



Healthy Halton Policy and Performance Board

**Tuesday, 11 September 2007 6.30 p.m.
Civic Suite, Town Hall, Runcorn**

A handwritten signature in black ink that reads 'David W R'.

Chief Executive

BOARD MEMBERSHIP

Councillor Ellen Cargill (Chairman)	Labour
Councillor Kath Loftus (Vice-Chairman)	Labour
Councillor Robert Gilligan	Labour
Councillor Trevor Higginson	Liberal Democrat
Councillor Margaret Horabin	Labour
Councillor Christopher Inch	Liberal Democrat
Councillor Martha Lloyd Jones	Labour
Councillor Joan Lowe	Labour
Councillor Kelly Marlow	Liberal Democrat
Councillor Geoffrey Swift	Conservative
Councillor Pamela Wallace	Labour

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, 13 November 2007

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

Part I

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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: 11 September 2007

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 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

None

6.2 Employment, Learning and Skills in Halton

None

6.3 A Healthy Halton

None

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

None

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 12 June 2007

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 19th April 2007 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.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

None

5.2 Employment, Learning and Skills in Halton

None

5.3 A Healthy Halton

None

5.4 A Safer Halton

None

5.5 Halton's Urban Renewal

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

APPENDIX 1

Extract of Executive Board and Executive Board Sub Committee Minutes Relevant to the Healthy Halton Policy and Performance Board

EXECUTIVE BOARD MEETING HELD ON 21st JUNE 2007

EXB12 IMPROVEMENT REVIEW, MENTAL HEALTH SERVICES

The Board considered a report of the Strategic Director, Health and Community which described the process and key findings of the Improvement Review of Community Mental Health Services, which took place in Halton in January/February 2007.

The Board was advised that a detailed action plan had been developed to implement service improvements as identified by the review. The action plan addressed all the issues raised as areas for improvement in the review.

The Board noted that the services that were either provided or commissioned by the Authority had received some very positive comments. In addition, the areas for further development were also noted.

RESOLVED: That the Action Plan as set out in Appendix 2 to the report be endorsed.

EXECUTIVE BOARD MEETING HELD ON 19th JULY 2007

EXB22 JOINT COMMISSIONING STRATEGY FOR ADULTS WITH PHYSICAL AND/OR SENSORY DISABILITIES 2007-2011 - KEY DECISION

The Board considered a report of the Strategic Director - Health and Community presenting a draft Physical and Sensory Disability (PSD) Joint Commissioning Strategy, for Adults with Physical and/or Sensory Disabilities, for adoption. The document set out the overarching strategy for the commissioning, design and delivery of services to people in Halton who were physically disabled (including those with sensory disabilities), their families and carers. It was noted that this was the first strategy to be produced for this group of people.

The strategy had been developed from consultation events involving all stakeholders and evidence from the Housing Needs Survey 2005. Managers and practitioners attended a workshop to

further develop ideas that had emerged from consultation. In addition, a half-day action-planning event had been held in April, chaired by the Operational Director for Adults of working Age.

The policy implications and financial implications were outlined for the Board's consideration. As with any change programme, it was expected that the implementation of the strategy would be met with resistance and objections. However, this would be managed by ensuring that all staff, service users and carers were fully informed of proposals and rationale, and by listening to and acting on their suggestions.

Reason for Decision

The strategy provided a focus for the commissioning of services for people with physical and sensory disabilities. The documents would facilitate better business planning for current and prospective provider organisations, and for the Council it would enhance and assure both quality and value for money in the provision of these services.

Alternative Options Considered and Rejected

Not applicable.

Implementation Date

It was intended to begin implementation of the strategy action plan immediately.

RESOLVED: That

- (1) the joint strategy be adopted; and
- (2) the Physical and Sensory Disabilities Local Improvement Team (LIT) take responsibility for implementation of the strategy and monitoring of progress.

EXB23 CAPITAL PROGRAMME FOR ADULT SOCIAL CARE DIVISION WITHIN 2007/8

The Board considered a report of the Strategic Director – Health and Community providing detailed information in relation to the proposals to develop and improve services within Adult Social Care through the use of capital resources.

In December 2006, the Department of Health issued guidance LASSL (2006) 2 outlining how Adult Social Services departments could access capital funding and the amount allocated. In Halton, Supported Capital Expenditure (Capital Grant) of £58,000 was allocated towards Adult Services in 2007/8. Other specific capital grants included the Mental Health Supported Capital Expenditure (SCE) grant for 2007/8 of £95,000. As the Council was Excellent under CPA, it was able to use this grant for any capital purpose and alternative uses had therefore been identified. Additionally, a new ring-fenced capital grant to improve care homes of £150,000 had been introduced by the Department of Health for 2007/8.

It was noted that the total capital available for Adult Social Care was £303,000. Further details of how this money was to be allocated were outlined for the Board's consideration.

RESOLVED: That the Council be recommended to approve the Capital Programme for Adult Social Care within 2007/8 as outlined within the report.

EXECUTIVE BOARD SUB COMMITTEE MEETING HELD ON 19 JULY 2007

EXB15 DIGNITY IN CARE

In 2007/08 the Department of Health announced the award of £67.7m National Dignity in Care Grant. The grant funding aimed to enhance the physical environment in care homes as part of the Government's Dignity Campaign, which placed dignity and respect at the heart of caring for older people. The grant was ring-fenced for this purpose only and Councils were asked to act as agents for the expenditure of the resources.

The Sub-Committee was advised on Halton's indicative allocation of £150,000 from the Department of Health (DOH). The award was subject to the submission of proposals on how the funding would be used to improve the lives of local people. Halton's providers were invited to submit proposals for improvement in line with the national criteria. As part of our responsibility for co-ordinating the allocation of the grant to Care Home providers, a multi-agency panel was convened to consider all applications on a fair and equitable basis. Following the evaluation of bids, proposals from fifteen care homes in Halton were submitted to the DOH for final approval.

Details of the specific improvements which would directly benefit residents in Halton care homes was set out in the report. It was noted that the improvements listed exceeded £150,000 in value. A number of providers were match funding or supplementing the DOH grant in order to deliver service improvements.

Subsequently the Department of Health had now approved Halton's submission for £150,000 and local providers had been advised that they could proceed with the work. Payment would be made on completion of the work.

RESOLVED: That the Sub-Committee note and endorse the allocation of Dignity in Care Grant to care homes in the Borough.

EXB16 REQUEST TO WAIVER STANDING ORDERS RELATING TO CONTRACTS EXCEEDING 50,000 BUT LESS THAN 1,000,000.

Within Halton, around 190 adults with learning disabilities were being supported to live in their own tenancies either through Supporting People Grant or the ALD pooled budget. There were a further 20 plus people waiting for similar opportunities.

A residential social landlord was securing three new build properties in Widnes to set up five long-term assured tenancies for Adults with Learning Disabilities. The Council would have nomination rights to these tenancies for up to 20 years and five individuals had been identified as prospective tenants.

The proposed start date for the tenancies was 1st August 2007. The five people selected had a range of abilities and would require varying levels of support. The estimated total annual cost of service was £120,000 and preferred contract period was for three years with an option to extend to five. This would offer the stability required for individuals to lead a fulfilled life.

Given the timescales for the support services to commence in August, compliance with the tendering requirement of Procurement Standing Orders Part 3, 3.1 to 3.7, was not practicable. It was therefore proposed to invite quotes, in writing, for specified services from more than three agencies. These agencies would be chosen from those already providing services to the Council together with selected ASD specialist providers.

It was anticipated that this approach would still achieve financial advantage through competition and secure value for money

for the Council.

RESOLVED: That

- (1) Standing Orders 3.1 to 3.7 are waived; and
- (2) the process for obtaining quotes, outlined in the report is followed and the Operational Directors for Adults of Working Age be given delegated responsibility to enter into a contract(s) from this exercise.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 11 September 2007

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Update on the reconfiguration of the North Cheshire Hospital NHS Trust

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To inform members of progress on implementations of agreed changes to service delivery at both Halton and Warrington Hospitals.

2.0 RECOMMENDATION: That

- (1) Members receive the presentation from the Chief Executive of North Cheshire Hospital Trust; and**
- (2) Members comment on progress to date**

3.0 SUPPORTING INFORMATION

3.1 Healthy Halton Policy and Performance Board received a report in June 2006 on Better Care, Sustainable Service: Public Consultation by North Cheshire Hospitals NHS Trust. This was followed with an update received by the Healthy Halton Policy and Performance Board on the 7th November 2006. The Chief Executive of the North Cheshire Hospital Trust will now give a further update on progress.

4.0 POLICY IMPLICATIONS

No Financial implications

5.0 OTHER IMPLICATIONS

None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Not applicable

6.2 Employment, Learning and Skills in Halton

Not applicable

6.3 A Healthy Halton

Not applicable

6.4 A Safer Halton

Not applicable

6.5 Halton's Urban Renewal

Not applicable

7.0 RISK ANALYSIS

None associated with this report

8.0 EQUALITY AND DIVERSITY ISSUES

None associated with this report.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 11 September 2007

REPORTING OFFICER: The Strategic Director, Health & Community,
Halton Borough Council

SUBJECT: Improving Healthcare Access in Halton
Consultation on: A Healthcare Campus Model

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To present to Healthy Halton and performance Board the consultation process for Halton Hospital Campus.

2.0 RECOMMENDATION: That

- 1) Members to receive the presentation; and**
- 2) Members to comment on the proposals**

3.0 SUPPORTING INFORMATION

3.1 Recognise the health of Halton communities needs to improve, and particularly the need to improve on health inequalities across the Borough. The Halton Hospital Campus offers an opportunity to plan and deliver services which will address these issues.

3.2 Halton and St Helens Primary Care Trust welcome the opportunity to present proposals for consultation with all stakeholders to this Policy and Performance Board.

4.0 POLICY IMPLICATIONS

4.1 A full analysis of policy implications will be undertaken during this process.

5.0 OTHER IMPLICATIONS

5.1 To be determined.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The consultation process will inform the implications for children and young people of Halton.

6.2 Employment, Learning and Skills in Halton

Not applicable.

6.3 A Healthy Halton

This consultation process should identify the areas of health which would be improved as a result of any proposed changes.

6.4 A Safer Halton

Not applicable.

6.5 Halton's Urban Renewal

Not applicable

7.0 RISK ANALYSIS

7.1 It is expected that a full risk analysis will be undertaken in relation to any proposals.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The use of Halton Campus will impact on all Halton residents including those with high health needs.

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

None

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 11 September 2007

REPORTING OFFICER: Strategic Director Health and Community/
Strategic Director Children and Young People

SUBJECT: Multi Agency Transition Strategy for Young
People with Complex Needs

1.0 PURPOSE OF REPORT

1.1 To present the Draft Multi Agency Transition Strategy for Young People with Complex Needs for consultation and endorsement to further consultation.

2.0 RECOMMENDED: That

- (1) Members make comment upon the Draft Strategy; and**
- (2) Members endorse the consultation phase of the Strategy.**

3.0 SUPPORTING INFORMATION

3.1 In January 2007 CSCI published 'Growing Up Matters' - Better Transition Planning for Young People with Complex Needs.

3.2 This study looked at the experience of young people with complex needs and their families as they moved from Children's to Adults services. The group which participated in the study had a combination of acute and chronic conditions, multiple and profound impairments, behaviour problems and learning disabilities.

3.3 The report identified some positive experiences but also described problems encountered by young people, many of which have been recognised as long standing nationally. These included inadequate commissioning, poor co-ordination of services and a failure to plan properly. This led, too often, to delays in identifying care packages leading to anxieties for young people and their families and often wasting resources.

3.4 The study concluded there are six pre-requisites for successful transition.

- 1) Commitment: at senior level:
 - ◆ These young people are given explicit priority by senior managers and council members
 - ◆ A number of agencies including PCT's, Housing and Education should prioritise their involvement in transition planning

- 2) Young people and families are fully involved in the process:
 - ◆ This includes the involvement of young people and their families in strategic planning for transition
- 3) Effective strategic planning and commissioning:
 - ◆ Strategies should be underpinned by good financial planning and should be informed by analysis of transition needs of young people from 14 onwards who will require services from Adult Health and Social Care within five years
 - ◆ Commissioned services and consequent outcomes for this group of young people should be systematically monitored
- 4) A multi-agency approach with good protocol system and processes:
 - ◆ There is a lead professional who is responsible for ensuring all the agencies who need to be involved are properly engaged
- 5) Co-ordinated person centred planning process:
 - ◆ Promotion of Direct Payments is particularly identified throughout this report
 - ◆ There is a focus on achieving outcomes, supporting independence and providing normal life opportunities
- 6) Regular review and monitoring

3.5 As a result of this study the Chief Inspector of CSCI wrote to all Directors' of Adults and Children's Services strongly recommending an urgent review of local arrangements and outcomes for young people and their families.

Current Situation in Halton

- 3.6 Transition continues to be a priority within the Council and a Joint Strategic Working Group was established in early 2006, chaired by the Operational Director for Adults with membership set at Divisional Manager level. This group ensures there is an interface between the 2 Directorates and covers both joint working practices, for example with vulnerable children and their families, and transition processes for young people moving from children's services to adult services. While progress has been made further work is required to meet the requirements identified in the CSCI study. The working group has now extended to become fully multi disciplinary to ensure all young people experiencing transition receive an appropriate service.
- 3.8 An Operational Working group has also been established at Principal Manager level to track the transition of young people moving from children's to adults services. The vacant Transition Co-ordinator post was filled earlier in the year, this is jointly funded post between adult and children's services and plays a key co-ordination role.

- 3.9 While there are recently adopted transition policies and procedures agreed across the two directorates the council and its partners have not established a Transition Strategy. A writing group has been established to draft this strategy which is now presented in its first draft as a vehicle for consultation. The Draft Transition Strategy aims to set out the actions that the council and it's partners to improve outcomes for young people with complex needs.

4.0 POLICY IMPLICATIONS

- 4.1 This strategy will require the full support of all Council Directorates and partners, including the Primary Care Trust.

5.0 OTHER IMPLICATIONS

- 5.1 None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The Transition Strategy will improve outcomes for disabled young people with complex needs by ensuring that young people and their families have an improved experience of the transition through adult and children's services working closely together.

6.2 Employment, Learning and Skills in Halton

A successful transition process for young people with complex needs will support improved outcomes in relation to their future employment and ability to access learning opportunities.

6.3 A Health Halton

Improved planning for young people through the transition process will support their transition into adult services.

6.4 A Safer Halton

None.

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

- 7.1 The Council's support for young people with disabilities and complex needs into adulthood will be a focus of CSCI in assessing the Council's

overall performance. Failure to address the issues identified in 'Growing Up Matters' will impact on the Councils performance.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Transition plans for young people seek to meet the needs of the most vulnerable young people within the community who are often excluded. Good transition planning will ensure that young people are able to access mainstream opportunities and promote social inclusion

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

Document	Place of Inspection	Contact Officer
Growing Up Matters Better Transition Planning for Young People with Complex Needs (January 2007)	Margaret Chaplin's office Woodview Child Development Centre	Margaret Chaplin Divisional Manager

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Halton Multi Agency Transition Strategy for Children with Complex Needs

2007-2010

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Introduction

The transition of young people with complex needs from childhood through to adulthood is the focus of this strategy. It will acknowledge the real challenges that families encounter in Halton and nationally. It will also describe how, in Halton, these challenges will be confronted and managed in ways that promote choice, participation and inclusion. Moreover this strategy is a strategy for Halton, it involves all families, services and professionals who care, work and engage with young people with complex needs.

Young people and their parents go through transition together, but their experiences of this process can be far removed as they see, hear, listen, feel and respond differently to the many aspects that come together to make transition happen. In Halton we want to ensure we support these different experiences sensitively and proactively.

Transitions occur at various stages throughout life, from starting school, leaving primary school and starting secondary school, to preparing for independence and leaving home. Each transition can be fraught with uncertainty, fear, confusion, embraced with enthusiasm and excitement about what happens next. What makes the difference in how these transitions are experienced is the planning, understanding and information available to those facing transition. When it goes well children, young people and their families can look to the future confident that their child will enjoy their future with whatever guidance, support and opportunity on offer. When it goes wrong families are left angry, upset and afraid for their children as they prepare for independence. These emotions can be heightened when the child or young person facing transition has complex needs.

This strategy will set out the plan that all agencies in Halton will follow to ensure a successful transition for young people with complex needs. By successful we mean that the transition to adult services takes full account of the views of young people and their parents, is well planned and co-ordinated and enables as seamless a transition as possible across organisational boundaries. A successful transition will also support independence, choice and improved outcomes. In Halton we seek to support young disabled people to maximise their potential, to live independently and to have the opportunity to have as many ordinary experiences as possible. This can include working, making and keeping friends, relationships and leisure activities. All day-to-day experiences that non-disabled people take for granted.

What do we mean by Transition

Transition for the purposes of this strategy is defined as the process that occurs when children move from children's services to adult services. This involves physical, emotional and psychological developments that are coupled with changes to roles and relationships with family and friends, care staff and the wider community.

What are complex needs?

'The term 'complex needs' can be defined in a number of contexts and this can lead to confusion and misunderstanding. For this strategy 'complex needs' means a combination of multiple and profound impairments, challenging behaviour and learning disabilities and acute and chronic medical conditions.'

Growing Up Matters 2007

National Service Framework Standard 8

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This move is not restricted just to services provided by the local authority, it includes all agencies that provide services and support, which allow young people to have the opportunities to experience life as their peers do. Given the magnitude of factors that are involved, this particular transition can be a very uncertain time for young people and their families and needs particular attention from local agencies to ensure that the experience of transition is positive

Good transition planning involves:

- *Being individual to the needs and aspirations of the young person*
- *Responsibility spread out over all groups starting at transition review following the young person's 14th birthday*
- *Statutory processes from transition need to be used consistently*
- *Adult and children's services need to work together to ensure that young people maximise their life chances.*

Transition planning for young people with complex needs requires a co-coordinated multi agency approach, which extends far more widely than schools and family. It also needs to link to the various systems in place for all young people and it needs to consider the way services change to support and empower the young people's move from childhood dependence to adult independence.

The National Context

The transition from children to adult services is one of those rare things, an event in the future that can be effectively and efficiently planned for and reviewed regularly leading up to it, because it occurs at a fixed point. Therefore there is plenty of time to get the planning right and the transition appropriate for the young person.

In recent years we have seen much guidance and research encouraging services to be more proactive with this particular transition. However there are a number of challenges, which will need addressing because there are a number of difficulties that arise as children move through to adult services.

Adult Social Care Outcomes:

- *Improved Health*
- *Improved Quality of Life*
- *Making a Positive Contribution*
- *Exercise Choice and Control*
- *Freedom from Discrimination and Harassment*
- *Economic Well Being*
- *Personal Dignity and Respect*

Every Child Matters Outcomes:

- *Be Healthy*
- *Stay Safe*
- *Enjoy and Achieve*
- *Make a Positive Contribution*
- *Achieve Economic Wellbeing*

This transition can have specific difficulties because it straddles distinct service areas and service providers with distinct and separate requirements, demands, ethos and culture. The national agenda for improving the transition for young people and their families is given prominence through initiatives such as Valuing People, Aiming Higher for Disabled Children, Fair Access to Services, the Every Disabled Child Matters campaign and Growing Up Matters

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Additionally the introduction of an Adult Social Care Outcomes framework alongside the Every Child Matters framework will assist services to transform into a continuum of provision as each adult outcome can be viewed as a natural progression from the outcomes identified in the Every Child Matters framework. This is based on the principle that services should grow with the individual, mould to fit their developing needs through their childhood, into adolescence and through into adulthood, to reflect the needs, wants and desires we have for ourselves and our families as we age.

Developing these principals into service delivery however is more complex as the organisations which assist young people moving from children's to adult services will need to adopt strategies, policies and procedures that enable a seamless transition that supports, rather than dictates what, when and how young people are enabled to live their lives to their fullest potential.

The Key Principles for Transition Planning

Person Centred Planning (PCP): When done correctly person centred planning provides a comprehensive portrait of who the person is, what they want to do with their life and brings together all of the people who are important to that individual. This provides a foundation to plan on the basis of the needs and aspirations of the individual.

*“Local agencies will be expected to have introduced some form of person centred planning for all young people moving from child to adult services by 2003.”
Valuing People 2001*

Direct Payments and Individualised Budgets:

A direct payment is a cash payment made in lieu of social service provision to individuals who have been assessed as needing services.

Direct Payments differ from individualised budgets for the following reasons:

- The funding for individualised budgets can come from a number of streams, e.g. supporting people independent living fund. The person in receipt of an individualised budget can spend this money as they feel necessary to achieve independence.*
- The funding for direct payments comes only from the Local Authority. If the individual is in receipt of direct payments, they are unable to buy back social service resources.*

Individual Budgets and Direct Payments:

Individualised budgets and to a lesser degree direct payments enable people needing social care and associated services to design that support and give back the power to decide the nature of services they need.

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The Halton Context

In Halton, we recognise the barriers disabled young people face, we also recognise that adolescence is a difficult time, made more difficult if the young person has complex needs. This is why we have engaged in some key activities to improve the experience of young people with complex needs moving through transition.

We have started **engaging strategic partners through the Children's Alliance Board structure and the Children's Disability Partnership Board as well as establishing Partnership Board's for adults with learning difficulties and physical and sensory disabilities.** This will enable us to promote effective partnership working between organisations and systems. It provides a strategic role model for service delivery, in addition to recognising and proactively managing any presenting difficulties or opportunities quickly and effectively.

We are **committed to establishing person centred planning as the way forward for transition planning in Halton.** PCP is in the very early planning stages, but we are clear that this is where we see the future of transition planning in Halton. It is essential if the transition from children to adult services is to be fully inclusive and responsive to the young person.

We have a **Transition Protocol in place** to assist operational staff manage the transition process effectively. We are currently in the process of reviewing the protocol to ensure it is fit for purpose and addresses the requirements of national guidance and local requirements.

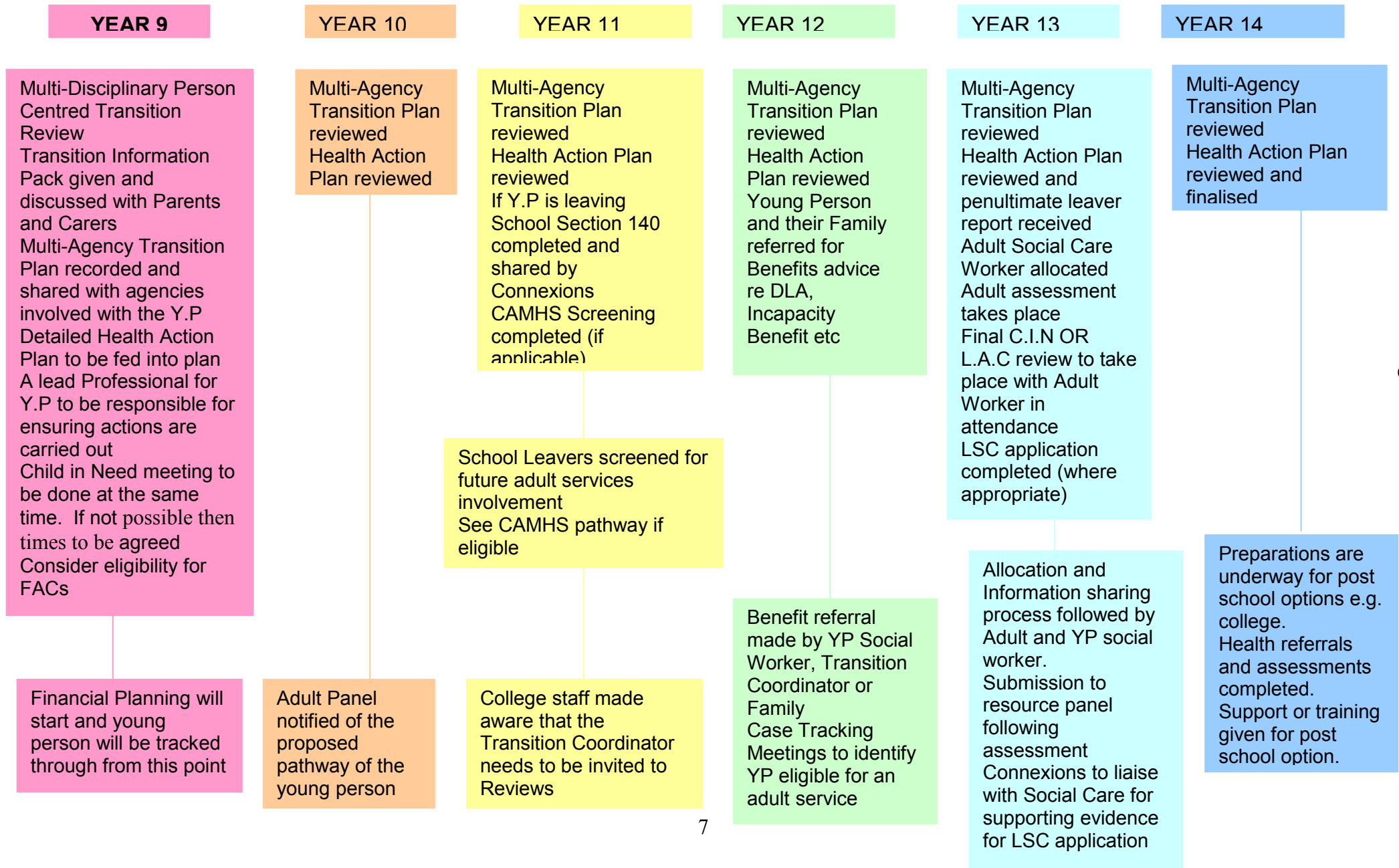
We have a comprehensive range of strategic actions across children and adult's services to address the specific needs of children, young people and adults with complex needs.

Establishing commissioning frameworks across children and adult services and ensuring they are complementary. Effective commissioning requires efficient and effective planning so that services reflect the identified need. Children and Young People's Directorate are currently implementing their commissioning framework, adult services have linked their framework so they address how outcomes for adults will be improved. The planning framework will assist in creating an additional feedback loop into both commissioning cycles as a means of continuous review and improvement of services for children, young people and their families.

We have established a **planning framework for addressing the process of young people making the transition** from children's to adult services. This is represented in the diagram below. We have implemented this framework as a means of encouraging services to plan together how young people with complex needs make the transition from children's to adult services. It is intended to alert adult services as the child reaches Year 9 so adult services can begin shaping their commissioning cycle to include specific areas of need, or increase existing provision depending on the input given at these planning events.

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Transition Pathway for Young People with Complex Needs



EDCM Pledge for Local Authorities is:

*Families with disabled children to have ordinary lives
Disabled children to matter as much as all other children
Disabled children and their families to be fully included in society
All disabled children and their families to get the right services and support no matter where they live
Poverty amongst disabled children and their families to be cut by 50% by 2010 and eliminated by 2020
An education system that meets the needs of each child and enables them to reach their full potential
Disabled children and their families to shape the way that services are planned, commissioned and delivered.*

Halton was the first local authority in the North West to sign up to the Every Disabled Child Matters Charter. Local Authorities who sign up to the charter pledge to deliver nine measures, including a key worker service, timely information and targets for services in Local Area Agreements by 2008. Further information can be found at www.edcm.org.uk.

We have introduced direct payments across children and adult services. In Halton we recognise that direct payments offer increased flexibility for families to decide how best to manage significant care and support needs. Individualised budgets are an extension of this and brings together more opportunities for young people and their family to become their own care managers. This is a key feature of 'In Control.' We are planning to sign up to 'Taking Control' and piloting individualised budgets in children's services.

We offer a carers assessment to all parents/carers of children and young people with complex needs. We recognise that this group of individuals are an integral aspect of how children and young people with complex needs are cared for and supported in Halton. We also recognise that caring responsibilities place significant additional stress on families and endeavour to address these additional stressors through a formal assessment of their caring responsibilities.

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Greater Merseyside Connexions Partnership (GMCP)

GMCP is committed to the provision of an impartial, accessible and confidential service, which meets the needs of all individuals who have learning difficulties, disabilities and those who have social, emotional and/or behavioural difficulties

GMCP will work closely with individuals, parents/carers and partner agencies to ensure that the individual's abilities, aspirations and interests can be matched to appropriate learning opportunities. GMCP will work with young people up to the age of 25.

We are working with colleagues to **establish ways to encourage and enable young people to experience paid and unpaid employment**. This has been assisted by transferring supported employment into Halton People into Jobs which means in addition to the specialist employment support offered to people with disabilities, there is now an enhanced service providing access to mainstream programmes.

Local Population Data

A key aspect of service development and improving outcomes is being able to ascertain how many children are facing transition, how many young people are moving through transition and what their destination is. It allows us to effectively plan and target service commissioning and delivery for future children. It also allows us the review what went well and what needs improvement for those children now in adult services.

The following table shows the number of children currently going through transition.

Age	14	15	16	17
School Year	Year 9	Year 10	Year 11	Year 12
Transition Year	2011	2010	2009	2008
Total	12	16	18	12

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The next table shows where the destination of young people who have gone through transition between April 2001-May 2007

	School	College	Petty Pool	Social Care Package	Specialist College	Employment (inc Supported Employment)	Training	NEET*	Deceased	Information not available	Total
18+ Years	5	17	7	34	16	10	1	5	1	12	108

NEET: Not in education, employment or training

This information is based on young people who were referred to adult care services at age 18/19

It is anticipated the numbers will increase in the coming years, as medicine is increasingly able to keep children and young people alive despite significant challenges and complexity. In Halton we need to engage with these improvements as it has a significant effect for future delivery of services in Halton in an increasingly challenging atmosphere of delivering services. There are opportunities to plan ahead purely because children grow up. This forward planning is promoted because we have established comprehensive multi agency planning mechanisms as represented in the structure illustrated on page 9. In Halton, we want to do more for young people with complex needs, we want to address more than just the transition process but the possibilities effective transition planning has for children and young people with complex needs.

What we want to achieve with this strategy

The overall aim of this strategy is to ensure that the key actions are in place to support a successful transition from children's to adult services. To achieve there are six key prerequisites that will be reflected in the action plan:

1. Commitment by senior managers of all agencies to ensuring that priority is given to transition planning and the allocation of resources to ensure successful transition.

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2. Commitment at all levels within children's and adults services to working together with a shared understanding and shared values to support the successful transition for young people with complex needs and their families
3. Young People and their families are actively involved in all aspects of individual transition planning and in strategic planning and development
4. Strategic planning and commissioning of adult services is informed by an analysis of transition needs of the cohort of young people from 14yrs onwards receiving support from children's services and who will be requiring services from adult health and social care within 5 years. Strategies are underpinned by good financial planning and the range and quality of services commissioned and outcomes for young people are systematically monitored.
5. There is a multi agency approach with good protocols, systems and processes to support transition. This includes:
 - Active support for transition from 14yrs onwards
 - A pro active approach from adult services from m14 yrs onwards towards transition planning
 - There is a lead professional responsible for the co-ordination of transition
 - Clear systems and processes that support the monitoring and management of transition planning and care across agencies at an individual , operational, managerial and strategic level.
6. There is a person centred approach that includes:
 - Person centred planning methods and processes to create integrated transition plans
 - The promotion of direct payments
 - A focus on achieving outcomes, improving and supporting independence and providing normal life opportunities.
7. There is a regular monitoring and follow up to ensure that plans at all levels remain appropriate and deliver the desired outcomes.

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What are we going to do?

We will reach out to partner agencies and organisations that have yet to join our strategic planning arrangements such as Registered Social Landlord's, Further Education providers and private enterprise. We are intent on engaging with these key players, because transition is not just about moving from children to adult services, It is about regaining the future for young people with complex needs and assisting them to realise aspirations and ambitions.

We will continue to build links with other agencies and partners, such as schools and the Primary Care Trust so we are able to progress our plans efficiently and consensually.

We will deliver on our pledge, and develop a solid foundation within children's services so young people are ready to make the transition. This is about information, advise and education for all concerned. We recognise in Halton that having a child with complex needs can bring uncertainty in terms of planning for the future. Future arrangements can be reliant on external agencies and professionals being open with families and young people as early as possible. Parents and their children must feel in control of the child's pathway through childhood, into adolescence and adulthood. This is the aspiration we must make clear as we provide the detail of what happens through transition.

We will endeavour to reach agreement whereby all agencies address the age for which transitions occur. It is important there is agreement so systems and organisations work together simultaneously to offer a smooth and seamless transition to young people.

We will work closely with partners in CAMHS services to map services available to young people with complex needs and ensure that there is coordination of services through transition for young people with learning disabilities. The protocol for transition through CAMHS to adult mental health services will be reviewed.

We will develop a 5yr plan that tracks all young people in transition to inform adult services commissioning strategies

We will ensure that there is early involvement from adult services for all young people in transition and intensive involvement from 17yrs of age

We will engage in dialogue that shapes expectations, opinions and culture within CYPD and with partner agencies by talking about a process, which engages in exploring possibilities for children and how these can be realised through effective transition planning.

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We will ensure that families have better information about transition to inform their preparation for the transition from children's to adult's services

We will work together with schools to set a consistent and high standard for transition reviews

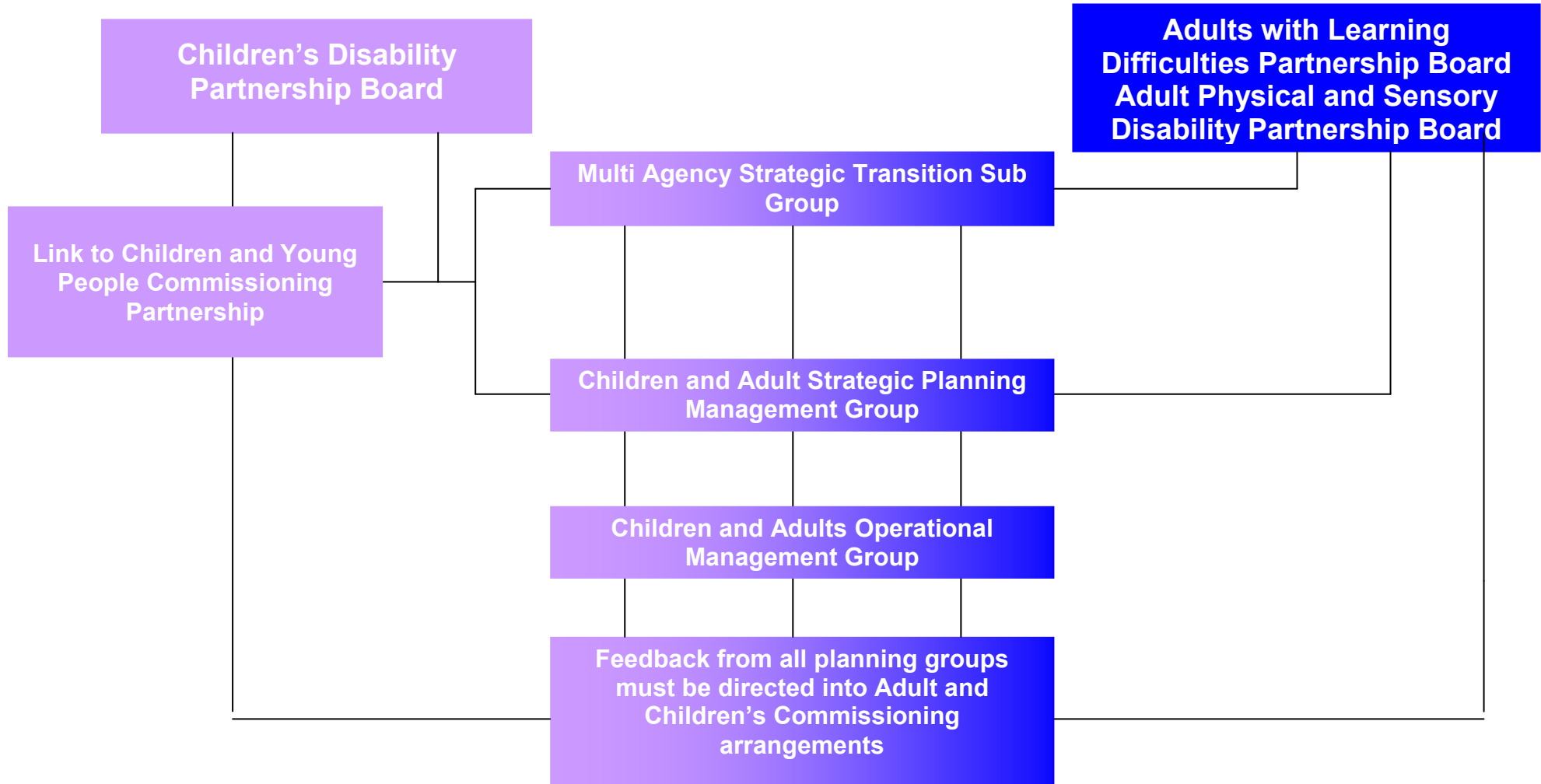
We will increase the number of person centred transition reviews and the number of young people accessing person centred planning.

We will ensure the involvement of all stakeholders by holding an annual transition conference to review progress and set new challenges.

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We see this structure as the beginning of our ambition to improve the transition process for young people with complex needs and therefore improve outcomes

STRUCTURE TO DELIVER THE STRATEGY



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Halton Multi Agency Transition Strategy for Children with Complex Needs

ACTION PLAN

REF	KEY TASKS	ACTIONS	OUTCOME MEASURES	LEAD	TIMESCALE
1.	Engage with schools to improve quality in transition planning.	<ul style="list-style-type: none"> • Hold an annual transition review • Hold joint transition/child in need reviews where possible 	<ul style="list-style-type: none"> • Annual review of transition strategy • An increase in joint reviews from baseline to be established 	Parent Partnership/Connexions Transition co-ordinator / PM CWD Team	
2	Engage with schools to address a collective understanding of transition	<ul style="list-style-type: none"> • Hold information and training days for school governors regarding transition • Increase amount of information available to schools, governors, parents/carers about process, choice and knowledge • Begin the process of discussion about 			

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		transition earlier			
3.	Engage with partner agencies to explore their role in transitions, e.g. RSL's, private enterprise.	Consider possibility of devising and implementing single assessment process		Joint Commissioning Manager ALD/PSD	
4.	Utilise additional expertise within CYPD to assist schools and external providers to engage with the possibilities of working with children and young people with complex needs	<ul style="list-style-type: none"> • Utilise expertise of School Improvement Partners in sharing good practice on transitions with schools • Utilise expertise of Educational Psychologists to assist families and schools to engage in transition process • Utilise expertise of Equality and Diversity Officer and Transition Co-ordinator in helping re-shape expectations. 			
5.	Improve young person and parental	Hold information days at school		Transition Co-ordinator/ Schools/ Connexions	

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	engagement/participation in transition process	<p>Sessions at school with young people who have undergone transition to talk about their experiences</p> <p>Increase in number of young people attending their transition reviews from an established baseline</p> <p>Increase number of person centred reviews from established baseline</p>			
6.	Build in process within children and adult commissioning cycles so they inform each other of presenting issues earlier.	<p>Develop a 5yr plan to inform adult services commissioning strategies that is reviewed annually</p> <p>Track young people through transition</p> <p>Ensure early involvement from</p>		<p>Transition Co-ordinator/ Operational management group</p> <p>Operational Management group</p> <p>Operational Management group</p>	

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		adult services at aged 17yrs			
7.	Review and re-launch transition protocol	Hold a workshop to review and re-launch the transition protocol	Protocol reviewed and relaunched	Transition Co-ordinator	November 2007
8.	Develop robust process for Person Centred Planning implementation	<ul style="list-style-type: none"> • Re-launch person centred planning in Halton • Identify key groups and professionals able to undertake PCP's 		Divisional Manager ALD	
10.	Establish regular monitoring arrangements of transition arrangements to ensure they are fit for purpose			Operational Director, Adults of Working Age	
11.	Map current CAMHS provision for young people with learning disabilities and ensure coordination between health, education, social services and the voluntary sector	Robust action plan followed by a business plan to be submitted to the EWB Board. The aim is to secure rolling funding to instil capacity and capability	Baseline established to support development of transition pathway	Emotional Well Being Partnership Board	March 2008

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		through a stepped training package			
12.	Clarify CAMHS pathways for children with a learning disability, their families and carers	To develop and publish information to families and cares on how to make a referral , the care pathways in place and the services and interventions available	Clear Pathways in place to support transition	Emotional Well Being Partnership Board	March 2008

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Glossary

Aiming Higher for Disabled Children:

Report commissioned by HM Treasury and DFES published in April 2007.

Money attached to deliver improved services over 3 priority areas:

Access and empowerment

Responsive services and timely support

Improving quality and capacity of services

NSF 8

Children and young people who are disabled or who have complex needs receive coordinated high quality and family centred services which are based on assessed needs, which promote social inclusion and where possible, which enable them and their families to live ordinary lives.

Marker of good practice is multi agency transition planning with an identified key worker to oversee the delivery of services from all agencies involved in the care and support of the family.

Learning and Skills Act 2000

This piece of legislation places a duty on the Secretary of State to make arrangements for an assessment of people who have SEN and are likely to leave school to continue with Post 16 education or training. This will set out a person's learning needs and provision to meet these needs. The responsibility for ensuring that these assessments take place rests with the Connexions Service.

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The Local Context

The Halton Children and Young People's Plan

The Halton Children and Young People's Plan (2006, and reviewed in 2007) sets out the overall plan for all partners agencies working with children in Halton. The Plan provides information for what life is like for children and young people in Halton and outlines our main priorities and actions to be taken to improve outcomes for all children and young people and to reduce the gap between those who do well and those who do not.

Building Bridges, Multi Agency Strategy for Children with Disabilities and Complex Needs

In Halton there is a recognition that there needs to be a continuum of support available to disabled children and their families if it is needed. The strategy provides a focus for agencies to work together to improve outcomes for those children and young people and their families with complex needs who will require specialist interventions and support. It sets out the underpinning values and principles for the provision of services to disabled children with complex needs and their families, the outcomes to be achieved, the planning structure required to deliver the strategy and actions that will support agencies in enabling disabled children with complex needs to achieve the five high level outcomes set out in the Every Child Matters Framework.

The Children's Disability Partnership Board is the Strategic multi agency group that is responsible for advising on strategic developments and needs for disabled children with complex needs.

Halton was the first local authority in the North West to sign up to the Every Disabled Child Matters Charter. Local Authorities who sign up to the charter pledge to deliver nine measures, including a key worker service, timely information and targets for services in Local Area Agreements by 2008. Further information can be found at www.edcm.org.uk.

Halton Children's Disability Mini Trust

The Children's Disability Mini Trust is one of a series of service specific mini trusts that have been developed in Halton, with the purpose of developing integrated, co-located and multi disciplinary services with single processes and services delivered and commissioned from a pooled budget. The Children's Disability Mini Trust is managed by an Integrated Manager responsible for the range of health and social care services within the mini trust. These include Woodview Child Development Team, Inglefield Short Break Unit, Children's Social Care Team, Community Paediatric Physiotherapy and Occupational Therapy, Community Speech and Language Therapy for Complex Needs, Shaping Services Team and the Children's Community Nursing Team.

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REPORT TO: Healthy Halton Policy & Performance Board

DATE: 11 September 2007

REPORTING OFFICER: Strategic Director – Health & Community

SUBJECT: Proposed topic brief Adult Protection in Halton,
for Safer Halton and Healthy Halton Joint
Scrutiny Topic

WARD(S) All Wards

1.0 PURPOSE OF THE REPORT

1.1 To seek the Committees comments on and approval of draft topic brief on Adult Protection in Halton

2.0 RECOMMENDATION: That the Board comment on the draft topic brief and agree final version.

3.0 SUPPORTING INFORMATION

3.1 As part of the business of Policy and Performance Boards they have a programme of topics. Safer Halton Policy and Performance Board have requested to consider adult protection in Halton and this will be a combined scrutiny area across the two Committees.

4.0 POLICY IMPLICATIONS

4.1 Policy recommendations will come out of the scrutiny review.

5.0 OTHER IMPLICATIONS

5.1 None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Protection of vulnerable adults has some cross-over with that of vulnerable children, and linkage will be made with child protection

6.2 Employment, Learning and Skills in Halton

None identified at this stage.

6.3 A Healthy Halton

Adult protection is key in discharging social care responsibilities to those we provide a service to. The review is therefore a joint one across health and Safer Halton Policy and Performance Board.

6.4 A Safer Halton

A key factor in whether vulnerable people feel able to live in the community is a robust and systematic approach to adult protection.

6.5 Halton's Urban Renewal

None identified at this stage

7.0 RISK ANALYSIS

7.1 These will be contained in the review.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 These will be considered as part of the topic group review

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

None.

TOPIC BRIEF TEMPLATE (Part I)

TOPIC TITLE ...ADULT PROTECTION IN HALTON

PPB(s) responsible: ...Safer Halton and Health
Officer Leads: Peter Barron Tel: 3507 and Howard Cockcroft Tel: 4031

Planned start/end dates September 2007 / March 2008
Target PPB meeting April 2008

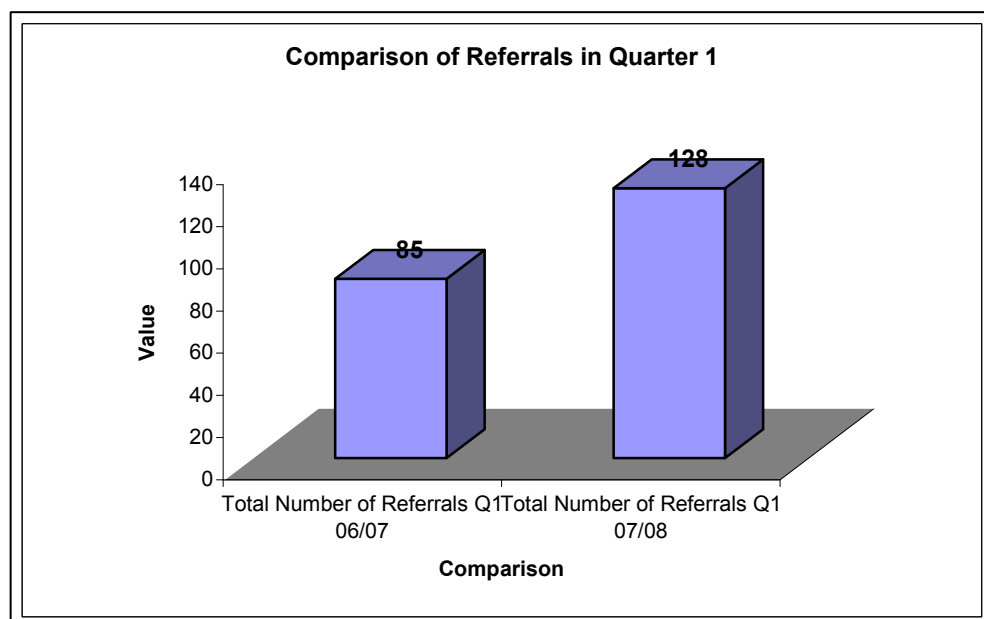
Part I of this template should be completed for ALL topics. Completion and agreement of this brief is designed to ensure that the PPB and the Members and/or officers commissioned to work on the topic are clear from the outset about the issue(s) to be examined, the nature/timing of expected outcomes, and the approach to be taken.

An initial project plan will also be required where an in-depth look at more complex topics requires a project management approach (see Part II). A guidance note is provided.

Topic description and scope

The Health Select Committee Inquiry into elder abuse noted that most abuse remains unreported, as people are 'too frightened, ashamed or embarrassed to speak out'.

Referrals of alleged abuse of vulnerable adults received by Halton Social Services have again risen, a trend that has continued year on year. Quarter 1 of the current fiscal year saw a 59% rise over the same period last year, as follows



3909 service users had an open service package with Halton Adult Social Services during this period, of which the 128 abuse allegation referrals would constitute 3.65%. National prevalence figures suggest a likely rate of 4%, however Halton has

the highest level of referrals out of any other North West Local Authority, and is among the highest in the UK.

On the face of it this rise in referrals could be a cause for significant concern. Of course it is not good that there is abuse, but comparable information from the development of child protection, which is several years ahead of the adult agenda, shows that high reporting levels do not necessarily mean higher prevalence and is more a reflection of local action on raising the profile.

Social services have a lead coordination role, but the system is multi-agency and dependent on effective communication and shared understanding as outlined in No Secrets. All agencies retain their own statutory responsibilities.

TARGETS

Why this topic was chosen

The rates of referral in Halton are higher than comparator authorities, in so far as direct comparisons can be made. It is important to understand what this means about either the level of abuse in Halton or the operation of Adult Protection policies and procedures.

Key outputs and outcomes sought

- An understanding of the local data and information as to what that signifies about Halton;
- To examine the effectiveness of the local Adult Protection policies; procedures, and processes, including multi-agency working;
- An understanding of the outcomes for vulnerable adults following investigations;
- Consider national best practice and research;
- Consider the resources available;
- An agreed set of recommendations for consideration by the Halton Adult Protection Committee.

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve

Safer Halton

- Key Objective A: To investigate and tackle the underlying causes of crime and disorder and respond effectively to public concern by reducing crime levels
- Key Objective B: To create and sustain better neighbourhoods that are well designed, well built, well maintained, safe and valued by the people who live in them, reflecting the priorities of residents
- Key Objective D: To understand and tackle the problem of domestic abuse in all its forms

Healthy Halton

- Key Objective C: To promote a healthy living environment and lifestyles to protect the health of the public, sustain individual good health and well-being, and help prevent and efficiently manage illness

Children and Young People

- Key Objective B: To ensure all children and young people in Halton grow up and thrive in safe environments, communities, homes and families

Nature of expected/desired PPB input

Scrutinise service.

Preferred mode of operation

Joint Scrutiny Working Group between Safer Halton and Healthy Halton PPB, involving secondees from partner agencies and hearing evidence from relevant professionals.

Media/communication implications

There is likely to be some media interest in this topic and

Agreed and signed by:

PPB Chair **Officer**

Date:..... **Date:**.....

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 11 September 2007

REPORTING OFFICER: Strategic Director – Health & Community

SUBJECT: Best Value Review of Health Improvement & Audit Commission's Performance Summary Report 2006

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update on progress to implementing the recommendations of the Best Value Review of Health Improvement & the Audit Commission's Performance Summary Report 2006.

2.0 RECOMMENDATION: That:

- i) **the contents of the report be noted, and**
- ii) **the Board agree that the Improvement Plan has now been implemented and that future monitoring of the areas be considered through the Local Area Agreement and the White Paper Project Group.**

3.0 SUPPORTING INFORMATION

3.1 The Council's Corporate Plan of 2003, identified 'Improving Health' as the Council's top priority amongst its Corporate Objectives. This precipitated the selection of improving health for a strategic best value review.

3.2 The purpose of the Best Value review was to ensure the Council was making the best possible contribution it can towards improving health standards in the Borough. The stakeholders decided to take a positive approach and look at good health rather than ill health, and saw good health as more than simply an absence of disease. Five thematic subgroups were established within the review team. A significant number of recommendations were agreed.

3.3 After the review was completed the Audit Commission decided to address how the Council and its partners were tackling the review, in particular they:

- briefly evaluated the best value review, with the emphasis on what can be learnt from it;

- linked the review of health improvement with the structure, policies and performance management in the Council that provide the mechanisms to implement it;
- assessed the council's approach to implementing the findings of the review.

3.4 The Audit Commission identified three key recommendations:

- Clarify what the Council's goals are for improving the health of residents and ensure that all staff and other stakeholders know about them (paragraph 26).
- Engage the health specialist strategic partnership in developing overall policy direction for the 'improving health' priority (paragraph 23).
- Then 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 (paragraph 33).

4.0 PROGRESS MADE AGAINST THE RECOMMENDATIONS OF THE BEST VALUE REVIEW OF HEALTH IMPROVEMENT AND AUDIT COMMISSION REPORT

4.1 In the light of the report of the Strategic Best Value Review, a Health Improvement Plan was produced. This was used as a basis for monitoring the implementation of all recommendations (see Appendix 1). A full description on progress has been detailed in Appendix 2. To ensure these recommendations have been thoroughly addressed, the AC recommendations have been matched against the Best Value Review of Health Improvement Plan (see appendix 3). Progress has been made against all the recommendations and the vast majority have been fully implemented. The monitoring of these recommendations was channeled through a Project Group which was established via the Health Specialist Strategic Partnership to consider the implications of the White Paper "Our Health, Our Care, Our Say". For the small number of recommendations which require further action, substantial progress has been made and work will continue through the White Paper Project Group and Local Area Agreement (LAA) to ensure the golden thread of health improvement is maintained and enhanced.

5.0 CONCLUSION

5.1 The Best Value Review of Health Improvement can now be considered to have been fully implemented. The vast majority of

recommendations have been fully implemented. Whilst there are a small number of recommendations requiring further action this is a reflection of the need to adopt new processes or approaches over a period of time. Given these recommendations do not require specific outputs their progress can be more effectively monitored through the LAA and White Paper Project Group.

6.0 POLICY IMPLICATIONS

6.1 The health improvement agenda has important implications for the achievement of performance indicators under the new outcomes performance assessment framework. This underlies the importance of integrating initiatives with longer-term implications into current programmes of work (i.e. White Paper Project Group and LAA).

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 Children and Young People in Halton

No specific effects. The action plan has been implemented across all areas.

7.2 Employment, Learning and Skills in Halton

No specific effects. The action plan has been implemented across all areas.

7.3 A Healthy Halton

The recommendations contained within this report will ensure that the golden thread of health improvement is maintained and enhanced, supporting the delivery of this corporate priority.

7.4 A Safer Halton

No specific effects. The action plan has been implemented across all areas.

7.5 Halton's Urban Renewal

No specific effects. The action plan has been implemented across all areas.

8.0 FINANCIAL IMPLICATIONS

8.1 None at this stage.

9.0 RISK ANALYSIS

9.1 This item is low risk, as the majority of actions have been fully

achieved. However, risk to the Authority is further minimised through performance management of ongoing actions by the multi-agency White Paper Project Group and through the Local Area Agreement.

10.0 EQUILITY AND DIVERSITY ISSUES

10.1 Appendices to this report highlight ongoing actions to address health inequalities in Halton. Action will be taken without discrimination due to age, gender, disability, religion, sexual orientation or ethnic origin.

11.0 LIST OF BACKGROUND PAPERS

11.1 There are no background documents under the meaning of this Act.

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Causes – Information, Communication & Perception

Aim: To develop a comprehensive Health Information and Communication Strategy

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICER/S
P1 (1)	Develop a centralised system for the management of research and other health information in conjunction with the PCT.	Residents and community groups able to access health information that enables them to make informed choices about their lifestyle	Available research Identified and catalogued.	End March 2006	Within existing budgets and/or assisted by external funding	Council's Research and Intelligence Unit	Council's Library Service, IT, Halton Cares, PCT Public Health Analyst
P1 (2)	Develop the work being commissioned by the Communication Consultants for the Halton Health Partnership across all areas of health, in particular using the 'Healthy Halton' branding, within the framework of the Halton Strategic Partnership and linking with other Communication Plans, such as the CYPSP, and communicating to and through local health professionals.	Communication barriers broken down enabling people to receive messages that help them establish a healthy lifestyle	Communication plan completed	End March 2006	Halton Health Partnership Co-ordinator on behalf of the Councils Strategic Dir of Health and Community/ Dir of PH	Strategic Director Health & Community / Director of Public Health	Councils Marketing and Communication Officer/ PCT Comms
P1 (3)	Develop a programme of positive marketing in relation to environmental issues and	Positive health messages created that encourage people to take	Marketing plan completed	End March 2006	Halton Health Partnership Co-ordinator on	Strategic Director Health & Community /	Councils Marketing and Communications

Key:

- Priority 1
- Priority 2
- Priority 3

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Causes – Information, Communication & Perception

Aim: To develop a comprehensive Health Information and Communication Strategy

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICER/S
	lifestyle issues, to reduce the negative impact caused by historical pollution problems and increase peoples understanding of the need to be responsible for their own well being	responsibility for their own well being			behalf of the Councils Strategic Dir of Health and Community/ Dir of PH	Director of Public Health	Officer/ PCT Comms
P1 (4)	Work with the CEN on the development of the Community Engagement Strategy to ensure that members of the public are better informed and empowered so that they can be involved in the planning and development of strategies and services. In particular look at the involvement of young people in the decision making process through schemes such as the Youth Forum, Youth Parliament and youth services consultation work in local areas and consider the possibility of	Local community and residents enabled to have a say in how health information and services are planned and delivered.	Children and Young Peoples plan informed Member of Youth Parliament elected Consultation, Participation and Engagement Strategy Complete C&YP model in place to inform area forum consultation process	March 2006 Feb 2006 Dec 2005 March 06	Consultation, Participation and Engagement group (Sub group of CYPSP)	CYPSP Strategic Manager	Head of Youth Service Children Fund Manager

Key:

- Priority 1
- Priority 2
- Priority 3

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Causes – Information, Communication & Perception

Aim: To develop a comprehensive Health Information and Communication Strategy

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICER/S
	having a Young Peoples Citizen's Panel						
P1 (5)	Instigate a series of information training days and development workshops with staff, to ensure that they are well informed about health issues relevant to their job and that a consistent message is being sent out to the public	Consistency of information, increasing trust and understanding of health issues for both the public and professionals raising their aspirations to develop healthy lifestyles	Programme of information days completed.	June 2006	Within existing resources	CEO Directorate (via Cascade Briefing) & PCT Director of Public Health & Strategy	Service Planning Manager
P2 (6)	Ensure Health Inequalities are catered for as part of the Communication Strategy using the information gained from the Access Project Group	Greater accessibility to health services and information by vulnerable groups	Revised Communication Strategy	March 2006	Within existing resources	Councils Strategic Director of Health and Community	Councils Policy Unit
P2 (7)	Ensure the research work on 'perceptions of ill health' is central to the development of a Health Information and Communication Strategy	A more positive perception of health that raises people's aspirations and encourages them to take responsibility for their	Liaise with researcher doing perceptions study for the PCT	Ongoing until end of project March 2008	Within existing resources	Council's Research and Intelligence Unit	PCT Public Health Analyst

Key:

- Priority 1
- Priority 2
- Priority 3

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Causes – Information, Communication & Perception

Aim: To develop a comprehensive Health Information and Communication Strategy

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICER/S
		own well being.					
P2 (8)	Ensure that the Perceptions of Health Survey carried out through the Halton 2000 Citizen's Panel (Feb 2005) is validated and repeated periodically.	Perceptions of Health regularly being monitored and used to improving effectiveness of health information and services	Repeat Panel survey Bi-annually starting February 2007	February 2007	Within existing resources	Council's Research and Intelligence Unit	PCT Public Health Analyst
(9)	Develop existing internet sites (such as Halton Cares) as portals for health information and make better use of Halton's Libraries for health information.	Residents provided with a range of choices for accessing health information to increase the likelihood that they will take these messages on board to the benefit of their own well being.	Alternative methods of managing information developed e.g. internet and library services	End March 2007	Within existing budgets	Council's Research and Intelligence Unit	Council's Library Service, IT, Other Council departments Halton Cares, PCT Public Health Analyst
P3 (10)	Foster better relationships with GP practices in order to ensure key health messages and information are available to the public through GP surgeries	Residents provided with a range of choices for accessing health information to increase the likelihood that they	Alternative methods of managing information developed e.g. internet and library	End March 2007	Within existing budgets	Council's Research and Intelligence Unit	PCT Public Health Analyst

Key:

- Priority 1
- Priority 2
- Priority 3




STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Causes – Information, Communication & Perception

Aim: To develop a comprehensive Health Information and Communication Strategy

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICER/S
	and health centres.	will take these messages on board to the benefit of their own well-being.	services				
P3 (11)	Develop a system for ensuring that all consultation carried out within the Council goes through the Council's Research and Intelligence Unit and improve on the sharing of information between organisations.	Efficiency and effectiveness of health consultations increased, preventing consultation overload and allowing resources to be used more effectively for health initiatives	Development of consultation control system	End March 2006	Within existing resources	Council's Research and Intelligence Unit with support of Chief Officers Management Team	PCT Public Health Analyst
P3 (12)	Further investigate the issue of deprivation to determine if there is another authority with similar levels of deprivation but better health statistics	Comparative studies that the Council can learn from and pass on the benefits to residents.	Implementation of consultation control system	April 2006		Council's Research and Intelligence Unit	PCT Public Health Analyst

Key:

	Priority 1
	Priority 2
	Priority 3

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Partnership Working

Aim: Ensure that partnerships are properly mapped and examine the role of the council within these partnerships, ensuring they are properly managed and can demonstrate added value

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICER/S
P1 (13)	Investigate the development of a Joint Public Health Unit to include pooling of resources etc	More effective use of strategic resources providing the potential for improvements to service delivery and benefits to users.	Options appraisal completed.	Dec 2005	Within existing resources	Halton Health Partnership Co-ordinator / Strategic Director, Health & Community	On behalf of the Councils Strategic Dir of Health and Community/ Dir of PH
P1 (14)	Explore the development of a Health and Social Care whole system commissioning body to deliver efficiency gains for the Council and the PCT	More effective use of strategic resources providing the potential for improvements to service delivery and benefits to users.	Options for extending joint commissioning arrangements completed	Mar 2006	Within existing resources	Operational Director Older People/ Operational Director Health & Partnerships	On behalf of the Councils Strategic Dir of Health and Community/ Dir of PH
P1 (15)	Develop more practice based commissioning of preventive work centred around GPs (link with the work under the prevention and health promotion recommendations)	Improved efficiency from joint working creating more effective targeting of vulnerable groups This will be taken forward in the context of "Commissioning a Patient-Led NHS"	To be determined	To be determined	To be determined	To be determined	To be determined
P1 (16)	Provide training and development in capacity	Local community groups empowered to have a say	Planning & Commissioning	Apr 2006	Within existing resources	OD Health & Partnerships	

Key:

- Priority 1
- Priority 2
- Priority 3

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Partnership Working

Aim: Ensure that partnerships are properly mapped and examine the role of the council within these partnerships, ensuring they are properly managed and can demonstrate added value

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICER/S
	building for the voluntary and community sector to enable them to take part in planning and commissioning activities	in how health information and services are planned and delivered	accurately reflects community groups priorities.				
P2 (17)	Conduct a comprehensive mapping exercise of all local health related or associated partnerships and determine the role of the Council in each of these	More efficient and effective targeting of resources	Mapping exercise completed and streamlined arrangements in place	Mar 2006	Within existing resources	OD Health & Partnerships/ LPS Co-ordinator	
P2 (18)	Promote the use of self assessment tool for partners, such as the Health Development Agencies 'The Working Partnership' model or the Partnership model recommended by the ODPM, using the CYPSP as a pilot. Use the findings to help develop procedures to ensure all partnerships have good governance e.g. terms of reference, clear vision, regular review of membership, equity of membership etc using	Clear direction and understanding of purpose of partnerships by partner agencies, benefiting targeted groups through improved efficiency and effectiveness	Pilot evaluated and findings disseminated Governance arrangements in place within Children and Young Peoples plan	March 2006 Apr 2006	CYPSP Integrating Services team	LPS Co-ordinator	CYPSP Strategic Manager

Key:

- Priority 1
- Priority 2
- Priority 3

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Partnership Working

Aim: Ensure that partnerships are properly mapped and examine the role of the council within these partnerships, ensuring they are properly managed and can demonstrate added value

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICER/S
	examples of good practice from the review and further investigating existing internal partnerships such as the Children's Centre Partnership Boards Terms of Reference						
P2 (19)	Develop work around greater personalisation of resources to reduce health inequalities, such as the promotion of direct payments (link with the work under the access and equality recommendations)	Improved efficiency from joint working creating more effective targeting of vulnerable groups	Increase Direct Payments to 188	March 2006	Within specified budgets	OD Health & Partnerships/ Client Finance Manager	
P2 (20)	Investigate the benefits of mini-trusts and Alliances such as the Preventative Children's Service across wider service areas.	Improved efficiency from joint working creating more effective targeting of vulnerable groups	Preventative trust established Joint working and effective arrangements evaluated and findings disseminated	Dec 2006 Sept 2006	CYPSP Integrating Services Team CYPSP Prevent and Promote sub group	CYPSP Strategic Manager	Prevent and Promote sub group

Key:

	Priority 1
	Priority 2
	Priority 3

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Access and Equality

Aim: To develop a kite mark for access and equity issues in relation to health

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICERS
P1 (21)	Develop a comprehensive Health Improvement Strategy and Plan for the Council, which describes the need for preventative services across the borough, in particular those in the most disadvantaged areas of the borough	The achievement of effective coverage of a range of target groups, especially those in disadvantaged areas, to enable all residents to take part in or establish healthy lifestyles that benefit their long term well being.	Preventative strategy developed.	June 2006	Within existing resources	OD Health & Partnerships/ OD Older People	
P1 (22)	Establish cross-cutting mechanisms and management procedures to ensure that there is effective joint working between the Health Priority and the other Corporate Priorities, and that links between other services e.g. sport, healthy eating, housing, regeneration etc., clearly recognise their contribution to the improving health agenda	The achievement of effective coverage of a range of target groups, especially those in disadvantaged areas, to enable all residents to take part in or establish healthy lifestyles that benefit their long term well being.	Cross-cutting mechanisms and management procedures in place.	Mar 2006	Within existing resources	Strategic Director, Health & Community / OD Health & Partnerships	
P1 (23)	Create effective Community Engagement procedures in order to better inform the new Health Strategy and Action Plan. (Link with the work under the Causes –	Encourage and enable the local community to have a say in how health information and services are planned and	Community Engagement strategy completed.	June 2006	Within existing resources	Strategic Director, Health & Community / OD Health &	

Key:

- Priority 1
- Priority 2
- Priority 3

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Access and Equality

Aim: To develop a kite mark for access and equity issues in relation to health

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICERS
	Communications recommendations above)	delivered				Partnerships	
P2 (24)	Apply the findings of the review to other vulnerable groups such as older people	Vulnerable target groups reached and effectively engaged in health lifestyles that benefit their long term well being	Strategy for Older People in place	Oct 2006	Within existing resources	OD Health & Partnerships/ OD Older People	
P2 (25)	Foster better joint working, especially with schools in order to target young people more effectively and with GP's, in order to encourage lifestyle changes as an alternative to medicines where possible, using the Halton High multi-agency work as an example	Improved efficiency from joint working achieved, creating more effective targeting of vulnerable groups.	CYSP 'Universal' sub group established GP, School representation on sub group confirmed. Improved joint working reflected Children & Young People plan	Nov 2005 April 2006	CYPSP Universal sub group	Universal sub group chair	Universal sub group members
P2 (26)	Establish a 'virtual team' from within the Council and other partners to ensure that major projects develop Health Impact Assessments to monitor their effectiveness (link with the work under the Performance Management recommendations)	Effective prevention and health promotion monitoring established, and used to develop and improve future programmes for the benefit of Halton's residents, in particular vulnerable groups	Virtual team established and health impact assessments completed annually on all major projects.	Mar 2006	Within existing resources	OD Health & Partnerships/ OD Corporate Resources	

Key:

- Priority 1
- Priority 2
- Priority 3

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Access and Equality

Aim: To develop a kite mark for access and equity issues in relation to health

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICERS
P1 (27)	Develop a kite mark that is strategic and can be applied across all service areas in order to improve access and equity for a range of vulnerable groups.	Equality of access to services and healthy lifestyles established, particularly for those in disadvantaged areas of the borough, providing continuing benefits to life through good health and well being.	Equality Impact Assessments (EIA's) completed for policies and procedures	March 2006	Within existing resources	BV & Performance Management Team	
P1 (28)	Pilot the kite mark against the recently developed Health Accessibility and Transport Plan and against developments of Children's Centres.	Equality of access to services and healthy lifestyles established, particularly for those in disadvantaged areas of the borough, providing continuing benefits to life through good health and well being.	Equality Impact Assessments (EIA's) completed for policies and procedures	March 2006	Within existing resources	CYPSP Sub-Group	
P2 (29)	Provide Access and Equality Awareness Training for community and voluntary sector groups to assist them in developing advocacy services to help others understand and apply the kite mark once it is developed	Local communities empowered to utilise Access and Equality information for the benefit of local residents in particular vulnerable groups.	Training programme incorporated into Advocacy SLA	March 2006	Within existing resources	OD Health & Partnerships	
P2 (30)	Ensure all partnerships consider access and equality and diversity/disability issues in their planning	Effective prevention and health promotion monitoring established, and used to develop and improve	Guidance incorporated into business planning	Underway. Review March 2006	Within existing resources	OD Health & Partnerships	

Key:

- Priority 1
- Priority 2
- Priority 3

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Access and Equality

Aim: To develop a kite mark for access and equity issues in relation to health

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICERS
	and performance monitoring	future programmes for Halton's residents/vulnerable groups	processes and outputs identified in quarterly monitoring reports.				

Key:

- Priority 1
- Priority 2
- Priority 3

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Performance Management

Aim: Develop more appropriate targets and performance indicators and ensure where necessary they are jointly owned and monitored

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICERS
P1 (31)	Ensure that all Council Service Delivery plan objectives and targets relating to health have clear links with an appropriate Corporate Health Priority	Effective Performance Management achieved, ensuring continuous improvement in the delivery of the priority for the benefit of the boroughs residents	100 % of Health related Service Plan targets linked to Corporate Health Priorities	March 2006	Existing	Operational Directors	Performance Management Officers
P1 (32)	Develop Health Impact Assessments in relation to promotional activities to establish their viability and sustainability and consider their inclusion within Common Assessment Frameworks	Effective prevention and health promotion monitoring established, and used to develop and improve future programmes for the benefit of Halton's residents, in particular vulnerable groups	To be completed	To be completed	To be completed	To be completed	To be completed
P2 (33)	Promote joint working across departments and directorates with a view to sharing existing models of good practice, such as the CYPSP Performance Management Framework. Where possible, different Council departments and Directorates should share the responsibility for delivery of Health Targets	Improved efficiency from joint working achieved	Generic CYPSP PMF in place Health Targets identified, prioritised and responsibility for performance agreed and shared (as part of CYPSP)	Dec 2005 April 2006	CYPSP Integrating Services team	CYPSP Common Processes sub group	CYPSP forum

Key:

- Priority 1
- Priority 2
- Priority 3

STRATEGIC BEST VALUE REVIEW OF HEALTH IMPROVEMENT PLAN

Performance Management

Aim: Develop more appropriate targets and performance indicators and ensure where necessary they are jointly owned and monitored

PRIORITY	RECOMMENDATION	OUTCOME	PERFORMANCE TARGET	TIMESCALE	RESOURCES	LEAD OFFICER/S	SUPPORT OFFICERS
P2 (34)	Develop clearer links between the Council and other agencies in particular the PCT (this may involve joint plans and training) to promote and reflect partnership working and integrate service delivery: health targets should be jointly owned and monitored across the Council, PCT and other organisations.	Cross-organisational performance targets agreed, owned and monitored, ensuring continuous improvements for residents through more effective joint working. This will be taken forward in the context of "Commissioning a Patient-Led NHS"	Joint commissioning and training plans produced.	Oct 2006	Within existing resources	OD Health & Partnerships	

Key:

- Priority 1
- Priority 2
- Priority 3

IDENTIFIED ACTION IN HI PLAN	UPDATE & PROGRESS	FURTHER ACTION REQUIRED
Priority 1		
Develop a centralised system for the management of research and other health information in conjunction with the PCT. P1 (1)	The Halton Data Observatory is now up and running. This will assist in the development of our relationship with Practice Based Commissioning by providing more accurate and detailed information.	None
Develop the work being commissioned by the Communication Consultants for the Halton Health Partnership across all areas of health, in particular using the 'Healthy Halton' branding, within the framework of the Halton Strategic Partnership and linking with other Communication Plans, such as the CYPSP, and communicating to and through local health professionals. P1 (2)	This work has been completed.	None
Develop a programme of positive marketing in relation to environmental issues and lifestyle issues, to reduce the negative impact caused by historical pollution problems and increase peoples understanding of the need to be responsible for their own well being. P1 (3)	<ul style="list-style-type: none"> ➤ Mental health Library at www.halton.gov.uk, for information and advice locally and nationally, including promotion of PCT's "Oh what a relief" self help series for mental health conditions ➤ Promotion of the Community Matron and Expert Patient programmes from HBC website ➤ Participation in "Choosing Health" promotional Group ➤ Ongoing mapping exercise to link related information for people to consider other options (e.g. support at home rather than residential care, benefits and advice for vulnerable people etc) ➤ Promotion of Direct Payments (3rd most successful scheme in the country) ➤ The use of council promotions (e.g. Inside Halton, website) to promote health and well being, particularly positive choices about lifestyle (see August issue as e.g.) ➤ Strategies to promote informed choice and decisions e.g. Mental Health Information Strategy, Carers Promotions Strategy and cross cutting Communications Strategy ➤ Accessible information to enable with specific communication needs to make positive choices (e.g. specialist support and communication for people with sensory disabilities, information in other languages and formats e.g. specialist learning disability information at www.halton.gov.uk/valuingpeople) ➤ Intended continued development of promotion of preventative information and low level needs using resources such as the www.hvatogether.org.uk website. ➤ "Surestart to better life" launched April 2007. <p>Evaluation of entire Healthy Halton campaign:</p> <ul style="list-style-type: none"> ➤ Reached previously untouched audiences. ➤ The campaign increased uptake of services by 30% increase. ➤ Future funding has been secured for 2006/2007. ➤ Printing of a regular Health Partnership column in local newspapers (free of charge). ➤ 65% of residents recall campaign's messages. ➤ 100% of press coverage about the Health Partnership and Healthy Halton Week was positive. ➤ The campaign succeeded in bringing private, public and voluntary sectors together. <p>The number of people reached by the campaign in Halton include</p> <ul style="list-style-type: none"> ➤ People Weekly News on a weekly basis – 70k ➤ People Halton Show – 12k ➤ People Healthy Halton Week – 10k 	None

- | | | |
|--|---|--|
| | <ul style="list-style-type: none">➤ '12 messages of Christmas posters' reaches uncapped audience 1k➤ School children eat healthy soup 10k➤ Residents receive Council and PCT publications over 110k➤ Council and PCT ambassadors 13k | |
|--|---|--|

<p>Work with the CEN on the development of the Community Engagement Strategy to ensure that members of the public are better informed and empowered so that they can be involved in the planning and development of strategies and services. In particular look at the involvement of young people in the decision making process through schemes such as the Youth Forum, Youth Parliament and youth services consultation work in local areas and consider the possibility of having a Young Peoples Citizen's Panel. P1 (4)</p>	<p>Key achievements in this respect include:</p> <ul style="list-style-type: none"> ➤ A brand new Community Engagement Network for Halton with its own website: www.haltonpartnership.net/communityengagement ➤ A multi-agency practitioners network to share best practice and provide a source of help for people in the field. ➤ A toolkit of engagement practice. ➤ A conference in November reviewed progress and the action plan will be revised in the light of this. ➤ A youth parliament has been established. 	<p>None</p>
<p>Instigate a series of information training days and development workshops with staff, to ensure that they are well informed about health issues relevant to their job and that a consistent message is being sent out to the public. P1 (5)</p>	<p>Are number of joint training initiatives are in existence: Joint training partnership for Learning Difficulties (with the PCT, private and voluntary sector), Social Care Partnership which is driven by skills for care and a joint training strategy is being developed with the PCT and 5 Boroughs. We also deliver a range of other courses such as Adult Protection for the PCT and Age Discrimination to the private and voluntary sectors.</p>	<p>Continue with current programme but enhance health messages to staff.</p>
<p>Investigate the development of a Joint Public Health Unit to include pooling of resources etc. P1 (13)</p>	<p>Completed</p>	<p>None</p>
<p>Explore the development of a Health and Social Care whole system commissioning body to deliver efficiency gains for the Council and the PCT. P1 (14)</p>	<p>There are 3 joint commissioning posts including a reconfigured post for PSD and LD. The reconfigured PCT will create new opportunities in this respect.</p>	<p>Whole systems approach and consequent efficiency gains are part of longer-term development of the joint commissioning which will be significantly enhanced with the consolidation of the common assessment framework.</p>
<p>Develop more practice based commissioning of preventive work centred around GPs (link with the work under the prevention and health promotion recommendations). P1 (15)</p>	<p>Social Services has seats on the Practice Based Commissioning Consortia and the Director of SS will sit on the new PEC. We have an Ageing well draft strategy and the LAA focuses on prevention. There are number of initiatives, particularly through the Healthy Living Programme, which seek to address this issue (e.g. Reach for the Stars and Men's Health Programme).</p>	<p>None</p>
<p>Provide training and development in capacity building for the voluntary and community sector to enable them to take part in planning and commissioning activities. P1 (16)</p>	<p>A programme of training is in place for the voluntary and community sectors and will be delivered over the next few months. We are also closely involved with the development of Health Trainers.</p>	<p>None</p>
<p>Develop a comprehensive Health Improvement Strategy and Plan for the Council, which describes the need for preventative services across the borough, in particular, those in the most disadvantaged areas of the borough. P1 (21)</p>	<p>We already have a Baseline Report which took on board many of the issues picked up within the Equity Audit in relation to the health inequalities that exist within certain areas of the borough. Over the summer 2007 a Vision for Health Improvement for Halton and St. Helens will be developed. This will also focus on some of the more disadvantaged groups and areas of both boroughs.</p>	<p>None</p>
<p>Establish cross-cutting mechanisms and management procedures to ensure that there is effective joint working between the Health Priority and the other Corporate Priorities, and that links between other services e.g. sport, healthy eating, housing, regeneration etc., clearly recognise their contribution to the improving health agenda. P1 (22)</p>	<p>A performance and standards group has been set up to look at cross-cutting issues.</p>	<p>None</p>
<p>Create effective Community Engagement procedures in order to</p>	<p>There is a long history of involving the voluntary and community sector at a high level.</p>	<p>None</p>

APPENDIX 2

<p>better inform the new Health Strategy and Action Plan. (Link with the work under the Causes – Communications recommendations above). P1 (23)</p>	<p>Representatives from the Health & Community Care Forum sit on a large number of decision making bodies such as the LITs, Carers Strategy, Alcohol Strategy Group etc. and as result are able to feed in the voice of the voluntary and community sectors. The process for procuring LINKs has to-date been a positive one and every attempt is being made to ensure a diverse and inclusive approach is being adopted.</p>	
<p>Develop a kite mark that is strategic and can be applied across all service areas in order to improve access and equity for a range of vulnerable groups. P1 (27)</p>	<p>As a first step to the implementation of this we have established an award system and the corporate logo has been implemented. The branding will help support the development of the kite mark.</p>	<p>The need for this recommendation was superseded by the monitoring of the equity and access issues through the performance indicators contained within the LAA.</p>
<p>Pilot the kite mark against the recently developed Health Accessibility and Transport Plan and against developments of Children’s Centres. P1 (28)</p>	<p>See above.</p>	<p>The need for this recommendation was superseded by the monitoring of the equity and access issues through the performance indicators contained within the LAA.</p>
<p>Ensure that all Council Service Delivery plan objectives and targets relating to health have clear links with an appropriate Corporate Health Priority. P1 (31)</p>	<p>All council services produce a three-year Service Plan in line with corporate guidance. Each Service Plan contains a suite of service objectives and performance indicators with milestones and targets that apply for the life of the plan. The plan is refreshed annually. All service objectives and performance indicators are linked to the appropriate Corporate Priority through an area of focus in Halton's 2006-2011 Corporate Plan. Health related objectives and targets across the set of Service Plans are clearly linked to the corporate priority 'A Healthy Halton' through areas of focus numbers 1 to 7.</p>	<p>None</p>

Develop Health Impact Assessments in relation to promotional activities to establish their viability and sustainability and consider their inclusion within Common Assessment Frameworks. P1 (32)	An example of the utilisation of HIA is with respect to proposals for all-day drinking. Joint training has recently been delivered to council and PCT staff on health needs assessment and health impact assessments.	None. Potential use of CAF to be progressed though White Paper Project Group.
Priority 2		
Ensure Health Inequalities are catered for as part of the Communication Strategy using the information gained from the Access Project Group. P2 (6)	Information is delivered through a whole range of communication methods and we have also issued a communications guide. Both of these initiatives ensure inclusively and accessibility in our communications.	None
Ensure the research work on 'perceptions of ill health' is central to the development of a Health Information and Communication Strategy. P2 (7)	The results of a health survey will be made available very shortly and this will help inform and target our work.	None
Ensure that the Perceptions of Health Survey carried out through the Halton 2000 Citizen's Panel (Feb 2005) is validated and repeated periodically. P2 (8)	This has been done. The next one will be in 2007 and supplementary to the police crime audit.	None
Develop existing internet sites (such as Halton Cares) as portals for health information and make better use of Halton's Libraries for health information. P2 (9)	<ul style="list-style-type: none"> ➤ Development of haltoncares portal website ➤ Support for www.hvatogether.org.uk ➤ Halton BC website includes information and links to enable people to have information to make informed choices e.g. links to sites such as CSCI and other site (for info domiciliary and residential care) ➤ Direct access to specialist information on website e.g. Mental Health, Learning Disability and protection of vulnerable adults ➤ Continued development of linkages informing people of alternative choices and information to make informed choices 	None
Conduct a comprehensive mapping exercise of all local health related or associated partnerships and determine the role of the Council in each of these. P2 (17)	This has been done and shared with the PCT.	None
Promote the use of self assessment tool for partners, such as the Health Development Agencies 'The Working Partnership' model or the Partnership model recommended by the ODPM, using the CYPSP as a pilot. Use the findings to help develop procedures to ensure all partnerships have good governance e.g. terms of reference, clear vision, regular review of membership, equity of membership etc using examples of good practice from the review and further investigating existing internal partnerships such as the Children's Centre Partnership Boards Terms of Reference. P2 (18)	The Joint Halton & Warrington Youth Offending Service use the OPDM Partnership Audit Tool and as a result have their partnership agreement. Use has also been made of this model for a new partnership emergency duty team service which is across St. Helens and Halton.	Lessons learnt to be extended to all partnerships.
Develop work around greater personalisation of resources to reduce health inequalities, such as the promotion of direct payments (link with the work under the access and equality recommendations). P2 (19)	HBC is an In Control pilot. We applied to be Individual Budget pilot but were unsuccessful. We will be learning the lessons from this process as we roll out individual budgets.	None
Investigate the benefits of mini-trusts and Alliances such as the Preventative Children's Service across wider service areas. P2 (20)	5 mini trusts are in place as follows: <ol style="list-style-type: none"> 1. Preventative Services 2. Children With Complex Needs (Section 31 with Halton & St Helens PCT) along with a joint appointment and management of services. 3. Looked After Children 4. Emotional Health and Well-being. 	None

	5. Children in Need.	
Apply the findings of the review to other vulnerable groups such as older people. P2 (24)	We are looking to extend existing pooled budgets on intermediate care (Section 31) to equipment and learning difficulties. The focus on older people's commissioning has shifted to develop services at a preventative tier, this is reflected in the development of the sure start older age service, Bridge Building, a directory of services as well as a new whole system strategy to promote healthy ageing.	None
Foster better joint working, especially with schools in order to target young people more effectively and with GP's, in order to encourage lifestyle changes as an alternative to medicines where possible, using the Halton High multi-agency work as an example. P2 (25)	All 66 schools are on board with the Healthy Schools accreditation. Of these 32 have achieved post accreditation and 27 have achieved phase 3. The programme is well advanced to deliver the revised national targets for December 2006 and beyond.	None

<p>Establish a 'virtual team' from within the Council and other partners to ensure that major projects develop Health Impact Assessments to monitor their effectiveness (link with the work under the Performance Management recommendations). P2 (26)</p>	<p>Both the borough council and PCT are keen to take forward Health Impact Assessments proactively. The 'virtual team' approach will be reviewed through the White Paper project group.</p>	<p>None</p>
<p>Ensure all partnerships consider access and equality and diversity/ disability issues in their planning and performance monitoring. P2 (30)</p>	<p>Halton Strategic Partnership have adopted a range of cohesion indicators (based on the Home Office model) to benchmark the impact at a borough level. Equality Impact Assessments have been completed for all new/revised functions and policies to assess their potential impact and to consult on them at the planning stage. Within each organisations performance management framework service plans are the principle focus for delivery over the coming year. Equality is a key theme across organisations.</p>	<p>None</p>
<p>Promote joint working across departments and directorates with a view to sharing existing models of good practice, such as the CYPSP Performance Management Framework. Where possible, different Council departments and Directorates should share the responsibility for delivery of Health Targets. P2 (33)</p>	<p>Each organisation has an equality scheme which includes the undertaking of equality assessments on its policies and funding. Furthermore the sharing of health targets has been embedded in the LAA.</p>	<p>None</p>
<p>Develop clearer links between the Council and other agencies in particular the PCT (this may involve joint plans and training) to promote and reflect partnership working and integrate service delivery: health targets should be jointly owned and monitored across the Council, PCT and other organisations. P2 (34)</p>	<p>LAA will be the key delivery vehicle for joint working and priorities over the next 3 years. The LAA sets out clear targets for outcomes in the five thematic block areas and on key crosscutting transformational issues. The Halton Strategic Partnership Board (HSPB) has delegated responsibility for developing and monitoring delivery of the annual LAA Action plan to the Performance and Standards Group (PSG). The PSG will review delivery of the LAA targets and operational plan actions on a six-monthly basis, with lighter-touch intermediate quarterly reviews of financial performance. The HSPB and PSG are supported by a dedicated performance management capacity from the Halton Strategic Partnership Team. The existing performance management framework of the Partnership has been updated and revised to take account of the needs of LAA management. The performance management framework is comprehensive, strategic and operational. It will test the vision and approach of the LAA, including its preventative, sustainable and targeted aspects, and the priorities. This will include taking account of existing and emerging borough-wide, regional and national frameworks and initiatives that provide useful information and intelligence about the performance of Halton. It is designed to plan, monitor and review in a timely manner and will include targeted and LAA-wide evaluations. During the first year of LAA we will develop an annual trajectory for each of the three years of the Agreement, building on the trajectory analysis produced for the LSP review in 2006.</p>	<p>None</p>
<p>Priority 3</p>		
<p>Develop a system for ensuring that all consultation carried out within the Council goes through the Council's Research and Intelligence Unit and improve on the sharing of information between organisations. P3 (11)</p>	<p>The unit advises and provides appropriate support on all consultations and an online register is available to avoid duplication.</p>	<p>None</p>
<p>Further investigate the issue of deprivation to determine if there is another authority with similar levels of deprivation but better health statistics. P3 (12)</p>	<p>A benchmarking exercise has been conducted.</p>	<p>Continue to monitor progress against benchmarked authorities.</p>

APPENDIX 3

Table to show AC recommendations with the suggested commensurate actions in the BVHI Plan.

Audit Commission Recommendations	Most relevant actions identified in BVRHI Plan
<p>R1: Clarify Councils goals for improving health of residents and ensure all staff and stakeholders know about them.</p>	<p>Instigate a series of information training days and development workshops with staff, to ensure that they are well informed about health issues relevant to their job and that a consistent message is being sent out to the public. (5)</p> <p>Develop a comprehensive Health Improvement Strategy and Plan for the Council, which describes the need for preventative services across the borough, in particular, those in the most disadvantaged areas of the borough. (21)</p>
<p>R2: Engage health specialist strategic partnership in developing overall policy direction for the “improving health” priority.</p>	<p>Develop a comprehensive Health Improvement Strategy and Plan for the Council, which describes the need for preventative services across the borough, in particular, those in the most disadvantaged areas of the borough. (21)</p>
<p>R3: Build on Best Value Review recommendations by designing a small number of performance indicators.</p>	<p>Develop Health Impact Assessments in relation to promotional activities to establish their viability and sustainability and consider their inclusion within Common Assessment Frameworks. (32)</p> <p>Establish cross-cutting mechanisms and management procedures to ensure that there is effective joint working between the Health Priority and the other Corporate Priorities, and that links between other services e.g. sport, healthy eating, housing, regeneration etc., clearly recognise their contribution to the improving health agenda. (22)</p> <p>Establish a ‘virtual team’ from within the Council and other partners to ensure that major projects develop Health Impact Assessments to monitor their effectiveness (link with the work under the Performance Management recommendations). (26)</p> <p>Ensure that all Council Service Delivery plan objectives and targets relating to health have clear links with an appropriate Corporate Health Priority. (31)</p> <p>Promote joint working across departments and directorates with a view to sharing existing models of good practice, such as the CYPSP Performance Management Framework. Where possible, different Council departments and Directorates should share the responsibility for delivery of Health Targets. (33)</p> <p>Develop clearer links between the Council and other agencies in particular the PCT (this may involve joint plans and training) to promote and reflect partnership working and integrate service delivery: health targets should be jointly owned and monitored across the Council, PCT and other organisations. (34)</p>

REPORT TO: Healthy Halton Policy and Performance Board
DATE: 11 September 2007
REPORTING OFFICER: Chief Executive
SUBJECT: Performance Management Reports for 2007/08
WARDS: Boroughwide

1. PURPOSE OF REPORT

1.1 To consider and raise any questions or points of clarification in respect of the 1st quarter performance management reports on progress against service plan objectives and performance targets, performance trends/comparisons, factors affecting the services etc. for:

- Older People's Services
- Adults of Working Age
- Health & Partnerships

2. RECOMMENDED: That the Policy and Performance Board

- 1) Receive the 1st quarter 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. 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. POLICY AND OTHER IMPLICATIONS

4.1 There are no policy implications associated with this report.

5. IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

Not applicable

5.2 Employment, Learning and Skills in Halton

Not applicable

5.3 A Healthy Halton

Not applicable

5.4 A Safer Halton

Not applicable

5.5 Halton's Urban Renewal

Not applicable

6. RISK ANALYSIS

6.1 None associated with this report

7. EQUALITY AND DIVERSITY ISSUES

None associated with this report.

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

8.1 There are no background documents under the meaning of this Act.

QUARTERLY MONITORING REPORT

DIRECTORATE: Health & Community
SERVICE: Health & Partnerships
PERIOD: Quarter Q1 to period end 30th June 2007

1.0 INTRODUCTION

This quarterly monitoring report covers the Health & Partnerships Department first quarter period up to 30 June 2007. It describes key developments and progress against 'key' objectives and performance indicators for the service.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 4

It should be noted that this report is presented to a number of Policy and Performance Boards. Those objectives and indicators that are not directly relevant to this Board have been shaded grey.

2.0 KEY DEVELOPMENTS

Housing

Work to refurbish Riverview Gypsy site got underway in May and is progressing well. Completion is anticipated by November.

Following a successful capital growth bid the Disabled Facilities Grant budget has been increased by £300k this year. Consultants have been appointed to increase architectural design capacity in order to maximise spend.

Consumer Protection

The unusually inclement weather towards the end of the quarter affected the grounds maintenance grass-cutting regimes, but the operatives put in a sterling effort to ensure that the cemeteries were as neat as they could be under the circumstances.

The 4th of July 2007 represented "Independence Day" in more ways than one for the Registration Service, when it gained a little more "independence" from the General Register Office (GRO) via a new Halton Registration Scheme. This provides for a more flexible, less prescriptive service framework and the Council now has more discretion over certain aspects of service delivery. Three of the five statutory officers have transferred to local government employment status as a consequence of the change. The scheme commits the Council to the

terms of a Code of Practice and to meeting, at least, the national standards contained in a Good Practice Guide. Halton's is the first Registration Service in the North West to achieve new governance status and is one of only nine out of the 172 such services in England and Wales to have completed this process.

Direct Payments & Appointee & Receivership

The number of service users in receipt of Direct Payments continues to increase and in total has exceeded this year's target. At 30th June, there are 176 service users and 103 carers receiving their services via a Direct Payment.

Training has been undertaken to ensure compliance with the Mental Capacity Act 2005 from October 2007 for the appointee and receivership service, and also on the changed Local Authority role as Court Appointed Deputies.

Commissioning

Halton's first Commissioning Strategy for People with Physical and Sensory Disabilities has now been approved by the Executive Board after scrutiny by the Health PPB

A draft Mental Health accommodation strategy has been produced for consultation with service users and stakeholders. Consultation is due to be conducted in October 07.

Contracts and Supporting People

A number of new short-term services have been developed including a homeless prevention service, a rent deposit scheme and a supported lodgings service. A provider has also been awarded a contract to deliver a floating support service for victims of domestic abuse.

3.0 EMERGING ISSUES

Housing

The findings of a Cheshire wide assessment of the future accommodation needs of the Gypsy/Traveller community have been released. The Council will need to scrutinise the assessment closely as some of the figures appear to contradict the Traveller aspirations about where they would like to live. The Council intends developing a permanent transit site and has already received £500,000 funding from GONW to assist the Council with such a development.

Consumer Protection

In June 2007, the Ministry of Justice published "Burial Law and Policy in the 21st Century – The Way Forward" as a government response to earlier consultation on the subject. Amongst other things, the publication advises that work on devising an appropriate regulatory framework, and practical guidance on the re-use of old graves, is in

hand. This will be informed by the outcome of relevant pilot studies.

Members of the Consumer Protection team will be working with their Warrington colleagues with a view to developing one Trading Standards Service to serve both Boroughs.

The Registration team will be relocated in the older part of Runcorn Town Hall (RTH) during the RTH refurbishment works, which are due to commence in August 2007. The Civic Suite will be used for the various Registration ceremonies (civil weddings, partnerships citizenship ceremonies etc.) for the next 11 months or so

Information Technology

Corporate IT have completed a feasibility study on the implementation of Carefirst 6 and identified the need to move away from the use of Citrix thin client dumb terminals to FAT client. Given the number of users who have dumb terminals this will require investment in replacement PC's for social care staff. Corporate IT are going to review the implications of this in more detail and report back.

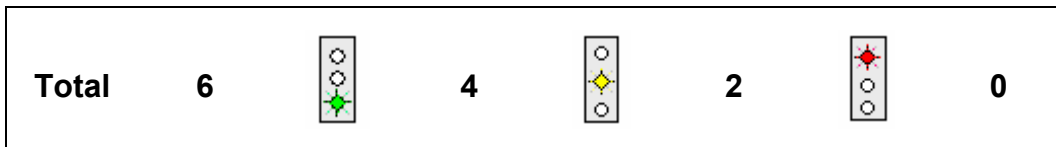
Client Finance - Direct Payments & Appointee & Receivership

A pilot scheme delivering individualised budgets will be in place by the end of 2007/8. Proposals to restructure these two teams to provide capacity to deliver this pilot have been approved

Financial Services Team - Income & Assessment

The Care Services Efficiency Delivery programme has led to improved inter authority working, one stream of this being detailed consideration of improvements to the financial assessment process to generate Gershon savings for 2008/9 onwards.

4.0 PROGRESS AGAINST KEY MILESTONES



Progress against four of the six key milestones for the service is satisfactory, and those four milestones have been assigned green lights at the end of quarter 1. Two milestones have been assigned an amber light. For further details, please refer to Appendix 1.

4.1 PROGRESS AGAINST OTHER MILESTONES

There are no other objectives for the service. Nine milestones within the key objectives are designated 'non-key'. None of those milestones are a cause for concern at this stage and do not feature in this report. They will be routinely reported in Appendix 1 at Q2 and Q4.

5.0 SERVICE REVIEW




Consumer Protection
 All three sections of the Consumer Protection Division were included in the first quarter internal audit into the authority-wide robustness of the health & safety stress risk assessment procedure. The Outcome of the audit is still to be finalised.

The Consumer Protection Team was one of a number of Council services that was included in the recent inspection by the Office of the Surveillance Commissioner into the Council's use of surveillance, and adherence to surveillance rules. The Council subsequently received a very positive report on its approach to surveillance.

Adults with Learning Disabilities (ALD) Financial Recovery Plan
 The Directorate Finance team is providing support to critically review all areas of spend and services provided, to identify ways of reducing the current ALD overspend. Reference has been made to national comparator unit costs and work undertaken by the North West Centre of Excellence into the procurement locally of high cost packages.




Housing
 Redesign of the Homelessness service is continuing, with the recent introduction of a rent deposit scheme for private sector tenancies, and the establishment of a Welfare/Prevention Team. Changes to the housing allocations policy were also recently agreed in an effort to reduce the time households spend in temporary accommodation.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	6		0		0		0
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Progress against all six key performance indicators for the service is satisfactory, and all have been assigned green lights at the end of quarter 1. For further details, please refer to Appendix 2.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	22		22		0		0
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Other indicators for the service are routinely reported at quarters 2 and 4. None of the twenty-two other indicators for this service are showing any cause for concern and there are no 'other' indicators being reported by exception this quarter.

7.0 PROGRESS AGAINST LPSA TARGETS

There are no LPSA targets for this service.

8.0 RISK CONTROL MEASURES

During the production of the 2007-08 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4.




For further details, refer to Appendix 5




9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

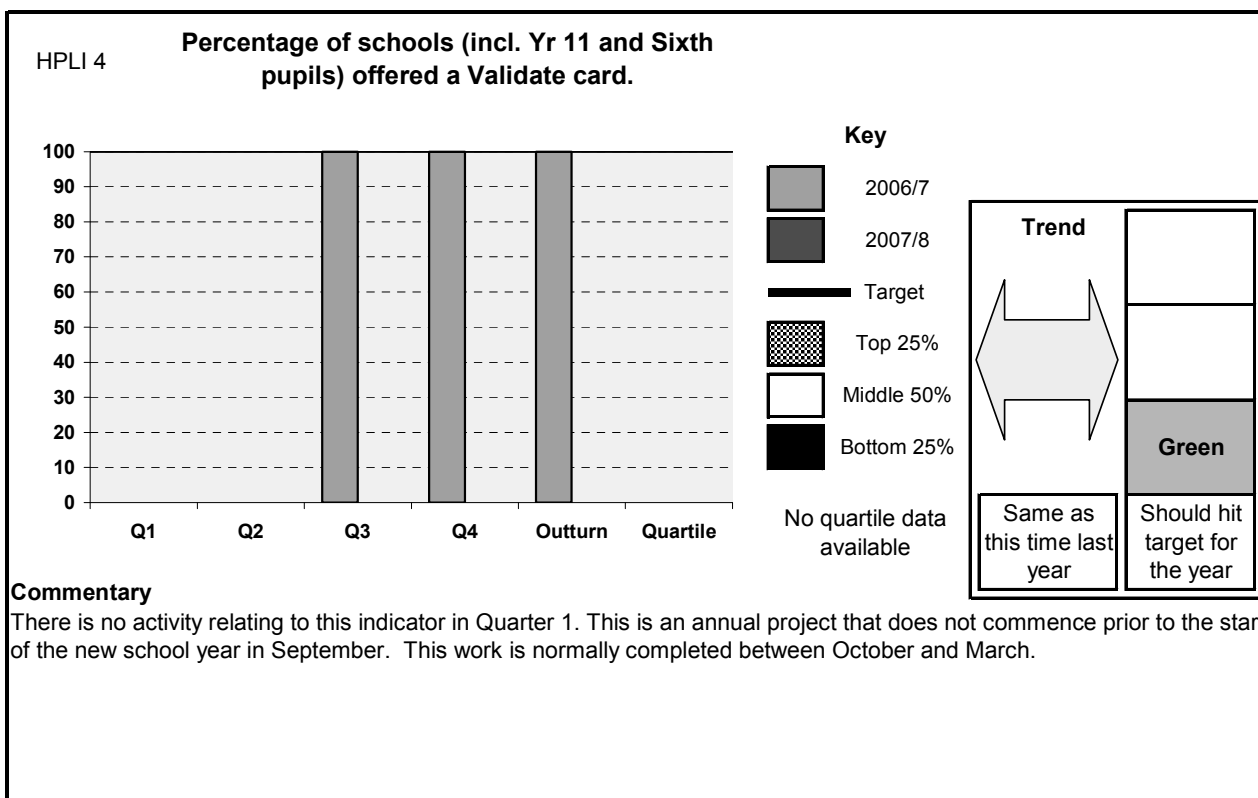
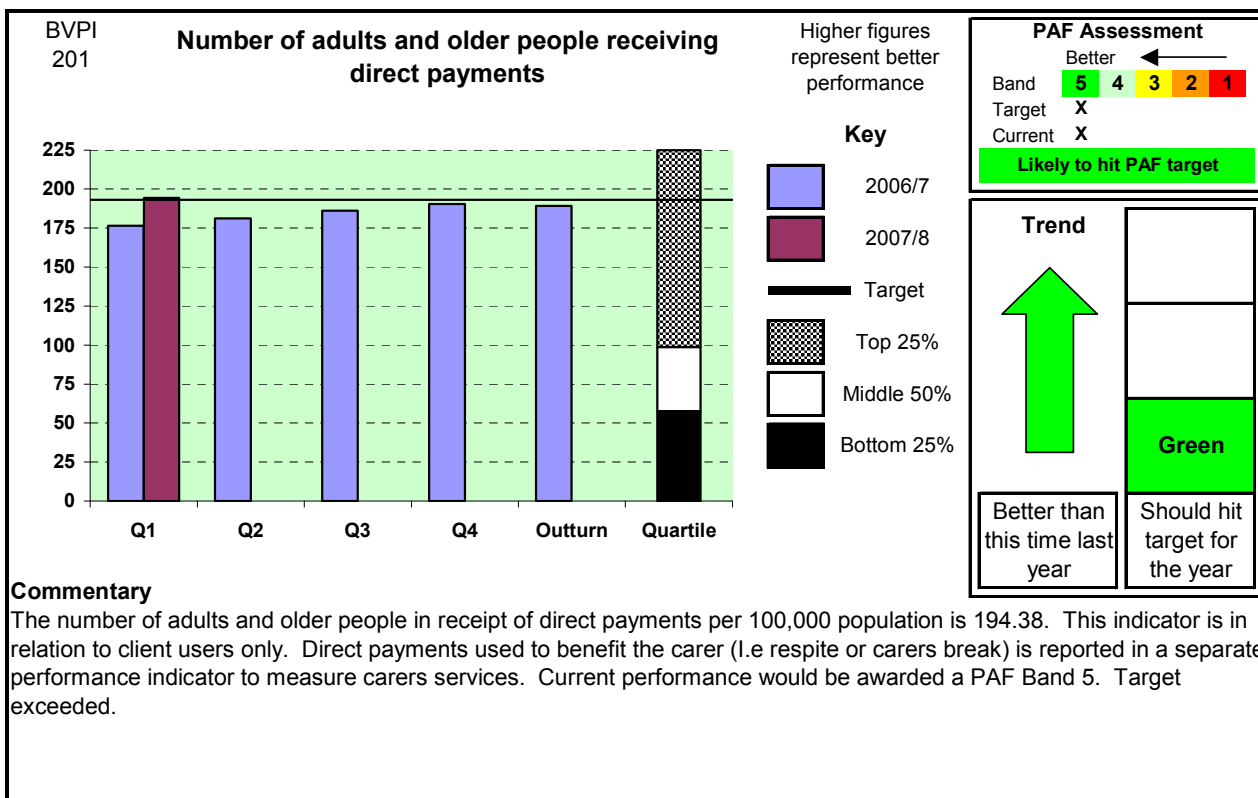
During 2006/07 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4.

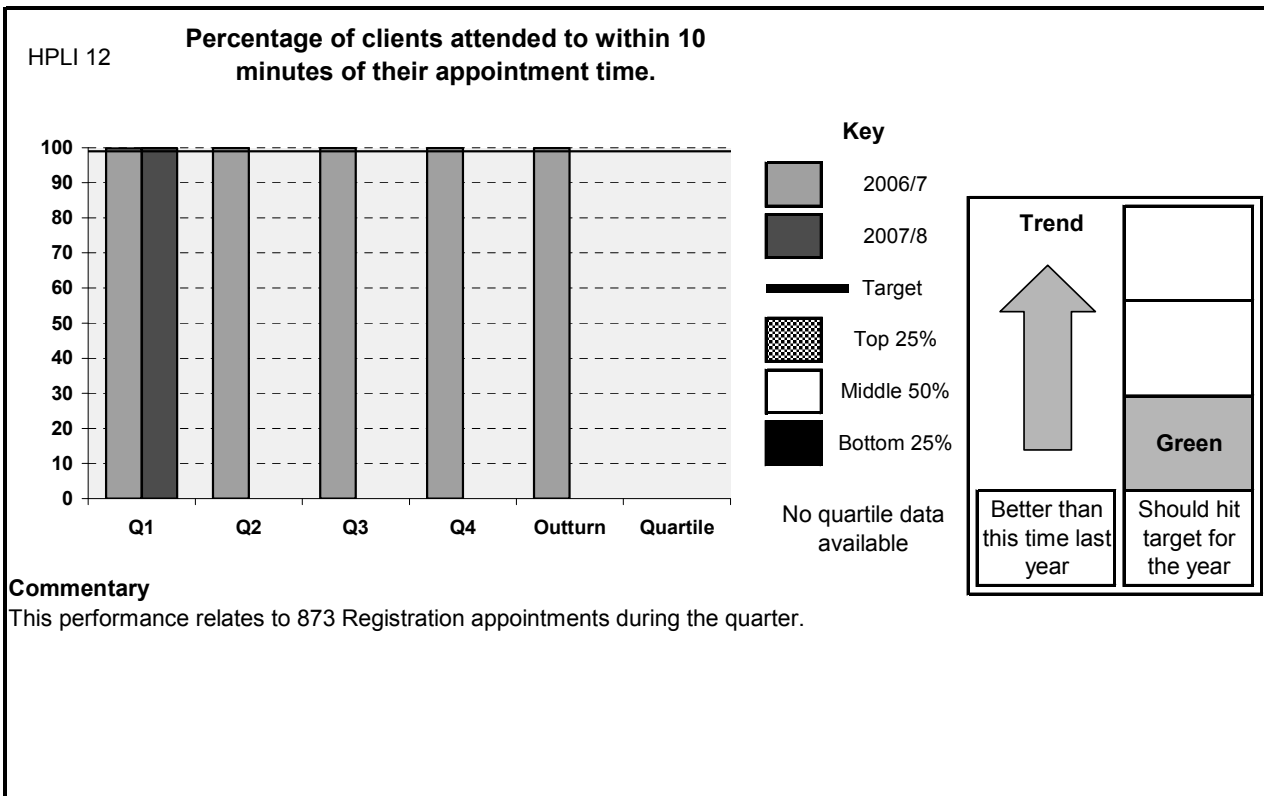
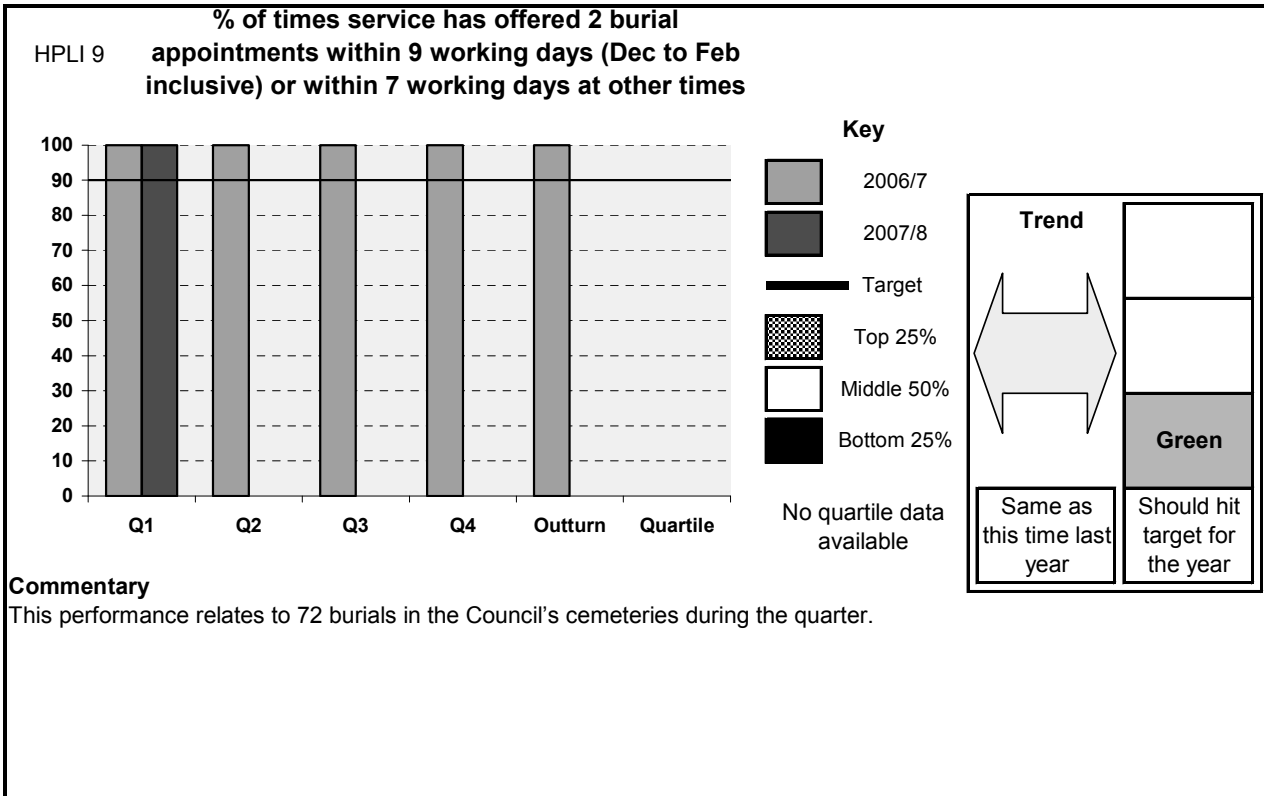
10.0 APPENDICES

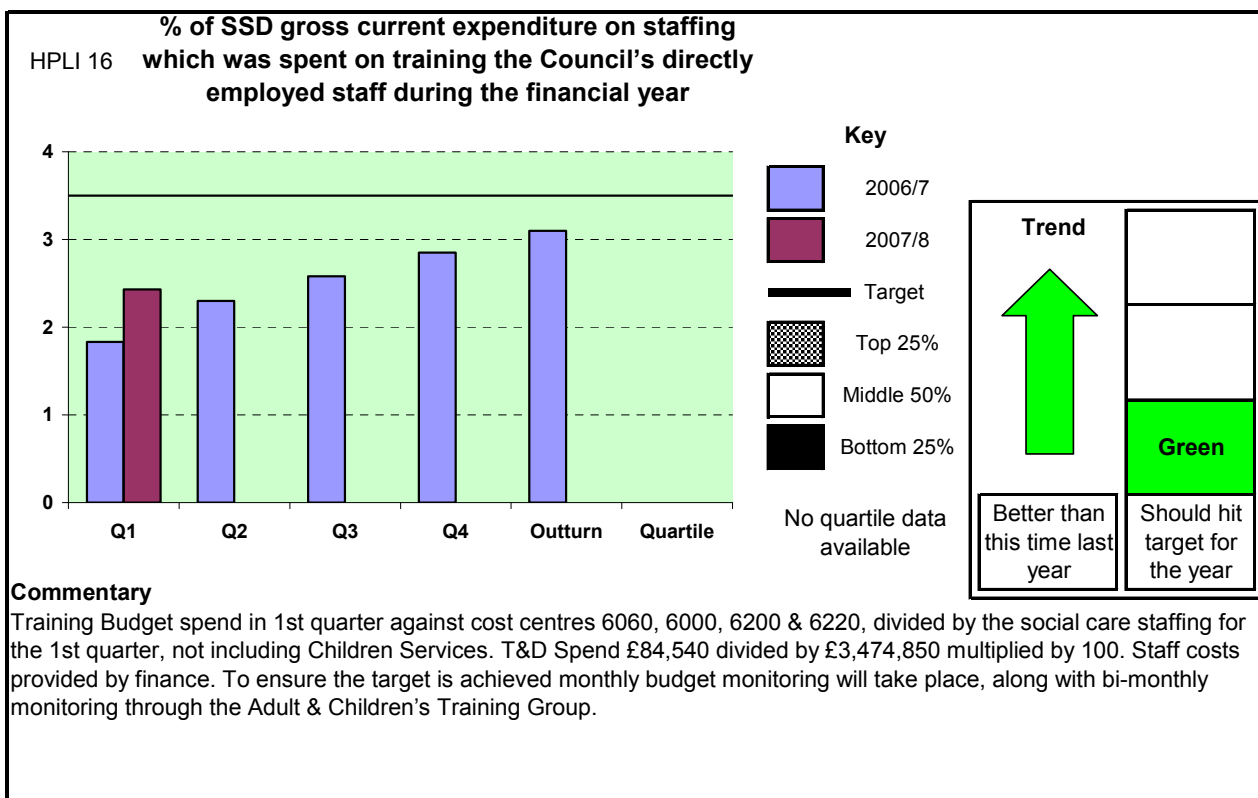
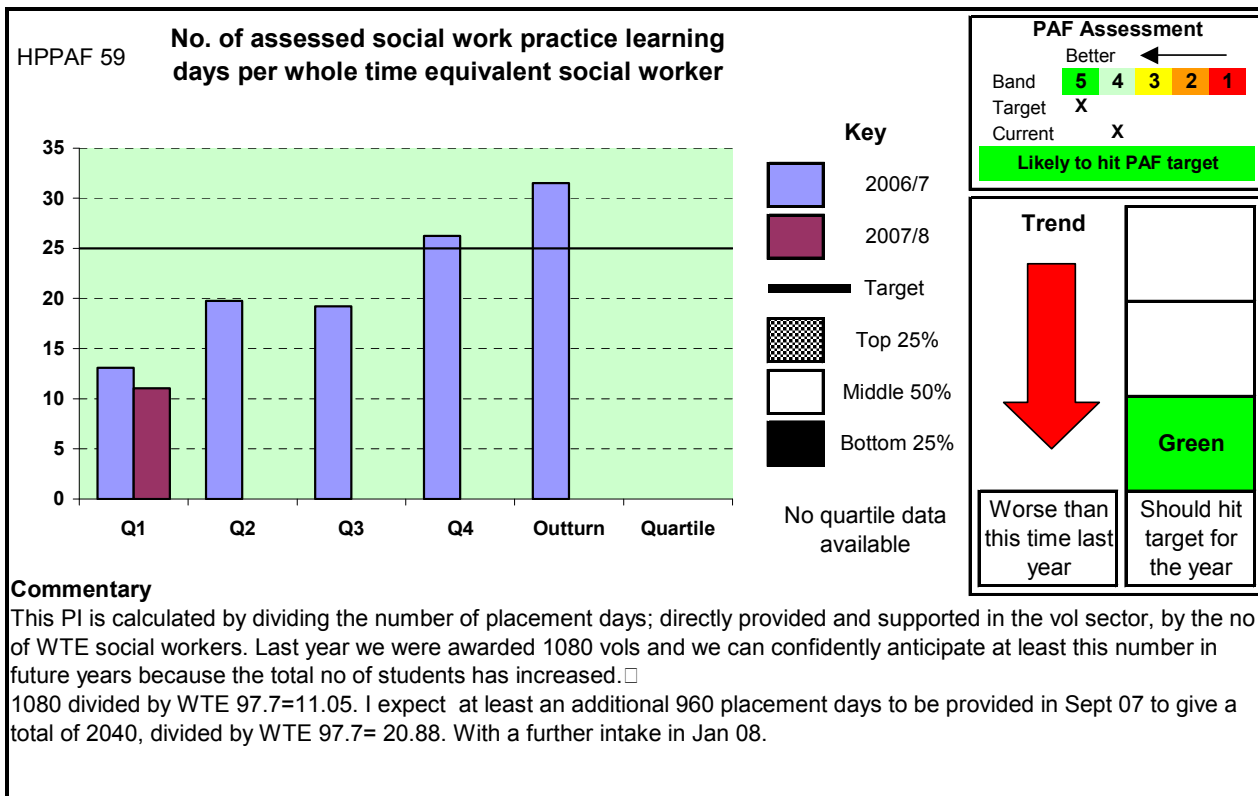
Appendix 1- Progress against Key Objectives/ Milestones
 Appendix 2- Progress against Key Performance Indicators
 Appendix 3- Financial Statement
 Appendix 4- Explanation of traffic light symbols

Service Plan Ref.	Objective	2007/08 Key Milestone	Progress to date*	Commentary
HP1	Ensure that high level strategies are in place, and working to deliver service improvements, and support frontline services to deliver improved outcomes to the residents of Halton	Update the Housing and Homelessness Strategy's to reflect findings of 2006 needs assessment and revised strategy and action plan by March 2008		Work to review and update the housing strategy has begun, as have discussions with the Planning Department on the development of an affordable housing policy. A scoping exercise has been completed to identify the requirements needed to undertake the review of the homelessness strategy.
		Review 5 year Supporting People Strategy to ensure diverse and flexible housing support services are in place to support people to live at home by July 2007		Progress against objectives set out in first year of the five year strategy is complete. The long term objectives are to be reviewed following the announcement of long term funding arrangements, which is expected in Autumn 2007.
HP2	Work with operational managers to design a performance management framework that will provide high quality performance monitoring and management information, to help improve service delivery and assist services to continuously improve	Develop a performance monitoring framework to meet the requirements of changing National priorities including outcomes and non care managed services by June 2007		Work has commenced on ensuring that outcomes following provision of, or use of services, are recorded. The framework is currently in an early development stage and work is ongoing to review the far reaching effects, and the work that is required to ensure that we assess and plan care to deliver outcome focussed care to people.

Service Plan Ref.	Objective	2007/08 Key Milestone	Progress to date*	Commentary
		Establish an IT strategy in conjunction with Corporate IT so that Carefirst6, Carestore and CareAssess are implemented in accordance with agreed timescales so that Carefirst users have access to more effective data input systems – October 2007		Corporate IT have completed a feasibility study into the upgrading of Carefirst and the implementation of CareAssess. This report has identified a need for a further review and report on the implementation of Care store and the need to terminate the use of thin client Citrix terminals. When these reports are completed both H&C and CYPD will need to review future IT plans so that an effective 3-year IT and associated financial strategy can be developed.
HP3	To deliver high quality Bereavement, Consumer and Registration Services, that are fit-for-purpose and meet the needs, dignity and safety of the Halton community	Ensure that sufficient longer-term cemetery provision exists to meet the needs of the Halton people, by initially completing an options appraisal and securing member decision by 31 March 2008		The options appraisal has now been completed and once certain financial information has been obtained, member decision will be sought. This is expected to be achieved by September '07.
HP4	Ensure that effective financial strategies and services are in place to enable the directorate to procure and deliver high quality value for money services that meet people's needs	Develop, by April 2007, a 3-year financial strategy, to ensure that funding is matched to changing service requirements		Strategy completed for 2007/8 to 2009/10. Further detailed work undertaken on permanent and temporary staff in grant-funded posts and the potential impact of the loss of Supporting People funding







HEALTH & COMMUNITY - HEALTH AND PARTNERSHIP

Revenue Budget as at 30th June 2007

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<i>Expenditure</i>					
Employees	2,966	772	758	14	759
Premises Support	164	0	0	0	0
Other Premises	77	23	17	6	17
Supplies & Services	461	108	126	(18)	159
Training	291	12	8	4	9
Transport	24	6	6	0	6
Departmental Support Services	132	0	0	0	0
Central Support Services	1,052	0	0	0	0
Agency Related	400	44	38	6	43
Supporting People Payments to Providers	9,234	1,750	1,747	3	1,747
Specific Grants	662	0	0	0	0
Asset Charges	905	0	0	0	0
Total Expenditure	16,368	2,715	2,700	15	2,740
<i>Income</i>					
Sales	-13	-3	-2	(1)	-2
Receivership	-18	-4	-10	6	-10
Rents	-64	-62	-132	70	-132
HR Development Grant	-131	-131	-99	(32)	-99
National Training Strategy Grant	-284	-284	-284	0	-284
Information Management Grant	-95	0	-8	8	-8
Supporting People Main Grant	-9,290	-3,459	-3,459	0	-3,459
Supporting People Grant	-131	-32	-37	5	-37
Disabled Facilities Grant	-40	-3	-3	0	-3
Departmental Support Services	-3,990	0	0	0	0
Other Grants	-167	-147	-147	0	-147
Re-imbursements	-91	-91	-109	18	-109
Other Income	-84	0	0	0	0
Total Income	-14,398	-4,216	-4,290	74	-4,290
Net Expenditure	1,970	-1,501	-1,590	89	-1,550

Comments on the above figures:

In overall terms the revenue spending at the end of quarter 1 is below budget by £49k including commitments, mainly due to the overachievement of income targets as noted below.

The current underspend on employee costs is £13k including commitments. This is due to a number of posts being vacant and several staff members taking voluntary early retirements on the grounds of efficiency which took place on 31st March 2007. The full year effect being offset against the staff savings target.

The Supplies and Services budget is also overspent by £51k including commitments mainly due to the costs of computer equipment/maintenance agreements purchased by the I.T & Performance Team. The transfer of supplies and services budgets and expenditure incurred by Children's services to date will be agreed and actioned in Quarter 2, reducing the level of overspend on Health & Partnerships.

With regard to income, rent income is currently above budget due to a number of reasons. The rent for Riverview Gypsy/Traveller site is higher than was anticipated at the budget setting time. In addition there has also been a one off income item for the recovery of rent arrears/Supporting People overpayments.

The Human Resources Development Grant income is below budget as grant received for 2007/08 has been transferred to Children's Services. The budget will be adjusted in Quarter 2. Information Management Grant is above budget to date as £8k was carried forward from 2006/07. Like wise, £1.43million of Supporting People Main Grant was carried forward from 2006/07 together with £3.5k of Supporting People Admin Grant.

Other grants include two new grants for Community Roll Out £100k and Skills for Care £47k.

At this stage it is anticipated that overall revenue spending will be in line with the departmental budget by the end of the financial year.

Health And Partnerships

Capital Projects as at 30th June 2007

	Actual To Date	2007/08 Capital Allocation
	£'000	£'000
Private Sector Housing Renovation/Modernisation Grants	35	586
Disabled Facilities Grants	22	942
Home Link	0	10
Energy Promotion	0	75
Castlefield Equity Release Loans	14	565
West Bank Neighbourhood Renewal Assessment	0	4
Riverview Refurbishment	230	1,272
Belvedere Repairs	0	28
Adaptations Initiative	0	92
Uncommitted	0	122
<u>Total Expenditure</u>	301	3,696

HEALTH & COMMUNITY – LOCAL STRATEGIC PARTNERSHIP BUDGET

Budget as at 30th June 2007




	Annual Budget	Budget To Date	Actual To Date	Variance To Date (Overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
Priority 1 Healthy Halton					
Recipe For Health	29	7	0	7	0
Five A Day Programme	49	12	0	12	0
Vulnerable Adults Task Force	592	126	80	46	127
Vol. Sector Counselling Proj.	39	10	0	10	0
Info. Outreach Services	34	9	0	9	0
Reach for the Stars	34	9	0	9	0
Carer Support Development	49	12	0	12	0
Healthy Living Programme	98	24	0	24	0
Advocacy	63	16	21	(5)	21
Priority 2 Urban Renewal					
Landlord Accreditation Programme	28	7	9	(2)	9
Priority 5 Safer Halton					
Good Neighbour Pilot	27	7	0	7	0
Grassroots Development	18	5	0	5	0
Domestic Violence	77	19	2	17	2
Total Expenditure	1,137	263	112	151	159

HEALTH & COMMUNITY**Capital Budget as at 30th June 2007**

	Actual Spend to 30th June £000	2007/08 Capital Allocation £000
<i>Social Care & Health</i>		
DDA	0	24
LDDF	0	7
Women's Centre & Other Projects	97	178
PODS (Utilising DFG)	0	40
Bredon Improvements	0	24
Improvement of Care Homes	0	150
Bridgewater Capital Improvements	0	1
Refurbishments to John Briggs House	0	90
Door Entry System – John Briggs	0	2
IT for Mobile Working	12	12
Total Spending	109	528

It is anticipated the capital budget will be fully committed by the end of the year.

The traffic light symbols are used in the following manner:

	<u>Objective</u>	<u>Performance Indicator</u>
<u>Green</u>	 <p>Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target is on course to be achieved</u>.</p>
<u>Amber</u>	 <p>Indicates that it is <u>unclear</u> at this stage, due to a lack of information or a key milestone date being missed, <u>whether the objective will be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that it is either <u>unclear</u> at this stage or too early to state whether the target is on course to be achieved.</p>
<u>Red</u>	 <p>Indicates that it is <u>highly likely or certain that the objective will not be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target will not be achieved</u> unless there is an intervention or remedial action taken.</p>

QUARTERLY MONITORING REPORT

DIRECTORATE: Health & Community
SERVICE: Older People's Services
PERIOD: Quarter 1 to period end 30th June 2007

1.0 INTRODUCTION

This quarterly monitoring report covers the Older People's Services Department first quarter period up to 30 June 2007. It describes key developments and progress against 'key' objectives and performance indicators for the service.

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

2.0 KEY DEVELOPMENTS

Growth funding has facilitated the recruitment of two occupational therapists to the Independent Living Team. Posts have been offered to newly qualified workers and the personnel checks are currently being completed.

The self-assessment system for equipment was launched on 18 May and the Personal Social Services Research Unit at Manchester University have agreed to undertake the evaluation. An interim evaluation report is planned before the end of the calendar year, with a full evaluation report being made available during quarter 4.

Mental Capacity Act: the Independent Mental Capacity Advocate (IMCA) service is now fully operational. Training has been delivered to a wide range of staff from the statutory, private and voluntary sectors and an action plan is in place to deliver further training through the year.

Joint Emergency Duty Team: this remains on track for delivery by 1st October 2007. IT solutions have been developed to ensure safe use of key information; the full team of staff for the EDT has been appointed, protocols are being developed and the base has been established. A Steering Group is in place, with senior representatives from both Authorities, and this will become a Partnership Board at the start of the new service.

Carers assessments: processes to develop and improve the assessments provided to carers, and the outcomes arising from the assessments, continue to be developed. All services meet on a monthly

basis to examine performance and to identify and manage blockages to assessments. Carers assessors have been appointed to all areas of Adult Social Services, and these meet regularly to develop clear processes for assessment.

Bridge Building: this service is increasing its contact with individuals and is reporting some notable successes. The original target of 100 cases for referral already been exceeded by over 30%. The service is working closely with the National Development Team (NDT), which is independently evaluating its impact. The NDT is meeting with key stakeholders in September 2007 to report initial findings and refine its evaluation methodology.

Redesign of the urgent care pathway across the PCT including the development of a single point of access is ongoing. The parameters of the redesign work have been identified. This includes the social care perspective and future actions for improvement and resources.

Halton has established a Care Services Efficiency Development (CSED) steering group to improve the quality and efficiency of pathways to access and deliver care.

Review of the use of day support for older people linking to Bridge building scheme, Sure Start for Later Life and voluntary and community sector day support opportunities.

Sure Start for Later Life service will be operational at the end of July 2007, to assist people to identify their own needs for assistance or support across a range of local authority and health services and a range of community and voluntary sector opportunities.

3.0 EMERGING ISSUES

In partnership with Halton and St Helens Primary Care Trust discussions are underway about the future development of the Halton Integrated Community Equipment Service following the Government initiative "Transforming Community Equipment and Wheelchair Services" that proposes a retail model of provision.

An Invest to Save bid to further develop the Adult Placement Service has been submitted. The bid will be considered by the Management Team during August.

The Mental Health Bill has now reached the final stages of approval in Parliament and will be receiving Royal Assent in July 2007. The Act includes an amendment to the Mental Capacity Act 2005, to safeguard people who lack capacity who are in residential or nursing care (the "Bournewood safeguards"). Some milestones for delivery of this Act have been moved back by six months, to October 2008. Both the act

itself, and the implementation of the Bournemouth safeguards, will require a detailed project for delivery.

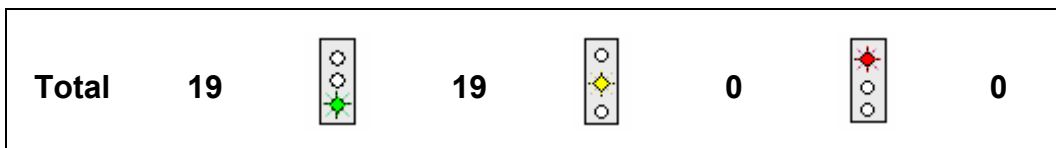
The service needs to explore opportunities for joint funded care for older people with the PCT in light of the greater number of older people remaining in the community with complex needs, requiring higher levels of health and social care input.

The service needs to identify and resolve the overall impact on community care services as a result of the further reduction in acute hospital beds. This includes mental health, and increased throughput of older people still requiring high levels of support to aid recovery, resulting in increased use of transitional care within the community and residential facilities.

The service is currently exploring the effectiveness of the joint continuing care policy in Halton to ensure that those who are eligible to receive funding for their care through the PCT rather than the local authority do so.

Renegotiation of the domiciliary care contract is being considered as a means to manage the market more effectively and ensure we provide domiciliary care to those who need it as the older peoples population increases.

4.0 PROGRESS AGAINST KEY MILESTONES



Progress against all nineteen key milestones for the service is satisfactory, and all have been assigned green lights at the end of quarter 1. For further details, please refer to Appendix 1.

4.1 PROGRESS AGAINST OTHER MILESTONES

There are no other objectives for the service. Twenty-one milestones within the key objectives are designated 'non-key'. None of those milestones are a cause for concern at this stage and do not feature in this report. They will be routinely reported in Appendix 1 at Q2 and Q4.

5.0 SERVICE REVIEW

The review of the major adaptations service has produced some initial improvements in processes used to collect information from service users and GPs. Further improvements in design work and the allocation of referrals are planned to reduce identified delays revealed by the

process mapping work undertaken. Service users are actively involved in the review process.

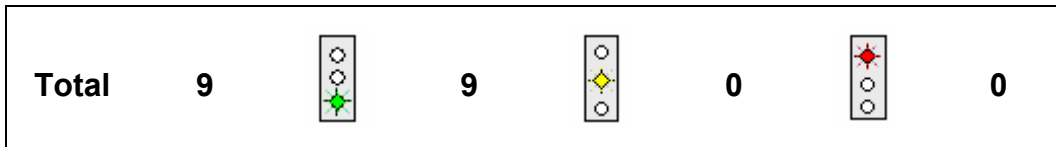
The CSED project (referred to in section 2.0 above) will identify changes required to improve efficiency and quality this will result in the need to amend care management policies and procedures.

A review of the bed base, day care, and care pathways within Oak Meadow community support centre, to improve quality and access to the service, has been completed.

Review of Intermediate Care Services across the local authority and PCT is ongoing and due for completion in 2008.

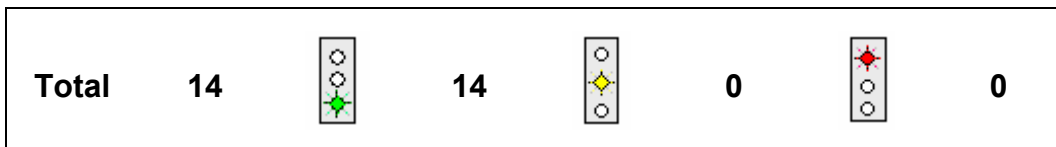
There is an ongoing review of the adult hospital team capacity, in light of the reduction in the bed base within all local acute hospitals.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS



Progress against all of the nine key performance indicators for the service is satisfactory, and all have been assigned green lights at the end of quarter 1. For further details, please refer to Appendix 2.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS



Other indicators for the service are routinely reported at quarters 2 and 4. None of the fourteen other indicators for this service are showing any cause for concern and there are no 'other' indicators being reported by exception this quarter.

7.0 PROGRESS AGAINST LPSA TARGETS

Progress against the LPSA targets for emergency bed days and support for carers is detailed in this monitoring report. For information and commentary, please refer to Appendix 4

8.0 RISK CONTROL MEASURES

During the production of the 2007-08 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.




Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4.




9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS





During 2006/07 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4.





10.0 APPENDICES






Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress against Key Performance Indicators
Appendix 3- Progress against LPSA targets
Appendix 4- Financial Statement
Appendix 5- Explanation of traffic light symbols

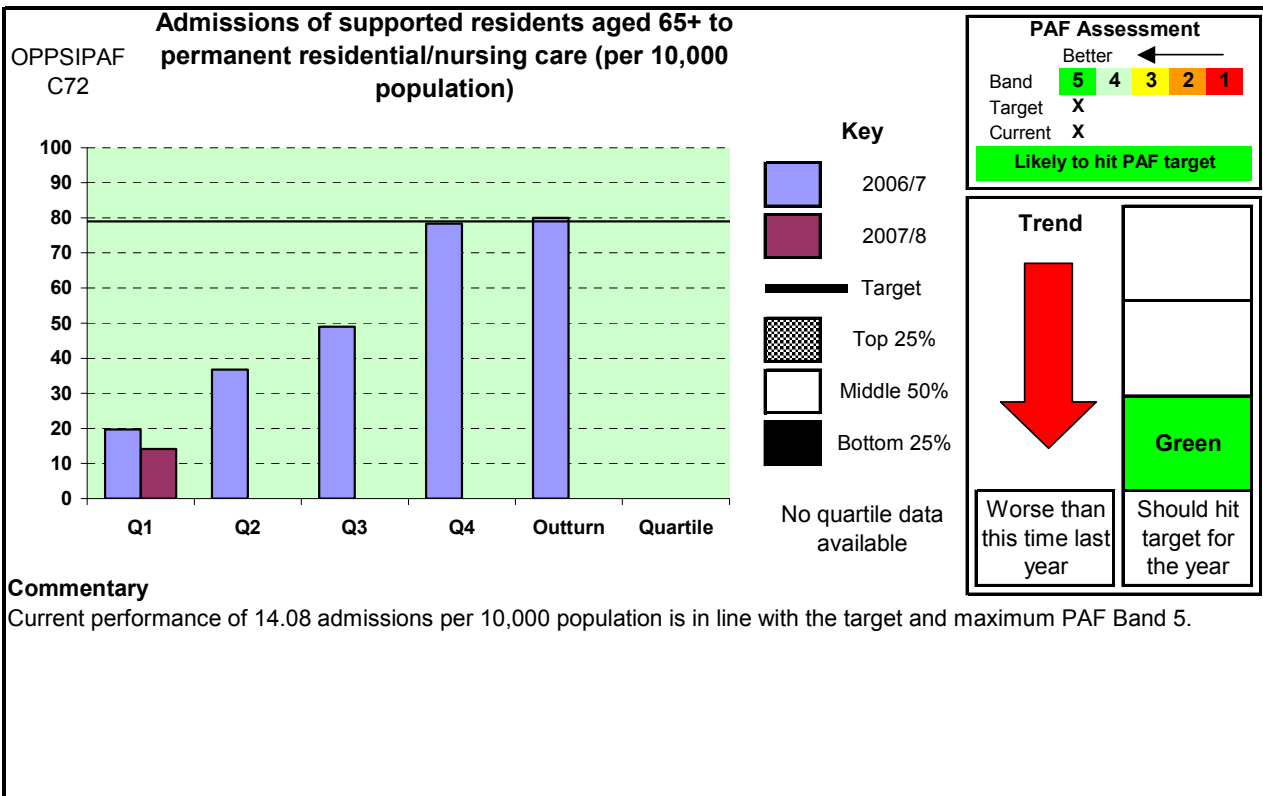
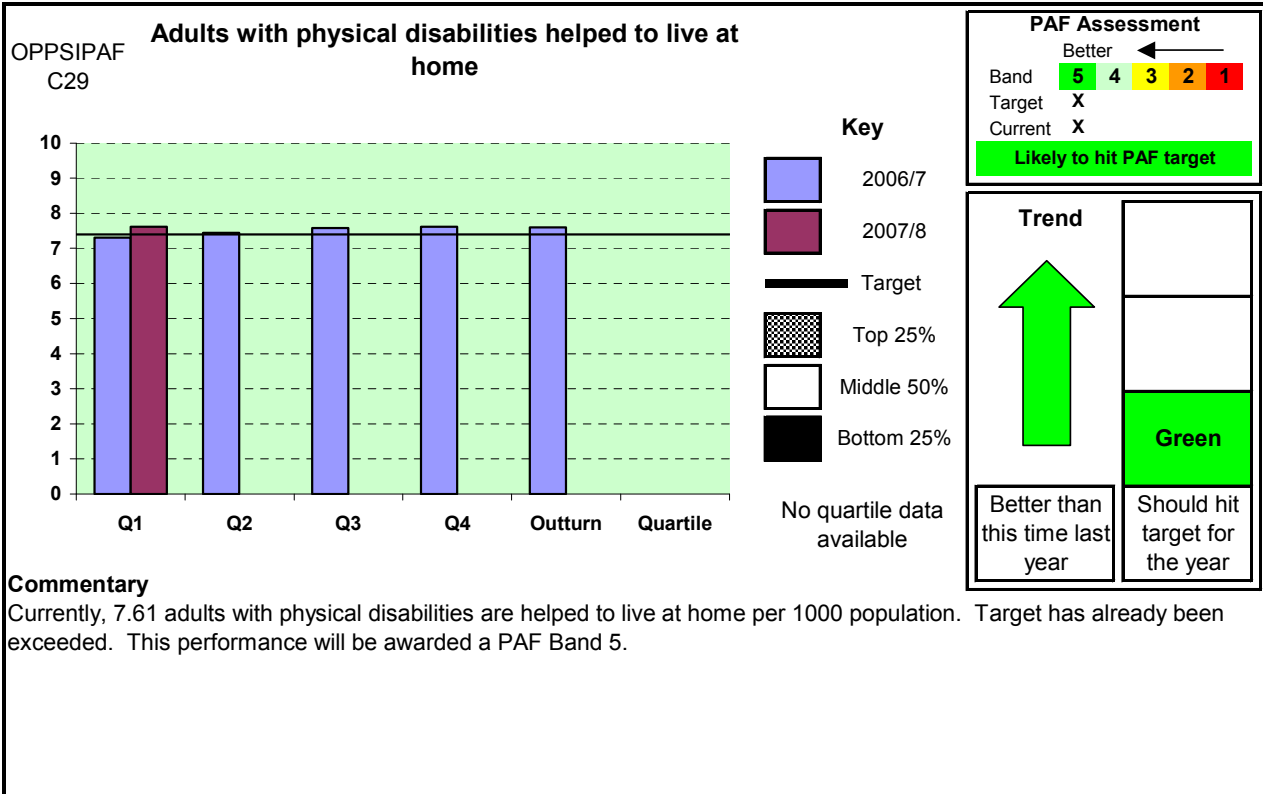
Service Plan Ref.	Objective	2007/08 Key Milestone	Progress to date	Commentary
OPS1	Plan and commission / redesign services to meet the needs of the local population	Monitor implementation of Community Bridge Building Service as part of the Day Services Strategy and evaluate by March 2008		A Bridge Building link worker for the Bridgewater Day Centre has been identified. The link worker visits regularly to inform users about the service and has accepted 11 referrals for Bridge Building services. Older peoples social work teams continue to identify people who may benefit from this service and refer appropriately.
		Future role of Bridgewater & Oakmeadow identified within overall Day Services Review by July 2007 to ensure that we make best of all the community facilities available to the Council.		Initial review complete. Oakmeadow is considered to be offering value for money. Bridgewater is subject to further detailed work on needs of Bridgewater service users. A social worker to be appointed to undertake this work. Following this, a further decision is to be made. Links with community services are being established through work at Bridgewater Day Centre and the Bridge Building service.
		Priorities identified for improved accessibility by physically disabled people to community centres and other buildings by June 2007.		An audit report of accessibility of community centres has been prepared and ideal service specification drawn up. This will inform the capital programme within the Culture & Leisure Service.

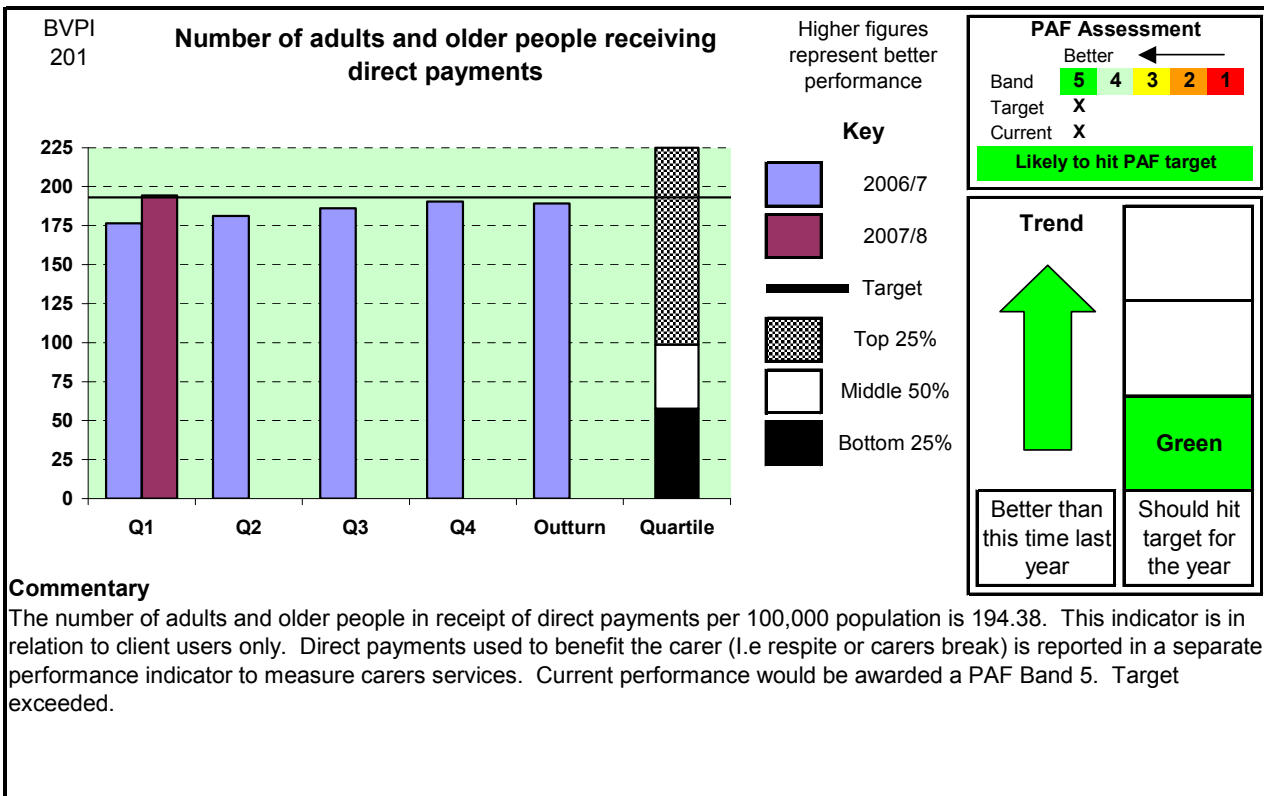
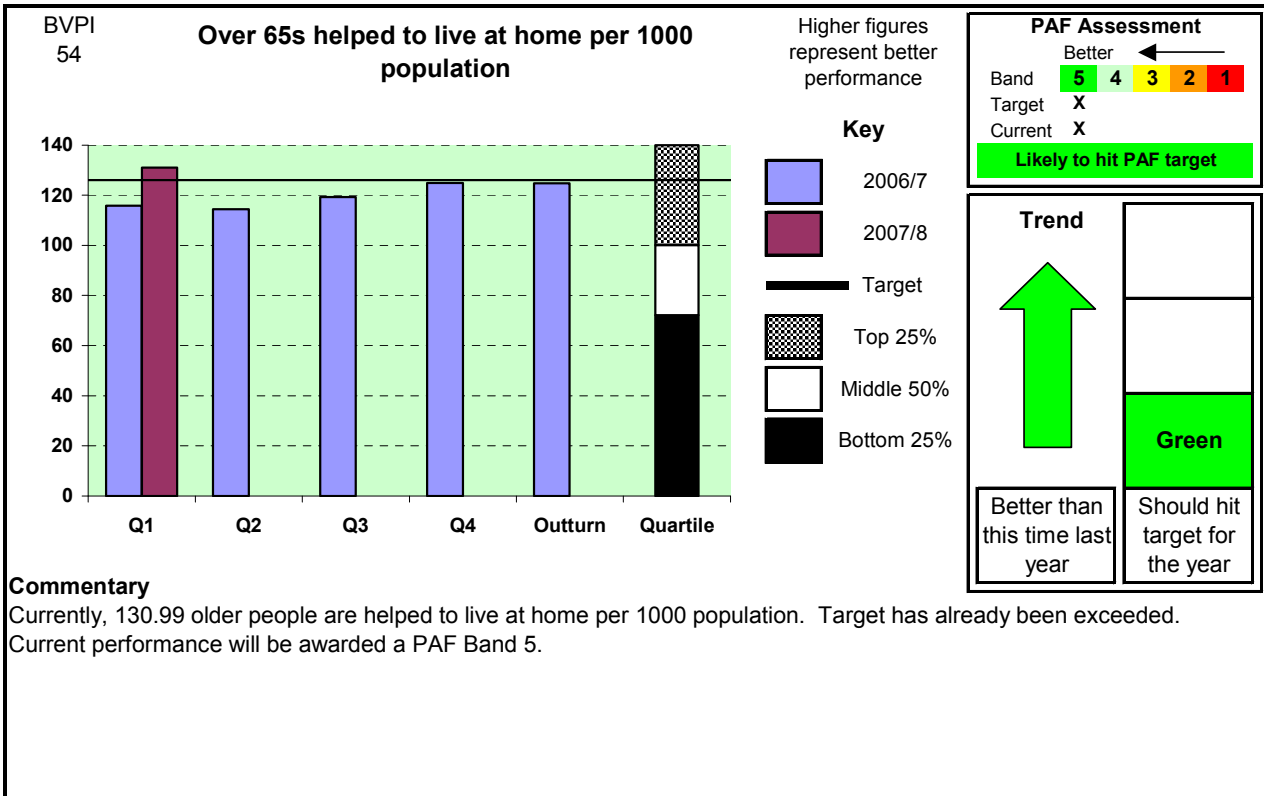
Service Plan Ref.	Objective	2007/08 Key Milestone	Progress to date	Commentary
OPS1 cont.		Increase capacity for Adult Placement Service to 24 carers by September 2007 to ensure that this service option is available as an option to those who could benefit from it.		Currently have 20 Adult Placement Service approved carers. Two carers have recently retired. Other applicants are being assessed and a further approval panel will take place in August.
		Accessible Homes Register established by September 2007 to ensure adapted homes are able to be managed across the borough and can be matched quickly against individuals.		The occupational therapist and administrative officer for this service have recently been appointed and will take up post following completion of necessary personnel checks. Meetings are planned with representatives of the Registered Social Landlords to design the implementation of the service.
		Report back on learning for Halton from Care Services Efficiency Development (CSED) improving care management efficiency project by October 2007, report to identify opportunities to learn from best practice.		Report to SMT will be presented in October 2007 to identify future opportunities to make efficiencies and improve access to services.

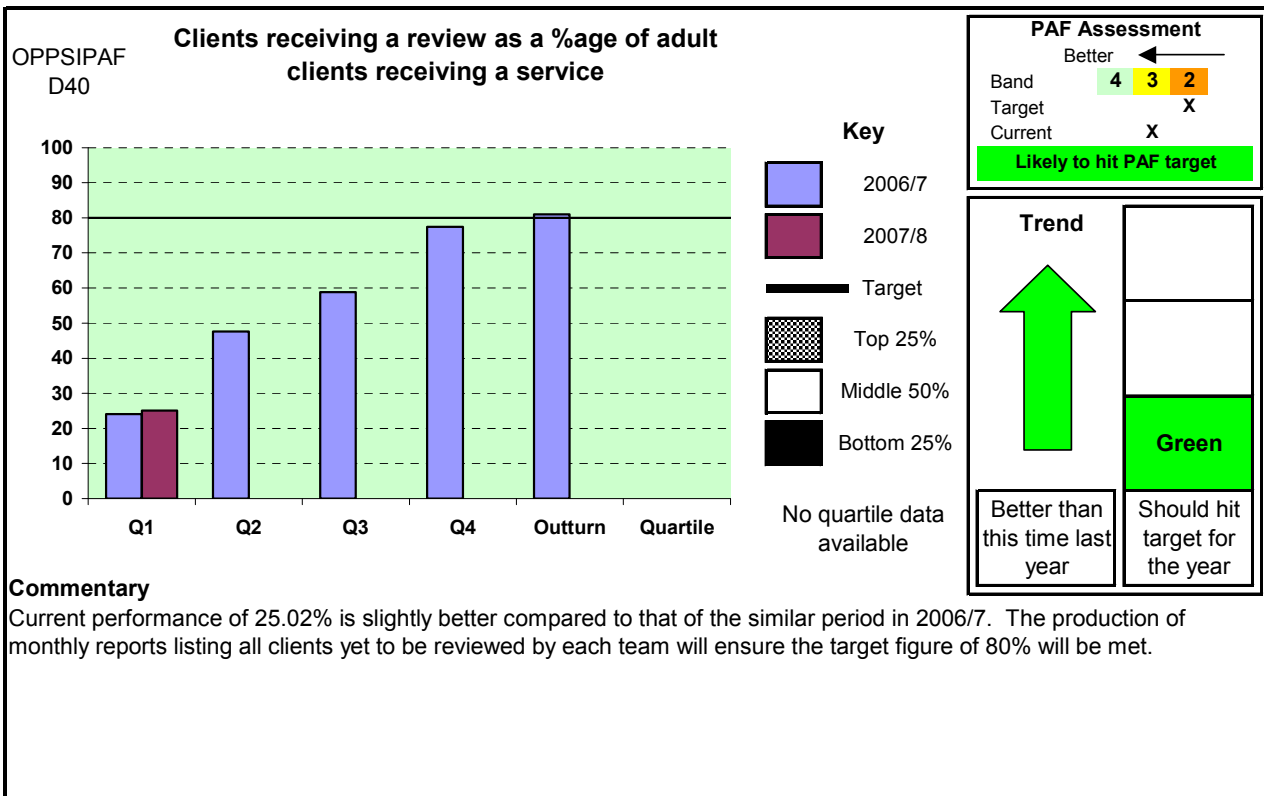
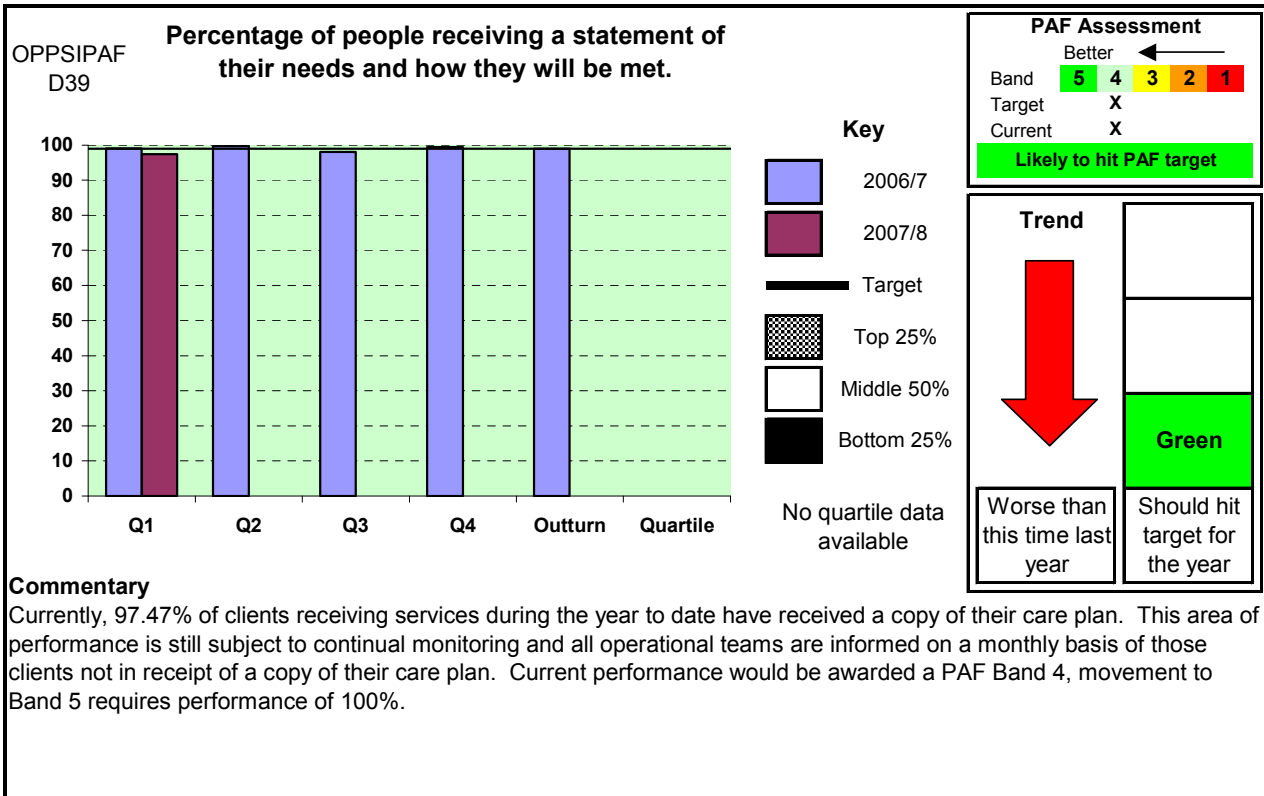
Service Plan Ref.	Objective	2007/08 Key Milestone	Progress to date	Commentary
OPS1 Cont.		Implement the Payments and Expenses Policy and Procedure for service users and carers to encourage and recognise their participation in service development initiatives by June 2007		The Payments and Expenses Policy and Procedure for service users and carers was not agreed corporately, except as a pilot which is underway in learning disabilities. This will form the basis of our future agreement on payments. This procedure is also being trialled to recognise the input of users and carer representatives on the Adult Placement Service approval panel.
OPS2	To work in partnership and strengthen governance and joint working arrangements	Contribute to the implementation of the development of 'Change for the Better', the 5BP's new model of care for older peoples mental health services, which aims to reduce reliance on in-patient beds and develop services based on recovery and social inclusion, by March 2008.		Older peoples social work services and the older peoples community mental health team continue to identify alternative and appropriate services to in-patient facilities. Recruitment of a mental health project worker will ensure alternative services continue to be developed.
		Launch directory of services for older people by June 2008 to provide single easily accessible source of information on service is available to older people and staff.		Directory of services for Older People available through Help4me web based service. Paper based directory currently under construction.
		Launch ageing well strategy by June 2008 to ensure that Halton has a single approach to aging within a consistent framework and intentions.		Draft Advancing Well strategy agreed by Senior Management Team, awaiting agreement from Chief Officers Management Team during quarter 2. Expecting full launch in October 2007.

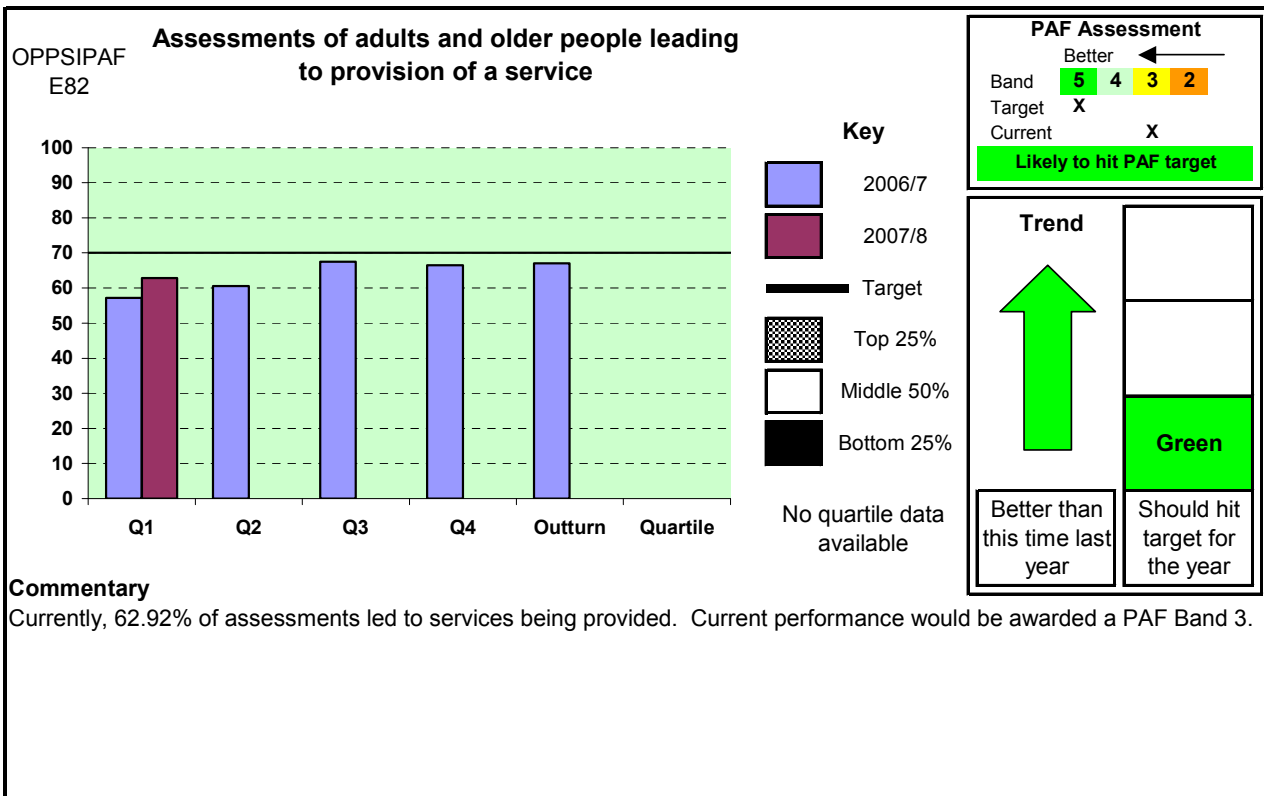
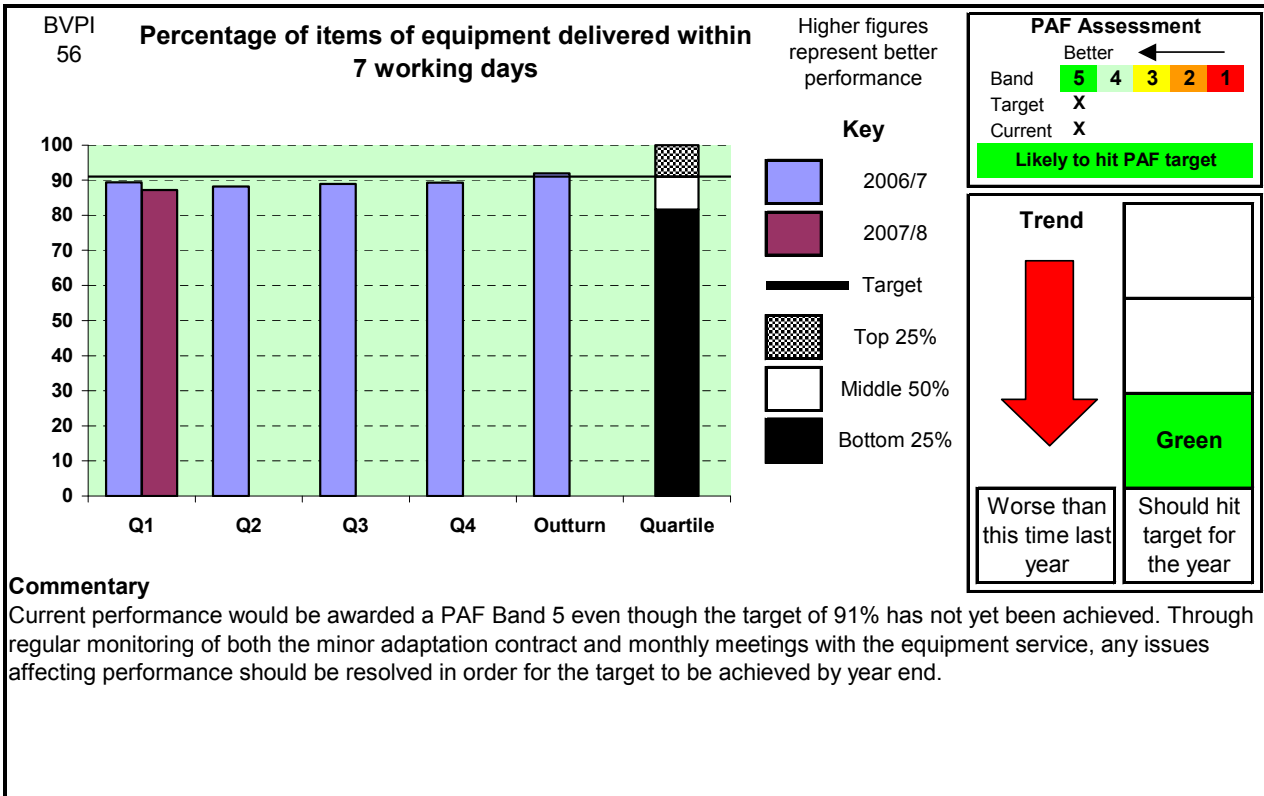
Service Plan Ref.	Objective	2007/08 Key Milestone	Progress to date	Commentary
OPS2 cont.		Redesign RARS and IC pathways and processes to take into account the new PCT and commissioning priorities i.e. more focus on preventing hosp admission, by December 2007.		Redesign underway as part of the overall redesign of urgent care pathway.
		Representation of Practice Based Commissioning (PBC) Bodies identified and agreed by June 2007.		Representation at Steering Group and Runcorn PBC in place. Widnes PBC not yet meeting regularly, but representation agreed for when it commences.
		Joint policy, Pathway and training for Moving and Handling in place to improve coordination of services that support moving and handling by August 2007.		The Moving and Handling Policy is in preparation. The Moving and Handling post is being evaluated in accordance with the Halton Borough Council Job Evaluation process and Primary Care Trust Agenda for Change prior to recruitment.
		Complete Adaptations Review by October 2007 to ensure improved system and processes for adaptations.		The adaptations process has been mapped and work to streamline it is underway, including an analysis of the documentation used. Integration of the Independent Living Team, Home Improvement Agency and Grants Team is planned. A capital bid for the refurbishment of suitable accommodation has been submitted to Executive Sub-group. An integrated IT system has been commissioned.

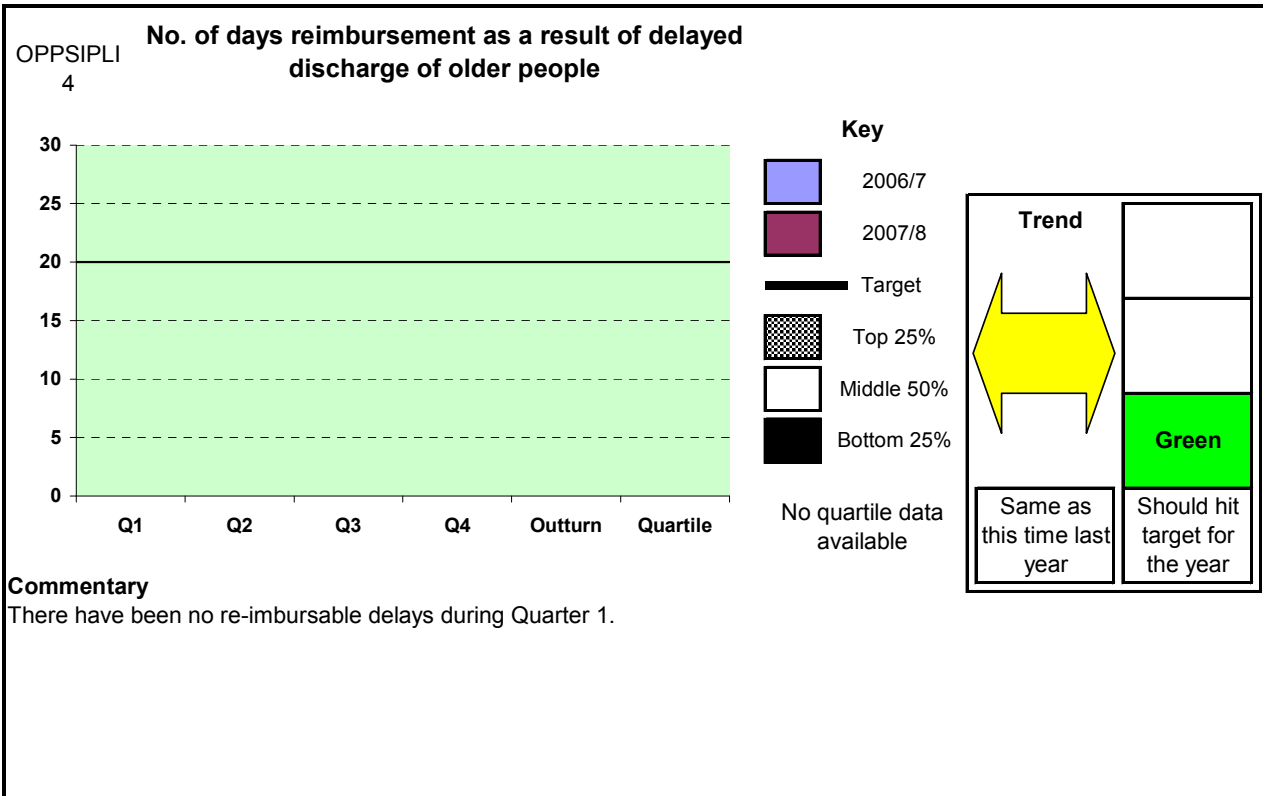
Service Plan Ref.	Objective	2007/08 Key Milestone	Progress to date	Commentary
OPS2 cont.		Participate in the Urgent Care Pathway redesign work due to complete end of May 2007 to ensure social care perspective on how that journey can be improved and resourced.		Parameters of redesign work identified by May 2007 as agreed. Social care perspective and future actions for improvement and resources identified.
OPS3	Ensure services are needs-led and outcome focussed and keep service users and carers, and those from hard to reach groups (including the black and minority ethnic community), at the centre of services	Meet the Carers LPSA target to ensure carers receive the help, support and services they need by March 2009		Two carer's assessors appointed within older people social work team are now in place,. Work is underway to identify carers who have thus far received no support from social care.
		Create new sub-group of older people Local Implementation Team (LIT) and delegate carers grant to that group to manage by April 2007, to ensure better co-ordination and range of services for older carers and carers of older people.		New sub group in place. The older peoples allocation from the carers grant budget has been allocated to that sub group to ensure coordination from April 2007.
		Increase the number of carers provided with assessments leading to provision of service to ensure Carers needs are met by March 2008		Two new carers posts will assist to ensure that an increased number of carers receive support within older peoples services.
		Work with Cheshire, Halton & Warrington Racial Equality Council to increase carers services to the BME community by June 2007		Currently working to improve services for all carers.













LPSA Ref.	Indicator	Baseline	Target	Perform 06/07	Perform 07/08 Q1	Traffic light	Commentary
8	<p>Improved care for long term conditions and support for carers.</p> <p>1. Number of unplanned emergency bed days (Halton PCT registered population)</p>	58,649 (04/05)	-6% to 55,130 (31/03/09)	51,977	6903		The data for the first quarter of 2007/8 shows a decrease on the same period from 2006/7. Based on actual data up to end May 07 the estimated number of emergency bed days for 65+ patients within Halton PCT will be 27,612. This is currently showing a 53% reduction on 06_07 figure of 51,977
	2. Number of carers receiving a specific carer service from Halton Borough Council and its partners, after receiving a carer's assessment or review	195 (last six months of 04/05)	600 (31/03/09)	419	74		74 carers have been provided with a service following an assessment or review during the first quarter. Monitoring the indicator on a monthly basis as well as producing exception reports detailing carers who have received a service but no assessment, and received an assessment but no service, are sent to operational teams on a monthly basis. This will ensure the LPSA will be met. Also, two carer's assessors appointed within older people social work team are now in place and work is underway to identify carers who have thus far received no support from social care.

HEALTH & COMMUNITY – OLDER PEOPLE**Revenue Budget as at 30th June 2007**

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£000	£000	£000	£000	£000
Expenditure					
Employees	4,607	1,244	1,219	25	1,225
Premises Support	241	0	0	0	0
Other Premises	33	10	6	4	6
Food Provisions	47	12	11	1	11
Supplies & Services	96	24	34	(10)	126
Transport	200	46	13	33	17
Departmental Support Services	1,506	0	0	0	0
Central Support Services	400	0	0	0	0
Community Care:					
Residential Care	8,096	1,552	1,506	46	1,506
Nursing Care	466	123	120	3	120
Home Care	1,485	408	403	5	406
Supported Living	404	93	67	26	67
Day Care	42	20	14	6	14
Meals	40	19	15	4	116
Direct Payments	237	80	75	5	75
Other Agency	149	37	24	13	24
Specific Grants	458	0	0	0	0
Access & Systems Cap. Grant	1,237	0	0	0	0
Asset Charges	50	0	0	0	0
Total Expenditure	19,794	3,668	3,507	161	3,713
Income					
Residential Fees	-2,985	-498	-501	4	-501
Fees & Charges	-762	-190	-171	(19)	-171
Preserved Rights Grant	-68	0	0	0	0
Supporting People Grant	-906	-125	-122	(3)	-122
Access & Systems Cap. Grant	-1,361	-680	-955	275	-955
Delayed Discharges Grant	-243	-121	-121	0	-121
Preventative Technology Grant	-115	-29	-46	17	-46
Nursing Fees - PCT	-467	-79	-79	0	-79
PCT Reimbursement	-20	0	0	0	0
Joint Finance - PCT	-31	0	0	0	0
Other Reimbursements	-6	-2	-38	36	-38
Total Income	-6,964	-1,724	-2,033	309	-2,033
Net Expenditure	12,830	1,944	1,474	470	1,680

Comments on the above figures:

In overall terms revenue spending at the end of quarter 1 is below budget by £264k including commitments. This is mainly due to the underspend on Community Care and the carry forward of grants.

The current underspend on employee costs of £19k including commitments and after budget reductions in respect of staff savings, relates to revisions to Runcorn and Widnes Domiciliary Care rosters and the Dorset Gardens extra care housing scheme. Staffing budgets will be realigned in quarter two.

Supplies and Services is overspent to date due to training costs in respect of Older Peoples Services incurred in quarter 1 for which a budget has not yet been allocated from Health & Partnerships.

Community Care budgets are known to fluctuate throughout the year dependent upon client demand. Residential Care is currently underspending as more Older People are helped to live at home. Budgets have been reprofiled in quarter 1 to reflect this change as well as the corresponding drop in anticipated income with fewer service users. Community care relating to meals is anticipated to be much higher than budget at the financial year-end as the large commitment shows. Community care budgets will be realigned during the year.

With regards to income, fees & charges are lower than anticipated at the quarter end mainly due to lifeline income. The Access & System Capacity grant is showing a variance due to the carry forward of £275,000 of grant from financial year 06-07. However, there are plans for this to be spent by the end of this financial year. Similarly, the Preventative Technology grant is showing a variance of £17k due to the carry forward of grant from financial year 06-07.

HEALTH & COMMUNITY – LOCAL STRATEGIC PARTNERSHIP BUDGET

Budget as at 30th June 2007




	Annual Budget	Budget To Date	Actual To Date	Variance To Date (Overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
Priority 1 Healthy Halton					
Recipe For Health	29	7	0	7	0
Five A Day Programme	49	12	0	12	0
Vulnerable Adults Task Force	592	126	80	46	127
Vol. Sector Counselling Proj.	39	10	0	10	0
Info. Outreach Services	34	9	0	9	0
Reach for the Stars	34	9	0	9	0
Carer Support Development	49	12	0	12	0
Healthy Living Programme	98	24	0	24	0
Advocacy	63	16	21	(5)	21
Priority 2 Urban Renewal					
Landlord Accreditation Programme	28	7	9	(2)	9
Priority 5 Safer Halton					
Good Neighbour Pilot	27	7	0	7	0
Grassroots Development	18	5	0	5	0
Domestic Violence	77	19	2	17	2
Total Expenditure	1,137	263	112	151	159

HEALTH & COMMUNITY**Capital Budget as at 30th June 2007**

	Actual Spend to 30th June £000	2007/08 Capital Allocation £000
<i>Social Care & Health</i>		
DDA	0	24
LDDF	0	7
Women's Centre & Other Projects	97	178
PODS (Utilising DFG)	0	40
Bredon Improvements	0	24
Improvement of Care Homes	0	150
Bridgewater Capital Improvements	0	1
Refurbishments to John Briggs House	0	90
Door Entry System – John Briggs	0	2
IT for Mobile Working	12	12
Total Spending	109	528

It is anticipated the capital budget will be fully committed by the end of the year.

The traffic light symbols are used in the following manner:

	<u>Objective</u>	<u>Performance Indicator</u>
<u>Green</u>	 <p>Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target is on course to be achieved</u>.</p>
<u>Amber</u>	 <p>Indicates that it is <u>unclear</u> at this stage, due to a lack of information or a key milestone date being missed, <u>whether the objective will be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that it is either <u>unclear</u> at this stage or too early to state whether the target is on course to be achieved.</p>
<u>Red</u>	 <p>Indicates that it is <u>highly likely or certain that the objective will not be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target will not be achieved</u> unless there is an intervention or remedial action taken.</p>

QUARTERLY MONITORING REPORT

DIRECTORATE: Health & Community
SERVICE: Adults of Working Age
PERIOD: Quarter 1 to period end 30th June 2007

1.0 INTRODUCTION

This quarterly monitoring report covers the Adults of Working Age Department first quarter period up to 30 June 2007. It describes key developments and progress against 'key' objectives and performance indicators for the service.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 4

2.0 KEY DEVELOPMENTS

The Action Plan for the Community Mental Health Services Improvement Review has now been fully agreed and signed off. Its implementation continues to be monitored through the Local Implementation Team (LIT). Agreement has been reached with the Care Service Improvement Partnership, the PCT and the 5BoroughsPartnership to contract to appoint a project manager for the remainder of the financial year to support the delivery of key aspects of the Action Plan.

Agreement has been secured to appoint part-time social work posts to the Crisis Resolution/Home Treatment service and the Primary Care Support Team. This will ensure that social care issues are considered and represented in these services, that social inclusion is actively promoted and that carers have greater access to assessments of need.

Mental Capacity Act: the Independent Mental Capacity Advocate (IMCA) service is now fully operational. Training has been delivered to a wide range of staff from the statutory, private and voluntary sectors and an action plan is in place to deliver further training through the year.

"Change for the Better" – 5Boroughs redesign. This continues to be implemented and most services are now in place. Progress against objectives is scrutinised each month by the Mental Health LIT.

Mental Health Partnership Board: regular service heads meetings have been set up across health and social care, as have regular meetings with front line team managers. These meetings are charged with driving forward the integration agenda and delivering specified actions from the

Improvement Review. A programme is being developed to achieve the actions which result in the full implementation of the Partnership Agreement.

Joint Emergency Duty Team: this remains on track for delivery by 1st October 2007. IT solutions have been developed to ensure safe use of key information; the full team of staff for the EDT has been appointed, protocols are being developed and the base has been established. A Steering Group is in place, with senior representatives from both Authorities, and this will become a Partnership Board at the start of the new service.

Carers assessments: processes to develop and improve the assessments provided to carers, and the outcomes arising from the assessments, continue to be developed. All services meet on a monthly basis to examine performance and to identify and manage blockages to assessments. Carers assessors have been appointed to all areas of Adult Social Services, and these meet regularly to develop clear processes for assessment.

Bridge Building: this service is increasing its contact with individuals and is reporting some notable successes. The original target of 100 cases for referral already been exceeded by over 30%. The service is working closely with the National Development Team (NDT), which is independently evaluating its impact. The NDT is meeting with key stakeholders in September 2007 to report initial findings and refine its evaluation methodology.

A project is in its first phase to develop a pilot 'In Control / Individualised Budgets' for Learning Disabilities and Physical and Sensory Disability services.

There is a project in learning disability services that is being taken forward with the North West Training & development team (NWTDT) and supported by CSCI to develop person centred reviews with people with Profound and Multiple learning Disabilities (PMLD). This will be a tripartite project with neighbouring authorities and will focus on Person Centred Plans (PCP) Review training and development for Care Managers. It is due to commence in October.

For physical and sensory disability services a key development, is agreement to begin a work topic with members to review the voluntary sector contracts this will begin in September.

A new sub group to support the achievement of LPSA target and action plan on carers established for Physical and Sensory Disability services.

3.0 EMERGING ISSUES

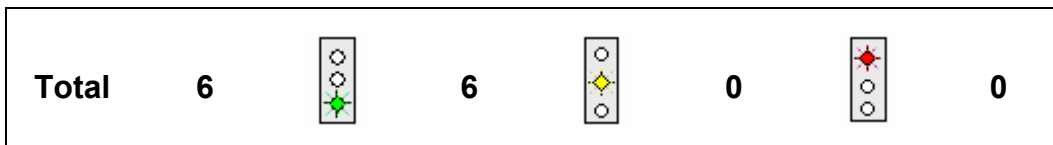
The Mental Health Bill has now reached the final stages of approval in Parliament and will be receiving Royal Assent in July 2007. The Act includes an amendment to the Mental Capacity Act 2005, to safeguard people who lack capacity who are in residential or nursing care (the “Bournewood safeguards”). Some milestones for delivery of this Act have been moved back by six months, to October 2008. Both the Act itself, and the implementation of the Bournewood safeguards, will require a detailed project for delivery.

New medium secure hospital: proposals from an independent sector organisation to develop this service are still being carefully considered by Halton Borough Council, in consultation with key stakeholders.

The service will look to improve the way joint working arrangements and integrated services are developed the learning disability specialist community team, care management and assessment service.

A Joint Commissioning Strategy for People with Physical and/or Sensory Disability Services has been developed. The strategy was approved by Executive Board on 19th July 07.

4.0 PROGRESS AGAINST KEY MILESTONES



Progress against all six key milestones for the service is satisfactory, and all have been assigned green lights at the end of quarter 1. For further details, please refer to Appendix 1.

4.1 PROGRESS AGAINST OTHER MILESTONES

There are no other objectives for the service. Eleven milestones within the key objectives are designated ‘non-key’. None of those milestones are a cause for concern at this stage and do not feature in this report. They will be routinely reported in Appendix 1 at Q2 and Q4.

5.0 SERVICE REVIEW

Improvement Review of Community Mental Health Services: please refer to section 2.0 ‘Key developments’ above.

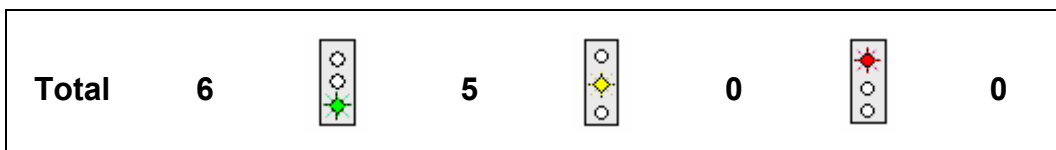
The final outcome of the review of Mental Health Day Services is expected to be issued in summer 2007, now that the consultation on service redesign within the 5Boroughs Partnership has been completed.

In Learning Disability Services there has been a review of respite services and the service is currently developing services to offer a menu of short breaks services. We are looking to recruit a project manager by September 2007 to accelerate this.

In Learning Disability Services the service has commissioned a Consultant Behaviour Analyst on a "behavioural solutions project". This will continue to contribute to the service review of the way services are delivered for people with complex needs, whose behaviour is experienced as difficult or challenging. A project brief has been drawn up, which will start incrementally by working with selected providers for two of the 24 hour supported living schemes for people with complex needs, to commence in September 2007.

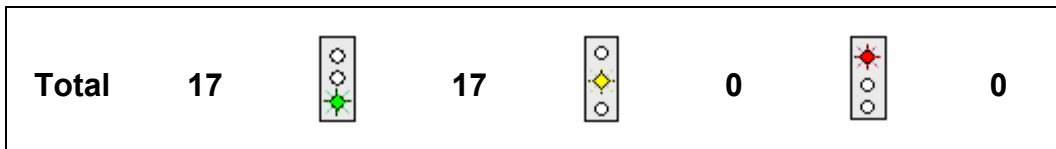
In Physical and Sensory Disability services the Progress in Sight benchmarking exercise is being completed and action plan will be implemented.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS



Progress against five of the six key performance indicators for the service is satisfactory, and those five have been assigned green lights at the end of quarter 1. For further details, please refer to Appendix 2. One indicator (PAF B17) cannot currently be reported due to the unavailability of financial information and a graph for this indicator has not been included.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS



Other indicators for the service are routinely reported at quarters 2 and 4. None of the seventeen other indicators for this service are showing any cause for concern and there are no 'other' indicators being reported by exception this quarter.

7.0 PROGRESS AGAINST LPSA TARGETS

There are no LPSA targets for this service. The service contributes towards an LPSA around providing services to carers, which is in the Older People's Services service plan, and is reported in the Older People's Services quarterly monitoring report.

8.0 RISK CONTROL MEASURES

During the production of the 2007-08 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.




Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4.




9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

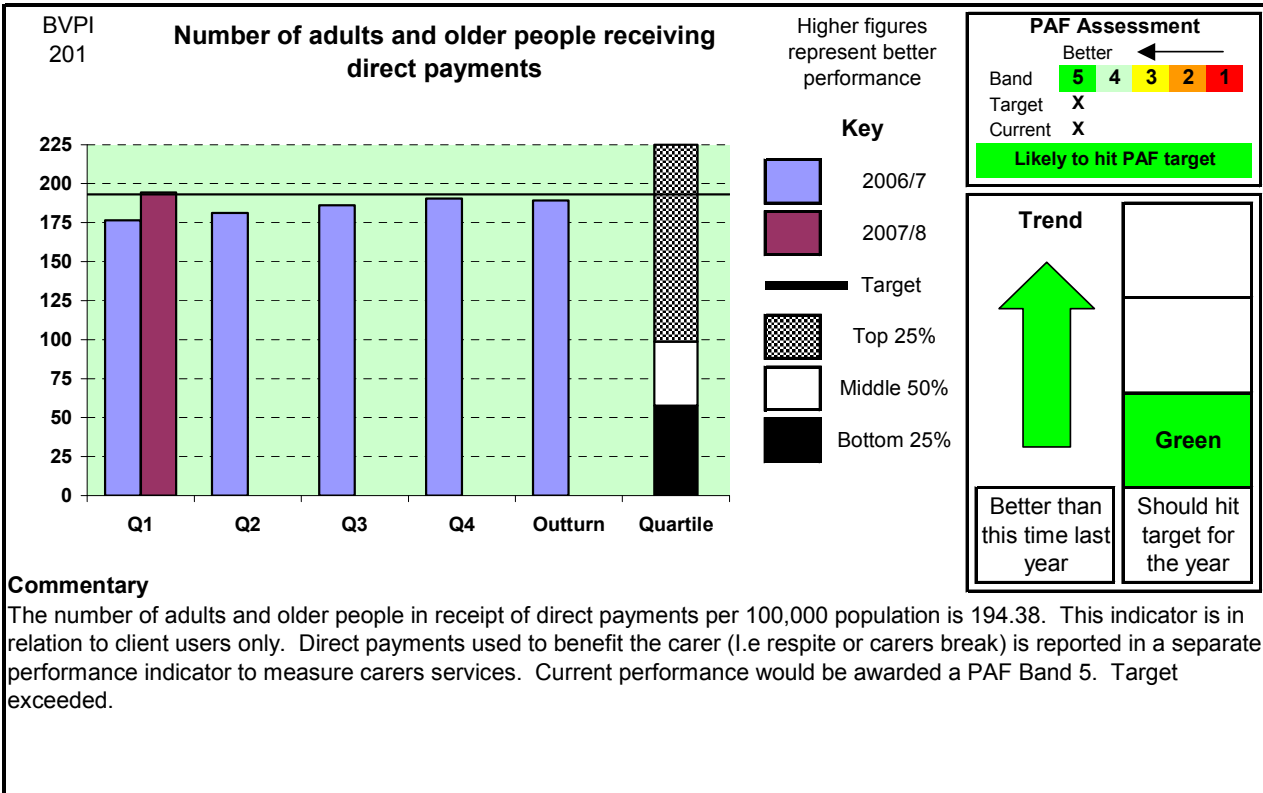
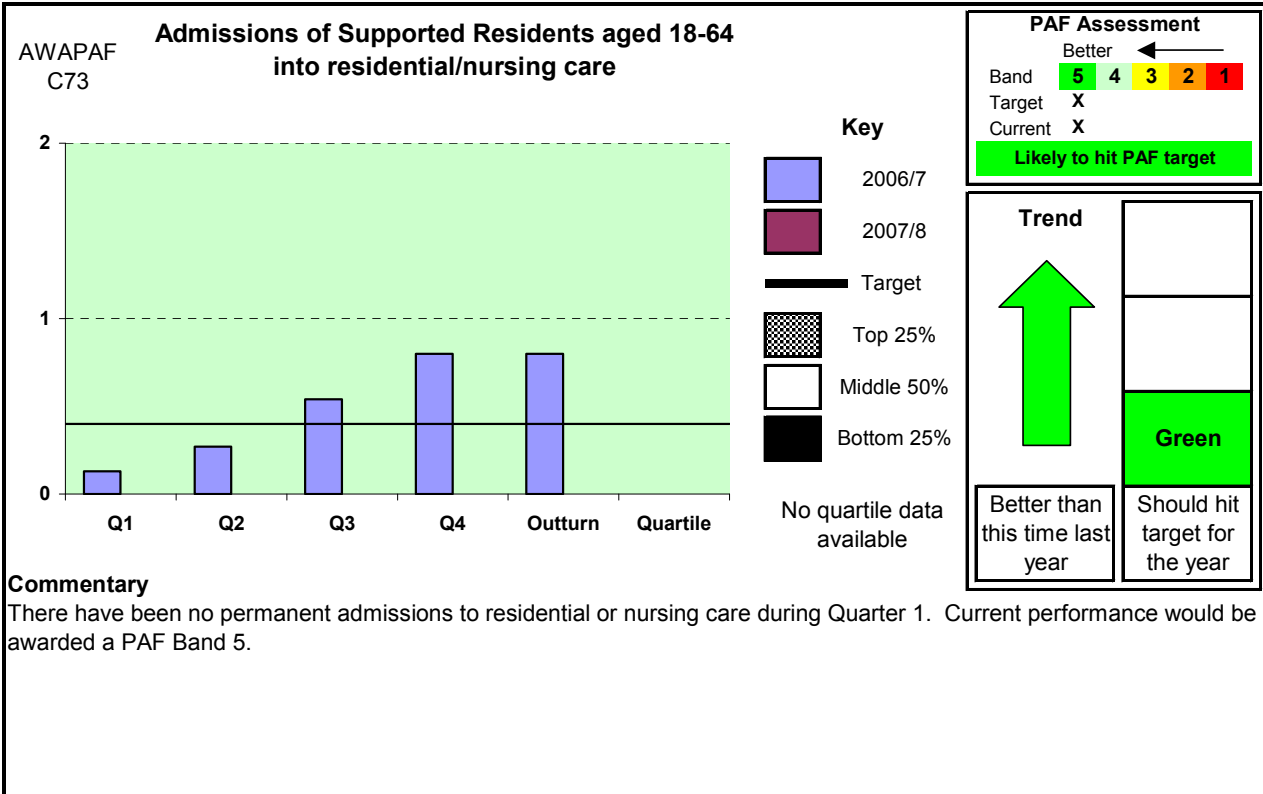
During 2006/07 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4.

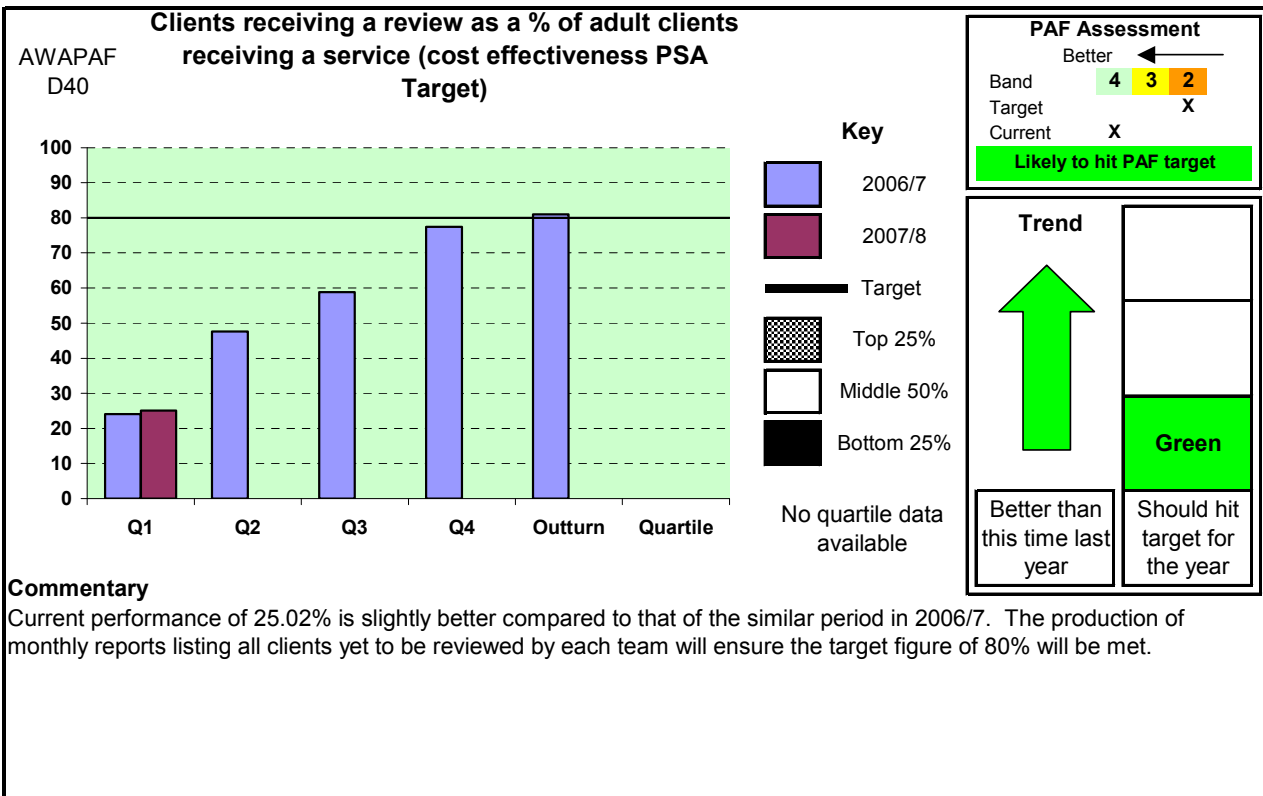
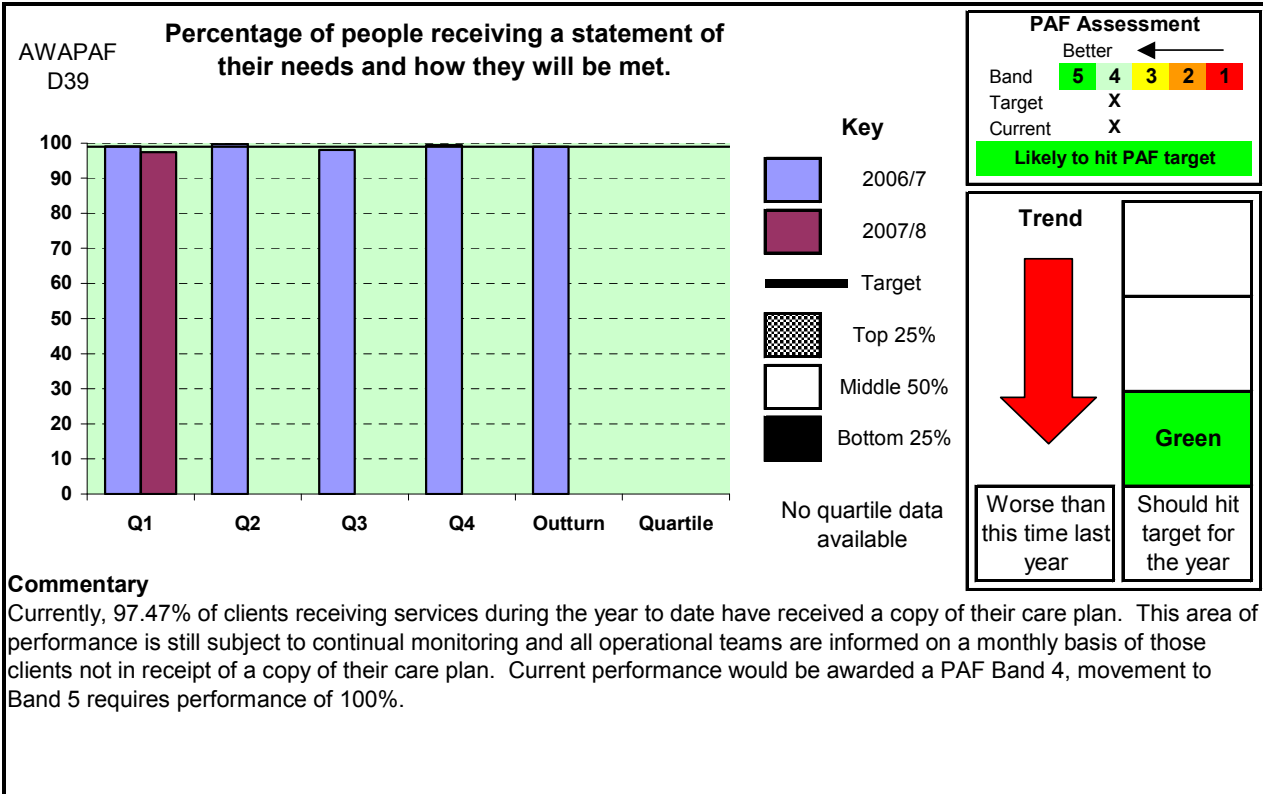
10.0 APPENDICES

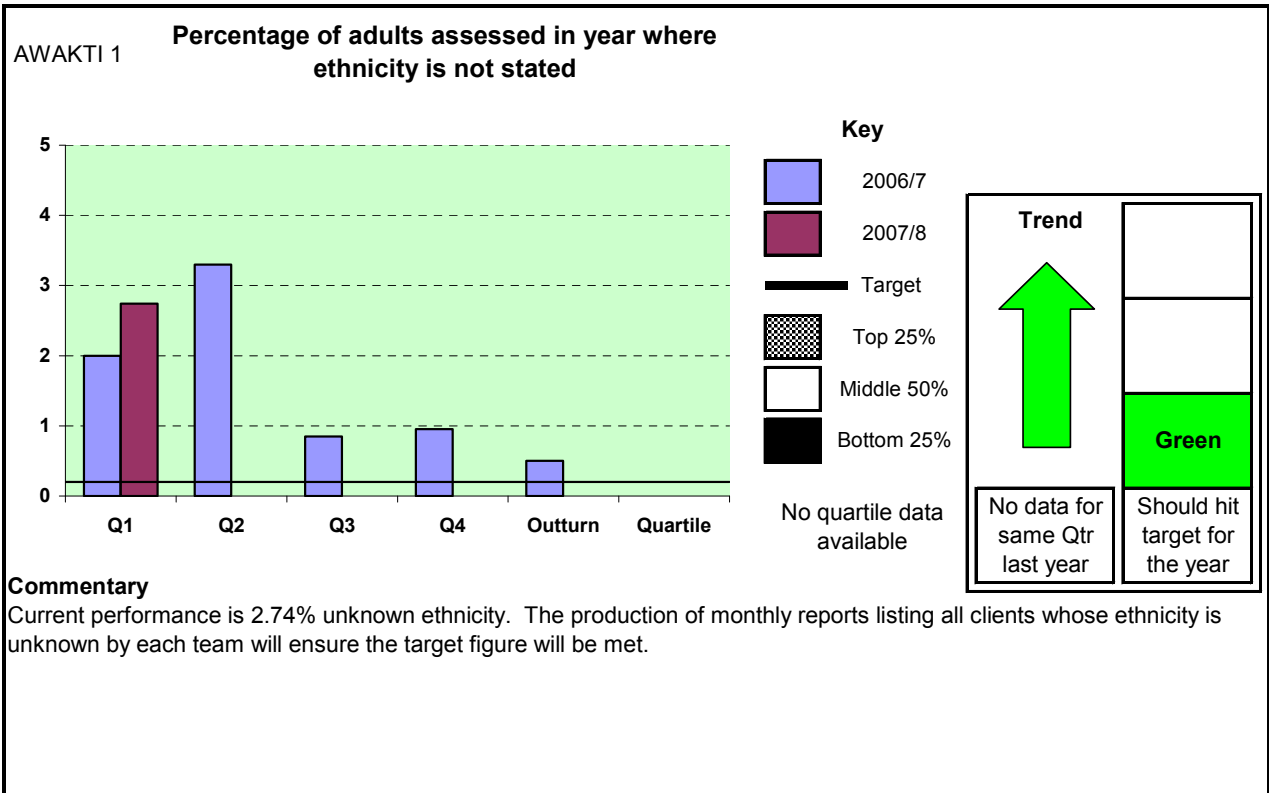
Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress against Key Performance Indicators
Appendix 3- Financial Statement
Appendix 4- Explanation of traffic light symbols

Service Plan Ref.	Objective	2007/08 Key Milestone	Progress to date*	Commentary
AWA1	To work in partnership across traditional boundaries, always keeping service users and carers at the centre of the service, to strengthen service delivery to hard to reach groups, including those from the BME community, and to ensure that services are needs-led and outcome focussed.	Consult the BME community with the assistance of the Cheshire Halton & Warrington Racial Equality Council (CHAWREC) to ascertain whether services are meeting the needs of this community by April 2007.		Consulted with CHAWREC last year. A report has now been received from them identifying some areas for further work. In addition, training has been commissioned for care managers (mental health) to identify needs, for example cultural needs
		Continue to implement ALD's financial recovery plan to ensure that the service becomes increasingly efficient and effective by March 2008		A project team is in place and is currently carrying the bulk of the work in the recovery plan. To be reviewed December 07
AWA2	To continue to modernise mainstream socially inclusive opportunities by implementing meaningful daytime activities and maximising employment opportunities for all vulnerable people to promote independence and community inclusion	Monitor implementation of Community Bridge Building Service as part of the Day Services Strategy and evaluate by March 2008		<p>Ten service users have been referred to the bridge building service. Five service users have had an introduction to the service and five referrals have been made direct to day services from care management teams.</p> <p>A link worker from day services is designated to the bridge building team and also measures the outcomes for people referred as a monitoring and evaluation tool.</p> <p>Carers are kept informed of referrals by the Bridge Building service in partnership with the day services link worker.</p>

Service Plan Ref.	Objective	2007/08 Key Milestone	Progress to date*	Commentary
AWA 2 cont.		Implement "In Control" model pilot for people with learning disabilities and physical/sensory disabilities by Sept 2007		This project is underway and on schedule.
AWA3	To develop and improve a range of services and support for carers in accordance with the Carers Strategy to ensure carers needs are met and to support the delivery of the Carers LPSA Target	Meet the Carers LPSA target to ensure carers receive the help, support and services they need by March 2009		Two carer's assessors have been appointed within the Older People social work team. Work is underway to identify carers who have thus far received no support from social care.
		Develop new model to increase access to new funding for Carers Centres by March 2008		It is planned to transfer the Carers Centres to the voluntary sector with effect from 1.4.08. A temporary Project Manager will be appointed from October 2007 to facilitate the transfer.







HEALTH & COMMUNITY – ADULTS OF WORKING AGE (ALD, MH, PSD)

Revenue Budget as at 30th June 2007

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£000	£000	£000	£000	£000
Expenditure					
Staffing	2,454	613	665	(52)	678
Premises	139	0	0	0	0
Other Premises	59	18	15	3	15
Joint Equipment Service	110	29	0	29	0
Other Supplies & Services	118	30	43	(13)	111
Food Provisions	10	3	3	0	4
Aid & Adaptations	112	28	13	15	21
Transport of Clients	558	80	66	14	66
Other Transport	18	5	5	0	5
Departmental Support Services	840	0	0	0	0
Central Support Services	183	0	0	0	0
Contract & SLAs	685	173	165	8	165
Emergency Duty Team	117	0	0	0	0
Community Care:					
Residential Care	1,054	243	220	23	220
Nursing Care	53	12	9	3	9
Home Care	360	83	112	(29)	112
Direct Payments	490	113	173	(60)	173
Supported Living	100	13	12	1	12
Day Care	26	3	2	1	2
Meals	3	1	1	0	65
Specific Grants	816	0	0	0	0
Asset Charges	191	0	0	0	0
Contribution to ALD Pooled Budget	5,568	1,181	1,254	(73)	1,600
Total Expenditure	14,064	2,628	2,758	(130)	3,258
Income					
Residential Fees	-183	-42	-14	(28)	-14
Fees & Charges	-93	-23	-22	(1)	-22
Preserved Rights Grant	-547	-155	-154	(1)	-154
Supporting People Grant	-99	-23	-14	(9)	-14
Mental Health Grant	-369	-92	-236	144	-236
Carer Grant	-518	-200	-317	117	-317
Mental Capacity IMCA Grant	-42	-42	-55	13	-55
Aids Support Grant	-5	-5	-5	0	-5
Nursing Fees – PCT	-53	-12	-9	(3)	-9
PCT Reimbursement	-203	0	0	0	0
Other Income	-158	-40	-7	(33)	-7
Total Income	-2,270	-634	-833	199	-833
Net Expenditure	11,794	1,994	1,925	69	2,425

Comments on the above figures:

In overall terms revenue spending at the end of quarter 1 (excluding the ALD pooled budget) is over budget by £12k including commitments mainly due to a range of overspends which is offset by grants carried forward from 2006/07. The ALD Pool is over budget by £419k including commitments, which together gives the position for the Division of £69k actual underspend to quarter 1, or £431k overspend including commitments.

The current overspend on employee costs includes £36k for the Community Bridge Building Team, which will be covered by Supporting People. There are additional pressures on staff costs due to the inclusion of the £19k staff savings for the first quarter. The staff savings target will be reviewed in quarter 2 as there is some doubt whether this will be achieved given the modernisation agenda in Adult Services. Similarly, the transport savings target of £75k may not be achieved in 2007/08 with further work being undertaken in consultation with transport services to challenge/retender high cost contracts.

The overspends on supplies and services is made up of various factors, including expenditure incurred on training for which no budget has been allocated from Health & Partnerships and commitments for equipment purchased by the Independent Living Team.

Community care budgets are known to fluctuate throughout the year dependent upon client demand. Whilst residential care is currently underspending, there are significant overspends in homecare and direct payments for adults with physical and sensory disabilities and with learning disabilities within the Pool.

Income for the first quarter is higher than anticipated due to the carry forward of the Mental Health Grant £144k, Carers Grant £117k and the Mental Capacity Grant £13k from 2006/07. This is offset by reduced residential fee income in line with reduced residential expenditure and lower inter-authority income forecast, as noted last year. These later budgets will be realigned in quarter 2 with a shortfall on inter-authority income forecast at the yearend.

Note: A summary of the H.B.C. Contribution to ALD Pooled Budget can be found on the following page:

HEALTH & COMMUNITY – ADULTS WITH LEARNING DISABILITIES

Contribution to ALD Pooled Budget

Revenue Budget as at 30th June 2007

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£000	£000	£000	£000	£000
Expenditure					
Nursing Care	47	11	10	1	10
Residential Care	350	226	218	8	301
Supported Living	1,821	451	470	(19)	472
Home Care	1,205	278	90	188	386
Direct Payments	248	57	194	(137)	194
Day Services	1,920	402	363	39	376
Specialist LD Team	444	110	103	7	139
Management Costs	1,107	47	51	(4)	51
Respite	593	67	71	(4)	73
Other Expenditure	0	0	0	0	2
Total Expenditure	7,735	1,649	1,570	79	2,004
Income					
Rents & Service Charges	-66	-16	-6	(10)	-6
Community Care Fees	-98	-23	-27	4	-27
Residential Fees	-136	-21	-17	(4)	-17
Direct Payments	0	0	-9	9	-9
Preserved Rights Grant	-11	-11	-12	1	-12
Supporting People Grant	-1,516	-378	-235	(143)	-323
CITC – Astmoor	-52	0	0	0	0
CITC – Special Needs	-6	-1	0	(1)	0
Other Client Income	-61	0	0	0	0
Nursing Care – PCT	-47	-12	-8	(4)	-8
Reimbursement					
Other Fees & Charges	-174	-6	-2	(4)	-2
Total Income	-2,167	-468	-316	(152)	-404
Net Expenditure	5,568	1,181	1,254	(73)	1,600

HEALTH & COMMUNITY – LOCAL STRATEGIC PARTNERSHIP BUDGET

Budget as at 30th June 2007

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (Overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
Priority 1 Healthy Halton					
Recipe For Health	29	7	0	7	0
Five A Day Programme	49	12	0	12	0
Vulnerable Adults Task Force	592	126	80	46	127
Vol. Sector Counselling Proj.	39	10	0	10	0
Info. Outreach Services	34	9	0	9	0
Reach for the Stars	34	9	0	9	0
Carer Support Development	49	12	0	12	0
Healthy Living Programme	98	24	0	24	0
Advocacy	63	16	21	(5)	21
Priority 2 Urban Renewal					
Landlord Accreditation Programme	28	7	9	(2)	9
Priority 5 Safer Halton					
Good Neighbour Pilot	27	7	0	7	0
Grassroots Development	18	5	0	5	0
Domestic Violence	77	19	2	17	2
Total Expenditure	1,137	263	112	151	159




HEALTH & COMMUNITY

Capital Budget as at 30th June 2007

	Actual Spend to 30th June £000	2007/08 Capital Allocation £000
<i>Social Care & Health</i>		
DDA	0	24
LDDF	0	7
Women's Centre & Other Projects	97	178
PODS (Utilising DFG)	0	40
Bredon Improvements	0	24
Improvement of Care Homes	0	150
Bridgewater Capital Improvements	0	1
Refurbishments to John Briggs House	0	90
Door Entry System – John Briggs	0	2
IT for Mobile Working	12	12
Total Spending	109	528

It is anticipated the capital budget will be fully committed by the end of the year.

The traffic light symbols are used in the following manner:

	<u>Objective</u>	<u>Performance Indicator</u>
<u>Green</u>	 <p>Indicates that the <u>objective</u> is <u>on course to be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target is on course to be achieved</u>.</p>
<u>Amber</u>	 <p>Indicates that it is <u>unclear</u> at this stage, due to a lack of information or a key milestone date being missed, <u>whether the objective will be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that it is either <u>unclear</u> at this stage or too early to state whether the target is on course to be achieved.</p>
<u>Red</u>	 <p>Indicates that it is <u>highly likely or certain that the objective</u> will not be achieved within the appropriate timeframe.</p>	<p>Indicates that the <u>target</u> will not be achieved unless there is an intervention or remedial action taken.</p>