ADULT AND PUBLIC HEALTH PORTFOLIO

DECISION SCHEDULE



Monday 18th September 2006

at 9.00 am

in Committee Room "A"

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

1. KEY DECISIONS

1.1 "In Control" Pilot (Individual Budgets) – *Director of Adult and Community Services*

2. OTHER ITEMS REQUIRING DECISION

2.1 Health and Safety Service Plan 2006/07 – Head of Public Protection and Housing

3. ITEMS FOR INFORMATION DISCUSSION

- 3.1 Statutory Guidance on the Role of the Director of Adult Social Services Director of Adult and Community Services
- 3.2 Adult and Community Services Departmental Plan 2006/07 1st Quarter Monitoring Report *Director of Adult and Community Services*
- 4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS
 No items

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder 18th September 2006



Report of: Director of Adult & Community Services

Subject: "IN CONTROL" PILOT

(INDIVIDUAL BUDGETS)

SUMMARY

1.0 PURPOSE OF REPORT

To provide information on the forthcoming proposed pilot of "In Control" and Individual Budgets across Adults Department, set the pilot in context of national policy, and identify benefits to Hartlepool citizens.

2.0 SUMMARY OF CONTENTS

The report includes background detail on the National In Control programme, timescales for Hartlepool and an update on progress so far.

3.0 RELEVANCE TO PORTFOLIO MEMBER

Information update and decision required.

4.0 TYPE OF DECISION

Key decision Test (i) and Test (ii)

5.0 DECISION MAKING ROUTE

Adult and Community Services portfolio holder.

6.0 DECISION(S) REQUIRED

To agree the nomination of Adult services to the National pilot of "In Control" programme.

Report of: Director of Adult and Community Services

Subject: "IN CONTROL" PILOT

(INDIVIDUAL BUDGETS)

1. PURPOSE OF REPORT

1.1 To provide information on the proposed forthcoming pilot of Individual Budgets, across the Adults Department. To provide background information and its links with national policy. To identify the broad outcomes that Individual Budgets will bring about.

2. BACKGROUND

- 2.1 The Individual Budgets Pilot Project is a joint programme between the Department of Health, the Office for Disability Issues, the Department of Work and Pensions and the Department of Communities and Local Government. In Control is a National programme to change the organisation of social care so that people who need support can take more control of their own lives and fulfil their role as citizens.
- 2.2 "In Control" empowers people who need support to direct their own care and support via an individual budget. There has been recognition nationally and politically that social care services have traditionally provided services that limited and constrained people and their families. Until recently receiving support could mean being socially excluded from mainstream activities or segregated from the community, or lifestyle being institutionalised in some way. "In Control" enables people to build in support from their natural networks in the community and gives people greater choice and independence.
- 2.3 "In Control" and Individual Budgets links into Valuing People strategy for people with a learning disability with a clear vision of social inclusion and person centred approach. The government has built on this vision and strategy by making a commitment to pilot Individual Budgets. This commitment is outlined in a number of policy documents. This includes the green paper Independence, Well-being and Choice and more recently in the White Paper Our Health, Our Care, Our Say. Plans were also outlined in Improving Life Chances of Disabled People and government's ageing strategy Opportunity Age.
- 2.4 There are 13 local authorities already involved in the pilot, and all have begun to offer individual budgets to people in their community. Hartlepool has nominated itself as an adults department to participate in the pilot which commences in September 2006. A lead manager

(Disability Inclusion Manager) has been identified and key staff have been inducted on to the programme and trained in readiness. A preferred resource allocation method, which is integral to offering an individual budget, has been selected. This has been selected from a range of "tried and tested" previously evaluated methods, and one which will be tailored to Hartlepool's needs. Hartlepool will receive ongoing support from the national programme leads. The broad outcomes that individual budgets are aiming at bringing about are: -

- Greater involvement of users and their families in designing their own care and support
- Increased choice and control for users and families
- Effect change on provider markets and workforce needs and planning to benefit users and families and increase choice
- Increased quality of lifestyle and networks, and increased capacity in the local community.

3. FINANCIAL IMPLICATIONS

3.1 The individual budgets approach involves a number of different strands of income and allows for combining income streams e.g. social care funding combining with Independent Living Funds, Supporting People, Disabled Facilities Grant and Access to Work. This may change therefore how we currently arrange and organise our budgets. There is a formal comprehensive evaluation of outcomes and costs being carried out by three academic research units but this has not been concluded yet. There is no indication of increased costs albeit the research is at an early stage. There is anecdotal evidence from Direct Payment users and Individual Budget users that arranging their own care costs local authorities less. Individual budgets will impact and effect commissioning processes, particularly block contracts.

4. RECOMMENDATIONS

4.1 It is recommended that the "In Control" pilot is agreed and supported to go ahead with its implementation from September 2006.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO



Report to Portfolio Holder 18 September 2006

Report of: Head of Public Protection & Housing

Subject: HEALTH & SAFETY SERVICE PLAN 2006/07

SUMMARY

1. PURPOSE OF REPORT

To seek Portfolio Holders approval for the Health & Safety Service Plan.

2. SUMMARY OF CONTENTS

The report gives details of the Health & Safety enforcement service and the service plan for 2006/07.

3. RELEVANCE TO PORTFOLIO MEMBER

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

4. TYPE OF DECISION

Non-key

5. DECISION MAKING ROUTE

Adult & Public Health Services Portfolio Holder.

6. DECISIONS(S) REQUIRED

Approval of the Health & Safety Service Plan.

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ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder 18 September 2006



Report of: Head of Public Protection & Housing

Subject: HEALTH & SAFETY SERVICE PLAN 2006/07

1. PURPOSE OF REPORT

1.1 To consider and seek approval of the Health & Safety Service Plan for 2006/07, which is a requirement under section 18 of the Health & Safety at Work etc Act 1974.

2. BACKGROUND

- 2.1 The Health & Safety Commission (HSC) has a key role in overseeing local authority enforcement activities. They have duties to set and monitor standards of local authorities as well as carry out audits of enforcement activities to ensure that authorities are providing an effective service to protect public health and safety.
- 2.2 The Health & Safety Commission issued guidance under Section 18 of the Health and Safety at Work Act to local authorities. The guidance provides information on how local authority enforcement service plans should be structured and what they should contain. Service plans developed under this guidance will provide the basis on which local authorities will be monitored and audited by the Health & Safety Commission.
- 2.3 The service planning guidance ensures that key areas of enforcement are covered in local service plans, whilst allowing for the inclusion of locally defined objectives.
- 2.4 The Health & Safety Service Plan for 2006/07 is attached as appendix 1 and takes into account the guidance requirements.

3. THE HEALTH & SAFETY SERVICE PLAN

3.1 The service plan for 2005/06 has been updated to reflect last year's performance.

- 3.2 The Service Plan covers the following:
 - (i) Service aims and objectives.
 - (ii) The background to the authority, including the scope and demands on the health and safety service.
 - (iii) Service delivery, including inspection programmes, service requests, complaints, advice, liaison and promotion.
 - (iv) Resources, including financial allocation, staff allocation and staff development.
 - (v) Quality assessment.
 - (vi) Details of the review of the plan.

4. ISSUES

4.1 The number of programmed Health & Safety inspections carried out in 2005/06 was below target at 90%. This was mainly due to ongoing staff shortages and the impact of the implementation of the Licensing Act.

The potential shortfall has been minimised by utilising the service of a private consultant and by using existing staff working outside normal hours

- 4.2 Topic based inspections were introduced in 2005/06, ensuring that all inspections focus on falls from a height, workplace transport, slips and trips, musculoskeletal disorders and work related stress as required by HSC.
- 4.3 We have actively participated in the Health & Safety Partnership working closely on various initiatives with other local authorities and the Health & Safety Executive. This work will continue in 2006/07 with our participation in the following "FIT 3" projects
 - Work at Heights
 - Contact Dematitis
 - Workplace Transport
- 4.4 An inter authority audit of the health and safety service will be carried out in 2007 as part of a co-ordinated programme within the Tees Valley Authorities. All Audits will be carried out by an external consultant.

5. **RECOMMENDATIONS**

5.1 That the Portfolio Holder considers and approves the Health & Safety Service Plan for 2006/07.



Hartlepool Borough Council

Health & Safety Service Plan

2006/07

HEALTH & SAFETY SERVICE PLAN 2006/07

This Service Plan accords with the requirements of the section 18 guidance issued by the Health and Safety Commission, and sets out the Council's aims in respect of its health and safety enforcement service and the means by which those aims are to be fulfilled. Whilst focussing primarily on the year 2006/07, where relevant, longer-term objectives are identified. Additionally, there is a review of performance for 2005/06 and this aims to inform decisions about how best to build on past successes and address performance gaps.

1. <u>Background Information</u>

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

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

2. <u>Service Aims and Objectives</u>

Hartlepool Borough Council aims:

- To carry out our enforcement duties and deliver high quality services through the efficient and effective use of resources.
- To supplement our enforcement role by providing targeted education and advice
- To encourage innovation through actively seeking out best practice and working in partnership with other agencies
- To actively contribute towards achieving the Health and Safety Executives (HSE) fit 3 targets.

In its delivery of the service the Council will have regard to directions from the Health and Safety Commission (HSC), HELA, Approved Codes of Practice, the Enforcement Concordat, and guidance from Local Authorities Coordinators of Regulatory Services (LACORS).

Service delivery broadly comprises:

- Programmed inspection of premises for health and safety
- Accident investigation
- Topic based inspections
- Provision of advice, educational materials and courses to businesses
- Interventions around the fit 3 programme

Promotional and advisory work

Effective performance of the health and safety service necessitates a range of joint-working arrangements with other local authorities and agencies such as the Health and Safety Executive (HSE). The Council aims to ensure that these joint-working arrangements are in place and that officers of the service contribute and are committed to the on-going development of these arrangements.

3. Policy Content

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

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

The Council's Community Strategy sets out its vision for 'a prosperous, caring, confident and outward looking community realising its potential in an attractive environment'. This Health and Safety Service Plan contributes towards the vision and the Council's seven main priorities in the following ways:

Jobs and the Economy

By providing advice and information to new and existing businesses to assist them in meeting their legal requirements with regard to health, safety and welfare, and avoid potential costly action at a later stage.

Lifelong Learning and Skills

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

Health and Care

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

Community Safety

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

Environment and Housing

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

Culture and Leisure

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

Strengthening Communities

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

This Health and Safety Law Enforcement Service Plan similarly contributes to the vision set out in the Neighbourhood Services Department Plan "to work hand in hand with communities and to provide and develop excellent services that will improve the quality of life for people living in Hartlepool neighbourhoods".

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

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

4. <u>Legislative Powers and other actions available</u>

The Council has a wide range of duties and powers conferred on it in relation to health and safety functions.

The Health and Safety at Work etc. Act 1974 requires that the Council appoint inspectors, having suitable qualifications and competencies, for the purposes of enforcing the Act and its associated provisions.

The most effective means of checking compliance with statutory requirements is through the inspection of businesses and premises. This is reflected in guidance issued by the Health and Safety Commission that requires Councils to draw up and implement an annual programme of risk-based inspections.

The powers of authorised officers to conduct inspections are derived from Section 20 of the Health and Safety at Work etc. Act 1974. The standards of health, safety and welfare in businesses are generally covered by the Health and Safety at Work etc. Act 1974 but more detailed requirements are contained in regulations.

The enforcement of health and safety legislation in business premises is split between two main agencies; the Health and Safety Executive (HSE) who are a national body funded by central government and a responsible for inspecting construction sites, chemical plants and manufacturers and local authorities who enforce health and safety standards in retailers, wholesalers and a large part of the leisure industry. The split is formalised in the Health and Safety (Enforcing Authority) Regulations 1989 with further guidance provided by HELA which is the formal enforcement liaison committee between the HSE and Local Authorities.

It is recognised that whilst the inspection process is the primary means of securing compliance with health and safety legislation, this can be enhanced by the provision of advice, educational materials and training courses.

The service is obliged to investigate complaints relating to the condition of premises such as the lack of basic welfare facilities such as hot water for washing hands or excessive temperature in the summer months. In some instances officers only become aware of serious accidents when they are contacted by an injured person's solicitor following a compensation claim.

In addition to legislative requirements as above, local authority health and safety services are required to have regard to guidance issued by the Health and Safety Commission.

There is currently a requirement to report to the Health and Safety Commission annually on performance in relation to health and safety enforcement activities.

5. <u>Service Delivery Mechanisms</u>

Inspection Programme

Inspections carried out for health and safety are carried out in accordance with the Council's policy and procedures on health and safety premises inspections and relevant national guidance.

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

The health and safety programme is risk-based systems that accord with current guidance. The current premises profile is shown in the table below:

Health & Safety:

| Risk Category | Frequency Inspection | of | No of Premises |
|---------------|-------------------------|----|----------------|
| Α | 12 months | | 12 |
| B1 | 18 months | | 12 |
| B2 | 2 years | | 33 |
| B3 | 3 years | | 116 |
| B4 | 5 years | | 304 |
| С | Other interests | | 622 |
| Un-rated | | | 137 |
| Total | | | 1236 |

The inspection programme for 2006/07 comprises the following number of scheduled health and safety inspections:

| Risk Category | Frequency of | No of Inspections |
|---------------|-------------------------|-------------------|
| | Inspection | |
| Α | 12 months | 13 |
| B1 | 18 months | 14 |
| B2 | 2 years | 20 |
| B3 | 3 years | 64 |
| B4 | 5 years | 108 |
| C | Other interests 5 years | 179 |
| Un-rated | | 123 |
| Total | | 521 |

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

As a follow-up to primary inspections, the service undertakes revisits in accordance with current policy. It is estimated that such revisits are required in 10% of instances. For the year 2006/07, the inspection programme would generate an estimated 40 revisits. A number of these premises revisits will be undertaken outside standard working hours and arrangements are in place as described above to facilitate this.

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

The performance against inspection targets for all health and safety inspections is reported monthly as part of the Neighbourhood Services Department internal performance monitoring. In addition, performance against inspection targets is reported quarterly to the Adult and Public Health Services Portfolio Holder as part of the Neighbourhood Services Department plan update.

Alternative Enforcement Strategy for Low Risk Health & Safety Premises

An alternate enforcement strategy via "self assessment" may be employed for low risk health and safety premises, i.e. those rated as health and safety risk category C, in accordance with HELA guidance. Self-assessment usually consists of questionnaires for these businesses and a subsequent evaluation of the results of this self-assessment by officers. A percentage of those businesses returning questionnaires are visited to validate the information

received, as are those businesses who do not respond. Inspection visits may also be made where a low risk business is the subject of complaint and where notification of change of business use or proprietorship is received. The Head of Public Protection & Housing believes that the best use of resources at this time is to continue to carry out inspections at these low risk premises. These inspections often cover other legislation such as Food Hygiene and Food Standards.

Health & Safety Inspections

The purpose of health and safety inspection is to check that the premises complies with health and safety requirements and provide a safe and healthy workplace. In some cases specific targeted inspections are undertaken, such as the annual stock storage survey, which is undertaken in the run up to Christmas to ensure that excessive stock is not being stored.

Provision of advice and educational materials to businesses

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

Although our resources have not allowed this to be done on a proactive basis, to any significant degree, we have contacts with businesses on a daily basis. These contacts are made on visits to premises to carry out inspections and investigations, when the businesses can be given advice and guidance on a one-to-one basis, and by telephone. In addition, an extensive range of advisory leaflets is made available to business proprietors, many of which are selectively left with the business at the time of an inspection or campaign visit.

The service will carry out a limited amount of programmed occupational health and safety promotion during the year focussing on the HSC's revitalising targets and Fit 3 Strategic Delivery Programme.

The national targets for Health and Safety agreed by the Health and Safety Commission (HSC) and Government as set out in the Revitalising Health and Safety Strategy Statement (June 2000) are that by 2010 there will be a:

- Reduction in the number of working days lost due to health and safety failure by 30%,
- Reduction in the rate of work related ill health by 20%,
- Reduction in the incidence rate of fatal and major injury accidents by 10%.

The latest health and safety statistics (2004-05) produced by the HSC show:

- A reduction in the number of working days lost by 15%. This still leaves a total of 35.4million working days lost in 2004-05.
- A reduction in the rate of work related ill health by 10%.

No clear reduction in the incidence rate of fatal and major injuries.

In order to achieve the revitalising targets the HSC have endorsed a number of new strategies which along with the topic based approach to inspections, are key to reducing the number of accidents and days lost through work related ill health. The HSC have specifically directed Councils and HSE to give high priority to focused initiatives such as the evidence based Fit3 programme of campaigns rather than routine inspections.

The Fit 3 programme includes the following campaigns:

- Height Aware (major campaign)
- Backs (major campaign)
- Dematitis in hairdressers, catering, and cleaners
- Asthma in bakeries
- Managing asbestos
- Slips and Trips in retail, warehousing and care homes
- Workplace transport
- Moving goods safely
- Royal Mail
- Stress

During 2006/07 the Authority has agreed to participate in the following campaigns; -

- Height Aware
- Dermatitis (in premises other than hairdressers)
 Moving Goods Safely.

Dealing with Accidents

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

Once a notification is received it is accessed from a secure website during working hours and a decision made as to whether the matter requires further investigation is then made by a senior officer.

Out of hours contact is arranged through Richard Court, telephone number (01429) 869424.

In the event of a accident that results in someone being fatally injured then the Police Service would be involved. However, in this situation the publication Work-Related Deaths a Protocol for Liaison would be followed.

Health and Safety Complaints and Service Requests

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

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

All complaints that are received are recorded and assessed for further action. The possible instructions that are available are included in the Health and Safety Enforcement Policy, and are usually determined by the investigating officer in consultation, where appropriate with the line manager.

The type of response is determined by guidance contained in LAC 22/13 'Incident Investigation Selection Procedures', which deals with targeting effort at the more significant events so as not to distort the balance between proactive and reactive work and HELA circular 67/1 (rev 3) which also contains advice on priority planning.

Criteria for selecting complaints for investigation should take account of:

- the potential of the circumstances to cause injury, ill health or death;
- the imminence of the risk;
- the types and numbers of persons at risk
- track record of the undertaking, if known;
- reliability of information received:
- informants attempt at self resolution;
- practicality of investigation;
- political sensitivity and public aversion to risk.

Responses to complaints vary from the provision of advice to the complaint, often after liaison with businesses, to full prosecution procedures in line with the Council's Enforcement policy. Officers also have regard to the Enforcement Management Model (EMM) when making enforcement decisions.

Based on the number of complaints in 2005/06 it is estimated that approximately 122 such complaints will be received in 2006/07.

Complaints Against our Staff

Anyone who is aggrieved by the actions of any of our staff should, in the first instance, contact the line manager. Details of who and how to make contact are contained in the inspection report left at the time of an inspection.

Alternatively, the council has a corporate complaint procedure.

No complaints have been made during 2005/06.

Liaison arrangements

The Authority is committed to ensuring the Service is consistent with that of neighbouring authorities. As a consequence the Authority supports a number of national and local liaison groups to secure this aim.

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

For health and safety issues the authority is a member of the Tees Valley Health and Safety Liaison Group. We have actively participated in the Health and Safety Partnership working closely with other local authorities and the Health and Safety Executive.

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

Lead Authority Partnership Scheme

It is the Council's policy to comply with HSC's mandatory guidance in respect of the lead authority partnership scheme and in particular the need to contact the Lead Authority and liase over

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

It is recognised that the benefits of the scheme are as follows:

- greater enforcement consistency;
- increased efficiency and reduced enforcement duplication;
- preventative enforcement through advice on compliance;
- resolution of conflicts between different authorities and businesses;
- better understanding and awareness of commercial issues;
- increased understanding of local businesses; and
- enhanced technical and audit expertise.

There are currently no formal Lead Authority arrangements in place however the service works closely with some local businesses on an informal basis.

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

General

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

Civic Centre Victoria Road Hartlepool TS24 8AY

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

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

6. Resources

Staffing Allocation

The Director of Neighbourhood Services has overall responsibility for the delivery of the health and safety service. The Head of Public Protection and Housing has responsibility for ensuring the delivery of the Council's Environmental Health service, including delivery of the health and safety service, in accordance with the service plan. The Consumer Services Manager, with the requisite qualifications and experience, is designated as lead officer in relation to the health and safety function and has responsibility for the day to day management of the service.

The resources determined necessary to deliver the service in 2005/06 are as follows:

 1×0.15 FTE Consumer Services Manager (with responsibility also for Food, Licensing and Trading Standards)

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

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

1 x 0.10 FTE Part-time EHO

1 x 0.75 FTE Technical Officer HSW

1 x 0.4 FTE Part-time Technical Officer

The Consumer Services Manager has responsibility for planning service delivery and day to day management of the Health and Safety service, Food,

Licensing, Public Health, Water Quality, Trading Standards, Animal Health & Welfare and I.T. as well as general management responsibilities as a member of the Public Protection and Housing Management Team.

The Principal EHO Commercial has responsibility for the day to day supervision of the Health and Safety Service, Food, Public Health, Water Quality and Animal Health & Welfare.

The EHO's have responsibility for the performance of the health and safety premises inspection programme as well as the delivery of all other aspects of the health and safety service, particularly more complex investigations. In addition these officers undertake Food enforcement.

The Health and Safety technical officers are also responsible for inspections, as well as revisits, investigation of less complex complaints and investigation of accidents.

Administrative support is provided by Support Services within Neighbourhood Services department.

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

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

Financial Resources

The annual budget for the Consumer Services section in the year 2006/07 is:

| | £000 |
|-------------------|---------|
| Employees | 721.2 |
| Other | 161.9 |
| Support Recharges | 117.8 |
| Income | (146.6) |
| Net Budget | 943.2 |

This budget is for all services provided by this section i.e. Health and Safety, Licensing, Trading Standards and resources are allocated in accordance with service demands.

Equipment and Facilities

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

The service has a computerised performance management system, ITECS. This is capable of maintaining up to date accurate data relating to the activities of the health and safety service. A documented database

management procedure has been produced to ensure that the system is properly maintained, up to date and secure. The system is used for the generation of the inspection programmes, the recording and tracking of all food activities, the production of statutory returns and the effective management of performance.

Training Plans

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

It is a mandatory requirement for officers of the health and safety service to maintain their professional competency. This is achieved by training each year through attendance at accredited short courses, seminars or conferences. This is also consistent with the requirements of the relevant professional bodies.

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

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

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

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

7. Service Review and Quality Assessment

Quality Assessment

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

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

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

The Best Value Performance Indicator BV166, applicable to Environmental Health, is subject to scrutiny. The target for attainment by the service against BV166 standard, which includes the provision of written enforcement policies, planned enforcement activity and measurement of customer satisfaction levels, is 100%.

It is possible that the Health and Safety Commission may at any time notify the Council of their intention to carry out an audit of the service.

Review

It is recognised that a key element of the service planning process is the rational review of past performance. In the formulation of this service plan a review has been conducted of performance against those targets established for the year 2005/06.

This service plan will be reviewed at the conclusion of the year 2006/07 and at any point during the year where significant legislative changes or other relevant factors occur during the year. It is the responsibility of the Consumer Services Manager to carry out that review with the Head of Public Protection & Housing.

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

Any relevant amendments to the Council's Best Value programme will be incorporated into the service plan together with any matters identified through quality assessment audits.

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

Performance Review 2005-06

This section describes performance of the service in key areas during 2005/06.

The Consumer Services Section experienced significant staffing difficulties throughout 2005-06. There has been one long-standing temporary part-time EHO vacancy and in June 2005 this was filled on a temp 1 year contract by student EHO working as Technical Officer, from November 2004 two EHO's started their maternity leave, leaving only the Principal Officer, one EHO and

the Technical Officer to provide the service. One of the officers on maternity resigned before returning in September 2005 and the other officer returned in November 2005. The loss of staff had significant effect on the performance of the service affecting the timetable for programmed inspections, the response and resolution of complaints, service improvements.

The impact of the implementation of the Licensing Act also affected performance with Health and Safety being a Statutory Consultee on all variation and new licence applications. This placed a heavy additional workload on this service.

The services of a Health and Safety Consultant have been engaged throughout the year to assist in undertaking the shortfall of health and safety inspections. However, the use of Consultants has generated follow-up work such as revisits, which are carried out by the permanent staff. In additional existing staff have carried out additional work out of normal working hours on a paid basis

<u>Inspection Programme</u>

The health and safety premises inspection programme for 2005/06 did not reach the target of 100%. Due to staffing difficulties during the year only 90% of inspections were achieved. The outstanding inspections will be added to the programme for 2006/07.

Service Review

Promotional Work

Due to resource constraints the service was only able to do limited promotional work during 2005/06.

In addition to providing information and guidance to businesses on request and during inspection visits, the service carried out an awareness raising campaign in relation to dermatitis amongst hairdressers. A total of 35 hairdressing salons were visited to assess the existing level of knowledge on dermatitis and reporting arrangements. All businesses were provided with appropriate advice and an information pack.

During 2005/06 14 premises were also visited in an attempt to raise awareness on the prevention of slips and trips. A guidance pack including a self-assessment checklist was provided to all targeted businesses.

Service Requests

During the year the service dealt with 122 service requests relating to the condition of health and safety and working practice. These requests have been undertaken all within our target of 2 working days, however, they have had some effect on performance of the inspection programme.

Accidents

The service received 65 accident notification during the year. All were responded to within 1 working day. 15 of these notifications involved detailed investigations by enforcement staff.

Enforcement

During 2005/06, one prohibition notice was served on a business where formal cessation of an activity was necessary. Six improvement notices were served on businesses to ensure compliance with health and safety issues. No prosecutions or formal cautions were undertaken.

Improvement Proposals 2006/07

The following areas for improvement are identified in the 2006/07 Health and Safety Service Plan.

- Internal auditing. The documented management system for the health and safety service will be reviewed and additional auditing will be included in this process.
- An inter-authority audit will be carried out in 2007 of the entire health and safety service.
- During 2006/07 we have a commitment through the Health and Safety Partnership to take part in the following campaigns:
 - Falls from a height
 - Workplace transport
 - Contact dematitis (not in hairdressers)

Will intend to make a resource of 1 FTE staff member available to undertake this work.

8. Key Areas for Improvement 2005/06

In addition to committing the service to specific operational activities such as performance of the inspection programme, the service planning process assists in highlighting areas where improvement is desirable. Detailed below are specifically identified key areas for improvement that are to be progressed during 2006/07.

Review and update all documented Policies and Procedures, both internally and as part of the inter-authority auditing system as required by HSE Mandatory Guidance.

ADULT AND PUBLIC HEALTH PORTFOLIO

Report To Portfolio Holder 18 September 2006



Report of: Director of Adult and Community Services

Subject: Statutory Guidance on the Role of the Director of

Adult Social Services

SUMMARY

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to outline the Statutory Guidance on the Role of the Director of Adult Social Services (DASS) and the accompanying Best Practice Guidance on the role.

2.0 SUMMARY OF CONTENTS

2.1 The report outlines the statutory nature of the DASS role, the main objectives of the role, the timetable for implementation of the role and information on how this links into the political process within councils.

3.0 RELEVANCE TO PORTFOLIO MEMBER

3.1 This report is relevant to the Portfolio Holder for Adult and Public Health as the role of DASS is responsible for the adult social services provided within Hartlepool which is within this Portfolio.

4.0 TYPE OF DECISION

4.1 This is a non-key decision.

5.0 DECISION MAKING ROUTE

5.1 Through the Adult and Public Health Portfolio.

6.0 DECISION (S) REQUIRED

6.1 This report is for information only.

Report of: Director of Adult and Community Services

Subject: Statutory Guidance on the Role of the Director

of Adult Social Services

1. PURPOSE OF REPORT

1.1 The purpose of this report is to outline the Statutory Guidance on the Role of the Director of Adult Social Services (DASS) and the accompanying Best Practice Guidance on the role.

2. BACKGROUND

- 2.1 The development of the role of the DASS forms an integral part of the Government's strategy for adult social care, which was outlined in the Green Paper "Independence Well Being and Choice". As a result of this green paper, further specific consultation was launched in March 2005 on the future role and responsibilities of the DASS. Subsequent to this the Government's vision for modernising community services was outlined in the White Paper released in January 2006 "Our Health Our Care, Our Say". The White paper clearly articulated the requirement for the role of the DASS and set out how the implementation of the white paper would involve the requirement for a key leadership from the post of DASS in:
 - Improving preventative services and delivering earlier intervention
 - Managing cultural change to give people greater choice and control over services
 - Tackling inequalities and improving access to services
 - Increasing support for people with the highest level of need.
 - Improving partnership working across local areas that go well beyond the traditional organisational boundaries of social care.
 - Providing a specific focus on adults and championing the needs and aspirations of those adults requiring support.
- 2.2 In May 2006 guidance on the role of the DASS was produced by the DH following the consultation on the Draft Best Practice Guidance on the Role of the Director of Adult Social Services. The guidance is issued under section 7(1) of the Local Authority Social Services Act 1970. This guidance instructs Local Authorities on the requirements to establish a Director of Adult Social Services post, pursuant to the Children Act 2004 (which amended the Local Authority Social Services Act 1970).

2.3 The intention of the DASS guidance is to create within each council responsible for providing social services, a post with strategic responsibility and accountability for planning, commissioning and delivery of social services for all adult client groups and with a leading role in delivering the wider vision for social care and combating social exclusion.

2.4 Role of the Director of Adult Social Services

- 2.4.1 There are seven key aspects included in the DASS remit. These are as follows
 - Accountability for assessing local needs and ensuring availability and delivery of a full range of local authority services
 - Professional leadership, including workforce planning
 - Leading the implementation of standards
 - Managing cultural change
 - Promoting local access and ownership and driving partnership working
 - Delivering an integrated whole systems approach to supporting communities
 - Promoting social inclusion and well-being.

For each of these seven key aspects of the role there are a range of corresponding outcomes to be achieved, these can be seen in **APPENDIX 1** "Best Practice Guidance on the role of Director of Adult Social Services" (paragraphs 14 –44.)

2.4.2 The DASS is a politically restricted statutory Chief Officer post under Section 2 of the Local Government and Housing Act 1989 (as amended). Local Authorities should ensure that the DASS is directly accountable to the Chief Executive of the local authority and is comparable in terms of seniority, with the DCS.

2.5 Timetable for Implementation of the role

2.5.1 The guidance on the role of the DASS sets out how this role and the role of the Director of Children's Services (DCS) are interlinked. From the day that an authority appoints a DCS under Section 18 of the Children Act 2004 the amendments to section 2 of the Local Government and Housing Act 1989 come into effect, which requires a local authority with social services responsibilities to appoint an officer as the DASS. It is expected that all local authorities will have appointed a DASS by 2008.

2.6 Providing a Political Focus on Adult Social Services

- 2.6.1 The guidance on the role of the DASS clearly states that local authorities shall ensure that effective political accountability arrangements for adult social care exist at elected Member level. The Department of Health have signalled their intention to introduce legislation to require local authorities to appoint a Lead Member for Adult Services.
- 2.6.2 The guidance states that until such a time that any further guidance about political arrangements is introduced local authorities should ensure that there is
 - Clear political accountability for the effectiveness, availability and value for money for all local authority adult social services;
 - The necessary political leadership to engage with local communities to ensure that adult social services are effective in meeting the needs of adults with social care needs, their families and their carers;
 - A political focus on safeguarding vulnerable adults and promoting high standards of services for adults with social care needs across all agencies;
 - Arrangements in place to scrutinise the effectiveness of adult social care;
 - Clear political arrangements in place to ensure effective partnership between adults and children's services.

3. Impact on Hartlepool

3.1 As part of the corporate restructuring process Hartlepool Borough Council created a separation of children and adult functions. The statutory roles of DCS and DASS are in place. The requirements set out in the Guidance on the role of the DASS are clearly within the responsibilities of the DASS post and as a result Hartlepool has achieved the government deadline to appoint a DASS by 2008.

4. FINANCIAL IMPLICATIONS

4.1 There are no further financial implications from the requirement to implement the Guidance on the Statutory Chief Officer role of Director of Adult Social Services.

5. RECOMMENDATIONS

5.1 The Portfolio holder is asked to note the contents of the report for information.

Background Papers

- "Independence Well Being and Choice" Green Paper March 2005
- "Our Health our care our say" White Paper released in January 2006
- Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services – Department of Health May 2006
- Best Practice Guidance on the role of the Director of Adult Social Services
 Department of Health May 2006



Best Practice Guidance on the role of the Director of Adult Social Services

DH INFORMATION READER BOX

| Policy HR/Workforce | Estates Performance |
|---------------------|--|
| Management | IM & T |
| Planning | Finance |
| Clinical | Partnership Working |
| Document purpose | Best Practice Guidance |
| Gateway reference | 6141 |
| Title | Best Practice Guidance on the role of the Director of Adult Social Services |
| Author | Department of Health |
| Publication date | May 2006 |
| Target audience | PCT CEs, Care Trust CEs, Directors of PH, Directors of Social Services, Local Authority Chief Executives |
| Circulation list | NHS Trust CEs, SHA CEs |
| Description | Best practice guidance on the role and responsibilities of Directors of Adult Social Services. This guidance supplements Guidance on the Statutory Chief Officer Post of Director of Adult Social Services. |
| Cross ref | Guidance on the Statutory Chief Officer Post of Director of Adult Social Services |
| Superseded docs | The Roles and Responsibilities of Directors of Social Services, A Letter to Directors of Social Services from Denise Platt, CBE, Chief Inspector of Social Services, Best Practice Guidance on the Role of Director of Adult Social Services, Consultation Document, March 2005 |
| Action required | Councils with social services responsibilities are required to appoint a Director of Adult Social Services. Where a Director of Adult Social Services has been appointed ahead of the publication of this guidance the council should take any necessary steps to bring the roles and responsibilities of the postholder into line with this post. |
| Timing | Councils with social services responsibilities should ensure that a Director of Adult Social Services is appointed by 2008 |
| Contact details | Rachel Swallow Care Services Directorate 8E28 Quarry House, Quarry Hill Leeds LS2 7UE 0113 2547376 |
| For recipient's use | |

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Foreword by the Parliamentary Under Secretary of State for Community

The creation of the Director of Adult Social Services post, alongside the new Director of Children's Services post, is central to our vision for modernising community services as set out in the White Paper 'Our health, our care, our say: a new direction for community services'.

In future, there will be a Director of Adult Social Services post in every council with social services responsibilities with responsibility for ensuring high quality, responsive adult social services, promoting wellbeing and ensuring better integration of adult social services with a range of partner agencies in the local community.

In March 2005 we consulted on draft best practice guidance on the role of the director of adult social services as part of the wider consultation on 'Independence, Wellbeing and Choice'. From the responses to consultation we received a clear message from stakeholders that the position of the new Director needed to be strengthened by issuing statutory guidance, but that a degree of local flexibility in the configuration of the post was also important. For that reason we have published statutory guidance on the role of the Director of Adult Social Services with supporting best practice guidance.

The Director of Adult Social Services will support the four key aims of 'Our health, our care, our say' by encouraging a shift in the emphasis of social services from crisis management to promotion of wellbeing, tackling inequalities and improving access to social care and the responsiveness of services to individual needs and community priorities. Working with partners in health and the voluntary sector, the Director of Adult Social Services will lead social services in improving support for adults with long-term needs.

Ivan Lewis MP

Parliamentary Under Secretary of State for Care Services

Summary

- 1. This guidance has been produced following consultation on 'Draft Best Practice Guidance on the Role of the Director of Adult Social Services'. In response to that consultation we heard that there was broad support for our proposals, but the majority of respondents believed that there was a need to issue statutory guidance to ensure a firm foundation for the development of services for adults. Issuing statutory guidance places obligations on local authorities, failure to comply with which could result in judicial review. While some of the recommendations in the draft guidance clearly amounted to established good practice, or reconfirmed existing policy, others indicated a broad direction of travel that the Government wished to endorse. We have therefore taken the decision to issue two documents in response to consultation:
 - 'Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services', which is addressed to local authorities, to ensure that there is a sound basis for the statutory function; and
 - 'Best Practice Guidance on the Role of the Director of Adult Social Services' which is intended to provide a tool to support development of the role.
- 2. Best practice Guidance on the Role of the Director of Adult Social Services contains no legislative requirements. It complements 'Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services', published by the Department of Health in May 2006 and should be read in conjunction with that document.
- 3. This guidance is issued as best practice guidance. It sets out the context in which this document has been developed and provides further guidance on the roles and responsibilities for the Director of Adult Social Services (DASS) and is intended to provide a tool to inform senior managers with responsibility for adult social services and other partner organisations in the local authority area.

¹ Draft Best Practice Guidance on the Role of the Director of Adult Social Services, Department of Health, March 2005

- 4. The intention of this guidance is to create, within each council with social services responsibilities, a post with strategic responsibility for the planning, commissioning and delivery of social services for all adult client groups. The DASS will have a leading role in delivering the Government's wider vision for social care, including delivering better integration between a range of agencies responsible for supporting people with care needs and promoting wellbeing. The postholder should champion the wellbeing of adults in the community and in residential care, provide professional leadership (including delivering workforce planning) and deliver the cultural change necessary to implement person-centred services and to promote partnership working.
- 5. The guidance also sets out interim advice on arrangements for the appointment of a Lead Member for Adult Services. It is the Department of Health's intention to introduce legislation requiring the appointment of a Lead Member for Adult Services at the earliest opportunity.

Guidance on the Organisational Structure for the Delivery of Adult Social Services

Status of this Guidance

6. This guidance has been issued as best practice guidance and is intended to outline the rationale behind the creation of the DASS post, and provide a clear focus for local authority officers undertaking the function, by setting out the deliverables that they should be seeking to achieve. Where a local authority has appointed a DASS in advance of this guidance being issued, the authority should consider the contents of this guidance in the ongoing development of the role.

Context And Rationale

- 7. The Children Act 2004 requires all local authorities with responsibility for educational and social services to appoint a Director of Children's Services with responsibility for co-ordinating and managing the provision of local children's services across education, health and social services. The creation of the new statutory post is necessary to ensure a co-ordinated approach to meeting the needs of all children and young people.
- 8. Directors of Children's Services will, amongst other things, take on the social services functions relating to children and children and young people leaving care that have been traditionally part of the remit of Directors of Social Services. Broader social services functions for over 18s are part of the statutory remit of the DASS. It is vitally important that the needs of adults from all disadvantaged groups and those needing support in society are given equal weight with the needs of children. The creation of the 'Director of Adult Social Services' post, alongside the Director of Children's Services, will ensure that all the social care needs of local communities are given equal emphasis and are managed in a co-ordinated way.
- 9. The development of the role of the DASS forms an integral part of the Government's strategy for adult social care that we consulted on in 'Independence, Wellbeing and Choice² 'and our vision for the modernisation of community services that we set out in 'Our health, our care, our say³'. This will involve a key leadership role to deliver the local authority's part in:

² Independence, Well-being and Choice: Our vision for the future of social care for adults in England. Department of Health, March 2005.

³ Our health, our care, our say: a new direction for community services. Department of Health, January 2006.

- Improving preventative services and delivering earlier intervention;
- Managing the necessary cultural change to give people greater choice and control over services;
- Tackling inequalities and improving access to services; and
- Increasing support for people with the highest levels of need.
- 10. A key objective of 'Our health, our care, our say' is to increase partnership working between providers of services for individuals needing support, their families and carers, in order to encourage services to be designed in a person-centred way, rather than dictated by organisational, or professional boundaries. The DASS role will be central to delivering the Government's vision and championing the wider support needs of adults, including preventing social exclusion and promoting wellbeing as set out in the Social Exclusion Unit report 'A Sure Start to Later Life⁴'.
- 11. As partnership working becomes embedded in organisational culture, the boundaries between social services and other organisations will be less clearly defined and it will be increasingly important for there to be a managerial focus on the needs of adults with social care needs and their carers. The DASS should provide a specific focus on adults and this should involve a role in championing the needs and aspirations of adults and promoting wellbeing that goes beyond the organisational boundaries of adult social care. The DASS should also provide strong leadership and coordination in ensuring that local providers of mainstream public services recognise and meet the needs of individual adults with care needs and their carers. He or she should work closely with the full range of providers of community services and benefits, including Supporting People / housing support, leisure services, adult education, community safety and the independent, voluntary and community sector as well as with Primary Care Trusts (PCTs) and other NHS organisations to take a whole systems approach to providing care and supporting wellbeing.
- 12. 'The Future of Local Government' sets out a strategy for redefining the relationship between local and central government. As a senior local government officer, the DASS will take a leading role in helping to deliver this strategy. It will mean working to achieve clear deliverables, but with increased scope for determining the processes and structures to achieve delivery. The DASS will be required to deliver outcomes

⁴ A Sure Start to Later Life: Ending Inequalities in Later Life. Office of the Deputy Prime Minister, January 2006.

⁵ The Future of Local Government: Developing a 10 Year Vision. Published by the Office of the Deputy Prime Minister, July 2004.

and influence partners beyond the traditional boundaries of local government departments, particularly by working through Local Strategic Partnerships and as part of Local Area Agreements where these exist. A focus on both internal performance management and the management of performance in partnership arrangements such as Local Strategic Partnerships and Local Area Agreements will be important in ensuring the effective delivery of services.

13. The aim is to move to a position where there is clear accountability and a strategy that is integrated across health and social care, for adult social care, both locally and nationally and a holistic focus on the needs of adults. The DASS should be responsible for ensuring the quality of adult social care services across the local authority area in all sectors, irrespective of whether or not services are provided directly by the local authority. This includes ensuring that professional and occupational standards are maintained.

Role of the Director of Adult Social Services

- 14. There are seven key aspects to be included in the DASS's remit (as set out in the section 7(1) Guidance):
 - Accountability for assessing local needs and ensuring availability and delivery of a full range of local authority services;
 - Professional leadership, including workforce planning;
 - Leading the implementation of standards;
 - Managing cultural change;
 - Promoting local access and ownership and driving partnership working;
 - Delivering an integrated whole systems approach to supporting communities; and
 - Promoting social inclusion and wellbeing.

Each of these aspects is considered below:

Accountability

Outcomes to be achieved

- There are clear and appropriate accountability arrangements in place to scrutinise the work of the DASS;
- The DASS is able to demonstrate to senior officers and Members of the council that:
 - the needs of all adults with social care needs in the authority's area have been assessed (including the specific needs of carers, people from ethnic minority backgrounds and people living in rural communities);
 - services are being appropriately targeted on delivering improved outcomes;
 - the potential contribution of the private sector, and the community and voluntary sector has been effectively and appropriately harnessed; and
 - Services that are provided or commissioned are effective, efficient and represent value for money.
- 15. The DASS should take an active role in ensuring that there are robust arrangements for supervising contracts, where services have been outsourced, and in monitoring those services in respect of quality standards and timely delivery. The DASS should ensure that all people with social care needs are assessed by the local authority, that all people who meet eligibility criteria are provided with suitable services and that there is appropriate provision of low-level and preventative services. The DASS should also ensure that targeted case-finding takes place to identify people at risk from social exclusion, who are often among the least likely to approach social services themselves.
- 16. The DASS should support the health scrutiny and adult social care scrutiny functions of elected Members. The DASS should also ensure that procedures for handling complaints from users of social care, their families and carers are working effectively.
- 17. The DASS should ensure that amongst those of his/her staff, who are responsible for assessing and meeting the needs of people with a range of long-term conditions and disabilities in their area, there is clarity about the remit of each individual. This is to ensure that individuals do not fall between services. The DASS should ensure that a named manager is responsible for assessing and (where appropriate) meeting the needs of individuals from the client groups listed at Annex A, in addition to other groups

that he or she considers to be at risk of falling between services. It is also important to recognise that service users are individuals and that services should be provided on the basis of individual need, rather than on the basis of assumptions about the general needs of clients with specific conditions or disabilities.

- 18. In the case of low-incidence conditions and disabilities there may not always be capacity to meet these needs locally and the DASS should ensure that his or her staff work with neighbouring local authorities and relevant specialist national service providers to meet such specialist, low-incidence need.
- 19. Where services are commissioned from another agency (whether that agency is in the public, private, voluntary or community sector), it is essential that that the contract sets out clearly the outcomes to be achieved for people receiving services, provides for clear performance management, review mechanisms and accountability structures. These should provide for the DASS to be able to monitor the effectiveness and efficiency of the service, to require improvements to be made where the service falls short of the performance standards, quality or efficiency specified and to be provided with such monitoring and improvement information as he or she may require.

Professional Leadership

Outcomes to be achieved

- The DASS provides a clear leadership focus, both within the local authority and amongst partner agencies in providing a real and sustainable focus on adult social care;
- The DASS ensures that occupational and professional standards are maintained across social services and within wider social care services commissioned by the local authority;
- Staff are supported and developed so that they have the required competencies to deliver services to both national and local standards;
- A strategic assessment of the wider social care needs of adults in the local community has been commissioned by the DASS and effective arrangements are in place to meet the assessed needs of the population and to review the assessment in future; and
- There is a strategic workforce development plan in place and arrangements for reviewing the workforce plan.

- 20. The DASS will provide leadership, create the conditions for others to perform and to innovate and will be responsible for creating the framework for the effective delivery of adult social services. This leadership role may involve taking decisions about priorities for spending in the context of the resources available for social care and the need to balance both national and local priorities. The role of Local Area Agreements and Local Strategic Partnerships will be a key issue in terms of setting priorities and allocating resources.
- 21. The DASS should ensure that nationally recognised professional codes of conduct and practice are observed by staff delivering care services in the community, including the General Social Care Council's 'Codes of Practice for Social Care Workers and Employers'.
- 22. Services may be delivered directly by staff employed by the authority, or by other agencies or contractors under arrangements made by the authority. Where local authority officers are engaged in the delivery of adult social services they should report to the DASS. In some cases local authority officers may provide services in respect of both adults and children and there should be clear reporting arrangements to the relevant chief officer in place. In other cases the DASS may retain responsibility for the performance of staff seconded to partner organisations (e.g. staff in care trusts carrying out social care functions).
- 23. Strategic needs assessment should be undertaken on a routine basis to consider the social care needs of adults with social care needs, their carers and their families. The precise timing of the strategic needs assessment is for local authorities to determine, but it is recommended that such exercises should be repeated every three years or so. The strategic needs assessment should form the basis for planning service development (possibly over a subsequent 5 to 10 year period as a guideline).
- 24. Strategic needs assessment involves rationalising and synchronising the various planning exercises that already exist and using these to plan service development in an integrated way. It is not our intention to increase the administrative burden on local authorities and we intend to issue further guidance to support strategic needs assessment in future.

- 25. Strategic needs assessment should reflect local priorities as defined by local service users, their families and carers and feed in to a delivery plan, which may form part of the local commissioning strategy for adults, the Community Strategy and, where in place, the Local Area Agreement, with clear arrangements in place for responsibilities and for reviewing progress in delivery. Strategic needs assessment and an associated delivery plan should be developed in partnership with the Director of Children's Services, the Director of Public Health and representatives of the private, independent and voluntary sectors and in partnership with other statutory organisations in the local authority area, including health (in particular, local NHS Primary Care Trusts), housing, Supporting People, transport, leisure and other services for adults. NHS bodies are expected to contribute to this process which will be led by the Local Authority. PCTs should reflect action they plan to take as a result of the strategic needs assessment within their Local Delivery planning.
- 26. Market management is a key aspect of the DASS role and the DASS should work to ensure that there is a healthy range of providers offering diversity and good quality services in order to make individual choice a reality.
- 27. The DASS should ensure that strategic workforce planning is addressed within the wider strategic needs assessment exercise and in partnership with the Director of Children's Services to ensure that there is effective planning to deliver sufficient human resources with the competencies to meet the social care needs of individuals and families in the local community. In conjunction with the NHS Primary Care Trust, a strategic workforce development plan should be developed from the strategic needs assessment exercise and form an integral part of local delivery plans. Workforce planning should not be limited to social services staff and consideration should be given to the contribution of the private, independent and voluntary sectors and to potential capacity to contribute to delivery in partner organisations which includes NHS Primary Care Trusts and any locally agreed arrangements under section 31 of the Health Act 1999.
- 28. While the DASS cannot be held responsible for staff employed independently of the local authority, he or she should give consideration to the quality and competencies of the social care workforce as a whole. This should include ensuring that the General Social Care Council's Post Registration Training and Learning Requirements are adhered to. Workforce planning may also influence future commissioning arrangements.

Leading the Implementation of Standards

- A strategy for improving adult social services, influenced by local people, is in place and that benchmarks for service development and customer service have been established and progress against these has been effectively monitored;
- The DASS acts as principal point of contact for the conduct of adult social services' business with national organisations (including the Commission for Social Care Inspection), and ensures that information is provided as required by national agencies; and
- There is a clear organisational focus on safeguarding adults in vulnerable situations and relevant standards are met.
- 29. The DASS should lead the implementation of both national and local standards, targets for service improvement and applicable national policy initiatives such as National Service Frameworks. He or she should ensure that services are regularly monitored and remedial action is taken where necessary. The DASS should also ensure that high quality information about adult social services and progress against targets is provided to Government and regulatory bodies as and when required. The postholder should also be responsible for supporting the performance assessment process run by the Commission for Social Care Inspection and for taking forward the commission's findings/recommendations.
- 30. The DASS is responsible for ensuring that there is a clear organisational focus on safeguarding adults in vulnerable situations. He or she should also ensure that clear protocols are in place for dealing with adults identified as being at risk and that all staff are aware of these protocols. He or she should ensure that the local Adult Protection Committee (where one exists) or similar arrangements are working effectively and that the POVA requirements are met. The DASS is also responsible for ensuring that staff providing care services exercise a duty of care and that the personal dignity of service users is upheld.

Managing Cultural Change

- All adults with social care needs, who are entitled to a service provided or commissioned by the authority and its strategic partners, receive a service which meets their needs in an individualised and culturally sensitive way; and
- Services are provided coherently, orientated towards the individual choices
 of adults with social care needs and the needs of the wider community and
 directed towards achieving shared outcomes across agencies.
- 31. The DASS should be responsible for managing a process of cultural change to ensure that the scope for personal choice is maximised and that services move towards a model that promotes the wellbeing of individuals, is person centred, and supports independent living and social inclusion. This includes changes to the culture and composition of the workforce. Personalisation of services should be promoted by encouraging individual choice and consideration of individuals' holistic needs, including their physical, cultural, emotional, cognitive and behavioural needs, as well as those of their carers. Direct Payments and, subject to the outcome of pilots, Individual Budgets enable service users to have greater control over the way that resources which are provided to meet their needs are used and these should be encouraged. The DASS should also seek to promote a person-centred approach to assessment for services and delivery of services by other statutory service providers in the community in line with national guidance.
- 32. It is the Government's intention to promote a shift towards more pro-active services. In implementing this cultural shift, the DASS should ensure that there is an appropriate balance between low-level and preventative services and services designed to meet the needs of people at the higher needs end of the care spectrum and that this is reflected in the organisation's values.
- 33. The DASS should ensure that the cultural needs of communities within the local authority area are taken into account in strategic planning exercises and in associated delivery plans. The DASS should also work with providers of universal services to ensure that awareness is raised about discrimination against older and disabled people and the effects of this discrimination on opportunities for participation in community life.

Promoting Local Access and Ownership and Driving Partnership Working

- Information about the services available in the local authority area have been effectively communicated to service users, including young people with long-term care needs and other potential users of adult social services, their families and carers in the most appropriate format;
- Service users, their families, carers and the wider community are involved in the planning, design and provision of adult social care services and the access needs of service users and their carers have been considered; and
- There are clear and effective arrangements in place to support the joint planning, monitoring and delivery of services between different service providers in the health and social care sectors and other local partner organisations in the wider community.
- 34. The DASS should be responsible for promoting local access and ownership of services for adults and, in doing so, ensure that information about services and entitlement to services is communicated to users and potential users of adult services as well as their families, carers and the wider community. Information should be provided in a range of accessible formats and include information about and/or signpost individuals to other sources of information about housing, benefits, leisure services and other opportunities in the community. This should also include working with the Director of Children's Services to ensure that information about adult services is provided to young people approaching the age where they will make the transition from childhood to adult life, in order to facilitate their involvement in decisions about service provision.
- 35. The DASS should ensure that a bottom up approach to the planning and delivery of services is taken so that services are planned in a consultative way, responsive to individual needs and that service users, carers and the wider community are involved. This includes considering the specific needs of rural communities, as well as urban communities and being sensitive to the needs of different cultural groups. The DASS should also take responsibility for ensuring that adult social services are compliant with current legislation and guidance in respect of providing equality of opportunity. When considering community engagement the DASS should refer to the 'Together We Can' action plan⁶ a cross-Government approach to involving communities in the decisions and processes which affect them.

- 36. The post-holder should take a leading role in coordinating partnership working and the joint commissioning of services with the full range of partners across the statutory and independent sector. He or she should also seek to maximise the contribution made to the planning of adult social services and representation of the needs of communities by other partner agencies (including agencies responsible for children's services, housing, transport, leisure and health) and the voluntary, community and independent sector. The DASS should lead on making arrangements to bring together public, private, voluntary and community sectors to develop a shared programme for change, so that outcomes are improved and adults with social care needs are at the centre of service provision, rather than provision being built around organisational boundaries and professional disciplines.
- 37. In order to effectively deliver partnership working the DASS should ensure that the flexibilities to integrate social services and NHS services (provided for by the Health Act), and partnership arrangements (provided for by the Local Government Act 2000), are used where considered appropriate by the council. The potential to improve the delivery of services through Local Area Agreements and Local Strategic Partnerships should also be utilised. 'Pooling resources across sectors' provides useful guidance to support Local Strategic Partnerships in making use of flexibilities around resources.
- 38. In relation to other partner organisations, the DASS should ensure that staff are made aware of their shared responsibility for improving outcomes and sharing information about the extent to which those responsibilities are being met. Clear protocols should be agreed between adults and children's services for managing the needs of families. It is particularly important that effective procedures for joint working are in place in respect of adults with social care needs and with child care responsibilities. In some cases their needs might be best met by providing services to their dependents.

Delivering an Integrated Whole Systems Approach to Supporting Communities

- All young people with eligible long-term social care needs have been assessed and receive a service which meets their needs throughout their transition to becoming adults; and
- All adult services, and adult mental health services, remain child protection focused.

⁷ Pooling resources across sectors: a report for local strategic partnerships. Health Development Agency, 2004.

- 39. The Director of Children's Services and the DASS should work together as far as possible and appropriate to ensure that a whole systems approach is taken to meeting the needs of communities and, in particular, that individuals with care needs within those communities, are supported.
- 40. The DASS should be responsible for the arrangements to support the transition of service users between different service providers, and between children's and adult's services. He or she should cooperate with the Director of Children's Services to ensure a collaborative approach to the interface between social services for children and social services for adults on the range of issues. In particular, this should include developing an integrated approach to disabled children and their families, child protection, learning disabilities, mental health services and drug and alcohol misuse services.
- 41. The DASS should work closely with the Director of Children's Services to assess and meet the needs of children who are entering the transition phase from childhood to becoming adults. He or she should ensure that adult services are sufficiently aware of the needs of children and their relationships to adults requiring services, and work with the DCS to deliver the local authority's corporate parenting responsibilities (e.g. ensuring that staff contribute to reviews of looked after children). The DASS should also work with the Director of Children's Services to ensure that adult services remain sufficiently child-protection focused.

Promoting Social Inclusion and Wellbeing

- The needs of adults with social care needs, their families and carers are taken into consideration in the planning and delivery of the full range of services provided by the local authority; and
- Every effort has been made to encourage partners within the local authority area, including voluntary, independent and private sector organisations to take account of the needs of adults with social care needs, their families and carers.
- 42. In implementing cultural change, the DASS should also seek to develop models of care that support the wellbeing of individuals and promote healthy lifestyles and self-care. This means promoting active lifestyles and preventing social exclusion for adults with social care needs (including those with mental health needs, learning difficulties and cognitive or behavioural difficulties, for example, resulting from long-term neurological conditions) and their carers. Social care also has a key role to play in

the wider local government agenda, including building sustainable communities and preventing poverty as set out in 'Opportunity Age⁸' and 'Improving the Life Chances of Disabled People⁹'. The DASS should ensure that the council's policies for social care reflect this wider agenda. In addition, the DASS should provide a specific focus on the wellbeing of adults and this should involve a role in championing the needs of adults that goes beyond the organisational boundaries of adult social care.

- 43. The DASS should participate in the planning of the full range of council services that contribute to promoting wellbeing and seek to influence the design of other council services to ensure that they enable adults with social care needs to participate fully in the community. He or she should work with Supporting People teams and NHS Primary Care Trusts to develop joint strategies and services (particularly for the client groups listed in Annex A). The DASS should, in particular, and in partnership with the Director of Children's Services, be closely involved in planning systems to support people with long-term care needs during the transition from childhood to becoming adults. He or she should take a lead in encouraging providers of adult services to take account of the needs of young people moving from children's services into their care.
- 44. Local authorities should ensure that the DASS is made responsible for promoting equality of opportunity and eliminating discrimination in respect of adult social care services.

Discretion to Combine the DASS Function with Additional Functions

- 45. An officer, known as the DASS must be appointed with responsibility for the local authority's statutory functions in respect of adults. However, the nature of the individual's job description is a matter for local authorities to determine and they have the flexibility to expand the remit of the officer responsible for the DASS function to other aspects of local authority business if they so choose and, indeed, they are encouraged to do so, in so far as this contributes to his or her capacity to deliver the local authority's statutory obligations and to deliver the Government's vision for social care and public services. In certain circumstances functions or responsibility for partner organisations, for example NHS organisations, might also be combined with the DASS function, where this is likely to lead to added value.
- 46. Local authorities may, for example, choose to allocate local education authority functions that relate to further education, higher education and adult education, or any other local authority functions such as leisure, housing, and community services

⁸ Opportunity Age: Meeting the challenges of ageing in the 21st century, Department for Work and Pensions, March 2005

⁹ Improving the Life Chances of Disabled People. Prime Minister's Strategy Unit, January 2005

- to the officer responsible for the DASS function. In broadening the officers remit beyond the DASS function it is essential that the role retains sufficient personal focus on adult social care.
- 47. It is recommended that local authorities give consideration to the most effective configuration of services in order to ensure a coherent approach to planning and delivery. Increasingly, multi-agency approaches will be needed to support the wellbeing of communities and expanding the remit of the officer responsible for the DASS function may provide for a more holistic approach to meeting the needs of people in the local community. While we are not prescribing the need to integrate all local authority services for adults under a single statutory chief officer post (including responsibility for the DASS function), it is our intention to move towards a single line of accountability for adult services. The Government will keep the need for more prescriptive guidance under review.

Providing a Political Focus on Adult Social Services

- 48. Local authorities must ensure effective political accountability arrangements for adult social services at Member level.
- 49. It is the Department of Health's intention to introduce legislation, at the earliest opportunity, to require all local authorities in England to appoint an Executive Member with responsibility for the local authority's functions in respect of adults.
- 50. We envisage that this new role will ensure parity between adults' and children's services and enable strategic oversight of key issues for communities including promoting wellbeing, preventing social exclusion and protecting vulnerable adults. We envisage that a single line of accountability for a range of services, at a political level would provide a key lever for ensuring delivery on a range of issues that cut across the boundaries between services and would make a significant contribution to delivering the principles of 'A Sure Start to Later Life'.
- 51. Until such time as any further guidance on responsibility, at Member level, for adult services is issued, we recommend that local authorities should ensure that the DASS's responsibilities are included in the portfolio of an executive Member of the authority. This Member should also be made responsible, at political level, for all other services that the local authority provides in respect of adults, including adult social services, housing, leisure, community safety, welfare, adult learning, environmental health, transportation and neighbourhood renewal functions.

- 52. Local authorities are advised to ensure that the Lead Member has:
 - the necessary leadership to engage with local communities and ensure that adult services are effective in promoting wellbeing, preventing social exclusion and meeting the support needs of adults, their families and carers; and
 - a focus on safeguarding vulnerable adults and promoting a high standard of services for adults with support needs across all agencies.
- 53. Local authorities should ensure that the DASS works together with the Lead Member for Adult Services to establish a framework of accountabilities for the effective discharge of functions, and the delivery of services within this framework. In particular, they should ensure that clear protocols are agreed with the Director of Children's Services and the Lead Member for Children's Services (designated under section 19 of the Children Act 2004) to support joint working and a collaborative approach to meeting the life-long needs of all people supported by social services. The DASS and Lead Member should, in order to discharge their functions to the highest possible standard, forge effective links with local NHS partners.
- 54. It will be important for the DASS and the Lead Member for Adult Services to have a close working relationship in order to exchange information and views so that they fulfil their responsibilities for adult social services effectively.

The Responsibilities of The Lead Member For Adult Services

- 55. The Lead Member for Adult Services should have a strategic and, in the context of the council's constitutional arrangements, a decision-making function in respect of services for adults in the local authority area, in the same way as other functions are exercised by Members of the executive. In particular, the Lead Member should have a role in ensuring that the various Department's within a local authority work together to promote wellbeing, prevent social exclusion and protect vulnerable adults from abuse.
- 56. Arrangements could be made for the Lead Member to delegate the operational aspects of functions to other Members of the executive or other Members provided that he or she should maintain effective overview and overall political accountability for the full range of adult services.

Leadership and Accountability

- 57. The Lead Member should provide leadership across the range of local adult services, and champion the cause of effective integration, so that responsibilities are clearly defined and needs appropriately addressed. The Lead Member's role would differ from those of officers of the local authority, including the DASS, insofar as the Lead Member's leadership responsibility should be political rather than professional, and in the context of his or her role as an elected Member of the council, the Lead Member should develop the strategic direction of adult services and bring leaders of partner organisations together in a shared vision. The relevant officers of the local authority, including the DASS, will lead partners in embedding the strategy and in delivering the vision.
- 58. The Lead Member should also exercise his or her leadership function by ensuring that officers of the local authority are effective in meeting their responsibilities. The Lead Member should also have a role, at a political level, in championing the interests and wellbeing of adults with support needs in the local authority area, in ensuring that they are included in the life of the community. The Lead Member should also work to ensure that there is an awareness of the nature of abuse and the risk factors that can leave vulnerable adults at risk of abuse across the range of agencies involved in supporting adults.

Partnerships and Governance

- 59. The Lead Member should, on behalf of the executive, have direct accountability for adult services in the local authority area and for ensuring that they meet the required standards. In relation to other partners, the Lead Member should ensure that their governing or executive bodies or boards are aware of their shared responsibility for improving outcomes, that information about the extent to which those responsibilities are being met is available, and for ensuring that officers of the local authority exercise these functions, particularly where the Lead Member is not directly involved in governance arrangements. The Lead Member should be accountable to the mayor, or leader of the Council.
- 60. Working closely with the Lead Member for Children's Services, the Lead Member for Adult Services should take a particular interest in ensuring that there is effective partnership working between providers of children's social services and adult social services and an effective policy continuum between the two phases so that young people with support needs have their needs addressed effectively during the transition from children's services to adult services, and other links are appropriately addressed. This should include ensuring that young people who may be at risk of abuse in later life are identified at an early stage and that appropriate action is taken to protect them.

Annex A – Adult Social Care Client Groups

The DASS should ensure that it is clear which team, or manager, within his or her staff, has responsibility for assessing and meeting the eligible needs of a range of named client groups. A list of groups of individuals who are likely to be users of social care services, and who should be included is given below (NB this list is not exhaustive and may be added to in future). In addition, clear arrangements should be in place for other client groups, particularly where the DASS believes that there is the risk of an individual falling between services.

- People with physical frailty due to ageing;
- People with physical disabilities;
- People with sensory impairment;
- People with learning disabilities;
- People with mental health needs (including mental frailty due to old age);
- People with long term medical conditions requiring social care in addition to health care;
- People with autism spectrum disorder;
- Deafblind people;
- Older people with mental health problems, or learning disabilities;
- People who misuse substances;
- People who have experienced domestic violence;
- People living with HIV;
- Offenders:
- People with no fixed abode;
- Homeless households; and
- Asylum seekers.

Best Practice Guidance on the Role of the Director of Adult Social Services

Best Practice Guidance on the Role of the Director of Adult Social Services



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ADULT AND PUBLIC HEALTH PORTFOLIO

Report To Portfolio Holder 18 September 2006



Report of: Director of Adult and Community Services

Subject: ADULT AND COMMUNITY SERVICES

DEPARTMENTAL PLAN 2006/07 – 1ST QUARTER MONITORING REPORT

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder of the progress made against the Adult and Community Services Departmental Plan 2006/07 in the first quarter of the year.

2. SUMMARY OF CONTENTS

The progress against the actions contained in the Adult and Community Services Departmental Plan 2006/07, and the first quarter outturns of key performance indicators.

3. RELEVANCE TO PORTFOLIO MEMBER

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

4. TYPE OF DECISION

Non-key.

5. DECISION MAKING ROUTE

Portfolio Holder meeting 18th September 2006.

6. DECISION REQUIRED

Achievement on actions and indicators be noted

Report of: Director of Adult and Community Services

Subject: ADULT AND COMMUNITY SERVICES

DEPARTMENTAL PLAN 2006/07 – 1ST QUARTER MONITORING REPORT

1. PURPOSE OF REPORT

1.1 To inform the Portfolio Holder of the progress made against the key actions identified in the Adult and Community Services Departmental Plan 2006/07 and the progress of key performance indicators for the period up to 30 June 2006.

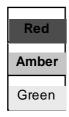
2. BACKGROUND

- 2.1 The Adult and Community Services Department includes Community Services, reporting to Culture, Leisure and Transportation Portfolio Holder, and Adult Services reporting to the Adult and Public Health Portfolio Holder.
- 2.2 The Adult and Community Services Departmental Plan 2006/07 sets out the key tasks and issues with an Action Plan to show what is to be achieved by the department in the coming year. The plan also describes how the department contributes to the Organisational Development Improvement Priorities as laid out in the 2006/07 Corporate Plan. It provides a framework for managing the competing priorities, communicating the purpose and challenges facing the department, and monitoring progress against overall Council aims.
- 2.3 The Council recently introduced an electronic Performance
 Management Database for collecting and analysing corporate
 performance. In 2006/07 the database will collect performance
 information detailed in the Corporate Plan and the five Departmental
 Plans. The aim is that the database will eventually collect performance
 information for all levels of the Council, including individual
 service/operational plans in each department.

3. FIRST QUARTER PERFORMANCE

3.1 This section looks in detail at how the Adults Services Division has performed in relation to the key actions and performance indicators that were included in the Adult and Community Services Departmental Plan 2006/07.

- 3.2 On a quarterly basis officers from across the department are asked, via the Performance Management database, to provide an update on progress against every action contained in the Departmental Plan and, where appropriate, every Performance Indicator.
- 3.3 Officers are asked to provide a short commentary explaining progress made to date, and asked to traffic light each action based on whether or not the action will be, or has been, completed by the target date set out in the Departmental Plan. The traffic light system has been slightly adjusted in 2006/07, following a review of the system used previously. The traffic light system is now: -



- Action/PI not expected to meet target
- Action/PI expected to be meet target
- Action/PI target achieved
- 3.4 Within the Adult Services there were a total of 97 actions and 81 Performance Indicators identified in the 2006/07 Departmental Plan. Table 1, below, summarises the progress made, to the 30 June 2006, towards achieving these actions and Pls.

Table 1 – Adults Services progress summary

| | Adults Services | | |
|--------|-----------------|-----|--|
| | Actions | Pls | |
| Green | 8 | 0 | |
| Amber | 83 | 40 | |
| Red | 10 | 2 | |
| Annual | 3 | 10 | |
| Total | 104 | 52 | |

- 3.5 A total of 8 actions (7.7%) have already been completed, and a further 83 (79.8%) are on target to be completed by the target date. However, ten actions have been highlighted as not being on target. More information on these actions can be found in the relevant sections below.
- 3.6 It can also be seen that 40 (77%) of the Performance Indicators have been highlighted as being expected to hit the target. There are no indicators currently being highlighted as having achieved the target, as many indicators have annual targets ending in March 2007, and will be unable to be signed off until then. It can be seen that 2 indicators have been highlighted as not being expected to hit the year end target, and an explanation for this is given in the relevant sections below. There are 10 indicators that are only collected on an annual basis and therefore no updates are available for those indicators.

Table 2: Adults Services Actions not completed on target / not on target

| Ref | Action | Milestone | Comment |
|--------|--|-----------|--|
| ACS111 | Business Process re- engineering of access procedures around the social care "duty" team. | 31/08/06 | The corporate business improvement manager will be working with departmental staff on this project, but timescales have slipped due to pressure of other work and the scheduling of Contact Centre development |
| ACS005 | Consider social inclusion in all assessments, including carers | 30/04/06 | Assessment process now due to be looked at by the end of December 2006 |
| ACS015 | To use Assistive Technology (Telecare) to increase people supported at home to 1800 (120 new users) | 30/09/06 | Funds have been committed, with a start date of 1/09/06. Target should be achieved by 31/03/07 |
| ACS017 | To provide supported housing options for people w ith learning disabilities | 31/03/07 | Currently at the stage of developing commissioning strategies |
| ACS019 | To revise processes and training to ensure all SAP assessments are holistic, person centred and outcome focussed | 31/08/07 | SAP documentation is currently being revised with neighbouring authorities. Roll out expected by 31 December 2006 |
| ACS045 | To reduce older people in residential care to 415 or less | 30/03/07 | Target is over-ambitious, and will need to be revised |
| ACS046 | To revise management arrangements for intermediate care | 30/06/07 | Out to consultation on terms of reference. To be finalised 30/09/06 |
| ACS062 | Revise and resubmit POPP bid for next round | 31/05/06 | Bid submitted, but unsuccessful |
| ACS065 | Appoint Link Support Worker for carers of people with dementia | 31/09/06 | POPP bid unsuccessful, so no funding available |
| ACS008 | Implement Public Engagement Strategy for Department | 31/03/07 | Work not yet begun with business units |

Table3: Adults Services PI's not on target

| Ref | PI | Milestone | Comment |
|-------------|--------------------------------------|-----------------|---|
| ACS PI10 | Number of People in Residential care | 415 March 07 | Target is over ambitious, and will need to be revised. |
| ACS PI6 | Number of adult placement places | 10 March 07 | Recruitment of suitable carers ongoing via advertising campaign planned for Sep/Oct 2006. |

- 3.7 Within the first quarter Adult Services Division completed a number of actions, including: -
 - Four new community support beds provided for people in mental health crisis situations
 - Local targets for early intervention in psychosis have been achieved
 - Overview assessments for older people now include a general health screening
 - A forward strategy has been established for future efficiency gains in the Department.

4. RECOMMENDATIONS

i) It is recommended that achievement of key actions and first quarter outturns of performance indicators are noted.

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