

PLEASE NOTE VENUE

**ADULT AND PUBLIC HEALTH
PORTFOLIO**

DECISION SCHEDULE



Monday 16th October 2006

at 9.00 am

**in Training Room 4, Municipal Building
Church Square, Hartlepool**

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

1. KEY DECISIONS

None

2. OTHER ITEMS REQUIRING DECISION

- 2.1 Annual Complaints Report – 1st April 2005 – 31st March 2006 – *Director of Adult and Community Services*
- 2.2 Trading Standards Service Plan 2006/07 – *Head of Public Protection and Housing*

3. ITEMS FOR INFORMATION

- 3.1 Hartlepool Integrated Mental Health Services (HIMSHS) – *Director of Adult and Community Services*

4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS

None

ADULT AND PUBLIC HEALTH PORTFOLIO

Report To Portfolio Holder

16 October 2006



Report of: Director of Adult & Community Services

Subject: ANNUAL COMPLAINTS REPORT
1 APRIL 2005 – 31 MARCH 2006

SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 To present the first Annual Complaints Report of the Adult & Community Services Department on complaints and representations in relation to Adult Social Care for the period 1 April 2005 to 31 March 2006.
- 1.2 The Annual report is attached as **APPENDIX A** to this report.
- 1.3 The Annual Report is a means by which information can be provided on the operation of the complaints procedure; also, drawing together information that legislation requires to be held in relation to complaints that have been received and dealt with during the reporting period.
- 1.4 Complaints relating to Community Services are non statutory; as such these come within the Authority's Corporate Complaints Framework and are reported quarterly and annually to the Performance Management Portfolio Holder by the Assistant Chief Executive.

2.0 SUMMARY OF CONTENTS

- 2.1 It is a legal requirement that an Annual Report be published on complaints and presented/made available to Portfolio, staff, the Commission for Social Care Inspection and general public.
- 2.2 The report offers an opportunity to demonstrate learning that has occurred from complaints and also consideration of trends emerging through the year's activity within the Complaints Framework.
- 2.3 The content of the Report includes the following areas:

- Types of complaints and representations received 2005/06
- Outcomes of complaints
- Compliance with timescales
- Learning lessons and service improvement
- Statistical data about the age and gender of service users
- Overview of the effectiveness of the framework

2.4 The Report provides an analysis of recorded complaints and representations and draws comparisons with the previous year. To this end, performance is highlighted in a range of areas and practice issues are considered.

2.5 Progress and areas for future development are outlined within the Report in the context of current activity and also new regulations and procedure issued by the Department of Health for implementation in the next reporting period (2006/07).

3.0 RELEVANCE TO PORTFOLIO MEMBER

3.1 Service is within the Portfolio Member's responsibility.

4.0 TYPE OF DECISION

4.1 Non key.

5.0 DECISION MAKING ROUTE

5.1 Adult and Public Health Portfolio.

6.0 DECISION(S) REQUIRED

6.1 That the Report be received and proposals for development of the Complaints Framework be noted.

Report of: Director of Adult & Community Services

Subject: ANNUAL COMPLAINTS REPORT
(1 APRIL 2005 – 31 MARCH 2006)

1. PURPOSE OF REPORT

- 1.1 To present the first Annual Complaints Report of the Adult & Community Services Department on complaints and representations within Adult Care Services for the period 1 April 2005 to 31 March 2006.

2. BACKGROUND

- 2.1 Complaints arising as a result of statutory Social Services functions come within the scope of the Adult & Community Services Department Complaints Framework.
- 2.2 The Annual Complaints Report is the first following Corporate restructure and provides data and information about activity in relation to operation of the statutory Complaints Procedure in relation to Adult Care Services.
- 2.3 The Annual Report outlines performance in a range of areas and also highlights areas for development to ensure continued improvement in the management and handling of complaints and representations regarding Adult Care Services.

3. FINANCIAL IMPLICATIONS

- 3.2 There are no financial implications of the report.

4. RECOMMENDATIONS

- 4.1 That the Report be received and proposals for development of the Complaints Framework be noted.



HARTLEPOOL ADULT & COMMUNITY SERVICES DEPARTMENT

ANNUAL REPORT

ADULT SOCIAL CARE COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS

**1 APRIL 2005
TO
31 MARCH 2006**

APPENDIX A



Annual Report 2005/2006

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Adult & Community Services Department

Annual Report

Complaints, Compliments and Representations

1 April 2005 – 31 March 2006

1. Introduction

Welcome to Hartlepool Adult & Community Services Annual Report on Complaints, Compliments and Representations within Adult Care Services for the period 1 April 2005 to 31 March 2006.

This Report will be presented to staff, the Portfolio Holder for Adult and Public Health, the Commission for Social Care Inspection and will also be made available to the general public.

This Report provides information about:

- Types of complaints made
- Outcomes of complaints
- Compliance with statutory timescales
- Details of advocacy services
- Learning lessons and service improvements
- Summary of statistical data about complaints, complainants, concerns and compliments
- Reviewing the effectiveness of the Complaints and Representation Procedure.

2. Legal Context

Requirements of the complaints framework are underpinned by the following legislation, guidance and regulations:

- Health and Social Care (Community Health and Standards) Act 2003
- Learning from Complaints (DH – 2006)
- Local Authorities Social Services Complaints (England) Regulations 2006

3. Management of Complaints in Adult Care

Local authorities are required to designate an officer to manage the complaints process. However, this does not mean that one person is responsible for carrying out all the actions associated with a complaint.

In Hartlepool, the Designated Complaints Officer has overall responsibility for the complaints framework. However, day-to-day operation, co-ordination and management is undertaken by members of the Adult & Community Services Quality & Review and Central Administration Teams.

4. Complaints Framework: Scope and Process

A broad range of people can use the statutory Complaints Procedure where they require a response to their dissatisfaction about actions, decisions or apparent failings of the Local Authority's adult care provision.

There are three stages to the Procedure:

- Stage 1** - an informal problem solving stage (at which most complaints are resolved).
- Stage 2** - a formal stage where independent investigation is undertaken by officers who are not employees of the Council.

Stage 3 - a stage where - if a complainant remains dissatisfied, - the thoroughness and fairness of the investigation into a complaint can be considered by a Complaints Review Panel.

5. Principles and Standards

The complaints framework for Hartlepool's Adult Care Services aims to ensure that:

- The Complaints Procedure is clear and easy to use for all service users.
- The Complaints Procedure is fair and thorough with adequate support to all who use it.
- People who complain have their concerns resolved quickly by those who provide the service.
- Complaints, Concerns and Compliments are listened to and all information and views are used to improve the service.
- Performance in handling complaints is monitored so that the quality of the complaints framework can be assured.

6. Quality and Effective Outcomes

The Authority is required to ensure that the Complaints Procedure is effective. This is done through a range of activity including:

- Management and administration of the Complaints Framework.
 - Overseeing the receipt and investigation of complaints.
 - Appointing competent Independent Investigating Officers to provide a comprehensive and fair consideration of complaints.
 - Promoting local resolution of complaints.
 - Monitoring the progress of investigations and ensuring smooth running.

- Monitoring and reporting on timescales for completion of complaints investigations.
- Making recommendations on action to be taken following an investigation.
- Maintaining records of complaints, the procedure followed and the outcomes.
- Provision of training to staff and Independent Providers of Adult Care Services on the handling and investigation of complaints.
- Compiling an Annual Report.

- Maintaining a Quality Approach

- Providing help and advice to people who may wish to make a complaint.
- Ensuring access to Independent Advocacy is explained.
- Keeping the complainant informed at all stages.
- Providing guidance and support to staff on the management of complaints.
- Provision of accessible public information.

7. Diversity

The Adult & Community Services Department is committed to providing complaints and representations services that meet the needs of all parts of the community. To this end, activity during the year has included:

- Continued provision of public information in accessible formats.
- Initiating routine distribution of an equal opportunities monitoring form to begin to capture a better picture of the range of people who are accessing the complaints procedure.

8. Training

Training has continued for those working within the Department's complaints framework. To this end, 67 Departmental staff and 57 staff from Independent Sector Adult Care Provision have participated in training during the year. The latter represents a 66% uptake from Independent Provider Organisations.

9. Compliments

The framework for complaints and representations includes receipt of compliments which serve to demonstrate the quality of Adult Care Services; compliments can also provide valuable lessons to the Department in terms of good outcomes for service users.

During the year, 86 compliments relating to Adult Care have been received. These range across Occupational Therapy, In-house Home Care, Older Persons, Disabilities and Mental Health Services. Examples of compliments received for each Business Unit is shown at Appendix 1.

10. Concerns

There were 16 service users or their representatives who made representations to the Department that were not formal complaints. These representations have been recorded and dealt with as valuable opportunities from which lessons can be learned and services provided.

Table 1 at Appendix 2 provides details of the concerns received during the year. These reflect a threefold increase overall in comparison to the previous year. (Table 2, Appendix 2 refers).

Emerging themes and trends over the year indicate that the main categories of concern relate to care planning, care provision, information/communication and continuity of provision.

11. Complaints Analysis

• *Complaints Received*

In comparison to last year, the number of complaints received has remained at about the same level overall. In 2004/05, there were 21 complaints relating to Adult Services. In 2005/06, there were 23 complaints, 3 of which were subsequently withdrawn.

• *Business Units*

Table 3 at Appendix 3 provides comparisons of complaints received by individual Business Units with those of the previous year.

The overall number of complaints within each Business Unit has decreased with the exception of Support Services where there has been an increase in complaints raising contract compliance issues and relating to Independent Sector Care Provision.

• *Nature of complaints*

Table 4 at Appendix 4 indicates examples of the range of factors giving rise to complaints and resultant lessons learned during the year.

• *Complaints Origin and Contact Method*

The sources of complaints received during the year is as follows:

- 6 (26%) from males (1 subsequently withdrawn)
- 17 (74%) from females (2 subsequently withdrawn)
- 16 (70%) from relatives (2 subsequently withdrawn)
- 2 (8%) from Advocates
- 5 (22%) from service users (1 subsequently withdrawn)
- 5 (22%) via telephone
- 10 (43%) via letters (3 subsequently withdrawn)
- 8 (35%) via complaints form

This reflects a similar picture to that of the previous year.

• *Complaints Stages 1 and 2*

Much effort is made by staff to try to resolve complaints within Stage 1 as quickly as possible at the earliest point of contact with the service user.

Stage 2 represents a formal attempt at investigation and resolution of complaints. During the year, there were 3 complainants who sought this process. This reflects an increase in Stage 2 complaints in comparison to the previous year.

During the year, 85% of complaints were resolved and concluded at Stage 1. This compares to a figure of 94% in the previous year.

A total of 3 complaints were investigated at Stage 2; of these: 1 was resolved and concluded, 1 proceeded to Stage 3 outside the reporting period and 1 has yet to be concluded.

Additionally, 2 complaints ongoing from the previous year were concluded at Stages 1 and 2 respectively.

- ***Stage 3***

During the year, there have not been any complaints within Adult Care requiring progression to Stage 3. However, one complaint proceeded to Stage 3 outside the reporting period and will be included in the Annual Report for 2006/07.

- ***Interim Costs***

Costs associated with Adult Care Stage 2 investigations completed during the year total £3,784.99 to date. However, this does not reflect the projected actual costs of all 3 investigations which were ongoing beyond March 2006. It is anticipated that total costs for these complaints will be in excess of £15,000.

- ***Time Taken to Respond to Complaints***

The Complaints Procedure is required to operate within specified timescales. These are laid down in relation to both acknowledgement and also response to each complaint.

Of the 20 complaints investigated in 2005/2006, 4 continued beyond March 2006.

Table 5 at Appendix 5 shows that, 14 (82%) of complaints at Stage 1 were completed within the required 28 days timescale. However, none of the 3 complaints at Stage 2 were completed within the requisite timescale.

The time taken to deal with complaints may be affected by a range of factors. The most common causes of delay have remained: complexity of issues and numbers of elements within individual complaints; postponement by complainants in relation to planned appointments for interviews.

An important part of the Department's identified good practice is to ensure that complainants and others involved are always kept informed of progress/any delays.

- ***Complaints Outcomes***

The outcomes of complaints received during the year are summarised at Table 6, Appendix 6.

All complainants receive written findings and conclusions of enquiries into their complaints.

Of the 20 complaints that were concluded during the year, 16 were either upheld or partially upheld, 3 were not upheld and 1 was inconclusive.

Some of the service improvements resulting from complaints during the year are detailed at Table 4, Appendix 4.

12. Local Government Ombudsman

Complainants may take their complaints to the Local Government Ombudsman for consideration where Stage 2 and also usually Stage 3 of the complaints process has been concluded.

During the year, there have been no complaints falling within the complaints framework that

have proceeded for consideration to the Local Government Ombudsman.

13. Satisfaction Surveys

It is important that we seek service users' views on the way the complaints procedure operates. To this end, service users are routinely asked to give feedback about their experiences in using the complaints framework.

Responses are provided through completion of questionnaires by complainants or with support through individual interviews by representatives of the Council's Corporate Strategy Unit.

During the year, 20 questionnaires were distributed and 12 were completed.

Findings from the survey are summarised in Table 7, Appendix 7.

Feedback continues to indicate that most people find information on the complaints system clear and the process easy to use. However areas identified for continued improvement include:

- Better publicity and promotion of the complaints framework.
- Work to capture the reasons for dissatisfaction with investigations into complaints.
- Consideration of any differences in feedback/trends in Stage 1 and Stage 2 complaints.
- Use of 'plain' language in communication with complainants.

Some issues highlighted through the previous year's survey have been addressed through staff training. This included the importance of a full apology being given in circumstances where a complaint is upheld. Also, ensuring availability of public information on complaints at appropriate places accessed by the public.

14. Lessons Learned

An essential activity arising from enquiry into the complaints we receive is that of trying to learn so that we can improve services.

In the past year, a number of lessons have been learned and acted upon to ensure improvements. Table 4 at Appendix 4 outlines the context of some improvements that have been put in place as a direct result of complaints and representations that have been received and acted upon.

Work to ensure that compliments can also be used to learn lessons will further strengthen the quality of services.

Service user satisfaction survey information continues to be a valuable source of information to capture pictures of service users' experiences of the complaints framework; including the outcome of their complaints.

15. New Regulations

The Department's previous Annual Report outlined the Government's intention to revise existing regulations and guidance in relation to local authority statutory complaints processes.

The reforms that come into effect on 1 September 2006 are drawn from good practice and also views provided within a programme of public consultation. To this end, they emphasise the importance of the whole complaints framework being accessible, responsive and focussed upon those who use it.

Although practice in Hartlepool has been broadly in keeping with the principles outlined in the new requirements, we will now be adapting our procedure and practice to reflect the new regulations and guidance. This will include changes to timescales and also arrangements for Stage 3 Complaints Review Panels. Importantly, the guidance will provide direction across a range of topics that are outlined within Hartlepool's good practice guidance but have not previously been underpinned by mandatory guidance.

16. Advocacy

Advocacy services are available to people in Hartlepool through a group of local advocacy providers.

This includes:

- Citizens Advice Bureau (CAB)
- Advocacy Information Foundation
- Hartlepool MIND
- Hartlepool Carers
- North Regional Deaf Blind Association/
Northern Regional Association for the Blind
Advocacy Service

One local provider of advocacy services to Mental Health service users has ceased to offer the service during the reporting period.

During 2005/06, 2 service users have utilised advocacy services from CAB in relation to their complaints. None have used other available advocacy services in their complaints/representations to the Department.

17. Conclusions and Way Forward

• *Continuous Improvement*

Review of the Complaints Framework is an essential activity to ensure a good quality service. Accordingly, the following activities have been undertaken during the year:

- Communication between the Department and the Commission for Social Care Inspection (CSCI) to ensure clarity and mutual understanding of roles in relation to independent provision for Adult Social Care within the context of complaints and representations.
- Assessment of the current functioning of the Department's complaints and representations database to identify aspects that might be customised to

achieve efficiency and quality improvements.

- Consideration of ways to improve Department communication and activity in Business Units in relation to the handling of complaints and representations.

• *Learning Lessons*

Practice, systems and training will be targeted to enable improvement in relation to:

- Accurately capturing lessons learned and outcomes in relation to complaints, concerns and compliments.
- Service User Satisfaction Survey to enable separate analysis of feedback in relation to complaints at Stage 1 and Stage 2 of the Procedure. Also, to ensure that appropriate follow-up activity occurs to convey qualitative information provided by those surveyed to stakeholders.
- Skills training on the investigation of complaints for Department Managers and Independent Investigating Officers involved at Stage 1 and Stage 2 of the Procedure.
- Awareness raising with stakeholders on the principles and requirements of the new regulations and guidance on complaints.
- Promotion of awareness of the complaints framework to ensure that the system is clear and easy to use.

• *New Complaints Regulations and Guidance*

The requirements of the new Complaints Procedure will involve:

- Revising the Department's Complaints Procedure for Adult Care Services.
- Updating the Department's public information on Complaints and Representations.
- Adapting the Department's current training module on the handling of complaints.

- ***Trends***

During the reporting period, there has been an increase in the number of complaints and representations investigated by the Department's Commissioning Team within the broader context of Contract Monitoring and Compliance. Possible factors influencing this increase include the number of complainants who have decided to progress their complaint to Stage 1 of the Procedure rather than accepting initial enquiry by the Provider. Also, some complainants having remained dissatisfied following enquiry by Providers into their complaint.

A further factor may be changes relating to the role of the Commission for Social Care Inspection who no longer undertake investigation of individual complaints but confine their role to matters relating to Regulations and National Minimum Standards including aspects of service 'Fitness for Purpose'.

Department complaints activity in the forthcoming year should seek to further complement information obtained through contract monitoring and so enable capture of trends and themes; particularly any recurring issues relating to individual providers of adult care.

- ***Independent Sector Engagement***

Training has continued to be provided to Departmental staff and Independent Providers of Adult Care. Activity to increase uptake of training by the latter will include closer working between members of the Department's workforce in the areas of Staff Development, Commissioning and Quality & Review. This should enable systematic targeting of representatives from those providers that have to date been under represented on our training.

- ***Advocacy***

The level of advocacy support taken up by complainants has increased during the year.

Nevertheless, there is scope to increase both awareness and take up of Advocacy Services. There have been no instances in the provision of advocates causing any delays in the investigation of adult care services complaints.

Steps will be taken to promote the availability of advocacy services in relation to representations and complaints among service users and staff.

Specific advocacy representation for service users with a learning disability will be addressed in 2006/07. Also, consideration of particular requirements of service users with mental health needs may take place in the light of an advocacy service previously available to people with mental health needs having ceased to offer a service during the reporting period.

- ***Diversity***

Legislation requires the policies and functions of the Department to be considered in the light of people's gender, disability and race. In the future, this will be extended by legislation to include religion, sexual orientation and age.

Future activity within this area will include specific consideration to ensure an assessment is undertaken in relation to a range of key elements within the complaints framework including:

- New Regulations and Guidance
- Public information
- Training
- Provision of independent investigating officers
- Constitution and administration of Stage 3 Independent Complaints Review Panels.

EXAMPLE OF A COMPLIMENT RECEIVED
FROM EACH BUSINESS UNIT

1 APRIL 2005 TO 31 MARCH 2006

- “My grateful thanks to Social Services for all the kindness and wonderful help shown to me recently. I consider myself extremely lucky to be given such caring attention and again a very big thank you.” *(From a Service User regarding Occupational Therapy)*
- “We are lucky to have someone like you; Who helps us do the things we do; Caring for our welfare in a friendly way; Listening to our moans and to what we might say; We really want to say a big thank you.” *(From a Service User regarding Occupational Therapy)*
- “Just a few lines to thank you for the help and kindness you have shown to mum. It makes such a difference to know that whilst your ladies are calling in to see mum, I can be confident that she is OK and if there were any problems, they would contact me. Mum told me many times about their visits and how they were helpful and always offering to listen and have a bit chat to her, whilst they were preparing her meal etc. Unfortunately she had confusion and these girls were always understanding with her.” *(From the daughter of a Service User regarding the In-House Home Care Team)*
- “Just to say thanks for all your help and kindness. I know you keep telling me it’s your job, but it’s how you do your job that matters.” *(From a Service User regarding the Older Persons Service)*
- “Thank you for helping me when I needed it.” *(From the Carer of a Service User regarding the Disabilities Service)*
- “The Mental Health Community Support Team have treated me with dignity right from the start. The Manager of the Team explained exactly what help I could expect from the team and, likewise, what was expected of me to help me get back into the momentum of a proper routine. With the Community Support Team I am a person and not simply a psychiatric case. The Team deserve all the praise I have given them. The best thing I can say about them is that, with regard to the work they have done with me, they’ll soon do themselves out of a job.” *(From a Service User regarding the Community Support Team, Mental Health Services)*

**TABLE 1 – NATURE OF CONCERNS
2005/2006**

<ul style="list-style-type: none"> • Quality of workmanship/damage relating to equipment/adaptations by Provider. • Difficulties regarding quality of support during absence of regular Care Workers. • Alleged attitude and practice of care worker relating to professional boundaries/role in relation to service user. • Unsatisfactory care practices within residential care setting. • Nearest relatives perceived shortcomings of Care Planning Process particularly in relation to input and weighting given to other contributors. • Unsatisfactory care practice by a member of staff particularly in relation to provision of personal care. • Question regarding adequacy of staffing levels in residential care home (2 separate concerns). • Observation regarding shortfalls in communication between members of multi-disciplinary team with relative prior to service user's hospital discharge. • Representations on behalf of service user whose assessed needs and subsequent care plan regarding respite care were said to be in conflict with the service user's own wishes and stated needs. • Scope of tasks undertaken by a care worker outside agreed care plan resulting in infringement of confidentiality in terms of expectations of relative. • Inadequate observation and subsequent appropriate communication by care workers giving rise to resultant deterioration in physical/medical condition of service user and non referral to GP. • Care Package shortfalls compared to expectation/understanding of service user. • Impact of receipt of benefit upon assessed charges for home care. • Standards of care to resident within Care Home particularly in relation to personal hygiene. • Relative's observation regarding routines for toileting and meal times at Care Home.
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**TABLE 2 - NUMBER OF CONCERNS
2005/2006 DATA COMPARED WITH 2004/2005**

2005/2006	2004/2005	DIFFERENCE
16	5	+11

TABLE 3

**NUMBER OF COMPLAINTS RECEIVED BY BUSINESS UNIT
2005/2006 DATA COMPARED WITH 2004/2005**

ADULTS SERVICES			
Business Unit	2005/2006	2004/2005	DIFFERENCE
Older Persons	10 (43%)	15 (71%)	-5
Disabilities	2 (9%)	4 (19%)	-2
Adult Mental Health (Integrated Service)	3 (13%)	1 (5%)	+2
Support Services	8 (35%)	1 (5%)	+7
Sub Total	23 (100%)	21 (100%)	+2

- Highest number of complaints received by Older Persons Service.
- Lowest number of complaints received by the Disabilities Service.
- Of the total 23 complaints, 3 were subsequently withdrawn from the Complaints Framework during the year. Commissioning (2), Disabilities (1).
- Support Services includes complaints regarding commissioned services not resolved by Providers.

TABLE 4

EXAMPLES OF COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY BUSINESS UNITS

SUPPORT SERVICES – COMMISSIONING UNIT

Ref	Complaint	Lessons Learned/Action Taken
S00223	<ul style="list-style-type: none"> Inadequate supervision and care by Independent Provider relating to relative following admission to Residential Care. Inappropriate attitude of residential care staff toward relative of service user. 	<ul style="list-style-type: none"> Policy and training on falls to be reviewed. Staff guidance/training to reinforce acceptable conduct of staff.
S00231	<ul style="list-style-type: none"> Service user's relative unhappy about a range of issues including: <ul style="list-style-type: none"> The attitude of Care Home Manager. Disclosure of confidential information to care staff by Home Manager. Unsatisfactory response of staff despite prior request by relatives regarding arrangements to take service user out of home for the day. Request by Care Home staff for relative to escort service user to hospital for X-ray. Refusal to provide wheelchair to assist service user for transfer to vehicle. Lack of communication with the relative by Residential Home staff in relation to service user's consultation with GP. Refusal to allow payment to Home by means of Credit Card following death of service user. 	<ul style="list-style-type: none"> Adherence to policy and procedures including periods when the Manager of Home is absent. Adherence to procedures and instruction to staff to reinforce acceptable practice.

APPENDIX 4 CONTINUED

SUPPORT SERVICES – COMMISSIONING UNIT CONTINUED

Ref	Complaint	Lessons Learned/Action Taken
S00232	<ul style="list-style-type: none"> Dispute by relative regarding the following in relation to Stage 1 investigation and reports. <ul style="list-style-type: none"> Robustness of investigation and also factual accuracy. Belated provision of complaints procedure to complainant. Also confusion about roles and responsibilities of CSCI and Social Services in relation to investigation into the complaint 	<ul style="list-style-type: none"> Progression to Stage 2. Clarification regarding CSCI role in relation to Care Standards/Regulations and Social Services in relation to Complaints Processes.
S00234	<ul style="list-style-type: none"> Dissatisfaction regarding aspects of independent sector home care: <ul style="list-style-type: none"> Provision not at agreed time. Attitude of Home Care supervisor. 	<ul style="list-style-type: none"> Providers dealt with all aspects of complaint via internal procedures of agency.
S00237	<ul style="list-style-type: none"> Difficulties regarding provision of sitting service: <ul style="list-style-type: none"> Involving deployment of staff previously unknown to service user / no prior introduction. Non availability of service on 3 specified occasions. 	<p>Practice to be amended to ensure :</p> <ul style="list-style-type: none"> Prior notice is given to service users in circumstances where care/support will be outside agreed timescale for provision. Records to be maintained of contacts with service users so that appropriate co-ordination of activity can be assured. Improved co-ordination of rotas by service provider to enable requests for sitting service to be matched with availability of staff. Internal investigation agency to be undertaken in relation to conduct of care worker. Introduction of small care worker group to service user to enable continuity of service.

DISABILITIES BUSINESS UNIT

Ref	Complaint	Lessons Learned/Action Taken
S00224	<ul style="list-style-type: none"> Dissatisfaction about a range of issues regarding the assessment, care management and provision of services to son of complainant. 	<ul style="list-style-type: none"> Automatic progression to Stage 2. Targeted staff training to address all aspects of the complaint highlighted through recommendations of Stage 2 Independent Report. Offer of compensation to complainant.

MENTAL HEALTH BUSINESS UNIT

S00216	<ul style="list-style-type: none"> Relative of service user dissatisfied regarding communication issues between various strands of Mental Health Services causing negative impact upon service user in receiving timely and appropriate support concerning access to benefits. 	<ul style="list-style-type: none"> Development of an integrated service for service users who have a dual diagnosis. Guidance to clerical staff to enable accurate identification of care co-ordinator. Identification of appropriate good practice in relation to Benefits application support.
S00228	<ul style="list-style-type: none"> Lateness of social worker in keeping appointment with service user. 	<ul style="list-style-type: none"> Prior written notification to service users to provide details of planned visits. Monitoring of above notifications to occur through supervision and Team Meetings.
S00233	<ul style="list-style-type: none"> Carer's dissatisfaction regarding a range of issues: <ul style="list-style-type: none"> Involvement in service user's own assessment Alleged attitude of social worker to carer's own assessment and response to carer's needs. 	<ul style="list-style-type: none"> Arrangements put in place for a carers assessment to be undertaken by another member of staff. Provision of a separate worker to focus on the carer's own needs separate to those of the service user that are looked at by the care co-ordinator. Further options and information provided to service user and carer to ensure full range of possible help and support is explained to service user and carer.

APPENDIX 4 CONTINUED

OLDER PERSONS BUSINESS UNIT

Ref	Complaint	Lessons Learned/Action Taken
S00207	<ul style="list-style-type: none"> Non provision of home care at pre agreed/arranged time. 	<ul style="list-style-type: none"> Process to be initiated involving checking by Managers and Supervisors of all weekly timesheets. Establish groups of named workers to enable small pool of staff to be identified for each service user.
S00219	<ul style="list-style-type: none"> Duplication of service on transition from Rapid Response Team to Independent Home Care. 	<ul style="list-style-type: none"> Roles and responsibilities of Care Managers reinforced by Team Manager. Team Meetings used to ensure expected practice understood by all staff.
S00221	<ul style="list-style-type: none"> Lack of continuity of care due to change of Home Care Workers 	<ul style="list-style-type: none"> Transition arrangements put in place for long standing Home Care service users.
S00236	<ul style="list-style-type: none"> Lack of continuity of care due to change of Home Care Workers. However, dissatisfaction focussed on the change rather than lack of prior introduction/transition arrangements being put in place. 	<ul style="list-style-type: none"> Further explanation provided to service user regarding necessary reasons for change. Reconfiguration of Home Care Teams to enable continuity of service with appropriate prior introductions of workers to services users.
S00225	<ul style="list-style-type: none"> Inadequate night sitting service relating to required care activity by staff member. 	<ul style="list-style-type: none"> Care file examined to determine requirements relating to administration of medication. Provision of future service to be from care workers who are aware of service users identified needs.
S00226	<ul style="list-style-type: none"> Relative of service user dissatisfied regarding delay in proposed timing of assessment. 	<ul style="list-style-type: none"> Advice provided by Adult Care staff to service users and their relatives to enable understanding regarding recommendations for major adaptations being dependent upon establishing long term needs.

OLDER PERSONS BUSINESS UNIT CONTINUED

APPENDIX 4 CONTINUED

Ref	Complaint	Lessons Learned/Action Taken
S00227	<ul style="list-style-type: none"> Dissatisfaction by relative regarding care practices within residential home. 	<ul style="list-style-type: none"> Broader investigation undertaken by representatives of the department in relation to a range of issues concerning service provision/practices.
S00229	<ul style="list-style-type: none"> Relative of service user seeking better information relating to charging process i.e. delays and also presentation/breakdown of information. 	<ul style="list-style-type: none"> Explanation provided and further information appeared to relative to enable greater awareness of time periods covers by statement/billing process. More timely provision of financial statements. Inclusion of consultation to strengthen annual review process in relation to financial statements.
S00244	<ul style="list-style-type: none"> In house care management reassessment and review process having resulted in reduced support. Service user considered review to be insufficiently user friendly in terms of e.g. numbers of people involved and also perceived attitude of some of the attendees. Finally change of date for review also gave rise to inconvenience for service user. 	<ul style="list-style-type: none"> Identified remedial action included: Discussion of Care Plan including making explicit the method of reviewing the plan. Acknowledgement to be made to service user regarding distress caused.
S00239	<ul style="list-style-type: none"> Delay in provision of adaptation following OT assessment. 	<ul style="list-style-type: none"> Urgency of required provision formally reinforced to Registered Social Landlord via Occupational Therapy Co-ordinator.
S00230	<ul style="list-style-type: none"> Complaint by relative concerning conduct of residential provider following death of service user. Issues related to appropriate and timely communication; billing to relative; delays by Home staff in responding to relative's complaints. 	<ul style="list-style-type: none"> Monitoring arrangements by Commissioning Team included consideration of issues highlighted through complaint. Also subsequent action plan agreed with Independent Provider to address wider issues including those within the complaint.

APPENDIX 5

TABLE 5

TIME TAKEN TO RESPOND TO COMPLAINTS AT STAGES 1 AND 2
1 APRIL 2005 TO 31 MARCH 2006

Response Times No. of Days	ADULTS SERVICES	
	No. of Complaints	
	Stage 1	Stage 2
0-28 days	14	0
29 – 42 days	1	0
Over 42 days	2	3 (ongoing)
Total	17	3 (ongoing)

- 14 of the 17 complaints (82%) were completed within 28 day response timescale.

TABLE 6

COMPLAINT OUTCOMES AT STAGES 1 AND 2 BY BUSINESS UNIT
COMPLAINTS RECEIVED 2005/2006

Business Unit	STAGE 1				STAGE 2			Total
	Upheld	Partially Upheld	Not Upheld	Inconclusive	Upheld	Partially Upheld	Not Upheld	Inconclusive
Adults Services								
Support Services	1	4				1		
Disabilities						1		
Older Persons	3	3	3			1		
Mental Health	1	1		1				
Sub Total	5	8	3	1		3		20

- Overall, 80% of the complaints investigated were either upheld or partially upheld.

TABLE 7

2005/2006 SATISFACTION SURVEY RESULTS

% Results for 2005/2006	
<ul style="list-style-type: none"> ● 41% of respondents said that they were aware of the Department's Complaints Procedure prior to making their complaint. ● Of these, information about the procedure had been provided by: <ul style="list-style-type: none"> - Staff members 33% - Another person 25% - Information leaflets 25% - Other 17% ● Feedback about ease on finding information and clarity of information indicated: <ul style="list-style-type: none"> - 83% of respondents said they found that this was easy to obtain. - 17% of respondent said it was not easy to obtain - 73% of respondents found the information clear and easy to understand. ● In relation to actually making their complaint: <ul style="list-style-type: none"> - 92% said that this was very easy or quite easy. - 83% said that the process was explained to them. ● Quality of investigation was said by 50% of respondents to be satisfactory although 17% of respondents were very dissatisfied with the investigation. ● In relation to the Department's response to their complaint: <ul style="list-style-type: none"> - 75% of respondents said that they considered the response provided to be in sufficient detail. - 83% of respondents concluded that this had been provided within a sufficient timescale. - 75% of respondents believed that the response they had received had been sensitive to the issues of their complaint. 	

ADULT AND PUBLIC HEALTH SERVICES

PORTFOLIO

Report to Portfolio Holder



Report of: Head of Public Protection & Housing

Subject: TRADING STANDARDS SERVICE PLAN 2006/07

SUMMARY

1. PURPOSE OF REPORT

To consider the Trading Standards Service Plan 2006/07.

2. SUMMARY OF CONTENTS

The report gives details of Hartlepool's Trading Standards service and the service plan for 2006/07.

3. RELEVANCE TO PORTFOLIO MEMBER

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

4. TYPE OF DECISION

Non key.

5. DECISION MAKING ROUTE

Adult & Public Health Services Portfolio.

6. DECISIONS(S) REQUIRED

Approval of the Trading Standards Service Plan 2006/07.

Report of: Head of Public Protection & Housing

Subject: TRADING STANDARDS SERVICE PLAN 2006/07

1. PURPOSE OF REPORT

- 1.1 To consider the Trading Standards Service Plan for 2006/07, which is a requirement under the national performance framework for trading standards.

2. BACKGROUND

- 2.1 The Department of Trade and Industry (DTI) National performance framework for trading standards provides guidance and 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.
- 2.2 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.
- 2.3 The Trading Standards Service Plan for 2006/07 is attached as appendix 1 and takes into account the guidance requirements.

3. THE TRADING STANDARDS 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 trading standards inspections carried out was on target with 100% of high-risk premises and 64% of all other premises inspected. Given the long standing staffing problems and the impact of the implementation of the Licensing Act, this was a satisfactory outcome.

The potential shortfall in inspections was minimised by utilising the service of a private consultant and by using existing staff working outside normal hours.

- 4.2 Work on age restricted products continued to be a priority during 2005/06. Young volunteers attempted to purchase alcohol on 49 occasions with nine illegal sales taking place.

- 4.3 During 2006/07 we will focus our resources into dealing with three high priority areas:

- ? Age related products
- ? Safety
- ? Rogue traders

- 4.4 During 2006/07 the team will take part in the Trading Standards Peer Review Process. This involves a self-assessment of the service, production of an improvement plan and evaluation of these documents by assessors.

5. RECOMMENDATIONS

- 5.1 That the Portfolio Holder approves the Trading Standards Service Plan for 2006/07.

Hartlepool Borough Council

Trading Standards Service Plan

2006/07

TRADING STANDARDS , SERVICE PLAN 2006/07

This Service Plan accords with the requirements of the Department of Trade and Industry (DTI) National Performance Framework for Trading Standards, and sets out the Council's aims in respect of its Trading Standards Service and the means by which those aims are to be fulfilled.

1 Background Information

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 Service Aims & Objectives

Hartlepool Borough Council aims for the Trading Standards Service are:

- 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

In its delivery of the service the Council will have regard to directions from the Department of Trade and Industry (DTI), the Office of Fair Trading (OFT), the Trading Standards Institute (TSI), approved Codes of Practice, the Enforcement Concordat, and guidance from Local Authorities Co-ordinators of Regulatory Services (LACORS).

Service delivery broadly comprises of:

- Programmed inspection of business premises on a risk based system
- Alternative forms of intervention
- Test purchasing of goods and services including age related goods
- Provision of trader advice whilst carrying out an inspection or telephone request or via the Trading Standards web site
- Provision of advice and educational material to business and public
- Investigation of complaints from the public and trade
- Promotional and advisory work
- Participate in National and Regional initiatives

Effective performance of the Trading Standards service necessitates a range of joint-working arrangements with other local authorities and

Appendix 1

agencies such as the Joint Working arrangement of Tees Valley Measurement, membership of the North East Trading Standards Association (NETSA), Cleveland Police, Hartlepool Financial Inclusion Partnership, and North East Consumer Direct.

The Council aims to ensure that effective joint-working arrangements are in place and that officers of the service contribute to the on-going development of those 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 well-being in a sustainable manner"
- Corporate (Best Value Performance) Plan
- Neighbourhood Services Departmental Plan
- Public Protection & Housing Divisional Plan
- Consumer Services Service Plan
- Trading Standards 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 Trading Standards 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 Trading Standards law requirements, and avoid potential costly action at a later stage.

Lifelong Learning and Skills

By providing and facilitating training for Traders and their staff and promoting an improved awareness of Trading Standards issues more generally within the community.

Health and Care

By ensuring that businesses offering goods for sale ensure that what they offer are safe, comply with the necessary safety standards and comply with the description applied to them.

Community Safety

By encouraging awareness amongst businesses of the role they can play in reducing problems in their communities by complying with the legislation relating to age restricted goods.

Environment and Housing

By encouraging businesses and consumers to be aware of environmental claims and legal requirements.

Culture and Leisure

By exploring ways to promote high standards of the provision of goods and services in respect of supplying the right quantity and product in hotels, other tourist accommodation, public houses and other licensed premises.

Strengthening Communities

By developing ways of communicating well with all customers, including properties of business and by working in partnership with other agencies to tackle issues such as doorstep crime.

This Trading Standards 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”. Within this, the Consumer Services Section has a commitment to ensure that consumer goods are safe and are properly labeled where necessary.

The Council is committed to the principles of equality and diversity. The Trading Standards 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. Legislative powers and other actions available

The Trading Standards Service has responsibilities under some 80 major Acts, as well as hundreds of pieces of subordinate legislation, including secondary legislation introduced under the European Communities Act 1972.

The legislation covers a wide range of subjects encompassing, Fair Trading, Safety and Weights & Measures, i.e.,

Children & Young Persons (Protection from Tobacco) Act 1991,
Consumer Credit Act 1974
Consumer Protection Act 1987

Hallmarking Act 1973
Property Misdescriptions Act 1992
Timeshare Act 1992
Trade Descriptions Act 1968
Trade Marks Act 1994
Video Recordings Act 1984
Weights and Measures Act 1985
Poisons Act 1972
Enterprise Act 2002

The most effective means of ensuring compliance with statutory requirements is through the inspection of retail businesses. This is reflected in guidance issued by the Department of Trade and Industry and LACORS who require Councils to draw up and implement an annual programme of risk-based inspections.

It is recognised that whilst the inspection process is the primary means of securing compliance with Trading Standards 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 provision of goods and services not complying with the relevant legislation, and which includes requirements for adequate labeling.

A national product warning system is in operation throughout the United Kingdom, which acts as a rapid alert system in respect of unsafe goods and product recalls. Some hazard warnings also originate from abroad. The Trading Standards Team response to the receipt of these alerts is appropriate to the individual circumstances of the hazard alert.

There is currently a requirement to report to the Department of Trade and Industry annually on performance in relation to Trading Standards law enforcement activities. Annual performance statistics for all authorities are, in future, to be made publicly available by the Department.

Summary of the powers of an officer in the Trading Standards Team

An authorised officer may on production of his credentials and at a reasonable hour, enter any premises other than premises used solely as a dwelling, in which he has reasonable grounds to believe there is any equipment or goods to which they enforce.

An officer can also require any person carrying on the business or employed in connection with the business, to produce any books or documents relating to the business.

An officer can (i) exercise powers to seize books and documents, (but only if and to the extent that it is reasonably necessary for securing the provisions of the relevant Act, are duly observed), (ii) require any person

Appendix 1

having authority to do so, to break open any container, and if that person does not comply, break it open himself.

An Authorised Officer may give written instructions suspending goods which are reasonably suspected of failing to comply with the Weights and Measures Act 1985 and can also suspend unsafe goods.

Where an officer considers that a computer may contain information that could be used in evidence, he may require the information to be produced in a form that can be taken away and in which it is visible and legible.

5. Service Delivery Mechanisms

The trading standards service is responsible for a wide range of functions but limited resources mean that work must be prioritised. The allocation of resources is therefore based around a matrix incorporating issues such as public concerns, trader concerns, and potential impact on public safety. For each area of responsibility significance of all of these issues is determined and a score allocated within a weighted maximum. The resultant total determines the priority.

High priority areas:

- Underage Sales
- Product Safety
- Rogue Traders

Medium priority areas:

- Scams
- Credit and loan sharks
- False description of goods

Low priority areas:

- Misleading prices
- Weights and measures
- Counterfeit goods

Resources are directed/allocated in accordance with this matrix.

Inspection Programme

Inspections carried out in respect of Trading Standards legislation, are carried out in accordance with the Council's policy and procedures on Trading Standards premises inspections and relevant national guidance. Information on premises liable for Trading Standards inspections is held on the ITECS computerised system. Premises due for inspection are allocated to staff and inspection carried out on a regular basis, in accordance with guidance issued by LACORS and its risk based inspection programme.

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An estimated 10% of programmed inspections are more appropriate to conduct 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 provisions. 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 to ensure businesses comply in, accordance with current policy. 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 (brought into compliance), reducing the frequency for recourse to formal action.

The performance against inspection targets for all trading standards inspections is reported quarterly as part of the Neighbourhood Services Department internal performance monitoring. In addition this, 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 Premises

From April 2005 an alternate enforcement strategy may be employed for low risk premises, based on selected trade sectors, i.e. hairdressers and fast food establishments. Self-assessment will usually consist of questionnaires being sent to businesses and a subsequent evaluation of the results of this self-assessment by Authorised Officers.

A percentage of those businesses returning questionnaires will be visited to validate the information received, as well as businesses not responding. 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.

Product Inspection and Testing.

The Trading Standards Team has a monthly allocation of resources for the examination or testing of test purchases at the jointly run Tees Valley Measurement laboratory. The purpose of inspection of businesses is to check that products which are manufactured in the UK or are imported, comply with safety requirements are safe. Also that services which are provided are as described.

Trading Standards Inspection/Sampling Plan 2006-07

Appendix 1

Whilst carrying out general inspection and other duties, officers will examine a large range of goods, some of which will be seasonal or in retail premises for a very short time scale. Officers will have discretion whilst carrying out their duties to make test purchases.

Reasons for examination or test purchasing will include:

- There has been a previous issue with the product
- It is a new product
- The product is suspected of non-compliance with a standard
- The product is subject to a complaint, (safety or description)
- Being part of the inspection and sampling plan
- Product being covered by a local/regional initiative
- Being offered for sale by an itinerant seller

The plan for 2006/07 takes into account the above criteria.

Trading Standards Inspection/Sampling Plan 2006-07

April Electrical Products	May Electrical Products	June Oscillating fans Sunglasses Tennis rackets and thin polythene packaging
July Tennis rackets and thin polythene packaging. Sunglasses	August Sunglasses Back to school products	September Back to school products
October Halloween products. Fireworks	November Fireworks Christmas products	December Christmas products .
January January sales goods	February Valentine's Day goods	March Mother's Day products

Tees Valley Measurement

Hartlepool, along with the other three Cleveland District Councils, jointly fund the Tees Valley Measurement Service. It carries out verification and also inspection duties (mainly on industrial sites and petrol stations). It provides a calibration service to industry as well as an informal screening and testing laboratory. It maintains the weights and measures standards for the four partner unitary authorities.

Age Restricted Products

Legislation prohibits the supply (sale or hire) of specific products to persons under certain ages. Age restricted goods are a high priority and as part of the commitment to reducing crime and disorder, we will continue to concentrate on the reduction of the supply of alcohol to young consumers. It is our policy to prosecute suppliers and to institute a review of the premises licence under the provisions of the Licensing Act 2003.

Investigation of Complaints

The service receives complaints regarding a wide range of goods and services, all of which are subject to investigation. Based on 2005/06 we would expect 250 such complaints. An initial response is made to these complaints within two working days. Whilst many complaints are investigated with minimal resource requirements, some more complex cases may be resource-intensive. Complaints may also require the need for test purchasing of goods or services and subsequent inspection or analysis or the obtaining of an experts opinion.

An investigation may also involve other organisations and Trading Standards Authorities. Some complaints are referred onto these other organizations as the most appropriate means of resolving them, and to the other Trading Standards Service as part of the Home Authority principal. Government Departments such as the Office of Fair Trading and Department of Trade and Industry, are also contacted where there are wider issues involved.

As a result of a complaint, one of the considerations made is whether it is a widespread issue which needs to be looked at on a wider scale or by the trade sector, locally or regionally. The Hartlepool Trading Standards Team is one of the twelve members of the North East Trading Standards Association (NETSA) and as such it can either raise issues with its Executive or via one of its Focus Groups, i.e. Fair Trading, Safety or metrology etc.

The procedures for receipt and investigation of complaints are set out in detailed guidance and internal policy documents.

Provision of advice and education

The Trading Standards Team carries out a wide range of advice and education activities. These activities include:

- Maintenance of the Trading Standards web site with advice to the public and trade.
- Participation in national awareness weeks, i.e. Child Safety Week, National Consumer Week and the OFT Scams Awareness Month.
- Education of the trade regarding current and proposed changes in legislation, i.e. regarding “cold calling”.

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- Provision of trader advice whilst carrying out an inspection or telephone request
- Provision of consumer advice via the national Consumer Direct service.
- Issuing press releases to educate and warn the public and trade.
- Attending education events and participating in displays and talks
- Education of the public particularly the vulnerable by the giving of talks and other initiatives regarding doorstep crime.
- Participation in National and Regional initiatives.
- Provision of advice and assistance to new traders.
- Education and warning of the public and trade regarding scams.

Home Authority arrangements

The Council has no formal arrangements with any businesses to act as Home Authority. Informal arrangements are in place with some businesses.

General

The delivery point for the Trading Standards law 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 emergencies, which occur out of hours.

6. Resources

Staffing Allocation

The Director of Neighbourhood Services has overall responsibility for the delivery of the Trading Standards Service and the Head of Public Protection and Housing has responsibility for ensuring the delivery of its service plan. The Consumer Services Manager, will consult with the Principal Trading Standards Officer regarding the exercising of its

Appendix 1

Trading Standards function, who also has responsibility for the day-to-day management of the service.

The resources determined necessary to deliver the service in 2006/07 are as follows:

1 x 0.25 Consumer Services Manager (with responsibility also for Health & Safety, Licensing and Trading Standards)

1 Principal Trading Standards Officer (with responsibility for the day to day running of the Trading Standards service)

3 (Senior), Trading Standards Officers (with requisite qualifications and experience).

1 Senior, Enforcement Officer

2 Trainee, Trading Standards Officers

The Consumer Services Manager has responsibility for planning service delivery and day to day management of the Trading Standards, Food Law Service, Health & Safety at Work, Licensing, Public Health, Water Quality, 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 Trading Standards Officer has responsibility for the day-to-day supervision of the Trading Standards Service.

The Trading Standards Officers, have responsibility for the performance of the Trading Standards inspection and sampling programmes as well as the delivery of all other aspects of the service, including complaint investigation and the supervision of trainees.

The Senior Enforcement Officer is also responsible for inspections, as well as revisits and investigation of less complex complaints.

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

All staff engaged in the Trading Standards Team activities will be suitably trained and qualified and appropriately authorised in accordance with guidance and internal policy.

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	854.3

This budget is for all services provided by this section i.e., Health & 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 Trading Standards service. A documented procedure is being developed to ensure the proper maintenance and calibration of equipment. The Working Standard equipment, (Weights, scales, alcohol measuring equipment) is examined and tested on a six monthly basis at the premises of Tees Valley Measurement. Other equipment (cola scales) is obtained on a when needed basis. Officers from Tees Valley Measurement, carry out inspection, testing and verification of petrol pumps, weighbridges and large capacity weighing and measuring equipment, as part of its joint agreement with the partner Councils.

The Trading Standards Team as part of the Public Protection and Housing Division has a computerised performance management system, ITECS (to be shortly replaced by the APP system). This is capable of maintaining up to date accurate data relating to the activities of the Trading Standards Team. 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 businesses, the production of statutory returns and the effective management of performance.

Training Plans

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

Officers are encouraged to maintain their professional competency, through the attendance at accredited short courses, seminars or conferences. Training is also provided via the Trading Standards Institute, Northern Branch. 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

Appendix 1

Personal Development Plan that clearly 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, 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 Trading Standards Team 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 Team achieves this objective and will include on-going monitoring against pre-set targets, both internal and external audits and stakeholder feedback.

Specifically the Principal, Trading Standards Officer, 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 for Trading Standards is BV166. 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%.

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 Member approval will be sought.

Performance Review 2005-06

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

The Trading Standards Team experienced significant staffing difficulties throughout 2005-06. There has been one long-standing Trading Standards Officer vacancy. 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 services of a Consultant have been engaged throughout the year to assist in undertaking the shortfall of inspections. In addition existing staff have been encouraged to utilise the overtime scheme.

Inspection Programme

The Trading Standards Team achieved an inspection rate of 100% of its High Risk premises and 64% of all other premises. In total 485 inspections were carried out with 96% found to be compliant.

The Trading Standards Team has three high priority areas:

- Age Related products
- Safety
- Rogue Traders

Business and Customer Questionnaires

The Trading Standards Team has obtained high scores with both businesses and customers, as regards service satisfaction. Questionnaires are left following an inspection sent once an investigation of a complaint is completed.

Results: Business satisfaction index 94.3%

Customer satisfaction index 100%

Sampling

The sampling programme for 2005/06 has been completed. The results are:

Category	Number submitted	Pass	Fail
Safety	40	24	16
Trade	11	3	8
Total	51	27	24

Where unsatisfactory samples are identified, officers carry out follow up work and take appropriate action.

Promotional Work

Child Safety Week

The Trading Standards Team as part of Child Safety Week in June 2005 undertook a project in relation to Seaside Safety, whereby retailers were requested not to sell inflatables to unaccompanied children. This was well supported by retailers and a partnership was developed with the local Life Guards and RNLI. The initiative was featured in the local and regional press, local radio and regional and national television. The Trading Standards Team was also short listed for the Trading Standards Institute, Brindley medal.

Doorstep Crime

A display covering doorstep crime was used at several locations where talks were provided by members of the Team, along with the local Police Crime Prevention Officer, the local Target Hardening Officer and Victim Support.

National Consumer Week

We took part in National Consumer Week issuing the "Think Twice" booklets to the organisers of certain groups representing the vulnerable and the older person. The brochure was distributed in an audio version to the local blind centre. The distribution was part of an education and empowerment of consumers programme.

Loan Sharks

Appendix 1

A display featuring the problem of “Loan Sharks” was prepared with the aim of increasing awareness of the problem and to gather intelligence. We also attend the Hartlepool Financial Inclusion Partnership Steering Group meetings.

Complaints

Consumer Direct

We no longer provide a direct consumer advice service which is provided by the local Citizens Advice Bureau. However, the team has been involved in the provision of first line consumer advice via the call centre delivery approach by Consumer Direct regionally.

Civil Complaints

The team dealt with 258 complaints and requests for advice during 2005/06.

Enforcement

Age Restricted Goods

During 2005/06 work on age restricted goods has concentrated on alcohol. By working with young volunteers, the Team was able to test whether some retailers were prepared to sell alcohol to minors, (under 18's). During 2005/06 the Team with its young volunteers, were able to purchase alcohol on 9 out of 49 separate occasions. It is our policy to prosecute on these occasions and legal proceedings were instituted. Following successful legal proceedings two retailers have had their licenses to sell alcohol revoked.

The Team also took part in the national, Alcohol Misuse Enforcement Campaign, (AMEC).

Other Initiatives

Scams

The Trading Standards Team has for several years undertaken to warn and educate the public regarding not being taken in by scams. The Team therefore welcomed the Office of Fair Trading initiative of February being “Scam Awareness Month”. The Team played an active part by taking part in a number of radio interviews and issuing a number of topical press releases.

The Team also distributed a number of posters and brochures to libraries and Housing Hartlepool district offices.

Home Improvements Initiative

Due to the increased number of complaints and enquiries regarding over priced and poor quality roofing work and the fact that "Home improvements" was the largest complaint area nationally, based on Office of Fair Trading and Consumer Direct statistics, the Team began monitoring the activities of Hartlepool roofers. An initiative titled "If you have a ladder expect a letter" was started.

A database of roofers was started and contact made with them. The aim was to introduce Trading Standards to them, supply information regarding the requirements of the Business Names Act, (regarding business stationery) and the Consumer Protection (Cancellation of Contracts Concluded away from Business Premises) regulations 1987, as amended, (also known as "cold calling"). Also supplied was useful advice regarding scams which were aimed at the trade. A questionnaire was also supplied which requested details of the Trader.

IP Crime

The growth of counterfeiting is still on the increase and the Team has seized a number of garments, trainers, DVD's, (film and music), as part of its protection of legitimate trade and the disruption of the activities of rogue traders remit.

Three Piece Suite Sellers

The Team has dealt with a number of complaints whereby members of the public have been approached in the street and have been persuaded to purchase, what they thought was a leather three-piece suite. Only to find that it was manufactured of PVC. As a result the Team has issued a number of warnings to the public.

Credit Advertisement Sweep

Members of the Team took part in the Office of Fair Trading, Credit Advertisement Sweep, which was coordinated Regionally.

8. Key Areas for Improvement 2006/07

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.

Procedures

The Team recognises that it needs a robust documented procedure system, for all of its activities. This will be undertaken in this next financial year.

Peer Review

The Team will undertake training for “Peer Review and will carry out a self assessment, produce an improvement plan and participate in a review during this period.

ADULT AND PUBLIC HEALTH PORTFOLIO

Report To Portfolio Holder

16 October 2006



Report of: Director of Adult and Community Services

Subject: HARTLEPOOL INTEGRATED MENTAL
HEALTH SERVICES (HIMSHS)

SUMMARY

1.0 PURPOSE OF REPORT

This report will update the Portfolio Holder on the current performance of Hartlepool Integrated Mental Health Services.

2.0 SUMMARY OF CONTENTS

The report contains an overview of the policy context and progress achieved within the different services as well as an overview of the principles and the aims of HIMHS.

3.0 RELEVANCE TO PORTFOLIO MEMBER

This report provides an update on structure and progress within HIMHS. This baseline document will serve to open dialogue on the future direction of Mental Health Services in Hartlepool.

4.0 TYPE OF DECISION

No decision to be taken. This report is for information and update purposes only.

5.0 DECISION MAKING ROUTE

None required.

6.0 DECISION(S) REQUIRED

The report be noted.

Report of: Director of Adult and Community Services

Subject: HARTLEPOOL INTEGRATED MENTAL
HEALTH SERVICERS (HIMHS)

1. PURPOSE OF REPORT

This report will update the Portfolio Holder on the current performance of Hartlepool Integrated Mental Health Services (HIMHS)

2. BACKGROUND

- 2.1 HIMHS continues to be jointly provided by Hartlepool Borough Council (HBC) and Tees, Esk and Wear Valleys NHS Trust (TEWV). The service employs 237 staff (health staff: 202 and social service staff: 35). The direct budget for this service is £8.5 million (excluding overheads) of which £1.5 million is contributed by HBC. Mental health services are currently provided for 1,056 people who have severe or complex mental health problems. Services are also provided in primary care settings for people who have mild to moderate mental health difficulties.
- 2.2 Mental Health Services have been undergoing change at an unprecedented rate over the last 7 years. Drivers for change include modernising services, evidence-based practice and the use of technology to improve information sharing and measurement of performance.
- 2.3 The National Services Framework (NSF) for mental health services Framework (1999) set out national standards and services models covering 5 areas:
- mental health promotion (standard 1)
 - primary care and access to services (standards 2 and 3)
 - effective service for people with severe mental illness (standards 4 and 5)
 - support for carers (standard 6)
 - suicide reduction (standard 7)
- 2.4 The NHS Plan (2000) demonstrated a commitment to working towards the vision for mental health services set out in the NSF. Major investment was made in new models of service: crisis resolution, assertive outreach, early intervention in psychosis, primary and gateway workers. The NHS Plan and NSF aimed to match the

expectations of service users and their families that help should be available 24 hours a day.

- 2.5 The NSF (2005) acknowledged progress made and challenged mental health services to now focus on the prevention of mental illness.

In 2006 The White Paper “Our health, Our care, Our say: a new direction for Mental health services” set out the direction needed to deliver further improvements in services. The focus is now on:

- support for people to gain or retain independence in their lives
- give people more choice and control
- flexible services responsive to individual needs
- emphasis on prevention
- tackling inequalities and improving access to community services
- more support for people with long term needs

- 2.6 In Hartlepool progress has been made towards ensuring the NSF standards are implemented across the town. Specialist, community based services have been developed to deliver safe, sound and supportive services that are evidenced based and promote person-centred care.

3.0 PROGRESS AGAINST THE NSF IN HARTLEPOOL

- 3.1 An annual NSF assessment review was established nationally in services to monitor and evaluate service development using a ‘traffic lights’ system of measurement.

In 2005 Hartlepool were awarded 34 green, 6 amber and 2 red indicators.

- 3.2 Within the integrated mental health service, specialist teams have been implemented to meet local needs. Those include:

Assertive Outreach: Status: Green

Providing specialist and intensive support to those people with a severe psychosis who may be reluctant to remain engaged with services. Practitioners from both health and social care backgrounds work within this team and are highly skilled to provide support to individuals with a focus on enablement and therapeutic support.

Crisis Resolution and Access Team: Status: Green

The team provides a single point of access to mental health services. The team respond to individuals at their time of most significant need and work with people for up to six weeks, providing intensive support alongside the person’s care

co-ordinator. This team also provides a comprehensive assessment process to ensure that signposting into specialist teams or other mental health services is a seamless process for service users, their family and carers. This team has access to 4 crisis beds in the community that can be used to prevent the need for hospital admission.

Early Intervention in Psychosis: Status: Green

Hartlepool was an early implementer of this service which focuses on ensuring that people (18-35 years) presenting with a potential psychosis are seen as quickly as possible to prevent escalation of their problems. People are supported with their illness to enable them to continue to live their life to the fullest potential despite any residual symptoms.

Acute Inpatient Services: Status: Green

Although the focus of mental health services is to maintain the care of individuals within the community, there are instances where a person's particular needs/risks are so high that they may require a period of intensive 24 hour inpatient care.

Inpatient services in Hartlepool are nationally recognised for their modern approach to care, focusing upon therapeutic interventions with a defined care pathway.

The ability to provide this level of therapeutic and activity based care has been the underpinning philosophy in the development of the new facility on Lancaster Road, Sandwell Park. The unit is due to open on 14 December 2006 and will provide new purpose built facilities within an activity and therapy space, together with en-suite bedrooms providing more privacy for service users throughout their stay.

Support, Time and Recovery (STaR) Workers: Status: Green

Hartlepool have been early implementers of this service which focuses on supporting service users towards recovery. The recovery ethos is an underlying principle of this service, offering specific support into work or to access community activities and to encourage people to live as full citizens of their community. STaR workers are vocationally trained staff who work across community services with a wide range of service users.

Employment Services: Status: Green

A number of staff are employed to provide support to mental health service users in finding work and sustaining them in employment or as volunteers within their community.

'Service users' surveys have highlighted the helpfulness of this service in facilitating recovery.

Employment is a key component of the more general social inclusion agenda. Current services require more focused work in partnership with other providers to ensure they continue to improve.

Personality Disorder Service: Status: Green

Although Hartlepool does not yet have a specialist team to assist those people with a personality disorder, more specialist staff within community teams have been developed who are skilled and equipped to provide evidence based support.

This service continues to develop and ensures that people are not excluded from the service they require.

Further work to refine and enhance this service continues to develop.

Dual Diagnosis Services: Status: Green

HIMHS is an early implementer in employing staff to work alongside care co-ordinators to support those with a dual diagnosis. This is effectively anyone with a mental health problem and an associated addiction (either drugs or alcohol).

Over the past year this joint working has enhanced our knowledge of associated issues affecting those with an addiction and enabled staff to provide more comprehensive care.

- 3.3 The details above provide a brief snapshot of some of the specialist teams/services that have developed over the past 3 years within the modernisation agenda.

4.0 HEALTHCARE/CSCI REVIEW 2006

- 4.1 A National joint Healthcare Commission/Commission for Social Care Inspection (CSCI) was held in June/July 2006 to assess community mental health services. Scores were rated at 1 poor, 2 fair, 3 good and 4 excellent.
- 4.2 HBC, Hartlepool Local Implementation Team (LIT), Hartlepool PCT and TEWV were all involved in the assessment and given individual scores.

All four organisations affecting Hartlepool rated as Good.

- 4.3 This review confirms the autumn 2005 findings noted earlier in this report;

- Significant progress has been made over recent years with the establishment of all key areas: crisis service, assertive outreach, early intervention and the provision of information and access 24 hours a day.
- Services are now in place to enable people to access brief self-help materials via libraries. HIMHS continues to work in partnership across a range of agencies to deliver quality, evidence based interventions for people with mild or moderate mental health problems in a primary care setting.
- A service has been commissioned to deliver improved mental health provision for people from the black and minority ethnic (BME) population. This service will address issues of diversity and equality and help to put in place mental health services that are responsive to cultural needs across the Hartlepool locality.
- The rating 'good' identifies that there is further development required within HIMHS before we reach that of being an excellent service. The strategic direction of HMHS identifies:
 - better access to mental health services in primary care settings.
 - increased availability of a range of therapies other than medication.
 - focused attention on helping people with access to employment/vocational opportunities.
 - continuous improvement in the teams that support people with complex mental health problems.
 - monitoring of physical health checks for people within mental health services.

Aligning HIMHS service and teams' plans to this strategic direction will move provision towards excellence over time.

5. PROGRESS IN HIMHS

- 5.1 HIMHS continues to be successful in meeting its targets as well as taking the required action to address any potential short falls in achievement. Success is evident in relation to achieving financial balance, sickness levels and staff as well as service user satisfaction (TEWV Patient Satisfaction Survey 2006)
- 5.2 A core value of HIMHS is to promote social inclusion for all the people it works with in Hartlepool. A key challenge is to enable service users to access mainstream opportunities in the community and be seen as/see themselves as valuable and valued citizens.

- 5.3 Considerable progress is being made in encouraging the take-up of Direct Payments to promote choice and control for service users and carers within the mental health services. A support service is in place to enable service users and carers to access as much assistance as they need to manage Direct Payments themselves.
- 5.4 Day services have been re-configured from a traditional 'building-based' service to a flexible model that supports service users to access mainstream community services and leisure activities as well as learn new skills within a recovery model of care.

PROP and the ARTRIUM are both service user run resources that have grown from a traditional day service and evidence the potential inherent within an empowering model of mental health.

- 5.5 Primary Care mental health services support people with mild to moderate mental health problems. Gateway workers deliver self-help materials and run guided self-help clinics. Information leaflets and reference materials on common mental health problems have been developed and placed in primary care settings. Joint working with MIND will deliver group work focused on well-being and other evidence based focused therapies.

Counsellors deliver services out of GP practices and the primary care team has worked hard to promote 'social prescribing' such as exercise at the gym.

HIMHS embraces the public health agenda and the primary care team's work reflects the goals of prevention and well-being set out in the policy document 'Our Health, Our Care, Our Say'.

6.0 HIMHS VALUES AND PRINCIPLES

- 6.1 Mental Health care should be:

Safe – avoiding harm to service users; providing an environment where seamless services support the service users and carers, especially at points of transition.

Effective – providing evidence-based services and continuously monitoring outcomes to improve care.

Person-centred – providing services that are respectful of and responsive to each individual service user's preferences, needs and values; ensuring that person-centred values guide all decisions; providing care that is co-ordinated and integrated, involving carers, and providing information.

Timely – reducing delays for those who receive and those who give care; developing new ways of responding to service users' needs.

Efficient – focused on individual needs.

Equitable – offering equity at both individual and population level; providing care that does not vary in quality because of characteristics such as gender, ethnicity, disability, geographical or socio-economic location.

7.0 SUMMARY

7.1 HIMHS delivers services across a continuum that ranges from mild to moderate to complex mental ill-health. At any one time in the UK, one in six adults is affected by mental distress. More people are currently not working because of mental health problems than any other issue.

7.2 HIMHS plays a crucial role in providing services that are designed around the needs of the individual and which are delivered, wherever possible, in their own homes and communities. The focus is on early intervention, crisis prevention, hope and recovery.

Where hospital admission is required, this is kept to a minimum time, consistent with needs. The new unit, Sandwell Park, is due to open in December 2006. This unit will provide en-suite bedrooms, greatly enhancing privacy and dignity for all patients.

7.3 HIMHS has a value base that promotes social inclusion, citizenship, choice, control and recovery.

The workforce are trained and equipped to reflect these values and principles.

Service users and carers are involved in the development of mental health services through attendance at the LIT, other relevant groups as well as through the annual 'Visioning Event'. In April 2006 this event was a success, well supported by service users and carers and an action plan has been set out to implement the findings from this consultation. A further event is planned for April 2007 to monitor progress and, once again, consult with service users, carers and other providers of mental health services in Hartlepool.

7.4 HIMHS has made progress in achieving the successful implementation of the NSF standards set out in 1999. The Healthcare Commission/CSCI National review (2006) assessed adult community health services and rated Hartlepool's mental health services as 'Good'. However, there is always room for improvement. Business plans continue to be refined and developed in line with policy initiatives, service reviews and the needs of service users and carers

- 7.5 The results of future reviews will be reported to the Portfolio holder to both provide information on progress and developments and foster dialogue in respect of future service provision.

8. RECOMMENDATIONS

That the Portfolio Holder note the content of the report on the update of the Mental Health Services.