



Safer Policy and Performance Board

**Tuesday, 17 January 2012 at 6.30 p.m.
Council Chamber, Runcorn Town Hall**

A handwritten signature in black ink that reads 'David Walsh'.

Chief Executive

BOARD MEMBERSHIP

Councillor Shaun Osborne (Chairman)	Labour
Councillor Pamela Wallace (Vice- Chairman)	Labour
Councillor Arthur Cole	Labour
Councillor Susan Edge	Labour
Councillor Frank Fraser	Labour
Councillor John Gerrard	Labour
Councillor Martha Lloyd Jones	Labour
Councillor Margaret Ratcliffe	Liberal Democrat
Councillor Norman Plumpton Walsh	Labour
Councillor Mike Shepherd	Halton Local Independent Party
Councillor Dave Thompson	Labour
Mr B Hodson	Co-Optee

*Please contact Lynn Derbyshire on 0151 471 7389 or e-mail
lynn.derbyshire@halton.gov.uk for further information.*

The next meeting of the Board is on Tuesday, 13 March 2012

**ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC**

Part I

Item No.	Page No.
1. MINUTES	
2. DECLARATION OF INTEREST (INCLUDING PARTY WHIP DECLARATIONS)	
Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and voting on the item.	
3. PUBLIC QUESTION TIME	1 - 3
4. PERFORMANCE MONITORING	
(A) PERFORMANCE MONITORING REPORTS	4 - 24
5. DEVELOPMENT OF POLICY ISSUES	
(A) DOMESTIC ABUSE AND SEXUAL VIOLENCE	25 - 29
(B) SANCTUARY SCHEME POLICY	30 - 67
(C) DIGNITY & HUMAN RIGHTS	68 - 73
(D) SAFEGUARDING ADULTS	74 - 77
(E) COMMUNITY SAFETY REVIEW	78 - 80
(F) PREVENTION FROM EXCLUSION POLICY, PROCEDURE	81 - 101
(G) BUSINESS PLANNING 2012-15	102 - 172

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

REPORT TO: Safer Policy & Performance Board

DATE: 17 January 2012

REPORTING OFFICER: Strategic Director, Corporate and Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
- (ii) Members of the public can ask questions on any matter relating to the agenda.
- (iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.
- (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
- (v) The Chair or proper officer may reject a question if it:-
 - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
 - Is defamatory, frivolous, offensive, abusive or racist;
 - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
 - Requires the disclosure of confidential or exempt information.

- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.
- (vii) The Chairperson will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1 There are no background papers under the meaning of the Act.

REPORT TO: Safer Policy & Performance Board

DATE: 17th January 2012

REPORTING OFFICER: Strategic Director Policy & Resources

PORTFOLIO: Resources

SUBJECT: Performance Management Reports for Quarter 2 of 2011/12

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

To consider and raise any questions or points of clarification in respect of performance management reports for the second quarter of 2011/12, to September 2011. The report details progress against service objectives/ milestones and performance targets, and describes factors affecting the service for:

- Communities Directorate – Community Safety, Drug & Alcohol Action Teams, Domestic Violence and Environmental Health (Extracts)
- Area Partner indicators from the Police, Fire and Probation Services are stated where available.

2.0 RECOMMENDED: That the Policy and Performance Board

- 1) Receive the second quarter performance management report;**
- 2) Consider the progress and performance information and raise any questions or points for clarification; and**
- 3) Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Policy and Performance Board.**

3.0 SUPPORTING INFORMATION

- 3.1** Directorate Overview reports and associated individual Departmental Quarterly Monitoring reports have been previously circulated via a link on the Members Information Bulletin to allow Members access to the reports as soon as they become available. These reports will also provide Members with an opportunity to give advanced notice of any questions, points raised or requests for further information, to ensure the appropriate Officers are available at the Board Meeting.

3.2 Where a Department presents information to more than one Policy & Performance Board some reconfiguration of the reports has been actioned to reflect Board responsibilities as shown in the following papers.

3.3 The departmental objectives provide a clear statement on what the services are planning to achieve and to show how they contribute to the Council's strategic priorities. Such information is central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.

3.4 Since 2010/11 direction of travel indicators have also been added where possible, to reflect progress for performance measures compared to the same period last year.

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications associated with this report.

5.0 OTHER IMPLICATIONS

5.1 There are no other implications associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Departmental service objectives and performance measures, both local and national are linked to the delivery of the Council's priorities. The introduction of a Directorate Overview report and the identification of business critical objectives/ milestones and performance indicators will further support organisational improvement.

6.2 Although some objectives link specifically to one priority area, the nature of the cross - cutting activities being reported, means that to a greater or lesser extent a contribution is made to one or more of the Council priorities.

7.0 RISK ANALYSIS

7.1 Not applicable.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTIONS 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 There are no background papers relevant to this report

Departmental Quarterly Monitoring Report

Directorate: Community Directorate

Department: **Relevant Departmental Extracts for:** Community Safety, Drug and Alcohol Action Team, Domestic Violence and Environmental Health.

Period: Quarter 2 - 1st July 2011 – 30th September 2011

1.0 Introduction

This monitoring report covers the Commissioning and Complex Care and the Prevention and Assessment Department extracts for the second quarter period up to 30th September 2011. It describes key developments and progress against key objectives and performance indicators.

This report will provide information concerning those indicators identified within the Community Directorate Plan falling within the remit of the Safer Policy and Performance Board. These are namely Community Safety, Drug and Alcohol Action Team and Domestic Violence Teams now part of the Commissioning and Complex Care Department and Environmental Health now part of the Prevention and Assessment Department. Area partner indicators from the Police, Fire and Probation Services are stated where available.

The way in which the Red, Amber and Green, (RAG), symbols and Direction of Travel symbols have been used to reflect progress is explained within Appendix 5.

2.0 Key Developments

Hate Crime

The opening code for recording Hate Crime/ Incidents has been restored and will be used to monitor figures from Quarter three onwards. During the period July to September 2011 there have been a total of 19 Hate Incidents/Crimes finalised by the Police. In consultation with HBC it was felt that Partner Agencies should have the opportunity to contribute to the quarterly Hate Crime report, with a view to sharing partnership issues and capturing evidence of any positive outcomes. This process is still in the development stage but is anticipated to be included from the Quarter 3 report onwards.

Vulnerable Adults

Safeguarding Adults & Children presentations have been incorporated into Halton Borough Council's Corporate Induction Programme. A 'Positive Behaviour Service' (relating to adults and children) has been set up which has the potential to reduce the number of safeguarding adults referrals that involve 'challenging behaviour' and the response to that behaviour. The service provides support and guidance to both prevent and respond appropriately to those challenges, and is working initially with people with learning disabilities. New laws to help make it easier for children and vulnerable victims and witnesses to give evidence in court, came into force in June 2011.

Substance Misuse or Alcohol Services

There are a number of developments Halton has implemented around this area including restructuring the specialist treatment service, developing treatment processes to ensure current treatment plans are aimed towards successful transition back into education, employment, training and recovery. The mobile outreach service (VRMZ) is actively engaging with young people in 'hotspot' areas, who currently do not access services. A wide range of provision will be delivered from this mobile service including a range of drug and alcohol interventions.

Drugs Services

The recommendation to award the contract to CRI for the delivery of Adult Substance Misuse services from January 2012 was endorsed by the council's Executive Sub Committee. Three way reviews between service users, substance misuse service's key workers and Job Centre Plus have now begun. On average between 6 and 8 people are being seen per week. Data is currently being collected from a wide range of agencies to inform the adult substance misuse needs assessment. A revised strategy will be available for consultation in early 2012. Shadowing opportunities for Integrated Working Support Team (IWST) & Substance Misuse services have now been put into place. In addition, IWST have begun providing a consultation service to key workers in Ashley House. Following the publication of 'Our Invisible Addicts' by the Royal College of Psychiatrists an approach to addressing the issues of substance misuse & older people is being developed.

Navigate Offender Management

Since intervention, there has been a significant shift in the conviction types of repeat offenders with the largest % reductions have been seen around 'Theft / shoplifting', 'criminal damage' and 'assault' though increases have been noted for 'Breach of court orders', followed by 'drunk and disorderly' and 'fail to surrender'. This shift in conviction type will have proven efficiency savings across all organisations involved in Integrated Offender Management and the shift in behaviour of those individuals within the cohort also having a significant impact to the community of Halton. Also, three offenders have gained employment, two have entered training, six have had CVs completed, and three have secured accommodation.

Anti Social Behaviour

Recent analysis undertaken by the Community Safety Partnership has identified

significant reductions in ASB during the summer holiday period of 2011/12 when compared with the same period during 2010/11. The reductions have been linked directly to several services who were delivering the service during the specific days / times where reductions have been identified. These services include VRMZ, CRMZ, HUB, Catch 22 and the Partnership Tasking Vehicle. Youth ASB numbers reduced during this period alone by 38.58% – this equates to 260 less incidents (or potential victims) over a two month period.

Environmental Health

Following confirmation at the Health PPB, Smoke Free playgrounds have been launched in Halton during the October half term. This voluntary code will ask that persons refrain from smoking in the vicinity of a children's playground.

3.0 Emerging Issues

Vulnerable Adults

HBC has plans to develop a new cross-directorate panel procedure for dealing with positive CRB disclosures i.e. those that show cautions or convictions or other information relevant to recruitment decisions. The aim of the planned approach is to provide a consistent, high standard process in all instances that might involve applications to work as paid or unpaid employees who could have contact with vulnerable adults or children, as many such positions occur in directorates other than Communities and Children & Enterprise.

A marketing plan has been agreed for 2011-12, which aims to raise awareness of Adult Safeguarding and ensure people know what to do when they have concerns..

Serious Acquisitive Crime




In the current economic climate and if unemployment continues to rise, the potential for an increase in business related crime is all too apparent with the potential of increasing pressure on retailers who have already seen a reduction in profit margins. Unfortunately, those pressures may mean reductions in staff and security budgets.

Environmental Health

DEFRA (Department of Environment, Food & Rural Affairs) have published a consultation proposing the revision of fees & charges for local air pollution and control (LAPPC) and local authority integrated pollution prevention & control (LA-IPPC) regimes for 2012-13. The consultation covers changes to the prescribed fees & charging schemes in England levied by local authorities to recover the full costs of undertaking their functions under Environmental Permitting Regulations 2010. These changes will affect businesses who wish to apply for the grant, variation transfer or suspensions of an LAPC or LA-IPPC permit. The consultation ends 23rd December 2011. The Division currently issues in the region of 40 Environmental Permits each year.




4.0 Service Objectives/Milestones

4.1 Progress Against 'Key' Objectives/Milestones

Total	3		3		0		0
--------------	----------	---	----------	---	----------	---	----------

All 'key' objectives / milestones are presently on track to achieve annual targets; additional information can be found within Appendix 1.




4.2 Progress Against 'Other' Objectives/Milestones

Total	0		0		0		0
--------------	----------	---	----------	---	----------	---	----------

There are no 'other' objectives/milestones identified relating to Safer Halton.




5.0 Performance Indicators

5.1 Progress Against 'Key' Performance Indicators

Total	2		2		0		0
--------------	----------	---	----------	---	----------	---	----------

All 'key' Performance Indicators are presently on track to achieve annual targets; additional information can be found within Appendix 2.

5.2 Progress Against 'Other' Performance Indicators

Total	18		15		3		0
--------------	-----------	---	-----------	---	----------	---	----------

Fifteen indicators are presently on track to achieve annual targets, although at this stage there is some uncertainty for three indicators regarding the reduction of hospital admissions for Alcohol related harm, the adult re-offending rates for those under probation supervision and the number of primary fires per 100,000 population.

For the remaining ten partner indicators that cannot be reported at this time; four indicators are new so there is no comparable data available, with baselines being established this year; and six indicators do not have data available at this time due to changes in reporting methods. Further information can be found in Appendix 3.

6.0 Risk Control Measures

During the development of the 2011 -12 Service activity, the service was required to undertake a risk assessment of all Key Service Objectives. No 'high' risk, treatment measures were identified.

Where a Key service objective has been assessed and found to have an associated 'High' risk, progress against the application of this risk treatment measures will be reported in quarters 2 and 4.

7.0 Progress Against High Priority Equality Actions

As a result of undertaking a departmental Equality Impact Assessment no high priority actions were identified for the service for the period 2011 – 2012.

8.0 Data Quality Statement


The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sourced directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

9.0 Appendices

- Appendix 1 Progress Against 'Key' Objectives/Milestones
- Appendix 2 Progress Against 'Key' Performance Indicators
- Appendix 3 Progress Against 'Other' Performance Indicators
- Appendix 4 Financial Statement
- Appendix 5 Explanation of Use of Symbols



Appendix 1: Progress Against 'Key' Objectives/milestones

Ref	Objective
CCC 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs

Milestones	Progress Q2	Supporting Commentary
Introduce specialist support provision for victims of a serious sexual offence Mar 2012 (AOF6 & 7)		<p>The Safe Place Project has set up a Sexual Assault Referral Centre (SARC) for Cheshire, Halton and Warrington. SARCs are a national initiative and care for people who have suffered rape or serious sexual assault. It provides forensic medical examination, care and aftercare and has close links with domestic violence.</p> <p>Halton, as part of this project, pays to utilise St Mary's Hospital in Manchester for all forensic medical examinations needs and access to a child Independent Sexual Violence Adviser (ISVA). The crisis service went 'live' on 1 April 2011 and is located at St Mary's Hospital in Manchester and provided by Central Manchester University Hospitals NHS Foundation Trust.</p> <p>There is also an aftercare service funded 50% by the Local Authorities which went 'live' on 1 October 2010 covering Cheshire, Halton and Warrington. The aftercare service is provided by the Rape and Sexual Abuse Support Centre (RASASC). This provides an individual ISVA in our area to provide a service to those aged 13+, with provision increased due to greater capacity of a larger team. This service will now be able to offer family continuity and a more comprehensive service. This post also offers ongoing support to victims in their local area, which can include support with the court process, emotional support and in gaining access to other required services such as counselling and further medical advice. In order to access the service, victims can self-refer, RASASC can offer support. Cheshire Police will transport victims to the facility for cases that have been reported.</p>

Appendix 1: Progress Against 'Key' Objectives/milestones



Ref	Objective
Service Objective: PA 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people

Milestones	Progress Q2	Supporting Commentary
<i>Contribute to the safeguarding of vulnerable adults and children in need, by ensuring that staff are familiar with and follow safeguarding processes. Mar 2012 (AOF6)</i>		Auditing processes within supervision, and file auditing ensure processes and quality assurance are adhered to and maintained.
<i>Implement Action Plan to improve on the findings of Care Quality Commission Inspection. Mar 2012 (AOF 6)</i>		Action plan reviewed with outstanding actions highlighted and additional work planned. A number of actions have been completed.



Appendix 2: Progress Against 'Key' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
-----	-------------	-------------------	-------------------	-----------	---------------------	------------------------	-----------------------

Service Delivery

PA 8	Percentage of VAA Assessments completed within 28 days (Previously PCS 15)	78.12	80	90.91			Target achieved. 187 completed cases to date, 170 of which were completed within 28 days.
-------------	--	-------	----	-------	---	---	---

Area Partner Local Indicator




PA28	Repeat incidents of domestic violence (Previously NI 32)	Q4 = 29% End of year average = 25%	27%	26%			In real terms, the number of repeat incidents has remained roughly the same.
-------------	--	---------------------------------------	-----	-----	---	---	--

Appendix 3: Progress Against 'Other' Performance Indicators


Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
-----	-------------	----------------	----------------	-----------	------------------	---------------------	-----------------------

Service Delivery							
PA9	Percentage of VAA initial assessments commencing within 48 hours of referral	N/A	New Indicator Baseline to be set from this year	62.17	Refer to comment	Refer to comment	To date 674 initial assessments have been received of which 419 were completed within 48 hours. This is a new indicator for this financial year; therefore no comparison can be made from previous years.
PA11	Percentage of existing Halton BC staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years.	N/A	New Indicator Baseline to be set from this year	75%	Refer to comment	Refer to comment	This is a new indicator for this financial year; therefore no comparison can be made from previous years. It is the first quarter when information has been available for reporting.
PA12	Number of Halton BC staff that have received Adult Safeguarding Training, including e-learning, in 2011 – 2012 (new indicator)	N/A	New Indicator Baseline to be set from this year	825	Refer to comment	Refer to comment	This is a new indicator for this financial year; therefore no comparison can be made from previous years. This is the first quarter when information has been available for reporting.



Appendix 3: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
PA13	Number of external staff that have received Adult Safeguarding Training, including e-learning, in 2011 – 2012 (new indicator)	N/A	New Indicator Baseline to be set from this year	300	Refer to comment	Refer to comment	This is a new indicator for this financial year; therefore no comparison can be made from previous years. This is the first quarter when information has been available for reporting.
Quality							
PA17	Achievement in meeting standards for the control system for Animal Health (Previously NI 190)	Level 1	Level 1	Level 1			We remain on track to meet level 1 as predicted. 100% of premises inspected in line with risk assessment.
PA19	Food Establishments in the Area which are broadly compliant with Food Hygiene Law Previously NI 184)	87%	85%	Refer to comment		Refer to comment	This is an annual target and will be reported at the end of the year. We are on schedule to reach the target.


Appendix 3: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Quality							
PA20	a) % of high risk Health & Safety inspections undertaken	100%	100%	Refer to comment		Refer to comment	This is an annual target and will be reported at the end of the year. We are on schedule to reach the target.
	b) Number of unrated premises (and premises not currently high risk) subject to targeted interventions and risk rated under new statutory risk rating system	68	200				







Appendix 3: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
<p>Area Partner Indicators: The indicators below form part of a Local Indicator Set based on the previous National Indicator Set. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.</p>							
CCC 16	Domestic burglaries per 1,000 households (Previously BVPI 126 & CL L11).	545	545 2010/11 Guide Measure	251			The Community Safety team have supported the community of Halton with 'Respect' weeks of action during Q1 and Q2 of 2011/12 with property marking initiatives, 'smart water' and advice on crime prevention by the Crime reduction advisor. Police now monitor performance against 2010/11 guide measures. There was a 8.06% drop in domestic burglaries compared to 2010/11.
CCC 17	Number of hate crime incidents recorded by the Authority per 100,000 population (Previously BVPI 174 & CL L12).	77.1	N/A	Q1-2 =29 incidents	N/A	N/A	During this quarter 19 hate incident/crimes were finalised by the Police. This is an increase on quarter 1 of 10 reported crimes. These figures can be broken down as follows for quarter 2: Racial 15 Sexual orientation 2 Disability 1 Other 1





Appendix 3: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
CCC 18	% Of hate crime incidents that resulted in further action.	51.1%	N/A	Refer to comment	N/A	N/A	<p>The number of racist incidents reported by schools for period 1 July to 30 September is 4. The number of incidents for the period 1 April to 30 June was 10.</p> <p>The opening code for recording Hate Crimes/ Incidents has been restored by the Police and will be used to monitor these figures from quarter 3 onwards.</p>
CCC 22	Reduce Hospital Admissions for Alcohol related harm (Previously NI 39) Rate per 100,000	2809 Synthetic estimate by Public Health	2916	1419.1	?		<p>Quarter 1 has been updated with actual data, quarter 2 has been produced based on proxy data for September 2011</p> <p>(1) All Tier 2 and Tier 3 Alcohol Treatment Services have been decommissioned as of 01.01.12. A competitive tender nears conclusion for future Tier 2 and 3 drug and alcohol services (as part of an integrated Recovery Service). Work to support the tender continues. (2) An Alcohol Liaison Nurse Project is being developed in Whiston and Warrington Hospitals. The Clinical service specification received clinical approval at Halton & St Helens Clinical Executive Committee on 15 September 2011 and a Business Case has been approved. The implementation stage of the project has now commenced.</p>









Appendix 3: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
CCC 23	Drug users in effective treatment (Previously NI 40).	456 (Nov 2010)	N/A	N/A	Refer to comment	N/A	Data for this is no longer provided by the National Treatment Agency (NTA). As per Q1 an alternative local measure is being investigated in line with the new 'Drugs & Alcohol' Strategy. Therefore this indicator will be removed from future reports.
CCC 24	Serious violent crime rate (Previously NI 15).	88	2010/11 Guide measure 44 (Qtr 1 & 2)	34 Rate 0.29 per 1,000			This figure is the cumulative figure for Halton for Qtr 1 & 2. The figure for Q1 was 14. Police now monitor performance against 2010/11 guide measures.
CCC 25	Serious acquisitive crime rate (per 1,000 population) (Previously NI 16).	13.65	2010/11 Guide measure 826 (Qtr1 & 2)	6.41			The cumulative figure for the period April 2011 to September 2011 is 6.41 for Halton per 1,000 population. The serious crime rate has slightly decreased compared to Q2 last year This figure includes the following: <ul style="list-style-type: none"> Household burglaries 251 incidents (132 Runcorn, 119 Widnes) Vehicle crime 472 incidents (264 Runcorn, 208 Widnes) Of which theft from a vehicle constitutes 327crimes recorded and 145 incidents of theft of a vehicle. Robbery 34 (Runcorn 15, Widnes 19) of which 26 incidents were personal robbery and 8 from a business.
CCC 26	Adult re-offending rates for those under probation supervision (Previously NI 18).	Q4 10/11 8.88 %	No target Set by MOJ	Q2 11/12 Not available till March 2012			Qtr 1 and Qtr 2 of 11/12 are not available. The measure is due to change soon. Although Halton's re-offending has been above the









Appendix 3: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
							predicted rate, there has been a consistent reduction in the level of increase which at Q4 10/11 was only 4 re-offenders above those predicted.
CCC 27	Rate of proven re-offending by young offenders (Previously NI 19). 2011/12 Rate of proven re-offending by young offenders in IOM Cohort. (To be agreed)	45.7% N/A	N/A Baseline year	Refer to comment	Refer to comment	Refer to comment	The previous NI 19 has now been removed from YOT reporting submissions and will be reported directly to the Ministry of Justice by Police National Computer. We have included the outturn for 2010/11. However the new target of measure reoffending of the IOM Cohort has for 2012/13 onwards will be set from the baseline year 2011/12.
CCC 28	Assault with less serious injury crime rate (per 1000 population) (Previously NI 20). Violence Crime with Injury (re NI 15: Serious Violent Crime plus NI 20: Assault with Injury)	8.23 (Rate per 1,000 population old NI 20)	10.10 2010/11 Guide measure 537	439 Includes Qtr 1 & Q2			Cheshire Police following recent requests, the figure for "NI20: Assault with Injury" has been replaced with a figure for "Violent Crime with Injury". Where, "Violent Crime with Injury" = ("NI15: Serious Violent Crime" plus "NI20: Assault with Injury"). Cumulative totals are stated from April 2011 to September 2011.
CCC 29	Serious knife crime rate (NI 28).	80	2010/11 Guide measure	0.18 21 incidents			Q1 0.07, Q2 = 0.11 rate per 1,000 population relating to 21 incidents.

Appendix 3: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
CCC 30	Gun crime rate (NI 29).	24	2010/11 Guide measure	0.11 12 incidents			Q1 was 0.08, Q2 = 0.03 rate per 1,000 population relating to 12 incidents.
CCC 31	Re-offending rate of prolific and priority offenders (Previously NI 30).	Q3 4.62%	No Target Set	Not available-measure changing	Not available-measure changing	Not available-measure changing	Q4 of 10/11 out-turn has not been published. The measure is changing soon.
CCC 32	Drug-related (Class A) offending rate (Previously NI 38).	0.64	No Target Set	Refer to comment	Refer to comment	Refer to comment	Data not included in information currently available from the Police for Halton.
CCC 33	Domestic violence – murder (Previously NI 34).	0	2010/11 Guide measure	0			This is reported quarterly via Police National Indicator Data.
CCC 34	Arson incidents (Previously NI 33). Total deliberate fires (per 10,000 population).	52.77	30.77 End of Q2	24.98			Deliberate fires are a key component of anti-social behaviour which is a priority for Halton. Currently, performance for both primary fires and secondary fires is positively under target year to date and represent a year on year decrease compared to quarter 2 of 2011/12. As deliberate fires and anti-social behaviour are such a priority in Halton, there are many initiatives being undertaken to reduce these incidents, most notably the Phoenix Project.
CCC 35	Offenders under probation supervision living in settled	87%	80%	Qtr 1 11/12			Qtr 2 of 11/12 will not be available till late October 2011. Qtr 1 of 11/12

Appendix 3: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
	and suitable accommodations at the end of their order or licence (Previously NI 143).			90%			Performance above target.
CCC 36	Offenders under probation supervision in employment at the end of their order or licence (Previously NI 144).	48%	40%	Qtr 1 11/12 is 52%			Qtr 2 11/12 not available till late October 2011. Qtr 1 11/12 Performance above target.
CCC 37	Number of primary fires per 100,000 population(NI49 i)	167.81 201 Actual	158.42 189 Actual	85.50 102 Actual			Data reported by the Fire Service for Quarter 2. There were no reported fatalities this year and last year with the number of non fatal casualties also fell against target. The Number of fires though above target, was within 8% of target at this point in the year being too early to conclude if this target would be achieved.
	Related fatalities due to Primary Fires per 100,000 population (NI 49ii)	0	0	0			
	Non-fatal casualties, (excluding precautionary checks) per 100,000 population (NI 49iii).	7.48 Actual 9	6.04 Actual 7	2.51 Actual 3			

Appendix 4: Financial Statement
--




COMMUNITIES DIRECTORATELocal Strategic Partnership Schemes as at 30th September 2011

WNF grant has ceased so these projects are now funded by the priorities funding or WNF grant carried forward from last year.

	Annual Budget	Budget to Date	Actual to Date	Variance to Date
	£000	£000	£000	£000
Priority 5 A Safer Halton				
Vikings In the Community	35	18	8	10
Youth Splash	127	64	40	24
Blue Lamp	390	195	98	97
Pride of Place	33	33	33	0
Area Forum Co-ordinator	42	21	18	3
Domestic Violence	117	59	43	16
Integrated Offender Management (POPO)	40	20	10	10
Alcohol Enforcement Task Group	130	65	1	64
Alcohol Harm Reduction	60	30	36	-6
ASB Commissioned Services	155	78	-3	81
TOTAL	1,129	581	284	297




Appendix 5: Explanation of Symbols

Symbols are used in the following manner:

Progress	<u>Objective</u>	<u>Performance Indicator</u>
Green	 Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
Amber	 Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage whether the annual target is on course to be achieved</u>.</i>
Red	 Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved unless there is an intervention or remedial action taken</u>.</i>

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green	 Indicates that performance is better as compared to the same period last year.
Amber	 Indicates that performance is the same as compared to the same period last year.
Red	 Indicates that performance is worse as compared to the same period last year.
N/A	Indicates that the measure cannot be compared to the same period last year.

REPORT TO:	Safer Policy and Performance Board
DATE:	17 January 2012
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO:	Health and Adults
SUBJECT:	Domestic Abuse and Sexual Violence
WARDS:	All

1.	PURPOSE OF REPORT
1.1	To update the Safer Policy and Performance Board in relation to the activities being supported across the Borough in response to domestic abuse and sexual violence.
2.	RECOMMENDATION: That the Board consider and comment on the report.
3.	SUPPORTING INFORMATION
3.1	Domestic violence is a serious and high-volume crime. It is a pattern of controlling and abusive behavior, held together by the threat and use of violence. Domestic violence is widespread, approximately every minute in England and Wales, the police receive a call for assistance. One in four women has experience domestic violence and one in six men.
3.2	Domestic violence kills. At least two women are murdered in the UK by their current or former partner every week. The estimated cost of domestic violence in England and Wales in 2008 was £18 billion.
3.3	In Cheshire there have been three homicides from 1st December 2009 to 30th November 2011 where the circumstances have been recorded as domestic violence; 2 female victims and 1 male.
3.4	Partnerships should always work to ensure that domestic violence is recognised as a social ill (and that it has a direct link to broader issues such as child protection and gender inequality and not just to crime reduction). In difficult financial times, reducing domestic violence is both socially and economically beneficial. <i>Standing Together Against Domestic Violence – In search of Excellence; A guide to effective Domestic Violence Partnerships.</i>
3.5	Halton Domestic Abuse Forum (HDAF) Strategic Group was established to provide overall direction, control management and guidance for the response to Domestic Abuse and Sexual Violence within Halton. It act as a multi-agency partnership board of lead officers and key representatives, which takes strategic decisions aimed at tackling domestic abuse and

	<p>sexual violence in their widest forms and provide support to all victims within our area. The Forum is responsible for determining and implementing policy, coordinating activity between agencies, and facilitating training. It evaluates the responses we have locally for victims, children living in households where domestic violence is a feature and to consider provision for perpetrators. The Forum promotes inter-agency cooperation, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust. In order to develop and sustain a high level of commitment to the protection of victims of domestic abuse and affected children and young people.</p>
<p>3.6</p>	<p>Halton Survivors of Domestic Abuse and Sexual Violence Conference in support of 'The White Ribbon Campaign',</p> <p>The purpose of the conference was:</p> <ul style="list-style-type: none"> • To provide a snapshot insight to the impact of Domestic Abuse and Sexual Violence on Children, Families and Individuals • To understand the shared vision for tackling Domestic Abuse and Sexual Violence • To ensure that professionals are able to recognise the extent of Domestic and Sexual Violence and can make appropriate referrals to support services • To raise awareness of the importance for a cross agency approach in supporting children, families and individuals experiencing Domestic Abuse and Sexual Violence • To provide a platform for survivors of Domestic Abuse and Sexual Violence to share their experiences <p>The conference was opened by Derek Twigg MP and closed by Cllr Shaun Osborne. It was organised by the Halton Survivors Forum who have been supported by the Halton Domestic Abuse Forum as we have sought to strengthen the voice of the survivor in local service provision.</p> <p>The event was supported by Cronton Sixth form college performing arts students, a choir from a local primary school and the Valhalla Foundation's Vikings Against Bullying campaign.</p> <p>Cronton Sixth Form college performing arts students have been very supportive of the agenda and have been raising the issue of domestic abuse with its students. More than 120 local young people have received the performance and information relating to domestic abuse support services. Raising awareness particularly with younger victims and perpetrators is a key theme identified as a trend at our local Halton Multi-Agency Risk Assessment Conference (MARAC) and is a key objective of the HDAF Strategic Group.</p>

	The event was a resounding success and was extremely well received, and enjoyed local press coverage.
3.7	The HDAF Strategic group members have completed the Audit Commissions Self Assessment on local area response to domestic abuse. The findings of this piece of work have overall been extremely positive and have highlighted several areas of local good practice. Notably Halton's commitment and culture to support joint work, well-established and efficient partnership arrangements, priorities and strategies for development and improvement. The report summarises that Halton has an active approach to preventing future abuse and reducing risks to victims and involves victims and survivors in service improvement. The HDAF Strategic Group has agreed to devise and develop an action plan to address the areas of development identified within the self-assessment tool to improve Halton's response to Domestic Abuse and Sexual Violence. This action plan will be both monitored and driven within the remit of the Strategic Group.
3.8	The Internet site has been revised alongside current government guidelines for appropriate content. A revised Universal Resource Locator (URL) has been devised for promotional materials to allow clear promotion to the local community of this information source. The site now includes a professional's page allowing staff from partner agencies to access relevant documents and information pertaining to Domestic Abuse and Sexual Violence that were previously on available to Halton Borough Council employed staff.
3.9	<p>Halton Multi-Agency Risk Assessment Conference (MARAC) has a current rolling NI 32 performance level of 26%. 65 cases were discussed in quarter 2 compared to last years figure of 29 with 20 repeats seen this quarter compared to 9 in Q2 last year.</p> <p>Cheshire Constabulary Halton Police Public Protection Unit (PPU) team felt that the introduction of the Domestic Abuse, Stalking and Harassment and 'Honour Based Violence' (DASH) Risk assessment brought about a substantial increase in the number of cases brought to the attention of MARAC when it was introduced in the last quarter of 2010. In response to this, some cases put forward as HIGH risk (as defined in the DASH guidance) were reviewed and re-classified leading to some cases being removed from the MARAC agenda. As a consequence MARAC meetings from April 2010 onwards more or less halved as Halton Police Public Protection Unit (PPU) felt this revised process enabled them to concentrate on the high risk cases that they felt warranted detailed discussion.</p> <p>Cheshire Police Strategic PPU and Halton Domestic Abuse Forum identified that a lower than anticipated number of cases were appearing at Halton MARAC and did not reflect the guidance provided by Co-ordinated Action Against Domestic Abuse (CAADA), as a consequence all high risk cases are now discussed at MARAC accounting for the significant increase in the number of cases now being discussed at MARAC and the increase in repeats.</p>

3.10	235 incidents of domestic abuse have been reported to Cheshire Constabulary during this quarter; during the same period of 2010-11 230 incidents were reported indicating a slight decrease in the number of domestic abuse incidents being reported to Cheshire Police.
3.11	The Crown Prosecution Service; Pre charge cases at 129 are down by 28% on the same period last year (180) and the number of defendants (57) is down on Q2 last year (133) by 57%. Successful prosecutions at 72% are considerably better than the 64% recorded in the same period last year.
4.	POLICY IMPLICATIONS
4.1	Halton Sanctuary Scheme Policy, Procedure and Practise had been developed.
5.0	IMPLICATIONS FOR THE COUNCILS PRIORITIES
5.1	<p>A Healthy Halton</p> <p>To remove barriers that disable people and contribute to poor health by working across partnership to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment.</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. Preventable cause of death 2. Preventable cause of infant mortality 3. Preventable cause of mental health 4. Preventable cases presenting at A & E
5.2	<p>Employment, Learning and Skills in Halton</p> <p>Domestic abuse has a detrimental impact on employment. Among employed women who suffered domestic abuse in the last year 21% took time off work and a further 2% lost their jobs (Walby and Allen 2004)</p> <p>To maximise an individuals potential to increase and manage their income and mange their income, including access to appropriate, supportive advice services assisting victims to develop better financial management skills and to address debt through appropriate sign posting.</p>
5.3	<p>Children and Young People in Halton</p> <p>Children and young people in Halton are emotionally, physically and sexually healthy and Children and young people will feel safe at home, in school and in their communities. For example, ensuring homes are healthy safe environments through offering support to parents and providing access for aftercare support for victims of sexual violence whether a child or young person.</p>

5.4	A Safer Halton To understand and tackle the problem of domestic abuse in all its forms. For example, through ensuring adult victims have access to protective and supportive measures reduces the level of domestic incidents and the subsequent impact on the environment with regards to crime and ASB.
6.0	RISK ANALYSIS
	These are contained within the report.
7.0	FINANCIAL IMPLICATIONS
	WNF will cease on the 31 st March 2012. Options for alternative ways of providing services and funding existing services are being explored.
8.0	EQUALITY AND DIVERSITY ISSUES
8.1	An Equality Impact Assessment has been completed and registered, specifically for the Halton Domestic Abuse Forum Multi-Agency Domestic Abuse and Sexual Violence Strategy.
8.2	The promotion of equal opportunities between women and men requires public authorities to recognise that the two groups are not starting from an equal footing and identical treatment will not always be appropriate, as such Halton BC should be mindful of its duty whilst reviewing service provision to ensure that any future decisions do not give rise to an enquiry by the Equality and Human Rights Commission.
8.3	Single sex services are lawful where there is a clear need to preserve decency or privacy, such as a women's refuge. However, this is a complex area of law with a number of exemptions. Single sex service provision is not changed by the gender duty, and the duty does not mean that single sex services should be cut, or that services should necessarily be provided on the same scale for both men and women. For example, because women make up the majority of victims of domestic violence and rape it is not be appropriate for a local council to fund or provide refuge services on an equal basis for men and for women.
9.0	LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972
	None under the meaning of the Act.

REPORT TO: Safer Policy & Performance Board

DATE: 17 January 2012

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health & Adults

SUBJECT: Sanctuary Scheme Policy

WARDS: Borough wide

1.0 PURPOSE OF REPORT

1.1 To advise Safer Policy & Performance Board (PPB) of the development of the Halton Sanctuary Scheme Policy and to present the draft report.

2.0 RECOMMENDATION That: the Board notes the contents of the report and the draft Halton Sanctuary Scheme Policy.

3.0 SUPPORTING INFORMATION

3.1 A holistic Domestic Abuse Support Service was commissioned in December 2009, and includes the provision of a Sanctuary scheme for victims of Domestic Abuse across all tenure within Halton.

3.2 The Sanctuary Scheme provides enhanced security for victims of domestic abuse through the installation of Sanctuary measures following a property risk assessment.

3.3 At the Housing Partnership meeting held in April 2011, discussions took place about proposals for efficiencies which may be made and areas where gaps in service provision may be met by partner agencies.

3.4 Efficiencies were proposed to be made from the Sanctuary element of the Domestic Abuse Support Service. The proposals include focussing the commissioned service on the provision of Sanctuary measures for people living within private sector housing, and for Registered Social Landlords (RSLs) to be responsible for the installation of Sanctuary measures within their properties.

3.5 Halton Borough Council is currently working with Registered Social Landlords (RSLs) to develop and implement Halton's Sanctuary Policy which will ensure a consistent approach is taken to the assessment of need and standards of Sanctuary measures provided.

3.6 The draft policy is attached at Appendix A, which has been circulated to the Housing Partnership for comment.

- 3.7 A further report will be presented to the Safer PPB meeting on 13th March 2012, giving statistics including a breakdown of the cost, type and number of Sanctuary measures and the number of service users still resident after Sanctuary measures have been installed.

4.0 POLICY IMPLICATIONS

- 4.1 The Sanctuary Policy supports Halton's Domestic Abuse and Sexual Violence Strategy 2011-14.

5.0 FINANCIAL IMPLICATIONS

- 5.1 The current budget for the Sanctuary Scheme is £54,518.25. During 2010, the total expenditure on Sanctuary measures installed was £25,000 of which £17,900 funded Sanctuary measures within RSL properties.

- 5.2 Implementation of this policy is anticipated to realise efficiencies of approximately £20,000 per annum.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The Sanctuary Scheme will ensure a safe environment for children and young people, who can continue to access and maintain existing schools, health services and support networks.

6.2 Employment, Learning & Skills in Halton

None identified

6.3 A Healthy Halton

The Sanctuary Scheme will reduce the risks for service users and improve their physical and mental health and well being.

6.4 A Safer Halton

The Sanctuary Scheme provides target hardening of properties to reduce the risk of harm to victims of Domestic Abuse.

6.5 Halton's Urban Renewal

None identified

7.0 RISK ANALYSIS

- 7.1 Financial risk is minimised as the commissioned service works within an agreed annual budget.

- 7.2 The Sanctuary Scheme will be monitored by Halton Borough Council

and through the Housing Partnership.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 All organisations responsible for the implementation of the Sanctuary policy will be required to demonstrate that they embrace and comply with the Equality Act.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.



Communities Directorate

Halton Sanctuary Scheme

Policy, Procedure and Practice
June 2011

Contents	Page	Paragraph
Policy	4	1
Introduction	4	1.1
Definition	4	1.2
Sanctuary Model	5	2
Children and Young People	6	3
Eligibility/Referral Process	6	4
Risk Assessment and Installation	7	5
Security Measures	8	6
Emergency Repairs	8	6.1
Sanctuary Measures	8	6.2
Perpetrators	9	7.1
Holding Perpetrators to Account	10	7.2
Monitoring and Review	10	8
Training	11	9
Promotion	12	10
Working in Partnership	12	11

Appendices	Number
Dash Referral	A
Sanctuary Referral Form	B
Home Assessment Form	C
Safety Plan	D
Feedback Form	E

INFORMATION SHEET

Service area	
Date effective from	
Responsible officer(s)	
Date of review(s)	
Status: <ul style="list-style-type: none"> • Mandatory (all named staff must adhere to guidance) <ul style="list-style-type: none"> • Optional (procedures and practice can vary between teams) 	
Target audience	Borough Wide
Date of committee/SMT decision	
Related document(s)	
Equality Impact Assessment Completed	
Superseded document(s)	
File reference	

1. POLICY

Practice

1.1 Introduction

The Halton Sanctuary Scheme is an initiative which aims to make it possible for victims of domestic violence and abuse to remain in their homes and feel safe. It hopes to avoid the associated traumas and inconvenience of being forced to relocate to other areas away from family networks, employment and schooling, and reduce the need for temporary accommodation.

This protocol has been produced by the Halton Domestic Abuse Forum (HDAF) and Housing Partnership in association with specialist providers. It sets out how victims of domestic violence and abuse can access the sanctuary scheme; the process and standards to enable additional security measures to be installed in the victim's home.

1.2 Definition

The Government's definition, and one that the Halton Domestic Abuse Forum has adopted – describes domestic abuse as:

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'

(An adult is defined as any person aged 18 years or over. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related in-laws or stepfamily). This definition also includes issues of Domestic Abuse to same sex marriages and black and minority ethnic (BME) communities such as so called 'honour killings' and forced marriages.

Sanctuary schemes are an initiative offering an innovative approach to homelessness prevention. They are designed to enable victims of domestic violence and abuse to remain in their own accommodation, where it is safe for them to do so, where it is their choice and where the perpetrator does not live in the accommodation.

Each sanctuary scheme intervention is tailored to accommodate the needs and circumstances of the individuals involved. The exact nature of Sanctuary can not be identified due to the individualistic need of each victim, property and circumstance. However, in order to ensure that a minimum standard is installed to each property an assessment that identifies the needs of the victim will be required. The Sanctuary package offered and the measures installed in accordance with this, minimum standard.

Generally Sanctuary will involve a range of target hardening measures, including fire safety elements, such as reinforced doors, locks, smoke detectors and additional window locks.

In some areas local authorities are supporting the installation and use of Sanctuary Rooms. In Halton we **do not** provide these, evidence

suggests that these can be used to effectively imprison victims / children if a perpetrator does gain access to a property. The consequences thereafter may be very dangerous and even life threatening.

2. **Sanctuary Model**

A full needs and risk assessment will be carried out for every referral by the Independent Domestic Violence Advocate (IDVA). This may involve information being obtained from several partner agencies. Practical advice may also need to be provided to victims regarding personal safety outside of the home and additional measures may need to be put in place to manage the risk of the perpetrator.

Clear advice on personal safety needs to be provided to increase the safety of victims outside their home, when visiting family or friends, or going to work. The advice provided should be in the form of a safety plan, which is reviewed at regular intervals, subject to changes of risk.

Support Measures can include:

- the use of injunctions
- criminal sanctions
- the provision of personal alarms including Global Positioning System alarms
- developing safety plans and strategies for keeping safe, for example:
 - changing routes to work and school
 - avoiding isolated routes and going out alone at night
 - changing routines that the perpetrator will be aware of (for example, regular appointments, where and when service users shop or bank)
- informing schools, employers and neighbours about the situation; and,
- planning what to do in an emergency (for example, finding a safe place to wait for the police).
- Cheshire Police offer support to domestic violence victims and critical markers are put on addresses that are at risk.

The Sanctuary component should not be considered as an immediate emergency response, but rather a longer-term solution to providing professional security in order to improve the victims' quality of life. Once a referral for Sanctuary measures is made, the property should be assessed within 48 hours and the measures put in place within 5 days of the assessment in every instance.

Those requiring an emergency response should be encouraged to stay with family or friends or sign posted into service provision such as refuge until the Sanctuary measures have been installed. If the victim refuses to leave the property interim measures should be considered and provided to the victim within 24 hours.

3. Children and Young People

Working Together to Safeguard Children 2010 acknowledges that Domestic Abuse can pose a significant risk of harm to children, both through direct abuse and indirectly through compromised care and associated psychological impacts by witnessing Domestic Abuse. This is evidenced by the Domestic Abuse and Sexual Violence Strategy 2010-14 that highlighted that during 2009-10 over half the referrals made by the police to Children's Social Care in Halton related to Domestic Abuse.

It also needs to be recognised that Domestic Abuse is more frequently being identified within young people's relationships. Therefore, it is important that agencies undertaking Sanctuary Assessments and Referrals are aware and alert to potential safeguarding children concerns.

All agencies identifying safeguarding issues for children and young people will need to follow internal organisational policies regarding reporting and responding to Safeguarding Children Concerns. This may include in some instances the instigation of a Common Assessment Framework (CAF) assessment. This process can be supported via the local Integrated Working Support Teams (IWST).

In order to ensure that safeguarding children concerns are effectively identified and responded to, all staff involved within Sanctuary work will need to undertake the appropriate and necessary safeguarding training as commensurate with their role and outlined within Working Together 2010 and any subsequent updates, revisions and amendments.

4. Eligibility /Referral Process

A simple referral form is available for agencies and for self-referral to complete which, includes essential biographical data and confirmation that the victim:

- a. Is experiencing domestic abuse
- b. Is being offered target hardening as part of a wider safety plan
- c. Intends to stay at the property for the foreseeable future
- d. Does not share their accommodation with the perpetrator

This form requires the referrer to identify if their client requires a standard package or enhanced measures.

The provision available and offered as part of the standard and enhanced measures should be used as a guide, a degree of professional flexibility to these two approaches should be applied depending on the individual circumstances to each case.

Installing Sanctuary measures should be agreed by the victim, regardless of the package being offered no one option should be forced upon the victim.

Sanctuary measures should be provided to all households and individuals at risk of domestic violence regardless of tenure or gender. The level of service provided should be consistent across the borough; this will be continually monitored to ensure compliance is achieved.

Where a victim resides at a Registered Social Landlord owned property, it will be the responsibility of that housing provider to install appropriate Sanctuary measures, minimum standards apply depending whether the victim is identified as requiring a standard or an enhanced package.

Where the victim resides in owner/occupier property or a private rented property it will be the responsibility of Halton Borough Council to provide Sanctuary measures as determined by the level of risk.

Sanctuary provision forms one aspect of a range of alternatives, where a victim does not want Sanctuary measures, or the perpetrator is considered to be too high risk for Sanctuary measures to be considered viable, alternative accommodation options should be available, suggested provision:

- Emergency transfer to alternative accommodation
- Mutual transfer
- Refuge
- Emergency and temporary housing
- Private sector lease including access to Bond Guarantee Scheme to facilitate a move in the private sector

Assistance and entitlement to housing under homelessness legislation must be adhered to if safety cannot be assured by Sanctuary.

5. Risk Assessment and Installation

1. An assessment of the victims risk must be completed using the DASH assessment and/or by a trained member of staff.
2. An assessment of the property that is to be considered for Sanctuary measures is to be conducted using standard assessment form (to be developed & attached as appendix).
3. When the perpetrator still resides at the property, and the victim wants them to be removed positive action must be undertaken to facilitate the removal of the perpetrator when possible.
4. Any measures installed in a property should not impede exit in a fire, the client should be advised and understand what actions they need to undertake in the event of a fire. Properties identified as requiring Sanctuary measures should be highlighted to Cheshire Fire and Rescue, so they can offer a Home Safety Assessment subject to the agreement of the victim.

5. Permission from both the victim and the owner of the property must be sought before any alterations to the property can be undertaken. If the property is owner-occupied provided permission is granted for the adjustments Sanctuary measures can be installed. If the property is owned by an RSL, provided that the measures form part of the agreed packages described within this policy, the RSL will complete the installation of required measures. When the property is owned by a private landlord, permission must be obtained from the landlord. If the victim does not want their landlord to be notified of the request for Sanctuary measures, for whatever reason, Sanctuary measures can not be offered.
6. Regular contact with clients in receipt of Sanctuary measures should be maintained especially with those rejecting support at time of installation this is to ensure that know who to contact if measures are not working and they require additional support. In cases where the RSL has supported the Sanctuary measures the most appropriate support mechanism will be through the dedicated housing officer either to the locality of the address or if a housing officer with a domestic violence remit has been identified. Contact must be made at least once per month for six months and then longer intervals as determined by the service user and the housing officer, this arrangement will have no time limits.

6. Security Measures

6.1 Emergency Repairs

At times it may be necessary to undertake emergency repairs before the Sanctuary assessment has been completed. These may include:

Repairs to door frames, boarding of windows / or door, padlocks to repair and make safe both internal and external damage which poses a threat to personal safety.

This is a basic level of service that pre-empts any long-term Sanctuary measures.

Sanctuary measures

6.2

All products used to support the sanctuary component must comply with British and/or European Safety Standards and come with a minimum 6 month guarantee and could include, though not limited to;

- Reinforced doors – (44mm min), ½ hour fire rated, min) with Intumescent strips.
- Frames to be secured with 5” fixers and 1/8” steel screws, min
- London or Birmingham bar (technical specification) to support the frame
- New locks – (Europrofile, using 6 pinned patented system, min) BS 3621 or European Standard EN 12209

- Bolts/padlocks for doors/windows
- Reinforced windows, any replacement windows to comply with BS 7950 kite mark
- Door jambs secured with 1/8" steel screws, min.
- Steel hinges (4inch/200mm min)
- Security lighting
- Door/window alarms
- Fireproof letterbox
- Window grills – (LPS 1175 standard)
- Safety glass
- Window film
- Memo door view
- Gates
- Erecting fences or walls
- Fire detection and Alarm system to comply with BS 5839; part 6; 1995
- Alarms, CCTV and/or video entry phone
- Fire extinguisher/fire blanket
- Collapsible security grilles
- Any other security measures that may be needed.

The Sanctuary measures required will depend on individual cases, the needs of the client and the address where they reside. In every case it should always be a joint decision with the client. Clients must be advised how to use Sanctuary measures effectively and should be given a demonstration by the installer when appropriate.

Sanctuary Measure packages:

Sanctuary Standard – this is a basic level of service that all those benefitting from Sanctuary measures should be provided with, and includes front and back doors being of the approved standard (stated above) in conjunction with door frames of the same standard. Front and back door locks being changed when doors are not replaced. All downstairs windows should be fitted with window locks as well as upstairs windows where they may be easily accessible ie off a flat roof. Fire safety equipment and door viewers.

Sanctuary Plus – in addition to the measured described within Sanctuary Standard additional security features are offered such as window grilles: additional security doors to the front & rear of the property, 'London' and 'Birmingham' bars and window locks. (This does not exclude other similar security measures deemed as appropriate by the assessor).

7. Perpetrators

- 7.1 Sanctuary measures should only be agreed and put into place if the perpetrator no longer resides at the address. If a perpetrator returns to an address Sanctuary measures should be removed as soon as practicable if they are likely to make it more difficult for a victim to escape. This is not always feasible however as victims may not advise service providers that they have allowed the perpetrator back into the property.

It must be noted that some perpetrators may be so dangerous as to make Sanctuary inappropriate.

7.2 **Holding perpetrators to account**

RSLs will need to be mindful of victim safety in relation to taking action against perpetrators. There are a number of actions available to RSLs to protect victims of Domestic Abuse and these should be used where it is agreed and if it safe, reasonable and proportionate to do so.

Protection through the courts can be obtained in the form of an Anti Social Behaviour Injunction (can be issued against anyone who poses a significant risk of harm regardless of their tenure status) under the Anti Social Behaviour Act 2003. These orders will be made without the knowledge of the perpetrator and would usually carry a Power of Arrest (which would be lodged at the local police station should there be any breach) and also an exclusion from a property or even a specific area should the risk of harm be that great.

Under the Housing Act 1988 – Ground 14A will enable RSL's to apply for possession under section (c) 'one Partner has left the dwelling house because of violence or threats of violence by the other towards – (i) that Partner, or (ii) a member of the family of that Partner who was residing with that Partner immediately before the Partner left, and (iii) the court is satisfied that the partner who has left is unlikely to return.

Joint Tenancy Agreements can also be ended by the victim and, dependant on Policy/circumstance, reinstate the victim as the sole tenant or apply to court (as above).

RSLs can also re-charge tenants (perpetrators) who cause damage to property belonging to the RSL and enforce payment through the County Court.

8. **Monitoring and Review**

Monitoring will be undertaken by all agencies involved with the Sanctuary service and will include the following areas:

- The impact on homeless presentations from people fleeing domestic abuse
- The level of need for alternative accommodation
- Details of referrals to sanctuary scheme and measures installed
- Maintenance of sanctuary measures
- Success of scheme including service user views
- Database of properties with sanctuary measures installed

Typical monitoring data will include:

- Number of referrals
- Number of unsuccessful referrals and reasons
- Number of households choosing not to have Sanctuary installed and reasons
- Number, type and cost of measures installed

- Response time
- Breakdown of referral agency, tenure, household type, gender, ethnicity, age and disability
- Number of homeless presentations from people fleeing domestic violence (including those where sanctuary measures have been installed)
- Number of people requiring temporary accommodation
- Number of housing transfer requests due to domestic abuse or fear of abuse
- Number of requests for assistance through the Bond Guarantee Scheme
- Number of households remaining in their homes following installation of Sanctuary measures (for over 6 months & 12 months following installation)
- Number of repeat incidents of domestic violence, attempted breaches and breaches, at addresses where Sanctuary measures have been installed and the outcome (for example, whether the household had to move as a result of the breach)
- Number of repeat incidents of domestic violence or harassment to people who are living at addresses where Sanctuary measures have been installed, and the outcome.
- Take up of additional support services to include number of households, type of support & agencies providing the support

In addition to the monitoring data, the following measures will also be undertaken:

- Maintenance of sanctuary measures – a minimum of 2 maintenance checks should be undertaken annually by the agency responsible for the installation
- Service user views – feedback to be obtained from everyone having sanctuary measures installed to include quality of the security, support provided, professionalism of contractors, and whether they feel safer as a result of the measures installed
- Central database of properties with sanctuary measures installed to be developed and maintained to give the opportunity for properties to be reallocated based on need

9. Training

TRAINING FOR EMPLOYEES IN THE HOUSING SECTOR

Cases involving domestic abuse can be complex. It is important that staff have specialist skills to deal effectively with the situation and to work in partnership with colleagues from other sectors.

All housing staff should receive training on domestic abuse.

The Safeguarding Children's Board provide free domestic abuse training courses they are offered at:

- Course 1 - Domestic Abuse Basic Awareness. This is a basic awareness ½ day course to promote recognition.

- Course 2 – Domestic Abuse: Practitioner. This is a one day course, which covers practical issues for risk assessing, supporting MARAC and working with victims of Domestic Abuse.

As domestic abuse is closely linked to safeguarding children and adults it is important that housing staff receive a level of training in these issues according to their role.

- Staff with authorisation and responsibility for the installation of Sanctuary measures should be provided with the Domestic Abuse Course 1 & 2 training, to ensure that they have adequate background knowledge and training to equip them better to understand Domestic Abuse. In addition it would be useful for them to understand why victims will often reject the safety advice given and reconcile with perpetrators.

Safety protocols for installers – it will be the sole responsibility of each RSL to develop safety protocols for their staff who will be employed to install Sanctuary safety measures within each of the properties identified. This protocol must detail what action is to be taken in the event of the perpetrator being at the address when they arrive and action to be taken if the perpetrator arrives at the address when the installation is in progress.

10. Promotion

1. The availability of Sanctuary measures should be publicised on Halton Borough Council website.
2. The availability of Sanctuary measures to be publicised on Registered Social Landlord websites.
3. Access and availability of Sanctuary to be widely publicised in housing offices, council, children's centres, police and other partner agency building identified as suitable locations for Domestic Abuse publicity.
4. Use of Halton Borough Council produced newsletters and Registered Social Landlord publications.
5. Commissioned domestic abuse services will advise their clients in relation to accessing Sanctuary.

11. Working in Partnership

Halton Domestic Abuse Forum brings together all voluntary and statutory sector agencies which have a remit to address domestic abuse in order that we deliver a co-ordinated community response locally and ensure that we maximise our collective resources. The Housing Sector is represented at both strategic and operational levels and their contribution highly valued.

For more information about the Sanctuary scheme and the Halton Domestic Abuse Forum email sarah.ashcroft@halton.gov.uk, or visit <http://www3.halton.gov.uk/healthandsocialcare/domesticviolence/>

12. Appendices

- i. Dash Referral
- ii. Sanctuary Referral Form
- iii. Home Assessment Form
- iv. Safety Plan
- v. Feedback Form



DASH 2009 RISK MODEL

(Domestic Abuse, Stalking and Harassment and ‘Honour Based Violence’)

This Risk Assessment forms a baseline assessment only. It is a guide to practitioners to indicate appropriate referral to MARAC and a tool to identify service intervention requirements. Risk assessment is a dynamic process and practitioners should be alert to sudden changes in circumstances which impact on Risk Levels

IF YOUR CONCERNS RELATE TO AN IMMINENT SERIOUS RISK OR THREAT TO YOUR CLIENT OR FAMILY MEMBERS INFORM THE POLICE WITHOUT DELAY (Emergency 999 or Non Emergency 0845 4580000)

Name of Client

CURRENT SITUATION	Yes	No
The context and detail of what is happening is very important. The questions highlighted in bold are high risk factors. Tick the relevant box and add <u>comments</u> where necessary to expand.		
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you very frightened? Comment: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s).....) might do and to whom) Kill: Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Further injury or Violence Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input type="checkbox"/> Other (please clarify): Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel isolated from family/ friends i.e. does (name of abuser(s)...) try to stop you	<input type="checkbox"/>	<input type="checkbox"/>

from seeing friends/family/Dr or others?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you separated or tried to separate from (name of abuser(s).....) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there conflict over child contact? (Please state what) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider: Harassment History. Criminal Damage. Following the victim/ loitering/ turning up unannounced. Aggression, Violence, Harassment or use of any third party). <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILDREN/DEPENDENTS (If no children/dependents, please go to next section)	Yes	No
9. Are you pregnant or have you recently had a baby (within 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there any children, step-children that aren't (...) in the household? Or are there other dependents in the household (i.e.older relative)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has (...) ever hurt the children/dependents?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has (...) ever threatened to hurt or kill the children/dependents?	<input type="checkbox"/>	<input type="checkbox"/>
DOMESTIC VIOLENCE HISTORY	Yes	No
13. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does (...) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has (...) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has (...) ever threatened to kill you or someone else and you believed them?	<input type="checkbox"/>	<input type="checkbox"/>
18. Has (...) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does (...) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence. Please specify who) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you know if (...) has hurt anyone else? (Children/siblings/elderly relative/stranger. For example. Consider HBV. Please specify who and what) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has (...) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>

ABUSER(S)	Yes	No
23. Are there any financial issues? For example, are you dependent on (...) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>
24. Has (...) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has (...) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
26. Has (...) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify) Bail conditions <input type="checkbox"/> Non Molestation/ Occupation Order <input type="checkbox"/> Child contact Arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you know if (...) has ever been in trouble with the police or has a criminal history? (If yes, please specify) DV <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relevant information (from victim) which may alter risk levels. Describe: (consider for example victim's vulnerability – disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests – does this give unique access to weapons i.e. ex-military, police, pest control)		
Is there anything else you would like to add to this?		

In all cases an initial risk classification is required:

28. RISK TO VICTIM:

STANDARD MEDIUM HIGH

If your client is at HIGH RISK i.e.

14+ ticks relating to questions 1 – 9 and 13 – 27. OR

3 or more Domestic Abuse Incidents in the last 12 months. OR

Professional concern (noted above) Refer to local referral pathway

Medium and Standard Risk are identified according to professional judgement in each individual case.

Client Consent Signature: Date:

Practitioner Signature: Date:

Referring Practitioner Details:

Name of Referring Practitioner & Agency

Telephone

Mobile

Email Address

Halton Domestic Abuse Referral Pathways:

- **ALL** levels of risk → Complete PPU Referral Form and submit to Cheshire Police PPU Referral Unit (Tel: 01244 614 878) *High Risk / Request for MARAC referral will be assessed by MARAC Co-ordinator for inclusion on MARAC
- High Risk where crisis intervention is required → Complete additional Halton Domestic Abuse Service Referral Form and submit to Halton IDVA Service (Tel: 0151 422 1708) *Client consent required for onward referral where there are no children in household or vulnerable adult concerns.
- Medium / Standard Risk → Consider completion of Halton Domestic Abuse Service Referral Form and submit to Halton Domestic Abuse Lead Floating Support Worker (Tel: 0151 422 1704) or telephone referral to Victim Support (0151 424 2785) **Ensure essential safety planning and signposting completed in all cases.** *Client consent required for all onward referrals



PPU Referral Form.doc



HDAF REFERRAL.doc

Adapted from NPIA Guidance – ACPO / CAADA Domestic Abuse, Stalking and Harassment and ‘Honour Based Violence’ (DASH 2009) Risk Model.. Please do not cite or amend without prior permission from ACPO / CAADA and HDAF.

Please ensure HDAF Partnership is appropriately acknowledged where permission is given.

CONFIDENTIAL

Halton Domestic Abuse Forum
Sanctuary Scheme Referral

NOT FOR DISCLOSURE

DETAILS OF REFERRER:			
NAME:		ADDRESS:	
JOB TITLE:			
ORGANISATION:			
CONTACT NO:		POSTCODE:	
AVAILABILITY:	Contact times from to	EMAIL:	@
DATE OF REFERRAL COMPLETED AND SENT TO HADWAH:		/ /20	Copied to Housing Provider []
IN MY ABSENCE PLEASE CONTACT:			
NAME:			
JOB TITLE:		AVAILABILITY:	Contact times from to
EMAIL:	@	NOTES:	

DASH ASSESSMENT:	
Has a DASH assessment been completed?	YES [] NO []
If YES, what level of risk has been identified?	HIGH [] MEDIUM [] STANDARD []
Has the client been referred to MARAC?	[] [] DON'T KNOW []
Who carried out the DASH assessment?	
NAME :	JOB TITLE:
ORGANISATION:	CONTACT NO:

DETAILS OF CLIENT:			
NAME:		HOME TEL:	
DATE OF BIRTH:		MOBILE TEL:	
ADDRESS: PERMANTENT ADDRESS WHERE THE WORKS ARE REQUIRED		ALTERNATIVE ADDRESS:	
POSTCODE:		POSTCODE:	
EMAIL:	@	AVAILABILITY:	Contact times from to
CHILD(REN) LIVING WITH CLIENT:			
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
OTHER HOUSEHOLD MEMBERS:			
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
DOES THE CLIENT OR ANYONE IN THE HOUSEHOLD HAVE ANY DISABILTY OR SPECIAL REQUIREMENTS? If yes, please describe:			
IS A PASSWORD TO BE USED BY THE FITTER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, state what password to be used:			
DOES THE CLIENT REQUIRE ANY SUPPORT DURING THE FITTING? If yes, please descibe:			

--

Preferred Method of Contact (delete as appropriate)		
Letter Only	YES	NO
Phone Only	YES	NO
Visit Only	YES	NO
All of the above	YES	NO

ACCOMODATION:			
PROPERTY TYPE:	GROUND FLOOR FLAT <input type="checkbox"/> UPPER FLOOR FLAT <input type="checkbox"/> BUNGALOW <input type="checkbox"/> TERRACE <input type="checkbox"/> SEMI-DETACHED <input type="checkbox"/> DETACHED <input type="checkbox"/>		
TYPE OF TENURE:	OWNER / OCCUPIER	PRIVATE RENTED	REGISTERED SOCIAL LANDLORD
LANDLORD / ESTATE OFFICER/ HOUSING PROVIDER WHO CAN APPROVE THE WORKS IF APPROPRIATE (IF APPLICABLE)			
NAME:		ADDRESS:	
CONTACT TEL:		POSTCODE:	
EMAIL:	@	AVAILABILTY:	
DO THEY NEED TO ATTEND THE PROPERTY BEFORE GRANTING APPROVAL? (No works can be undertaken without the expressed approval of the owner of the property) YES <input type="checkbox"/> NO <input type="checkbox"/>			

DETAILS OF PERPETRATOR
DOES THE PERPETRATOR HAVE LEGAL ACCESS TO THE PROPERTY? YES <input type="checkbox"/> NO <input type="checkbox"/>

FURTHER INFO:			
HAS THE CLIENT SOUGHT LEGAL REMEDIES? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If so, please give details:			
Expiry date:			
HAS THE VIOLENCE BY THE PERPETRATOR BEEN REPORTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Who was it last reported to and when?			
DOES THE PERPETRATOR LIVE NEAR BY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DOES THE PERPETRATOR HAVE FRIENDS / FAMILY LIVING NEAR THE CLIENT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, are they hostile?			
DOES THE PERPETRATOR HAVE PREVIOUS HISTORY / WARNING SIGNS FOR WEAPONS/ DRUG USER / MENTAL HEALTH ISSUES? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please provide details:			
NAME:		ADDRESS:	
DATE OF BIRTH:	/ /		
OTHER INFO:		POSTCODE:	

It is not reasonable for this person to continue to occupy her / his accommodation, as it is probable that this will lead to domestic violence against her / him or against a person who will normally reside with her / him.

BACKGROUND INFORMATION (Please include any threats made by the perpetrator against the client and property)
LAST KNOWN CONTACT WITH THE PERPERATOR:

ARE THERE ANY PETS AT THE PROPERTY?

INFORMATION SHARING (DATA PROTECTION)

*I (name of client)..... have no objection to the details contained on form being passed to other agencies and understand that I may be contacted by other agencies with regard to my entitlement to safety and security improvements.
Signed.....Date.....*

*I (name of client)object to my details being shared and understand that by doing so safety and security measures cannot be installed at the property.
Signed.....Date.....*

*I (name of professional)have explained the information sharing and data protection , I confirm that (name of client).....has verbally agreed that they have no objection to the details contained on this form being passed to other agencies and understand that I may be contacted by other agencies with regard to my entitlement to safety and security improvements.
Signed.....Date.....*

IS THIS APPLICATION FOR SANCTUARY APPROVED?

If yes,

A copy of this referral form should be sent to the Halton Domestic Abuse Service.
(generic e-mail address required / contact telephone number)

Date sent:

IF APPLICABLE, PLEASE STATE REASONS WHY REFERRAL NOT APPROVED FOR THE SANCTUARY SCHEME (Please make recommendations)

OFFICE USE ONLY

Home Security Assessment Guidelines

EXTERNAL SECURITY

1. Perimeter Security

Good security walls or fences can keep out intruders:

Either a wall or a good security fence can keep out intruders. They should be at least 1800mm (1.8m) high, and where it adjoins public areas should have a 300mm (30cm) trellis above. A lockable gate to the same height of the fence should be in place at the front elevation. The trellising should be strong enough to support climbing plants, but too weak to support the weight of a human.

2. Landscaping

Landscaping to the front and rear garden should be kept to a minimum:

Landscaping to the front and rear garden should be kept to a minimum to avoid potential cover for offenders and so as not to obstruct views. Hedges, shrubs and walls in the front garden should be no higher than 3ft in order to avoid giving a burglar a screen behind which they can conceal themselves. Thorny bushes can be planted on the perimeter and below ground floor windows to deter burglars. The use of gravel on paths or driveway prevents a silent approach, and can alert the occupier to someone's presence.

3. Garages and Sheds

Fit strong padlocks to sheds and garage doors:

Garages and sheds are targeted as an easy option, fit strong padlocks and or shed bars to shed and garage doors. Alternatively, alarms can be fitted to both, and can even be wired into any existing house alarm. Remember that leaving garden tools lying around makes the burglar's life easy. They should always be locked away securely in a shed or garage. Consideration should be made to securing ladders by means of a chain or padlock to a strong post or wall. (Also refer to external lighting section 18).

4. Locks

Mortice locks

Mortice locks are embedded into the door and can only be opened with the key. This makes them much more secure than a cylinder rim lock (such as a Yale lock).

The Home Office recommends fitting five-lever mortice deadlocks. The higher the number of levers, the more secure the door because the lock is more difficult to pick. More levers means more key variations, which makes it much harder to make duplicate keys.

Always make sure you purchase a mortice lock which displays the BS3621 kitemark.

Types of mortice lock

Deadlock - A deadlock consists of just a keyhole and a bolt.

Sashlock - A sashlock has a bolt and a latch, and a pair of handles.

For further advice consult a locksmith who is a member of the Master Locksmith Association.

5. Doors

- All doors which are used as the final point of exit from your property should be fitted with a lock which conforms to BS 3621 or the new BS EN 12209, which covers both security and performance standards.
- Doors made of materials other than timber must have passed the British Board of Agreement (BBA) security test for doors.
- Use laminated glass in all glazed areas to make it harder to smash.
- Front doors should have a viewer (peephole) and door chain to keep out unwanted visitors.
- Hinges should be securely fastened to the doorframe and must be able to take the weight of the door.
- Doors that open outwards exposing the hinges should have hinge bolts fitted to prevent burglars slipping out the hinge pin and removing the door.

Timber doors

Timber doors should have a solid core, be at least 44mm thick and comply with BS 8220. Wooden doors should have two locks: a five-lever mortice lock (which conforms to BS 3621) and a cylinder rim lock (which can be double locked from inside with a key).

Patio doors

- Most modern patio doors will incorporate a multi-point locking system. Older doors, without a multi-point locks, should be fitted with special patio door locks to the top and bottom of the sliding door.
- Patio doors should be fitted with toughened glass to prevent burglars smashing them easily.
- Another important feature is an anti-lift device to prevent the sliding door being lifted off its runners. This can be either a bar in the top channel or locks positioned so that the door cannot be lifted.

6. Front – door viewer

Door viewers help see who is outside before opening the door:

Door viewers help people see who is at the front door before they open it. They are especially useful for vulnerable groups such as the elderly.

Front – door chain

7. Fit a front door chain and use it:

Door chains prevent the door being opened fully. They are relatively cheap and easy to install and if the property doesn't have one, it is recommended you fit one. Remember that you should only use the door chain or bar when answering the door, do not leave it on all the time. Home Office "Lock, Stop, Chain, Check". Further information can be found on page 25.

Letter box restrictor

8. Prevent thieves opening locks from the inside:

Spare keys should never be hung inside the letter box as this is an obvious place that a thief will check. Neither should any keys, particularly car keys be within easy reach of the letterbox. Remember, offenders try to steal easily accessible car keys by the use of a magnet on a stick, or a hook and cane through the letterbox.

Letter boxes should be at least 400mm (16 inches) from any locks. Consideration should be given to fitting a letter box cage or other restrictor, which prevents thieves from putting their hands through the letterbox and trying the latch from the inside.

WINDOWS

14. Window locks on all windows – all windows should have locks. The best locks are not connected to window catches:

The best locks are casement locks and make it harder to open windows with the correct key. Alternatively those that are independent of the handle or catch should be used as these give more strength to the frame. If thieves can see window locks it may put them off, because they would have to break the glass and risk attracting attention. If your home has, or you are intending to use the type of lock that screws to the window, the following test is a good guide to help decide how many are required. With the window closed, press each opening corner. If there is any movement, fit a suitable lock, such as a push lock, at each corner on the opening side. If there is no movement a lock fitted to the centre of the opening frame will suffice.

15. Louvre windows – replace with fixed glass or glue the slats in place or fit special locks:

These windows are made up of horizontal strips of glass, which can be pulled out from the window very easily. These windows are particularly vulnerable to attack. You should replace these with fixed glass, alternatively use strong glue or special locks to keep in place.

16. French windows

Mortise bolts should be fitted to both doors:

French windows are often used as a means of escape because they are fitted with slide bolts, which if released allow both doors to open. Fitting mortise bolts to the top and bottom of the doors can prevent these being opened from the outside. Provision should be made to prevent an attack to the hinges. It is recommended to consider replacing ordinary or toughened glass panels with laminated glass, as it offers much greater resistance to attack.

LIGHTING

17. All external doors and other vulnerable areas covered by lighting?

Are all vulnerable areas and doors covered by lighting? Has the property got lights by all external doors and vulnerable areas such as rear garden, garages, sheds, corridors to flats and maisonettes? This is especially important in the dark, helping people to see that no one is waiting for them as they leave or enter their homes. Dawn to dusk lights are another

good deterrent, coming on as it starts to get dark, these lights are inexpensive to run.

18. External lighting

Good external lighting can deter burglars:

This lighting falls into two categories. High wattage tungsten floodlighting triggered by an infra red beam, giving a harsh white light or low wattage fluorescent light that comes on from dusk till dawn and gives gentle light. These lights both provide acceptable security lighting, although the second is less expensive to run. Light activation has a greater deterrent value if there is someone nearby to notice it and take action. It also may put an element of doubt in the mind of the burglar as to whether they have been spotted.

19. Internal timers

Invest in some plug in timers:

Lamps and radios can be plugged into an internal timer plug and be set to come on at a certain time giving impression that someone is at home. A lamp can be set to come on at dusk and more than one timer can be set with lights, radios etc. coming on and off around the house. These devices are extremely effective, they are cheap to run and can be bought from numerous DIY chains and other high street retailers.

ALARMS

20. Burglar Alarm

A burglar alarm is a deterrent:

Alarms can act as a visual deterrent, many burglars will avoid breaking into a property with an alarm. If there is one, is it used? There are two main types of alarm. The first type is an audible bell/siren alarm that sounds a bell or siren when activated. Ideally there should be alarm/bell or siren when activated. Ideally there should be alarm/bell boxes front and back of the premises. This type of alarm is reliant on the response of good neighbours, or the householder being at home, but asleep. Due to the huge number of false alarms, the police will normally only respond to these activations if there is confirmation of suspicious activity.

The second type is a monitored alarm, which sends a signal to a 24 hour monitoring station. False activations can be checked prior to calling the police. Remember to always set the alarm when leaving the premises unoccupied - even for a short period.

21. Alarm activated when going to bed

Use your alarm when going to bed:

Many people think that if they are at home and going to bed there is no need to set the alarm. This is not the case, if your alarm can be set to cover zoned areas set the alarm downstairs when going to bed, burglars will consider breaking into homes overnight, because they know that some householders do not set the alarm when going to bed.

22. Smoke alarms

For a free home fire safety check by Cheshire Fire Service:

Every house should have at least one smoke alarm, preferably two, which should be tested regularly. Cheshire Fire Service can provide home fire safety checks, including survey and installation of smoke alarms, all free of charge. For further advice, the householder can ring Cheshire Fire Service on 01606 868700.

23. Garage/shed alarm

These can be connected to the house alarm:

Garages and sheds are targeted as an easy option by criminals. In addition to fitting external physical security to sheds and garages, consider the installation of an alarm. Alarms can be fitted to both garages and sheds and can even be wired into any existing house alarm. There are also various stand-alone devices specifically designed for remote use on garages and sheds, which fall into two categories.

- i) Passive infra-red detector within the shed to detect movement and body heat.
- ii) A door contact system

Both systems will operate a siren or bell if the shed is accessed with the correct deactivation. They are available with battery or mains power supply and can be purchased from locksmiths, DIY stores or other high street retailers.

GOOD HOUSEKEEPING

24. All keys out of sight

Thieves can hook keys through letter boxes:

Keep all house and car keys out of sight and away from doors.

Home Security Assessment

The information and advice given during the home security assessment is provided free of charge and without the intention of creating a contract. Neither the assessor nor the organisation the assessor is employed with take any legal responsibility for the advice given. This assessment can only give a view on what measures may reduce the risk of crime and there can be no guarantee that the measures will prevent crime.

To complete this Home Security Assessment read the contents of the corresponding paragraph i.e. Perimeter Security. If you feel your property's security reaches the minimum, please tick YES. Alternatively, if not please tick NO. If not applicable i.e. you have no patio doors, please tick YES. Upon completion it is recommended that you take action to upgrade the security of your home to the minimum standard for all of these areas you have ticked NO.

EXTERNAL SECURITY

- | | | | | | | | |
|----|---------------------|-----|--------------------------|----|--------------------------|---|--------------------------|
| 1. | Perimeter Security? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - Good security fences can keep out intruders | <input type="checkbox"/> |
| 2. | Landscaping | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - Landscaping to front and rear to be kept to a minimum | <input type="checkbox"/> |
| 3. | Garages and Sheds | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - Fit strong padlocks to sheds and garage doors | <input type="checkbox"/> |

MAIN FRONT/REAR DOORS

- | | | | | | | | |
|----|-------------------------|-----|--------------------------|----|--------------------------|--|--------------------------|
| 4. | UPVC Front door? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - BBA compliant; if glazed laminated glass | <input type="checkbox"/> |
| 5. | Front – solid core? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - Solid doors are preferred, the doors should be as strong as the lock | <input type="checkbox"/> |
| 6. | Frame – good condition? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - The frame should be as strong as the door | <input type="checkbox"/> |
| 7. | Front – door viewer? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - Door viewers help to see who is outside before opening the door | <input type="checkbox"/> |

- | | | | | | | | |
|-----|-------------------------------|-----|--------------------------|----|--------------------------|---|--------------------------|
| 7. | Front – door chain? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - Fit a front door chain and use it | <input type="checkbox"/> |
| 9. | Front – 5 lever mortise lock? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - The lock should be at least a 5 lever mortise lock BS3621 | <input type="checkbox"/> |
| 10. | Letterbox restrictor | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - Prevents thieves opening locks from the inside | <input type="checkbox"/> |
| 11. | UPVC Back door? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - BBA compliant; if glazed laminated glass | <input type="checkbox"/> |
| 12. | Back – solid core? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - All external doors should be solid | <input type="checkbox"/> |
| 13. | Frame – good condition? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - The frame should be as strong as the door | <input type="checkbox"/> |
| 14. | Back – 5 lever mortise lock? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - The lock should be at least a 5 lever mortise lock BS3621 | <input type="checkbox"/> |
| 15. | Patio doors – sliding bolts? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - These bolts stop the doors being lifted off the rails | <input type="checkbox"/> |

WINDOWS

- | | | | | | | | |
|-----|------------------------------|-----|--------------------------|----|--------------------------|--|--------------------------|
| 16. | Window locks on all windows? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - The best locks are not connected to the window catches | <input type="checkbox"/> |
| 17. | Louvre windows? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - Replace with fixed glass or glue the slats in place or fit special locks | <input type="checkbox"/> |
| 18. | French windows? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - Mortise bolts should be fitted to both doors | <input type="checkbox"/> |

LIGHTING

- | | | | | | | | |
|-----|--|-----|--------------------------|----|--------------------------|---|--------------------------|
| 19. | All external doors and vulnerable areas? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - Are all vulnerable areas and doors covered by lighting? | <input type="checkbox"/> |
| 20. | External lighting? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - Good external lighting can deter burglars | <input type="checkbox"/> |
| 21. | Internal timers? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | - Invest in some plug in timers | <input type="checkbox"/> |

ALARMS

22. Burglar alarm? Yes No - A burglar alarm is a deterrent
23. Alarm activated when going to bed? Yes No - Use your alarm when going to bed
24. Smoke alarm? Yes No - For a free home fire safety check see page 42
25. Garage/Shed alarm? Yes No - These can be connected to the house alarm

GOOD HOUSEKEEPING

26. All keys out of sight? Yes No - Intruders can hook keys through your letter box
27. Keep all valuables out of sight? Yes No - Keep all valuables out of sight when you go to bed

Halton Domestic Abuse Services

Is it safe to take this home with you? Where would you keep it?

INDIVIDUALISED SAFETY PLAN

Clients Name: _____

Created on _____

List the issues or factors you would like to address	Agreed action	Who will do this?	By when	Date completed	Comment

List the issues or factors you would like to address	Agreed action	Who will do this?	By when	Date completed	Comment

Clients Signature _____

Workers Signature _____

Reviewed on:			
--------------	--	--	--

Sanctuary Scheme – Feedback Form

Appendix v

*** To be completed by everyone after Sanctuary measures have been installed**

Name of organisation providing Sanctuary measures _____

How did you hear about the Sanctuary scheme? _____

On a scale of 1 to 5 (where 1 is low and 5 high) how do you rate the following:

Overall service received	1	2	3	4	5
--------------------------	---	---	---	---	---

Information given about Sanctuary scheme	1	2	3	4	5
--	---	---	---	---	---

Standard of work completed	1	2	3	4	5
----------------------------	---	---	---	---	---

Support provided throughout the process	1	2	3	4	5
---	---	---	---	---	---

Professionalism of contractors	1	2	3	4	5
--------------------------------	---	---	---	---	---

How much safer do you feel as a result of the measures installed	1	2	3	4	5
--	---	---	---	---	---

Have you received information about or been referred to other Domestic Abuse services?	Yes/No
--	--------

Do you have any comments about the service you have received, or suggestions for improvements?

Name (optional) _____

Date _____

Please send completed feedback forms to: Halton Domestic Abuse Service
Halton & District Women's Aid

REPORT TO:	Safer Policy & Performance Board
DATE:	17 January 2012
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO	Health & Adults
SUBJECT:	Dignity and Human Rights
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide an update on Halton's involvement in the Equality and Human Rights Commission formal inquiry into older people and human rights in home care.

2.0 **RECOMMENDATION: That: the Board note the report,**

3.0 SUPPORTING INFORMATION

3.1 The Commission launched the inquiry to investigate the extent to which the current legislative, regulatory and quality control systems provided sufficient human rights protection for older people requiring or receiving home care.

3.2 Stage 1 - in March '11 the Equality and Human Rights Commission wrote to request Halton's participation in this inquiry citing their legal powers for our involvement under section 16 of the Equality Act 2006 and included their Terms of Reference (Appendix 1). This initial stage involved completion of an online survey which included human rights considerations for the following areas:

- Commissioning and procurement processes;
- Needs assessments;
- Complaints handling;
- Views on regulation;
- Staff training;
- Information, advice and advocacy;
- Funding of and eligibility for services;
- Examples of good practice within the local authority and in partnership with other organisations.

The response offered an ideal opportunity to highlight Halton's approach to dignity and human rights. In particular, that Halton was the only local authority in the country to have appointed a dedicated Dignity Co-ordinator with responsibility across both health and social care services working in partnership via a multi-agency Network. Also, to note the benefits this role offered:

- Increased the profile, level of understanding and awareness of dignity/respect and human rights amongst public, staff and agencies/organisations;
- Implementation of a Network Dignity Action Plan, Charter and

whole system Best Practice case studies;

- Dignity Audit Frameworks and Questionnaires;
- The positive outcomes evidenced in Halton's CQC Adult Social Care Inspection being awarded Excellent; and
- People and staff taking ownership to help embed dignity by signing up as Dignity Champions.

3.3 Stage 2 - in April '11 the Commission sought further documentary evidence towards the inquiry to support Halton's response and conducted an extensive interview with Halton's Dignity Co-ordinator and the Divisional Manager for Independent Living Services.

3.4 Stage 3 - in May '11 the Commission wrote to the Chief Executive stating how impressed they were with Halton's integration of the dignity and human rights based approach and sought permission to conduct interviews to gather further evidence towards the inquiry. In preparation for the interviews the Commission provided an Interview Framework detailing the thematic areas of evidence they wished to explore, with a particular emphasis on the integration of human rights (Appendix 2). The Commission conducted the interviews during June/July '11 which included the following different roles:

- Elected member with responsibility for adult social care;
- Chair of Health PPB;
- Strategic Director, Communities;
- Operational Director Commissioning and Complex Needs;
- Operational Director Prevention and Assessment;
- Officers with responsibility for equality/human rights;
- Dignity Co-ordinator;
- Safeguarding Co-ordinator;
- Commissioning Manager;
- Home Care Manager;
- Contract Monitoring Manager;
- Sure Start 2 Later Life Manager;
- Adult Placement Service Manager;
- Principal Manager Assessment
- Social Worker;
- Chair of Halton Dignity Champions' Network.

Interview based evidence was also sought from relevant bodies in the area for example, independent home care providers, third sector organisations including advocacy and advice giving bodies, older people and their families.

On completion of the interviews, the Commission informed the Dignity Co-ordinator that Halton had been selected as an exemplar of best practice and sought permission for the Council to be named within their published report due to be issued in November '11.

- 3.4 In November '11, prior to the report being published, the Commission contacted the Dignity Co-ordinator to advise that Halton was in fact the only local authority to be 'officially' named within their published report in terms of best practice. Although evidence had been sought from many other local authorities no others had 'ticked all the boxes'. This being due to Halton's whole-system dignity and human rights based approach, the Commissions 'Close to Home' report was published on 23 November '11. Halton is referenced on page 43, Part 3c: 'How well do local authorities promote and protect older people's human rights?' and page 55 involving commissioning, procurement and contract management practices.

Reference 1 (page 43):

*Halton Borough Council employs a Dignity in Care Co-ordinator, whose role is to integrate a 'whole system' human rights based approach across all health and social care services including home care. All partner organisations and care providers work to embed dignity via a Dignity Champions' Network; having signed up to Halton's Dignity Charter and appointed Dignity Champions. Providers report back regularly on the practical steps they are taking to promote the human rights of people using their services. **A senior local authority manager highlighted the benefit of having a dedicated co-ordinator:** 'It (dignity) becomes the norm really for [us] ... It becomes the norm to recognise that within contracts and ... in the provision of services as well.'*

Reference 2 (page 55):

*Halton Borough Council uses the 'Dignity Challenge' approach pioneered by the Department of Health. **Halton Borough Council written evidence:** "In our commissioning and contracting, we include the 10-point Dignity Challenge in our service specifications for block contracts, within principles and standards, and within the outcomes required for spot contracts. Dignity and human rights are underlying themes – 'golden threads' in our Quality Assurance Framework [QAF]. This means that providers will be assessed according to the degree to which they meet these standards, being mainstreamed into the QAF rather than as a tick list. In the procurement of services prospective providers have to evidence how they meet these underlying themes prior to the award of a contract and this becomes part of the contract monitoring process. We also publicise the annual Dignity Day to providers to highlight its importance and to give providers the opportunity to showcase good practice."*

4.0 **POLICY IMPLICATIONS**

- 4.1 The development and modernisation of older peoples' and all adults' services involving the dignity and human rights based approach supports the council's commitment to provide appropriate, flexible care and support for older people. This improves their choices, health and avoids admission to long-term care.

- 4.2 Halton Dignity Champions' Network is the multi-agency strategic-level group responsible for driving forward the Dignity campaign ensuring that policies include dignity become embedded in practice.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The Co-ordinators' post is jointly funded through NHS and Council resources.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

None identified.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

We continue to have a positive approach to dignity and human rights by working across the health and social care system in Halton. This enables people to be treated as individuals by offering a personalised service thus maintaining a maximum level of independence, choice and control over their lives.

6.4 **A Safer Halton**

By ensuring we continue to invest in the Dignity Campaign we will continue to have a positive impact on the key challenges in this area for example, acting to alleviate people's feelings of isolation and loneliness, having a zero tolerance against all forms of abuse and ensuring people feel able to complain without fear of retribution.

6.5 **Environment and Regeneration in Halton**

None identified.

7.0 **RISK ANALYSIS**

7.1 Failure to continue improving service provision may affect our CQC performance rating as measurement of users' experience of being treated with respect and dignity in their Health and Social Care which has become increasingly seen as central to the maintenance of high-quality care.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The work in progress demonstrates that services to adults and older people across the borough are intolerant of indignity, age discrimination, promoting equality, diversity and human rights in services delivered.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.

Terms of Reference: Equality and Human Rights section 16 Inquiry

To inquire into the extent to which the human rights of older peopleⁱ who require or receive home-based care and support, however funded, are promoted and protected by public authorities, working singly or with others, and the adequacy of the legal and regulatory framework within which they are required and empowered to do so.

In particular to identify:

1. The extent to which public authorities are effective in protecting and promoting the human rights of older people , including those paying for their own services, in the initial and ongoing assessment of their needs, commissioning home based care and support and subsequent contract management;
2. Good practice in the promotion and protection of human rights of older people in home based care, including by reference to examples of how public authorities have addressed human rights matters in discharging their existing duties to promote race, gender and disability equality or through the development of single equality schemes;
3. Public authorities' understanding of their duties under the Human Rights Act in relation to promoting and protecting the human rights of older people requiring or receiving home based care and support;
4. The extent to which the legal framework for human rights and community care adequately protects and promotes the human rights of older people requiring or receiving home based care and support services;
5. The extent to which appropriate information, advice and advocacy is provided to older people directly purchasing home based care and support in order to protect and promote their human rights;
6. The extent to which inspectorate and regulatory bodies, including professional regulatory bodies, protect and promote the human rights of older people requiring or receiving home based care and support services and the extent to which it is appropriate for them to do so.
7. The scope for enhancing the role of inspectorate and regulatory bodies, including professional regulatory bodies, individually and collectively, in promoting and protecting the human rights of older people receiving home based care and support;
8. The extent to which people, including the families of older people requiring or receiving care and support, based on their experience, have confidence that the system will promote and protect their human rights.

In carrying out the inquiry the Commission will have regard to the extent to which the diverse experiences and needs of older people related to their disability, age, gender, gender identity, race or ethnicity, religion or belief and sexual orientation are effectively incorporated.

ⁱ By older people we mean people who are ages 65 and over.

Interview framework

All interviews will start with an exploration of the individual's role and the relevance of human rights to their specific context.

Interviews will end with interviewees being invited to share their thoughts on any barriers to the promotion and protection of human rights of older people receiving homecare and methods of overcoming these.

Interviews will include questions around:

- any challenges that may arise when operating in a rural context;
- the extent to which human rights that may be at risk when older people receive home care;
- training and support to support incorporation of human rights.

The following areas will be covered, with particular emphasis dependant on the role of the interviewee:

Commissioning

The incorporation of older people's human rights in:

- commissioning strategy for home care;
- service specifications;
- contracts;
- contract monitoring systems;
- scrutiny and reporting;
- information/advice given to providers.

Personalisation

The impact of personalisation on promotion and protection of human rights of older people.

Assessments

The incorporation of older people's human rights in the needs assessment framework and how this works in practice.

Information, advice and support for people seeking home care

- Availability of support e.g. advocacy or communication support.
- Information and advice offered to people seeking home care (including self funders).
- Complaints systems and how they operate, covering complaints against the authority as well as homecare providers.

Regulation

The effectiveness/extent of current approaches and how these may be improved.

REPORT TO: Safer Policy & Performance Board

DATE: 17 January 2012

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Adults

SUBJECT: Safeguarding Adults

WARDS: All

1.0 **PURPOSE OF REPORT**

1.1 To update the Board on key issues and progression of the agenda for Safeguarding Vulnerable Adults.

2.0 **RECOMMENDATION: That the Board notes the contents of the report.**

3.0 **SUPPORTING INFORMATION**

3.1 Discussions have begun, aimed at developing a pilot project in Halton based on the 'Safe Around Town' scheme which is currently running in St Helens.

The scheme's purpose is to provide a safe sanctuary for people with learning disabilities in St Helens town centre.

The working group will think about widening the proposed scope of the scheme in Halton to include vulnerable people of all ages and needs in the wider community rather than limiting it to shopping areas.

Halton Speak Out has a lead role in the project and it is hoped that collaboration can also be achieved with other voluntary groups, community centres and employers.

3.2 Feedback received during the Care Quality Commission of Adult Social Care in Halton (in 2010) and from other research highlighted that:

- People wanted a less formal way of raising concerns; and
- Many people were nervous about raising concerns when they, or their family member, were in a vulnerable situation (such as in hospital, care home, in a dependant position etc)

In response, a working group was formed, which included Social Care Customer Care, Corporate Complaints, Customer Services and Communications & Marketing, to look at developing methods of

encouraging the public to provide both positive and negative feedback on services. One of the outcomes is that a logo is being added to all Council literature, which focuses on how we can help the public improve our services to them. The strap-line 'Help us Help You' is used, moving away from focusing on telling people how to complain and emphasising that the Council welcomes feedback.



Health and private sector partners are being encouraged to adopt the Logo and approach, with their own contact details.

Halton Direct Link and the Customer Care Team will monitor the number of Referrals, on a monthly basis, and Communications & Marketing will monitor all artwork produced on an ongoing basis to ensure the logo is used correctly.

3.3 Halton Speak Out (a voluntary sector organisation that supports people with learning disabilities) held an event for self-advocates in September 2011, following the screening of the story about Winterbourne View Hospital on the Panorama TV programme and the news. Halton Speak Out were upset by what they saw and wanted to give members a chance to talk about what had happened, say what they thought about it and to make sure that members knew enough about abuse to recognize it if it happened to themselves or a friend and feel confident enough and know how to speak up about it. Comments about the event included the following:

- 'It would be great if more people came or this could be done again.'
- 'I found it emotional. It helped me to talk about my lifestyle to the staff.'
- 'Enjoyed today. Just sad about people getting hurt but I know something is being done.'
- 'An excellent event talking about a difficult topic.'
- 'I enjoyed today. It was very interesting and I learned a lot.'
- 'It is great people are being made more aware of abuse.'
- 'I can help my friends in supported housing understand more about it.'
- 'I found it good.'
- 'Liked it a lot.'
- 'I felt happy that something is being done but shocked that things are happening. I know the people to talk to if I saw it happening.'

3.4 A presentation was delivered at the Domestic Abuse Survivors Conference in November 2011, providing a 'snapshot' of the Safeguarding Adults service and its links with Domestic Abuse support services, and highlighted

the importance of partnership working, including information sharing and referral pathways. The event, attended by approximately 125 delegates including survivors and specialist service providers, explored effective approaches to preventing violence against men, women and children whilst supporting survivors of Domestic Abuse and Sexual Violence.

- 3.5 A newly developed Safeguarding Adults Induction Workbook, intended for all staff and volunteers, has now been finalised. Plans are being made to disseminate it widely to local agencies, groups and individuals including to Elected Members. An advance copy is available below to PPB members.



U:\My Documents\
Training & Developme

- 3.6 The first two of four multi-agency Joint (Safeguarding Adults and Children) Alerter Training Events planned for 2011-12 took place in November 2011. The events, which received very positive feedback from delegates attending, were delivered by a drama group and facilitated by Halton Borough Council officers who were present to deal with any queries arising that relating to local issues

- 3.7 The safeguarding (adults and children) customized training provided for transport staff, contracted transport service providers and volunteers, is being reviewed and updated and messages about Hate Crime and Hate Incidents incorporated.

4.0 **POLICY, LEGAL AND FINANCIAL IMPLICATIONS**

- 4.1 There are no policy, legal or financial implications in noting and commenting on this report.

- 4.2 All agencies retain their separate statutory responsibilities in respect of safeguarding adults whose circumstances make them vulnerable to abuse, whilst Halton Borough Council, through its Communities Directorate, fulfils its responsibility for coordination of the arrangements. These arrangements are in accordance with 'No Secrets' (DH 2000) national policy guidance and Local Authority Circular (2000)7 / Health Service Circular 2000/007.

5.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

5.1 **Children & Young People in Halton**

Safeguarding Adults Board (SAB) membership includes a Manager from the Children and Enterprise Directorate, as a link to the Local Safeguarding Children Board.

Halton Safeguarding Children Board membership includes adult social care representation.

Joint protocols exist between Council services for adults and children.

The SAB chair and sub-group chairs ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

5.2 Employment, Learning & Skills in Halton

None identified.

5.3 A Healthy Halton

The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and well-being. People are likely to be more vulnerable when they experience ill-health.

5.4 A Safer Halton

The effectiveness of Safeguarding Adults arrangements is fundamental to making Halton a safe place of residence for adults whose circumstances make them vulnerable to abuse.

5.5 Halton's Urban Renewal

None identified.

6.0 RISK ANALYSIS

6.1 Failure to address a range of Safeguarding issues could expose individuals to abuse and leave the Council vulnerable to complaint, criticism and potential litigation.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans. Policies and procedures relating to Safeguarding Adults are impact assessed with regard to equality.

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None under the meaning of the Act.

REPORT TO: Safer Policy and Performance Board

DATE: 17 January 2012

REPORTING OFFICER: Strategic Director - Communities

PORTOFLIO: Community Safety

SUBJECT: Community Safety Review

1.0 Purpose of the Report

- 1.1 To inform the Safer Policy and Performance Board of the outcome from the review of community safety.

2.0 Recommendations

- 2.1 That the Safer Halton Policy and Performance Board members receive a verbal update on the outcomes from the Community Safety Review at the Safer PPB meeting on 17 January 2012

3.0 Overview

- 3.1 Halton Community Safety team is a combined Police and Council partnership team that reports to the Safer Halton Partnership and has been traditionally funded over recent years through some mainstream funding from Police, Partners and the Council but primarily by government grants given on a year to year basis. The team has grown over a period of years but due to financial cuts was slightly reduced in size during the last financial year. The current economic climate and cessation of government grants for the next financial year dictate that the team cannot continue in its present format without an injection of funding to address the anticipated shortfall.
- 3.2 Rather than simply reduce the team in size again it has been agreed to review the current and future activities and structure of the team in order to be ready for 2012-13. The review is being jointly led by the police and the council. To help inform this review, the views of members and other stakeholders were sought and findings will be reported to the PPB as part of the verbal report.
- 3.3 The Community Safety Review will also put us in a good position for 2012, when the Police and Crime Commissioner will be elected for Cheshire. The Police and Crime Commissioner will be accountable for how crime is tackled in the police force area. PCCs will be elected by the public to hold chief constables and the force to account; effectively making the police answerable to the communities they serve. They will also work in partnership across a range of agencies at local and

national level to ensure there is a unified approach to preventing and reducing crime.

- 3.4 PCCs will not be expected to run the police. The role of the PCC is to be the voice of the people and hold the police to account. The first PCC elections will take place on 15 November 2012 to elect a PCC for each police force area in England and Wales outside London. Having been through a robust review process, the structure going forward for community safety, aims to put us in a good position to demonstrate to the PCC, that the community safety team is fit for purpose and is providing an excellent, value for money service that meets the needs of our local community.

4.0 POLICY IMPLICATIONS

- 4.1 The policy implications of the review relate primarily to the Safer Halton priority as set out below, however this is a cross cutting work area which has wider implications on other areas of council business.

5.0 OTHER IMPLICATIONS

- 5.1 If community safety is to continue and be sustainable in the longer term then it is likely that mainstream funding will be required both from the council and other partners. Further information on costs will come from the review process and will be presented to members at the PPB meeting.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

- 6.1.1 The work of the Community Safety Team links very closely with that of the council's Children's and Enterprise Directorate and the Youth Offending Team. They provide a valuable role in addressing anti social behaviour and promoting positive behaviour by young people.

6.2 Employment, Learning and Skills in Halton

- 6.2.1 The Community Safety Team work closely with the probation service and YOT, supporting offenders to change their behaviour and to access training and employment opportunities.

6.3 A Healthy Halton

- 6.3.1 Addressing anti-social behaviour and crime is the key function of the Community Safety Team and without this work it is likely that both will increase having a significant impact on residents' health

6.4 A Safer Halton

6.4.1 Should funding for community safety no longer be available, there will be an impact on crime and anti-social behaviour with both likely to rise, having a negative impact on residents quality of life.

6.5 Environment and Regeneration

6.5.1 If anti-social behaviour and crime are not fully addressed in Halton this is likely to lead to a deterioration in the quality of the environment and a corresponding reduction in confidence of the public and business in the borough.

9.0 RISK ANALYSIS

9.1 None.

10.0 EQUALITY AND DIVERSITY ISSUES

10.1 None.

11.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

11.1 There are no background papers under the meaning of the Act.

REPORT TO: Safer Policy & Performance Board

DATE: 17 January 2012

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Children, Young People and Families

SUBJECT: Prevention from Exclusion Policy, Procedure and Practice

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Board with the revised Prevention from Exclusion from building based services and withdrawal of service from individuals' homes Policy, Procedure and Practice 2011.

2.0 RECOMMENDATION: That: the Policy is noted.

3.0 SUPPORTING INFORMATION

3.1 Adults with Learning Disabilities have had an Exclusion Policy since April 2005. During 2006 the Policy was reviewed by the Safeguarding Adults Board (previously the Adult Protection Board) and it was decided that it could be adapted and extended to apply to all service user groups across internal day, residential and home care services.

3.2 The purpose of this review was to establish if the procedures detailed in the policy were effective and fit for purpose and to identify any changes that needed to be included to ensure the policy's relevance.

3.3 The review involved input from and consultation with a number of sources including:-

- Divisional Managers and Principal/Practice Managers within the Adult and Community Directorate
- Transport Co-ordination
- Safeguarding Co-ordinator
- Health colleagues

3.4 **Main amendments to the policy**

Following the review the main amendments to this policy include:-

- 3.4.1 Changing the name of the policy from Exclusion from services to Prevention from Exclusion from services. Feedback from staff, when asked to comment on the policy, indicated that they felt the title implied that the emphasis was on how to exclude individuals from services, rather than finding solutions to ensure that exclusion is the last resort. The change of name is to promote the positive slant of the policy.
- 3.4.2 The following phrases were changed throughout the policy:
“Individuals with challenging behaviour” has been changed to “behaviour that challenges services”; “Care Plan” has been changed to “Support Plan”; and “Resource Panel” has been changed to “Risk Enablement Panel”.
- 3.4.3 References to the Positive Behaviour Support Service have been included at 1.1, 1.4, 1.9 and Quick Guide stage 3. Appendix 1 now details the training currently offered by the Positive Behaviour Support Team.
- 3.4.4 All references to Learning Disabilities and the Learning Disability Panel have been deleted as the Policy is for all areas of adult social care.
- 3.4.5 Under Categories of Exclusion 1.5 (table), Residential Care has been changed to Short Stay Residential Care as the Council only has respite and intermediate residential care beds.
- 3.4.6 An instruction has been inserted to report incidents of exclusion to an Operational Director at 1.6:
“An email should be sent by the relevant Divisional Manager to the appropriate Operational Director, giving details of the service user and the case for exclusion.”
- 3.4.7 Contacts for Halton Citizen Advocacy and Halton Disability Service have been deleted, and Open Mind Services and Together Working for Well Being have been included.
- 3.4.8 Monitoring has been redefined at item 1.9 and now excludes referring to the Learning Disability Panel.

4.0 **POLICY IMPLICATIONS**

- 4.1 The procedure within this policy has been used once in an exclusion case since its last review in 2007. The staff found the process detailed in the procedure to be very useful to ensure that all steps

and opportunities were explored to keep the individual in service provision.

In all other instances relating to direct Social Service support the service users have been found alternative service provision.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 No specific financial/resource implications identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

N/A

6.2 Employment, Learning & Skills in Halton

N/A

6.3 A Healthy Halton

The focus of the policy is to ensure safeguarding adults to have access to appropriate service provision and to reduce the incidence of exclusion. An Adults Safeguarding Audit tool has been completed.

6.4 A Safer Halton

N/A

6.5 Environment and Regeneration

N/A

7.0 RISK ANALYSIS

7.1 There is a risk to the individual and carer if problems regarding service provision are not dealt with swiftly and fairly and all alternative solutions are considered. The Policy states that Principal Managers should notify Divisional Managers of any exclusion/service withdrawal to ensure that the policy is being used appropriately. Divisional Managers should report monthly to the Divisional Management Team of any exclusion in their service area.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The Policy seeks to reflect the preference for solutions other than exclusion or withdrawal of services such a behaviour contracts or adapting service or staffing arrangements to maintain support plan for individuals.

An associated Community Impact Review & Assessment (CIRA) has been completed and will be subject to review by the Directorate Equalities Group.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF
THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.



Communities Directorate

Prevention of Exclusion from Building Based Services and Withdrawal of Services from Individuals' Homes

Policy and Procedure

Draft 2011

CONTENTS

	Page	Paragraph
Policy		
Introduction	4	1.1
Background	5	1.2
Values	5	1.3
Principles	6	1.4
Categories of Exclusion/Service Withdrawal	7	1.5
Criteria for Exclusion/Service Withdrawal	8	1.6
Capacity	9	1.7
Appeals Procedure	10	1.8
Monitoring	10	1.9
Procedure		
Stage 1	11	
Stage 2	11	
Stage 3	12	
Stage 4	13	
Appendices		
Notification of Exclusion from Services (Form A)	1	
Exclusion from Services – Monitoring of Outcomes (Form B)	2	
Contact Details of Advocacy Services in Halton	3	
Training Currently Offered by the Positive Behaviour Support Team	4	

INFORMATION SHEET

Service area	All Halton Borough Council Internal Adult Services
Date effective from	November 2011
Responsible officer(s)	Policy Officer – People and Communities Policy Team Divisional Manager – Community Services
Date of review(s)	November 2012
Status: <ul style="list-style-type: none"> • Mandatory (all named staff must adhere to guidance) 	Mandatory
Target audience	All employees of Halton Borough Council working with adults with learning disabilities, mental health issues, physical and sensory disabilities and older people.
Date of Committee/SMT decision	9 th November 2011
Related document(s)	Safeguarding Adults in Halton Interagency Policy, Procedures & Guidance.
Superseded document(s)	Protection of Vulnerable Adults Exclusion from Building Based Services and Withdrawal of Services from Individuals' Homes. Policy & Procedure – Sept 2007
Community Impact Review & Assessment completed	2011
Adult Safeguarding Audit Tool Completed	2011
File reference	

POLICY**Practice****1.1****Introduction**

This policy describes the approach to be taken when the need arises to consider:

- Whether an individual should be temporarily or permanently excluded from a building based service such as a Day or Residential Service.
- Whether services provided to an individual in his or her own home should be temporarily or permanently withdrawn.

The policy seeks to reflect:

- The preference for solutions other than exclusion or withdrawal of services such as behaviour contracts or adapting service or staffing arrangements
- Halton Borough Council's duty of care to staff providing services and to other people accessing services, who may be put at risk.
- Where exclusion or withdrawal of services is the only option, the need to identify alternative solutions and where needs are critical or substantial under Fair Access to Care Services, to put suitable alternative services in place.
- The importance of good communication and the involvement of people who access services and their carers at all stages of the process

It is intended that this policy be compatible with:

- Safeguarding Adults in Halton, Interagency Policy, Procedures & Guidance 2010
- Anti-Bullying Policy
- Care Management Procedures including Fair Access to Care Services
- Risk assessment and management procedures
- Health and safety legislation and associated policies and procedures intended to protect staff, such as Violence at Work
- Carer support policies
- Valuing People
- Health & Social Care Act 2008
- National Minimum Standards for Domiciliary Care
- National Minimum Standards for Care Homes for Older People and Adults
- Day Services Standards (under review)
- Warning Notes Procedure
- Human Rights Act 1998
- Mental Capacity Act
- Relevant PCT policies and procedures e.g. zero tolerance
- Positive Behaviour Support Service Policy (in draft)
- Corporate Caution Policy Procedure

POLICY

- Development of an Advocacy Hub

It is acknowledged that there are wider issues of social exclusion. This Policy does not apply to social exclusion but a commitment is given to consider social exclusion issues in the organisation of in-house and contracted services.

1.2 Background

Historically, exclusion or withdrawal of services has taken place when an individual, usually with behaviour which challenges service delivery, has behaved in a way which constitutes a risk to themselves, to staff providing the service and in the case of building based services to other people accessing the service.

Exclusion /withdrawal of services has often resulted in the individual having no alternative provision of service which may mean that carers have to assume the full responsibility of providing care and support. This could place a burden on carers and may result in a later breakdown of care arrangements.

The modernisation of services in line with relevant National Service Frameworks, Independence Matters and the Valuing People agenda, means that there is a range of options for meeting people's needs and responding to the challenges, which were previously confined to one service provision.

Values**1.3**

All agencies involved in the provision of services to vulnerable adults should share a common set of values to ensure that vulnerable adults have:

- The same **human rights** as everyone else to not live in fear and to be free from bullying and harassment.
- The right to live as a valued and equal member of the community while being shown **respect** and afforded privacy and dignity.
- The right to exercise informed **choice** about the way they live their lives and in the take-up of services.
- The right to high **quality**, flexible and accessible services and a support network of professionals.
- The right to their **independence**, to achieve their full potential and to live according to their wishes and beliefs.
- The right to have a **voice** and their views listened to and be

Practice

26 July 11

POLICY

acknowledged in the planning and provision of services available.

- The right to have the same **opportunities** in life as others and not be bullied, harassed or discriminated against because of their disability.

This Policy seeks to uphold these values whilst addressing those circumstances where service provision becomes more challenging because of the risks presented to the individual and to others, including staff, through continuing to provide services.

1.4 Principles

1. All services should be inclusive and exclusion or withdrawal of a service from any individual should only take place after all other options for resolution of difficulties have been pursued.
2. Inclusive services means that no individual should be excluded on the grounds of race, religion, sexual orientation, gender, age or disability. Careful consideration should be given to these issues in managing difficulties arising from behaviour which challenges service delivery and seeking a resolution.
3. Any individual subject to the processes outlined in this Policy should have access to an advocate.
4. No exclusion or withdrawal of a service should take place, even on a temporary basis, unless every attempt has been made to provide a robust and consistent service and until the carers have been consulted (where the individual has a carer) and a risk management strategy put in place. For Adults with Learning Disabilities whose behaviour challenges service delivery, the case should be referred to Positive Behaviour Support Services. For details of the range of options available see Appendix 1
5. No long term or permanent exclusion or withdrawal of services should take place until a full re-assessment of need has been completed, including a risk assessment in relation to the individual's and their carer's needs and an appropriate support plan has been put in place.
6. No individual should be put at risk by being excluded from services or having services withdrawn which are essential to their health and well-being. Conversely, if the loss of a service does not result in critical or significant risks for the individual or their carer, there is no obligation on the Directorate to replace it.

Practice

See HBC document
Development of an
Advocacy Hub

Appendix 1
Details the training
currently available from
the Positive Behaviour
Support Services Team

26 July 11

POLICY

7. Confidentiality of information will be considered at all times and information will only be shared on a need to know basis in line with information sharing policies and protocols.
8. Any monitoring / reporting arrangements should protect the identity of the individual.

Practice**1.5 Categories of Exclusion/ Service Withdrawal**

The categories of exclusion/ service withdrawal established by this Policy are:

Temporary

This means that an individual would be excluded from a service for a specified period of time, provided that the principles in 1.4 are met. The maximum period of temporary exclusion /withdrawal allowed within this Policy depends on the type of service (see table below). A reassessment of need must be completed and a meeting convened immediately to construct a person centred Support Plan

Partial

This means that an individual would continue to use the service but may have a reduction in the times and/or days of attendance.

Long term

A long term exclusion or service withdrawal means that an individual would be excluded from a service or have services withdrawn for more than the maximum period of time allowed for a temporary exclusion /service withdrawal. The period of time allowed for a temporary exclusion /service withdrawal will vary according to the type of service (see table). 6 weekly reviews/reassessments must take place during the period of the exclusion/ service withdrawal.

Permanent

A permanent exclusion /withdrawal means that the individual would no longer be able to use or attend the service. This may occur where all alternative strategies, including temporary and partial exclusions have been tried and have failed and / or the individual poses a very critical risk to themselves, to other people accessing the service or to staff. Risk Enablement Panel will decide whether the risks are very critical on the basis of a completed Level 2 risk assessment and management plan or its equivalent. Very critical risks must be included on the risk log held by the Operational Directors. The Divisional Manager responsible

26 July 11

POLICY

for the care service will make the decision as to whether the level of risk necessitates permanent exclusion from the service, taking into account of the views of the Risk Enablement Panel.

Type of Exclusion/ Service Withdrawal	Day Services	Short Stay Residential Service	Services provided in users homes
Temporary	Time period maximum 5 working days	Time period maximum 2 weeks	Time period maximum 5 working days
Partial	Time period maximum 5 working days	Time period maximum 2 weeks	N/A
Long term	Any exclusion lasting longer than 5 working days	N/A	Any service withdrawal lasting longer than 5 working days
Permanent	Applies to all services – see definition /criteria (above)		

1.6

Criteria for Exclusion

1. An individual should only be considered for exclusion or withdrawal of services if they present **a critical or substantial and continuing risk** of significant harm to themselves, other people accessing the service or staff providing the service, which cannot be managed within the service. This may include when under the influence of alcohol or illicit drugs. This may include critical or substantial and continuing risks to the individual and to staff resulting from an individual's behaviour relating to the use or non-use of equipment.
2. Oppressive and or discriminatory behaviour may result in exclusion or withdrawal of services in line with Halton's Anti-Bullying Policy.
3. A Level 2 risk assessment and management plan or equivalent must have been completed by the relevant social work team in respect of the individual, their carer and others, and identified actions implemented. The completed Level 2 risk assessment and management plan must be signed off by Risk Enablement Panel.
4. Carer(s) must have been consulted and be able to care for the person during the period of exclusion/service withdrawal, or where needs or risks are critical or substantial, suitable alternative services must be arranged. Even if the individual has a carer, it

Practice

This policy is not intended to supersede any policy already adopted by the PCT regarding withdrawal of services. It is to outline best practice to support vulnerable people.

Anti- Bullying Policy

This policy sets out what constitutes bullying and harassment and what to do if an incident occurs.

Care Management Risk Assessment Policy and Procedure

This policy and procedure sets out the policy and procedure to be followed in respect of

26 July 11

POLICY

is important that they have access to an advocate.

5. A full risk assessment and management plan must be carried out for any alternative services arranged, in order to avoid transferring the risk.
6. The individual and carer(s) must be informed in writing of the decision to exclude the person from / withdraw the service. This should include:
 - Details of the category of exclusion/service withdrawal, the period of exclusion/service withdrawal and the reason(s) for the decision
 - Review/reassessment arrangements
 - Details of any alternative services arranged for the period of exclusion/service withdrawal
 - The name and telephone number of the person they should contact if they wish to appeal against the decision. This will usually be the Principal Manager or equivalent senior manager within health services who is responsible for the care service.
7. An email should be sent by the relevant Divisional Manager to the Operational Director for Commissioning and Complex needs, giving details of the service user and the case for exclusion.

1.7 Capacity

This policy /procedure upholds the following principles (from the Mental Capacity Act 2005)

- It should always be assumed that a person has capacity to make decisions unless there has been a formal assessment that shows that this is not the case
- People have the right to be supported to make their own decisions
- People should not be treated as lacking capacity merely because they have made an “unwise” decision
- Everything that is done for people without capacity should be done in their best interest.
- All decisions must be made in a way that is least restrictive of an individual’s freedom.

The two stage mental capacity test considers whether the individual understands the risk and whether a capacity assessment needs to be undertaken by an appropriate mental health professional.

Practice

risks resulting from a person’s behaviour due to their lack of understanding or insight or tendency to self harm and risks from the harm the person could inflict on others due to their behaviour which challenges service delivery.

The Mental Capacity Act (2005) establishes

A checklist for establishing what is in the best interests of a person lacking capacity as criteria for taking actions or decisions on that person’s behalf

For guidance see Mental Capacity Act 2005 Overall Policy, Procedure and Guidance Appendix 3 - 2010

26 July 11

POLICY**Practice****1.8 Appeals Procedure**

Appeals against exclusions must be considered by the Divisional Manager or Health Manager responsible for the care service and responded to in writing within 10 working days

1.9 Monitoring

Divisional Managers should be notified by the Principal Managers of any exclusions/service withdrawals to ensure that the policy is being used appropriately.

Divisional Managers should report monthly to the Divisional Management Team of any exclusion in their service area.

An annual report, produced by Policy section, should be presented to the SMT and the relevant Partnership Board detailing:

- The number of exclusions/service withdrawals
- The reasons for exclusion/service withdrawals
- The profile characteristics of individuals who have been excluded/had services withdrawn
- The outcomes for the individuals concerned

SMT and the Partnership Board should consider how the information could be used to enhance the development of competent local services reducing the risk of further exclusions/service withdrawals.

For Adults with behaviour which challenges services, the Positive Behaviour Support Services has been developed to minimise exclusion from services.

2 PROCEDURE**QUICK GUIDE****Stage 1**

If an individual is presenting critical or significant risks within any service setting, a Level 2 risk assessment and management plan should be completed, led by the relevant social work team and any identified actions to manage the risk implemented. The Level 2 risk assessment and management plan must be signed off by Risk Enablement Panel. The appropriate alerts should be added to Care First in line with the Warning Notes Procedure.

**Stage 2**

If the risks continue or escalate to a level which presents a risk of significant harm to the individual, other people accessing the service or staff providing the service, despite the implementation of the risk management plan, the Principal Manager (or equivalent senior manager within health services) responsible for the care service should consider whether:

- There are any contributing factors to the problems which would indicate whether they are likely to be temporary or long –term or permanent e.g. a change in home circumstances, physical illness etc.
- Use of a behaviour contract would be appropriate
- Services could be adapted to minimise the presenting risks
- Staffing arrangements could be adapted to minimise the presenting risks.
- Training is required to meet a particular need. For Adults whose behaviour challenges services, Positive Behaviour Support Services have developed a training plan.



26 July 11

PROCEDURE**Stage 3**

1. The Principal Manager (or equivalent senior manager within health services) should consult with their line manager and with the relevant Social Work Team. Following consultation, if it is decided that no actions can be taken within the service to reduce the immediate risks and that a period of exclusion /service withdrawal is required, this period should be **temporary** for a maximum of 5 working days or 2 weeks within short stay residential care while an assessment of need is completed.
2. Before any exclusion or service withdrawal, even on a temporary basis, takes place, the Principal Manager (or equivalent senior manager within health services) responsible for the care service should ensure that:
 - Carers have been consulted (where the person has a carer).
 - Alternative support arrangements within the service have been fully explored.
 - Discussions have taken place with the relevant Social Work Team as to whether (if needs and /or risks are critical or substantial) suitable alternative services need to be arranged.
 - If an adult whose behaviour challenges services warrants exclusion then it would be appropriate to refer them to the Positive Behaviour Support Services.
3. The Principal Manager (or equivalent senior manager within health services) responsible for the care service should notify the Divisional Manager of the period of exclusion/ service withdrawal using the prescribed form (Appendix 1). This form should be completed and sent to the Divisional Manager on the day the decision is made.
4. The Principal Manager (or equivalent senior manager within health services) responsible for the care service should ensure that the person being considered for exclusion /service withdrawal has access to an advocate.
5. A referral should be made to the relevant social work team on the day the exclusion /service withdrawal decision is made for a re-assessment of need and development of a Support Plan focussing on the needs of the individual.





PROCEDURE
Stage 4

1. A planning meeting arranged by the relevant Social Work Team should take place involving all parties immediately following the decision to introduce a temporary exclusion/ service withdrawal. The meeting should consider the re-assessment of the individual's needs and construct a new person centred Support Plan. The Support Plan should address how the individual's eligible needs are to be met either within current service or within alternative services which are able to meet changing needs.
2. The Divisional Manager responsible for the care service should make any decision about extending the period of exclusion/ service withdrawal (i.e. a long term exclusion). Prior to a decision being made by the Divisional Manager to permanently exclude an individual from a service, Risk Enablement Panel should consider the proposal on the basis of a completed Level 2 Risk Assessment and Management Plan, indicating that risks are very critical.
3. A report should be made to DMT about the outcome of the exclusion using the prescribed form. (Appendix 2).

NOTIFICATION OF EXCLUSION FROM SERVICES/SERVICE WITHDRAWAL (FORM A)

Person's Details :	Care First No:		Gender:	M/F	Age		Ethnicity	
Service Provider:								
Date of Exclusion/Service Withdrawal:								
Reason for Exclusion/Service Withdrawal:								
Person's /Advocate's Views:								
Carer Consultation (Date & Outcome):								
Details of any Alternative Services Provided:								
Date of referral to Social Work Team:			Date of Planning Meeting:					
Exclusion authorised by:								
Date Notified to Divisional Manager (DM to notify DMT)			Date to be notified to Partnership Board /by whom:					

**EXCLUSION FROM SERVICES/SERVICE WITHDRAWAL – MONITORING OF OUTCOMES
(FORM B)**

Person's Details :	Care First No:		Gender:	M/F	Age		Ethnicity	
Service Provider:								
Date of Exclusion:								
Reason for Exclusion:								
Outcome of Re-assessment and Planning Meeting:	Service Provision re-instated		Date:					
	Long term - exclusion extended until (specify date)		Date:					
	Reasons for extension:							
	Permanent exclusion/ service withdrawal		Date:					
	Reasons for permanent exclusion:							
	Alternative services provided (provide details):							
	Other (provide details)							
	Divisional Manager's Signature/ Agreement		Date:					
Date to be notified to DMT/ and Partnership Board and by whom:								

Contact details of Advocacy Services in Halton

Halton Speak Out	Tel: 01928 588526
Advocacy Matters	Tel: 0151 257 9663

Other useful numbers

Age Concern Halton Runcorn Office Widnes Office	Tel: 01928 590 600 Tel: 0151 424 9000
Mencap	Tel:01928 722910
MIND (National Association For Mental Health) Halton and District	Tel:0151 495 3991
Open Mind Service	Tel: 0151 511 5687
Together Working for Well Being (Independent Mental Capacity Advocacy)	0133 244 6992 (Northern Office – Local number available in April 2011

Training Currently Offered by the Positive Behaviour Support Team:

(NB this may change in the future and be developed within the Joint Training Partnership).

- 1) **'An introduction to Autistic Spectrum Conditions'** : an examination of the Triad of Impairments (language and communication impairments, social interaction difficulties, rigidity of thought), stereotypy/repetitive behaviours, imagination difficulties, abnormal sensory reaction, problem behaviour e.g. Self Injurious Behaviour.
- 2) **'What is behaviour'**: an examination of behaviour definition and the three term contingency?
- 3) **'Considering consequences when dealing with behaviour that challenges services'**: an examination of different consequences (reinforcement, extinction, punishment), how such consequences impact upon behaviour and future occurrence. Exploration of ethical considerations.
- 4) **'Motivating Operations'**: the importance of motivation consideration when implementing procedures to reduce behaviour that challenges services.
- 5) **Functions of behaviour**: examination of core functions of behaviours, how interventions are planned with direct reference to function.
- 6) **Behaviour change procedures**: examination of prompting and chaining procedures that can be implemented to encourage new desirable behaviours.
- 7) **Data taking**: an introduction to data taking.
- 8) **Person Centred Active Support**: 1) an introduction to Active Support; 2) Full Active Support workshop
- 9) **Interactive Training**: On job training for staff supporting individuals. Strategies to increase engagement break down tasks to appropriate levels and incidentally reduce occurrence of behaviour that challenges.
- 10) **Maintaining and generalising behaviour change**: Follow up sessions- ensuring that training is maintained and applied. Teaching skills to recognise when an individual's behaviour is changing in frequency, duration or intensity and act at that point, rather than allowing it to continue and a crisis point being reached.

REPORT TO: Safer Policy & Performance Board
DATE: 17 January 2012
REPORTING OFFICER: Strategic Director Policy & Resources
PORTFOLIO: Resources
SUBJECT: Business Plans 2012-2015
WARDS: Borough wide

1. **PURPOSE OF THE REPORT**

- 1.1. To provide an update on Business Planning for the period 2012-15 and to consider the Directorate priorities, objectives and targets for services for this period that fall within the remit of this Policy and Performance Board.

RECOMMENDED: That

- (1) **The Board identifies any objectives and targets for the next three years that it wishes to see included in the Business Plans ; and**
- (2) **Board Members pass any detailed comments that they may have on the attached information to the relevant Operational Director by 18th January 2012.**

2.

3. **SUPPORTING INFORMATION**

- 3.1 Each Directorate of the Council is required to develop a medium term business plan, in parallel with the budget, that is subject to annual review and refresh.
- 3.2 PPB input to the business planning process and the setting of priorities for the Directorate is an important part of this process. Key Priorities for development or improvement in 2012-15, proposed by Officers of the Council were:
- Safeguarding & Dignity;
 - Review of the Community Safety Team; and
 - Review of Domestic Violence Services

These were discussed by Members on 15th November 2011, and have now be reflected in the draft plans, now available for consideration by the Policy & Performance Board.

- 3.3 Draft Service Objectives and Performance Indicators and targets have been developed by each Department and this information is included within Appendices to the Directorate Plan. These departmental objectives and measures will form the basis of the quarterly performance monitoring received by the Board during the future year.

- 3.4 Comments additional to those made following the PPB meeting should be made to the relevant Operational Director by 18th January 2011 to allow inclusion in the draft business plan.
- 3.5 The draft Directorate Business Plan will be revised following member comments during January and will go to Executive Board for approval on 9th February 2012, at the same time as the draft budget. This will ensure that decisions on Business Planning are linked to resource allocation. All Directorate plans will be considered by full Council at the 7th March 2012 meeting.
- 3.6 It should be noted that plans can only be finalised once budget decisions have been confirmed in March and that some target information may need to be reviewed as a result of final outturn data becoming available post March 2012.

4.0 POLICY IMPLICATIONS

- 4.1 Business Plans form a key part of the Council's policy framework.
- 4.2 Elected member engagement would be consistent with the new "Best value guidance", announced in September 2011, to consult with the representatives of a wide range of local persons.
- 4.3 Plans also need to reflect known and anticipated legislative changes.

5.0 OTHER IMPLICATIONS

- 5.1 Directorate Plans will identify resource implications.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

- 6.1 The business planning process is the means by which we ensure that the six corporate priorities are built into our business plans and priorities, and thence cascaded down into team plans and individual action plans.
- 6.2 From 2012/13 it is proposed that with the introduction of the new performance framework Departmental Reports now be available to members via the intranet. Also priority based reports for each respective Policy & Performance Board be introduced, containing details stated within the Appendices of the Directorate Business plans

7.0 RISK ANALYSIS

- 7.1 Risk assessment will continue to form an integral element of Directorate Plan developments. This report mitigates the risk of members not being involved in the setting of service delivery objectives.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Those high priority actions that result from Impact Review and Assessment will be included within Directorate Plans and will continue to be monitored through Departmental Performance Monitoring Reports.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 There are no relevant background documents to this report.



**Communities
Directorate**

DIRECTORATE PLAN

April 2012 to March 2015

DRAFT 2.12.11

CONTENTS	Page
Foreword	3
Introduction	4
Key Messages	5
• Overall Directorate Strategic Direction	5
• Strategic challenges facing the Directorate	5
Factors Affecting the Directorate	12
Organisational Initiatives	19
• Equality, Diversity & Community Cohesion	19
• Environmental Sustainability	20
• Data Quality	21
Organisational & Directorate Structure	22
• Community and Environment Services	24
• Commissioning and Complex Care Services	25
• Prevention and Assessment	25
Resources	26
• Budgets	26
• Efficiencies	26
• Human Resources	26
• ICT Requirements	26
• Property Requirements	27
Business Planning	28
Appendices	
1. Departmental Service Objectives/Milestones and Performance Indicators	
2. National Policy Guidance/Drivers	
3. Financial Allocations 2012 – 2013	

1.0 FOREWORD

The Communities Directorate Business Plan provides a clear framework by which our performance can be judged. It is a way of showing how the services it provides directly or commissions from other agencies meets the needs of local residents.

In these difficult times of reduced resources and on-going efficiencies the Directorate continues to make good progress and achievements, with the robust support of elected Members, staff, the wider Council and our partner organisations.

The new services that transferred over from the Environment and Economy Directorate last year have now embedded well into the Directorate.

2012/13 will be an exciting year for sport and our Directorate is proud to be involved with the Olympic Flame passing through the borough on its way to the main event in London. The Stobart Stadium is bidding to be a host stadium to one of the teams for the 2013 Rugby League World Cup which would bring a considerable amount of publicity into the borough.

The Directorate's vision continues to be: -

"To promote effective, affordable, quality services that are accessible, equitable, timely and responsive and to enable individuals and groups in Halton to make informed choices."

There are some significant challenges and changes ahead, including the impact of the Adult Social Care White Paper due out in the Spring, and the transfer of public health to the Directorate over the coming year. Even in these difficult times with reduced resources, I believe we are well placed to address these challenges and only improve the excellent standards of service our Directorate provides.



A handwritten signature in blue ink that reads "Dwayne Johnson". The signature is stylized and includes a horizontal line extending to the right.

Dwayne Johnson
Strategic Director, Communities Directorate

2.0 INTRODUCTION

Business planning and performance management are key tools by which public sector organisations are expected to ensure their services, and those they commission, are meeting the needs of the population they serve efficiently and effectively. In our Directorate, they underpin the ideology of the Department of Health, Audit Commission and the Care Quality Commission in their inspections, reports and guidance to Local Authorities on the most appropriate way to manage business.

Business planning is the process of developing the blueprint for the ongoing performance management of the Directorate and, without good business planning, the preparation needed to manage performance is missing. Without ongoing performance management, principles, strategies and plans developed through business planning will not be implemented and will have no impact upon actual activities of the Directorate, or on outcomes for service users and carers.

This document is a key business planning document and should be used alongside performance information when developing service and team plans. Its overall aims are to:-

- identify the key objectives for the Directorate over the next 12 months;
- improve the quality of the services provided; and
- deliver better outcomes for service users and carers.

The plan is underpinned by the principles and strategic objectives Halton Borough Council has adopted in its Corporate Plan 2011 - 2016. It aims to be a key reference document for elected members, staff in the Directorate and our partner agencies. It provides the rationale and framework for the major areas of the Directorate's activity. It does this by taking account of the national, inter-agency and Council planning and budget priorities and inter-weaves these with what we know - or what our service users and carers tell us - about how services should be developed in order to meet needs and expectations more effectively.

The plan needs to be understood in the context of a wide range of other documents. The main strategic documents are:-

- Sustainable Community Strategy for Halton: 2011 – 2026;
- The Borough Council's Corporate Plan 2011 - 2016;

These plans/strategies commit the Borough Council and its partners to achieving explicit and realistic priorities over the coming year. This Business Plan highlights the Adults and Community Directorate's elements of those commitments within the context of the Government's overall agenda for local Government. The achievement of these elements continues to depend on partnerships with many other agencies, and members are committed to testing these achievements.

The plan does not attempt to describe all the day-to-day activities that make up most of the Directorate's work, but only to set out the overall framework within which that work takes place. It needs to be remembered, however, that it is the everyday assessment of needs and arrangement of services to meet those needs that is the fundamental task of the Directorate. Undertaking this effectively requires the continuing dedication and enthusiasm of staff, together with the Directorate's commitment to recruit, retain and train staff who are able to meet the challenges of the future. None of this is straightforward. However, this does not diminish the Directorate's determination to deliver improved outcomes for our service users and carers. It makes it even more of a challenge, but one which we will seek to tackle as effectively as possible through partnership with other agencies and corporate working across the Borough Council.

3.0 KEY MESSAGES

Overall Directorate Strategic Direction

The Council and its partners have re-affirmed the direction within the Council's Corporate Plan and the Sustainable Community Strategy for Halton, and the general strategic direction and priorities are clearly articulated. In this context, the Directorate's strategic direction becomes clearer and, at a macro level, would include the following:-

- Community Leadership Role;
- Commissioning;
- Empowering and brokering of services;
- Providing direct services;
- Regulatory functions; and
- Promotion and prevention roles.

Strategic priorities and challenges facing the Directorate

Based upon the National, Regional and local picture there are a number of key strategic priorities and challenges, which the Directorate must consider. Priorities from the Safer and Health Policy and Performance Board were identified as:

- Integration of Public Health
- Review of Homelessness
- Care Closer to Home
- Safeguarding/Dignity
- Community Safety Team
- Domestic Violence Services

More detail on these areas can be found below. The following list is not exhaustive.

- In 2010, the Government published its proposals on the future of **Public Health** in the form of a White Paper. The Public Health White Paper 'Healthy Lives, Healthy People' stipulates a strengthened focus on public health. It places new public health responsibilities and resources in local government. A ring-fenced grant will be made available to Local Authorities. It commits to tackling health inequalities and establishes an integrated new service in Public Health England (PHE).
- Health Visiting and Child development 0-5 years services will be transferred to the Local Authority in 2015.

Following Executive Board approval an integrated Halton approach for Public Health has been agreed. Halton will have its own dedicated Director of Public Health and Health Improvement Service. This approach will ensure a Halton focus and offers the opportunity to integrate with a range of Council services thus yielding efficiencies and providing a more holistic service.

- **Local Health Watch** – From October 2012 HealthWatch will be the independent consumer champion for the public – locally and nationally – to promote better outcomes in health for all and in social care for adults. Locally, it will also provide information and advice to help people access and make choices about services as well as helping people access and make choices about services as well as helping people to access independent complaints advocacy to support people if they need help to complain about NHS services.
- The **NHS White Paper Equity and Excellence “Liberating the NHS”** published on 12th July 2010 developed a number of proposals.

As part of these proposals the Government announced that statutory Health & Wellbeing Boards would be established in every upper tier local authority, operating in shadow form by April 2012 with full implementation anticipated in April 2013. The Boards will have the following main functions: -

- To assess the needs of the local population and lead statutory Joint Strategic Needs Assessments.
- Promote integration and partnership across areas including through promoting joined up commissioning plans across the NHS, Social Care and Public Health and to publish a Joint Health and Well-being Strategy.
- To support joint commissioning and pooled budget arrangements where all parties agree this makes sense.

In Halton a Health and Wellbeing Board has been established and will operate in Shadow form from December 2011. A review will be undertaken 12 months after its commencement.

- The **Joint Strategic Needs Assessment** (JSNA) Health & Well-being forms the basis of a duty for the PCT and Local Authorities to co-operate in order to develop a whole health and social care response to the health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs.
- In terms of **Safeguarding**, local agencies have worked effectively together within the overall framework of applicable legislation, national policy and good practice guidance, to provide the Safeguarding Adults service. The Council has co-ordinated the multi-agency arrangements through the structure provided by the Safeguarding Adults Board (SAB) and its sub-groups. The service has worked to safeguard adults whose circumstances make them vulnerable to abuse, by taking steps to prevent abuse and by ensuring an effective response when abuse is alleged or disclosed.

Links between the Safeguarding Adults service and related service areas have been maintained and strengthened, including Dignity, Safeguarding Children, Domestic Abuse and Hate Crime.

The Care Quality Commission (CQC) conducted an inspection in September 2010 to find out how well the Council was delivering adult social care. As part of the evaluation, the inspection team looked at how well Halton was safeguarding adults whose circumstances made them vulnerable. The CQC concluded that Halton was performing excellently in safeguarding adults and that the capacity to improve in Halton was excellent. An improvement plan was formulated to take forward recommendations made by the CQC and has been progress monitored by the Safeguarding Adults Board.

- **Dignity in Care** - Halton's Dignity Co-ordinator has an overarching partnership role across the system which has been integral to driving forward the cultural shift in practice and services which can be extremely difficult and time-consuming. The approach has encouraged and allowed shared learning, highlighting the role of dignity in safeguarding, personalisation and enabled best practice across agencies, regionally and nationally. The role has benefitted all services, particularly those people in receipt of services by emphasising the importance of dignity in the context of people's Human Rights. Locally, at a strategic level it has been recognised that without the role to deliver a direct focus on dignity across all agencies that progress would not have been as effective being left to individuals which could be inconsistent and piecemeal.

Awareness raising has proved successful in ensuring all agencies are fully engaged and an annual dignity conference/event raises public awareness. A fundamental element

within this has involved the strengthening of the human rights based approach to Health and Social Care. This approach and having a dedicated Co-ordinator working across health and social care has been recognised nationally as an exemplar of best practice by ADASS, the Equality and Human Rights Commission and in a Community Care article.

As a means to improve direct care, learning, quality and identify trends audit frameworks including seeking people's views about their care experiences and performance monitoring have been across multi-agency partners.

- The Halton Multi-Agency **Domestic Abuse and Sexual Violence Strategy (DASV)** 2011-14 was launched to address the issues of Domestic Abuse and Sexual Violence in Halton. The launch of this strategy and the commitment of partners are essential to the safety and well being of people in Halton.

Homes and families should be places of safety and comfort. However, DASV can and does turn many homes into places of fear. While it mainly occurs in seclusion of private residence, domestic abuse does spill over into schools and places of work and the effects not only impact upon the victims, but the borough as a whole and the wider region around us. The Halton Domestic Abuse Forum has consistently promoted the message that all forms of abuse are unacceptable and needs to be challenged.

The focus of this strategy to respond to incidents of DASV in Halton will be the three elements of Provision; Prevention and Protection as they can be applied with all groups in the borough. The strategy will seek to improve the risk identification, assessment and management processes and to target educational and support services effectively. The whole approach will be underpinned by the forth key element of the partnership approaches.

- **Care Closer to Home** – with the proportion of older people growing and generally people living longer, often with long-term health and care needs, moving to care closer to home, and into homes is the way forward. The provision of supportive and enabling care closer to home is wide ranging and includes building on initiatives that the council already has in place with prevention and early intervention, such as, Telehealth and making greater use of technology with its mobility, flexibility and rapid transfer of information, improved integrated care pathways for users, making effective links between health, social care and other services and building up commissioning capacity and capability, working with communities to establish outcomes that matter to them.
- The **Health and Social Care Bill** was introduced in the House of Commons on the 19th January 2011. The Bill is directly relevant for local government in its proposals relating to the new public health service and the transfer of local health improvement services to local authorities.

The Health and Social Care Bill covers an extensive range of measures; some of the key elements are as follows.

- Establishing the NHS Commissioning Board answerable to the Secretary of State for Health (SoS).
- Abolition of primary care trusts, strategic health authorities, and NHS trusts (to become foundation trusts).
- Local authorities to become responsible for local health improvement, and jointly appointing directors of public health with the Secretary of State.
- Establishing local Healthwatch organisations and the Healthwatch England Committee within the Care Quality Commission
- Local authority scrutiny of NHS bodies and NHS-funded providers.

- Health and Wellbeing Boards to be set up by local authorities with statutory membership for commissioning consortia who will also be partners in joint strategic needs assessments and health and wellbeing strategies. .
- Changes to health and social care professional regulation.
- **Halton LINK** have their current Host contract extended until October 2012, in line with the revised Government timetable for the transition to Local HealthWatch. The LINK Board have established a Transition Sub Group, which is attended by Council Policy and Commissioning Officers, PCT Representation and Clinical Commissioning Groups, to look at the development of Local HealthWatch. Halton Borough Council has established a Health Watch Project Group to look at the commissioning of the Local HealthWatch Service. Further clarity and guidance on Local and National HealthWatch's remit is expected with the progression of the Bill.

In December 2010, the Department of Health published statutory guidance for health and social care services, following the publication of the national strategy for adults with autism spectrum conditions "**Fulfilling and Rewarding Lives**". Halton is currently developing a local autism strategy, in order to ensure that we have systems in place to meet the statutory guidance. The Halton Autism Strategy is being developed and monitored through the Autism Spectrum Condition Strategic Group, which is chaired by the Operational Director for Commissioning and Complex Needs. The strategy includes an action plan which will ensure lead officers and clear timescales are identified for each action and progress will be monitored on a regular basis. An independent review of Autism will be carried out by the National Autistic Society, beginning sometime during 2011. This review will cover both adults and children's services.

- **Scrutiny Reviews** – the Directorate is taking part in a number of scrutiny reviews with the Health Policy and Performance Board and Safety Policy and Performance Board. These include Autism, Homelessness and the Private Rented Sector. These reviews could impact on the way services are delivered, depending on the recommendations of Members.
- The **Building on Strengths: Proposal for a New Model of Care, Later Life and Memory Services** and the **Proposal for a New Model of Care: Adult Acute Care Pathway** reports have been produced by 5 Boroughs Partnership to offer a new and robust model of care that will enable the modernisation of services which reflects the commissioning intentions set out in the 4 Borough Alliance strategy 'Securing Better Mental Health for Older Adults' (2009). The models focus on early intervention, home/community based support, treatment promoting independence and personalised care and an enhanced assessment service that will provide three teams that will directly support GP practices and the three local acute Trusts. The models include a proposal to utilise a single point of access/gateway function to provide cognitive and functional screening with direct access to advanced assessment and consultation. The model also outlines a crisis intervention function for older adults requiring specialist old age mental health services, and will provide greater integration between inpatients and community services allowing for extending hours to services.
- **The Positive Behaviour Support Service** was established in late 2010. It was identified that there was a local deficiency in services offering skilled specialist support to people of all ages living in community settings who have a learning disability, often including autism spectrum conditions and who present with behaviour that challenges services. By developing a Positive Behaviour Support Services locally it provides a unique support service to those service users in Halton, Knowsley or St Helens and reduces the financial constraints of seeking out of borough placements in the future.

- On 15 September 2011, the Government launched **'Caring for our future: shared ambitions for care and support'** – an engagement exercise with people who use care and support services, carers, local councils, care providers and the voluntary sector about the priorities for improving care and support.

Caring for our future is an opportunity to bring together the recommendations from the Law Commission (published in May 2011) and the Commission on the Funding of Care and Support (published in July 2011) with the Government's Vision for Adult Social Care (published in November 2010), and to use these recommendations as a basis for a discussion with stakeholders about what the priorities for reform should be.

As this is such an important issue for the Local Authority and its partners in terms of the future delivery of Adult Social Care a local response has been made to the consultation and work will need to take place in the Spring 2012 regarding the implications of the resulting White Paper and update report on the Funding Reform.

- The **Welfare Reform Bill** proposes a radical shake up of the welfare system. Government plans to introduce a capped Universal Credit to replace major benefits, to extend the single room rent allowance to people under the age of 35 (from its current threshold of 25) and to reduce Housing Benefit for social housing tenants who under occupy their home could lead to an increase in the number of people applying to the authority as homeless as landlords instigate possession proceedings for rent arrears. It is envisaged that Universal Credit will be paid directly to tenants. If so, this is likely to impact upon their new affordable house building programmes as the cost of borrowing to raise development finance will increase.
- The **Localism Bill** proposes a new type of fixed term tenure that can be offered by Registered Providers of social housing. All local authorities must produce a tenancy strategy within 12 months of enactment of the Bill which sets out what types of tenancy it thinks should be offered in the area, the length of the tenancy (if fixed term tenancies are proposed) and the circumstances in which they should be offered and renewed. In framing their own tenancy policies, Registered Providers must have due regard to the local authority's strategy but are not compelled to accept the recommendations therein.
- There is a challenge to secure resources from the **Homes and Communities Agency** to complete the Castlefields Regeneration and to support Registered Providers of social housing to deliver the new Affordable Homes Programme.
- The Government's new **affordable rent regime** will lead to a rent increase for some tenants of social housing and may present a further squeeze on household budgets and could ultimately lead to increased demand on Council services.
- Next summer sees the introduction of **Choice Based Lettings** in Halton. This represents a substantial change in the way social housing is allocated with more emphasis placed on pro-active selection by housing applicants via a "bidding" process. It is vital that vulnerable tenants some of whom may have priority need for a move are supported through the process of expressing their interest in suitable properties.
- Halton Community Safety team is a combined Police and Council partnership that reports to the Safer Halton Partnership and has been traditionally funded over recent years through some mainstream funding from Policy, Partners and the Council but primarily by government grants given on a year to year basis. The current economic climate and cessation of government grants for the next financial year dictate that the team cannot continue in its present format without an injection of funding to address the anticipated

shortfall. A review of current and future activities and the structure of the team will take place.

- With the continuing Coalition Government's **Comprehensive Spending Review**, the Council has on-going budgetary pressures and each Directorate will need to ensure that they effectively contribute to the Authority's response to dealing with the current economic climate. For Halton, this will mean continued development and strengthening of partnerships, which may include joint provision or commissioning with other Local Authorities, key statutory partners and in some circumstances with providers within the community, independent and voluntary sector. Working closely with users of services so that we achieve outcomes that people want will be paramount to all the work of each Directorate.
- We continue to recognise and value the essential role that **carers** play in supporting some of the most vulnerable people in our community. We will continue to identify hidden carers, recognise and respond to carers needs, and improve information and access to support services. Working in partnership with voluntary agencies, including Halton Carers Centre and the Primary Care Trust we intend to build on numerous developments made and to continue to provide real support to carers.
- **Transformation** and the use of individualised budgets will progressively transform the way in which the Directorate supports vulnerable people, as well as the change in the way business is managed by the Directorate in terms of increased Individual Budgets. *Putting People First* - A shared vision and commitment to the transformation of adult social care outlines the aims and values which will guide the development of a new, high quality care system which is fair, accessible and responsive to people's individual needs.
- The need to work in partnership with Children and Young People's Directorate to safeguard children and provide a positive **transition into adult services**. As such Halton has a Multi-Agency Transition Strategy, which clearly demonstrates the Transition Process and Halton's commitment to it. This Strategy supported by the Transition Strategy Group and the Operational Managers Group, comprising of Children and Adult Managers, captures and supports the transition to Adult services.
- The **Nutritional Guidelines/Healthier Food for Schools**, the School Food Trust and the national indicators for school meal uptake continues to drive provision of food in schools forward. Although the latest national guidelines came in to force in September 2008, Halton has for a number of years adopted similar guidelines and following a gradual decline in meal numbers, for the last few years Halton has seen a turnaround in meal uptake. Healthy eating contributes significantly to the 'being healthy national outcome for children' and provides the confidence, skills, knowledge and understanding to make healthy food choices.
- Implementation of the new **National Food Hygiene Rating Scheme** operated by the Food Standards Agency (FSA). Hygiene score of all food premises in the Borough will be published. The scheme will reward compliant businesses and provide non-regulatory incentive to non-compliant businesses.
- The **Food and Health & Safety** teams will address recommendations in Lord Young's review of health and safety law and work towards greater integration of food and health and safety inspections.
- The Council has committed significant investment to deliver enhanced **kerbside recycling services**. Essential to achieving this will be the increased co-operation and participation of the residents of Halton.

- The Council's **Waste Strategy** highlights the need for effective communications and awareness-raising and this will be delivered through a targeted programme of education.
- We will be faced with the challenge of ensuring the continued viability of the **Stadium**, through ensuring the sustained and increased use by the local community, businesses and partner organisations.
- The success of **Widnes Vikings Superleague** application for 2012 will be a significant driver in maximising income streams for the Stadium.
- **School Sport** faces a challenging time. The government has withdrawn funding to the Youth Sport Trust for the School Sport Programme. The Sport and Recreation Team are already directly involved in delivering on a number of projects and support local sport through a number of Halton programmes including its grants scheme to maximise opportunity for community sport. The principal of sports contributions to healthy lifestyles is firmly embedded in Halton's Corporate priorities
- To ensure that people who use our services experience positive outcomes that deliver: -
 - Enhancing quality of life for people with care and support needs
 - Delaying and reducing the need for care and support
 - Ensuring that people have a positive experience of care and support
 - Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

4.0 FACTORS AFFECTING THE DIRECTORATE

There are numerous factors that have been identified as having a potential impact on the delivery of services during the life of this Plan. Some of the main factors are outlined below: -

POLITICAL	SOCIAL FACTORS
The future of Public Health	Ageing Population and the shift to an older population.
Joint Strategic Needs Assessment	Dementia rising sharply amongst over 65's.
Health and Wellbeing Boards	Persuading people to change their attitude towards waste and increase participation in recycling.
National Healthy Eating agenda and guidelines.	
ECONOMIC CLIMATE	TECHNOLOGICAL DEVELOPMENTS
Budgetary pressures	Telecare/Telehealth.
Reduction in Local Housing Allowance caps and 10% cut in housing benefit.	Super League Franchise system.
Increasing levels of waste diverted from landfill will reduce the Council's spend on waste disposal.	Technology will be used to deliver "in-cab" communication solutions for waste collection vehicles.
Stobart Stadium bidding to be a host stadium for the 2013 Rugby League World Cup.	Waste Collection "Route Optimisation" through the use of technology.
Building Schools for the Future programme ceased by Coalition Government.	
The Olympics offers the opportunity to raise the profile of sport in the Borough.	
The Olympic Flame coming into the Borough.	
Anti-social Behaviour Tools and Powers review.	
New powers to tackle gang problems.	
Cutting Crime Together.	
The introduction of the Police and Crime Commissioners (PCC) from Autumn 2012.	
LEGISLATIVE	ENVIRONMENTAL
Health and Social Care Bill	The modernisation of day services continues.
The NHS White Paper " Equity and Excellence: Liberating the NHS ".	New Cemetery space required in Widnes by 2014.
Care for our Future: Shared Ambitions for care and support.	Widnes Recreation Club.
Healthy Lives, Healthy People.	HLF Parks for People bid to regenerate Runcorn Hill Park and HLF Heritage bid to see Sankey Canal from Spike Island to Fiddlers Ferry Marina restored to navigation.
A Vision for Adult Social Care.	Affordable Warmth Strategy.
Transformation.	Local environmental quality.
Waste Prevention Programme for England by December 2013.	Introduction of " rewards for recycling scheme ".
Legislative changes to local authority enforcement powers against householders who commit waste offences.	

5.0 ORGANISATIONAL INITIATIVES

There are a number of initiatives that have been developed at an organisational level in order to ensure consistency and synergy between individual business units of the Council. As such these initiatives are relevant to the work of all Directorates of the Council and have implications for, and are supported by, the work of the individual departments that sit beneath them. Such initiatives include:-

5.1 Equality, Diversity and Community Cohesion

Halton Council is committed to ensuring equality of opportunity within all aspects of its service design and delivery, policy development and employment practices. This commitment is reflected in a range of policies, strategies and other framework documents and practices that underpin the work of the Council through its day to day operational activities.

The Council reviewed and refreshed its [Single Equality Scheme](#) in 2009. As a result of the introduction of the Equalities Act (2010) the scheme has recently been further reviewed and slightly refined to ensure that it remains current and fit for purpose.

The scheme sets out the Council's approach to promoting and securing equality of opportunity, valuing diversity and encouraging fairness and creating and promoting a social environment in which people can work, learn and live free from discrimination and victimisation in all of its forms. The Council will combat discrimination throughout the organisation throughout the organisation and will use its position of influence in the borough to help to identify and remove discriminatory barriers and practices where they are found to exist.

The Council has developed a systematic approach to examine and address the equality implications of its existing and future policies, procedures and practices through the use of a Community Impact Review and Assessment process.

As a result of such assessments any actions considered to be of high priority will be monitored and reported through the Council's Quarterly Performance Reporting process.

Work continues within the Directorate to improve the access and the signposting of members of the Black and Minority Ethnic communities to support services that: -

- Advise re: housing options
- Establish the skills to maintain appropriate permanent housing
- Enable service users to remain in their own homes, and avoid eviction and homelessness
- Access other services including health, social care, education, training and leisure services.
- Help to ensure the more vulnerable amongst the Minority and Hard to Reach Communities can live independently
- Ensure there is fair access to all the Supporting People services in the Borough.
- Help prevent minority communities from feeling socially excluded
- Support Gypsies and Travellers to access services including health, social care and education.
- Directorate Equalities Group - develop and maintain a systematic approach to endeavour to ensure that equality and diversity are embedded within our Directorate and members of the group will take on board the responsibility of being Equality and Diversity Champions.

5.2 Environmental Sustainability

The Council is committed to taking a lead and setting an example in tackling climate change. The Council has developed a Carbon Management Strategy that will support the Council in managing its carbon emissions and developing actions for realising carbon and financial savings and embedding carbon management into the authority's day to day business. The Plan will be reviewed and updated during 2011/12.

The Council has set a target to reduce its emissions by 5% – 10% over 2010/11 figures over a 5-year period. The main measure included in the Children and Enterprise Plan is now the Green House Gas emissions indicator which is slightly different from the previous carbon emissions indicator as such the figures need updating in line with this. The GHG emissions figure for 2010/11 is 25,817 tonnes CO₂e.

This breaks down as follows: -

Corporate Buildings – 8306 tonnes CO₂e

Schools – 9323 tonnes CO₂e

Street Lighting – 6247 tonnes CO₂e

Vehicle Fleet – 1446 tonnes CO₂e

Business Miles – 495 tonnes CO₂e

The Council has also worked with the Energy Saving Trust to develop opportunities for reducing emissions in the wider community. The opportunities will form the basis of a Corporate Climate Change Strategy to be developed in 2011/12. Directorates will contribute to and support specific actions within the overall Strategy.

Linked to the development of the Affordable Warmth Strategy, which aims to raise awareness of fuel poverty and build on referral mechanisms, it is also intended to improve proprieties in terms of energy efficiency through appropriate insulation and improved heating systems, which will contribute to the Council's commitment to tackling Climate Change issues.

The Stadium continues to drive forward its commitment to enhancing energy efficiency particularly around its electrical consumption. Through raising staff awareness of how they can reduce energy consumption and the resulting impact it could have on the environment, since 2006/7 the Stadium has seen a reduction in over 27% of it's electrical consumption, not just having an impact on the environment but also having the effect of generating cost savings.

Open Space Services continues to develop areas of woodland for the purposes of carbon capture and in order to take areas out of intensive management that requires the burning of carbon based fuels. Through the management of twelve local nature reserves and through environmental good practice, underpinned by a partnership with the Cheshire Wildlife Trust and with Mersey Forest the Division works to ensure biodiversity throughout the Borough.

Halton is working with local authorities and Registered Social Landlords in Merseyside and third sector organisation Fusion 21 to develop a fully worked up bid for European Regional Development Fund (ERDF) resources to provide energy efficiency measures to vulnerable households in the sub region, following a successful expression of interest. If successful, the bid should enable new technologies such as combined heat and power systems to be installed in selected social rented blocks and provide solid wall insulation for hard to treat properties.

5.3 Risk Management

Risk Management, which forms a key element of the strategic and performance management processes of the Council, is a business discipline that is used to effectively manage potential opportunities and threats to the organisation in achieving its objectives.

Risk assessments are the process by which departments identify those issues that are, or may be, likely to impede the delivery of service objectives. Such risks are categorised and rated in terms of both their probability, i.e. the extent to which they are likely to happen, and their severity i.e. the potential extent of their impact should they occur.

Following such assessments a series of risk treatment measures are identified that will mitigate against such risks having an adverse impact upon the delivery of departmental / organisational activities. All high risks and the implementation of their associated mitigation measures will be monitored and reported through the Council's quarterly performance monitoring arrangements.

5.4 Arrangements for managing Data Quality

Good quality data provides the foundation for managing and improving services, determining and acting upon shared priorities, and accounting for performance to inspecting bodies and the local community.

In recognising this, the Council has developed a Corporate Data Quality Strategy that will provide a mechanism by which the authority can be assured that the quality of its data remains robust and fit for purpose. This strategy, which will remain subject to periodic review, identifies five Key Corporate Objectives and establishes the key dimensions of good quality data i.e. that data is:-

<i>Accurate:</i>	For its intended purpose;
<i>Valid</i>	By being consistently recorded and used in compliance with predetermined definitions and rules;
<i>Reliable</i>	By reflecting stable and consistent data collection processes;
<i>Timely</i>	By being made available as soon as possible after the activity or event and in line with organisational requirements;
<i>Relevant</i>	For the purpose intended;
<i>Complete</i>	In that the monitoring of incomplete, missing or invalid data is avoided as far as is possible.

In supporting the delivery of the corporate strategy the Directorate will ensure that appropriate systems and processes are in place to secure the quality of its data and that such systems are subject to periodic and risk-based review.

6.0 ORGANISATIONAL & DIRECTORATE STRUCTURE

The Council is committed to consistently managing the delivery of its services in the most cost efficient way that maximises the effectiveness of its available resources.

As a result of this continuing drive for efficiency as of April 2011 the Council has reduced the number of Directorates from four to three with an overall reduction in the number of departments to eleven.

The Council recognises the value of corporate working and that effective communication channels, both internally between Directorates and externally with partners, are a pre-requisite to success. It therefore has in place complementary arrangements at different organisational levels to ensure that the organisation works as an integrated and unified entity.

In support of this approach results-based matrix management practices, through for example project implementation groups, are used to bring together expertise and knowledge from across the organisation in order to optimise the response to community needs and aspirations.

Lead Officers are identified to drive and direct corporate initiatives to bring together elements of the Councils activities which, for the purposes of day to day management, may sit within all or any of the different Directorates.

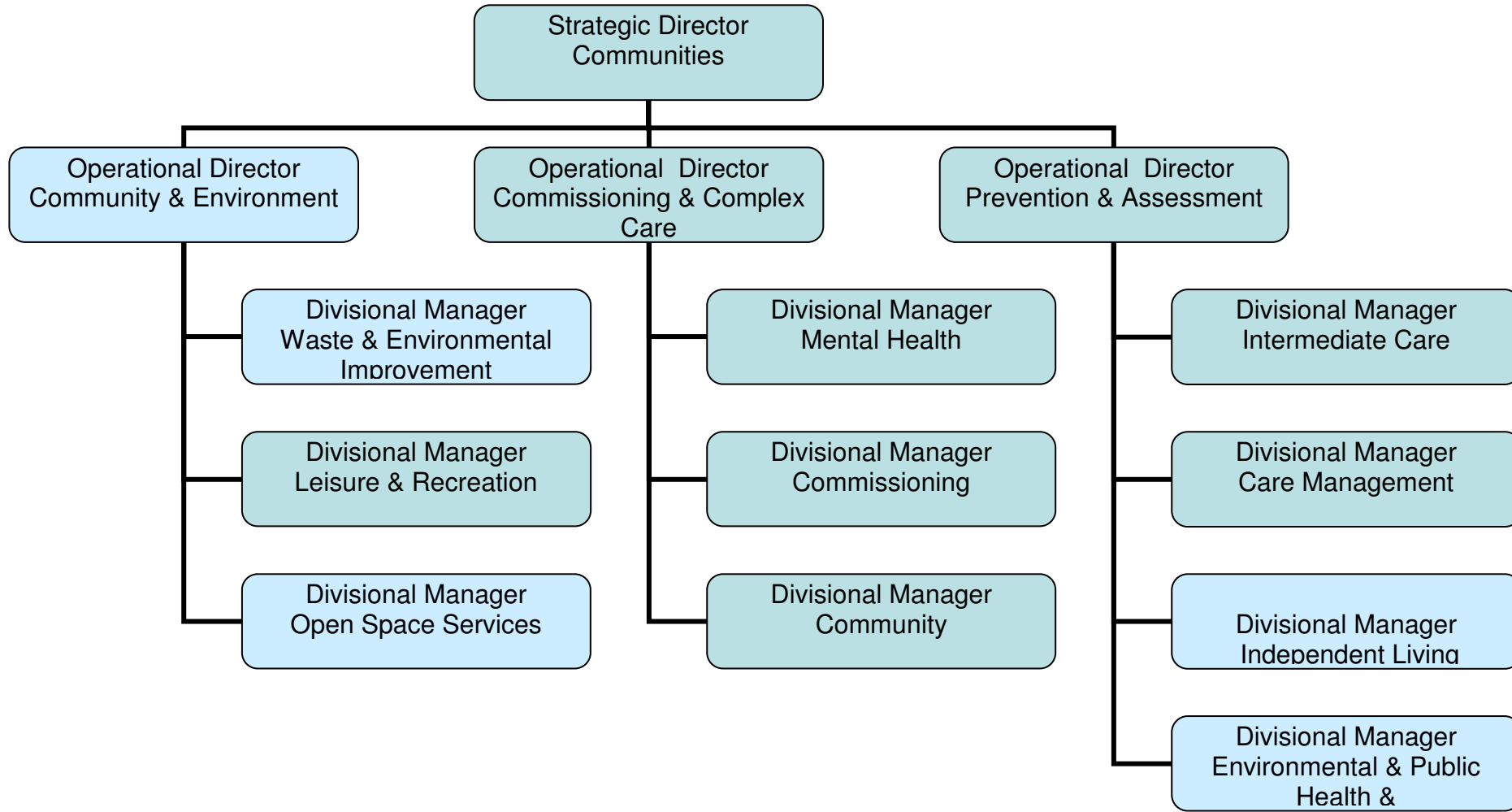
Each of the Directorate Plans is aligned to and supports the delivery of one or more of the Councils six organisational and five partnership strategic priorities as detailed within the Corporate Plan and Sustainable Community Strategy respectively.

The chart overleaf provides an overview of those functions that fall within the new Policy and Resources Directorate.

The Strategic Director for the Community Directorate has a wide community leadership role and the services undertaken by the Directorate are delivered from the following three Departments: -

- Community and Environment Services;
- Commissioning and Complex Care Services; and
- Prevention and Assessment Services.

The chart overleaf provides an overview of those functions that fall within the new Community Directorate.



Who are the services for?

Many of the services that the Directorate provides are universal – any Halton resident can access them - and some of the services (such as The Brindley or The Stadium) can be used by people from outside the Borough as well. Other services, mainly within the Social Care element of the Directorate, are restricted in their access, and only apply to people who meet the published criteria for their services.

Similarly, some services (such as the libraries) are free at the point of access, whilst others have a charge, either at the time or – again, in the case of Social Care services – through an invoicing process.

What are we for?

Each of the services within the Directorate meets the needs of different groups of people. A short description of each of the Departments is provided below:-

6.1 Community and Environment Services

The Community and Environment Department has an important role to play in addressing health issues, personal development, community safety and community cohesion, social inclusion and the quality of life for Halton people. Being predominantly concerned with the delivery of key front line services the Department acts as an interface between the public of Halton and the Council. The Department has four main Divisions:

- Leisure and Recreation
- Open Space Services
- Stadium and Catering
- Waste and Environmental Improvement

Leisure and Recreation exists to provide access to leisure and culture facilities including public libraries and The Brindley Arts Centre, information and recreation and to encourage individuals and groups to take opportunities to develop their quality of life by active participation. Through its Registration Service the Division conducts civil marriages/civil partnerships/citizenship ceremonies and facilitates the registration of births, marriages and deaths.

Open Space Services is responsible for the management and development of the physical fabric of the Borough's parks, children's play areas, cemeteries, sports grounds, green spaces, local nature reserves promenades and the green infrastructure associated with the highway network. Through its Cemeteries and Crematorium section it meets the requirements of the bereaved in relation to burial and cremation, and through its Streetscene Section it is also responsible for the delivery of street cleansing services Borough wide. The services also organises and promotes major events throughout the Borough.

Stadium and Catering includes the management of the Stobart Stadium Halton which is Halton Borough Council's flagship sporting, health and fitness facility. It is a major cultural asset of the Borough, providing a first class venue for multiple sports and leisure provision, it also has successful and well-developed commercial activities and significant community links to various community and sporting groups. The Catering Service offers the provision of a comprehensive catering service to schools that ensure all Central Government guidelines on healthy eating are being adhered to, a dedicated management support service that is responsive to the requirements of each school/building, professional and technical advice on all catering issues, including design and concept issues, full catering facilities at two staff restaurants and three coffee shops, on-site catering facilities for working lunches, buffets, committee teas etc. It is also responsible for the delivery of the community meals service, ensuring that the meals delivered are of a high standard, that they meet people's nutritional needs and that the targets for delivery are met.

Waste and Environmental Improvement Services is responsible for ensuring that the Council fulfils its statutory functions and obligations as a Principle Litter and Waste Collection and Disposal Authority, including the development of waste strategies and policies, the management and development of the Council's operational waste and recycling services and for the delivery of enforcement and regulatory activities relating to waste.

6.2 Commissioning and Complex Needs

The Commissioning and Complex Needs Department commissions a wide range of residential/nursing, day and support services from the voluntary and independent sectors. All these services are specifically designed to enable rehabilitation, encouraging people to retain or regain independence or to offer supported environments for them to live within Halton, whenever possible.

The Department is responsible for providing an operational front-line Housing Options service, focussed on homelessness prevention. The team also manages the Council's permanent Gypsy site and unlawful encampments.

The Department provides an assessment and care management service for people with mental health and substance misuse problems. In addition, the Department supports the delivery of the Emergency Duty Out of Hours Service, which covers Children's Services and all Adult areas.

The Department promotes active partnerships with the health services and the private, voluntary and independent sectors, to deliver high quality care to people within the local community who have complex needs.

The Department is responsible for all aspects of Community Safety.

6.3 Prevention and Assessment Department

The Prevention and Assessment Department provides an assessment and care management service for people with physical, sensory or learning disability and older people, including leading on the personalisation agenda.

The Department focuses its activities on vulnerable people (over the age of 18) in regaining or maintaining their independence, good health and wellbeing, to prevent the need for more intensive interventions such as acute hospitals and other institutional care.

The focus is on maximising people's independence through interventions such as prevention/ rehabilitation / enablement / telecare/ equipment services and with the provision of high quality care, in partnership with the NHS, private and voluntary sectors.

The Reablement Service focuses on confidence-building, self-help and social inclusion rather than "doing" tasks for the person. Its purpose is to restore optimal levels of physical, psychological and social ability alongside the needs and desires of the individual and their family.

The Department's aim is also to facilitate people out of hospital as quickly as possible and provide necessary equipment and services to them in a timely way.

Environmental Health – to deliver a diverse collection of statutory regulatory functions and related services covering a range of activities including food safety, health and safety at work, pollution control, contaminated land, air quality management, noise control, environmental protection and private sector housing.

7.0 RESOURCES

7.1 Budgets – Information not yet known

The Directorate has a gross budget of £??? for 2011-2012 which has been allocated by Department.

- | | |
|---|---|
| • Community Services | £ |
| • Prevention and Commissioning Services | £ |
| • Catering and Stadium Services | £ |
| • Complex Needs Services | £ |
| • Enablement Services | £ |

A breakdown of the total budget allocation is attached as Appendix 2.

7.2 Efficiencies

Update from Michelle Clunie

7.3 Human Resources

The Directorate employs approximately 1,800 staff and are considered to be our most valuable asset. These include day care workers, home care assistants, librarians, activity coaches, occupational therapists, customer services staff, social workers, bereavement officers, registration officers and managerial staff. Staff provide a range of support services to the public. A fundamental role in achieving this is to talk to people about their needs, work out with them how best to meet these and arrange for appropriate services to be provided. We work with a broad range of people from the local community who may need support for a variety of reasons.

The Directorate (and the Council as a whole) is committed to training and developing its staff and has a system of Employee Development Reviews twice a year to produce Personal Action Plans for each employee setting out future learning and development plans, and setting individual work based performance targets. These are complemented by more regular supervision which review progress with personal development and are one of the key processes by which performance and service outcomes are monitored.

7.4 ICT Requirements

The Information Technology requirements/developments across the Directorate include: -

- The continued implementation of Carefirst 6
- Mobile working, for example, the use of Laptops with 3G technology, digital pen technology system within Home Care
- The development and implementation of the Resource Allocation System (RAS)
- We continue to work with our partners to ensure the philosophy and principles of Single Assessment is implemented across the Whole System. This will be developed to complement existing assessment processes and IT systems.

- The pilot of electronic monitoring within one the Directorate's contracted providers of care.
- Implementation of the RFID (Radio Frequency Identification) technology to support self-service within Libraries.
- The continued use of Telecare to promote independence and choice for people.
- The Council's in house ICT Business Services Team will develop systems and support the interfacing with specialist technology equipment to help deliver efficiencies and improve the quality and effectiveness of the Council's waste and environmental improvement services.
- Smart Cards - Cards have proved to be a benefit to increasing school meals. To introduce this system in to secondary schools, there would need to be a shared cost in the region of £35K per school – This will need to be considered in the current economic climate.

7.5 Property Requirements

The Property requirements/developments across the Directorate include:-

- There is only five years of space left in each cemetery in Runcorn and Widnes and the development of new space is currently underway.
- Widnes Recreation Club – negotiations to lease this premises to a third party are in progress.
- A new Community Centre is due to be built in Castle ward, which would include a small library collection with self-service machine, public access computers, a community café and bookable rooms.
- Within the Modernisation of Day Services, we will be reviewing current accommodation needs and future use of the building will need to be considered.
- Proposal that Runcorn Library and HDL relocate to the market building on Runcorn High Street. Completion by the end of March 2012.

8.0 BUSINESS PLANNING

Directorate Plans form an integral part of the authority's corporate planning framework, as illustrated within the diagram opposite.

This framework ensures that the Council's operational activities are complementary to the delivery of its community aspirations and legal and statutory responsibilities.

Such plans, and the Quarterly Service Plan Monitoring Reports that flow from them, are an essential tool in enabling the public, Elected Members, Senior Management, and staff how well Council departments are performing and what progress is being made in relation to improving the quality of life within the borough and service provision for local people, businesses and service users.



Performance Monitoring and Reporting

It is imperative that the Council and interested members of the public can keep track of how the Council and its Departments are progressing against objectives and targets, and that mechanisms are in place to enable councillors and managers to see whether the service is performing as planned.

As a result Departmental progress will be monitored through:

- **The day to day monitoring by Strategic Directors through their regular interaction with Operational Directors;**
- **Provision of Quarterly progress reports to Corporate and Directorate Management Teams;**
- **The inclusion of Quarterly monitoring reports as a standard item on the agenda of all the Council's Policy and Performance Boards.**
- **Publication of Quarterly monitoring reports on the Councils intranet site.**

In demonstrating its commitment to exploiting the potential of Information and Communications Technology to improve the accessibility of its services and related information an extensive range of documentation, including this plan and its associated quarterly monitoring reports, are available via the Council's website at

<http://www3.halton.gov.uk/content/councilanddemocracy/council/plansandstrategies>

Additionally information and assistance can be accessed through any of the Council's Halton Direct Link facilities (HDL) or the Council's libraries.

Community & Environment Services

Service Objectives/Milestones/Performance Indicators:

2012 – 2015

DRAFT

Departmental Service Objectives

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 1 Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.</p> <p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p>

Service Objective:	CE1 - Increase participation in sport and physical activity, thereby encouraging better lifestyles.	Responsible Officer						
Key Milestone(s) (12/13)	<ul style="list-style-type: none"> ▪ Commence development of new Sports Strategy (2012-2014). Mar 2013. (AOF1 & 2) KEY 	<i>Divisional Manager Sport and Recreation</i>						
	<ul style="list-style-type: none"> ▪ <i>Active People survey results show an increase in participation rates from 2009/10 baseline.</i> Mar 2013. (AOF1 & 2) 	<i>Divisional Manager Sport and Recreation</i>						
	<ul style="list-style-type: none"> ▪ <i>Use promotional events to increase participation and raise awareness associated with Sporting Excellence and 2012 Olympics</i> Aug 2012. (AOF1 & 2) 	<i>Divisional Manager Sport and Recreation</i>						
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> ▪ Monitor and review all CE1 milestones in line with three-year planning cycle. Mar 2014. 	Operational Director Community & Environment						
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> ▪ Monitor and review all CE1 milestones in line with three-year planning cycle. Mar 2015. 	Operational Director Community & Environment						
Risk Assessment	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Initial</td> <td style="width: 25%;">Medium</td> <td rowspan="2" style="width: 25%; text-align: center;">Linked Indicators</td> <td rowspan="2" style="width: 25%; text-align: center;">CE LI7</td> </tr> <tr> <td>Residual</td> <td>Low</td> </tr> </table>	Initial	Medium	Linked Indicators	CE LI7	Residual	Low	
Initial	Medium	Linked Indicators	CE LI7					
Residual	Low							

Corporate Priority:	A Healthy Halton Environment and Regeneration in Halton Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	<p>AOF 1 Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.</p> <p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 19 Conserve, manage and enhance public spaces for leisure and recreation and foster conservation by protecting key areas.</p> <p>AOF 22 Build on our customer focus by involving more service users in the design and delivery of services, and ensuring equal access for all users.</p>

Service Objective:	CE2 - Increase the community usage of the stadium and to maintain and improve the health of Halton residents.	Responsible Officer
Key Milestone(s) (12/13)	<ul style="list-style-type: none"> Visit Riverside College Halton, local Sixth Forms and Large Private Organisations to advise and promote the leisure facilities available at The Stadium. Sept 2012 (AOF1, AOF 2 & AOF 19) 	Operations Manager (Stadium)
	<ul style="list-style-type: none"> Measure customer satisfaction with Stadium Community Services. Jan 2013 (AOF22) 	Operations Manager (Stadium)
	<ul style="list-style-type: none"> Promote off peak opportunities at the start of each quarter to charitable and community organisations to utilise Stadium facilities at a reduced price. Mar 2013. (AOF1 & 2) 	Operations Manager (Stadium)
	<ul style="list-style-type: none"> Formulate proposals for events linked to the Rugby World Cup 2013. Sept 2012 (AOF1 & 2) 	Operations Manager (Stadium)

	<ul style="list-style-type: none"> Continue to develop the Stadium website including the introduction of an online payment system. Dec 2012 (AOF1 & 2) 			Operations Manager (Stadium)
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2014/15). Jan 2014 			Operational Director Community & Environment
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Identify areas for improvement in line with the Business Plan and Marketing Plan. (This will drive the development of milestones for 2015/16). Jan 2015 			Operational Director Community & Environment
Risk Assessment	Initial	High	Linked Indicators	CE LI2, CE LI3, CE LI4
	Residual	Low		

Corporate Priority:	A Healthy Halton			
Key Area Of Focus:	AOF 1 Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.			
Service Objective:	CE3 - Increase the number of Pupils having a school lunch, to raise awareness and increase levels of healthy eating			Responsible Officer
Key Milestone(s) (12/13)	<ul style="list-style-type: none"> Deliver a promotion and educational campaign Sept 2012 and Jan 2013 (AOF 1) KEY 			Schools Catering Manager
	<ul style="list-style-type: none"> Conduct a monthly benchmarking exercise that compares individual school performance. Good performance to be investigated and shared with all schools and producing individual School Action Plans including independently run schools. (AOF 1) Aug 2012 			Schools Catering Manager
	<ul style="list-style-type: none"> Review and update the strategy and action plan to increase the uptake of free school meals. (AOF 1) July 2012 KEY 			Schools Catering Manager
	<ul style="list-style-type: none"> Develop effective joint working and agree funding, with the private/public sector to address childhood obesity, (AOF 1) Sept 2011 KEY 			Schools Catering Manager
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Deliver a promotion and educational campaign (AOF 1) Sept 2013 and Jan 2014 			Schools Catering Manager
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Deliver a promotion and educational campaign (AOF 1) Sept 2014 and Jan 2015 			Schools Catering Manager
Risk Assessment	Initial	Medium	Linked Indicators	CE LI 1, CE L15, CE LI8, CE LI 9, CE LI 10, CE LI 11, CE LI 21, CE LI 22
	Residual	Low		

Corporate Priority:	Employment, Learning & Skills Children and Young People in Halton Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	<p>AOF 6 To develop a culture where learning is valued and skill levels throughout the adult population and across the local workforce can be raised.</p> <p>AOF 7 To promote and increase the employability of local people and tackle barriers to employment to get more people into work</p> <p>AOF 13 To improve outcomes for children by increasing educational attainment, health, stability and support during transition to adulthood.</p> <p>AOF 14 To deliver effective services to children and families by making best use of available resources.</p> <p>AOF 22 Build on our customer focus by involving more service users in the design and delivery of services, and ensuring equal access for all users.</p>

Service Objective:	CE4 - Increase the use of libraries promoting reader development and lifelong learning, thereby encouraging literacy skills and quality of life opportunities.	Responsible Officer
Key Milestone(s) (12/13)	<ul style="list-style-type: none"> ▪ <i>Deliver a programme of good quality Reader Development activities with at least 1 major event per quarter. Mar 2013. (AOF 6, AOF 13 & 14)</i> 	Library Service Manager
	<ul style="list-style-type: none"> ▪ Undertake CIPFA PLUS Survey (public library user survey for Adults) due to take place Sept 2012. (AOF 22) KEY 	Library Service Manager
	<ul style="list-style-type: none"> ▪ <i>Deliver a programme of extended informal learning opportunities including support for digital inclusion through the Race Online and Go ON campaigns meeting identified local targets. Mar 2013. (AOF 6, AOF 7 & AOF 14)</i> 	Library Service Manager
	<ul style="list-style-type: none"> ▪ <i>Implement efficiencies in stock procurement processes through the introduction of electronic invoicing, supplier selection and direct delivery Mar 2013. (AOF14)</i> 	Library Service Manager

Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Undertake CIPFA PLUS Survey (public library user survey for Children) due to take place Sept 2013. (AOF 22) Monitor and review all CE4 milestones in line with three-year planning cycle. Mar 2014. 			Operational Director Community & Environment
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all CE4 milestones in line with three-year planning cycle. Mar 2015. 			Operational Director Community & Environment
Risk Assessment	Initial	Medium	Linked Indicators	CE LI6, CE LI6a, CE LI17
	Residual	Low		

DRAFT

Corporate Priority:	Environment and Regeneration in Halton
Key Area Of Focus:	<p>AOF 18 Provide a high quality built environment that is sustainable, affordable and adaptable to meet the needs and aspirations of all sections of society.</p> <p>AOF 19 Conserve, manage and enhance public spaces for leisure and recreation and foster conservation by protecting key areas.</p>

Service Objective:	CE5 – Continue to improve Parks, Sports Grounds, Open Spaces and Local Nature Reserves.	Responsible Officer	
Key Milestone(s) (12/13)	<ul style="list-style-type: none"> Runcorn Hill Park (Parks for People bid) - Work up bid to 'Second Round' submission stage (subject to success of First Round), Mar 2013. (AOF18 & 19) KEY 	Divisional Manager Open Space Services	
	<ul style="list-style-type: none"> Woodland Expansion - Additional 200m2 of Woodland planted Boroughwide, Mar 2013. (AOF18 & 19) KEY 	Divisional Manager Open Space Services	
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Woodland Expansion - Additional 200m2 of Woodland planted Boroughwide, Mar 2014 (AOF18 & 19) Runcorn Hill Park (Parks for People bid) - Deliver Project, (subject to success of Second Round), Mar 2014 (AOF18 & 19) Create new Cemetery in Widnes, March 2014. (AOF18 & 19) 	Divisional Manager Open Space Services	
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Woodland Expansion - Additional 200m2 of Woodland planted Boroughwide, Mar 2015 (AOF18 & 19) 	Divisional Manager Open Space Services	
Risk Assessment	Initial	Medium	Linked Indicators CE LI 13, CE LI 18, CE LI 19, CE LI 20
	Residual	Low	

Corporate Priority:	Environment and Regeneration in Halton
Key Area Of Focus:	AOF 20 Improve environmental quality by tackling climate change, minimising waste generation and maximising reuse, recycling, composting and energy recovery.

Service Objective:	CE6 - Implementation of actions to ensure the Council achieves its targets and objectives relating to waste and climate change.	Responsible Officer
Key Milestone(s) (12/13)	<ul style="list-style-type: none"> Implement new operational arrangements as determined by the outcome of the review of waste and recycling collection systems. Sept 2012 (AOF 20) KEY 	Divisional Manager Waste & Environmental Improvement
	<ul style="list-style-type: none"> Publish a revised Waste Management Strategy. Mar 2013 (AOF 20) KEY 	Divisional Manager Waste & Environmental Improvement
	<ul style="list-style-type: none"> Continue to review and assess the effectiveness of projects and initiatives to help improve energy efficiency and reduce CO² emissions. Mar 2013 (AOF 20) KEY 	Divisional Manager Waste & Environmental Improvement
	<ul style="list-style-type: none"> Develop and publish a Waste Communications Plan and implement actions arising from the Plan. Mar 2013 (AOF 20) KEY 	Divisional Manager Waste & Environmental Improvement
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Continue to assess the waste and recycling operations and review relevant policies to ensure that all financial and service related targets are met. Mar 2014 (AOF 20) 	Divisional Manager Waste & Environmental Improvement

	<ul style="list-style-type: none"> Continue to review and assess the effectiveness of projects and initiatives to help improve energy efficiency and reduce CO² emissions. Mar 2014 (AOF 20) 			Divisional Manager Waste & Environmental Improvement
	<ul style="list-style-type: none"> Develop and implement waste action plans as determined by the Council Waste Management Strategy Mar 2014 (AOF 20) 			Divisional Manager Waste & Environmental Improvement
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Continue to assess the waste and recycling operations and review relevant policies to ensure that all financial and service related targets are met. Mar 2015 (AOF 20) 			Divisional Manager Waste & Environmental Improvement
	<ul style="list-style-type: none"> Continue to review and assess the effectiveness of projects and initiatives to help improve energy efficiency and reduce CO² emissions. Mar 2015 (AOF 20) 			Divisional Manager Waste & Environmental Improvement
Risk Assessment	Initial	Medium	Linked Indicators	CE LI 14, CE LI 15, CE LI 16
	Residual	Medium		

Corporate Priority:	Environment and Regeneration in Halton
Key Area Of Focus:	AOF 20 Improve environmental quality by tackling climate change, minimising waste generation and maximising reuse, recycling, composting and energy recovery.

Service Objective:	CE7 – Undertake actions to maintain a clean, safe and attractive borough.			Responsible Officer
Key Milestone(s) (12/13)	<ul style="list-style-type: none"> Continue to develop Action Plans and Protocols with External Agencies to effectively prevent and tackle a range of waste and environmental offences. Mar 2013 (AOF 20) KEY 			Divisional Manager Waste & Environmental Improvement
	<ul style="list-style-type: none"> Continue to review and assess the effectiveness of the Council's Environmental Enforcement Plans and Policies. Mar 2013 (AOF 20) 			Divisional Manager Waste & Environmental Improvement
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Continue to review, and implement actions to meet, the commitments of the Council's Environmental Action Plans and Joint Protocols. Mar 2014 Continue to review and assess the effectiveness of the Council's Environmental Enforcement Plans and Policies. Mar 2014 (AOF 20) 			Divisional Manager Waste & Environmental Improvement
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Continue to review, and implement actions to meet, the commitments of the Council's Environmental Action Plans and Joint Protocols. Mar 2015 (AOF 20) Review and update as necessary the Council's Environmental Enforcement Plans and Policies. Mar 2015 (AOF 20) 			Divisional Manager Waste & Environmental Improvement
Risk Assessment	Initial	Medium	Linked Indicators	N/A
	Residual	Medium		

Corporate Priority:	Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	AOF 25 Manage financial resources effectively whilst maintaining transparency, prudence and accountability to our stakeholders. Enhance our procurement arrangements to further reduce the cost of acquiring goods and services.

Service Objective:	CE8 - Increase the Stadium turnover and improve efficiency to reduce the level of Council contribution	Responsible Officer	
Key Milestone(s) (12/13)	<ul style="list-style-type: none"> Continue to implement annual sports bar specific action plan designed to improve profitability. Mar 2013 (AOF 25) 	Operations Manager (Stadium)	
	<ul style="list-style-type: none"> Host a wedding fayre in Oct 2012 and Feb 2013 and a business fayre in Jul 2012 (AOF 25) 	Operations Manager (Stadium)	
	<ul style="list-style-type: none"> Continue to develop promotional strategy to attract a minimum of 18 large corporate events annually to the Stadium. Mar 2013 (AOF 25) 	Operations Manager (Stadium)	
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Review and identify areas for improvement in line with the Business Plan and Marketing Plan. Jan 2014 	Operational Director Community & Environment	
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Review and identify areas for improvement in line with the Business Plan and Marketing Plan. Jan 2015 	Operational Director Community & Environment	
Risk Assessment	Initial	High	Linked Indicators CE LI1, CE LI3
	Residual	Low	

Departmental Performance Indicators

Ref ¹	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15
Cost & Efficiency							
<u>CE LI1</u>	No. of meals served versus hourly input of labour (Previously SH1)	9.20	9.00		9.50	10.00	
CE LI2	Turnover of the Stadium (£m's) (Previously SH2)	N/A	2.15		2.45	2.75	
CE LI3	Council contribution to Stadium operating costs (£100K's) (Previously SH3)	N/A	10.60		10.00	9.50	
Fair Access							
CE LI4	Diversity – number of community groups accessing stadium facilities (Previously SH4)	26	10		12	15	
CE LI5	Number of catering staff achieving a formal qualification (previously SH5)	24	15		20	25	

¹ Key Indicators are identified by an **underlined reference in bold type**.

Ref ²	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Service Delivery

<u>CE LI6</u>	Number of active users of the library service during the last 12 months	20,917	22,000		22,500	23,000	23,500
<u>CE LI6a</u>	Number of visits to libraries (annual total)	597,497	598,000		599,000	600,000	601,000
<u>CE LI7</u>	% of adult population (16+) participating in sport each week (Previously NI8)	26.3	24.02		N/A	N/A	
<u>CE LI8</u>	% Take up of free school meals to those who are eligible - Primary Schools (Previously SH8a)	81.22	80		82	85	
<u>CE LI9</u>	% Take up of free school meals to those who are eligible - Secondary Schools (Previously SH8b)	79.35	70		72.50	75.00	
<u>CE LI10</u>	Take up of school lunches (%) – primary schools (Previously NI52a)	48	50		52	55	
<u>CE LI11</u>	Take up of school lunches (%) – secondary schools (Previously NI52b)	49	51		53	55	

² Key Indicators are identified by an **underlined reference in bold type**.

Ref ³	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15
CE LI12	Participation in regular volunteering (Previously NI6)	N/A	20.02		N/A	N/A	
<u>CE LI13</u>	Greenstat-Survey, Satisfaction with the standard of maintenance of trees, flowers and flower beds. (Previously EAR LI8)	96.68%	74%		78%	82%	82%
<u>CE LI14</u>	Residual household waste per household (Previously NI191)	688.86	799		700	700	700
<u>CE LI15</u>	Household waste recycled and composted (Previously NI192)	36.42%	35%		40%	40%	40%
<u>CE LI16</u>	Municipal waste land filled (Previously NI193)	63.79%	62%		61%	60%	60%

³ Key Indicators are identified by an **underlined reference in bold type**.

Ref ⁴	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Quality

<u>CE LI17</u>	% Overall satisfaction of Library Users (Previously CS1) (3-yearly 2012)	95	N/A	N/A	96	N/A	N/A
<u>CE LI18</u>	Satisfaction with the standard of cleanliness and maintenance of parks and green spaces. (Previously EAR LI2)	100%	92%		92%	92%	92%
<u>CE LI19</u>	Number of Green Flag Awards for Halton (Previously EAR LI3)	12	12		12	12	12
<u>CE LI 20</u>	Improved Local Biodiversity – Active Management of Local Sites (NI 197)	51.85%	52%		53%	54%	55%
CE LI 21	Food cost per primary school meal (pence) (Previously SH6a)	67	74		75	76	
CE LI 22	Food cost per secondary school meal (pence) (Previously SH6b)	93	94		94	94	

⁴ Key Indicators are identified by an **underlined reference in bold type**.

Commissioning & Complex Care Services

Service Objectives/Milestones/Performance Indicators:

2012 – 2015

DRAFT

Departmental Service Objectives

Corporate Priority:	A Healthy Halton A Safer Halton Environment and Regeneration in Halton
Key Area Of Focus:	<p>AOF 4 Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community.</p> <p>AOF 9 To work together with the community to tackle crime, design and manage neighbourhoods and open spaces so that people feel safe and to respond effectively to public concerns. Through working together with our partners for example the police and fire service we want to tackle the underlying causes of crime in Halton and put in place measures to address offending behaviour, in particular that of repeat offenders who are responsible for a disproportionate number of offences in the Borough. We will give advice to residents on community safety issues, support victims of crime, provide accurate data and information on crime and ensure that we respond appropriately to incidents to help reassure residents.</p> <p>AOF 11 Everyone is able to live in an environment free from abuse, and where abuse does occur support is given to individuals and their families and action is taken against perpetrators to prevent any re-occurrence.</p> <p>AOF 18 Provide a high quality built environment that is sustainable, affordable and adaptable to meet the needs and aspirations of all sections of society.</p>

Service Objective:	Responsible Officer
CCC 1 – Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs	
Key Milestone(s) (12/13) <ul style="list-style-type: none"> ▪ Conduct a review of Homelessness Services to ensure services continue to meet the needs of Halton residents Mar 2013 (AOF4) (NEW) KEY ▪ Review Community Safety Team in line with reductions in funding arrangements Mar 2013 (AOF9 & 11) (NEW) KEY 	<i>Operational Director (Commissioning & Complex Care)</i>
	<i>Operational Director (Commissioning & Complex Care)</i>

	<ul style="list-style-type: none"> Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2013. (AOF 4) KEY 	<i>Operational Director (Commissioning & Complex Care)</i>
	<ul style="list-style-type: none"> Contribute to the implementation of the Council wide Volunteering Strategy as a means to improving services to communities. Mar 2013. (AOF 4) 	<i>Operational Director (Commissioning & Complex Care)</i>
	<ul style="list-style-type: none"> Implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2013. (AOF 4) KEY 	<i>Operational Director (Commissioning & Complex Care)</i>
	<ul style="list-style-type: none"> Implement 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. (NEW) KEY Mar 2013 (AOF 4) 	<i>Operational Director (Commissioning & Complex Care)</i>
	<ul style="list-style-type: none"> Continue to implement a behaviour solutions approach to develop quality services for adults with challenging behaviour - Models of good practice to continue to be developed. Mar 2013. (AOF4) 	<i>Operational Director (Commissioning & Complex Care)</i>
	<ul style="list-style-type: none"> Introduce Housing related Support 'Gateway' or Single Point of Access Service. Mar 2013 (AOF) 	<i>Divisional Manager (Commissioning)</i>
	<ul style="list-style-type: none"> Work with the Council's Planning Department to introduce an affordable housing policy within the Local Development Framework. Mar 2013 (AOF18) 	<i>Divisional Manager (Commissioning)</i>
	<ul style="list-style-type: none"> Implement and deliver the objectives outlined in the Homelessness and Housing Strategies and Repossessions Action Plan. Mar 2013 (AOF 18) 	<i>Divisional Manager (Commissioning)</i>

	<ul style="list-style-type: none"> ▪ Deliver against the government target to reduce by half (by 2010) the use of temporary accommodation to house homeless households. Mar 2013 (AOF 18) 			Divisional Manager (Commissioning)
	<ul style="list-style-type: none"> ▪ Introduce a Choice Based Lettings scheme to improve choice for those on the Housing Register seeking accommodation. September 2012 (AOF 18) 			Divisional Manager (Commissioning)
	<ul style="list-style-type: none"> ▪ Work with Halton Carers Centre to ensure that Carers needs within Halton continue to be met. Mar 2013 (AOF 4) KEY 			Operational Director (Commissioning & Complex Care)
	<ul style="list-style-type: none"> ▪ Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents Mar 2013 (AOF11) (NEW) KEY 			Operational Director (Commissioning & Complex Care)
	<ul style="list-style-type: none"> ▪ Introduce specialist support provision for victims of a serious sexual offence Mar 2013 (AOF11) KEY 			Operational Director (Commissioning & Complex Care)
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> ▪ Monitor and review all CCC 1 milestones in line with three year planning cycle. Mar 2014 			Operational Director (Commissioning & Complex Care)
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> ▪ Monitor and review all CCC 1 milestones in line with three year planning cycle. Mar 2015 			Operational Director (Commissioning & Complex Care)
Risk Assessment	Initial	Medium	Linked Indicators	CCC4, CCC5, CCC6, CCC7, CCC8, CCC9, CCC10, CCC11, CCC12, CCC13, CCC14, CCC 15, CCC16, CCC17
	Residual	Low		

Corporate Priority:	A Healthy Halton Environment and Regeneration in Halton Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	<p>AOF 18 Provide a high quality built environment that is sustainable, affordable and adaptable to meet the needs and aspirations of all sections of society.</p> <p>AOF 21 Engaging with partners and the community, to ensure that our priorities, objectives, and targets are shared, evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and help narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p> <p>AOF 22 Build on our customer focus by involving more service users in the design and delivery of services, and ensuring equal access for all users.</p>

Service Objective:		Responsible Officer
	CCC 2 - Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required	
Key Milestone(s) (12/13)	<ul style="list-style-type: none"> Continue to survey and quality test service user and carers' experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes. Mar 2013. (AOF 22) KEY 	Principal Manager Customer Care & Information Services
	<ul style="list-style-type: none"> Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2013 (AOF 21) KEY 	Operational Director (Commissioning & Complex Care)
	<ul style="list-style-type: none"> Continue to negotiate with housing providers and partners in relation to the provision of further extra care housing tenancies, to ensure requirements are met (including the submission of appropriate funding bids). Mar 2013 (AOF18 & 21) KEY 	Divisional Manager (Commissioning)

	<ul style="list-style-type: none"> Update the JSNA summary of findings, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. Mar 2013 (AOF 21 & AOF 22) KEY 			Divisional Manager (Commissioning)
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Monitor and review all CCC 2 milestones in line with three year planning cycle. Mar 2014 			Operational Director (Commissioning & Complex Care)
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all CCC 2 milestones in line with three year planning cycle. Mar 2015 			Operational Director (Commissioning & Complex Care)
Risk Assessment	Initial	Medium	Linked Indicators	CCC18, CCC19, CCC20, CCC21, CCC22, CCC23
	Residual	Low		

Corporate Priority:	Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	<p>AOF 21 Engaging with partners and the community, to ensure that our priorities, objectives, and targets are shared, evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and help narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p> <p>AOF 24 Ensuring that we are properly structured, resourced and organised with informed and motivated staff with the right skills who are provided with opportunities for personal development. This ensures decision makers are supported through the provision of timely and accurate advice and information.</p> <p>AOF 25 Manage financial resources effectively whilst maintaining transparency, prudence and accountability to our stakeholders. Enhance our procurement arrangements to further reduce the cost of acquiring goods and services.</p>

Service Objective:		Responsible Officer
Key Milestone(s) (12/13)	<ul style="list-style-type: none"> Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement in light of the publication of the Government White Paper 'Equity and Excellence: Liberating the NHS'. Mar 2013. (AOF21, AOF 24 & AOF 25) KEY <i>Undertake ongoing review and development of all commissioning strategies and associated partnership structures to enhance service delivery and cost effectiveness. Mar 2013. (AOF 21 & AOF 25)</i> 	Operational Director (Commissioning & Complex Care)
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Monitor and review all CCC 3 milestones in line with three-year planning cycle. Mar 2014. 	Operational Director (Commissioning & Complex Care)
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all CCC 3 milestones in line with three-year planning cycle. Mar 2015. 	Operational Director (Commissioning & Complex Care)

Risk Assessment	Initial	Low	Linked Indicators	CCC1, CCC2, CCC3
	Residual	Low		

DRAFT

Departmental Performance Indicators

Ref ⁵	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Cost & Efficiency

CCC 1	% of client group expenditure (MH) spent on domiciliary care services (Previously CCS 1)	29%	No target set				
CCC 2	% of client group expenditure (ALD) spent on domiciliary care services (Previously PCS1)	63%	No target set				
CCC 3	% of client group expenditure (PSD) spent on domiciliary care services (Previously PCS2)	23%	No target set				
CCC 15	Percentage of Communities staff working days/shifts lost to sickness absence during the financial year (Previously PCS 14).	N/A	8		8		

Service Delivery

CCC 4	Adults with physical disabilities helped to live at home per 1,000 population (Previously CSS 6)	7.89	8.0				
CCC 5	Adults with learning disabilities helped to live at home per 1,000 population (Previously CSS 7)	4.37	4.3				
<u>CCC 6</u>	Adults with mental health problems helped to live at home per 1,000 population (Previously CSS 8)	3.97	3.97				

⁵ Key Indicators are identified by an **underlined reference in bold type**.

Ref ⁶	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Service Delivery

<u>CCC 7</u>	Total number of clients with dementia receiving services during the year provided or commissioned by the CSSR as a percentage of the total number of clients receiving services during the year, by age group.	3.3%	5%				
<u>CCC 8</u>	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years (Previously PCS 12).	0	1.2		1.2		
<u>CCC 9</u>	Number of households living in Temporary Accommodation (Previously NI 156).	4	12				
<u>CCC 10</u>	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough) (Previously PCS 11).	5.78	4.4				
<u>CCC 11</u>	Carers receiving Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135).	24.13	25		25		
CCC 12	Proportion of Adults in contact with secondary mental health services living independently, with or without support (ASCOF 1H)						

⁶ Key Indicators are identified by an **underlined reference in bold type**.

Ref ⁷	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Fair Access

CCC 13	Number of learning disabled people helped into voluntary work in the year (Previously CSS 2).	85	45		N/A	N/A	
CCC 14	Number of physically disabled people helped into voluntary work in the year (Previously CSS 3).	8	8		N/A	N/A	
CCC 16	Number of adults with mental health problems helped into voluntary work in the year (Previously CSS 4).	25	21		N/A	N/A	
CCC 17	Proportion of Adults in contact with secondary mental health services in paid employment (ASCOF 1F)						

⁷ Key Indicators are identified by an **underlined reference in bold type**.

Ref ⁸	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Quality

CCC 18	Social Care-related Quality of life (ASCOF 1A)	18.9					
CCC 19	The Proportion of people who use services who have control over their daily life (ASCOF 1B)	79.2%					
CCC 20	Carer reported Quality of Life (ASCOF 1D)	N/A					
CCC 21	Overall satisfaction of carers with social services (ASCOF 3B)	N/A					
CCC 22	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	N/A					
CCC 23	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	61.7%					

⁸ Key Indicators are identified by an **underlined reference in bold type**.

Ref ⁹	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15
Area Partner Indicators							
CCC 24	Hospital Admissions for Alcohol related harm (Previously NI 39)	2809	2916		3027	3142	3261
CCC 25	Serious acquisitive crime rate (per 1000 population) (Previously NI 16).	1629	1629		To maintain and reduce from 2010/11 baseline	To maintain and reduce from 2010/11 baseline	To maintain and reduce from 2010/11 baseline
CCC 26	Rate of proven re-offending by young offenders (Previously NI 19)	N/A	N/A		Baseline to be established	Target to be set once baseline established	Target to be set once baseline established
CCC 27	Assault with injury crime rate (per 1000 population) (Previously NI 20).	979	979		To maintain and reduce from 2010/11 baseline	To maintain and reduce from 2010/11 baseline	To maintain and reduce from 2010/11 baseline

⁹ Key Indicators are identified by an **underlined reference in bold type**.

Ref ¹⁰	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Area Partner Indicators							
CCC 28	Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM Scheme – NEW).	N/A	N/A		To maintain and reduce offending rates for PPO and RO's	To maintain and reduce offending rates for PPO and RO's	To maintain and reduce offending rates for PPO and RO's
CCC 29	Reduce the number of Arson incidents (Previously NI 33).	52.77	To continue to reduce in line with trend		To continue to reduce in line with trend	To continue to reduce in line with trend	To continue to reduce in line with trend

¹⁰ Key Indicators are identified by an **underlined reference in bold type**.

Ref ¹¹	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Area Partner Indicators

CCC 30	Reduce the Actual Number of ASB incidents recorded by Cheshire Police broken down into youth and adult incidents (Previously NI 17)	8489	To maintain and reduce ASB		To maintain and reduce ASB	To maintain and reduce ASB	To maintain and reduce ASB
CCC 31	Increase the percentage of Vulnerable Adult Assessments completed within 28 days	78.12%	80%		82%	82%	82%
CCC 32	Placeholder: Perception measures of Anti-social behaviour (Safer SSP) (Resident Survey) TBC						
CCC 33	Increase % successful completions (Drugs) as a proportion of all in treatment 18+	13.3%	Above NW Average		Above NW Average	Above NW Average	Above NW Average
CCC 34	Increase % successful completions (Alcohol) as a proportion of all in treatment 18+	N/A	N/A		Baseline to be established	Target to be set once baseline established	Target to be set once baseline established

¹¹ Key Indicators are identified by an **underlined reference in bold type**.

Ref ¹²	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Area Partner Indicators							
CCC 35	Reduce the number of individuals re-presenting within 6 months of discharge (Drugs)	N/A	N/A	Baseline to be established	Target to be set once baseline established	Target to be set once baseline established	Target to be set once baseline established
CCC 36	Reduce the number of individuals re-presenting within 6 months of discharge (Alcohol)	N/A	N/A	N/A	Baseline to be established	Target to be set once baseline established	Target to be set once baseline established
CCC 37	Reduce the use of custody (Ministry of Justice proposal)	N/A	N/A	Baseline to be established	Target to be set once baseline established	Target to be set once baseline established	Target to be set once baseline established
CCC 38	Reduce the proportion of individuals within the navigate cohort whose offending is substance misuse related	N/A	N/A	N/A	Baseline to be established	Target to be set once baseline established	Target to be set once baseline established

¹² Key Indicators are identified by an **underlined reference in bold type**.

Prevention & Assessment Services

Service Objectives/Milestones/Performance Indicators:

2012 – 2015

DRAFT

Departmental Service Objectives

Corporate Priority:	A Healthy Halton A Safer Halton Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus:	<p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 3 Working with service users to provide services focussed around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions.</p> <p>AOF 4 Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community.</p> <p>AOF 10 To improve the outcomes of vulnerable adults and children, so they feel safe and protected and when abuse does occur there are local procedures and processes in place to ensure that the abuse is reported and appropriate action taken against perpetrators and to support victims.</p> <p>AOF 21 Engaging with partners and the community, to ensure that our priorities, objectives, and targets are shared, evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and help narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p>

Service Objective: PA 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people	Responsible Officer
Key Milestone(s) (12/13)	<ul style="list-style-type: none"> ▪ Support the transition of responsibility for Public Health and Improvement from NHS Halton & St Helens to Halton Borough Council. Mar 2013. (NEW) (KEY) (AOF 2 & 21) 	Operational Director (Prevention & Assessment)
	<ul style="list-style-type: none"> ▪ Implementation of the Early Intervention/Prevention strategy with a key focus on integration and health and wellbeing. Mar 2013. (KEY) (AOF 3 & 21) 	Operational Director (Prevention & Assessment)
	<ul style="list-style-type: none"> ▪ Review current Care Management systems with a focus on integration with Health (AOF 2, AOF 4 & AOF 21) (NEW) (KEY) Aug 2012 	Divisional Manager (Care Management)

	<ul style="list-style-type: none"> Contribute to the safeguarding of vulnerable adults and children in need, by ensuring that staff are familiar with and follow safeguarding processes. Mar 2013 (AOF 10) 	Operational Director (Prevention & Assessment)	
	<ul style="list-style-type: none"> Continue to implement the Dignity Action Plan and Performance framework to improve dignity in practice across Health and Social Care Mar 2013 (AOF 10) (NEW) 	Operational Director (Prevention & Assessment)	
	<ul style="list-style-type: none"> Continue to establish effective arrangements across the whole of adult social care to deliver self directed support and personal budgets. Mar 2013 (AOF 2, AOF 3 & AOF 4) (KEY) 	Divisional Manager (Care Management)	
	<ul style="list-style-type: none"> Continue to implement the Local Affordable Warmth Strategy, in order to reduce fuel poverty and health inequalities. Mar 2013 (AOF 2) 	Principal Environmental Health Officer	
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Monitor and review all PA 1 milestones in line with three year planning cycle. Mar 2014. 	Operational Director (Prevention & Assessment)	
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all PA 1 milestones in line with three year planning cycle. Mar 2015. 	Operational Director (Prevention & Assessment)	
Risk Assessment	Initial	High	Linked Indicators PA 1, PA 2, PA 3, PA 4, PA 5, PA 6, PA 7, PA 8, PA 9, PA 10, PA 11, PA 12, PA 13, PA 14, PA 15, PA 16, PA 17, PA 18, PA 19, PA 20, PA 21, PA 22, PA 23, PA 29, PA 30, PA 31, PA 32, PA 33, PA 34, PA 35
	Residual	Medium	

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	AOF 2 Providing services and facilities to maintain and promote good public health and well-being.

Service Objective: PA 2	To address air quality in areas in Halton where ongoing assessments have exceeded national air quality standards set out under the Environment Act 1995, in consultation with all relevant stakeholders			Responsible Officer
	<ul style="list-style-type: none"> ▪ <i>Publication of the Air Quality Action Plan. June 2012 (AOF 2)</i> 			<i>Principal Environmental Health Officer</i>
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> ▪ <i>Continue to review and assess air quality within the Air Quality Management Areas to assess effectiveness of the action plan. Identify any other Areas within the Borough where national air quality objectives are likely to be exceeded. Mar 2014 (AOF 2)</i> 			<i>Principal Environmental Health Officer</i>
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> ▪ <i>Statutory obligation to review Air Quality Action Plan annually Mar 2015. (AOF 2)</i> 			<i>Principal Environmental Health Officer</i>
Risk Assessment	Initial	Low	Linked Indicators	PA 25
	Residual	Low		

Departmental Performance Indicators

Ref ¹³	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Service Delivery

<u>PA 1</u>	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	98.07	99		N/A	N/A	
PA 2	Number of people referred to intermediate care/reablement who progressed to receive a service	N/A	60%		N/A	N/A	
PA 3	Average length of stay for those accessing intermediate care/reablement services	N/A	34 Days		N/A	N/A	
<u>PA 4</u>	Number of people receiving Telecare Levels 2 and 3 (Previously EN9)	166	164		259	353	

¹³ Key Indicators are identified by an **underlined reference in bold type**.

Ref ¹⁴	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Service Delivery

<u>PA 5</u>	Percentage of VAA Assessments completed within 28 days (Previously PCS15)	78.12	80%		82%	82%	82%
PA 6	Percentage of VAA initial assessments commencing within 48 hours of referral (Previously PCS16)	N/A	N/A		N/A	N/A	
PA 7	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)						
PA 8	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years	N/A	N/A		Baseline to be established	N/A	
PA 9	Percentage of HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning	N/A	N/A		Baseline to be established	N/A	
PA 10	Number of external Adult Social Care staff that have received Adult Safeguarding Training, including e-learning	N/A	N/A		Baseline to be established	N/A	
<u>PA 11</u>	% of items of equipment and adaptations delivered within 7 working days (Previously CSS 5)	96.65	94		N/A	N/A	
PA 12	Clients receiving a review as a percentage of adult clients receiving a service (Previously PCS 6)	79.15	80		80	N/A	

¹⁴ Key Indicators are identified by an **underlined reference in bold type**.

Ref ¹⁵	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Service Delivery

PA 13	Percentage of people receiving a statement of their needs and how they will be met (Previously PCS 5)	99.15	99		99	N/A	
PA 14	Proportion of People using Social Care who receive self-directed support and those receiving Direct Payments (ASCOF 1C)	26.98%	35%				
PA 15	Permanent Admissions to residential and nursing care homes per 1,000 population (ASCOF 2A)	105.05	108.74				
PA 16	Delayed transfers of care from hospital, and those which are attributable to adult social care (ASCOF 2C)	4.27	N/A				
PA 17	Proportion of Older People Supported to live at Home through provision of a social care package as a % of Older People population for Halton	14.4%	14.6%		14.8%	15%	15.2%
<u>PA 18</u>	Repeat incidents of domestic violence (Previously NI 32)	25%	27%		27%	27%	27%

¹⁵ Key Indicators are identified by an **underlined reference in bold type**.

Ref ¹⁶	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Quality

<u>PA 19</u>	Number of people fully independent on discharge from intermediate care/reablement services	N/A	40%		N/A	N/A	
PA 20	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B)	68.83	70%				
PA 21	The Proportion of people who use services and carers who find it easy to find information about support – Adult Social Care Survey (ASCOF 3D)	65.6%	65%				
PA 22	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A)	53.1%	53%				
PA 23	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	N/A	N/A				
PA 24	Achievement in meeting standards for the control system for animal health	Level 1	Level 1		Level 1	Level 1	
<u>PA 25</u>	a) % of scheduled Local Air Pollution Control audits carried out	N/A	90%		93%		
	b) % of Local Air Pollution Control Audits being broadly compliant.	N/A	75%		78%		

¹⁶ Key Indicators are identified by an **underlined reference in bold type**.

Ref ¹⁷	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Quality

PA 26	Food Establishments in the Area which are broadly compliant with Food Hygiene Law	87%	75%		78%		
PA 27	a) % of high risk Health & Safety inspections undertaken b) Number of unrated premises (and premises not currently high risk) subject to targeted interventions and risk rated under new statutory risk rating system	100% 68%	100% 200		100% 200		
PA 28	Placeholder: Overarching Trading Standards Measure (TBC)						

Fair Access

PA 29	Percentage of adults assessed in year where ethnicity is not stated Key threshold <10% (Previously PCS 4)	0.9	0.5		0.5	N/A	
PA 30	Proportion of Adults with Learning Disabilities in paid employment (ASCOF 1E)	7%	7%				

¹⁷ Key Indicators are identified by an **underlined reference in bold type**.

Ref ¹⁸	Description	Halton 10/11 Actual	Halton 11/12 Target	Halton 11/12 Actual	Halton Targets		
					12/13	13/14	14/15

Area Partner Indicators							
PA 31	All-age all cause mortality rate Males (Previously NI 120a)	853.1	858.8		850.2	841.7	833.3
PA 32	All-age all cause mortality rate Females (Previously NI 120b)	586.5	627.1		620.8	614.6	608.5
PA 33	Mortality rate from all circulatory diseases at ages under 75 (Previously NI 121)	96.8	91.8		89	87.2	85.5
PA 34	Mortality from all cancers at ages under 75 (Previously NI 122)	149.5	145		140	135	130
PA 35	16+ current smoking rate prevalence – rate of quitters per 100,000 population (Previously NI 123)	1223	1223.55		1228.5	1263.62	1268.2

¹⁸ Key Indicators are identified by an **underlined reference in bold type**.

NATIONAL POLICY GUIDANCE/DRIVERS

Local Government	
<i>Comprehensive Spending Review</i>	With the continued Coalition Government's Comprehensive Spending Review, the Council has on-going budgetary pressures and each Directorate will need to ensure that they effectively contribute to the Authority's response to dealing with the current economic climate.
<i>Equity and Excellence: Liberating the NHS</i>	The Government's long-term vision for the future of the NHS. The vision builds on the core values and principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay.
<i>A Vision for Adult Social Care: Capable Communities and Active Citizens</i>	The Coalition Government's commitment to reforming the system of social care in England to provide more control for individuals and their carers. The vision focuses on the commitment to: break down barriers between health and social care funding to incentivise preventative action; extend the greater rollout of personal budgets to give people and their carers more control and purchasing power; and use direct payments to carers and better community-based provision to improve access to respite care. Associated supporting documents include: <ul style="list-style-type: none"> ○ Practical Approaches to improving the lives of disabled and older people through building stronger communities; ○ Practical Approaches to Safeguarding and Personalisation; ○ Practical Approaches to Co-production; ○ Practical Approaches to Market and Provider Development; and ○ Transparency in Outcomes: a framework for adult social care – Consultation on Proposals.
<i>Localism Bill 2010</i>	This legislation has been introduced to support the Coalition Government's Big Society agenda and contains a package of reforms that will "establish powerful new rights to communities, revolutionise the planning system and give communities control over housing decisions".
<i>National Dementia Strategy</i>	The strategy should result in significant improvements in the quality of services provided to people with Dementia and should promote greater understanding of the causes and consequences of dementia. This strategy should be a catalyst for change in the way that people with dementia are viewed and cared for in England.
<i>A Better Quality of Life</i>	UK strategy for sustainable development.
<i>Community Strategy</i>	The Local Government Act 2000 places a statutory duty on Local Authorities to produce a community strategy for its area. This should aim to enhance the quality of life of local communities through actions to improve the economic, social and environmental wellbeing of the area and its inhabitants.
<i>Care Quality Commission (CQC)</i>	The Care Quality Commission will regulate and improve the quality of health and social care and look after the interests of people detained under the Mental Health Act.
<i>CQC Safeguarding Inspection</i>	Areas for improvement have been identified and these will be a priority for the Directorate.
<i>National Autism Strategy</i>	Autism is a lifelong developmental disability and although some people can live relatively independently, others will have high

	dependency needs requiring a lifetime of specialist care. Published on 3 March 2010, the strategy sets a clear framework for all mainstream services across the public sector to work together for adults with autism.
<i>National Healthy Eating Agenda</i>	The national healthy eating agenda and guidelines outlines the need to have a school meal service that meets all national requirements around provision and healthy eating.
<i>Valuing People Now</i>	The first national learning disability strategy <i>Valuing People</i> was published in 2001. While the vision of <i>Valuing People</i> was universally welcomed, it is generally acknowledged that implementation was variable, with a mix of very good practice and very bad. This new three-year strategy refreshes and updates the original. While the principles for people with learning disabilities remain the same – inclusion, rights, control and independent living – there is a new focus on implementation. The strategy sets out a structure for delivery covering national, regional and local levels, and identifies the responsibilities of roles and groups within this structure.
<i>Healthy Lives, Healthy People 2010</i>	This White Paper stipulates a strengthened focus on public health. It places new public health responsibilities and resources in local government. A ring-fenced grant will be made available to Local Authorities. It commits to tackling health inequalities and establishes an integrated new service in Public Health England (PHE).
<i>Transforming Social Care</i>	Is the first formal guidance outlining actions that local authorities are required to undertake in order to implement the 'personalisation agenda'. The guidance states that 'in the future, all individuals eligible for publicly funded adult social care will have a personal budget, a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and wellbeing'.
<i>Putting People First</i>	A shared vision and commitment to the transformation of adult social care outlines the aims and values which will guide the development of a new, high quality care system which is fair, accessible and responsive to people's individual needs.
<i>Quality Framework for Adult Social Care 2011</i>	The DH has produced two reports – Transparency in outcomes: a framework for quality in adult social care – a response to the consultation and next steps, and the 2011/12 outcomes framework which came into force April 2011.
<i>Neighbourhood Renewal: the National Strategy Action Plan</i>	The Government's vision for narrowing the gap between deprived neighbourhoods and the rest of the country, so that within 10 to 20 years no-one should be seriously disadvantaged by where they live.
<i>Welfare Reform Bill</i>	The bill proposes a radical shake up of the welfare system.
<i>Fair Access to Care Services</i>	Sets down the range of criteria, which Local Authorities must use to establish what Social Care services and support can be provided to people who ask them for help.
<i>DfT Blue Badge Scheme LA Guidance 2011</i>	On 14 February 2011, the Government announced a programme of reforms to modernise the scheme. The reforms will deliver the most comprehensive changes to the Blue Badge scheme for 40 years.
<i>Adult Social Care – Self Assessment</i>	Self-assessment continues to be a key source of evidence of achievements in improving outcomes for people who use adult social care services. It allows adult social care services to assess and make judgments about their own performance, using local

	evidence, including the views of people using services and support, and it provides a basis for regulators to assess improvements in outcomes alongside other evidence.
<i>Sport England Strategy 2008 - 2011</i>	The strategy focuses on a new "world leading community sport system" to maximise English sporting success in all forms, which is of particular importance in the lead up to 2012. The Olympics and Paralympic Games 2012 has provided Sport England with a once in a lifetime opportunity to inspire people and to take part and succeed in sport.
<i>Common Sense, Common Safety 2010</i>	Lord Young's review of health and safety law.
<i>Health & Social Care Bill 2011</i>	The Health and Social Care Bill was introduced in the House of Commons on the 19 th January 2011. The Bill is directly relevant for local government in its proposals relating to the new public health service and the transfer of local health improvement services to local authorities.
<i>Places People Play</i>	Places People Play is a £135 million initiative, launched November 2010, it brings additional funding into grassroots sport. It will bring the inspiration and magic of a home Olympics and Paralympics into the heart of local communities, encouraging more people to get involved in sport.
<i>National Governing Bodies (Sport)</i>	National Governing Bodies of sport provide a major role in getting people to start, stay and succeed in sport. Sport England remains committed to providing support and guidance to governing bodies to ensure the development of individual sports. A number of National Governing Bodies have produced facility development strategies.
<i>Department for Communities & Local Government - Planning Policy Guidance</i>	The most relevant for sports purposes is Planning Policy Guidance 17: Planning for Open Space, Sport and Recreation, which requires the Council to demonstrate that it has sufficient open space, including sports facilities, by undertaking an Open Space Audit.
<i>Intermediate Care Halfway Home</i>	This guidance is intended to provide clarification for intermediate care and how it should work in relation to other local services. It builds on existing guidance and also includes information on: the Inclusion of adults of all ages; renewed emphasis on those at risk of admission to residential care; inclusion of people with dementia or mental health needs; flexibility over the length of the time-limited period; integration with mainstream health and social care; timely access to specialist support as needed; joint commissioning of a wide range of integrated services to fulfil the intermediate care function, including social care re-ablement; and governance of the quality and performance of services

