



Healthy Halton Policy and Performance Board

**Tuesday, 13 June 2006 at 6.30 p.m.
Council Chamber, Runcorn Town Hall**

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

Chief Executive

BOARD MEMBERSHIP

| | |
|---|-------------------------|
| Councillor Ellen Cargill (Chairman) | Labour |
| Councillor Kath Loftus (Vice-Chairman) | Labour |
| Councillor Frank Fraser | Labour |
| Councillor Sue Blackmore | Liberal Democrat |
| Councillor Mike Hodgkinson | Liberal Democrat |
| Councillor Margaret Horabin | Labour |
| Councillor Diane Inch | Liberal Democrat |
| Councillor Eddie Jones | Labour |
| Councillor Martha Lloyd Jones | Labour |
| Councillor Pamela Wallace | Labour |
| Councillor Geoffrey Swift | Conservative |

Please contact Caroline Halpin on 0151 471 7394 or e-mail caroline.halpin@halton.gov.uk for further information.

The next meeting of the Board is on Tuesday, 11 July 2006

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

Part I

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| 2. DECLARATION OF INTERESTS (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 (subject to certain exceptions in the Code of Conduct for Members) to leave the meeting prior to discussion and voting on the item. | |
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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: Healthy Halton Policy & Performance Board

DATE: 13 June 2006

REPORTING OFFICER: Strategic Director, Corporate and Policy

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 33(5).

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(11) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for 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 submitted by 4.00 pm on the day prior to the meeting. At any 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 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 that 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 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

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

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 13 June 2006

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Executive Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

- 1.1 The Minutes relating to the Health Portfolio which have been considered by the Executive Board and Executive Board Sub are attached at Appendix 1 for information.
- 1.2 The Minutes are submitted to inform the Policy and Performance Board of decisions taken in their area.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

None.

4.0 OTHER IMPLICATIONS

None.

6.0 RISK ANALYSIS

None.

7.0 EQUALITY AND DIVERSITY ISSUES

None.

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

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

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APPENDIX 1

**Extract of Executive Board and Executive Board Sub Committee
Minutes Relevant to the Health Policy and Performance Board**

EXECUTIVE BOARD MEETING HELD ON 9th FEBRUARY 2006

HEALTH AND SOCIAL CARE PORTFOLIO

**EXB176 CO-OPTION TO HEALTH POLICY AND
PERFORMANCE BOARD**

The Board considered the report of the Strategic Director – Health and Community which sought support for the appointment of the new Chairman of Halton's Patient and Public Involvement Forum, Mr Bob Bryant, as a non-voting co-opted Member on the Health Policy and Performance Board until March 2007.

RESOLVED: That

(1) the co-option of the Chairman of Halton's Patient and Public Involvement Forum, Mr Bob Bryant, onto the Health Policy and Performance Board, as a non-voting member until March 2007 be supported; and

(2) the Executive Board recommend to the next meeting of Full Council that Mr Bob Bryant be formally co-opted onto the Health Policy and Performance Board.

**EXB177 LOCAL GOVERNMENT ACT 1972 AND THE
LOCAL GOVERNMENT (ACCESS TO
INFORMATION) ACT 1985 – URGENT
BUSINESS**

The Board was advised that a matter had arisen which required immediate attention due to the timescales involved. Therefore, pursuant to Section 100 B (4) and 100 E, the Chairman ruled that the item be considered as a matter of urgency.

Strategic
Director –
Health and
Community

EXB178 UPDATE ON THE PROPOSALS TO
CHANGE SERVICES CURRENTLY PROVIDED
AT HALTON AND WARRINGTON HOSPITALS

The Board was advised that an informal meeting had taken place with the Chief Executive of the Hospital Trust on the proposals of Halton Hospital.

The Board was further advised that the Authority was looking to secure the long term future of the hospital to ensure the safety and best possible service for all patients in Halton. It was reported that the proposals were to transfer all acute emergency procedures to Warrington as they had an A & E Department and an Intensive Care Unit. This would result in any procedure or particular surgery requiring more intensive care being dealt with in Warrington hospital. The Trust had reported that the proposal would enable there to be a more efficient deployment of specialists and staff and had indicated that this proposal was not negotiable. However, the nature of the existing services retained within Halton hospital was undetermined and would be subject to consultation. The Trust had highlighted that this would also result in fewer operations being cancelled.

Arising from the discussion the following points were noted:-

- The potential risk for patients having to travel to Warrington for treatment;
- The cost and the lack of access to public transport for patients travelling to Warrington. It was highlighted that the issue of transportation had not been considered by the Trust;
- The possible closure in the future of Halton hospital, should the proposal be implemented and the hospital effectively become a 'cottage hospital';
- More services could be retained in Halton hospital than was being proposed;
- The cardiac rehabilitation service could be placed in Halton hospital;

- The environment at Warrington hospital was not as good as Halton hospital;
- There was not sufficient space at Warrington hospital currently to implement the proposal, a further property would have to be purchased. In light of this, it was felt that Halton hospital could be utilised;
- That priority for surgery could be given to Warrington patients;
- It was not clear when the consultation would commence, although an end date had been discussed;
- The proposal would result in Halton hospital having no training facilities and fewer staff would want to work there;
- An independent and technical review of the proposals could be undertaken and alternative options established to retain the future of Halton hospital; and
- If services were removed from Halton hospital, it would result in it always being at risk of closure as it would cease to be a viable option.

The Board was advised that an independent analysis of the advantages and disadvantages of the proposals had been commissioned. Terms of Reference had been drafted and would be circulated in the near future. A Transport Working Group had also been commissioned and a Special meeting of the Health Policy and Performance Board had been arranged to scrutinise the proposals on 21st February 2006.

The Board was further advised that there would have to be a statutory 13 week consultation period and a start date for the consultation would be clarified in the near future.

RESOLVED: That the update and comments raised be noted.

EXECUTIVE BOARD MEETING HELD ON 2nd MARCH 2006

HEALTH AND SOCIAL CARE PORTFOLIO

EXB184 HEALTH AUDIT AND PERFORMANCE WITHIN
ADULT SOCIAL SERVICES

The Board considered a report outlining the Audit Commission's recommendations following a review of systems in health issues and highlighting the Commission for Social Care analysis of performance within Adult Social Services.

It was noted that three key recommendations had been made:

- (i) clarify what the Council's goals are for improving the health of residents and ensure that all staff and other stakeholders know about them;
- (ii) engage the Health Specialist Strategic Partnership in developing overall policy direction for the "improving health" priority; then
- (iii) build on the Best Value Review recommendations by designing a small number of performance indicators that measure progress towards these goals and monitor them as part of the Council's Performance Management System.

The Best Value Review report and Audit Commission's findings were now both to be presented to the Health Policy and Performance Board, combined into one action plan. It was then intended that periodic reports be presented to future Executive Board meetings on progress of a strategic nature. The four key priorities which were the key thrust of the Health Strategy were outlined for Member's consideration. These were considered to be essential.

The Board noted that the Commission for Social Care Inspection reviewed the performance of Social Services Departments in England every

year and, for 2005, had identified Halton as a two star authority, serving most adults well with promising prospects for improvement.

Areas that were working well, and areas that required improvement, were outlined for consideration. It was noted that the Inspectorate wanted the Council to concentrate on efforts to improve performance systems and a range of new initiatives had therefore been developed including:

- review of current system management and implementation of new procedures; and
- review of staffing within the performance team and interim arrangements put in place.

RESOLVED: That

- (1) the recommendations be noted and endorsed and the Health Policy and Performance Board implement the recommendations; and
- (2) the analysis of the performance of Adult Social Services be noted.

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**EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 30th
March 2006**

HEALTH AND SOCIAL CARE PORTFOLIO

(NB Councillor Massey declared a personal interest in the following two items of business (minute numbers EXB192 and EXB193) as his wife worked for the 5 Boroughs Trust.

Councillor McDermott declared a personal and prejudicial interest in the following two items of business (minute numbers EXB192 and EXB193) as he was a member of the 5 Borough Trust's Board, and left the meeting whilst they were considered. Councillor Polhill assumed the Chair in Councillor McDermott's absence.)

EXB192 4BOROUGH COMMISSIONING STRATEGY
FOR ADULTS OF WORKING AGE

The Board considered a report of the Strategic Director – Health and Community regarding the development of the draft Commissioning Strategy for Adults of Working Age with Mental Health Problems in Halton, St. Helens, Knowsley and Warrington.

It was noted that a Mental Health Programme Board had been established in 2005 to support the development of Commissioning Strategies for Mental Health Services across the four boroughs of Halton, St. Helens, Knowsley and Warrington. Three groups had been set up with joint representation from each Borough, PCT and Local Authority to develop a consistent approach across the area to the commissioning of mental health services for adults of working age, older people and children and young people.

The comprehensive Mental Health and Social Care Commissioning Strategy for Adults of Working Age had now been developed, which made three specific recommendations:

(a) that a tiered approach to commissioning with four levels be adopted within the four boroughs, with Levels 1, 2 and 3 commissioned locally and Level 4 commissioned across the four boroughs;

(b) that a partnership board across the four boroughs be established to deliver Level 4, supported by a specialist Mental Health Commissioning Alliance; and

(c) that all Commissioning Strategies and provider activity should actively promote the prevention of mental ill-health and the recovery of people who become mentally unwell.

Services within the levels were outlined for the Board's consideration. It was noted that this proposal would provide a number of outcomes

including a greater focus on carers, and support of people who were vulnerable.

RESOLVED: That

(1) the report be noted; and

(2) the strategic direction proposed by the Strategy be approved.

EXB193 HALTON JOINT COMMISSIONING STRATEGY FOR ADULTS OF WORKING AGE WITH MENTAL HEALTH PROBLEMS

The Board considered a report outlining the development of Halton's Joint Commissioning Strategy for Adults of Working Age with Mental Health Problems which had been developed by members of the Halton Mental Health Local Implementation Team in consultation with partner agencies, staff and people who used the service.

The Strategy had been presented to the Health Policy and Performance Board (PPB) on 17th January 2006 and the amendments recommended by the PPB had been incorporated. The Strategy considered the needs of local people requiring Mental Health Services and identified the services that needed to be commissioned to fulfil local requirements.

The Board noted that the Strategy was in draft form and this report formed part of the consultation on the final document. It was recognised that commissioning of mental health services must be completed within the identified and agreed budgets of both the Primary Care Trust and Halton Borough Council. Therefore, further work would be required in the future to remodel services, which would be based upon the commissioning priorities identified and the finances available.

The Halton Mental Health Joint Commissioning Strategy for Adults of Working Age linked with the 4Boroughs Commissioning Strategy which provided a commissioning framework for the boroughs of Halton, St. Helens, Warrington and Knowsley.

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RESOLVED: That

- (1) the Strategy be noted; and
- (2) the Strategy be supported and endorsed.

(NB Councillor McDermott returned to the meeting and resumed the Chair.)

EXB194 COMMISSIONING A PATIENT-LED NHS

The Board considered a report providing an update on implications of the Strategic Health Authority's recommendation that Halton and St. Helens Primary Care Trusts (PCTs) be reconfigured to establish a single Primary Care Trust.

It was noted that the Council's preferred option, as previously agreed, was still to have a PCT co-terminus with the local authority boundary of Halton. However, in the event of this being unacceptable, the Council supported the creation of a joint Halton and St. Helens PCT.

A number of advantages and disadvantages to this second proposal were outlined for the Board's consideration. It was noted that, should a single PCT for Halton and St. Helens be established, it would be essential for officers and elected members to work with the PCT to ensure that the issues identified were addressed and overcome.

The Board considered a number of issues including:

- the need for some form of political representation on the PCT Board or, alternatively, strong representation of the people of Halton;
- the anticipated increased work of the Health PPB and the need for training on health matters which had started to be put into place;

- the fact that the representations made had been set out in accordance with the style required by the Strategic Health Authority;
- places on the Board were to be allocated on the basis of ability, not a party political basis; and
- although, as a first step, PCT Board Members were required to live in the area, this may not be the case if the required skills were not available; the PCT would then look elsewhere.

A number of statistics in respect of St. Helens and Halton were also tabled for information.

RESOLVED: That

- (1) the Council respond to the consultation according to the Executive Board resolution made on 12th January 2006, as outlined in 3.3 of the report; and
- (2) the implications identified within the report be noted.

(NB Councillor Wright declared a personal and prejudicial interest in respect of the recommendation pertaining to Belvedere contained in the report for the following item of business due to being employed by the C.I.C at Belvedere. No discussion took place in respect of this particular recommendation which was moved by Councillor Polhill.)

EXB195 HOUSING GENERAL FUND – CAPITAL PROGRAMME

The Board considered a report of the Strategic Director – Health and Community outlining the probable outturn for the 2005/06 Housing Capital Programme and seeking approval for the 2006/07 Programme.

The appendix to the report compared the approved 2005/06 programme with the likely outturn position, and also outlined the proposed programme for 2006/07. It was noted that the 2005/06 budget was forecast to be under-spent due to issues relating to:

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- Castlefields Equity Release Loans;
- Grant Aid for registered social landlords;
- Housing Needs Survey;
- Riverview gypsy site; and
- contingency fund not required.

These issues were all outlined in detail within the report.

In addition, there were a number of changes to the programme since it had originally been approved in respect of:

- Young Persons' Housing Scheme/Landlord Accreditation Scheme; and
- Belvedere Housing Scheme.

It was expected that a total of £3,812,000 was likely to be available to finance works in 2006/07. The proposed programme of works shown in the Appendix maintained the support for traditional annual programmes such as Renovation Grants, Disabled Facility Grants and Energy Efficiency; it also made provision for already approved schemes with committed slippage from 2005/06. Resources for the Castlefields Loan Scheme had been included pending the outcome of discussions with Government Office.

The Board noted that a total of £148,000 remained uncommitted. It was proposed that any decision on committing this money be deferred pending the findings of the Housing Needs Survey and West Bank Neighbourhood Renewal Assessment which were due in Spring 2006. This would enable any investment decisions to be taken after taking account of any issues that may be identified by these pieces of work.

RESOLVED: That the position regarding the 2005/06 programme be noted, and the proposed programme for 2006/07, as set out in the report and the appendix, be recommended to Council for approval.

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EXECUTIVE BOARD HELD ON 20th APRIL 2006

HEALTH AND SOCIAL CARE PORTFOLIO

EXB209 4BOROUGH COMMISSIONING STRATEGY –
SECURING BETTER MENTAL HEALTH FOR
OLDER PEOPLE

The Board considered a report of the Strategic Director – Health and Community outlining the development of the draft Commissioning Strategy for Older People with Mental Health problems in Halton, St. Helens, Knowsley and Warrington.

It was noted that, in 2005, a Mental Health Programme Board had been established to support the development of commissioning strategies for mental health services across the four boroughs of Halton, St. Helens, Knowsley and Warrington.

Three groups had been set up, with joint representation from each Borough Primary Care Trust (PCT) and local authority, to develop a consistent approach across the area to the commissioning of mental health services for adults of working age, older people and children and young people. The benefits of this programme were outlined for the Board's consideration.

It was noted that the comprehensive Mental Health and Social Care Commissioning Strategy for Older People had now been developed making three specific recommendations:

- (1) that a tiered approach to commissioning with four levels be adopted within the four boroughs, with levels 1, 2 and 3 commissioned locally and level 4 commissioned across the four boroughs;
- (2) that a partnership board across the four boroughs be established to deliver level 4, supported by a specialist mental health commissioning alliance; and
- (3) that all commissioning strategies and provider activity should actively promote the prevention of mental ill health and the recovery of older people who become mentally unwell.

Further information in respect of each of the levels was outlined for information.

The Board considered a number of issues including:

- potential implications for people in Halton;
- opportunity for the Council to have an input; and
- the aim to look after people with difficulties at home wherever possible.

The Chief Executive reported that he had attended a meeting the previous day, with the chief executives of the Primary Care Trust, the 5 Boroughs and St Helens, where it had been decided that an impact analysis be produced for each of the Boroughs, mapping various stages of intervention.

RESOLVED: That

- (1) the report be noted; and
- (2) the strategic direction proposed by the Strategy be approved.

(NB Councillor Swain declared a personal interest in the following item of business due to being the Council's nominee on the Halton Housing Trust Board.)

EXB210 HALTON HOUSING TRUST - PROGRESS REPORT

The Board considered a report of the Strategic Director – Health and Community providing an overview of progress made to date by Halton Housing Trust both in establishing the new organisation and meeting regulatory requirements, and in laying the foundations for the delivery of service improvements. The report provided an update in respect of a number of issues including the investment programme, the enquiries and complaints process, joint working and recruitment issues.

In addition, Mr. Paul Mullins, Deputy Chief Executive of the Housing Trust, attended the meeting to present the report and answer Member's queries. The following points were noted/discussed:

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- the Housing Corporation visit had resulted in a positive response regarding the Board's performance;
- the work plan was moving forward;
- Halton Housing Trust was in the process of appointing construction partners: pilot projects were to start in May and full production was expected to start in September 2006;
- work undertaken was to be advertised in the tenants' newsletter and occasionally in the press;
- work by the in-house team was ahead of schedule;
- there had been difficulty in recruiting members to the Area Boards; therefore, work was currently being concentrated on the Widnes East Board in order that it could be demonstrated that this was a worthwhile body that achieved results. The first meeting was to be before the end of April and the Runcorn and Widnes West Boards were to be set up through the summer period;
- work was ongoing in order to address anti-social behaviour. The team had been increased in size and a recent successful case had been publicised in the local press and the tenants' newsletter;
- information could be included in the newsletter outlining the number of individual properties completed on a weekly basis and Mr Mullins undertook to look into this further.

RESOLVED: That the report be noted.

EXB211 ST. HELENS AND KNOWSLEY HOSPITALS NHS TRUST APPLICATION FOR FOUNDATION STATUS

The Board considered a report of the Strategic Director – Health and Community providing an overview of the application for Foundation Status by St.Helens and Knowsley Hospitals NHS Trust. It was advised that the Trust had made an application under the Health and Social Care Act 2003 and the consultation period of 12 weeks ended on 22nd May 2006. A decision would be taken by Summer 2006.

The Board noted that when an organisation became a Foundation Trust it meant that it would:

- have more autonomy in making decisions about services provided;
- be accountable to Members (staff, patients and local people) rather than directly to the Secretary of State;
- remain part of the NHS;
- be accountable to NHS Commissioners through legally binding contracts; and
- be approved by the Independent Regulator (Monitor) which authorised and monitored NHS Foundation Trusts.

The Trust believed that flexibility and freedoms arising from Foundation Status would enhance its ability to shape health care services in response to the above average levels of chronic diseases arising from the severe health inequalities, social disadvantage and social exclusion evident in the population it served. In addition to the Trust being committed to strengthening its links with the local community through the introduction of Members and Governors, there was also a financial benefit in being able to retain or build up surpluses as well as borrow monies to develop services.

The implications for the people of Halton were outlined for the Board's consideration. The proposal in the consultation document was to have the 9 stakeholder/partner organisations split evenly between a number of groups with Halton Borough Council and Liverpool City Council sharing a place on the Governing Body. However, given that South Liverpool (4%) constituted less than half the income of Halton (9%), there was a strong argument that Halton Borough Council should have a dedicated Governor position.

RESOLVED: That

- (1) the application for Foundation Status and the opportunities this will bring for the people of Halton be noted but the issues surrounding poor transport links for patients and visitors be re-enforced; and
- (2) the Council put forward a proposal to have a dedicated Elected Member from Halton Borough Council rather than sharing a place on the Governing Body with Liverpool City Council.

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**EXECUTIVE BOARD SUB COMMITTEE HELD ON 13TH
MARCH 2006**

HEALTH & SOCIAL CARE PORTFOLIO

ES160 REVIEW OF FEES AND CHARGES – HEATH
AND COMMUNITY CARE, CHILDREN'S AND
CONSUMER PROTECTION SERVICES 2006-
2007

The Sub-Committee considered a report setting out the proposed increase in charges for services relating to Health & Community Care Services, Children's Services and Consumer Protection.

Arising from the discussion, it was agreed that the Adult Placement Services payment to carers for day services be amended to :

Family Placement (per 6 hour session) one person
£35.00

Family Placement (per 6 hour session) two
persons £50.00

Family Placement (per 6 hour session) three
persons £60.00

RESOLVED: That the proposed changes in fees and charges detailed in Appendix B be approved.

ES161 REQUEST TO WAIVE STANDING ORDERS FOR
CONTRACTS WITH THE VOLUNTARY SECTOR
AND EXTERNAL PROVIDERS WORTH IN
EXCESS OF £10,000

The Sub-Committee considered a request to waive Contract Standing Orders which placed a requirement on the Council to tender or obtain quotes for contracts set up with external providers in the voluntary and independent sector.

Given the specialist nature of some of the contracts, no other voluntary or independent sector provider may exist or have the capacity to continue this work without a period of development.

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Health &
Community/
Children &
Young People

A contract review of performance analysis would be completed by September 2006. Due to a shortage of staff resources the work was currently ongoing and as a result the original intention of re-tendering these contracts by 1st April 2006 had been delayed.

Once contract performance had been fully analysed, decisions would be made about whether the contracts should be cancelled or re-tendered. Given the specialist nature of some services for contracts whose value was £10,000 to £100,000 tendering by select list was requested. It was intended that this should be completed by all non-compliant contracts by April 2007. Any identified re-tendering exercises would also be completed by April 2007.

All voluntary organisations providing tendered services to the Council would be issued with an up to date contract and service specification by April 2007. Responsibility for the monitoring and management of all voluntary contracts would be agreed and a contract monitoring plan/framework would be introduced in April 2007 to ensure regular reviews of all voluntary contracts were undertaken.

RESOLVED: That

- (1) Standing Orders 4.1 – 4.3 be waived in respect of Contracts listed in the report whose value was less than £50,000;
- (2) Standing Orders 3.1 – 3.7 be waived in respect of Contracts listed in the report whose value is in excess of £50,000 but not exceeding £1m; and
- (3) a further update report be submitted to the Board in September 2006.

Strategic Director
Health & Community

**EXECUTIVE BOARD SUB COMMITTEE HELD ON 13TH
MARCH 2006**

HEALTH & COMMUNITY PORTFOLIO

ES169 KEY SAFE CHANGES – HEALTH & COMMUNITY
DIRECTORATE

The Sub-Committee was advised that key safe units were introduced in 2003/04 to resolve unsatisfactory and inconsistent key holding arrangements by domiciliary care agencies and the Council's Home Care Service. These unsatisfactory key holding arrangements involved retaining service users' house keys in order to gain access to their homes to deliver care and support services. Independent domiciliary agencies were now contractually obliged to utilise key safes and must not hold keys other than in exceptionally circumstances, where they must then operate robust key management systems.

To date, key safes had been provided free of charge to service users, and had been purchased through Vulnerable Adults Taskforce Funding. Approximate costs to date were £49,250 for the purchase and fitting of 750 key safes. However, Vulnerable Adults Taskforce Funding was not sustainable and as no budget had been identified for the purchase of additional key safes, the introduction of a charge to cover the cost of the key safe unit needed to be considered.

Issues around the cost of fitting key safes had been addressed through a new arrangement with Age Concern, who provided key safe fitting free of charge as part of their home safety service.

The proposed charging policy would constitute a one off charge to service users to cover the cost of purchasing the unit. Individual units currently cost £35.38 including VAT and were supplied by SUPRA UK. Charging would be managed by the Income and Assessment Team within Health and Partnerships.

RESOLVED: That the proposed key safe charge be approved and it be implemented with effect from 1st April 2006.

ES170 DEVELOPING A WOMEN'S CENTRE IN HALTON

The Sub-Committee was advised that the Council had been issued by the Department of Health with two Mental Health Supported Capital

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Expenditure (Revenue) allocations, which allowed local authorities to borrow money to deliver capital programmes designed to support and promote social inclusion for people with mental health problems.

Such ring-fenced Supported Capital Expenditures (SCE) were no longer time limited and continued to attract Central Government Support through the Revenue Support Grant. There would be no associated revenue allocation to go with the Capital Allocation.

The Sub-Committee considered a report which set out proposals for the use of these two Mental Health Supported Capital Expenditure (Revenue) (MHSCE) allocations. A proposal had been developed to use a former children's home, Braemar, The Butts, Castlefields, Runcorn, to establish a women's centre for the whole of Halton. This would be a partnership between the Children and Young People's and Health and Community Directorates, and would support the wider delivery of integrated Children's Services in the area. As a result, the Children and Young People's Directorate would continue to support the project by funding the running costs of the building.

It was expected that this service, which was new to Halton, would also be a much wider partnership with other statutory bodies, including local health services and the Probation and Police Services, as well as the voluntary sector. It was likely that a small group of current staff, the Domestic Abuse Service, would be based within the Centre, but that other services would access the facilities on a regular basis. Initial scoping of the potential use of this project had already taken place and indicated considerable enthusiasm for it, from a range of services.

The potential users of the Centre would include (but not be limited to):

- Domestic Abuse services;
- Teenage Pregnancy Services;
- Post-natal depression groups;

- Primary Care and Voluntary Sector Counselling Services;
- Employment and Adult Education Services;
- Rape Crisis Services; and
- Welfare Benefits Services.

The proposal had been endorsed by the Halton National Service Framework for Mental Health Local Implementation Team (LIT). As such, the LIT considered that the proposal met local needs, as identified in the Halton Mental Health Commissioning Strategy. It was expected that the full allocation of the MHSCE (R) would be used for this project, other than a small allocation identified.

It was proposed that the outstanding allocation of approximately £3,000 would be used to upgrade the IT Links between the Council and the Council's Social Care staff at the Brooker Unit, on the Halton Hospital Site.

RESOLVED: That

- (1) the proposal for the development of the Women's Centre using the former Braemar Children's Home be approved;
- (2) the use of the tendering process for any building work on the site be authorised; and
- (3) a small allocation of funding to upgrade the IT links between the Council and the Brooker Unit be approved.

Strategic Director
Health & Community

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REPORT TO: Healthy Halton Policy and Performance Board

DATE: 13 June 2006

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Terms of Reference

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To inform Members of the Terms of Reference of the newly formed Healthy Halton Policy and Performance Board.

2.0 RECOMMENDED: That the Terms of Reference be noted.

3.0 SUPPORTING INFORMATION

3.1 As part of the recent revision of the Council's Constitution at Annual Council on 19th May 2006, a number of changes have been made to the Council's decision-making structure to be implemented in the 2006/07 municipal year.

3.2 The changes have been made in order to bring the Policy and Performance Boards into line with the Council's Strategic Priorities as contained within the Corporate and Community Plans.

3.3 An extract from the Council Constitution setting out the Terms of Reference relevant to the Healthy Halton Policy and Performance Board is attached at Appendix 1.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 RISK ANALYSIS

Not applicable.

7.0 EQUALITY AND DIVERSITY ISSUES

None.

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

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

4. POWERS AND DUTIES OF THE HEALTHY HALTON POLICY AND PERFORMANCE BOARD

Strategic Priority – To develop policies and monitor performance in relation to the Council's objectives for a healthy Halton.

1. In relation to the following policies, responsibilities and functions of the Council:

Corporate Policies/Responsibilities

- To oversee the Council's external relationships with Health Authorities, Trust and private care groups
- To oversee Health aspects of the Local Area Agreement

Functions

- To examine the healthcare provision within the area in relation to all residents of the Borough
- To participate in all initiatives for increasing the healthcare provision within the area and to call officers from the Health Authority to account and to request them to appear before the PPB when appropriate
- To carry out the Council's statutory role in relation to health scrutiny
- Adult social services/older people

the Board will:

- (i) initiate new policy proposals for consideration by the Executive Board/Council;
- (ii) monitor and comment on performance;
- (iii) review and make recommendations on existing policies;
- (iv) promote public confidence in the Council's services;
- (v) hold Executive Board Members and senior officers to account;
- (vi) monitor Executive Board compliance with agreed policies;
- (vii) ensure adherence to the priorities in the Council's Corporate Plan.
- (viii) receive a report on any petitions received by the Council relating to the Board's policy area and on any action taken or proposed to be taken by the Executive (or Executive Board Sub-Committees, Portfolio Holder, or an officer acting under delegated powers).

2. To receive representation, evidence or expert opinion from outside the Council and to draw conclusions from such representations to the attention of the Executive Board/Council as appropriate;

3. To consult the public where appropriate in relation to Council services which fall within the terms of reference of the Policy and Performance Board.

4. To review any area of income and expenditure which falls within the remit of the Policy and Performance Board.

5. To make recommendations to the Executive Board on the financial aspects of the proposals, which fall within the remit of the Policy and Performance Board.

6. To require the Executive Board where appropriate to make a report to the Council on any decision not included in the Forward Plan which the Policy and Performance Board consider should have been included in the Forward Plan.
7. The Chair of the Policy and Performance Board will receive papers relating to a decision which is on the Forward Plan when this Forward Plan is finalised and published.
8. To examine systematically the services of the Council, within the remit of the Board, in order to assess their efficiency, effectiveness, economy, quality and value for money.
9. To draw up an annual programme of performance review to respond to briefs on performance review of specified activities and to develop programmes and performance monitors to ensure quality in all the Council's dealings with the public and external organisations.
10. To consult with the Executive on any plan or strategy including strategic policy.
11. To monitor the citizens charter and complaints procedure and make recommendations to the Executive Board.
12. To provide informed input in response to requests from the Executive Board for advice, options and appraisal on matters falling within the remit of the Policy and Performance Board.
13. To authorise expenditure on civic hospitality up to maximum of £500 per annum.

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 13 June 2006

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: Delivery and Improvement Statement
2005/2006 Halton Social Care Services

WARDS: Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To inform Members of the performance in Social Care in Halton during 2005/06.

2.0 RECOMMENDATION: That

(1) Members note and comment on the Delivery and Improvement Statement.

3.0 SUPPORTING INFORMATION

- 3.1 The Council is required to provide a range of information on performance, service developments, barriers to service provision and future plans on annual basis to the Commission for Social Care Inspectorate (CSCI). This information is contained in **Appendix 1** as the Delivery and Improvement Statement (the DIS). The document is not easily readable; each section is limited to a certain number of words.
- 3.2 The performance of all services, Older Peoples Services, Mental Health Services, Physical and Sensory Disability Services, Learning Disability Services, and Services to Carers is assessed and forms a substantial contribution to the star rating judgement for the Council's Social Care Services. Currently Halton is rated as two star with a judgement of 'serving most people well with promising prospects'. This judgement will be refreshed in November 2006 informed by the DIS.
- 3.3 Current performance in Social Care remains strong, for example few adults across the age range are admitted to residential care but are well supported within their homes and local communities; placing the Council in the top band of performance. Similarly, the number of people receiving a direct payment continues to rise. This supports the principles laid down by Government; to promote Independence, Choice and Control for those people needing additional support services. Other areas in which performance is strong are the numbers of people

receiving a Statement of Needs following such assessment; currently, 99% of service users receive a statement.

- 3.4 Service developments and plans are also described within the DIS and demonstrate growing partnerships, particularly with the PCT. A formal partnership under Section 31 of the Health Act flexibilities is being developed between the Primary Care Trust and Halton Borough Council to continue integration of joint services to support intermediate care. Day Services will continue to be modernised and a new model of service is currently being developed, which will provide more socially inclusive and community-based services for all service users with a range of different needs.
- 3.5 Areas for development which are highlighted in the DIS include improving intensive home care and ensuring that assessments are timely and completed within four weeks of commencement. Barriers to developments include the restructuring of local National Health Service organisations including the Primary Care Trust and the 5Boroughs Partnership Trust.

4.0 POLICY IMPLICATIONS

- 4.1 None.

5.0 OTHER IMPLICATIONS

- 5.1 None.

6.0 RISK ANALYSIS

- 6.1 Performance will need to continue to be strong to ensure social care continues to have a two star rating, which contributes to the overall rating of the Council. Budgetary pressures will continue over the next few years, particularly with the ending of many of the grants, which Social Care currently accesses, which may impact on performance.

7.0 EQUALITY AND DIVERSITY ISSUES

- 7.1 Good performance must continue to demonstrate that the needs of all Halton residents in need of additional support are met and these include people from black and minority ethnic backgrounds.

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

| Document | Place of Inspection | Contact Officer |
|-----------------|----------------------------|------------------------|
|-----------------|----------------------------|------------------------|

REPORT: Healthy Halton Policy and Performance Board

DATE: 13 June 2005

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Health Policy and Performance Board 2005/06
Annual Report

WARDS: Boroughwide

1.0 PURPOSE AND CONTENT OF REPORT

1.1 This report presents a draft Annual Report of the activities of the Health Policy and Performance Board (PPB) during 2005/06 for comment/amendment. Subject to endorsement by the PPB, the Annual Report will go forward with the Annual Reports of other PPBs to a forthcoming meeting of the full Council for adoption.

2.0 RECOMMENDED: That

- (1) the PPB consider, comment upon and if necessary agree amendments to the attached Annual Report of the PPB's activities in 2004/5; and**
- (2) the PPB endorse the attached/amended Annual Report for the purpose of its adoption at a forthcoming meeting of the full Council.**

3.0 SUPPORTING INFORMATION

3.1 Annex comprising the draft Health PPB Annual Report for 2004/5

4.0 POLICY IMPLICATIONS

4.1 None arising from this report itself.

5.0 OTHER IMPLICATIONS

5.1 None arising from this report itself.

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

6.1 Set of 2002/2003 departmental service plans available from Audrey Williamson, Grosvenor House, Runcorn.

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Cllr Ann Gerrard
Chair

**ANNUAL REPORT
SOCIAL CARE AND HEALTH POLICY AND PERFORMANCE
BOARD
JULY 2005 – MARCH 2006**

Chairs Statement – Annual Report

This has been a challenging year for the Board, particularly given the Government's health agenda and the changes required for all Health Trusts as set out in 'Commissioning a 'Patient-led NHS' published in July 2005. The Board has welcomed the range of health colleagues who have attended Board meetings this year in response to these changes.

At the same the Board has demonstrated continued commitment to Social Care and has worked on issues of particular local interest. It has been pleasing to witness the increased numbers of local residents who have attended Board meetings.

I would like to thank all members, officers and health colleagues for their effort and support throughout this busy year.

MEMBERSHIP AND RESPONSIBILITIES

During 2005/06 the Board comprised 11 Councillors and 1 Co-optee; Cllrs Blackmore, Fowler, Gerrard (Chair), Horabin, Inch, Jones, Loftus, Nelson, Nolan, Parker and Swift and Mr B. Byrant. The Board is responsible for scrutinising performance and formulating policy in relation to Social Care functions, health policy and the Council's external relations with Health Authorities, Trusts and private care groups.

REVIEW OF THE YEAR

In order to meet the challenges of the NHS Agenda and the NHS proposed changes and Social Care the Board met seven times this year and also invested time in increasing capacity and knowledge of health services.

The Board received a report on the key NHS and Social Care Reforms and their political impact on the Council. This informed the Board of the planned organisational change within the NHS, the move towards NHS and Social Care integration and the requirement to provide preventive services promoting Independence. The importance of the Board in fulfilling its scrutiny function was noted.

The Chair of the Board and Officers participated in a day's training provided by external facilitator. This was followed up by a further day's training with Policy and Performance Board members and was well attended. More training will take place next year to continue to build capacity to meet this challenging agenda.

The following are some of the initiatives the Board worked on during the year:-

Joint Scrutiny of Fertility Services

The Chair of Halton's Health PPB participated during the year in the work of the statutory joint scrutiny committee on improving fertility services in the Cheshire and Merseyside (with West Lancs) Strategic Health Authority Area. A joint committee of PCTs covering Cheshire and Merseyside commissioned a major consultation focused on what the eligibility criteria for fertility treatment should be. The (joint scrutiny) Committee comprising councillor health scrutiny representatives was formed to respond to this consultation.

Nine meetings took place in 2005 to gather evidence and the Committee submitted a report, broadly agreeing with the joint PCT proposal. However, the Committee's recommendation that access to earlier stage fertility advice and treatment be widened, was not accepted.

Involvement in the process can, however, be deemed to have had two significant benefits:

- It raised the level of awareness of the Committee participants about fertility issues and prompted them to recommend that steps be taken to increase public awareness both of the potential problems and of the life style changes that couples can take to improve their chances of conceiving. This was reflected in the Joint PCTs' conclusions.

- ◆ Also, the process itself was a valuable learning experience both from a procedural point of view and in terms of establishing relationships with health scrutiny Members and staff in nearby Councils. More joint scrutiny work will take place in the forthcoming year.

Health Self Assessment

This is a new Government requirement on all Health Trusts to self assess performance against national standards submitted on an annual basis. The Board received presentations from Halton PCT, the 5boroughs Partnership Trust and the Acute Trust on performance and submitted comments to the Strategic Health Authority as required. As this was a new requirement the Health Trusts submitted a draft to the Strategic Health Authority in October and final submissions in April 2006; this allowed the Health Policy and Performance Board to examine both the draft and the final submissions and understand the process.

Proposed changes in the delivery of services at Warrington and Halton Hospitals

The Board received an initial presentation from the Acting Chief Executive of the North Cheshire Hospital Trust on proposed changes. These changes will be the subject of formal consultation for the coming year and will be subject to joint scrutiny in partnership with neighbouring authorities.

Healthy Eating

A Member team explored strategies and activities within Halton to improve the health of residents. The work focused on children and families and as a special case included young people about to set up their own homes for the first time. It was noted that these groups and the opportunities for sustained contact provided by the school years were deemed to offer most scope for influencing lifelong eating habits.

The Member team identified that by improving the overall strategic direction coordination of services the deployment of existing resources would improve and increase impact on children and families eating habits. A robust Action Plan has been agreed which will provide such a coordinated approach to this important area.

Health of Looked After Children

Halton's performance in relation to completion of Health Assessments for Looked After Children is in the highest band, which is excellent performance; as a consequence a Member team chose to scrutinise accessibility of services for Looked After Children with a health need rather than a focus on the assessments themselves. An Action Plan was presented to the Board and it was noted that further work with Halton PCT would take place to carry out this plan.

| | |
|--|--|
| | <p><u>Redesign of Day Services for Adults with Learning Disabilities</u> The new model for Day Services was presented to the Board at two consecutive meetings and was the subject of public interest. It was proposed that a new 'hub and spoke' model should be developed alongside the closure of one of the large Day Centre buildings. This will offer increased opportunities for community based activities for adults with learning disabilities. Members of the Board visited Day Centres to learn more about existing services, proposed changes and to meet service users. Day Services will be the subject of a work topic for the Board in the forthcoming year.</p> <p><u>Care Management Procedures</u> A Health and Community Directorate policy was developed accompanied by amended procedures for all Care Managers, which emphasised the importance of the eligibility criteria within Fair Access to Care Service Guidance. It was noted by the Board the change in demography within Halton, which will increase need amongst an ageing population.</p> |
| | <p>PERFORMANCE ISSUES</p> <p>Performance has remained strong within the Health and Community Directorate this year:-</p> <ul style="list-style-type: none"> • Housing Warden Services has moved into Social Care and Health, and rolled out the use of assistive technology and home-based intermediate care • Single Assessment Process (SAP) : Roll out underway • LPSA Targets: A number of older people supported at home, admissions to residential care and issuing smaller items of equipment targets were achieved • No delays in hospitals due to Social Services since fines for delays were introduced two years ago • New professional Advocacy Service for users of Health and Social Care Services contract now awarded to SHAP • Person Centred Plans: will now increase as a coordinator is now in post. 90% of plans were completed for young people moving through transition. • Significant increase in support services for people with mental health problems. 310 carers now receive regular information and news. Two new carer groups have been established. |

WORK PROGRAMME FOR 2006/07

The Board has decided that during the municipal year 2006/07 it will carry out two reviews on the following areas:-

Day Services for Adults with Learning Disabilities

As planned changes are implemented during the forthcoming year, a team of Members will look at developments and benchmark against other services in other Local Authorities.

Choosing Health

Halton is a spearhead Authority for Choosing Health and a Member team has already commenced scrutinising this area. The work will be completed during this year.

Members of the Public are welcome at the meetings of the Board. If you would like to know where and when meetings are to be held or if you would like any more information about the Board or its work please contact Committee Services in the first instance, telephone 0151 4242061 extension 1125 or email Lynn.Cairns@Halton.gov.uk

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REPORT TO: Healthy Halton Policy & Performance Board

DATE: 13 June 2006

REPORTING OFFICER: Strategic Director, Health & Community Directorate

SUBJECT: 'Better Care, Sustainable Services, North Cheshire Hospitals NHS Trust Proposals'

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 To provide an overview of the proposed changes in the delivery of services to Halton and Warrington hospitals.

2.0 RECOMMENDATIONS :

2.1 **Policy and Performance Board receive and comment on the presentation of the proposed changes.**

3.0 SUPPORTING INFORMATION

3.1 The Policy and Performance Board received a presentation on the proposed changes to Halton and Warrington hospitals from the Acting Chief Executive of the North Cheshire Hospitals NHS Trust at a special meeting of the Board on 21st February 2006.

3.2 The current service delivery and proposed changes as outlined both by the Acting Chief Executive and the public consultation document "Better care, sustainable services" are set out below (page 15, "Better Care, Sustainable Services").

| How are they provided now? | |
|-----------------------------------|--------------------------------|
| Warrington Hospital | Halton General Hospital |
| Emergency medicine | Emergency medicine |
| Planned medicine | Planned medicine |
| Planned endoscopy | Planned endoscopy |
| Emergency endoscopy | Emergency endoscopy |
| Critical care beds | Critical care beds |
| Chemotherapy | Chemotherapy |

| How would they be provided in the future? | |
|---|---|
| Warrington Hospital | Halton General Hospital |
| Emergency medicine Emergency endoscopy Critical care beds | Planned medicine Planned endoscopy Chemotherapy |

3.3 The Policy and Performance Board members raised a number of concerns to these proposals, in particular :

- How much the results of the consultation process will be taken into account.
- Staffing issues, such as low morale, possibility of redundancies and recruitment issues.
- Current number of operation cancellations and increases in management costs.
- The majority of patients wish to be close to home.
- Transport problems for visitors.
- Emergency planning issues.
- Why Halton Hospital did not have an A&E Department.
- The amount of investment, which would take place at both sites if the proposals were agreed and whether this has been secured yet.
- The timescale for closure of wards.
- Doubts over the long term future of the hospital.
- What Intermediate Care provision there would be for patients during the building of the new Critical Care Unit at Warrington.
- Confidence being low in the proposals coming to fruition.
- Whether the financial and professional structures were in place to take forward the proposals.

3.4 The North Cheshire Hospital NHS Trust has now published a Public Consultation Document (Appendix 1) "Better care, sustainable services" with a consultation period of 8th May to 30th June 2006. The document details the reasons for proposals including increased quality and safety for example through the development of a specialist Stroke Unit in Warrington, the difficulty of recruitment to two sites both providing similar services, improving efficiency and reducing duplication for example through improving the number of planned operations.

3.5 During the last few years there has not been a strategic plan for the future of Halton Hospital, the proposals offer a business case for establishing a single site for emergency services, including critical care, which will offer improved access to specialist opinion for emergency patients and improve access to diagnostic tests.

- 3.6 There is also a strong business case for developing Halton Hospital as a site for planned surgery, particularly day surgery, and an expanded chemotherapy unit, reducing the necessity for patients to travel to Clatterbridge.
- 3.7 Underpinning the business case is a requirement that the Primary Care Trusts of Halton and Warrington are prepared to invest in these changes. In Halton, this means investment for example to improve the chemotherapy service and substantial investment to establish a programmed investigation unit to provide a range of diagnostic services.
- 3.8 The Council and the Primary Care Trust will need to consider the long term viability of Halton Hospital and impact of any neighbouring developments. On 22nd May 2006 the Healthy Halton Policy and Performance Board received a presentation from the St Helens and Knowsley Hospital Trust on its application for Foundation Trust. It is noted that within the application is a proposal that St Helens Hospital should develop a diagnostic service. Payment by results may lead to competition between hospitals and it is not clear if the proposals contained within the Foundation Trust application and the proposals before Members today are part of a Strategic Plan for hospitals within the Mersey region.
- 3.9 The Hospital Trust will need to consider the difficulties some Halton residents may encounter in accessing services, particularly given the low rate of car ownership within Halton. More planning will be needed to ensure residents can travel to and from the hospital sites. This planning will need to include the Council.
- 3.10 The Primary Care Trust, Halton Council and the Hospital Trust will need to work closely together to fully utilise the opportunity offered within the proposals to ensure that more services are community based, local, and increase efficiency and partnership.

4.0 **ANALYSIS**

- 4.1 The Council has commissioned an independent consultant with significant NHS experience to review and analyse the Trusts proposals. Attached in Appendix 2 are the Terms of Reference for the commissioned work.

5.0 **POLICY IMPLICATIONS**

- 5.1 Transport Policy may need to be developed between the Council, Primary Care Trust and the North Cheshire NHS Hospital Trust.

6.0 **OTHER IMPLICATIONS AND RISK ANALYSIS**

- 6.1 Halton Hospital has been disadvantaged by the lack of a strategic

plan for its future development, staff have left and it has been difficult to replace them. This plan offers a future for Halton Hospital to retain its function as a resource for Halton communities but will only be successful if funding is available to develop the changes planned.

6.2 The North Cheshire NHS Hospital Trust, the Council and the Primary Care Trust will need to consider the development of a transport policy to ensure that any changes do not disadvantage the residents who do not own cars.

7.0 **QUALITY AND DIVERSITY**

7.1 The health needs of all Halton residents will continue to be met.

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

| Document | Place of Inspection | Contact Officer |
|------------------|----------------------------|--|
| 21 February 2006 | Grosvenor House | Audrey Williamson, Operational Director, Adults of Working Age |
| 26 January 2006 | Municipal Building | Dwayne Johnson Strategic Director Health & Community |

REPORT TO: Healthy Halton Policy and Performance Board
DATE: 13 June 2006
REPORTING OFFICER: Chief Executive
SUBJECT: Performance Management Reports for 2005/06
WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 To consider and raise any questions or points of clarification in respect of the 4th quarter year-end performance management reports on progress against service plan objectives and performance targets, performance trends/comparisons, factors affecting the services etc. for:

- Older Peoples & Adults Services
- Health & Partnerships

2.0 RECOMMENDED: That the Policy and Performance Board

- 1) Receive the 4th quarter year-end performance management reports;**
- 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 The departmental service plans provide a clear statement on what the services are planning to achieve and to show how they contribute to the Council's strategic priorities. The service plans are central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.

3.2 The quarterly reports are on the Information Bulletin to reduce the amount of paperwork sent out with the agendas and to allow Members access to the reports as soon as they have become available. It also provides Members with an opportunity to give advance notice of any questions, points or requests for further information that will be

raised to ensure the appropriate Officers are available at the PPB meeting.

4.0 POLICY AND OTHER IMPLICATIONS

4.1 There are no policy implications associated with this report.

5.0 RISK ANALYSIS

5.1 Not applicable.

6.0 EQUALITY AND DIVERSITY ISSUES

6.1 Not applicable.

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

| Document | Place of Inspection | Contact Officer |
|-----------------|----------------------------|------------------------|
|-----------------|----------------------------|------------------------|

QUARTERLY MONITORING REPORT

DIRECTORATE: Social Care, Housing & Health
SERVICE: Older People's Services
PERIOD: Quarter 4 to year-end 31 March 2006

1.0 INTRODUCTION

This monitoring report covers the Older People's and Adults Services Department fourth quarter period up to 31 March 2006. It describes key developments and progress against all objectives and performance indicators for the service.

Given that there are a considerable number of year-end transactions still to take place a Financial Statement for the period has not been included within this report in order to avoid providing information that would be subject to further change and amendment.

The way in which traffic lights symbols have been used to reflect progress to date is explained within Appendix 5

2.0 KEY DEVELOPMENTS

Assistive technology pilot - Evaluation framework implemented, and evaluation completed.

Community Warden Service, pathways and processes developed and implemented. Full Business plan developed.

Integrated Community Mental Health Team for older people established. Social workers transferred into team with agreed single line management through the Community Mental Health Team manager. Jointly agreed development and management processes across Health and Community and 5-borough partnership.

Shopping service continue to build up their network of volunteers and service user access. This service plus the proposed more specialist shopping service for Older people with dementia is to be reviewed by June 2006, to ascertain levels of need and availability of volunteers.

Age concern good neighbour scheme continues to flourish, opportunities for longer term funding exist through the review and reallocation of Supporting People budget for older people as part of an overall strategic approach.

Revised care management policies and procedures fully implemented and will be reviewed in October 2006.

Expansion of the Adult Placement Service has been agreed and funding has been identified. Recruitment of Community Care Worker is underway.

Initiatives to provide more timely assessment and provision of equipment and adaptations include purchase of 40 stair lifts, to be supplied and fitted following a fast-track process and the agency 'Networks to Independence' have been commissioned to undertake assessment and ongoing work to reduce delays.

174 professionals, including District Nurses and Physiotherapists, have now been trained to assess for and provide minor items of equipment. This initiative has led to improved working relationships and a significant reduction in the number of requests for 'special' items of equipment. These efficiencies have offset the increase in the numbers of items prescribed. Further work with out of area Hospitals is underway.

Principal Manager of the Independent Living Team is now in post.

Contract for provision of minor adaptations has been awarded to J&C Construction. Processes and monitoring arrangements are in place and the service will commence on the 3rd April 2006.

3.0 EMERGING ISSUES

Partnership agreement in relation to a pooled budget for Intermediate Care now finalised, for implementation June 2006.

Assistive technology grant spend agreed and implementation action plan in place. Wider roll out of the use of assistive technology commenced, and will continue next year.

Practice-based commissioning is an emerging issue in Primary Care. East Runcorn cluster piloting a pathway for access to community matrons and other community services, this pilot is managed through the long-term conditions steering group. Roll out across the whole system is planned for next year. The full implementation date will depend upon the Halton/St Helens Primary Care Trust merger.

Discussions in January, between Older people, PSD and adult care management services, identified potential for realignment of some staffing, further work on more detailed capacity review, which identifies longer term care management requirements, will be undertaken in the next year.

Draft copy of revised Partnership Agreement for Integrated Community Equipment Service almost complete.

Data collection is underway in preparation for the development of a Service Level Agreement between Children and Adult Services for the provision of Occupational Therapy Services.




System to be introduced to review pieces of equipment and Talking Book Service used by people with visual loss.

Physical and Sensory Disability Team to undertake a survey of service users and carers to identify satisfaction with the use of carers grant funding in previous year and to plan future use.

The availability of respite for younger disabled people in Halton will be examined in detail with service users and carers.




Options for the provision of training for staff as deaf/blind communicator guides being explored as part of the development of the deaf/blind service commissioned through Deafness Support Network.

4.0 PROGRESS AGAINST KEY OBJECTIVES / MILESTONES

| | | | | | | | |
|--------------|-----------|---|-----------|---|------------|---|----------|
| Total | 18 |  | 15 |  | N/A |  | 3 |
|--------------|-----------|---|-----------|---|------------|---|----------|

Details of progress against the 'Key Objectives' for the service are provided at Appendix 1.

4.1 PROGRESS AGAINST OTHER OBJECTIVES / MILESTONES

| | | | | | | | |
|--------------|-----------|---|-----------|---|------------|---|----------|
| Total | 18 |  | 18 |  | N/A |  | 0 |
|--------------|-----------|---|-----------|---|------------|---|----------|

Details of progress against the Other Objectives for the service are provided at Appendix 2.

5.0 SERVICE REVIEW

Two visits were made by CSCI to look at intermediate care within Halton. Positive feedback. Agreement to further evaluate local initiatives.

Commission for Social Care Inspection (CSCI) site visit to validate Adult Placement Service and Registered Manager fit person interview have taken place and registration of service and Registered Manager has been achieved.

The development of critical incident and review procedures is underway, and on target for completion April 2006.

Joint Departmental Management meetings with the Primary Care Trust continue and planned for the full year. Joint away day planned for June 2006, to progress integration agenda with frontline staff.

Fair access to carers support implemented across all adult services. Intermediate care research project on carer support is complete and final report to be presented at the next Older Peoples Local Implementation Team and carers strategy group.

Monitoring of Deafness Support Network Contract continues and further extensive work has been undertaken regarding the recording of information and performance management.




Housing Adaptation Review Action Plan is being revised. Strategic and Operational Groups to monitor the housing adaptations process have been introduced and will meet on a bi-monthly basis.

Benchmarking work regarding 'Progress in Sight' is continuing and membership of the Stakeholder Group has expanded to include further representatives from voluntary organisations and the Primary Care Trust.

Core Group for the Review of Day Services for Older and Disabled people has been established and Terms of Reference for the Review and Project Plan drawn up. The first meeting of Reference Group planned for the 3rd May.

Workshops with all Stakeholders to benchmark Physical and Sensory Disability Services against Commission for Social Care Inspection Standards and Criteria planned for June 2006.




6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

| | | | | | | | |
|--------------|----------|---|----------|---|------------|---|----------|
| Total | 9 |  | 4 |  | N/A |  | 2 |
|--------------|----------|---|----------|---|------------|---|----------|

Of the nine 'Key' performance indicators, six are being reported and have been assigned traffic lights. The remaining three indicators have been subject to revised definition during the year. Quarter 4 data is presented for these indicators, however final outturns are yet to be determined. Traffic lights have not been assigned to these three indicators.

Please refer to Appendix 3 for further details

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

| | | | | | | | |
|--------------|-----------|---|----------|---|------------|---|----------|
| Total | 12 |  | 4 |  | N/A |  | 2 |
|--------------|-----------|---|----------|---|------------|---|----------|







Of the twelve 'Other' performance indicators, six are being reported and have been assigned traffic lights. Three are financial indicators where data is currently unavailable, and three are being reported but the PI definitions have been amended or discontinued during 05/06. Traffic lights have not been assigned to these six indicators.









Please refer to Appendix 4 for further details





7.0 APPENDICES

- Appendix 1 - Progress against Key Objectives/Milestones
- Appendix 2 - Progress against other Objectives/Milestones
- Appendix 3 - Progress against Key Performance Indicators
- Appendix 4 - Progress against other Performance Indicators
- Appendix 5 - Explanation of Traffic Lights

Progress against Key Objectives within Service Plan








| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|--|--|---|---|
| OPS 1 | Plan and commission services to meet needs of local population | PSD commissioning strategy complete (11/05) |  | Working Group established to progress strategy. |
| | | VATF programme refocused on prevention (03/06) |  | Recruitment process underway for Older People Mental Health Project Manager to progress Older People Mental Health Strategy and Mental Health Liaison Worker to ensure older people with mental health problems are supported to access appropriate services. |
| | | Supporting People services reviewed (07/05) |  | Strategy is complete, agreed at DMT/SMT approved. To go to March core strategy group. |
| | | Develop a register of adapted properties (08/05) |  | Bid for funding from Vulnerable Adults Task Force programme unsuccessful. Registered social landlords to be approached to discuss alternative options for development of register. |
| | | Action plan in place for mental health strategy OP (09/05) |  | Funding for full time project manager has been secured through VATF. Standard 7 subgroup continues to progress existing action plan. |
| | | Specialist domiciliary dementia service developed (10/05) |  | Completed. |




| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|---|--|---|--|
| OPS1 continued | | Short stay dementia unit within Oak Meadow set up (05/05) |  | Completed. |
| | | Low level services such as shopping and volunteering developed (09/05) |  | Completed |
| | | Domiciliary contract in place for PSD (09/05) | N/A | The specialist domiciliary contract is now not required. |
| | | Proposals in place for 4 person bungalow for people with a physical and sensory disability (05/05) |  | Stair lifts purchased, criteria and process to be established. Agency OT services in place. Funding for modular unit yet to be confirmed. |
| OPS 3 | Maximise opportunities for people to benefit from rehabilitation, recuperation and intermediate care services | ICAT in place (05/05) |  | Completed. |
| | | Single point of contact in place (06/05) |  | Completed. |
| | | Pooled budget in place for RARS (03/06) |  | Completed. |
| | | Integrated management in place for Intermediate Care Services (12/05) |  | Completed. |
| OPS 4 | To deliver effective and efficient care management | Complete review of Care Management (09/05) |  | Full review of care management agreed, changes to practice implemented and further capacity review for longer-term care management requirements to be undertaken during 2006/07. |

| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|-----------|--|---|---|
| OPS4 continued | | Role out SAP (phase 1). (04/05) |  | Completed. |
| | | Agree team manager for OP CMHT with 5 Boroughs (04/05) |  | Community Mental Health Team Manager in post and integrated team operational. |
| | | Adult abuse investigators training provided (05/05) |  | Ongoing training will be provided for adult abuse investigators as new staff appointed. |
| | | All social workers registered with GSCC (04/05) |  | Complete. |

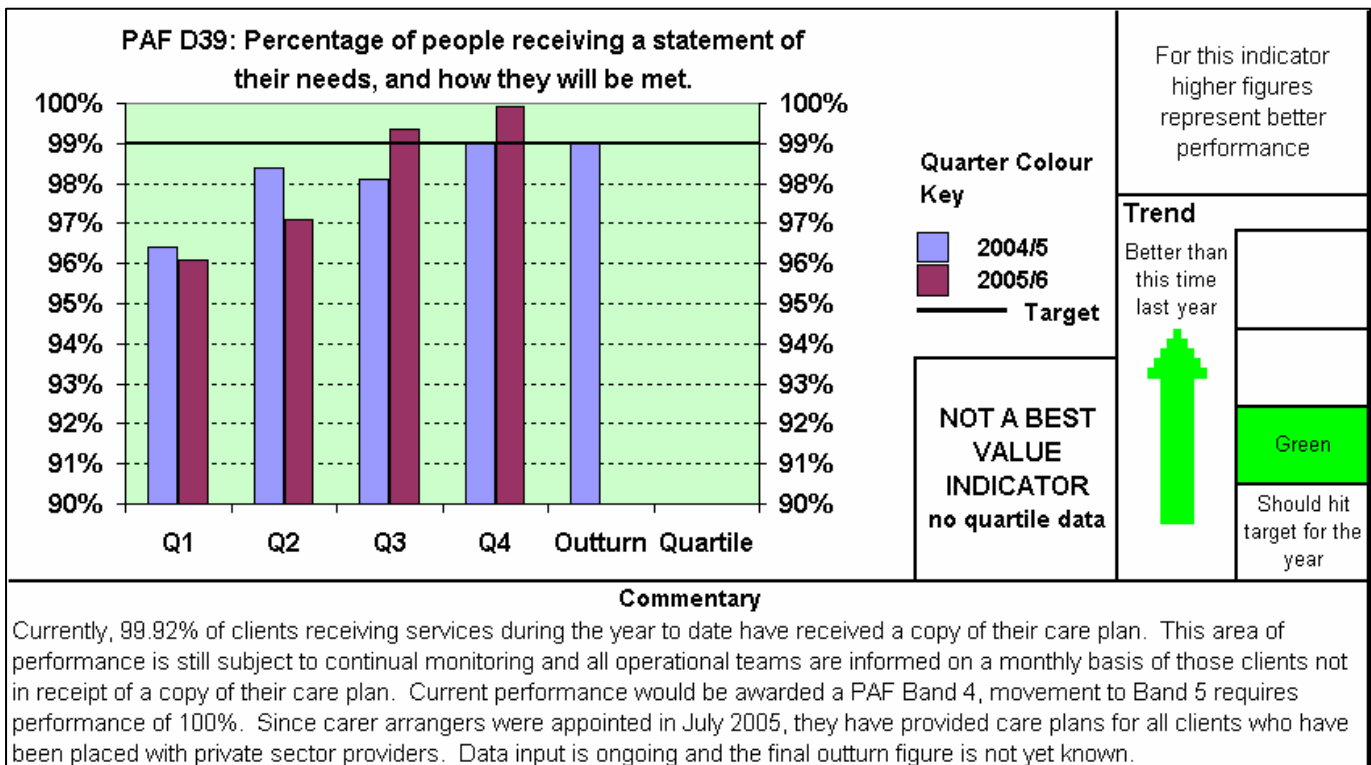
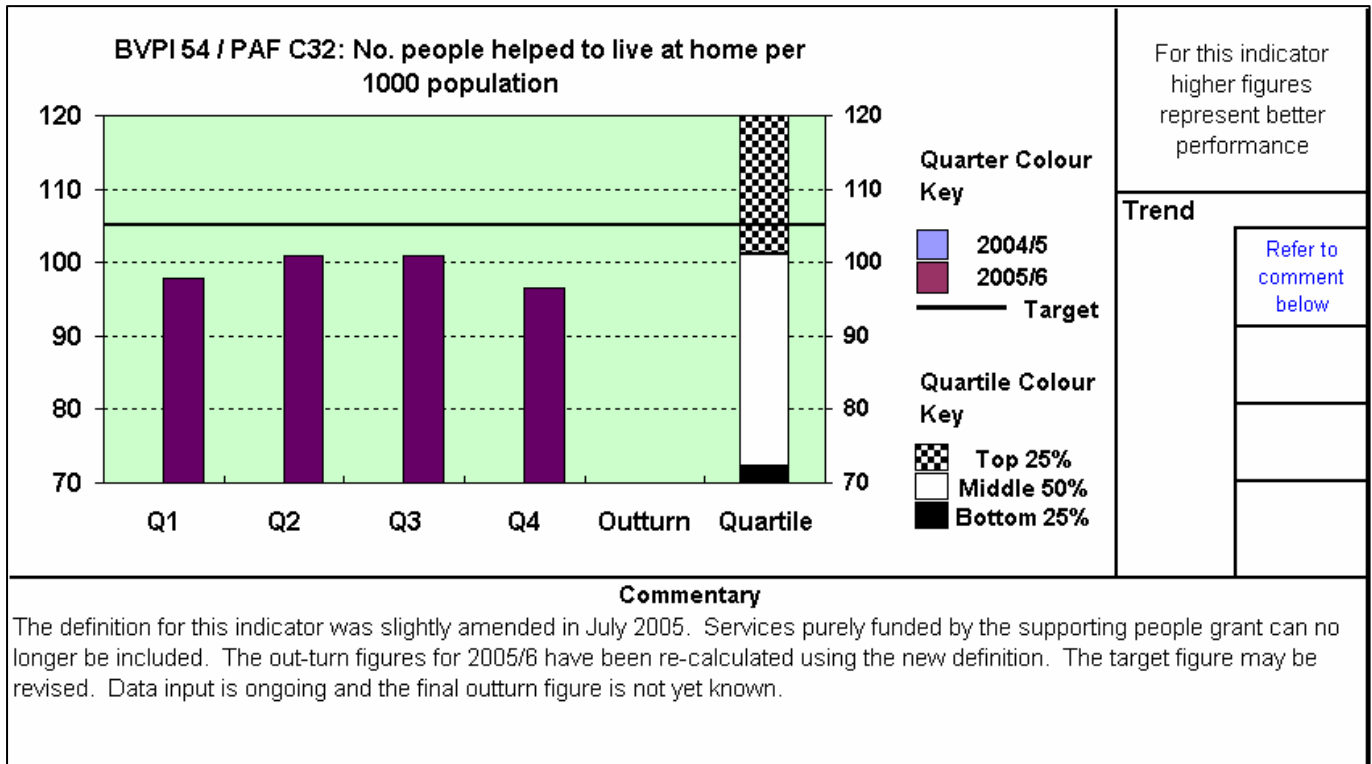
Progress against other Objectives within Service Plan

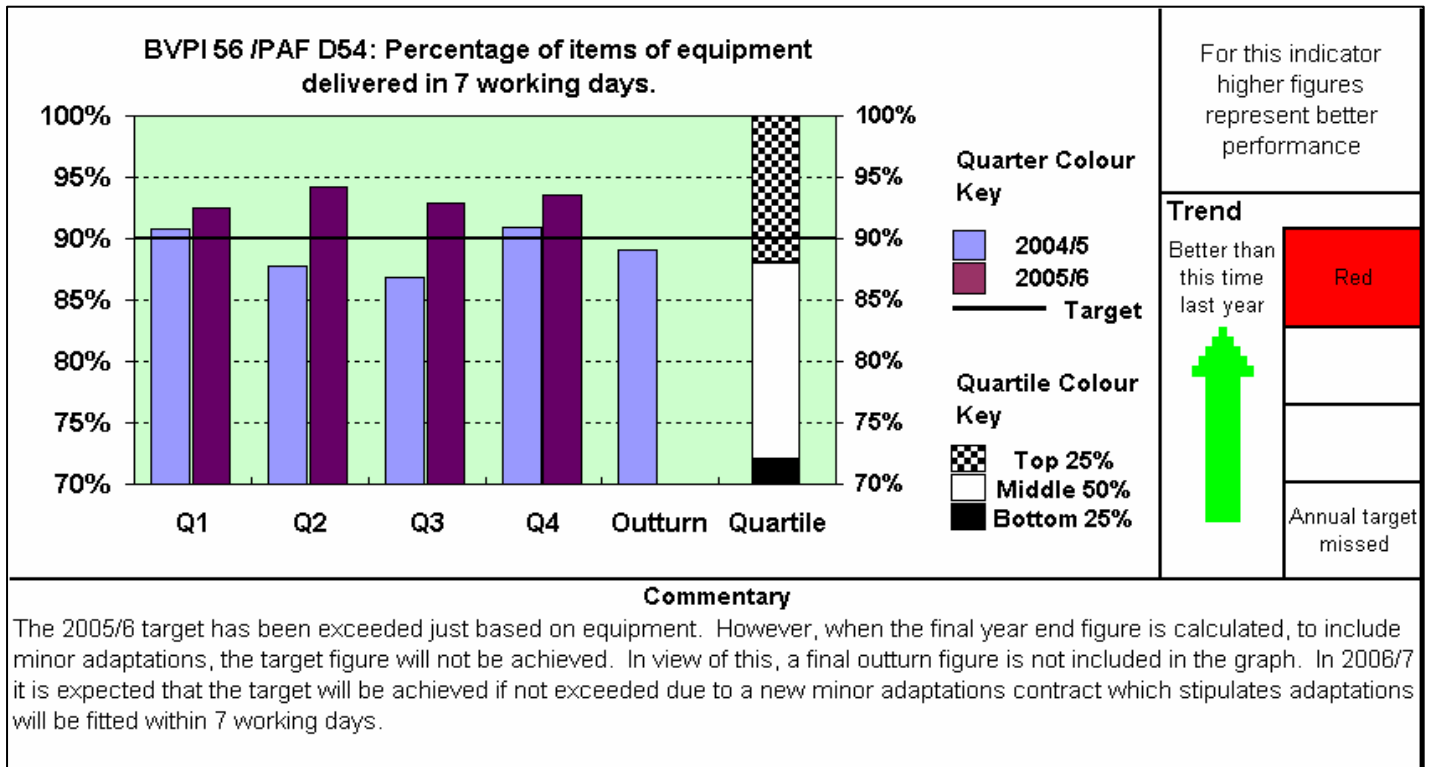
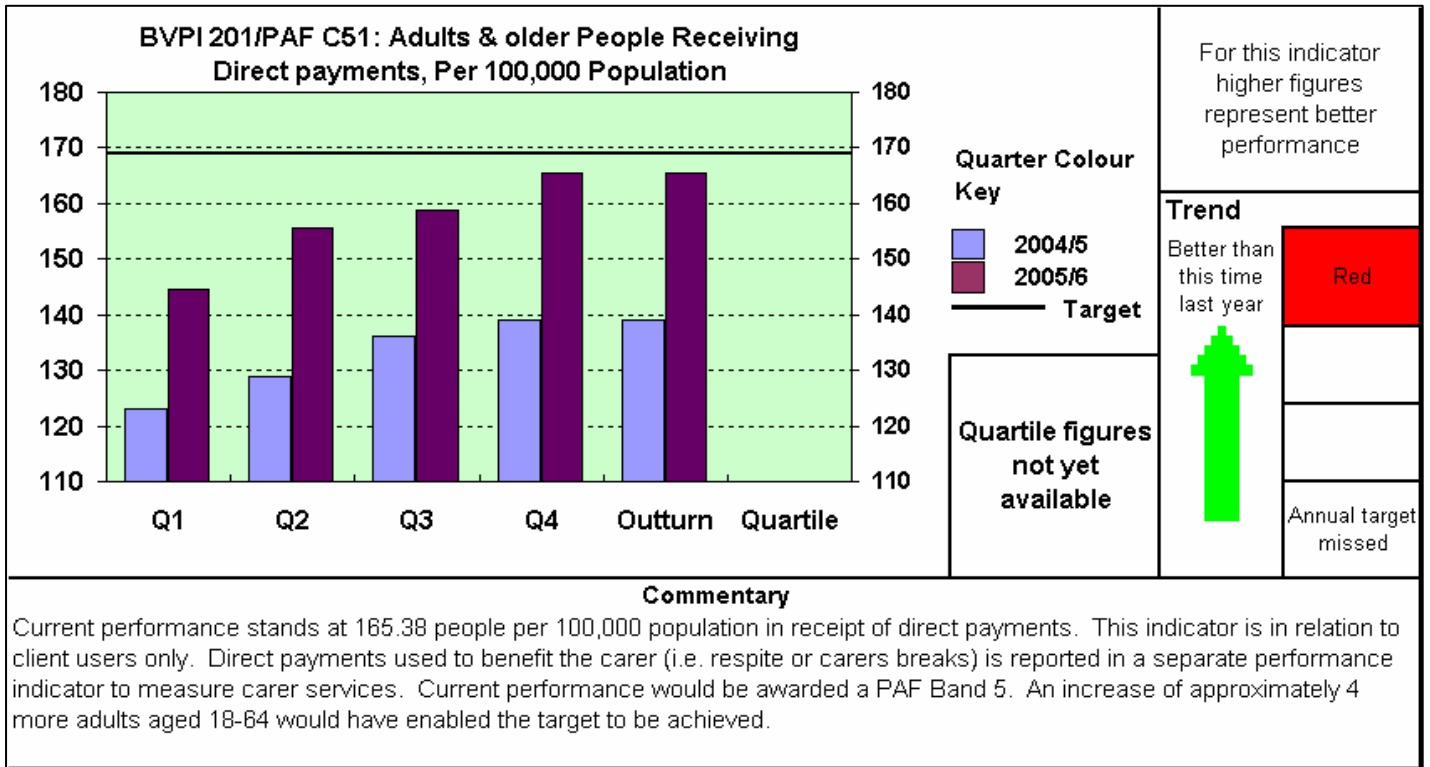
| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|--|---|------------------|--|
| OPS 2 | Deliver provider services that are high quality and meet registration requirements | Registration of adult placement scheme (04/05) | | Registration of service and registered Manager granted by Commission for Social Care Inspection. |
| | | Registration for home care and Oak Meadow maintained (04/05) | | Registration maintained, service development and improvement continues. |
| | | Policies and procedures in place for Oak Meadow and home care (07/05) | | Will be reviewed and updated as statutory or registration changes demand. |
| OPS 5 | Establish quality assurance and systems | Hold quarterly performance surgeries for managers (04/05) | | Quarterly performance surgeries are in place, and ongoing. |
| | | Review and implement a file audit process (compliance with case recording policy) (08/05) | | Completed. |
| | | Develop new Care Management manuals for all service areas, inc manuals for managers (10/05) | | Completed. |
| | | Develop service user risk assessment and risk management policy and procedures (06/05) | | All training completed by end of March 2006, policies and procedures implemented. |
| | | Develop unmet need policy and procedures (07/05) | | Unmet need policy fully implemented. |

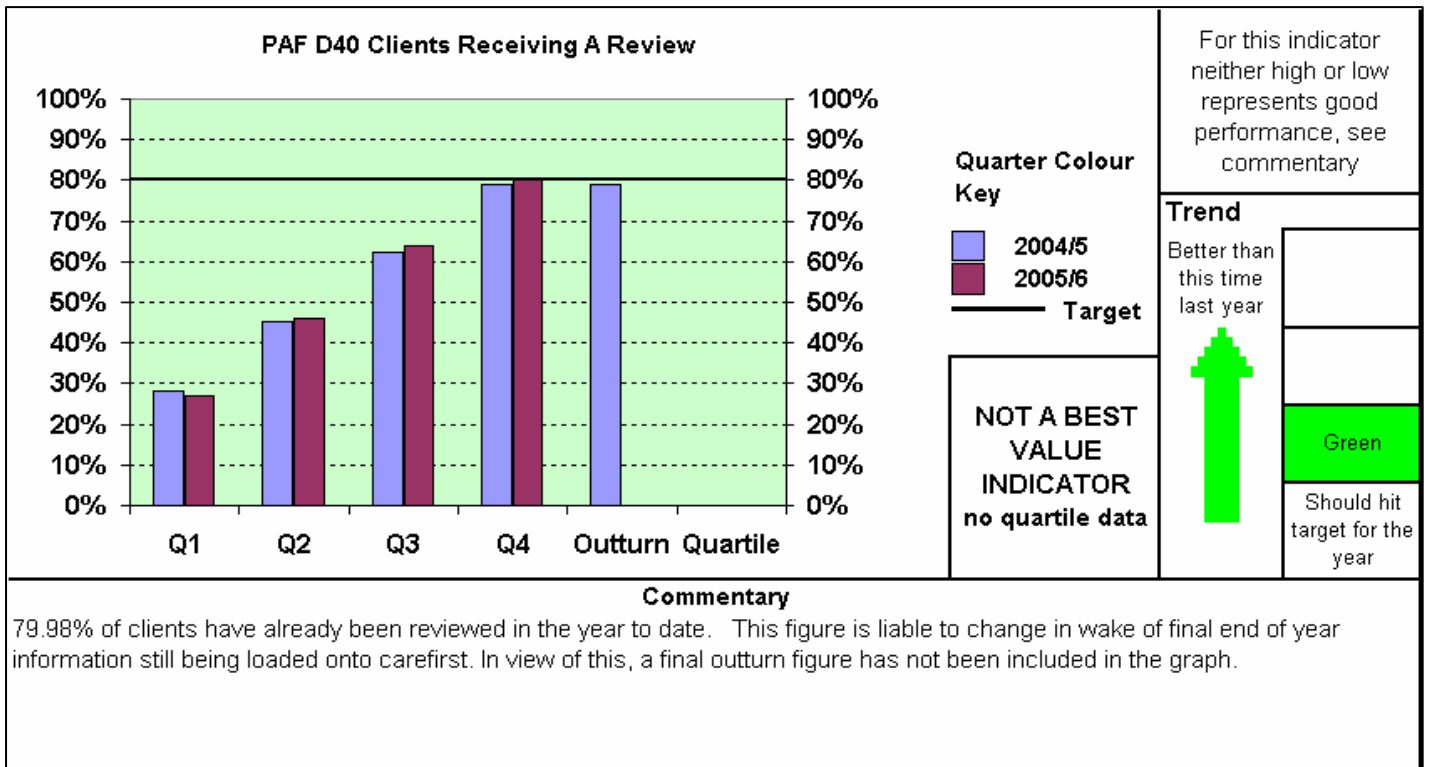
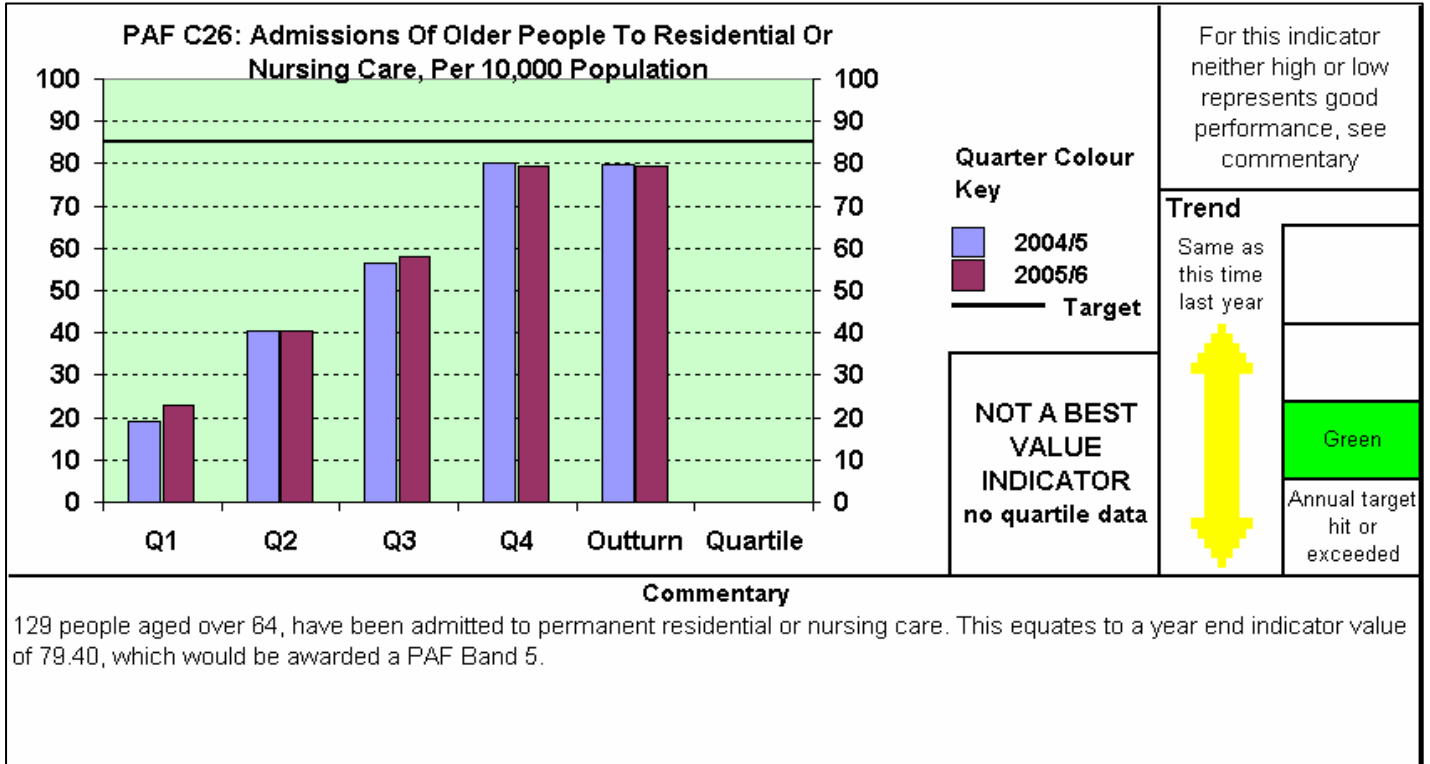
| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|---|--|---|---|
| OPS 8 | Develop services to receive vulnerable people from hospital, support them and fully assess needs | Establish critical incident review system (06/05) |  | On target for completion April 2006. |
| | | Supervision in place for all staff (04/05) |  | Supervision in place. |
| | | Hold 4 service away days during year (on-going) |  | Quarterly service away days on going, and planned for 2006/07. |
| | | Systematic consultation systems in place with users and carers (11/05) |  | Halton Carers Forum held their inaugural meeting on 2 nd March and will continue to meet to examine issues that matter to carers. The Directorate continues to look at ways it can support the implementation of the recommendations in the Carers UK reports. Assistance will be provided to social work teams to support greater service user and carer involvement in the design of services. Service user and carer involvement is an integral part of the revised Carers Strategy 2006-2008. |
| OPS 6 | Work in partnership across traditional boundaries always keeping the service user at the centre of the service. | Develop roles of LITs (09/05) |  | Fully implemented. |
| | | Develop work in relation to LPSA target(s) (04/05) |  | Complete. |
| | | Funding agreed for JES (03/05) |  | Funding for Integrated Community Equipment Service agreed. Partnership Agreement to be completed by May. |

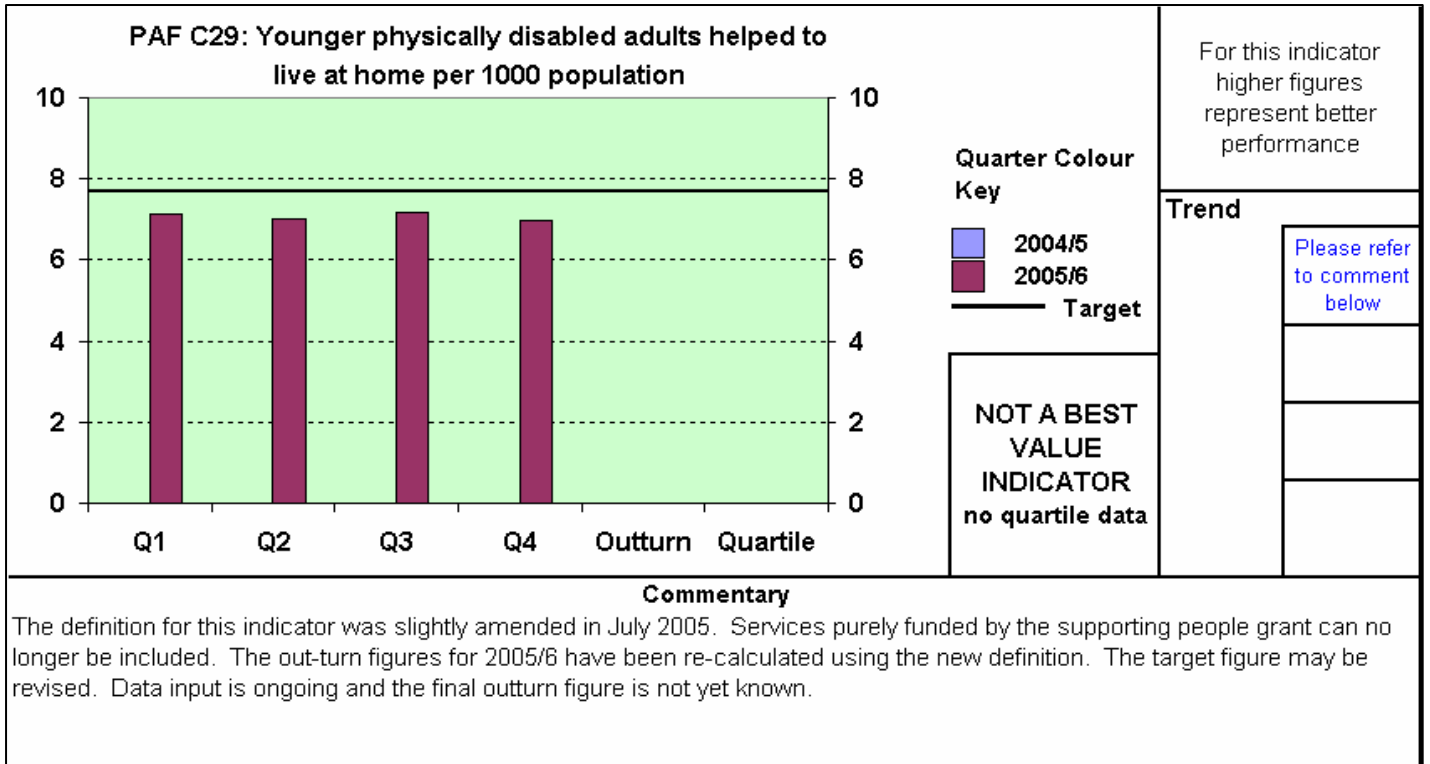
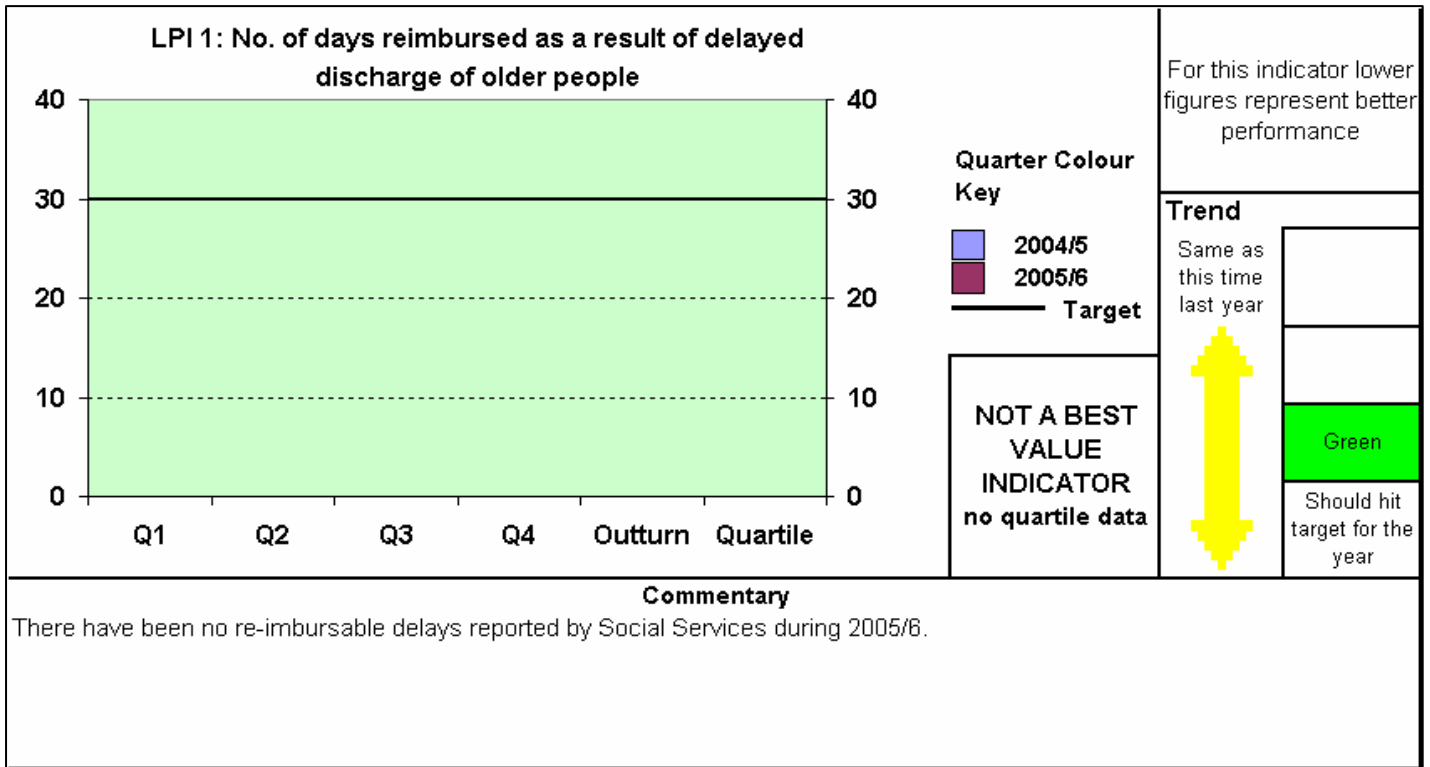
| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|--|---|---|---|
| OPS 7 | Ensure all services offer equality of access and delivery to all people and implement processes to assess the effectiveness of this. | Impact assessments completed (04/05) |  | Complete. |
| | | All plans and strategies meet this target (12/05) |  | Complete. |
| | | Individual services to introduce targets (12/05) |  | Built into the development of team plans to be completed by March 2006. |

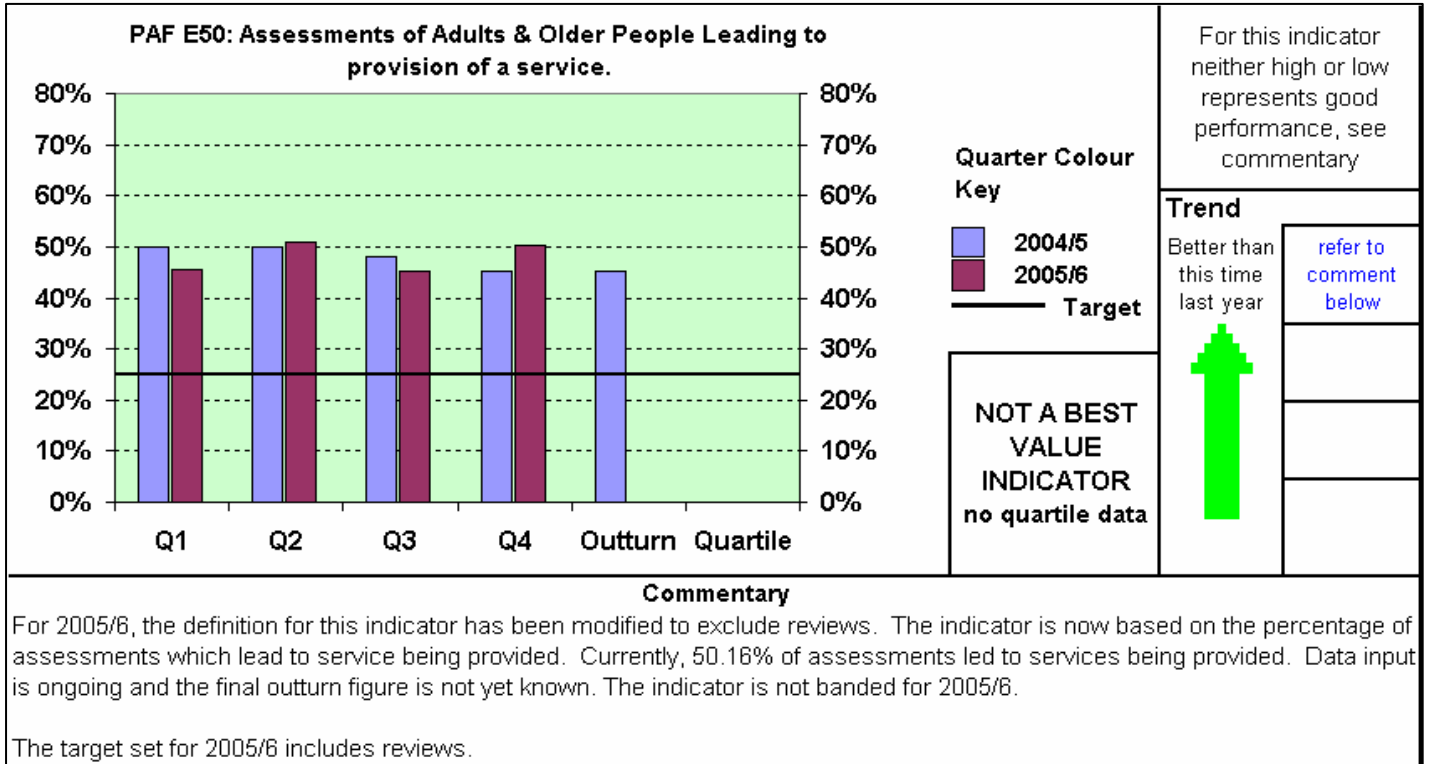
Progress against Key Performance Indicators within Service Plan














Progress against other Performance Indicators within Service Plan

| Ref | Indicator | Actual 04 / 05 | Target 05 / 06 | Quarter 4 | Progress | Commentary |
|--------------------|--|-------------------|-------------------|----------------------|------------------|--|
| BVPI 53 PAF C28 | No of households receiving 10 or more contact hours and 6+ visits during a week 1000 head of population aged 65+ | 10.19 | 12 | 9.79 | | Target not been achieved. Homecare funded from Supporting People monies cannot be included in this indicator. In addition, continuing financial pressures mean that sustaining high levels of performance will be extremely difficult. |
| BVPI 195 | Acceptable waiting time for assessment. | 71.36% | 77.5% | 75.43% (estimate) | | Current performance is 75.43%. All data relevant to 2005/6 has not yet been collected and analysed, therefore, the reported figure is only an estimate. The target may still be achieved. |
| BVPI 196 | Acceptable waiting time for care package | 85.11 | 85% | 80.49% (estimate) | | Current performance is 80.49%. All data relevant to 2005/6 has not yet been collected and analysed, therefore, the reported figure is only an estimate. The target may still be achieved. |
| PAF B11 | No of households receiving intensive home care as a % of households receiving intensive home care plus supported residents | 20.5% | 22.8% | 21.58% | | See comments above for PAF C28 & BVPI 53. |
| PAF B12 | Cost of intensive social care for adults and older people | £438.06 | £469 | N/A | Refer to comment | Actual unit cost not available until completion of accounts in June/July 2006. |
| PAF B13 | Unit cost of residential and nursing care for older people | £336 E | £346 | N/A | Refer to comment | Actual unit cost not available until completion of accounts in June/July 2006. |
| PAF B17 | Unit cost of home care for adults and older people | £12.50 | £12.87 | N/A | Refer to comment | Actual unit cost not available until completion of accounts in June/July 2006. |
| PAF D37 | Availability of single rooms | 100% | 100% | 100% | | Single rooms available and offered to all service users currently in or admitted to residential and nursing care. |

| Ref | Indicator | Actual 04 / 05 | Target 05 / 06 | Quarter 4 | Progress | Commentary |
|---------|---|-------------------|-------------------|-----------|------------------|--|
| PAF E47 | Ethnicity of older people receiving assessment | 1.71 E | 1.1 | 0.43 | Refer to comment | The definition for this indicator for 2005/6, has been modified to exclude reviews which is different from that used to set the target figure for 2005/6. Small numbers of people with ethnicity other than white (2), out of approximately 909 older people who received an assessment. This indicator is subject to great fluctuation given the small numbers of non-white people assessed and in the general population. Data input is ongoing and the final outturn figure is not yet known. |
| PAF E48 | Ethnicity of older people receiving a service following an assessment | 0.83 E | 1 | 0 | Refer to comment | The definition for this indicator for 2005/6, has been modified to exclude reviews which is different from that used to set the target figure for 2005/6. Out of approximately 502 older people whose assessment led to provision of services, 0 people have ethnicity other than white. This indicator is subject to great fluctuation given the small numbers of non-white people assessed and in the general population. Data input is ongoing and the final outturn figure is not yet known. |
| PAF E61 | Assessments of new clients aged 65 or over | 48.3 E | 55 | 57.24 | Refer to comment | For 2005/6, this is no longer a PAF indicator, therefore, no traffic light has been assigned. |

| Ref | Indicator | Actual 04 / 05 | Target 05 / 06 | Quarter 4 | Progress | Commentary |
|-------|---|-------------------|-------------------|-----------|---|--|
| LPI 2 | % use of residential intermediate care beds | 82% | 85% | 90% |  | % use of Intermediate Care beds has increased due to the redesign of Intermediate care services with the move away from residential beds to a more enhanced community model. |

APPENDIX 5**Application of Traffic Light Symbols**

| | <u>Objective</u> | <u>Performance Indicator</u> |
|---------------------|--|---|
| <u>Green</u> |  <p>Indicates that the <u>objective</u> <u>has been achieved</u> within the appropriate timeframe.</p> | Indicates that the annual 05/06 target <u>has been achieved</u> or exceeded |
| <u>Red</u> |  <p>Indicates that that the <u>objective</u> <u>has not been achieved</u> within the appropriate timeframe.</p> | Indicates that the annual 05/06 target <u>has not been achieved</u> . |

QUARTERLY MONITORING REPORT

DIRECTORATE: Health and Community
SERVICE: Health & Partnerships
PERIOD: Quarter 4 to year-end 31 March 2006

1.0 INTRODUCTION

This monitoring report covers the Health & Partnerships Department fourth quarter period up to 31 March 2006. It describes key developments and progress against all objectives and performance indicators for the service.

Given that there are a considerable number of year-end transactions still to take place a Financial Statement for the period has not been included within this report in order to avoid providing information that would be subject to further change and amendment.

The way in which traffic lights symbols have been used to reflect progress to date is explained within Appendix 5

2.0 KEY DEVELOPMENTS

Supporting People

- Supporting People service for young single homeless people opened in February 2006. Supporting People service delivered by Community Integrated Care.
- Pilot floating support service for young people at risk of homelessness and teenage parents operational from February 2006. Supporting People service delivered by Carr-Gomm.
- Inclusive forum took place in January 2006. Attendees contributed to the Directorate response to the ODPM consultation documents on the SP Strategy and Distribution Formula.
- Supporting People performance returns for 2004-2006 were successfully submitted to ODPM.

Housing

- The Housing Act 2004 introduced a requirement for certain houses in multiple occupation to be subject to a local authority licensing scheme. Although the implementation date for this is April 2006, delays in the issue of Government guidance (particularly about setting fees) has meant that many authorities' schemes will not be ready in time. Information is being sent to Landlords to raise awareness, and a licensing scheme should be ready for presentation to Board in April/May.

- The Act also introduced a requirement to undertake accommodation needs assessments for Travellers. This will be done as part of a Cheshire wide initiative to inform the planning process for future site provision.

Human Resource Development (inc. Training)

- Implementation of the revised Directorate Supervision Policy, Procedure and Practice.
- Implementation of the revised Directorate Exit Interview Policy, Procedure and Practice.
- Two staff completed the 5 day Practice Teacher Course
- New system developed for allocating Social Worker Students to placements
- Achievements - 11 candidates achieved a variety of awards between 1 January – 27 March 2006
- The Lead Internal Verifier / Assessor for Children's started work with the Assessment Centre on 22 March 2006.
- An Awards Evening was held on 19 January 2006, for 23 successful National Vocational Qualification candidates, including new Assessors and Verifiers.

Service Planning & Development (inc. Carers)

- Development of a Protection of Property Policy, Procedure and Practice
- The production of a Carers Promotion strategy aimed at developing promotional opportunities throughout the year, not just in Carers week.
- The development of a Mental Health Information Strategy to raise awareness and understanding, reducing the associated stigma.
- A Carers Strategy 2006 –2008 has been drafted
- Halton Carers Forum held it's inaugural meeting on 2 March 2006
- A training programme for carers commenced in March 2006
- Directorate Strategic Risk Register produced
- Business Plan drafted for the Community Warden Service

Planning & Commissioning

- Contract for generic advocacy service awarded. Service to commence 3rd April 2006. PCT agreed extension of Halton Citizen Advocacy contract to 7th April to ensure continuity of service for individuals.
- Pilot for Assistive Technology continues with fourteen service users currently using the service.
- Funding agreed for 2006/07 through the VATF programme to focus on Low-level Preventative services and mental health services for older people, this will include recruitment of a mental health liaison officer and a Mental Health Project Officer.
- Falls service – falls clinic working well with thirty-four referrals received in quarter 4, the clinic is carried out every two weeks and is currently based at Halton Hospital.
- The model of service delivery agreed by Halton Mental Health LIT has been taken to the two GP locality groups and to the Health Policy and Performance Board of the Borough Council for consultation. It is to be presented to the Public and Patient Involvement forum in May 06 for further service user / carer and for public consultation.

- Links into the corporate procurement group provides an opportunity to share best practice, knowledge and identify efficiency savings for the directorate.
- Monitoring framework in place for all Older Peoples care homes in the Borough and our 4 main generic and specialist domiciliary care providers on a quarterly monitoring cycle.
- Need to develop framework for monitoring Supporting People contracts managed by ALD team by May 06.
- Work in progress to establish a contract management and monitoring process for all the voluntary contracts by April 2007.

Learning Disabilities

- An extension is completed at the Bridges to enable the Adult Learning Disability Specialist Team to be established within one base to provide a fully integrated service. It is anticipated that the move will take place within the next three weeks.
- A stakeholder event has been held, which has helped inform a programme of work for the Person Centred Planning Co-ordinator.
- The ILC extension is now being utilised. However, due to change of management arrangements over the Supported Employment Team, a review of this provision is underway. Once this is finalised, the formal opening will be arranged.
- Management arrangements of in-house Day Services have been reconfigured, to reflect an integrated Halton-wide service. A Performance Manager post has been established to ensure performance and quality are fully integrated into service delivery.
- Policy on service level indicators agreed and implemented, following consultation from 14 06. This will be piloted within ALD services for 12 months as all service users will receive a re-assessment within this area. Learning from this will be applied across the Directorate.
- Policy to support people accessing the Independent Living Fund is currently subject to consultation. Adults with Learning Disabilities are able to access this benefit, subject to certain conditions, improving their ability to receive flexible support within the community. It is planned that the policy will be implemented in June.

Mental Health

- Agreement reached with the 5BoroughsPartnership about the Terms of Reference and Management Accountabilities for the Mental Health Partnership Board. First meeting of the Partnership Board took place in March 2006
- 4Boroughs Commissioning Strategy and Halton local Commissioning Strategy both agreed by Policy and Performance Board
- Steering group for Women's Service established – work in progress to scope potential use of service
- Agreement to redesign Emergency Duty Team, based on safe delivery of social care functions rather than on the development of a specific service
- Review of mental health daytime services completed but remains to be written up and action plan required
- Significant developments in setting up robust community care budget monitoring process

Finance

- The base budget submissions prepared in conjunction with Health & Community and Children's Services afforded an invaluable opportunity to review spending, savings and growth pressures, how the Directorate does business and delivers and/or procures quality services and value for money during the last two quarters.
- Pressures on the community care budget in particular for ALD have continued to be closely monitored, and a financial recovery plan is being developed.
- A financial forecasting review of community care commenced in conjunction with operational areas. Work on streamlining IT systems to improve budget monitoring has commenced.

Direct Payments

The number of Direct Payment service users continues to increase, essential in maintaining the momentum of referrals in order to ensure that the authority retains or exceeds the current 3rd league table position out of all Local Authorities.

Responses from the quality assurance questionnaire published in the "Choosing Independence" Newsletter and Health & Community Directorate News were very positive, eg The response to the question "Overall, how do you find the service you receive from the Direct Payments team?" was 72% said the service they receive is very good, and 28% said that the service is good.

3.0 EMERGING ISSUES

Supporting People

- Halton submitted a response to the consultation documents released in relation to the Supporting People programme by Office of the Deputy Prime Minister. Key issues for Halton include the pace of change for the application of the allocation formula and the potential removal of the ring fence of the SP grant.

Housing

- New Government guidance has been received about handling unlawful Gypsy/Traveller encampments. A members' seminar has been arranged to consider a Cheshire wide Protocol which, if adopted, will have implications for the way in which encampments are dealt with in Halton.
- Housing Capital allocation for 2006/07 has significantly decreased following LSVT. This may have implications for 2007/08 and beyond.
- Initial findings from the Housing Needs Survey suggest a need for an affordable housing policy to be adopted by the Council. This will be explored with Members and Planning colleagues over the coming months.

Human Resource Development (inc. Training)

- New Post Qualifying Scheme developing

Service Planning & Development (inc. Carers)

- Development of a single point of access for all of Older People's Supportive Services
- The anticipated release of software for the new Intranet site
- The development of the Community Engagement Toolkit and Database through the Halton Local Strategic Partnership
- The collection of audit evidence, in relation to the provision of carers breaks and user satisfaction, is required. To assist this process a newly established Carers Grant Accountability Group will meet each quarter.
- Domiciliary Care Strategy to be produced
- Policy and procedural manual to be produced for the Independent Living Team
- A funding application will be submitted in April which, if successful, will focus the work of the Choosing Health review around health services responding to alcohol issues.
- Members are to engage in a series of visits of health promotion initiatives as part of informing the work of the Choosing Health Review.

Planning & Commissioning

- New structure being developed within the Primary Care Trust – the planned change to develop one new PCT that will cover Halton and St Helens may affect commissioning arrangements.
- Practice based commissioning will potentially affect Joint commissioning arrangements.
- Work is required to determine annual inflationary uplifts to private and independent sector providers linked to contract management in order to ensure a robust and consistent process.

Learning Disabilities

- Planning has begun in relation to complex and challenging behaviours. A Service Specification has now been developed.
- The 2 in-house supporting people schemes, Halton Supported Housing Network in Widnes and Bredon/Ling in Runcorn will be merged to form a single scheme, rationalising management and service delivery. Management arrangements have now been finalised, to ensure a streamlined and whole systemed approach to service provision.
- We are looking at the option of developing a Befriending Service for adults with learning disabilities and, following further developments currently exploring this in partnership with the voluntary sector.
- Additional capacity within Adult Placement Service has been agreed , resourced from ALD services to increase and enhance access to the provision of services within family settings

Mental Health

- Mental Health Bill shelved but significant changes to existing Mental Health Act expected – will require detailed analysis and implementation
- 5BoroughsPartnership have developed a proposal for redesign of their service which will impact significantly on both inpatient and community services
- Women's service to be developed through the year
- EDT project to continue and may impact on other services in the daytime

- The impact of a prolonged period of industrial action has yet to be assessed but may have implications both for personal service delivery and for the delivery of longer term service developments
- Review of day care services may lead to an alternative approach to service provision
- National work on the role of social care in mental health services may lead to a change in the emphasis of service delivery

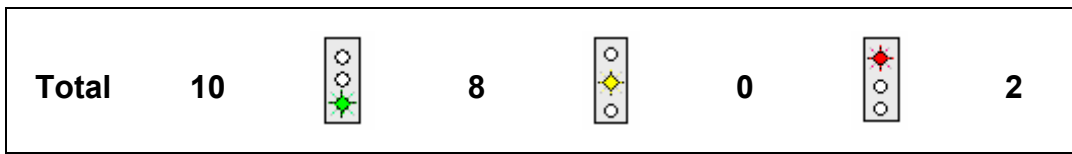
Direct Payments

Individual Budget pilots have just begun nationally. The North West Direct Payments Co-Ordinators Group will monitor.

The DOH Section 64 funding awarded to Halton Disability Services ceased on 31 March 2006. Halton Disability Services will continue to provide payroll support only to Direct Payment recipients. This service will be reviewed after 12 months.

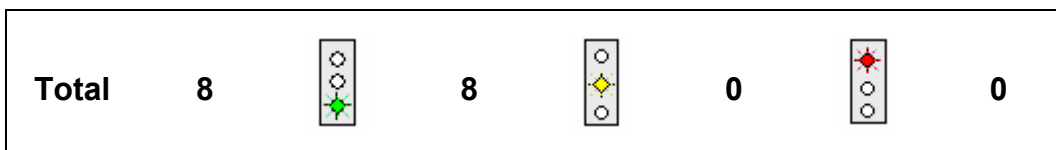
The Direct Payments promotional DVD is at the editing stage and will be available in May 2006.

4.0 PROGRESS AGAINST KEY OBJECTIVES / MILESTONES



Details of progress against the 'Key Objectives' for the service are provided at Appendix 1.

4.1 PROGRESS AGAINST OTHER OBJECTIVES / MILESTONES



Details of progress against the Other Objectives for the service are provided at Appendix 2.

5.0 SERVICE REVIEW

Supporting People

- Supporting People service reviews were finalised in March 06. Findings indicate significant levels of ineligible care being funded by Supported People grant. Halton's SP team is working in conjunction with colleagues in Health and Social Care to reconfigure service to allow for the planned retraction of SP funding.
- Reviews on services for socially excluded groups indicate that SP is currently funding elements of Housing Management. The Supporting People team will be discussing the legitimacy of the level of housing management included in SP contract with providers throughout 2006/7.

Service Planning & Development (inc. Carers)

- Review of the administration function across the Directorate began in February 2006.
- Review of day services across the Directorate (inc. community centres and libraries) began in February 2006 with a view to developing a Day Services Strategy for the Directorate by October 2006.
- Review of Physical Sensory Disability day services commenced in March 2006 and will take approximately 6 months to complete.
- Contribution towards the Office for Disability Issues study "Improving Information for Disabled People" in which Halton is to be cited as an area of good practice for the "Valuing People" accessible information (in simple words and pictures) for people with learning disabilities.

Learning Disabilities

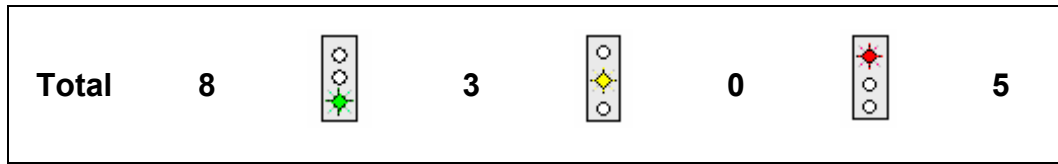
- Action Plan for mock Inspection has been revised.
- Care Management Documentation Reviewed and implemented and Risk Assessment Training underway. This process is ongoing.

Mental Health

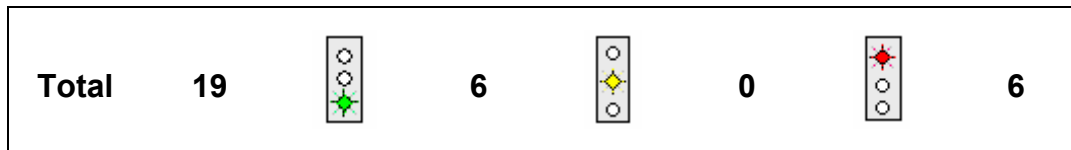
- Actions from internal audit inspection continue to be implemented with particular focus on securing effective management of community care budget
- Review of day care services complete but needs to be written up
- National review of Community Mental Health teams to take place from April 2006 – Divisional Manager (Mental health) is local lead for this

Finance

A questionnaire about the Appointee & Receivership service was circulated at the end of March 2006. 163 questionnaires were sent out, and to date, 49 have been returned. A full analysis will be undertaken regarding the responses at the end of May 2006.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Details of progress against the Key Performance Indicators for the service are provided at Appendix 3.



6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS





Of the nineteen 'Other' performance indicators, twelve are being reported and have been assigned traffic lights. Four are financial indicators where data is currently unavailable, and three are BVPI's where there is no activity to monitor for the year 2005/06. Traffic lights have not been assigned to these seven indicators. Please refer to Appendix 4 for further details



7.0 APPENDICES



Appendix 1 - Progress against Key Objectives/Milestones
 Appendix 2 - Progress against other Objectives/Milestones
 Appendix 3 - Progress against Key Performance Indicators
 Appendix 4 - Progress against other Performance Indicators
 Appendix 5 - Explanation of Traffic Lights

Progress against Key Objectives within Service Plan




| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|---|---|---|--|
| PS2/ SA4 | Maximise the number and range of people using Direct Payments. | Promote and continue to develop DP and ensure that support, advice, and information is offered. |  | Numbers of Direct Payment service users continue to grow with more referrals seen this quarter for people with mental health conditions. Promotion of Direct Payments generally is ongoing. Attendances at Children's and Carers events were undertaken together with a surgeries for Mental Health and Older People professionals. A promotional DVD about the Direct Payments Service will be available in May 2006. |
| PS3/ SA13 | Develop IT solutions which enable delivery of services electronically in support of the e-Government agenda specifically to meet the Priority Outcomes R4: G2, R18; R19; G16; G17 | <p>Phase 2 of CareSupport in operation</p> <p>Implement an integrated solution to link OTTER and CareFirst</p> <p>Complete roll-out of Citrix.</p> <p>Develop Storage Area Network</p> <p>Implement R4; R18; R19 Dec 05</p> |  | <p>CareSupport fully operational</p> <p>OTter went live and there were issues with connection. Staff are using health terminals for access</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> |



| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|--|--|---|---|
| PS5/ SA8 | Develop a three year financial strategy, matching funding to changing service requirements | Funding in place to continue SRB |  | Strategy not completed |
| PS6/ SA1 | Develop and implement Halton's 5yr Supporting People Strategy to meet the needs of vulnerable people locally. | Delivery of strategic objectives identified for action 2005/6 Develop financial plan for 2006/7 |  | Development targets set out in 5yr strategy on target: <ul style="list-style-type: none"> • Service for young single homeless in Widnes now operational • Dorset Court, an extra care scheme of 42 units, remains on target for completion Nov/Dec 2006. • Service reviews completed within target deadline of end of March 2006. • |
| PS11/ SA2+4 | Develop a local housing strategy, in partnership with stakeholders, that meets the needs of the Borough and contributes to the delivery of the Council's strategic priorities. | Achieve "fit for purpose" rating. |  | Halton's Strategy was formally assessed by Government Office in 2005 as "fit for purpose", and has been approved by Council. |
| PS12/ SA2+4 | The future of the strategic homelessness service needs to be examined following the decision to transfer housing services to a Trust. | Review Service |  | Operational homelessness services were contracted to Halton Housing Trust under LSVT. Two new staff to manage the contract and develop strategic homelessness services have been appointed. HHT's "year of improvement" programme in 2006 will focus on this service first. |


| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|--|--|---|--|
| PS13/ SA1 | Demonstrate that all services offer equality of access and delivery to all people and implement processes to assess the effectiveness of this. | Plans and strategies reviewed Individual services introduce targets |  | A Directorate Race Equality Strategy and Action Plan was developed and implemented following the assessment of all the Directorate's current operational policies, procedures, strategies, plans and protocols. The Equality Impact Assessments that were completed identified the changes needed to be made to ensure policies, etc, eliminated unlawful discrimination and promoted equality of opportunity and good relations between racial groups. The Directorate Diversity & Equality Strategy has been implemented. |
| IS3/ SA3 | Implement meaningful daytime activities and employment opportunities for all vulnerable people to reflect service-specific commissioning strategies. | Workforce strategies and associated Action Plans in each service area. |  | <u>Learning Disabilities</u> ALD Day Service redesign Use of Community Centres agreed. SLA's drawn up. Management team restructured to reflect single Halton-wide service. Tendering exercise for development of Bredon just complete. Probable completion September 2006. Service Level Agreement for Supported Employment being drawn up with Economic Regeneration Department, following transfer of service from Health and Community. <u>Mental Health</u> Action plan for daytime activities and |



| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|--|---|---|--|
| IS3 continued | | | | employment being implemented through LIT subgroup and review of daytime services completed. Workforce strategy to be developed for mental health services to meet national targets. Some work already undertaken against this but will need to engage external organisation to complete this. Expressions of interest currently being evaluated. |
| IS4/ SA1 | Develop and implement a formal Section 31 Partnership to integrate Mental Health Services | Develop Agreement and closely monitor impact. |  | Agreement reached with 5Boroughs on Terms of Reference for Partnership Board, and on formal management accountabilities. Partnership Board established and programme of meetings taking place. Not a Section 31 agreement as the circumstances do not warrant this. |
| IS5/ SA4+11 | Implement revised models and structures to provide social care services out of office hours. | Develop new arrangements |  | Agreement reached that contract with Cheshire to end by 31.03.07. Also agreed that out of hours emergency service should be delivered by function and not by specific service. Project team established, terms of reference and initial project plan agreed. Analysing scope for alternative service development. |

Progress against other Objectives within Service Plan

| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|---|--|---|---|
| PS1/ SA4 | Assist all people who use our services to maximise income and reduce the effects of poverty. | Review the Fairer Charging Policy Monitor and review the Debt Recovery Policy |  | <p>The Fairer Charging Policy has been reviewed to incorporate allowing those directly paying Council Tax, rent or a mortgage to claim these as expenditure before their charge for services is worked out</p> <p>The Debt Recovery Policy has been reviewed and has been adopted</p> |
| PS4/ SA13 | Ensure effective information management | Continue to implement Caldicott principles Develop information governance Implement requirements of Freedom of Information Act and Data Protection Act |  | <p>Implementation is progressing slowly. Caldicott Officer deleted from establishment.</p> <p>Expected guidance from Government not released, with no targets for action.</p> <p>Freedom of Information and Data Protection Act guidelines are being followed and responded to in agreed timecales.</p> |
| PS7/ SA13 | Provide high quality performance monitoring and quality information which reports service delivery and assists services to continuously improve | Develop and implement Performance monitoring Framework for each service area |  | <p>A performance assessment reference framework has been developed and a performance management strategy has been created.</p> |

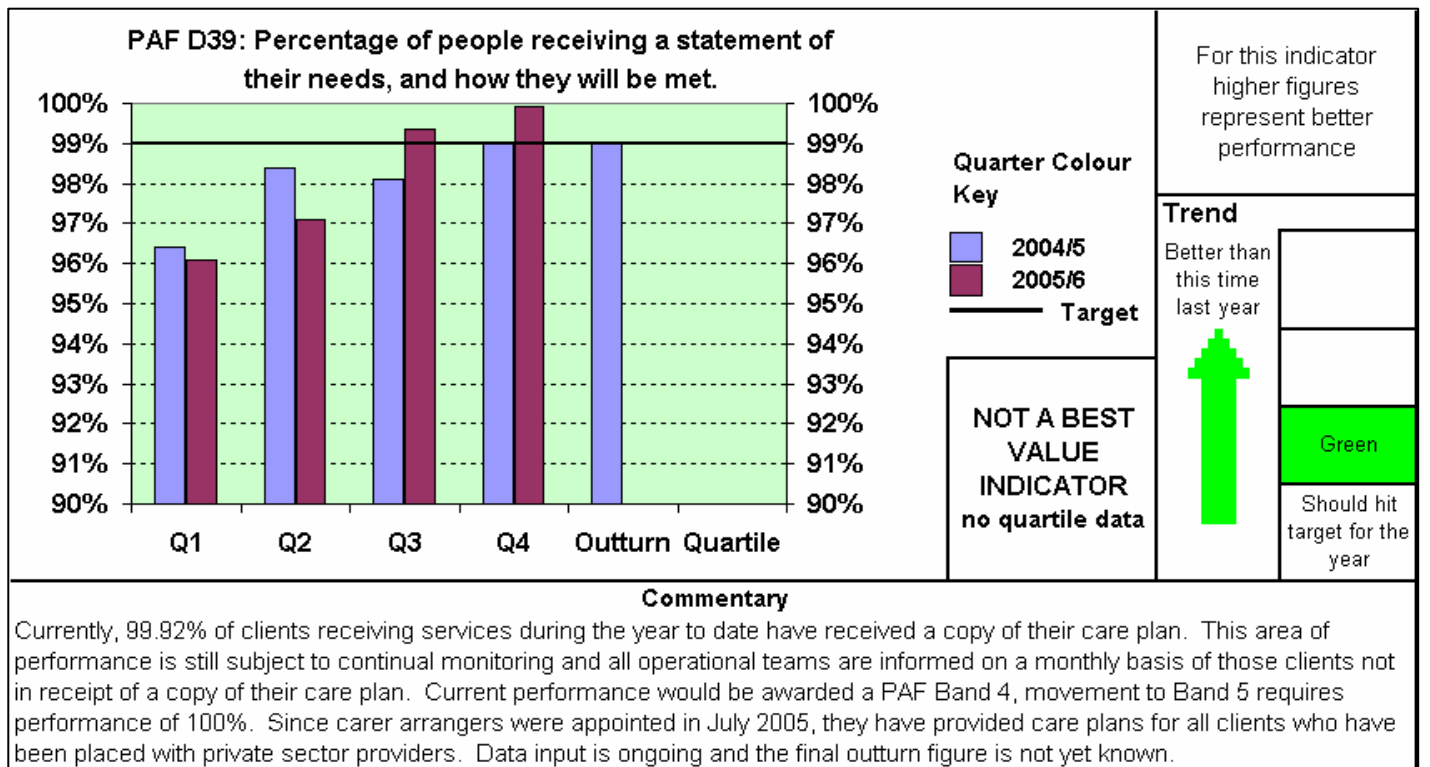
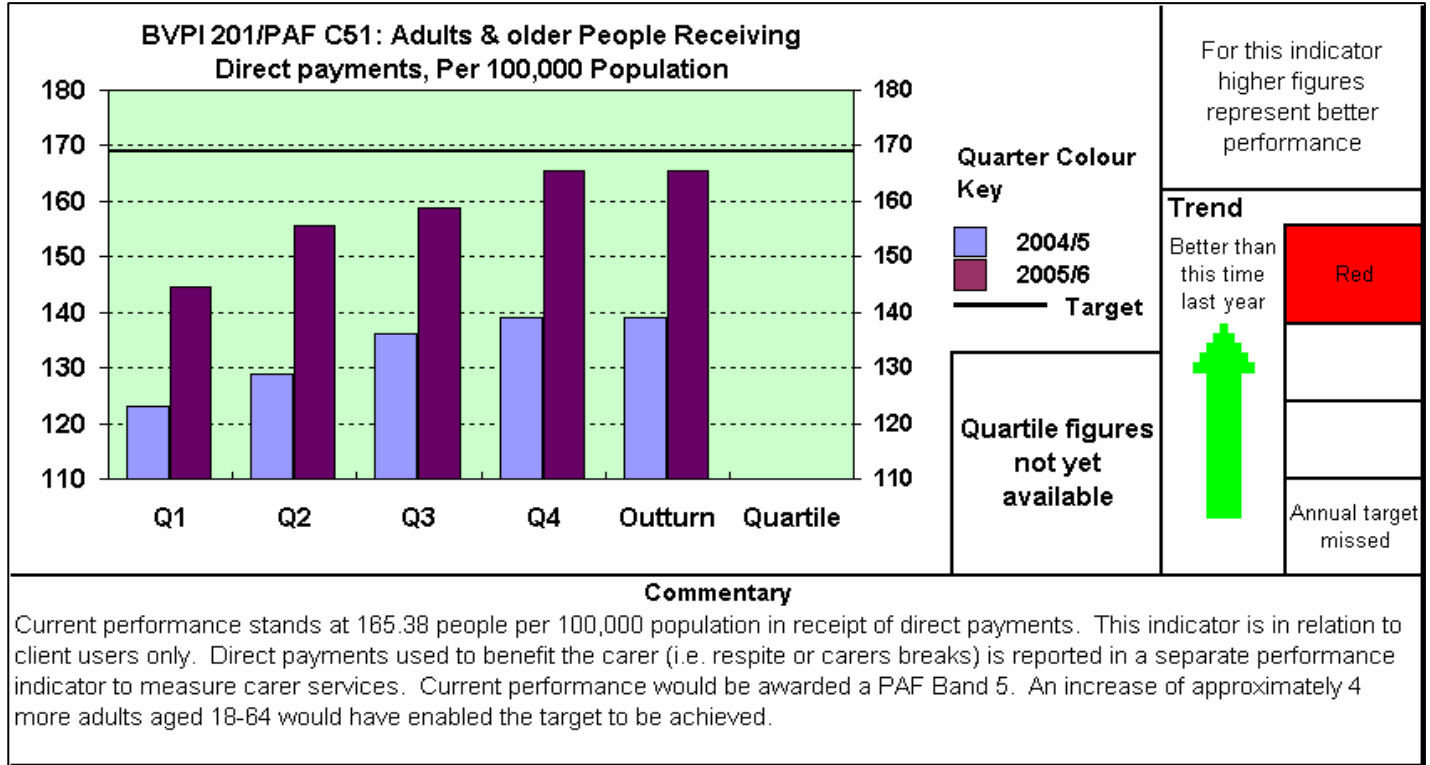
| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|---|--|---|--|
| PS7 continued | | | | <p>A performance timetable has been implemented so that regular monitoring of performance is undertaken to highlight issues. Regular reports on performance monitoring are presented to SMT every 2 months.</p> <p>The processes implemented are in their early stages and further work needs to be undertaken to refine data capturing processes and to further check data quality.</p> |
| PS8/ SA9 | Develop service and workforce planning to support commissioning/ National Service Framework targets, service redesign and quality improvement | <p>Assist in the development of workforce plans for each service area</p> <p>Develop and implement commissioning plans</p> |  | <p>The Directorate has introduced an overarching Workforce Plan. Specific service areas have been targeted for the development of specific workforce plans which include learning disabilities and mental health. Joint Commissioning Strategies being implemented, please see Service Plan references PS10/SA1 and IS1/SA6+10 for further information in Appendix 2</p> |
| PS9/ SA3 | Deliver and improve a range of services and supports for carers, according to the Halton Carers Strategy | <p>Review /monitor Carers Strategy</p> <p>Develop service-specific Carers Action plans</p> |  | <ul style="list-style-type: none"> • A consultation event involving 39 carers and 25 professionals was held on 26th January to review the Carers Strategy • A draft Carers Strategy 2006 – 2007 has been produced and still awaits the contribution from |

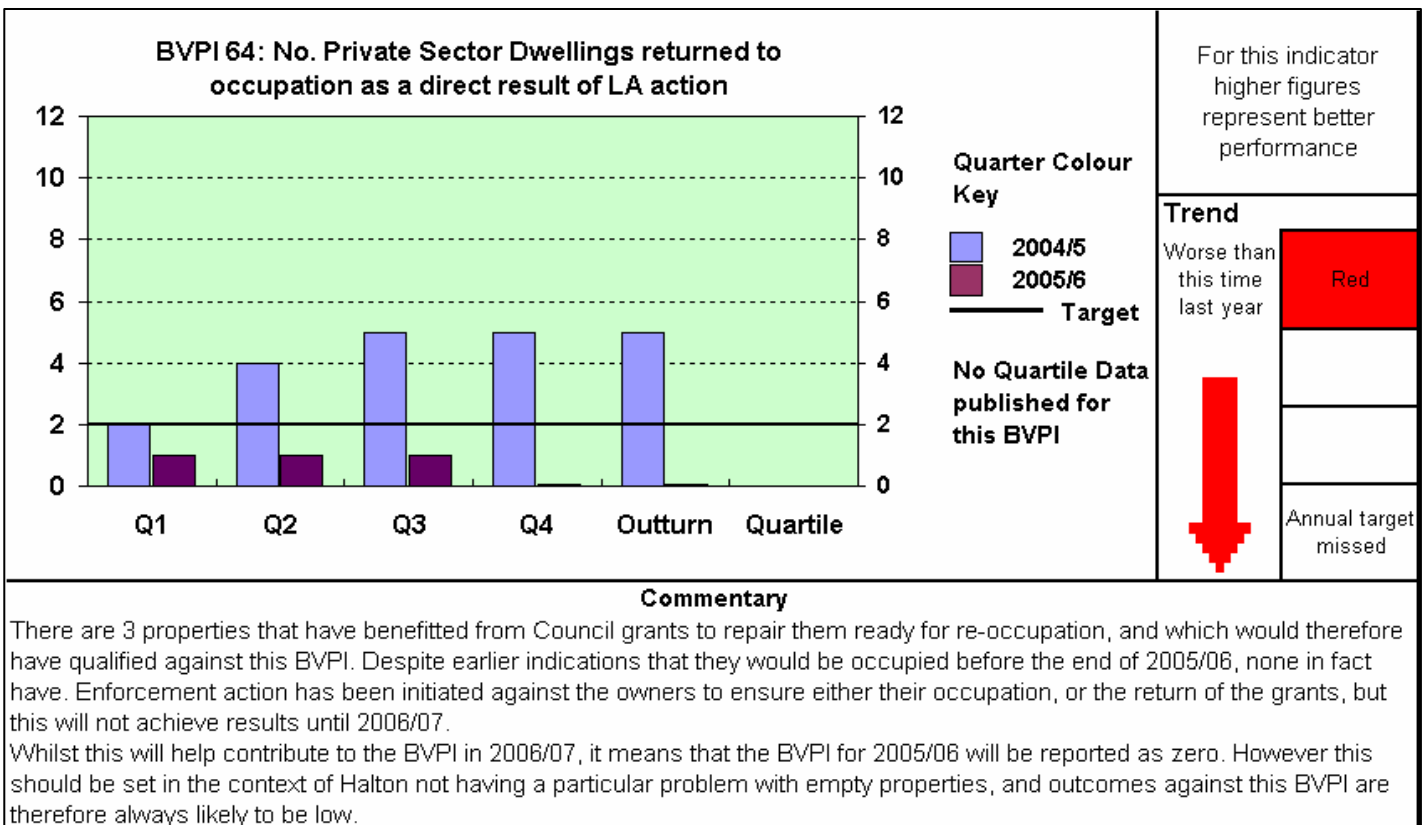
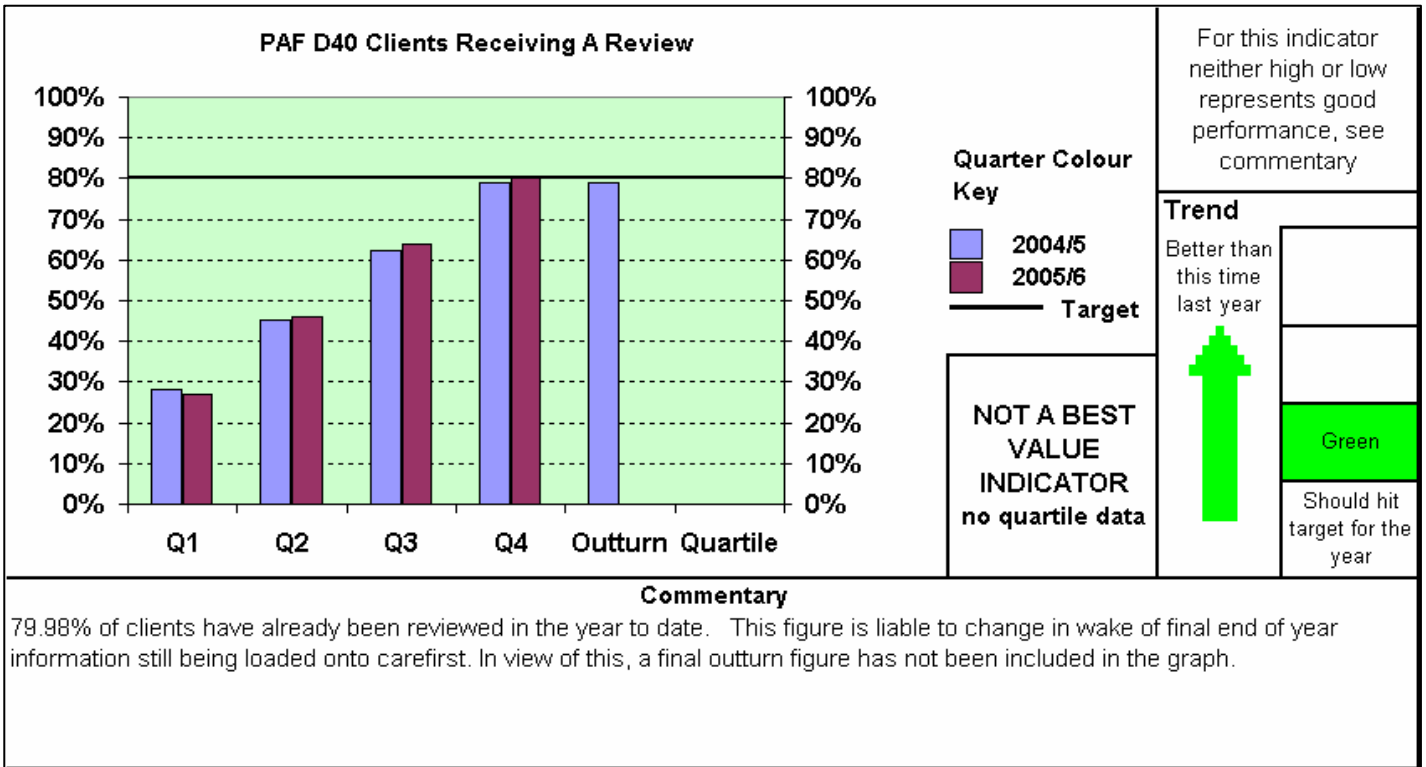
| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|---|---|---|---|
| | | | | <p>Children and Young People's Directorate</p> <ul style="list-style-type: none"> • Halton Carers Forum held it's inaugural meeting on 2nd March • Carers Grant allocations for 2006/2007 have been agreed • A trial run of the DIS took place in February to look at performance in relation to the provision of carers breaks • A meeting with Princess Royal Trust for Carers took place and an action plan to transfer the Carers Centres to the voluntary sector agreed. • A training programme for carers commenced • Agreement has been reached with Children and Young People Directorate. The Carers Development Officer will spend 2 days per week, from 3/4/06, working in this Directorate. • |
| PS10/ SA1 | Develop and implement joint commissioning strategies in each service area, in partnership with key stakeholders, service users and carers, that fully reflect national and local priorities and the social inclusion agenda | <p>Commissioning strategies developed and implemented in each service area</p> <p>Accommodation strategies in each service area</p> |  | <p>ALD – Joint Commissioning Strategy action plan implementation is progressing.</p> <p>Financial recovery action plan in place – 3 year financial strategy to be completed.</p> <p>OP – Joint Business / priorities and commissioning intentions plan completed to map / direct OP LIT</p> |

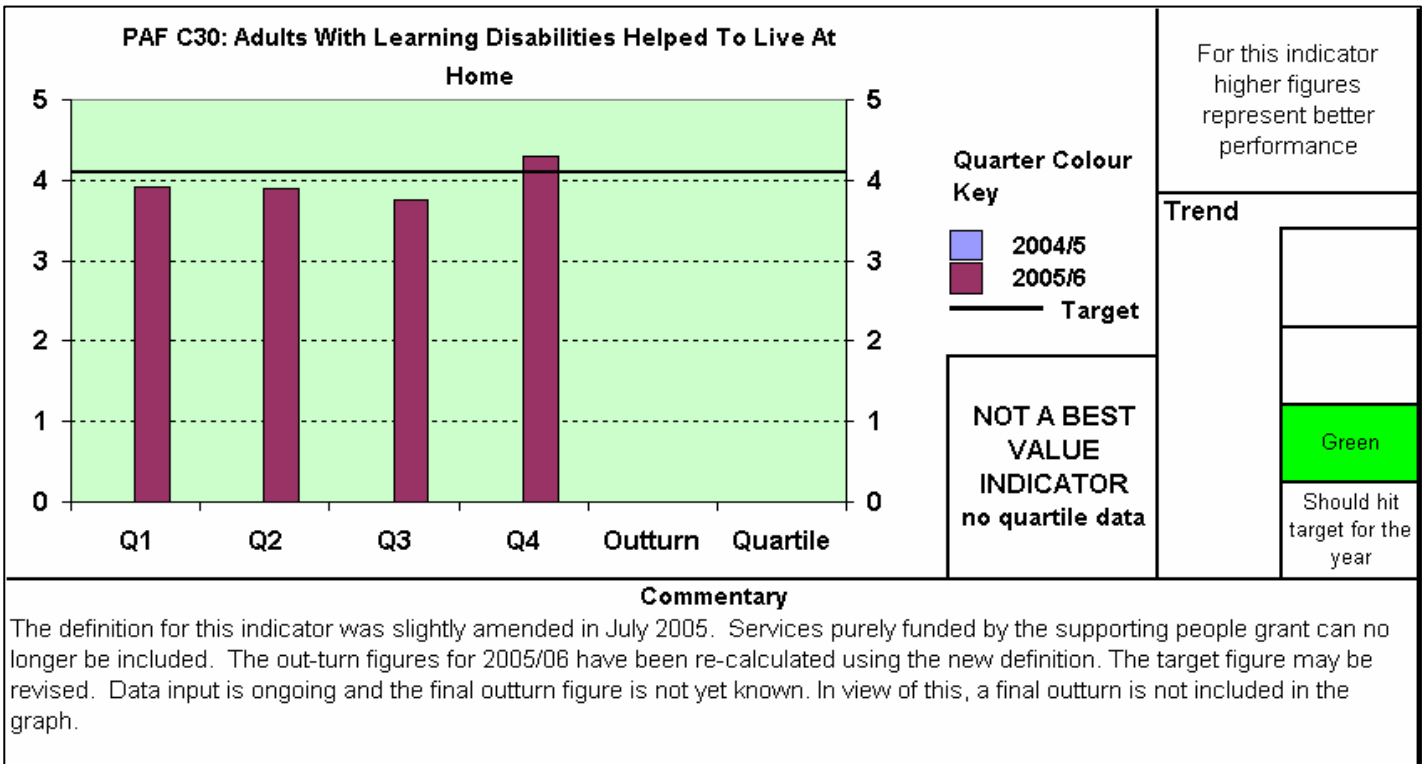
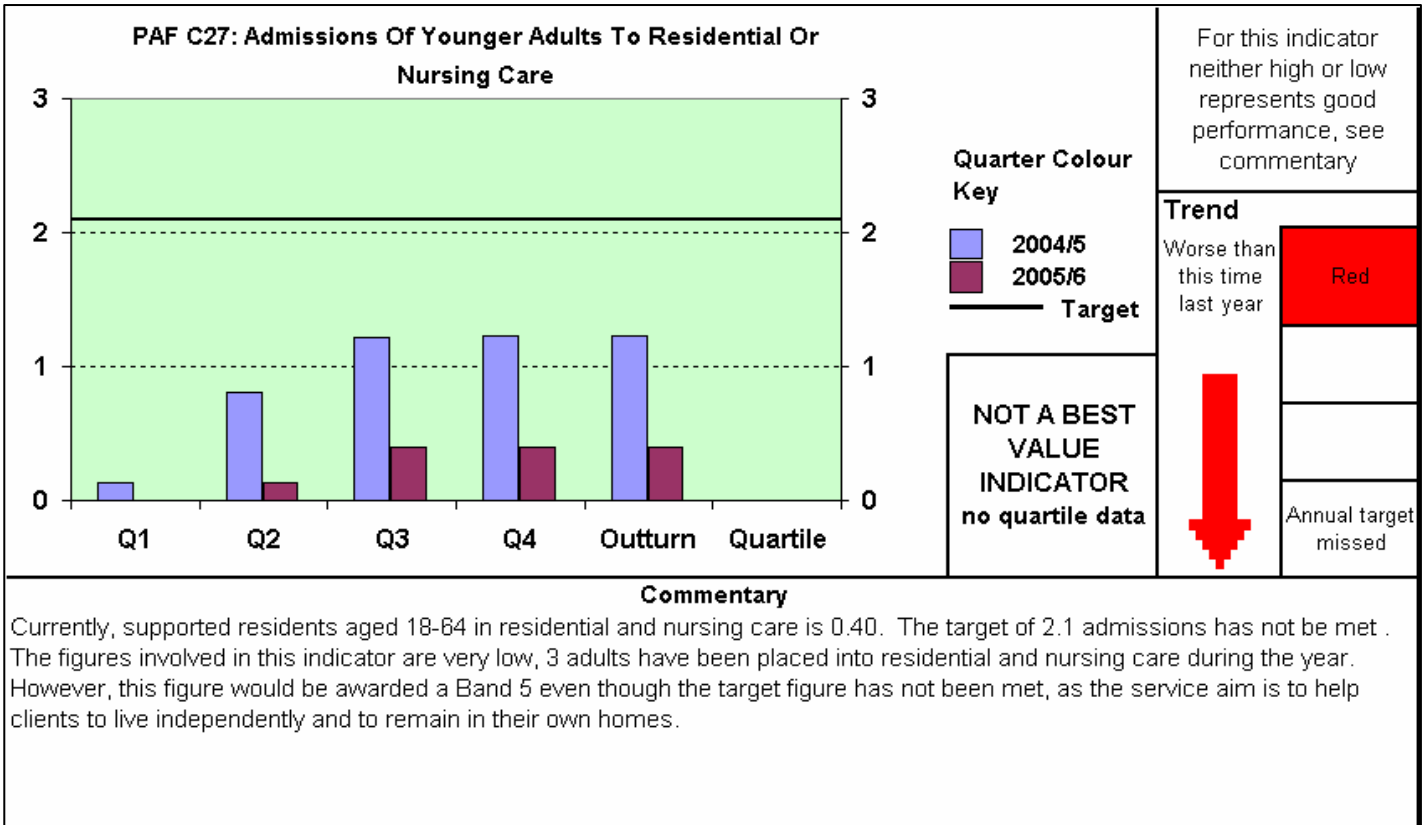
| Service Plan Ref. | Objective | Key Milestone | Progress to date | Commentary |
|-------------------|---|---|--|--|
| PS10 continued | | | | activity and reflect national and local priorities and inclusion agenda. |
| IS1/ SA6 +10 | Contribute to the development and ensure the implementation of commissioning strategies in each service area. | Complete all commissioning strategies and implement action plans |  | <ul style="list-style-type: none"> • Older people – Commissioning and Accommodation strategies completed • ALD – Joint Commissioning Strategy action plan implementation is progressing. Financial recovery action plan in place – 3-year financial strategy to be completed. • Local Joint Commissioning strategy and service delivery model for adult mental health – agreed by stakeholders, been to scrutiny panel – going to Executive Board and PCT Board in March 06 for sign off. |
| IS2/ SA1 | Ensure that care management activity is timely and fully meets individual needs. | Review care management processes. Establish performance surgeries in all areas |  | Care Management has been reviewed and new policy and procedures developed. These were agreed at SMT and launched in October and now fully operational across teams. As part of the review a performance framework has been developed. This includes performance surgeries for all managers. |

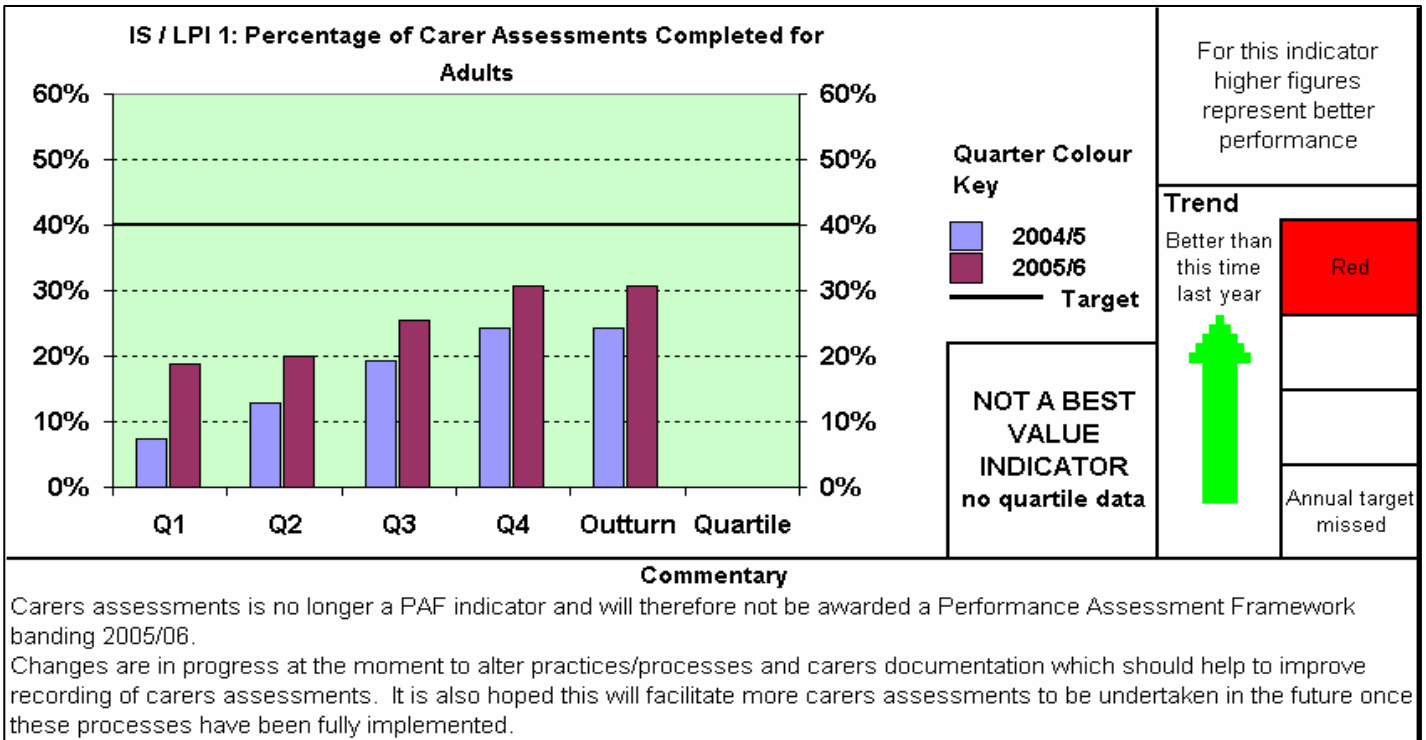
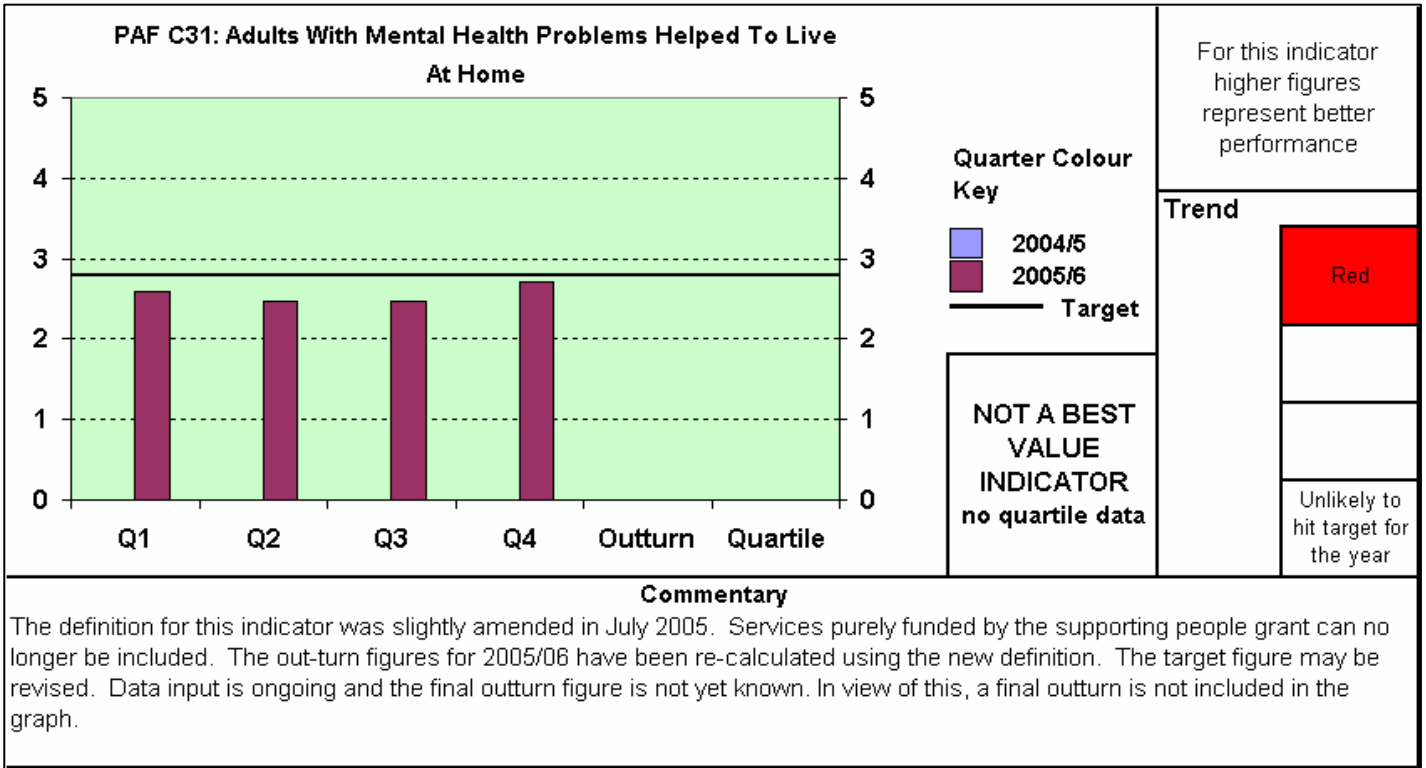
APPENDIX 3

Progress against Key Performance Indicators within Service Plan



















APPENDIX 4


Progress against other Performance Indicators within Service Plan


| Ref | Indicator | Actual 04 / 05 | Target 05 / 06 | Quarter 4 | Progress | Commentary |
|-----------|---|-------------------|-------------------|-----------|---|--|
| BVPI 183a | The average length of stay in temporary accommodation (Bed & Breakfast) | 2 | 2 | 3 |  | Failure to meet this target was largely attributable to one case. Following Police action one family had to be accommodated for a period of 9 months until Court proceedings were concluded, significantly increasing the overall average for the BVPI. Additionally, higher than normal use had to be made of B&B for a limited period due to reduced capacity at Grangeway Court (the Council's homeless hostel) whilst refurbishment works were undertaken. |
| BVPI 183b | The average length of stay in temporary accommodation (Hostel) | 0 | 0 | - | Refer to comment | Halton has no Hostel Accommodation as defined by this BVPI. This will be reported as '0'. |
| BVPI 202 | No. of people sleeping rough on a single night within the area of the local authority. | 0 | 0 | - | Refer to comment | Count not required in 2005. |
| BVPI 203 | The percentage change in the average number of families placed in temporary accommodation under homelessness legislation compared with the average from the previous year | +16.81 % | +15% | +6.7% |  | Households accepted as homeless increased by only 10 in 2005/06, resulting in the smaller than anticipated increase for this BVPI. |

| Ref | Indicator | Actual 04 / 05 | Target 05 / 06 | Quarter 4 | Progress | Commentary |
|----------|---|-------------------------|-----------------------|-----------|---|---|
| BVPI 213 | Homeless households who's situation was resolved through housing advice casework intervention | N/A New for 05/06 | Baseline to be set | 0 |  | <p>Halton Housing Trust have reported the outcome for this newly introduced BVPI in 2005/06 as zero. This is because the present homelessness service is not resourced to deal with homelessness prevention work, only to deal reactively with those presenting as homeless.</p> <p>A proposal is being developed to create a new post of homelessness prevention officer (hopefully to be funded through Supporting People), together with a modest homelessness prevention fund, in order to address this BVPI in 2006/07 and the wider Government agenda of increasing the focus on preventative rather than reactive homelessness work.</p> |
| BVPI 214 | Proportion of households accepted as statutorily homeless who were accepted as statutorily homeless in previous two years | N/A New for 05/06 | Baseline to be set | 3.34 |  | <p>This is a new indicator so there are no comparative figures for previous years. The figure would have been even lower were it not for a number of repeat presentations due to domestic violence, where clients presenting as homeless sometimes return home rather than be rehoused, only for the same problems to emerge at a later date.</p> |



| Ref | Indicator | Actual 04 / 05 | Target 05 / 06 | Quarter 4 | Progress | Commentary |
|------------------------------|--|-------------------|-------------------|-----------|---|---|
| PAF C51/ SA1 | Adults and older people receiving Direct Payments, per 100,000 population | 140.34 | 169 | 166.45 |  | Current performance stands at 166.45 people per 100,000 population in receipt of direct payments. This indicator is in relation to client users only. Direct payments used to benefit the carer (i.e. respite or carers breaks) is reported in a separate performance indicator to measure carer services. Current performance would be awarded a PAF Band 5. An increase of approximately 3 more adults aged 18-64 would have enabled the target to be achieved. |
| BVPI 53 (PAF C28)/ SA1 | No of households receiving 10 or more contact hours and 6+ visits during a week 1000 head of population aged 65+** | 10.19 | 11 | 9.79 |  | Target not been achieved. Homecare funded from Supporting People monies cannot be included in this indicator. In addition, continuing financial pressures mean that sustaining high levels of performance will be extremely difficult. |
| PAF D37 | Availability of Single Rooms | 100% | 100% | 100% |  | Single rooms available and offered to all service users currently in or admitted to residential and nursing care. |
| PAF B11 | Intensive home care as a percentage of intensive home care and residential care | 20.5% | 24% | 21.58% |  | Target not been achieved. Homecare funded from Supporting People monies cannot be included in intensive homecare. In addition, continuing financial pressures mean that sustaining high levels of performance will be extremely difficult. |

| Ref | Indicator | Actual 04 / 05 | Target 05 / 06 | Quarter 4 | Progress | Commentary |
|------------------|---|-------------------|-------------------|-----------|--|---|
| PAF B12/ SA8 | Cost of intensive social care for adults and older people | £358 E | £373 | N/A | Refer to comment | Actual unit cost not available until completion of accounts in June/July 2006 |
| PAF B14 | Unit cost of residential and nursing care for adults with learning disabilities | £497 E | £552 | N/A | Refer to comment | Actual unit cost not available until completion of accounts in June/July 2006 |
| PAF B15 | Unit cost of residential and nursing care for adults with mental illness | £416 E | £428 | N/A | Refer to comment | Actual unit cost not available until completion of accounts in June/July 2006 |
| PAF B17 | Unit cost of home care for adults and older people. | £12.50 E | £12.87 | N/A | Refer to comment | Actual unit cost not available until completion of accounts in June/July 2006 |
| PS/LPI 1/ SA9 | Percentage of SSD directly employed staff that left during the year. | 13.5% | 14% | 7.89% |  | Through the continued application of the Directorate Recruitment and Retention Strategy e.g. the ongoing support of a Trainee Social Work Scheme, this has had a positive impact on overall staff turnover within Adult and Children Services |
| PS/LPI 2 | Percentage of Social Services working days/shifts lost to sickness absence during the financial year. | 8.5% | 8% | 7.94% |  | Sickness absence in social care is managed proactively this has resulted in performance improving overall |

| Ref | Indicator | Actual 04 / 05 | Target 05 / 06 | Quarter 4 | Progress | Commentary |
|----------|--|-------------------|-------------------|-----------|---|---|
| PS/LPI 6 | Percentage of carers on the carer's database as a percentage of the number of carers identified in the 2001 census in Halton | 20.77% | 20.75% | 23.5% |  | <p>The calculation of the number of carers is based on the number of carers recorded on CareFirst @ 04/04/06. There were 3179 carers. Census 2001 identified 13,528 carers. Carefirst indicates that 23.5% of them are recorded in Carefirst.</p> <p>For total accuracy Carefirst need to be purged of carers who have looked after individuals that have deceased. Nevertheless the trend shows a continuing increase in the number of carers in contact with the Directorate.</p> |
| PS/LPI 9 | No. of domestic violence refuge places per 10,000 population provided or supported by the LA. | 1.35 | 1.35 | N/A | N/A | <p>For so long as the Halton Domestic Violence Refuge is funded by Supporting People, this indicator is likely to remain static from year to year. It has been deleted from the list of BVPI indicators, and was superceded by BVPI 225, which is a more comprehensive measure of the Council's performance in tackling domestic violence issues. It is therefore intended that this indicator be dropped for reporting purposes.</p> |

| Ref | Indicator | Actual 04 / 05 | Target 05 / 06 | Quarter 4 | Progress | Commentary |
|--------------|---|-------------------|-------------------|-----------|---|--|
| PS/LPI 10 | Percentage of homeless decisions given within 33 days (former BVPI 65c) | 92.91% | 98% | 87.5% |  | <p>A high target was set for 2005/06 following good performance in 2004/05. This was not achieved due to staffing/recruitment difficulties throughout 2005/06. Permanent staff members have only recently been appointed to the Homelessness Team by Halton Housing Trust, which should result in improved performance in 2006/07.</p> |

Explanation of Traffic Lights

| | <u>Objective</u> | <u>Performance Indicator</u> |
|---------------------|---|---|
| <u>Green</u> |  <p>Indicates that the <u>objective has been achieved</u> within the appropriate timeframe.</p> | Indicates that the annual 05/06 target <u>has been achieved</u> or exceeded |
| <u>Red</u> |  <p>Indicates that that the <u>objective has not been achieved</u> within the appropriate timeframe.</p> | Indicates that the annual 05/06 target <u>has not been achieved</u> . |

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