Portfolio Report LD SAF	N Harrison
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
<ul style="list-style-type: none"> Commissioning of services and future commissioning priorities are included for PIMD in the JSNA. 		JSNA refreshed LD Tees Health Summit Dec 2011	N Harrison Ongoing
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/

Appendix 2

		Timescale
<ul style="list-style-type: none"> The Learning Disability partnership board and Health sub group will continue to report on progress against the three major strategies (health care for All, Six Lives and Raising our sights) 	Progress reports and updates will be presented to Health and Wellbeing boards and the SHA where appropriate.	N Harrison Ongoing
<ul style="list-style-type: none"> The Learning Disability board will support its members at the Regional Programme board 	Subscription to Inclusion North agreed till 2012	N Harrison Ongoing

HEALTH SELF ASSESSMENT FRAMEWORK

Organisation/Department:

NHS Hartlepool

Organisation Address

Teesdale House
Westpoint Road
Stockton on Tees

Date of completion

31/10/2011

self assessment undertaken by:

Name

Donna Owens

Role

PCT Lead Commssioner

Job Title

Contact Number

self assessment to be signed off by:

Name

Role

Job Title

Areas of best practice to be shared, to be identified/agreed by group completing self assessment (if applicable)
Note : Summarised from the action plan section
Inclusion of LDPB members on the Healthwatch Pathfinder development programme for Hartlepool, good local representation from Carers on existing Link network.

Areas of risk for serious attention - Note: Summarise from the action plan section
Further work needs to be undertaken to establish systems to extract screening information - information with regard to take up(inc ceasing) and the patient experience needs to be captured and evaluated. We need to improve awareness raising with regard to all screening programmes and link this to the AHC.

Comments:

INTRODUCTION

Health Self Assessment Framework

The Department of Health recently published 'The Integrated Approach to Planning and Assurance between DH and the NHS in 2011'. This included a 'planning checklist' listing a number of requirements in the 2011/12 Operating Framework where it will require assurance from Strategic Health Authorities that Primary Care Trusts have plans in place.

This guidance pack will provide Strategic Health Authorities and Primary Care Trusts with the tools and processes to assure themselves, Local Authorities, local stakeholders and the Department of Health that systems and processes are in place to address these objectives for Learning Disability. The process aligns with the White Paper Equity and Excellence: Liberating the Local Democratic Legitimacy in Health. The intention is to create an NHS that is much more responsive to patients, and achieves better outcomes, with increased autonomy and clear accountability at every level.

Through the process of completing the Learning Disability Self Assessment and Performance Framework, localities can assure themselves that the White Paper's key objectives below are adjusted for people with learning disabilities and their family carers:

Strengthening public and patient involvement
Improving integrated working
Local authority leadership for health improvement

The framework encompasses key policies, statutory obligations and legislative frameworks, thus providing a single assurance mechanism for the health

The Basic scoring system is:

0. 'Not applicable' If the standard is not applicable to your service, **0 must be entered** into the box, **do not** leave blank.

1. 'Less effective' If this is the score given to any standard, the action plan **MUST** be written into the **red** response box.

2. 'Effective' If this is the score given to any standard, please **detail the evidence** to support in the **amber** response box and write the action plan into the red response box.

3. 'Excelling' If this is the score given to any standard, please **detail the evidence** to support in the **amber** response box.

This self-assessment tool is made up of 7 worksheets.

Each worksheet focuses on a standard and outlines the requirements to be achieved

Follow the links below to each worksheet where you enter your score against each of the questions.

To add your score, you may enter 0,1,2 or 3 manually or click on the small arrow on the box to see the 0,1,2,3 drop down box, to clear a box, you will need to use your 'delete' key, the box will only accept 0,1,2 or 3.

Please ensure that all 'score' boxes are complete. The 'Score' summary will illustrate the percentage of 0,1,2 and 3 scoring when complete, any grey on the chart will indicate that you have missed a standard, you must return to that section to complete.

Acknowledgements

Framework based on original design created by Thurrock Council 2008

Format developed from work by Essex Safeguarding Adults Board 2010

Developed Dec 2010 by Health Self Assessment Leads Group: members NHS East Midlands; NHS South Central; NHS London; NHS South East Coast; NHS North East; NHS North West

Standards (click on the link below to take you to the pages)

[1. Campus Closure](#)

[2. Health Inequalities](#)

[3. Safeguarding](#)

[4. Valuing People Now](#)

[Having completed your scoring, please review the Scoresheet to see an evaluation of your responses.](#)

1. People who are or who were formerly in NHS provided long term care have settled accommodation that reflects their Person centred Plans and there is a system in place to ensure minimum of annual review (T1.1)

Standard to Be Achieved	Evidenced Response			Score	Evidence - Details of Evidence to Support Score of '2' Effective or '3' - Excelling	If '1' Less effective' is selected, what plans are in place to meet the required standard? Who is responsible for these actions and by when?
	1. Less effective	2. Effective	3. Excelling			
					<i>If 'Excelling' share best practice</i>	<i>If 'Less effective' transfer actions to Priority Action Plan</i>
1.1 All NHS Residential Campuses were to be closed by December 2010 (T1.2)(T1.3)			This target is completed	3		N/A
1.2 (This objective does not include people already taken account of in the campus objective above). Local commissioners and partnership boards have an agreed record of everyone both in and out of district and in both NHS and independent sector hospital provision, who are receiving long term care (T1.5), and they are confident that people receive regular, person-centred reviews		Service User sampling visits are carried out on a 'themed' basis 3-4 times per year. Case file audits are carried out by heads of service. A clinical quality assessment tool has been developed for use across Learning Disability settings and is being rolled out across NHS funded placements. Recent audits have identified everyone in NHS and independent sector hospital provision who are receiving long term care both in and out of the area. All of these individuals received a review	A pre- placement tool has been developed giving responsibility to the care manager to ensure all safeguarding check are carried out and CQC reports examined prior to a funding agreement being made. The care manager will have ongoing responsibility to ensure that the care plan is delivered, advocacy arrangements are appropriate and that quality of care is acceptable. Written reports will be received no less than every 28 days on patients' progress against the care plan highlighting outcomes.	2	PCT assurance work has been completed for all people in out of area NHS/Independent Hospital placements and those currently placed within Castlbeck services. The Local Authority do not commission with Castlebeck Care but have agreed to act as 'Lead Commissioner' in the event of any safeguarding concerns. The LA have reviewed all 12 of its Out of Area placements and can provide evidence that the service outcomes meet the needs of these individuals.	Evidence required to show where both Health Action Plans and Person Centred Plans are in place and are being reviewed or to show where these have been offered but declined. This will be taken forward through the Health Sub Group. Whilst there is evidence to suggest a reduction in the take up of LD Health action plans, the figures do not include the plans completed by either the NHS FT (TEWV) an may not include the plans produced by Residential care provders.

2. Commissioners are working closely with local Boards (e.g Learning disability Partnership Boards and Health and Wellbeing Boards) and statutory and other partners, to address the health inequalities faced by people with learning disabilities

PLEASE NOTE: You must be able to evidence the response selected - strongest evidence is of outcomes; qualitative and quantitative.

Standard to Be Achieved	Evidenced Response			Score	Evidence - Details of Evidence to Support Score of '2' Effective or '3' - Excelling	If '1' Less effective' is selected, what plans are in place to meet the required standard? Who is responsible for these actions and by when?
	1. Less effective	2. Effective	3. Excelling			
					<i>If 'Excelling' share best practice</i>	<i>If 'Less effective' transfer actions to Priority Action Plan</i>
2.1 Systems are in place to ensure the following are identified within GP Registers: <ul style="list-style-type: none"> - Children and adults with a LD - Older family carers - Those from minority ethnic groups - Carers from minority ethnic groups - Parents or carers with a LD 		Systems are in place and Children and Adults are registered with GP's however data is sparse for young children aged 0-13, the data for those 14+ is routinely captured Practices have an agreed approach to flagging patients with learning disability when being referred from primary care to other health services to ensure reasonable adjustments. There is evidence of reasonable adjustments being made within practices and this was further validated through consultation.	Parents & Carers are supported and encouraged to sign up to the Hartlepool Carers GP Card and service. All GP Practices have systems in place to register patients with a learning disability.	2	http://www.hartlepoolcarers.org.uk/gpservices.asp	Currently there is still ongoing issue with children's registers in GP practice indicating learning disability. Where pediatrician involved or LD/ CAMHs involved letters will indicate difficulties/ disabilities. Working across Tees with acute SEN manager to look at how disability can be shared with GP
2.2 Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their GP Practice		<p>All practices are signed up to delivering AHC's and there are systems in place to support this through the PCT.</p> <p>Training/ information and routine support is provided to GPs and practice staff with additional support provided to individuals accessing Acute services and staff within those settings who need advice. A Health Facilitator is linked to all practices</p> <p>Hartlepool have 47 people in Unsettled Accommodation (Residential care) this is with three providers, service reviews undertaken by the Commissioned service team will as a matter of course sample HAP's and support plans.</p>		2	Health sub group and Health Facilitator promote information about health through day and community services . Health action planning continues to be initiated by secondary care (HF team in TEWV) and as a result HAPs are now embedded within the electronic record keeping systems in TEWV.	We need to progress checking quality/outcomes of plans and recording those who have been offered but declined. Need to identify a system that will capture Health Action Planning and Annual Health Checks that are prompted by Health or Social care providers, but may not be captured as part of LD DES. CHC contracting needs further development within Hartlepool

Standard to Be Achieved	Evidenced Response			Score	Evidence - Details of Evidence to Support Score of '2' Effective or '3' - Excelling	If '1' Less effective' is selected, what plans are in place to meet the required standard? Who is responsible for these actions and by when?
	1. Less effective	2. Effective	3. Excelling			
					<i>If 'Excelling' share best practice</i>	<i>If 'Less effective' transfer actions to Priority Action Plan</i>
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 (T2.1) -Data is available as follows for each of the three main cancer screening programmes (a) cervical; (b) breast (c) bowel. 1. Total adult population who have received screening for that cancer in the past 2 years. 2. Number of adults with learning disability who have received screening for that cancer in the past 2 years	<p>Information is not collected in any meaningful way. Some evidence has been identified from HAPs that screening is being undertaken but this is not routinely gathered.</p> <p>Issue in relation to how this can be collected and shared has been raised through the relevant regional screening programme boards and the regional lead.</p>	<p>Work has been undertaken to raise awareness locally through promotional material and through themed awareness delivery. Screening DVDs have also been produced.</p> <p>It is recognised that all social care providers, support individuals and will in most cases complete their own organisational data on HAP. However it is unclear whether this information is collected locally to determine the effectiveness of screening.</p>		1	<p>Contact made with regional leads in some programme areas to explore how information can be captured and collected.</p>	<p>Develop information systems in partnership with programme boards and PCSA to establish take up of screening programmes. LDPB has had little influence in this area in the past however it is expected that the LDPB will become an integral part in the new Health & Well Being Board and will continue to seek support from its Link/Healthwatch representatives.</p>
2.4 The wider primary care community (e.g. dentists, pharmacists, physiotherapists, podiatrists, optometrists, community-based nurses - including maternity nurses) is demonstrably addressing and promoting the better health of people with learning disability		<p>A recent oral Health and Commissioning strategy identified an objective to understand whether the oral health needs of adults with learning disabilities are being met in the NHS Tees area.</p> <p>Discussions are being held with CHASE (the research arm of Teesside University) to develop a methodology to enable a health equity audit to be undertaken.</p>	<p>Work has been commissioned by LiNKs to undertake customer satisfaction surveys within primary & community services.</p> <p>The Health Facilitator has continued to develop relationships with the primary care community including supporting individuals and raising awareness and training through self-advocate groups.</p>	2		<p>The findings of the survey work by Links to be fed back to the LDPB and Health sub Group to take forward</p> <p>Further develop relationships with primary services to improve access and experience. Feedback findings to PCT/FT from the Links review.</p>
2.5 Commissioned contracts and agreements ensure equal access to health for people with learning disability (T2.3)		<p>TEWV -MH- Access criteria amended. Acute and community contracts reflect Michels recommendations. All SLA's updated and reflect Equality of access for PWLD</p> <p>Contract reviews consider the needs of all vulnerable groups as part of the review process.</p>	<p>Steering Group in place within NT&HFT which includes representation from self-advocates. Examples of services being adjusted in response to feedback.</p>	2	<p>Work has been commissioned by LiNKs to undertake customer satisfaction surveys within primary & community services.</p> <p>The LDPB have received information</p>	<p>Further evaluation of reasonable adjustments to be gathered and considered. Links feedback of outcomes to inform workplan.</p>

Standard to Be Achieved	Evidenced Response			Score	Evidence - Details of Evidence to Support Score of '2' Effective or '3' - Excelling	If '1' Less effective' is selected, what plans are in place to meet the required standard? Who is responsible for these actions and by when?
	1. Less effective	2. Effective	3. Excelling			
					<i>If 'Excelling' share best practice</i>	<i>If 'Less effective' transfer actions to Priority Action Plan</i>
2.6 All commissioned work-streams and resulting implementation plans apply equally to people with disabilities (T2.3).		JSNA includes people with learning disability and carers	Working together for change- (ASC) TEWV patient charter. Working Together for Change project plan attached as evidence. Individual service designs used to develop commissioning plans to move people on from forensic in patient services. New model for Tees JSNA to capture more intelligence and data to be used for commissioning.	2		Tees Commisisoning Leads to work together in development of LD element of new JSNA model
2.7 Information Revolution is benefitting people with learning disabilities and their family carers and relates to: • Electronic information and • Systems Health information (T2.5)	Consultation for the proposed National Information Revolution Strategy closed in January 2011. To date a full strategy has not been published. On this basis no work has commenced to consider the impact toward people with a learning disability.	Pilot from RIEP on increasing the uptake of Assitive technology to people with LD 20 additional units purchased to support independent living. BUDDI - Pilot for people with LD & Dementia. New reablement service has invested in the use of low level support including telecare and assitive technology		2	Report on the Tees Valley Learning Disabilities Unsettled Accommodation Telecare pilot scheme attached- this piece of worked looked at telecare technology to support people with a Learning Disability who are transferring from unsettled care or placed out of the local area to enable and support the development of settled accommodation to be provided within the locality Working Together for Change project plan attached as evidence Individual service designs used to develop commissioning plans to move people on from forensic in patient services New model for Tees JSNA to capture more intelligence and data to be used for commisisoning.	We will consider the Information Revolution Strategy once this is published.

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					<i>If 'Excelling' share best practice</i>	<i>If 'Less effective' transfer actions to Priority Action Plan</i>
2.8 Comissioners have agreed with local partner agencies a long term 'across system' strategy to address services to meet the needs of people with learning disability from ethnic minority groups, and their carers (see also 2.1 above)		Baseline data has been collected and membership of the partnership board reflects the cultural make-up of the Borough. Nine regional meetings facilitated by the partnership of (ARC, BiLD and Mencap) and was part of the wider consultation on how to involve people with learning disabilities and their carers from BME communities in local plans for services ,what they need and what they expect from services. An Ethnicity Self Assessment Framework was completed in December 2010. The Traffic lights system was used to score the following	Our Assessment told us the following: <ul style="list-style-type: none"> 7 people in Hartlepool with a learning disability are from BME communities-In receipt of services In addition to the info we gained from this assessment some staff will be undertaking further training around cultural awareness We have a 'small' but not insignificant number of people from BME Communities with a learning Disability in Hartlepool The partnership Board doesn't have a specific ethnicity plan-but other member organisation (including HBC) do The Partnership Board itself doesn't hold data/information about people but member organisations do The assessment only focussed on adults and needs to include young people in transition The information (numbers of people) is from 2001 census so we struggle to get up to date info We have a changing population i.e. asylum seekers 	2	Tees Ethnicity Report attached.	Further actions to be considered by the LDPB and Health Sub Group
2.9 There is a long-term strategy in place to achieve inclusion and equality of healthcare and outcomes for people with complex or profound disabilities and their carers (T2.6)		Raising our sights action plan, reported to Adult and Public Health portfolio and progress monitored via the LDPB Number of Young People with complex / profound aged 14 - 25 (21)	Adult & Public Health Portfolio - Appendix 2 Raising our sights action (www.hartlepool.gov.uk/egov_downloads/28.03.11_-_Adult_and_Public_Health_Services_Portfolio_Decision_Schedule.pdf)	2	The vision document has been revised following a consultation event and an action plan developed identifying priorities for the next three years focusing on health, housing, carers and employment. (see portfolio report Adult & Public Health Portfolio 28 March 2011)	Continue to promote the needs of people with complex needs and ensure that systems are inclusive. Health sub group to monitor delivery of the actions from this.

People with learning disabilities who are in services that the NHS commissions or provides, are safe (T3.1) (T3.2)

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					<i>If 'Excelling' share best practice</i>	<i>If 'Less effective' transfer actions to Priority Action</i>
3.1 Commissioners and service providers are systematically addressing any areas of concern, relative to the learning points from previous audits or investigations by statutory regulatory bodies - including 'Healthcare for All' 2008, Six Lives' 2009, Six Lives Progress Report 2010 and Care and Compassion 2011		QOS in place re adult and children's safeguarding in NHS provider contracts. NHS Tees has established CQRG meetings in place to scrutinise aspects of quality (effectiveness, safety & patient experience), assurance re safeguarding is raised as part of this process for acute, community and LD/MH Trusts. Exception reporting is provided to the governance committee, reporting to Board re assurance. Six Lives – previously reported on Care & Compassion – Core group of stakeholders developed NT&HFT action plan, implementation of action plan progressing: Governance arrangements in place to provide Board level assurance & ensure Commissioners are satisfied with approach/response. (The action plan can be provided) Quality Assurance Framework being developed in relation to all other contracted providers to ensure compliance in relation to 'quality' outcomes. Contract review meetings are held with Providers. However, it is via quality reviews that issues are scrutinised in relation to safeguarding – this includes consideration of SCR's , lessons learned etc .Representation on the health sub group from NH	Report and evidence presented to LDPB & Adult and Public Health Portfolio. An independent Peer review was completed in 2011 by the LGID (formerly I&DeA) identifying key strengths and areas for improvement. A focus event on Hate Crime was held in September 2011 LDPB Business Plan clearly reflects Health actions and priorities for delivery. NT&HFT – changes in practice can be evidenced in NT&HFT as a result of @ Six Lives and Care & Compassion (latter re.Trust wide implementation of the MUST tool) NT&HFT – arrangements in place to report to Board as required	2	updated 6 lives reports are taken to trust Boards twice a year. An update has also been received by the PCT Board. Contract review meetings are held with Providers. However, it is via quality reviews that issues are scrutinised in relation to safeguarding – this includes consideration of Serious Case Reviews , lessons learned etc The LDPB have received information in relation to the 3 Acts. There are plans in place re MCA in NT&HFT and TEWV	Actions to be agreed via Safeguarding Board and LDPB
3.2 Each health organisation has in place transparent and well understood policies and procedures relating to key legislation including: • Mental Capacity (including Consent and Deprivation of Liberty Safeguards) • Equalities Act 2010 • Human Rights Act		Commissioners and NHS Providers have in place governance arrangements to demonstrate they are discharging their duties. HR have provided support and guidance on public organisations duties and responsibilities. Documentation in NHS acute Trusts reflects the need to record consent & best interest decisions. CHC documentation – records consent and best interest decisions. The IMCA service has been re-procured and the recording of feedback in relation to users is a key requirement of the new provider. It has proved difficult to demonstrate service users who lack capacity their experience and has been extracted n the main from professionals involved in the process NHS Tees and NHS Providers are ratifying currently their self assessments utilising the DH framework. Action plans are a product of the self assessment and will be implemented locally, as well as sharing information at SH level via the adult safeguarding network with a view to identifying themes and benchmarking.	Quarterly Safeguarding Report http://www.hartlepool.gov.uk/eqov_download/s/22.08.11_-_Adult_and_Public_Health_Services_Portfolio_Agenda.pdf	2	19 Best Interest Assessors trained IMCA Activity report attached as evidence	Actions to be agreed via Safeguarding Board and LDPB

Standard to Be Achieved	Evidenced Response			Score	Evidence - Details of Evidence to Support Score of '2' Effective or '3' - Excelling	If '1' Less effective' is selected, what plans are in place to meet the required standard? Who is responsible for these actions and by when?
	1. Less effective	2. Effective	3. Excelling			
					<i>If 'Excelling' share best practice</i>	<i>If 'Less effective' transfer actions to Priority Action</i>
3.3 The review and analysis of complaints and adverse incidents affecting people with learning disability leads to altered or improved practice in all organisations		<p>Evidence from complaints within HBC is taken to a Practice Sub group, where professionals will look at cases with a view to improving practice.</p> <p>Governance systems are in place in relation to complaints/incidents. Information is available in accessible format. Work is progressing to review activity to drive improvements. Access to PALs is widely publicised. Advocacy services are available, and staff sign post and/or support access. This includes IMCA, representational advocacy etc</p> <p>Integrated clinical governance systems are in place in NT&HFT. All providers have been asked to identify single points of contact within their organisations and review their governance arrangements to ensure they are compliant with local policy and procedures re adult safeguarding. The integrated governance arrangements within the acute, LD/MH services enable and support screening. Work is ongoing at a local level on Tees to test the robustness of such processes. This also links to the planned work re the Task group in relation to SUI's, Incidents, complaints and safeguarding.</p>		2	<p>no complaints have been received by NTHFT to date for the period 2011/2012</p> <p>There are audit programmes in place that enable learning to be derived in NT&HFT. There is an explicit governance structure. Work is progressing currently to establish a task group to review specifically the connectivity between SUI's , incidents, Safeguarding and complaints., and develop and action plan.</p> <p>Link audit reports available via http://www.hvda.co.uk/link.html</p> <p>Adult Safeguarding Peer Review erprt attached as evidence.</p>	Actions to be agreed via Safeguarding Board and LDPB
3.4 There are effective multi agency partnerships in place with the agency partners of the Local Safeguarding Adults Board (LSAB) to ensure a coherent approach to Safeguarding Adults at risk of abuse		<p>Independent review of safeguarding by LGID, identified areas of best practice, good links with Hartlepool, well established board, needed further investment from the private and voluntary sector</p> <p>NT&HFT – compliance against this target can be demonstrated. NHS Tees Commissioner's policy – targets those staff who are directly involved in safeguarding (CHC, Medicines Management) and those who Lead on Safeguarding – compliance adopting this approach can be demonstrated. NHS Tees is reviewing its approach currently in partnership with its stakeholders as part of the Teeswide Training Strategy.</p>	Partnership working this element of the SAF has been agreed by all partners to be completed as part of demonstrating compliance in relation to organisations represented on the Board. In addition, it is to be recommended that quality outcome measures including, Patient experience, advocacy, Workforce etc will form part of a QA model, enabling the Board to measure/test compliance and drive quality improvement. Minutes are available	2	<p>Information is available in accessible format – an easy read version explaining about the process. Which all partners are aware of and are able to promote and utilise.</p> <p>Trends analysis is an area that is currently being addressed as part of the work of the Teeswide Adult Safeguarding Board.</p> <p>Work is progressing to strengthen the linkages between the LDPB and local adult safeguarding committees/boards. Representation on the Health sub groups The Clinical Quality Review Groups will address adult and children's safeguarding issues , it is a standing agenda item. Minutes are available</p> <p>Copy of Hartlepool Hate Crime LDPB notes attacehd as evidence</p>	<p>Learning Disability Partnership Boards should oversee the implementation of Hate Crime guidance in partnership with the LSAB and Police Service-</p> <p>This is being addressed as a priority by the Teeswide Adult Safeguarding Board, on behalf of and working with the 4 LSAB's/Committees on Tees. Linkages to LDPB's form part of the planned programme of work.</p>

4. Progress is being made in developing local services for those needing more help to be healthy (T4.1) (T4.2)

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	1. Less effective	2. Effective	3. Excelling			
4.1 There is an agreed strategy and linked person-centred commissioning plans for everyone receiving short break/respite care which is provided by NHS or private hospitals – partly or wholly funded (T4.3) (T4.4)		People with a Learning Disability are allocated a Resource allocation to meet their short break and respite care needs, where a health need is identified this is reflected in the individuals Person Centered support plan. The Transition strategy and protocol identifies the Key Lead Practitioner responsible for leading on the development of person centered, outcome focused support plans.	At present there are no adults receiving STC from an NHS or Private Hospital.	2	http://www.hartlepool.gov.uk/meetings/meeting/2241/adult_and_public_health_services_portfolio	Promotion of individual support plans for short breaks/respite needs to continue including information on take up and individual outcomes to be presented back to the LDPB
4.2 There is a comprehensive range of specialist learning disability services available to sustain and support people in their local community, avoiding unnecessary admissions or re-admissions to hospital, or out of area placements (OATS)		PCT assurance work has been completed and fed back to the SHA/DH with regard to all out of area placements in NHS/Independent Hospital provision and those in Castlebeck facilities Number of people placed out of area with LD by HBC 12 There are 3 contracted Assessment and Treatment beds for Hartlepool and no contracted beds outside of Tees. Specification for this service has recently been reviewed. Tees Integrated Commissioning Group, the Tees Transitions and Unsettled Group and the Tees Forensics Group bring together lead commissioners from the PCT and each of the 4 LA's to consider areas of demand and share information and intelligence in relation to service development and current provision. The groups work collaboratively to address local need and prevent OOA/admission/delayed discharge.		2	Updated status plans for each of the Tees Groups- Forensic, Tees Integrated, Transitions/Unsettled. Inc Out of area reviews PCT Cluster assurance work completed.Next phase of data capture to be undertaken with partners.	Updated information regarding all out of area placements to be routinely fed through to LDPB Roll out of Working Together For Change Programme to be completed. Tees Integrated Commissioning Group to progress local development of more 'specialist' services

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4.3 Plans are in place to ensure locally available provision of the future mainstream and specialist health services needed to support young people approaching adulthood - and their families (T4.5)		Transitions Operations Group, discuss all complex cases identifying primary Key transitions lead, Workforce training and launch event held to ensure key professionals follow ne transition path. Information from TOG group better informs commissioning intentions		2	LD Specialist framework agreement for people with Learning Disabilities- providers identified with the skills, competencies and Knowledge to work with people from aged 14. Transitions Protocol, Policy and operational group, identifies key transition lead. ASC Provider Framework agreement in place. Draft Corporate Housing Care & Support strategy in final phase of consultation identifies action plan for increasing support to families of People with a Learning Disability. Tees Integrated Commissioners Group workstream-Unsettled and Transitions, focuses on people currently placed in services and those coming through transitions to prevent out of area placements and also feed local commissioning and development plans.	Tees Transitions and Unsettled Group to progress plans in relation to young people to become 18 over the next 3 years
4.4 People with learning disabilities and their families/supporters are supported and empowered to fully contribute to the planning, prioritisation and delivery of health services generally		TEWV Service User Involvement Group heavily involved in 'Essence of Care', easy read documentation, training, and advocacy for others. The group are currently developing user involvement in CPA, , Discharge questionnaires for people who have accessed the assessment and treatment services and clinical research projects through Barry Speak. People, their families and carers have participated in the annual health assessment process and been given a range of opportunities to have their say. The Partnership Board has a Health sub Group which allows health related issues to be discussed regularly and is attended by a range of people, carers and professionals. This group reports feedback routinely to the Partnership Board.		2	In partnership with the SHA LD CIT and A2A group the Acute Trust have locally adapted and introduced the use of learning disability reasonable adjustments pathways and acute needs risk assessment tool. Locally adapted patient alert system to facilitate flagging system and promote the use of the LD hospital passport. An easy read patient information leaflet has been developed, with active involvement and inclusion of people with LD and a locally developed e-learning package- an introduction to Learning disability and Autism, which is available to all staff. Training for clinical staff is provided 4 times over the year by LD tutors at Teesside University, these sessions include input from people with LD and carers	Accessible Information from health providers to be promoted. Feedback from quality checkers to be considered.
4.5 There are thorough, well-functioning partnership agreements between organisations – and associated governance, guiding day to day commissioning and service provision		Good effective partnerships are in place. The Tees Integrated Commission Group monitor progress through the sub groups.		2	Updated action plans completed for Hartlepool, for ASC, Unsettled, transitions, Forensics (Draft). Good examples of partnership working, ASC & Forensic Framework agreement	Integrated data collection requirements to be considered across all care sectors

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4.6 The needs of people with learning disabilities who are ageing 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) (T4.6) The learning from care and compassion is reflected in the work to deliver this top target		<p>Health facilitators and Learning Disability Community teams have an up to date database of people with a learning disability, this includes people not active to Learning disability services who are managed in primary care.</p> <ul style="list-style-type: none"> Older peoples commissioning strategy and particularly the National Dementia strategy Implementation plan has specific reference to the needs of people with a learning disability and the need to ensure appropriate care is in place There is a developed and agreed dementia care pathway in place for people with a learning disability. Commissioning strategy for older people includes mainstream and specialist support for older people, people with a young onset dementia and end of life care. There is a specialist young onset dementia service well established across Tees who support and care manage the specialist needs of this cohort including health and social care needs, carers and vocational support. End of life care is specifically referenced in both the older peoples and dementia implementation strategies. An end of life e-learning package has been developed and is in 	<p>There is a specialist young onset dementia service operating across Tees which works closely with mainstream dementia services and neurology. The service has previously won awards for its innovative approach to care and treatment for this client group and support for carers.</p> <ul style="list-style-type: none"> There is a formal protocol in place to enable access for people with a learning disability to the Young Onset Dementia Service. The service specification for the Young Onset Dementia Service requires reasonable adjustment to be made to ensure access for people with a learning disability <p>Screening programmes for dementia and "at risk" registers are in place within learning disability services for all people known to have Downs Syndrome.</p>	3	<p>There are formal protocols in place to access both young onset dementia services which link to neurology and specialist older peoples dementia services.</p> <ul style="list-style-type: none"> Joint working between Older Persons, Mental Health and Learning disability commissioners in both health and social care is increasingly evident and innovative packages of care and support are being developed and commissioned accordingly, this is expected to increase with the roll out of personal health budgets during 2012/13. 	N/A
4.7 Commissioners are assured that Fulfilling and Rewarding Lives is being implemented in the Statutory Guidance December 2010 and the NHS operating Framework 2010 This section is presented in this table format to enable you to RAG rate each statutory guidance deliverable separately. This means you do not need to produce additional assurance for Autism. For the purposes of the HSAF please use an overall RAG rating score for the whole section.		<p>Tees ASDG Action plan, local Autism Action plan. Achievements in WFD framework for ASC, NAS accreditation for Day opps and Employment. New ASC Framework agreement for specialist providers. Effective links with Education and private and voluntary sector.</p> <p>Autism E-Learning packages will be delivered at Teesside University in September 2011 TEVV are working closely with the University to pursue accreditation for some of the work that is been achieved and enable people to access University to progress standards and personal development.</p> <p>At NT&Hft- Locally developed e-learning and training provided by Teesside University is developed that both include autism. Currently between 0 – 25% of staff will have completed. Alert system used to identify people with a definitive diagnosis of autism as well as other disabilities.</p> <p>LD reasonable adjustments care pathways and risk assessment tools not specific for people with autism but would be used if applicable to support with individual needs. Trust is actively involved in the multi agency transitions planning processes as young people</p>		2	<p>Tees Multi Agency Strategy</p> <p>Diagnostic Pathway agreed and to be implemented.</p>	Continue to roll out training programme for Autism.

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4.8 There are a range of local services available to individuals who are described as having challenging behavior. Such services take account of key standards from policy and best practice e.g. Mansell 2 Report or updated equivalent and Challenging Behavior Charter		<p>Clinical reviews have been undertaken for all individuals that are currently in out of area placements and have specific complex needs, and those individuals that are currently in placements considered unsettled.</p> <p>The next phase of this work has involved the 'drilling down' of specific profiles and some further mapping of in-borough resources , either currently being provided or with the potential to re-model. This work will seek to address current 'priority' individuals, whose need is urgent based on the stability/suitability of their current placement, and then phased planning to include transitions individuals/predicted demand.</p> <p>The redevelopment of the Bankfields site will also include flats specifically identified for the purpose of preparing and developing individuals with Autism/complex needs for move on to more independent options within the community.</p>		2	<p>The Challenging Behaviour Pathway has now been fully implemented. Tees integrated commissioning group in place to take forward Tees developments. The Local Authority has developed a specialist LD Framework agreement, the agreement identifies providers who have developed their workforce in line with the Skills for Health and Skills for Care quality frameworks for LD.</p>	Tees Integrated Commissioning Group to progress commissioning plans for people out of area and young people who traditionally would be placed out of area.
4.9 The National mental health policy 'No Health without Mental Health' is equally and equitably applied to people with learning disability who require mental health services		<p>New service developed aimed at signposting people with MH needs to community based services aimed at promoting health and mental well being. (creative support - contract)</p> <ul style="list-style-type: none"> • There are clear and agreed protocols on place for joint working and referral between mental health and learning disability services • The protocols include a dispute resolution process to ensure that appropriate decisions can be taken in a timely manner. • Mental health service developments, including any material changes to service, are subject to equality impact assessments – we have an agreement in place that this will now include meaningful consultation and engagement with relevant learning disability partnership boards and carer groups. • Primary care mental health services including IAPT are contracted to provide services to people with a learning disability and have agreed protocols in place to access support from health facilitators where required. • Awareness training provided by the health facilitation teams has taken place across primary care mental health services and crisis 	<p>All commissioned mental health service specifications include an expectation that reasonable adjustment will be made to ensure access for people with a learning disability.</p> <p>Joint working between Mental Health and Learning disability commissioners in both health and social care is increasingly evident and innovative packages of care and support are being developed and commissioned accordingly, this is expected to increase with the roll out of personal health budgets during 2012/13.</p>	2	<p>All service areas across Tees have undertaken a Green Light audit and clear action plans have been produced for each locality monitored by a steering group meeting bi-monthly which includes operational and senior staff from both Mental Health and Learning disability services and is chaired by the lead commissioner for Mental Health and Learning disabilities from the PCT</p> <p>Joint engagement events between mental health and learning disability services, which include service users and family carers have taken place around specific themes eg. Green Lights, No Health Without Mental Health, however there is not evidence of consistent ongoing engagement other than consultation regarding service development.</p> <p>There are specialist mental health liaison teams, for CAMHS, Working Age Adults and Older Persons, working into acute hospitals in all localities, however these teams do not work across all services. There is access to specialist clinicians in Psychosis, Affective Disorders and Personality Disorders for all teams where required but not a bespoke Liaison function.</p>	<p>Need to ensure that LDPBs have assurance that people have good access to the full range of mental health care, audit and further training in regard to the agreed access protocols is required across all teams. This will be implemented by Green Light Steering groups engaging with senior managers from both services.</p> <p>Need to ensure to that people are engaged with through effective consultation. This will be progressed by Green Light Steering groups</p>

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4.10 Commissioners have a learning disability 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 including Ambulance and offender health		<p>NEW specialist LD Framework agreement developed for Hartlepool, with providers asked to reflect their skills, competencies and Knowledge, against updated Skills for Health and Skills for Care (QCF skills framework) for children's and adults</p> <p>PDP and Induction planned from Autumn 2011 linked to Trust pathways and a range of training from novice to expert in a number of areas.</p>	NT&Hft have introduced a local LD awareness e-learning package, since introduction in August 12 staff have successfully completed the training. Teesside University has provided 4 sessions to date in relation to access for all	2	Presented ASC workforce development plan to the Tees Workforce development group.	Workforce development and training in relation to learning Disability to be raised through NHS Tees and NEAS contract process.
4.11 Commissioners are working in partnership with local and regional teams to ensure that people with learning disability in the criminal justice system have access to a full range of healthcare provision – in line with legislation, policy and best practice e.g Positive Practice Positive Outcome 2011		<p>A User Involvement Group are producing a film of peoples experiences of the Criminal Justice System</p> <p>There is a multi-agency team in place overseeing the development of care pathways in the community for offenders with MH and LD. NTW/TEWV with Revolving Doors has won the contract. The contract will commence on the 1st October and will run for two years.</p> <p>A local offender health team is in place and has good representative membership from a range of people ensuring an informed perspective on learning disability. The local offender health team has an agreed definition of learning disability. Assessment process has been agreed to identify people with learning disability in all offender health services e.g. learning disability screening questionnaire. Local Offender Health link established with LDPB.</p>		2	a4e have the employment link contract for those people looking to return to area following rehabilitation. The Local Authority supported a project with Kirkleavington prison which aimed to support 13 people leaving prison and focused on improving employment prospects for people leaving prison. (LSIS project)	Need to strengthen the links with CPS and LD Social Work teams to ensure PWLD have access to an annual health check, and supported self assessment on discharge.

	Priority Action Plan
Date to be completed:	31/10/2011
Organisation:	NHS Hartlepool
Contact No	0
Question	Less effective' actions transferred from each sheet to Priority Action Plan
1.1	N/A
1.2	Evidence required to show where both Health Action Plans and Person Centred Plans are in place and are being reviewed or to show where these have been offered but declined. This will be taken forward through the Health Sub Group.
1.3	N/A
2.1	Currently there is still ongoing issue with children's registers in GP practice indicating learning disability. Where pediatrician involved or LD/ CAMHs involved letters will indicate difficulties/ disabilities. Working across Tees with acute SEN manager to look at how disability can be shared with GP
2.2	We need to progress checking quality/outcomes of plans and recording those who have been offered but declined. Need to identify a system that will capture Health Action Planning and Annual Health Checks that are prompted by Health or Social care providers, but may not be captured as part of LD DES. CHC contracting needs further development within Hartlepool
2.3	Develop information systems in partnership with programme boards and PCSA to establish take up of screening programmes. LDPB has had little influence in this area in the past however it is expected that the LDPB will become an integral part in the new Health & Well Being Board and will continue to seek support from its Link/Healthwatch representatives.
2.4	The findings of the survey work by Links to be fed back to the LDPB and Health sub Group to take forward Further develop relationships with primary services to improve access and experience. Feedback findings to PCT/FT from the Links
2.5	Further evaluation of reasonable adjustments to be gathered and considered. Links feedback of outcomes to inform workplan.
2.6	Tees Commissioning Leads to work together in development of LD element of new JSNA model
2.7	We will consider the Information Revolution Strategy once this is published.
2.8	Further actions to be considered by the LDPB and Health Sub Group
2.9	Continue to promote the needs of people with complex needs and ensure that systems are inclusive. Health sub group to monitor delivery of the actions from this.

3.1	Actions to be agreed via Safeguarding Board and LDPB
3.2	Actions to be agreed via Safeguarding Board and LDPB
3.3	Actions to be agreed via Safeguarding Board and LDPB
3.4	Learning Disability Partnership Boards should oversee the implementation of Hate Crime guidance in partnership with the LSAB and Police Service- This is being addressed as a priority by the Teeswide Adult Safeguarding Board, on behalf of and working with the 4
4.1	Promotion of individual support plans for short breaks/respite needs to continue including information on take up and individual outcomes to be presented back to the LDPB
4.2	Updated information regarding all out of area placements to be routinely fed through to LDPB Roll out of Working Together For Change Programme to be completed.
4.3	Tees Transitions and Unsettled Group to progress plans in relation to young people to become 18 over the next 3 years
4.4	Accessible Information from health providers to be promoted. Feedback from quality checkers to be considered.
4.5	Integrated data collection requirements to be considered across all care sectors
4.6	N/A
4.7	Continue to roll out training programme for Autism.
4.8	Tees Integrated Commissioning Group to progress commissioning plans for people out of area and young people who traditionally would be placed out of area.
4.9	Need to ensure that LDPBs have assurance that people have good access to the full range of mental health care, audit and further training in regard to the agreed access protocols is required across all teams. This will be implemented by Green Light Steering groups engaging with senior managers from both services.
4.10	Workforce development and training in relation to learning Disability to be raised through NHS Tees and NEAS contract process.
4.11	Need to strengthen the links with CPS and LD Social Work teams to ensure PWLD have access to an annual health check, and supported self assessment on discharge.

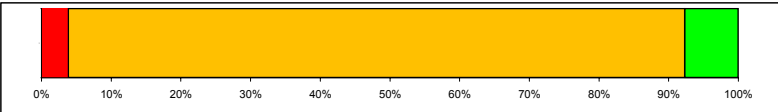
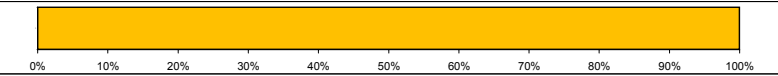
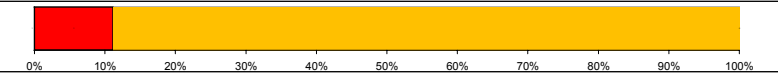
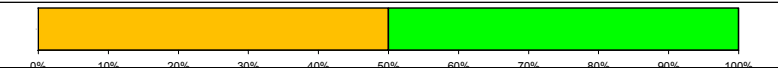
Self assessment - Score Summary

31/10/2011

Area	No of questions	Less effective	Effective	Exceeds Requirements	N/A	unanswered
1. Campus Closure	2	0	1	1	0	0
2. Health Inequalities	9	1	8	0	0	0
3. Safeguarding	4	0	4	0	0	0
4. Valuing People Now	11	0	10	1	0	0
Total All Areas	26	1	23	2	0	0

Percentage of Total no of Questions:
Less Effective, Effective, Exceeds requirements, unanswered, not applicable

If any areas of the graphs are grey 'unanswered' , please return to the section to complete

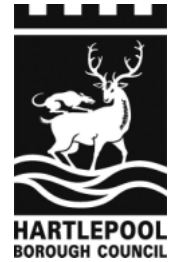


Glossary

Abuse	is the 'violation of an individual's human rights by another person or persons which results in significant harm'. The term used in the policy and procedures includes any form of abuse and neglect.
Accessible Information	information that is presented in a format that is easily used and understood by its intended audience.
Adults at Risk	(1) a person aged 18 or over and who: (a) is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority; or (b) receives direct payments in lieu of adult social care services; or (c) funds their own care and has social care needs; or (d) otherwise has social care needs that are low, moderate, substantial or critical; or (e) falls within any other categories prescribed by the Secretary of State or Welsh Ministers; and (2) is at risk of significant harm,
Advocacy	is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.
Alert	is a concern that an adult at risk is being or might be the victim of abuse or neglect. An alert may arise as a result of a disclosure, an
Annual Health Check	is a check-up that happens with a GP which looks for the things we know go wrong for certain groups of people.
Capacity	is the ability to make a decision about a particular matter at the time the decision needs to be made. The legal definition of a person who lacks capacity is set out in section 2 of the Mental Capacity Act (2005).
Care Quality Commission	is responsible for the registration and regulation of health and social care in England and Wales
Care setting/services	includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for a person by means of a personal budget
Carer	refers to unpaid carers, e.g. relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer' are called staff.
Clinical governance	is the framework through which the NHS is accountable for the continuing improvement of quality of its services while still safeguarding high standards of care, thereby creating an environment which aims for clinical excellence
Consent	is the voluntary and continuing permission of the person to the intervention (i.e. care decision or care action in question), based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.
Essential Standards for Quality and Safety	Essential standards to meet that all regulated health and social care services have to meet.
Governance Framework	is the set of responsibilities and practices, policies and procedures, used by an organisation, to provide strategic direction, ensure objectives are achieved, manage risks and use resources responsibly and with accountability
Harm	ill-treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or
HealthWatch	a new independent consumer champion within the Care Quality Commission. Subject to legislation, Local HealthWatch will replace Local Improvement Networks and support the Local Authority in promoting choice and complaints advocacy. Local HealthWatch will have the power to recommend poor services are investigated.
Health and Wellbeing Boards	proposed structures, led by the Local Authority, to promote partnership working and integrated service delivery of public services
Investigation	is a structured process to gather evidence to determine whether an allegation of abuse can be substantiated.
Investigating officer	officer is the member of staff of any organisation who leads an investigation into the allegation of abuse. This is usually a manager or other professional in the organisation that has a duty to investigate.
Joint Strategic Needs Assessment	The Local Government and Public Involvement in Health Act 2007 requires PCTs and Local Authorities to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community to inform local commissioning decisions
LSAB	is the Local Safeguarding Adults Board, sometimes called a Safeguarding Adults Partnership Board
Mental capacity	is set out in the Mental Capacity Act (MCA) 2005. An adult is presumed to have mental capacity unless they are assessed as not having mental capacity at the time of making the particular decision. A person lacks capacity to make a decision if 'he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain'. Capacity is decision specific and if a person is not able to make a decision at one point in time they may be able to do so at another.
Person centred care and person centred planning	means putting the person, their wishes and views at the heart of decision-making processes
Personally held health records	might be known as a Health Action Plan or Hospital Passport
Positive risk	is empowering people through collaborative working, and a clear understanding of responsibilities that service users and services can reasonably hold in specific situations.
Reasonable adjustments	are reasonable steps taken to prevent a disabled person suffering a substantial disadvantage compared with people who are not disabled
Referral	is the act of reporting an allegation, concern or disclosure (an alert). The concern is formally recorded as a safeguarding adults referral
Safeguarding Adults	is a range of activity aimed at upholding the fundamental right of all adults to be safe with particular focus upon 'adults at risk'
Safeguarding adults process	refers to the decisions and subsequent actions taken on receipt of a referral. This process can include a strategy meeting/discussion, an investigation, a case conference(s), a care/protection/safety plan, and monitoring and review arrangements.
Serious case review (Adults)	is undertaken by a Safeguarding Adult Partnership Board when an adult experiencing abuse or neglect dies, or when there has been a serious incident, or in circumstances involving the abuse or neglect of one or more adults. The aim is to get a better understanding of how agencies worked together and how and why decisions were made. The prime purpose is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively.
TOR	describes the statement of background, objectives and purpose of a project or meeting

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
30 January 2012



Report of: Director of Child and Adult Services

Subject: COMMISSIONED SERVICES UPDATE

SUMMARY

1. PURPOSE OF REPORT

To update the Portfolio Holder on current issues within adult social care commissioned services and future priorities.

2. SUMMARY OF CONTENTS

The report provides a quarterly update to the Portfolio Holder on the following issues:

- Care home status, occupancy levels and work being undertaken during 2011-2012.
- Social care reviews
- Domiciliary care services
- Project work which is currently being undertaken as part of the work plan for Commissioned Services

3. RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Holder has responsibility for adult social care provision.

4. TYPE OF DECISION

Non-key

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio Holders on 30 January 2012

6. DECISION(S) REQUIRED

To note the report.

Report of: Director of Child and Adult Services

Subject: COMMISSIONED SERVICES UPDATE

1. PURPOSE OF REPORT

- 1.1 To update the Portfolio Holder on the work undertaken, issues and priorities for commissioned services in 2011/12.

2. BACKGROUND

- 2.2 It has been agreed that there will be a quarterly report delivered to the Portfolio Holder regarding regulated and non-regulated adult social care commissioned services. The Commissioned Services Team within Child and Adult Services has the responsibility for ensuring that the services commissioned comply with the relevant contractual requirements.

3. UPDATE

3.1 Care Homes

- 3.1.2 There are 21 older people care homes, 9 for people with a learning disability and 2 for those with mental health problems in Hartlepool that the Council contracts with.

Quarterly surveys on occupancy for care homes are carried out. The latest figures from September 2011 indicate the following occupancy levels:

- Older People 77%
- Learning Disabilities 92%
- Mental Health 100%

- 3.1.3 There are currently no moratoriums in place on any care homes within the Borough and the two moratoriums have been lifted.

- 3.1.4 TL Care who owned Queens Meadow have been taken over by Hill Care (August 2011) and the delivery of care in Elwick Grange transferred from Southern Cross to Care UK from 14th Oct 2011. Both organisations have successfully completed the accreditation process

3.1.5 A programme of unannounced visits was recently undertaken that included older people's care homes. The visits covered meals/nutrition, activities within the home, general appearance of the home and also reviewed staffing levels. The times of the visit varied across the homes and included weekends and out of hours.

3.1.6 All care homes are currently being re accredited to coincide with a review of the contract. It is the intention to carry out a mini accreditation annually to cover audited accounts and insurance cover to give the Council a degree of assurance about the financial stability of the providers.

3.2 Social Care

3.2.1 A new contract was awarded, effective from 1 October 2011 to for the delivery of Mental Health Day Services. The service is configured such that the outcomes have been agreed and the provider delivers the service to meet the needs of the service user, moving away from traditional type day services.

3.3 Domiciliary Care

3.3.1 Domiciliary care services were re-tendered in 2010 and the number of providers reduced from three to two. This has positively impacted on long term sustainability of the providers.

3.3.2 Community Homecare has recently been sold and is now owned by Careline. The accreditation checks are complete and contracts have been exchanged.

3.1.3 The current level of hours for the domiciliary care service averages 4100 hours which is split between the 2 providers.

3.4 Project Work

3.4.1 A report to the Portfolio Holder in October provided an update on the tender for specialist domiciliary care services for people with complex and profound learning disabilities and / or autism. A shortlist of successful providers is now complete and work is ongoing to develop how the framework contract will be developed.

3.4.3 The stroke co-ordination service contract will come to an end in 2012. part of 2012. This is a valued service and it is the intention to seek quotations from interested providers to enable the service to continue from April 2012.

- 3.4.5 Following a strategic review of the Domestic Violence service, it has been agreed that a new contract will need to be in place by April 2012. Work is almost complete on the specification and outcomes for the service; the award of the contract is then expected in March 2012. The Commissioned Services Team has been working closely with Regeneration and Neighbourhoods and other partners in developing the service.
- 3.4.6 A Review of the care and support contract for Housing Hartlepool's extra care facilities is to be undertaken during the first quarter of 2012.

4. RECOMMENDATIONS

- 4.1 The Portfolio Holder is asked to note the report and to receive further updates on a quarterly basis.

5. BACKGROUND PAPERS

- 5.1 None

6. CONTACT OFFICER

Brian Ayre
Commissioned Services Manager
Level 4, Civic Centre
01429 284264

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
30th January 2012



Report of: Director of Child and Adult Services

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

SUMMARY

1.0 PURPOSE OF REPORT

To present the Hartlepool Safeguarding Vulnerable Adults Board (HSVAB) statistics covering the period from April – December 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 nine 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 – 30 January 2012

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 SAFEGUARDING
VULNERABLE ADULTS BOARD STATISTICS
& SAFEGUARDING PROGRESS REPORT

1. PURPOSE OF REPORT

- 1.1 To present the Hartlepool Safeguarding Vulnerable Adults Board (HSVAB) statistics covering the period from April – December 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 April – December 2011 there were 294 alerts identifying **possible** cases of abuse or neglect brought to the attention of the Duty Team. Following initial discussion and wider debate 121 of these alerts led to referrals requiring further investigation and action specifically under safeguarding adult procedures.
- 3.2 In the same period last year there were 218 alerts identifying **possible** cases of abuse and 120 of these required further investigation and action specifically under safeguarding adult procedures.
- 3.3 In relation to the current reporting period, it is important to highlight that although 173 alerts or 59% of the activity required no specific further action in terms of safeguarding procedures, these cases were appropriately risk managed via interventions by the social work and care management teams, health professionals, the complaints process or the Commissioned Services Team. Alternatively, some referrals were simply managed by providing more detailed information, advice or guidance at the Duty Team point.
- 3.4 Within this reporting period, regarding the alleged victims of abuse / neglect approximately 42% of people were under the age of 65; 15% were between the age of 65-79 and 41% 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 reported 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. It should be noted that the number of safeguarding investigations are almost the same in the first nine months of 2010/11 and 2011/12.
- 3.6 In comparison with the same reporting period last year the total number of safeguarding alerts received in 2011/12 thus far has increased by 76 cases, or approximately 31%. The number of cases leading to actual referrals requiring further investigation and action taken under safeguarding procedures is almost exactly the same. This indicates that the work being undertaken at the Duty Team point and via early discussion with the safeguarding team is reducing unnecessary investigations, whilst still managing concerns and associated risk.
- 3.7 It should be noted that whilst the volume of further investigation and action taken under safeguarding procedures has remained fairly constant there is evidence to suggest that the cases have become more complex, challenging and time intensive. 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 activity for the same reporting period is as follows:
- | | |
|--|----|
| • Total Number of Urgent DOLS Referrals | 31 |
| • Total Number of Standard Referrals | 23 |
| • Total Number of DOLS Reviews | 8 |
| • Total Number of 3 rd Party Requests | 0 |
| • Total Activity | 62 |
- 3.9 In the same reporting period last year the Deprivation of Liberty Safeguards activity was as follows:
- | | |
|--|----|
| • Total Number of Urgent DOLS Referrals | 46 |
| • Total Number of Standard Referrals | 18 |
| • Total Number of DOLS Reviews | 0 |
| • Total Number of 3 rd Party Requests | 2 |
| • Total Activity | 66 |
- 3.10 Deprivation of Liberty Safeguards overall activity has not significantly changed although it should be noted that requests for urgent assessments have reduced which indicates that registered facilities do seem to be improving their understanding of the associated systems and processes linked to this legislation.

4. CONTINUOUS IMPROVEMENT - UPDATE ON SAFEGUARDING ACTION PLAN

- 4.1 The Hartlepool Safeguarding Vulnerable Adults Board (HSVAB) has recently undertaken a review of the terms of reference for the Board and these have been circulated to strategic partners for consultation. They are due to be ratified at the next board meeting in late January 2012.
- 4.2 The HSVAB has recently reviewed the strategic vision and proposed an overarching model for supporting adults at risk of harm. This work is to be ratified at the January board. It proposes a 'virtual' safeguarding framework that will help link strategic issues and commissioning arrangements with operational practice and in doing so, assist with improving the co-ordination and effectiveness of current adult safeguarding arrangements in Hartlepool.
- 4.3 Hartlepool continues to lead the pilot scheme to develop an 'Expert by Experience' model of working. The independent provider commissioned to undertake this work is now receiving referrals from Hartlepool for clients who have chosen to be part of the pilot and we are starting to receive initial feedback.

There have been some delays in establishing the process as some clients who have been in the safeguarding framework longer than normal due to the complexities of their cases.

All clients entering the Safeguarding Framework are offered the opportunity to become an 'Expert by Experience' by taking part in a discussion with the independent provider at the end of the safeguarding investigations into their case. This will establish how satisfied those involved with the safeguarding investigation are with the quality of the support they have received.

The learning from this pilot scheme will enable further improvements in operational practice to be made as well as increasing understanding of the training requirements of the work-force.

- 4.4 North Tees and Hartlepool NHS Foundation Trust have recently introduced a Safeguarding Specialist Nurse role. This role is already proving to be extremely valuable in improving access to information and advice about health related safeguarding activity. The role is also likely to prove valuable in on-going work being undertaken regarding improving the interface between Adult Protection, NHS Incident Reporting and Serious Untoward Incident(s). This is a key issue highlighted in both the 2011/12 Safeguarding Board Action Plan and the Peer Review as it was noted that there appeared to be under reporting of incidents from health services. The significance of this interface has also been acknowledged nationally and it is important that lessons are learnt and best practice shared.

- 4.5 The Department has recently introduced a system to more robustly analyse safeguarding risks on individual cases in order to improve understanding of safeguarding activity and develop operational intelligence regarding key cases. In operating this system it is anticipated that health, social care and police decision-making regarding identifying appropriate interventions will improve and in doing so reduce risks to vulnerable people.
- 4.6 Adult Social Care has recently introduced a Safeguarding Adults at Risk Information hub, SAaRIH (Safeguarding Aadults at Risk Information Hub). This is an on-line central information service for practitioners, managers, regulators, researchers, educators and policy makers who are interested in and have responsibility for safeguarding adults. All workers in Hartlepool Adult Social Care now have access to this tool which provides high quality up to date information related to safeguarding. It includes a range of published materials on all aspects of adult safeguarding throughout UK, Republic of Ireland, Europe and beyond.
- 4.7 Although Councils with Social Services Responsibilities are responsible for the co-ordination of safeguarding activity, fundamentally adult protection is everyone's business. One of the key considerations though is how Councils can remain independent, transparent and 'challenging' throughout the safeguarding processes. Therefore like other Local Authorities, Hartlepool Borough Council is currently undertaking work to consider different options for achieving this, one of which relates to independent chairing of the HSVAB. An Independent Chair would be tasked with holding all strategic partners to account regarding their commitment to safeguarding those at risk of harm in Hartlepool. However, it must be acknowledged that funding for this independent role is a challenge in this fiscal climate so the HSVAB have agreed to explore, through an advert, the potential for a local volunteer (with paid expenses) to Chair. A job description and advert is being prepared for agreement at the January Board meeting.

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

7. CONTACT OFFICER

- 7.1 John Lovatt
Head of Service (Adult Social Care)