



Healthy Halton Policy and Performance Board

**Tuesday, 15 January 2008 6.30 p.m.
Civic Suite, Town Hall, Runcorn**

A handwritten signature in black ink, appearing to read '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, 11 March 2008

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

Part I

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1. MINUTES		
2. DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)		
	Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and (subject to certain exceptions in the Code of Conduct for Members) to leave the meeting prior to discussion and voting on the item.	
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In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation

procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 15 January 2008

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: 15 January 2008

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 since 13 November 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 SUB COMMITTEE MEETING HELD ON 13TH DECEMBER 2007

ES59. Integration of Adults with Learning Disability Services

The Sub-Committee was advised that Adults with Learning Disabilities (ALD) Services were guided by "Valuing People" the Government National Guidance published in 2001 which set out the priorities for the delivery of services for adult with learning disabilities.

This guidance recognised the need to work in partnership both across agencies and with the service users and carers. In Halton the importance of close working arrangements had long been recognised to ensure that the needs of people with learning disabilities were met and that the spirit of the guidance was adhered to. The Primary Care Trust (PCT) and the Council had worked closely together; this had been achieved by:

- the establishment of a pooled budget since 2002, managed by HBC. The budget stands at £12.2m 2007/2008 and included most ALD Services and the Community Care Budget; and
- co-ordination of the PCT's Health Team and HBC's Care Management Team for ALD at the Bridges, Crow Wood Lane, Widnes. This was a Primary Care Trust Building and currently separate management arrangements were in existence for the two teams located there.

It was proposed that the partnership between the PCT and the Council could be further strengthened to offer a fully integrated service. The PCT was seeking to transfer up to 15 relevant staff to the Council and place them under the management of HBC. The staff in question would be mainly nurses who had developed an expertise in learning disabilities. This transfer would take place at the earliest at the beginning of the next financial year. There were a number of

advantages for this proposal which were set out below:

- (i) the service would improve; as people with learning disabilities would only have one point of access and assessment, currently there were two systems for service users and carers to navigate;
- (ii) nurses and social workers would have one management system, thus avoiding duplication and inefficiencies; and
- (iii) the person centred planning approach would be strengthened in line with national guidance "Valuing People 2001".

The proposal to transfer NHS staff into Halton Council would be subject to widespread consultation with staff and would be undertaken in partnership between the Council and the PCT. The integration of services for people with learning disabilities offered the Council the opportunity to be more efficient in its delivery of services. There would be an increased ability to be flexible and a decrease in duplication improving the experience of people with learning disabilities assessed to be in need of services.

It was noted that the existing agreement of a pooled budget and joint management between the PCT and the Council would be amended to reflect the new arrangements which would result in the Council providing all care and budget management. This would be undertaken by agreement between the Council and the PCT, and subject to formal notification by both parties.

The transfer of NHS staff would be subject to TUPE protection in the case of employees and a contract between the PCT and the Council that would cover all financial implications. Given the budgetary pressures on the service and the ALD pooled budget, there could not be any additional cost to the Council with this proposal.

RESOLVED: That

- (1) the proposals to further integrate Health and Care Management Services be agreed; and
- (2) authority be delegated to the Strategic Director, Health and Community to agree a contract between Halton Council and Halton and St. Helens Primary Care Trust to transfer up

to 15 staff to the Council under the Transfer of Undertaking (Protection of Employment) Regulations 2006 (TUPE), subject to there being no additional cost to the Council; and

(3) a further report be brought back to the Sub-Committee before a contract is entered into.

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 15 January 2008

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Health of Children in Care Scrutiny Topic

WARD(S): Boroughwide

1.0 PURPOSE OF THE REPORT

- 1.1 To present an update on the data and service developments regarding the health of Children in Care.

2.0 RECOMMENDATION: That

- (1) the contents of the report be noted; and**
- (2) that the report be presented to the Children & Young People Policy and Performance Board.**

3.0 SUPPORTING INFORMATION

- 3.1 In March 2006 the Health Policy and Performance Board was presented with the findings of the health of Looked After Children Scrutiny Group. An in-depth audit of ninety Children in Care (CIC) case files was carried out resulting in an Action Plan.

The Board agreed that the Action Plan be adopted All actions had been completed and the Board noted this in November 2006 after monitoring its implementation.

The board asked to be updated on data and future developments in the service

Data Regarding Health of Children in Care

- 3.2 The number of children who have had a Health Assessment for the year up to 30th September 2007 is 95.1%. This is despite the “ageing Children in Care population” as does impact when the increasing older children exercise their entitlement to refuse a Health Assessment.
- 3.3 In recognition of the older children’s resistance to attending for a “medical” the Children in Care Nurse has developed alternative Health Assessments. These include a holistic lifestyle questionnaire. School

Health Nurses can also respond and meet with young people individually to offer advice and guidance confidentially.

- 3.4 The percentage of children who are up-to-date with their immunisations is 94.3% we have 4 young people who are refusing their MMR vaccination.
- 3.5 The percentage of children who have had a dental check for the year up to 30th September 2007 is 92.7%. We have 8 young people who are refusing to go to a dentist.

Service Developments

3.6 Health Development Group

A multi agency Health Development Group was formed to progress the actions arising from the Audit of the Looked After Children case files. All actions identified have been completed. The Group, however, continues to meet and take forward developments in the service.

3.7 Assessments of Children's Emotional and mental Wellbeing

All newly admitted Children since July 2007 have a Baseline Assessment of their emotional and mental wellbeing. The method used is a Strength and Difficulties questionnaire. This is a process where the emotional needs of the children will be assessed, considered and recorded at a formal meeting with the Child & Adolescent Mental Health Service. Needs can be prioritised and we can also scope the level of unmet need.

The expected outcomes are to contribute towards promoting resilience through improved identification of issues for children. Also to prevent further mental health difficulties by enabling targeted services to be delivered when such needs are identified.

3.8 Training for Foster Carers

The Children in Care Nurse has facilitated workshops with foster carers. This was entitled "Sex, Storks and Gooseberry Bushes – Talking About Sex and Relationships with Children and Young People". It included a presentation from the Teenage Pregnancy Unit and had a focus on improving the health and well being of young people leaving care.

A nutritionist has delivered a workshop with residential workers regarding healthy eating.

A training officer specifically for carers is now in post and will be devising a training programme to develop the skills of carers.

3.9 Fast Track Dental Service

Through collaborative working with the Manager of the Dental Service in Halton, there is now a fast track dental scheme for Children in Care If

any child is not registered with a dentist or carers are having difficulty registering, the child concerned will be prioritised and allocated a dentist.

4.0 POLICY IMPLICATIONS

4.1 None

5.0 OTHER IMPLICATIONS

5.1 None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Children in Care are amongst the most vulnerable groups in our community. Promoting and improving their health will 'contribute to 'narrowing the gap' between their outcomes and those of all children.

6.2 Employment, Learning and Skills in Halton

None

6.2 A Healthy Halton

Through health assessments, advice and guidance, dental checks and immunisations, we can support our children in care to improve their physical and emotional wellbeing. Thus increasing their opportunities to lead healthy lifestyles.

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

7.1 Improving the health and wellbeing of Looked After Children is central to the Governments Integration Agenda and ongoing monitoring will ensure that the Council and Health Partners are addressing the requirements of this legislation.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Equality and Diversity issues are fully addressed in the implementation.

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

Document	Place of Inspection	Contact Officer
Children Act 2004	Christine Taylor's office, Grosvenor House	Christine Taylor
Every Child Matters, Change for Children	Christine Taylor's office, Grosvenor House	Christine Taylor
Promoting the Health of Looked After Children	Christine Taylor's office, Grosvenor House	Christine Taylor
Healthy Care Programme Handbook	Christine Taylor's office, Grosvenor House	Christine Taylor

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 15 January 2008

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Mental Health Promotion Strategy and Framework for Action

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To provide an overview of the Mental Health Promotion Strategy and Framework for Action.

2.0 RECOMMENDED: That the Policy and Performance Board receive the Mental Health Promotion Strategy and Framework for Action.

3.0 SUPPORTING INFORMATION

3.1 The Strategy is a framework around which future mental health promotion activities will be carried out in the boroughs of Halton and St Helens over the next 4 years.

4.0 POLICY IMPLICATIONS

4.1 None.

5.0 OTHER IMPLICATIONS

5.1 None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

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

6.3 **A Healthy Halton**

6.4 **A Safer Halton**

6.5 **Halton's Urban Renewal**

7.0 RISK ANALYSIS

7.1 Not applicable.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None.

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

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



Halton and St Helens 
Primary Care Trust



Mental Health Promotion Strategy &
Framework for Action 2007
Executive Summary

Created by, Mark Swift, Jen Brown, Cath Ashton & Alison Jones

Foreword.

Introduction.

This strategy is a framework around which future mental health promotion activities will be carried out in the boroughs of Halton and St Helens over the next 4 years.

This strategy provides a framework for action to:

- Coordinate mental health promotion activities across the boroughs of Halton & St Helens.
- Raise public awareness of how to look after our own mental health and other people's.
- Involve all communities and organisations across all sectors, in taking positive steps to promote and protect mental wellbeing.

Strategy 'vision' statement:

'Adopt a stakeholder approach to tackle mental health distress and its underlying causes and actively promote mental wellbeing, ensuring that every stakeholder acknowledges the part they play'.

Total health: a vision for Halton & St Helens.

Improving the mental health and wellbeing of our community will require a concerted effort, by all members of the community, to ensure a lasting difference to the health and happiness of people.

Through the implementation of this strategy it is hoped that we will achieve the following:

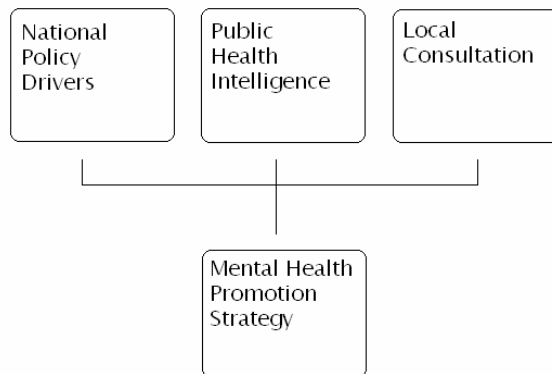
- Establish effective partnership working between all sectors to promote mental health and wellbeing.

- Ensure that mental health and wellbeing issues underpin key strategy documents that tackle health and social care issues.
- Raise awareness of mental health issues in all key settings: neighbourhoods and communities; education; workplaces; prisons and probation; and health & social care settings.
- Make a measurable improvement in the mental health and wellbeing of all people living and working in Halton & St Helens.

How was this strategy compiled?

This strategy document has been informed by three key elements.

- National Policy Drivers: Government recommendations (see key policy documents).



- Public Health Intelligence: Data collated locally, mapping key public health indices.

- Local Consultations: ‘Have Your Say!’ – a public consultation event to ensure that this strategy reflects the views of the local community; and is driven by the needs of the public as *they* perceive them.

This approach ensures that the strategy’s is based on:

- Sound evidence based practice
- Benchmarking standards
- Public health data for the local population

- The needs of the community

A structured approach.

This strategy is about adopting a stakeholder approach to mental health promotion:

- Building capacity to deliver effective mental health promotion activities across the boroughs of Halton & St Helens.
- Involving all stakeholders, across all key settings.
- Having a shared vision and plan of action.
- Having a clear timeframe for implementing key mental health promotion and social inclusion activities.
- Having robust protocols for monitoring and evaluating the impact of mental health promotion and social inclusion activities.
- Strengthening existing partnerships between agencies across all sectors, and encourages and facilitates the development of new partnership working.

This strategy identifies 'Champions' for each of the key settings. The role of Champion is to support the implementation of key strategy actions in each of the key settings.

How will this strategy work?

The purpose of the 'Framework for Action' is to focus attention on the key 'health promoting' priorities in each setting.

The function of the Champion role is to build capacity and encourage joint ownership of these health promoting priorities, in accordance with the Halton & St Helens vision for a 'Stakeholder Approach' to mental health promotion.

How will the strategy be delivered?

This strategy will be rolled out through existing community networks – most notably the Social Inclusion Groups in both Halton & St Helens who will take a proactive approach in delivering the key actions as identified in the Framework for Action. The roll out of the strategy will be the overall responsibility of the Standard One Leads.

The groups activities will be coordinated by the Standard One Leads in Halton & St Helens, and progress will be monitored via a 6 monthly stock taking process which will be reported to the Mental Health Partnership Board.

This strategy will be implemented over a 4 year period.

In Year 1

The strategy priorities are:

- To build strong partnership working between all stakeholders.
- To promote a joint sense of ownership of the key 'health promoting' priorities for each setting, as listed in the 'Framework for Action'.
- For Champions to forge links with agencies working across relevant key setting, and to evaluate 'collective progress' in delivering health promoting activities independently of one another, in accordance with the goals laid out in the 'Framework for Action', using a stocktaking process.

- For Standard One Leads to facilitate spring and autumn stock takes with stakeholders, and to demonstrate continued progress in attaining goals as laid out in the 'Framework for Action'.

In Year 2; 3 & 4

The strategy priorities are:

- For stakeholder organisations to devise a year on year action plan to focus efforts to attain goals laid out in the 'Framework for Action'.
- For stakeholder organisations to pick up action(s) as agreed in the year on year action plan, and to evidence satisfactory progress towards attaining the action(s) at year-end.
- For stakeholder organisations to agree allocation of joint funding for promotion activities, and for this funding allocation to increase each year until year 4.

Monitoring & evaluating the implementation of this strategy.

The implementation of this strategy needs to be closely monitored and evaluated to ensure that:

- Satisfactory progress is made in the attainment of key targets set out in the framework for action.
- All stakeholders are clear about the aims and objectives in each key setting, and are able to identify key priorities.
- The strategy is proving effective in delivering mental health promotion activities across Halton & St Helens.
- Any difficulties implementing strategy actions are flagged up so that appropriate resources can be allocated to overcome any barriers.

Conclusion.

There is renewed focus on the delivery of Standard One of the National Service Framework, and a general consensus that effective mental health promotion underpins the successful delivery of the whole of the NSF.

This strategy incorporates the latest policy recommendations, and if implemented fully it is hoped will leave a lasting legacy in terms of improved mental health and wellbeing of our community.



Mental Health Promotion Strategy & Framework for Action 2007

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Foreword

Halton & St Helens Mental Health Promotion Strategy & Framework for Action 2007

“There is no health without mental health. Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights, social care, education and employment”

(WHO European Declaration on Mental Health, 2005)

Introduction

This strategy is a framework around which future mental health promotion activities will be carried out in the boroughs of Halton and St Helens over the next 4 years.

This document supercedes previous Mental Health Promotion Strategies for both boroughs, and incorporates recommendations put forward in ‘Good Practice Standards for benchmarking Standard One’, and Making It Possible: Improving Mental Health and Wellbeing in England (NIMHE, 2005).

There is renewed focus on the delivery of Standard One of the National Service Framework, and a general consensus that effective mental health promotion underpins the successful delivery of the whole of the NSF.

In the report ‘The National Service Framework for Mental Health: five years on’ (DofH, 2004a), it was recognised that a greater focus should be placed on the mental health needs of the community as a whole through the promotion of mental health and wellbeing for all.

This strategy incorporates the latest policy recommendations, and if implemented fully it is hoped will leave a lasting legacy in terms of improved mental health and wellbeing of our community.

“The skills and attributes associated with positive mental health lead to improved physical health, better quality of life, reduced crime, higher educational attainment, economic wellbeing and personal dignity”

(Making It Possible, NIMHE 2005)

The guiding principles of this strategy: a policy context.

Below are some of the key policy perspectives that have informed the guiding principles of this strategy:

<p>Everybody's Business, 2005</p>	<p>Integrated mental health services for older adults: a service development guide.</p>	<ul style="list-style-type: none"> ▪ Improving people's quality of life ▪ Meeting complex needs in a co-ordinated way ▪ Providing a person-centred approach ▪ Promoting age-equality
<p>Every Child Matters: Change for Children, 2004</p>	<p>A new approach to the well-being of children and young people from birth to age 19.</p>	<p>The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to:</p> <ul style="list-style-type: none"> ▪ Be healthy ▪ Stay safe ▪ Enjoy and achieve ▪ Make a positive contribution ▪ Achieve economic well-being
<p>National Service Framework for Older People (NSF), 2001</p>	<p>Sets out national standards and service models of care across health and social services for all older people, whether they live at home, in residential care or are being looked after in hospital.</p>	<p>Sets out eight nationwide standards to aim for. Standard seven relates to the promotion of good mental health in older people and to treat and support those older people with dementia and depression.</p>

<p>The National Service Framework for Mental Health (NSF), 1999</p>	<p>“to promote mental health for all working with individuals, organisations and communities”.</p> <p>“Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion”.</p>	<p>Sets out seven standards to protect and promote the population’s mental health. Standard One relates directly to mental health promotion.</p>
<p>The National Suicide Prevention Strategy for England, 2002</p>	<p>“to promote mental wellbeing in the wider population”.</p>	<p>Aims to support the Saving Lives: Our Healthier Nation target of reducing the death rate from suicide by at least 20% by 2010. Goal 2 looks to promote mental wellbeing in the wider population.</p>
<p>Choosing Health: Making healthy choices easier, 2005</p>	<p>“Transforming the NHS from a sickness service to a health service is not just a matter of promoting physical health. Understanding how everyone in the NHS can promote mental wellbeing is equally important”.</p>	<p>White Paper sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health.</p>
<p>Social Exclusion Unit Report: Mental Health & Social Exclusion, 2005</p>	<p>“a future where people with mental health problems have the same opportunities to work and participate in the community as any other citizen”.</p>	<p>Sets out a 27–point action plan to focus efforts to challenge attitudes, enable people to fulfill their aspirations, and significantly improve opportunities and outcomes.</p>

<p>Making It Possible: Improving Mental Health and Wellbeing in England, 2005</p> <p>Our Health, Our Care, Our Say: A New Direction for Community Services, 2006</p>	<p>“raise public awareness of how to look after our own mental health and other people’s”</p> <p>“better support for mental health and emotional wellbeing”.</p>	<p>Supports the requirement to implement Standard One of the NSF.</p> <p>White Paper sets out a vision to provide people with good quality social care and NHS services in the communities where they live.</p>
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What is health promotion?

‘Health promotion is the process of enabling people to increase control over, and to improve their health’.

Ottawa Charter (WHO, 1986)

This is achieved by the implementation of effective policies, programs and services and consists of the following core elements:

- Health Education – informing, influencing and empowering individuals and groups, communities and policy makers about the determinants of health and ways in which health may be preserved and improved.
- Prevention – programmes and activities aimed at preventing ill health, disease, and accidents.
- Health Protection – encompassing a range of environmental, legal, fiscal, political, economic and social measures which promote health.

(McCulloch & Boxer, 1997)

There is renewed interest in the promotion of positive mental health and wellbeing for all.

Making it Possible, NIMHE 2005

What is the function of a mental health promotion strategy?

This strategy provides a framework for action to:

- Coordinate mental health promotion and social inclusion activities across the boroughs of Halton & St Helens.
- Raise public awareness of how to look after our own mental health and other people’s.
- Involve all communities and organisations across all sectors, in taking positive steps to promote and protect mental wellbeing.

This strategy is a plan of action to preserve, protect and promote the mental health and wellbeing of everyone living and working in Halton & St Helens.

Standard one of the national service framework for adult mental health, 1999.

The National Service Framework (NSF) for Mental Health sets out seven standards to protect and promote the population's mental health.

Standard One states that health and social services should:

- Promote mental health for all, working with individuals and communities.
- Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion.

Why promote mental health?

Businesses, families, health services, local governments and schools are now starting to acknowledge their collective responsibility to promote wellbeing. Everyone is a stakeholder in the future health and happiness of the communities to which we are a part.

There is sufficient good quality research to demonstrate both the benefits and effectiveness of promoting mental health.

The rationale for action to improve public mental health includes a combination of:

- Evidence for the influence and impact of mental health.
- Existence of effective interventions.
- The social and economic cost of mental illness.

(DofH 2001; NIMHE, 2005)

The benefits of promoting mental health and social inclusion will include;

- Creating eager and enthusiastic pupils – willing and able to learn.
- A motivated and satisfied workforce – with profitable outcomes.
- Closer knitted families and communities – better mental health.

**Mental health promotion:
the research**

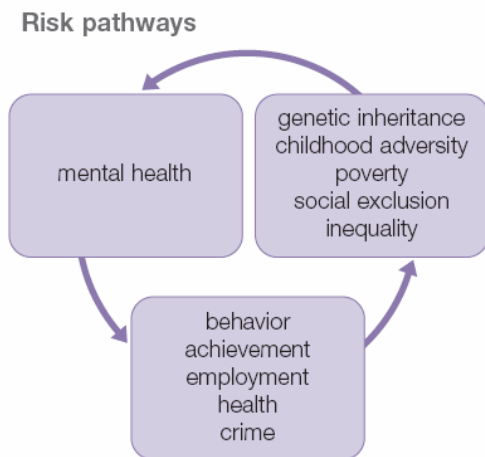
It is recognised that mental health has an impact on physical health.
Mental *is* Physical.

Mental health underpins the wellbeing and functioning of all individuals, families and organisations.

Mental health promotion is beneficial in reducing mental health problems and other physical health problems.

Mental health promotion plays an important part in enabling people to undertake meaningful and effective roles in society and create a positive self image which enhances lifestyle choices.

(Macdonald & O'Hara, 1998)



from: Westminster Mental Health Promotion Strategy and Action Plan 2005

Promoting mental health and wellbeing is a key focus of the 'National Suicide Prevention Strategy for England', which aims to cut deaths from suicide by at least 20% by 2010.

(DofH, 2002)

Wellbeing: a new focus for health promotion.

There are important links between health and wellbeing. The scale of the effect of psychological wellbeing on health is of the same order as traditionally identified risks such as body mass, lack of exercise, and smoking.

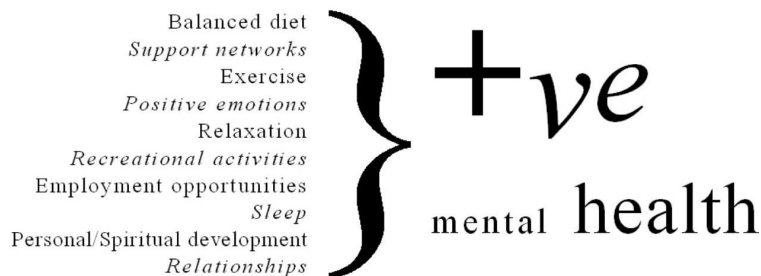
(A Wellbeing Manifesto for a Flourishing Community, nef 2004).

Wellbeing is an important end in itself. It also has many benefits and contributes to other important ends. Evidence shows that happy people are more:

- Sociable
- Generous
- Creative
- Active
- Tolerant
- Healthy
- Altruistic
- Economically productive
- Long living

Therefore, promoting individual wellbeing is not just an important end in itself; it also has useful consequences for a flourishing society in all sorts of other ways, including the enhancement of people's social wellbeing.

(nef, 2004).



Wellbeing is about having meaning in life, about fulfilling our potential and feeling that our lives are worthwhile.

‘A lifestyle review can be a good way to introduce a holistic treatment approach’

(Swift & Parmentier, 2007)

Building social capital in Halton & St Helens.

Building social capital is one way of enhancing the mental health and wellbeing of our communities, and promoting social inclusion.

Social capital is concerned with cultivation of good will, fellowship, sympathy and social intercourse among those that 'make up a social unit', and relates to the advantage that an individual or community gains by being part of a social network. (Hanifan, 1916)

Positive relationships and connections are crucial to individual wellbeing, and for communities to flourish and thrive.

Consequences of declining social capital:

- Increased crime
- Poor living environments
- Lack of trust individuals/employers/ service providers
- Isolation
- Social Exclusion
- Segregation
- Prejudice
- Discrimination
- Poverty
- Poor health

'Social capital consists of the stock of active connections among people: the trust, mutual understanding, and shared values and behaviours that bind the members of human networks and communities and make cooperative action possible'.

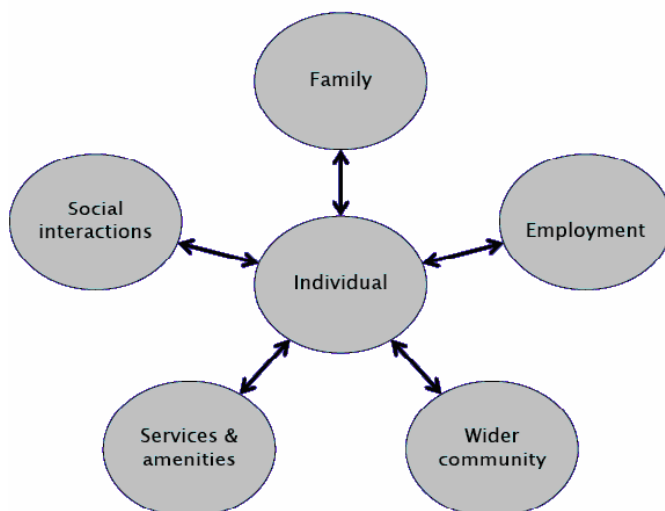
(Cohen & Prusak, 2001)

Investing in social capital:
the outcomes:

- Feeling valued by others
- Engaging and interacting
- Listening to others & being listened to
- Respect

Investing in social capital:
the vehicles:

- Families
- Friends
- Service Providers
- Local Authorities
- Employers
- Education Settings
- Health & Social Care Settings



Strategy 'vision' statement:

'Adopt a stakeholder approach to tackle mental health distress and its underlying causes and actively promote mental wellbeing, ensuring that every stakeholder acknowledges the part they play'.

Total health: a vision for Halton & St Helens.

Improving the mental health and wellbeing of our community will require a concerted effort, by all members of the community, to ensure a lasting difference to the health and happiness of people.

This strategy advocates a stakeholder approach to promote mental health and wellbeing, and calls on all sectors to work together, in the true spirit of partnership working, to tackle mental health distress, and promote mental wellbeing for all.

Through the implementation of this strategy it is hoped that we will achieve the following:

- Establish effective partnership working between all sectors to promote mental health and wellbeing.
- Ensure that mental health and wellbeing issues underpin key strategy documents that tackle health and social care issues.
- Raise awareness of mental health issues in all key settings: neighbourhoods and communities; education; workplaces; prisons and probation; and health & social care settings.
- Make a measurable improvement in the mental health and wellbeing of all people living and working in Halton & St Helens.

'It's about enabling people to make healthier choices'.

(DofH, 2004b)

Who are the stakeholders?

▪ Workplaces
▪ Schools and other Education Settings
▪ Health and Social Care Settings
▪ Neighbourhood and community Sectors
▪ Prisons and Probation Services

The key focus of this strategy document is broken down into six sections: five key settings and combating stigma, in accordance with guidance set out in Good Practice Standards for Benchmarking Standard One, NIMHE 2005.

Mental health: the national picture.



Mental Health of the Nation: The FACTS

- By 2020, depression is expected to be the second largest contributor to the global disease burden after heart disease.
- 30% of all GP visits in the UK concern mental health problems.
- Suicide is the leading cause of death amongst young men in this country.

Adults with mental health problems are one of the most disadvantaged groups in society. Although many want to work, fewer than a quarter actually do, the lowest employment rate for any of the main groups of disabled people. Too often they do not have other activities to fill their days and spend their time alone.

Social isolation is an important risk factor for deteriorating mental health and suicide. Two-thirds of men under the age of 35 who die by suicide are unemployed.

Severe mental health problems, such as schizophrenia, are relatively rare affecting around one in 200 adults each year.

Depression, anxiety and phobias can affect up to one in six of the population at any one time. GPs spend a third of their time on mental health issues. Prescription costs for anti-depressant drugs have risen significantly in recent years, and there are significant variations in access to talking therapies.

More than 900,000 adults in England claim sickness and disability benefits for mental health conditions, with particularly high claimant rates in the North. This group is now larger than the total number of unemployed people claiming Jobseeker's Allowance in England.

Mental health problems can have a particularly strong impact on families, both financially and emotionally. Carers themselves are twice as likely to have mental health problems if they provide substantial care.

(Adapted from SEU, 2005)

More Worrying Statistics:

- **1 in 5** of the workforce claim that they are stressed to the point that it is making them physically ill (HSE, 2005).
- National statistics and the current research show us that **one in ten** children in Great Britain aged 5–16 had a clinically recognisable mental disorder in 2004. This was the same as the proportion recorded in the 1999 survey (National Statistics Online, 2004).
- UNICEF report on child wellbeing ranks UK **21st out of 21** developed countries in terms of quality of living for children (UNICEF, 2007).
- **2,100** British soldiers returned from Iraq suffering mental health problems.
- **7m** adults in the UK are suffering from depression or mental illness.
- Estimated weekly cost for a place in a psychiatric ward **£1,000**.
- **30%** of employees will have a mental health problem in any one year.
- The average mental health in-patient stay is **58 days** – nearly 12 times longer than for patients with physical problems.

The impact of poor mental health:

Stigma & discrimination

- People with mental health problems are more likely to be victims than perpetrators of violence.
- Discrimination can affect people long after the symptoms of mental health distress have been resolved.

Prevalence

- Severe mental health problems such as schizophrenia are relatively rare, affecting 1 in 200 adults each year.
- Depression and anxiety can affect up to 1 in 6 of the population at any one time, with the highest rates in the most deprived neighbourhoods.

Employment

- Only 24% of adults with mental health problems are in work – the lowest employment rate for any of the main groups of disabled people.
- Fewer than 4 in 10 employers say they would recruit someone with a mental health problem.

Families & community

- People with severe mental health problems are three times more likely to be divorced than those without.
- People with mental health problems are three times as likely to be in debt as those without.

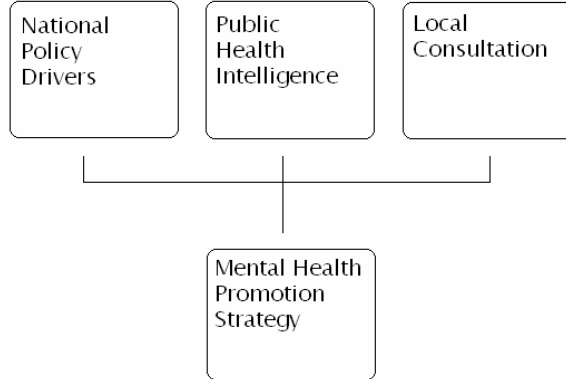
Cost

- Mental health problems are estimated to cost the country £10 billion a year through the costs of care, economic losses and premature death.
- £338m was spent on anti-depressants in 2005.

How was this strategy compiled?

This strategy document has been informed by three key elements.

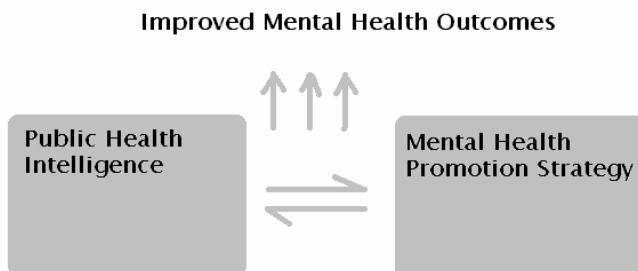
- **National Policy Drivers:**
Government recommendations (see key policy documents).
- **Public Health Intelligence:**
Data collated locally, mapping key public health indices.
- **Local Consultations:**
'Have Your Say!' – public consultations in Halton and St Helens to ensure that this strategy reflects the views of the local community; and is driven by the needs of the public as *they* perceive them.



This approach ensures that the strategy's focus is based on:

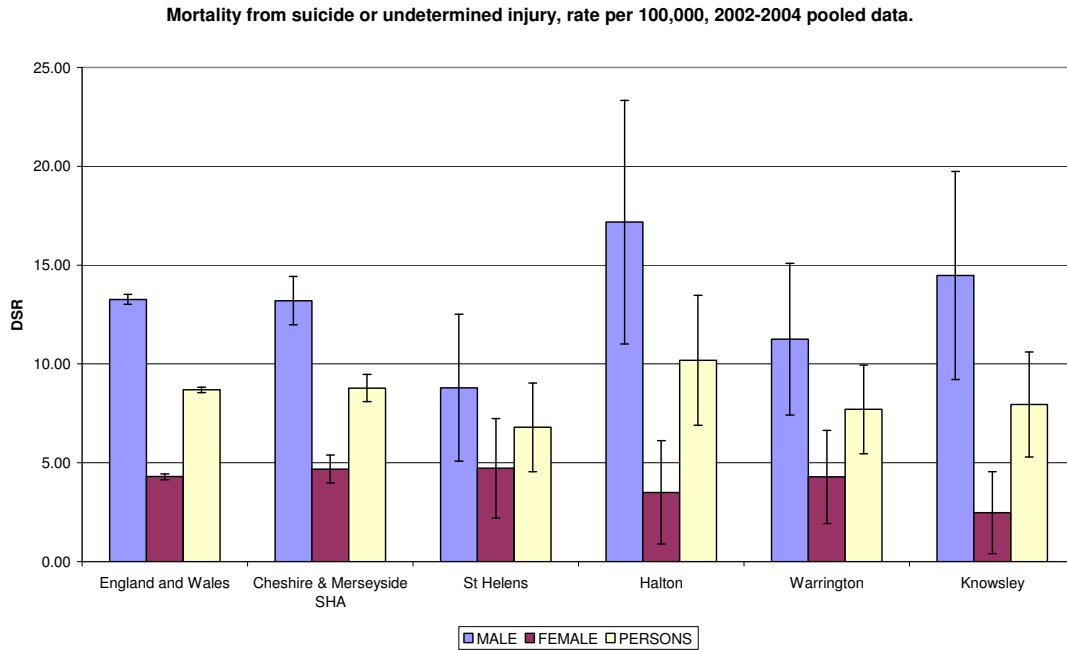
- Sound evidence based practice
- Benchmarking standards
- Public health data for the local population
- The needs of the community

Importantly, the flow of information is not restricted to one direction. It is envisaged that the 'framework for action' underpinning this strategy will provide information that will help to enhance local public health intelligence.



Public health intelligence:

Figure 1: Mortality from suicide or undetermined injury, rate per 100,000, 2002–2004 pooled data.

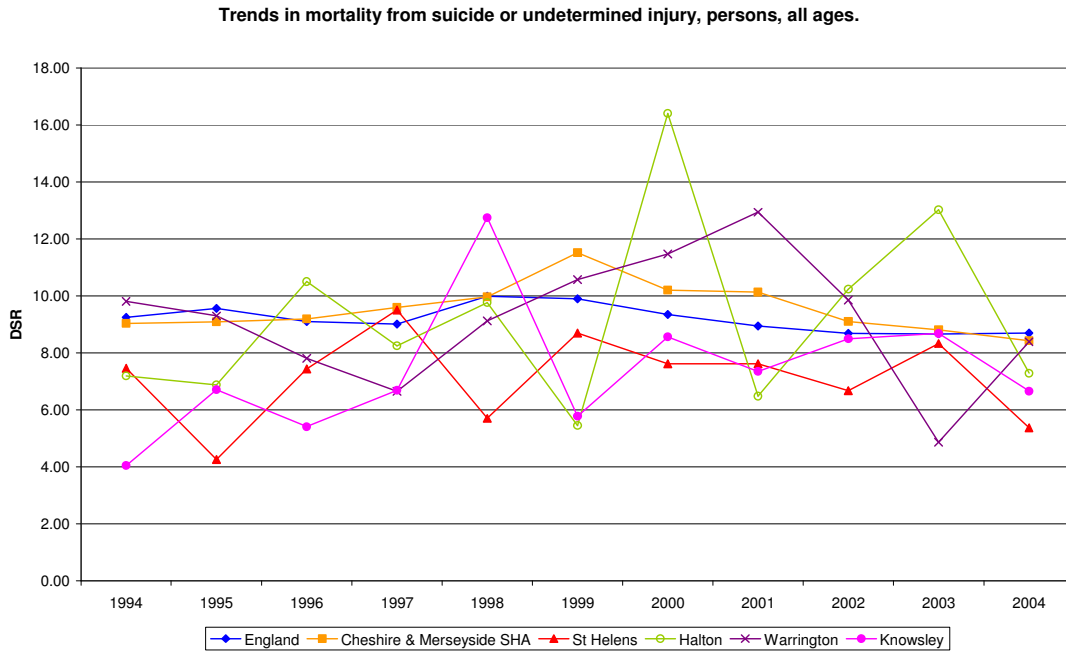


Source: National Statistics Online, Compendium of clinical health indicators, 2005.

The figures for the Cheshire and Merseyside region and for individual boroughs do not differ significantly from mortality figures for England and Wales.

In terms of gender difference, the mortality figures from suicide or undetermined injury for males and females does not differ significantly to the national figure for England and Wales, with the exception of males in St Helens where the figure is significantly lower.

Figure 2: Trends in mortality from suicide or undetermined injury.



Source: National Statistics Online, Compendium of clinical health indicators, 2005.

Figure 2 shows an erratic trend in mortality figures from suicide or undetermined injury for Halton and St Helens.

In St Helens the mortality figure for all persons shows a general downward trend.

The mortality figure for Halton is generally higher than that seen in St Helens.

Gender specific trends in mortality from suicide or undetermined injury.

Figure 2.1: Trends in mortality from suicide or undetermined injury, males, all ages.

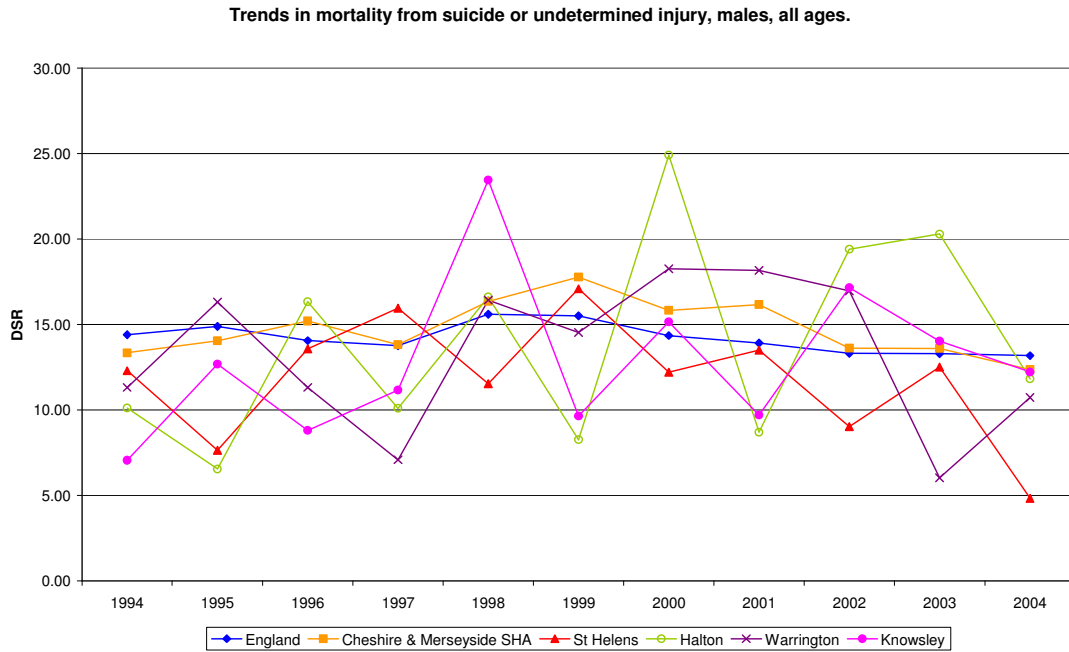
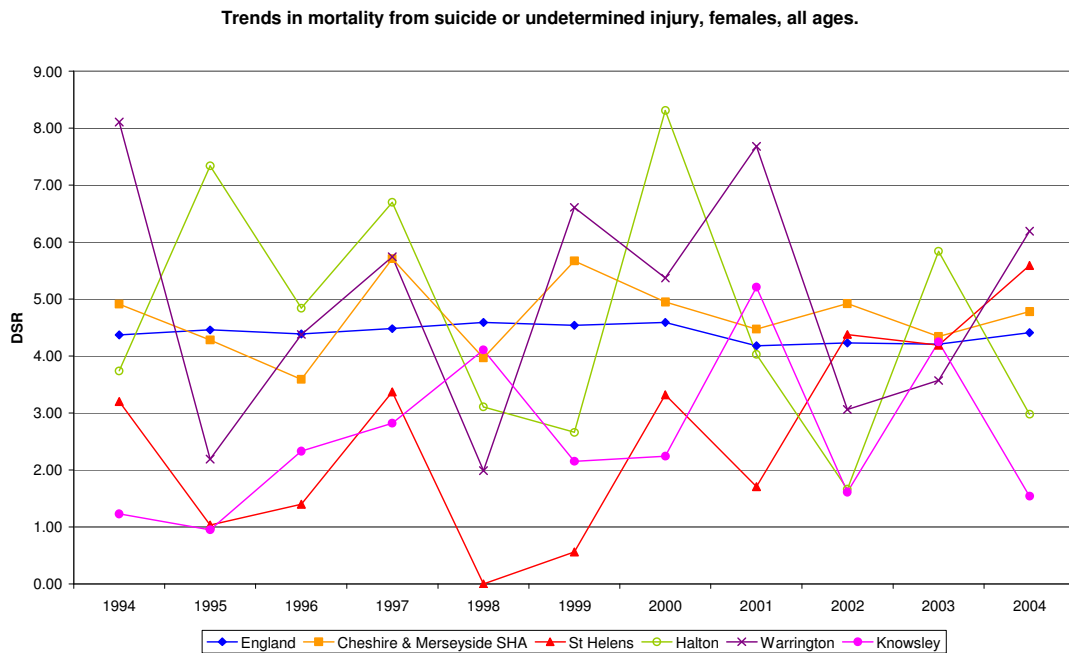


Figure 2.2: Trends in mortality from suicide or undetermined injury, females, all ages.



In St Helens the male mortality figure from suicide or undetermined injury has decreased over the ten year period.

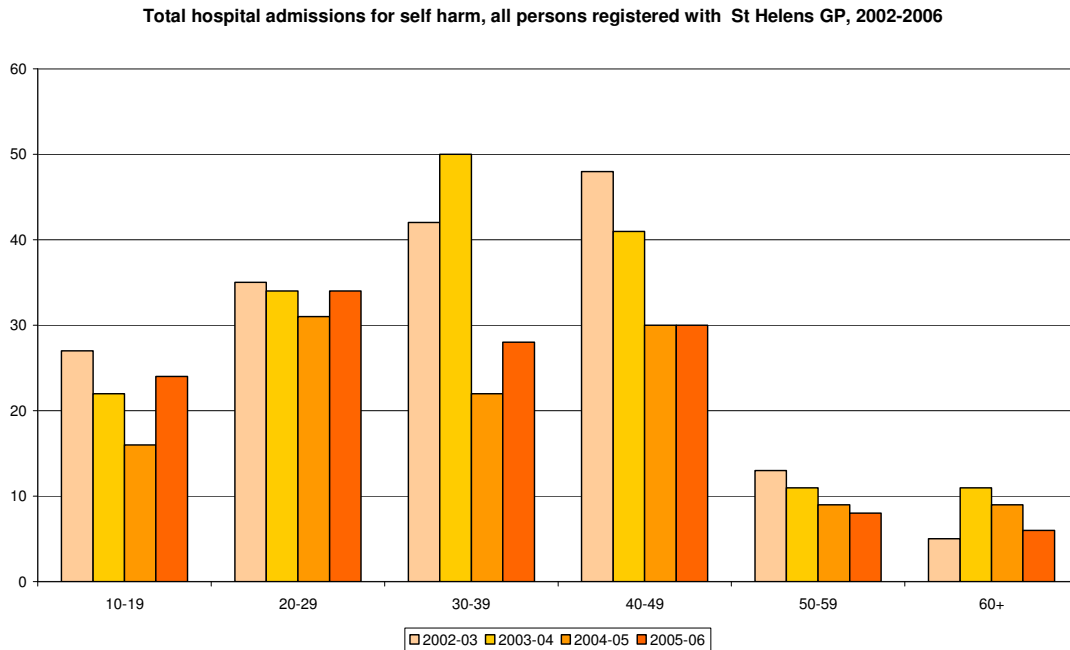
The St Helens male mortality figure for 2004 is lower than that for England and Wales, Merseyside and Cheshire, and neighbouring boroughs.

In St Helens the female mortality figure from suicide or undetermined injury has increased over the ten year period.

The St Helens female mortality figure for 2004 is higher than that for England and Wales, Merseyside and Cheshire, and all neighbouring boroughs, with the exception of Warrington.

NB: It is important to avoid making broad assumptions based solely this data due to the very small numbers of cases.

Figure 3: Total hospital admissions for self harm, all persons registered with a St Helens GP, 2002–2006.



Source: Whiston Hospital Episode Statistics (HES), May 2006.

Figure 3 shows a general decrease in hospital admissions for self harm for all persons between 2002 and 2006.

However, in 2005–06 there were higher numbers of hospital admissions for self harm than the previous year in the 10–19 and 20–29 and 30–39 year old age groups.

Gender specific trends in hospital admissions for self harm, for patients registered with a GP in St Helens.

Figure 3.1: Total hospital admissions for self harm, males registered with a GP in St Helens, by age band.



Figure 3.2: Total hospital admissions for self harm, females registered with a GP in St Helens, by age band.

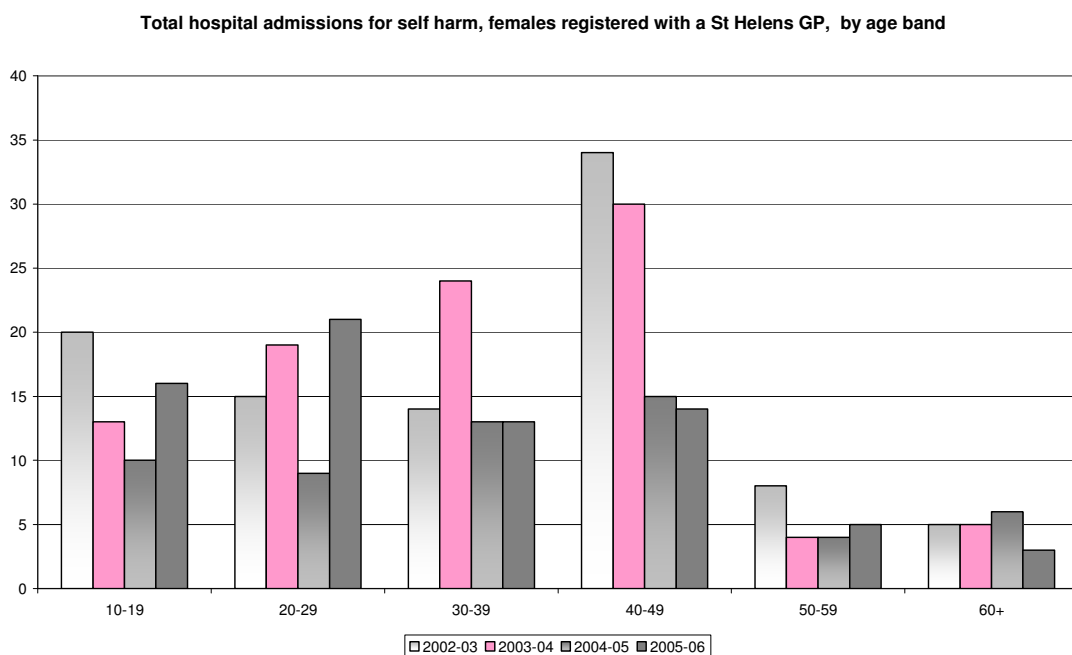


Figure 3.1 indicates that there was a general decrease in the number of males admitted into hospital for self harm between 2002 and 2006.

There was a slight increase, however, in the number of male hospital admissions in the 10–19, 30–39 and 40–49 year old age groups in 2005–2006.

Figure 3.2 shows that for most age groups there is a reduction in female hospital admissions for self harm between 2002 and 2006.

However, there was an increase in female hospital admissions in the 10–19 and in the 20–29 year old age group for 2005–2006.

Hospitalised prevalence of mental illness.**Figure 4:** Hospitalised Prevalence of mental illness.

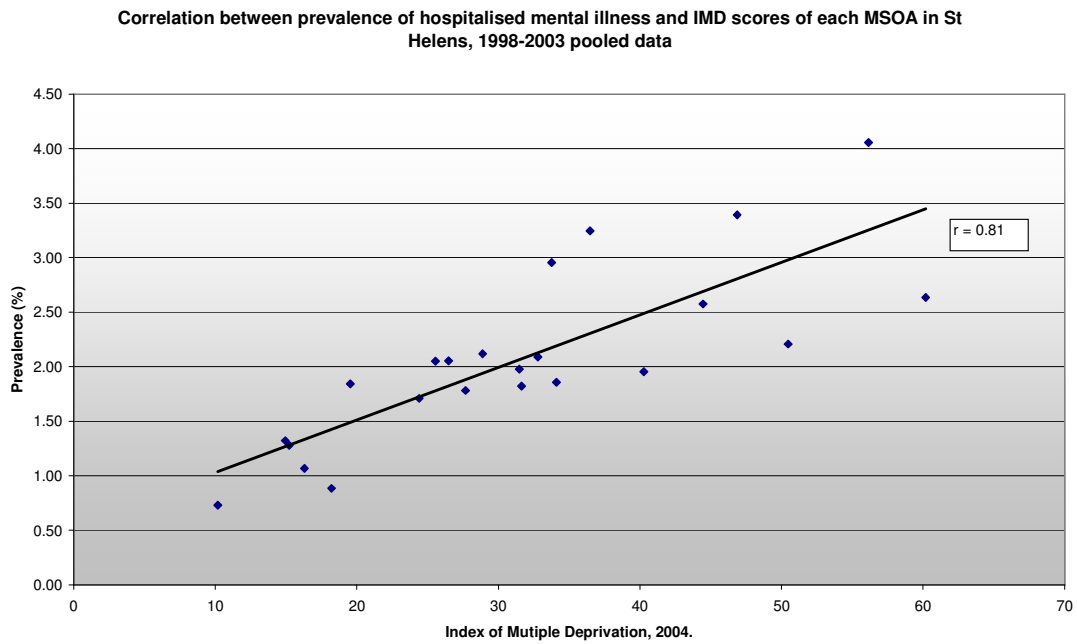
Local Area	Hospitalised Prevalence of mental illness
St Helens	104.96
Halton	143.63
Warrington	117.89
Knowsley	106.14

Source: North West Public Health Observatory (NWPHO) ICD 10 Diagnosis codes F20 to F48, 5 year (1998 to 2003).

The data in Figure 4 is a ratio against a North West Regional Average of 100. All areas listed have a higher prevalence of hospitalised mental illness than the average for the North West.

Of all the North West areas named above, St Helens has the lowest prevalence of hospitalised mental illness and Halton has the highest prevalence.

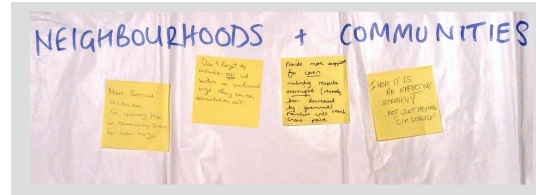
Figure 5: Correlation between prevalence of hospitalised mental illness and IMD scores of each MSOA in St Helens, 1998–2003 pooled data.



Source: North West Public Health Observatory, 2006 and Index of Multiple Deprivation, 2004.

There is a strong correlation between hospitalised mental illness and deprivation ($r=0.81$), with the prevalence of hospitalised mental illness increasing in areas of high deprivation.

Public consultation.



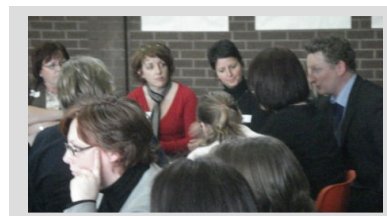
The **'Have Your Say!'** consultation events in Halton & St Helens have informed this Mental Health Promotion Strategy & Framework for Action.

In 2007, over 100 people attended public consultations held in Halton and St Helens. The events provided a platform for lots of lively debate and discussion.



The aim of this public consultation was to canvass the local population, and find out exactly what they felt were the priorities in terms of mental health, and what they'd like to see happen that would focus on improving the mental health and wellbeing of people here in Halton and St Helens.

Focus of debate for each discussion group (for the 4 settings & combating stigma)
<ul style="list-style-type: none"> How can we promote mental health and wellbeing in this setting?
<ul style="list-style-type: none"> How can we combat stigma and discrimination in this setting?
<ul style="list-style-type: none"> How can we promote social inclusion in this setting?
<ul style="list-style-type: none"> How will we know we are making a difference?



(For consultation findings see appendix).

A structured approach.

This strategy is about adopting a stakeholder approach to mental health promotion.

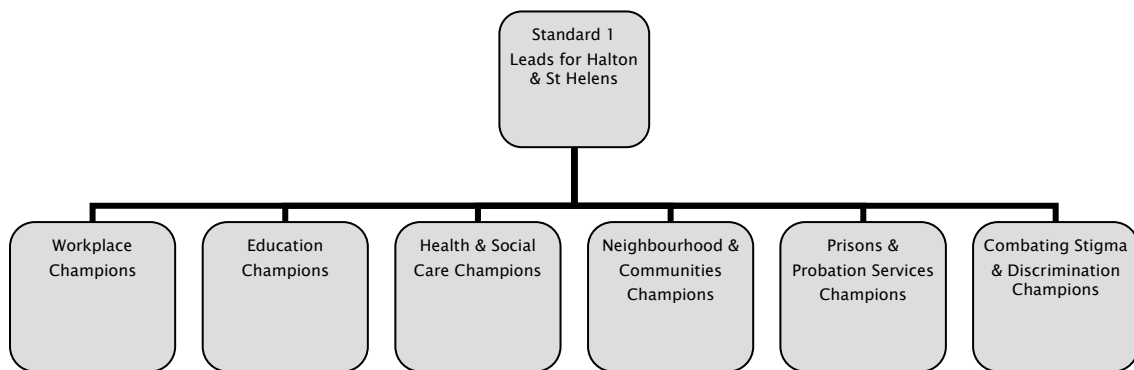
To do this effectively, this strategy & framework for action will focus on:

- Building capacity to deliver effective mental health promotion activities across the boroughs of Halton & St Helens.
- Involving all stakeholders, across all key settings.
- Having a shared vision and plan of action.
- Having a clear timeframe for implementing key mental health promotion activities.
- Having robust protocols for monitoring and evaluating the impact of mental health promotion activities.
- Strengthening existing partnerships between agencies across all sectors, and encourage and facilitate the development of new partnership working.

Building capacity.

This strategy identifies ‘Champions’ for each of the key settings. The role of Champion is to support the implementation of key strategy actions in each of the key settings.

Champions have extensive knowledge relating to their key setting, and have established networks and links to ensure that the strategy actions can be fully implemented.



How will the strategy be delivered?

This strategy will be rolled out through existing community networks – most notably the Social Inclusion Groups in both Halton & St Helens who will take a proactive approach in delivering the key actions as identified in the Framework for Action. The roll out of the strategy will be the overall responsibility of the Standard One Leads.

The groups activities will be coordinated by the Standard One Leads in Halton & St Helens, and progress will be monitored via a 6 monthly stock taking process which will be reported to the Mental Health Partnership Board.

St Helens Champions.

Setting	Champion Organisation
Workplace	St Helens Chamber of Commerce St Helens Chamber of Commerce Health Improvement Team
Education	CAMHS Commissioning Healthy Schools Lead
Health & Social Care	Health Partnership Manager Public Health Programme Manager GP wsi Mental Health
Neighbourhoods & Communities	Helena Housing Helena Housing Re:new Parr Merseyside Police, Community Liaison
Prisons & Probation Services	HMP Liverpool HMP Liverpool Probation Services
Combating Stigma & Discrimination	Shift Stigma Volunteer CALM

Halton Champions.

Setting	Champion Organisation
Workplace	Health Promotion Team, PCT Health Promotion Team, PCT
Education	Healthy Schools Lead CAMHS Practitioners CAMHS Practitioners
Health & Social Care	Deputy Director of Public Health, PCT
Neighbourhoods & Communities	Head of Housing, Halton Housing Trust Mental Health/POPO Officer, Cheshire Police Constabulary
Prisons & Probation Services	Health Promotion HMP Risley Psychiatric Nurse HPM Risley
Combating Stigma & Discrimination	Health Promotion Team, PCT Health Promotion Team, PCT

How will this strategy work?

The purpose of the 'Framework for Action' is to focus attention on the key 'health promoting' priorities in each key setting.

The function of the Champion role is to build capacity and encourage joint ownership of these health promoting priorities in each key setting, in accordance with the Halton & St Helens vision for a 'Stakeholder Approach' to mental health promotion.

This strategy will be implemented over a 4 year period.

In Year 1

The strategy priorities are:

- To build strong partnership working between all stakeholders.
- To promote a joint sense of ownership of the key 'health promoting' priorities for each setting, as listed in the 'Framework for Action'.
- For Champions to forge links with agencies working across relevant key setting, and to evaluate 'collective progress' in delivering health promoting activities independently of one another, in accordance with the goals laid out in the 'Framework for Action', using a stocktaking process.
- For Standard One Leads to facilitate spring and autumn stock takes with stakeholders, and to demonstrate continued progress in attaining goals as laid out in the 'Framework for Action'.

In Year 2; 3 & 4

The strategy priorities are:

- For stakeholder organisations to devise a year on year action plan to focus efforts to attain goals laid out in the 'Framework for Action'.
- For stakeholder organisations to pick up action(s) as agreed in the year on year action plan, and to evidence satisfactory progress towards attaining the action(s) at year end.

- For stakeholder organisations to agree allocation of joint funding for promotion activities, and for this funding allocation to increase each year until year 4.

At the end of year 2 – the Standard One Leads will review the strategy, to determine how effective the strategy is proving to be in terms of attaining goals laid out in the ‘Framework for Action’.

Mental health promotion in Halton & St Helens: where we are at & where we want to be:

Key setting	Promotion activities carried out/ongoing:	Where this strategy will take us:
Workplace:	<ul style="list-style-type: none"> ▪ Links with HSE Group, Chamber of Commerce. ▪ Passport to Health – Stress Management Training. ▪ Supported Employment Schemes – Pathways to Work/Shaw Trust. ▪ Chamber ‘Inspire’ Business Start Up. 	<ul style="list-style-type: none"> ▪ Develop & roll out a workplace holistic training programme to small & large businesses (working with Health Improvement Team / Health Promotion Team). ▪ Support the development of supported employment provision. ▪ Evidence of stronger links with business forums – joint funded health promotion activities.
Education:	<ul style="list-style-type: none"> ▪ Healthy Schools Programmes. ▪ Links with Cluster Group Meetings – provide training to teachers/ education support staff ▪ College Learning Mentors. 	<ul style="list-style-type: none"> ▪ Supporting development of Comprehensive CAMHS ▪ Working towards attainment of Newcastle Declaration. ▪ Mad, Bad & Misunderstood training rolled out to schools. ▪ Effective anti-bullying strategies implemented in schools. ▪ Parenting skills classes incorporate a mental health strand.
Health & Social Care:	<ul style="list-style-type: none"> ▪ Examples of social prescribing interventions – Books on Prescription / Lifestyles Advisors. ▪ Social Inclusion Network Group – bringing voluntary, statutory and community groups together. ▪ Expansion of Public Health Programmes. ▪ Psychological interventions – ‘Ohwhatarelief’, Beating the blues, Kooth.com. 	<ul style="list-style-type: none"> ▪ Clear referral pathways for clients in primary & secondary services to public health programmes (including older people with mental health problems). ▪ Support the implementation of the planned framework for delivery of primary care mental health service. ▪ Raise GP/Primary Care worker awareness of self help provision and community referral schemes for mild to moderate mental health distress. ▪ Roll out the delivery of accredited Asist Suicide Prevention training.

Neighbourhoods & Communities:	<ul style="list-style-type: none"> ▪ Housing programmes to improve local environment. ▪ Regeneration projects ▪ Self help provision mapped. ▪ Mental Health Forums / Wellbeing Groups. ▪ Links with environmental groups. ▪ LIFT projects – hospital rebuilds. 	<ul style="list-style-type: none"> ▪ Enhance self help provision locally. ▪ Promote community referral options within the Practice Based Commissioning agenda. ▪ Bring mental health agenda to town planning and regeneration. ▪ Invest in social capital schemes. ▪ Enhance support for BME groups and LGB community.
Prisons & Probation Services	<ul style="list-style-type: none"> ▪ Links with Probation services 	<ul style="list-style-type: none"> ▪ Establish formal links with HMP Liverpool; Youth Offending Teams, Probation Services and forensic mental health provision. ▪ Examples of Partnership working and joint funded activities. ▪
Combating Stigma & Discrimination	<ul style="list-style-type: none"> ▪ Funding of CALM zones. ▪ Involvement in SHIFT Stigma Campaign ▪ Local media campaigns. ▪ Events to mark WMH Day, Carers Week and Men’s Health wk. 	<ul style="list-style-type: none"> ▪ High profile ‘wellbeing’ campaigns. ▪ Develop partnership workings with local newspapers. ▪ Develop new online and hard copy of Mental Health & Wellbeing Directory of local services.

A Framework for Action

Mental Health Promotion Strategy 2007

Workplace Setting							
	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
Workplace		1	2	3	4		
Promote mental health and wellbeing of all staff in the workplace	<p>Standard One Leads represented on Workplace Steering Group Meetings.</p> <p>Links with local health at work programmes/ HSE meetings. Partnerships and activities developed to promote and support compliance amongst local businesses with DDA, HSE Health & Safety at Work Act and Regulations and the Human Rights Act.</p>						

Support for staff experiencing or returning to work after mental health problems.	A review of local employment services has taken place. Deliver MHP literature and identify training needs.						
Encourage a positive approach to employing staff with experience of mental health distress.	Support the implementation of DH guidelines on employment of people with mental health problems within the NHS, as model of good practice.						
Employment							
Support to address emotional and psychological impact of unemployment.	Forging partnerships with agencies tackling unemployment and worklessness agenda.						

<p>Ensure that people with mental health problems are able to gain paid employment.</p>	<p>Agencies providing supported employment opportunities sit on Social Inclusion Network Group. Demonstrate joint working.</p>						
<p>Support for people immediately following absence from work due to mental health problems.</p>	<p>Self help support networks mapped locally.</p> <p>Agencies supporting clients can access training and information relating to mental health, the workplace and employee rights.</p>						
<p>Action to combat stigma and discrimination within the workplace.</p>	<p>Information circulated and publicity campaigns carried out locally and in partnership with key stakeholders.</p>						

Training to employers on HSE Stress Management Toolkit.	Evidence of delivery of training to local employer forums.						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						
Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Education Setting							
	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
Parents and Early Years		1	2	3	4		
Support the implementation of local strategy and action plan to improve Child and Adolescent Mental Health Services.	Evidence of partnership working in implementation of strategy action plan and joint working on promotion activities.						
Enhance the skills and knowledge of parents.	Establish links with agencies working with parents (e.g. Surestart). Evidence of training programmes/ education materials provided.						
Enhance parenting skills of prisoners and parents on probation.	Liaison with Youth Offending Teams, Probation Services and Prison settings.						

Work with preschool, child care and nurseries.	Standard 1 represented on 0–19 Young Peoples Operational Group.						
Work with vulnerable children/ families.	Evidence of working with agencies supporting vulnerable children/ abused children/ looked after children. MHP integrated into Early Years initiatives.						
Work with CAMHS.	Links with CAMHS task group to support delivery of comprehensive CAMHS services.						

Schools & Colleges							
Emotional health and wellbeing standard of National Healthy Schools is being implemented.	Links with Healthy Schools Programme. Evidence of standard being implemented. Std 1 Leads offering support/ training/ advice on implementing this standard. (DfES, 2004)						
Emotional literacy projects in Primary Schools settings.	Std 1 Leads to act in advisory capacity to support delivery of this work. (DfES, 2004)						

<p>School based interventions focus on building emotional resilience, self esteem and life skills.</p>	<p>School interventions delivered that focus on at least one component (building emotional resilience, self esteem and life skills such as problem solving, communication and self management).</p>						
<p>Support for anti-bullying strategies.</p>	<p>Std 1 links with Cluster Group Network to deliver information relating to anti-bullying strategies.</p>						
<p>School based interventions with parents, carers, pupils and staff have been implemented on coping with school transitions.</p>	<p>Evidence of work with primary or secondary schools. ‘Mad, Bad or Misunderstood’ training for secondary schools.</p>						

<p>Continuing adult education and training is accessible to, and reaches out to people with mental health problems and support is available when needed in mainstream provision.</p>	<p>Links forged with adult education providers.</p> <p>Evidence of partnership working with education providers to deliver accessible education to people with mental health problems, based on need.</p>						
<p>Support the Youth Service in providing informal programmes to promote mental health and wellbeing.</p>	<p>There is liaison between Std 1 Leads and the Youth Service.</p> <p>Youth Service links with Social Inclusion Network Group.</p>						

<p>Joint action is being delivered to implement the Declaration of Early Intervention in Psychosis between EIP services, Healthy Schools, Connexions, Youth Services and Youth Parliaments.</p>	<p>MHP activities included in the Early Intervention in Psychosis Service.</p>						
<p>Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.</p>	<p>Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.</p>						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Health & Social Care Setting							
		Current Progress				Evidence of Progress	Planned future Activity
Action	Intermediate Step	1	2	3	4		
Support the implementation of local strategy and action plan to improve Primary Care Mental Health Services.	Evidence of partnership working in implementation of strategy action plan and joint working on promotion activities.						
Strengthen links between primary and secondary care mental health provisions and public health programmes to improve general health and fitness.	Evidence of formal liaison and increase in referrals to Lifestyle Programmes from primary and secondary care services. (DofH, 2006a)						

<p>Support clinical staff to implement holistic 'lifestyle reviews' in enhanced CPA system including plans for employment, occupation, housing and welfare benefits and consideration given to direct payments.</p>	<p>Working towards a lifestyle review in care pathway approach. (DofH 2005; Swift & Parmentier, 2007)</p> <p>Links between DP Leads, primary and secondary care and MHP.</p>						
<p>Increase General Practitioner awareness of local community referrals.</p>	<p>Evidence of training programmes to GP's on psycho-social interventions, e.g. social prescribing.</p> <p>Explore feasibility of commissioning 'social inventions' through Practice Based Commissioning).</p>						

<p>Secondary care teams have identified a lead contact on vocational and social issues.</p>	<p>Half of secondary care teams have identified a lead contact on vocational and social issues.</p> <p>Lead contacts sit on Social Inclusion Network Group.</p>						
<p>There is coordinated action to meet the physical health needs of people with mental health problems, within secondary and primary care.</p>	<p>Materials on physical health needs of people with mental health problems disseminated to primary/secondary care and to clients.</p> <p>Links to Acute Care Forum, Lifestyle Referral Scheme and Health Trainers. (DofH, 2006a)</p>						

<p>Information campaigns / literature developed that raises awareness of Personality Disorders.</p>	<p>Evidence of promoting an awareness of Personality Disorders within the community.</p>						
<p>MHP is incorporated into graduate worker roles; increasing social networks, promotion of self help support, referral to voluntary and community sectors, partnership working.</p>	<p>Graduate workers have received local training/ induction into MHP and there is evidence of increased uptake of community referral (social prescribing) options. (Pogue, 2006)</p>						
<p>There are strategic and operational links between Std 1 Leads and the CAMHS Strategy Group and Commissioning Leads.</p>	<p>There is liaison between the two groups to identify joint priorities or initiatives.</p>						

<p>The Std 1 strategy supports the CAMHS target to provide a comprehensive CAMHS including MHP.</p>	<p>The Std 1 Leads sit on the CAMHS Strategy Steering Group.</p>						
<p>People who use mental health services are supported to have their views heard and to input into PCT and Trust PPI strategies.</p>	<p>People using mental health services sit on PPI forums, Mental Health Forum, Youth Parliaments, Mental Health Partnership Board and Social Inclusion Network Group.</p>						
<p>There is consistent practice across the locality on paying people with experience of mental health problems for advising on service redesign.</p>	<p>Policies on paying people with experience of mental health problems for advising on service redesign exist.</p>						

<p>Social prescribing schemes have been developed including learning, arts, exercise, books on prescription with clear pathways and protocols for primary care workers.</p>	<p>Examples of social prescribing schemes operating locally. (Brown <i>et al</i>, 2005)</p>						
<p>Mental health is a clear component of exercise on prescription/ Lifestyle Referral schemes, a). Mental health is measured for all referrals, b). People with mental health problems have access to the scheme, c). Staff receive training.</p>	<p>At least one of a), b) or c) is being incorporated into exercise on prescription/Lifestyle Referral schemes.</p>						

<p>Day services are transformed into community resources that promote social inclusion through improved access to mainstream opportunities.</p>	<p>There is a plan in progress to transform day services. Evidence that plan is being implemented. (DofH, 2006b)</p>						
<p>MHP activities to increase the uptake of direct payments and a comprehensive plan exists to improve awareness of DP amongst staff and clients.</p>	<p>There is a local plan to increase uptake of direct payments. (SCMH, 2006)</p>						
<p>Work with clients with dual difficulties.</p>	<p>Evidence of training delivered to staff and clients about mental health problems and underlying or overlying drug &/or alcohol misuse.</p>						

Support for victims of domestic violence.	Link with agencies that support victims of domestic violence, and MHP training/literature delivered to staff and volunteers.						
Reduce alcohol-related violence.	<p>Jointing working with Health Promotion to promote sensible drinking.</p> <p>Link with Alcohol Support Practitioners.</p>						
Efforts to reduce acceptability of violence.	MHP involved in national and local campaigns to raise awareness.						

<p>Deliver suicide prevention training to stakeholder agencies.</p>	<p>Std 1 Leads to undergo Assist training programme and accreditation. (DofH, 2002)</p> <p>Plans for rolling out of ASIST accredited training programme.</p> <p>Evidence of specific health promoting activities / suicide prevention work focused at women.</p>						
<p>Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.</p>	<p>Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.</p>						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Neighbourhoods & Communities Setting							
Action	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
		1	2	3	4		
Support for initiatives that improve local environment.	Std 1 represented on steering groups for LIFT projects, regeneration programmes - Regeneration, Housing, and environmental groups.						
Identify communities that are vulnerable to experiencing mental health problems and deliver appropriate interventions with partners.	Working with agencies that engage with vulnerable groups, Housing, Regeneration, LGB Groups - Armistead and BME communities.						

<p>Action to improve community mental health and wellbeing – investing in Social Capital.</p>	<p>Standard One Leads delivering training to Community Development Workers. (Morgan & Swann, 2004)</p>						
<p>Neighbourhood Renewal Projects developed to improve mental health, combat stigma and increase social inclusion within neighbourhoods.</p>	<p>MHP represented on neighbourhood renewal task groups. Standard One Leads and Named Champions sit on Social Inclusion Network Group.</p>						
<p>Advocacy for social networks. Opportunities to participate and influence decision making and service design.</p>	<p>Liaise closely with dedicated Self Help Support worker. MHP represented at Social Inclusion Network Meeting, PALS, PPI Forums and Mental Health Forums.</p>						

Support for community participation in the creative arts	Links with creative arts groups, Arts Centres, Colleges and self help support networks.						
Improve housing and the built environment.	Partnership working with Housing.						
Increase access to green open spaces	Work to promote green spaces and raise awareness of health benefits. Partnership working with environmental groups.						
Work to reduce alcohol related harm	MHP training for Alcohol Support Practitioners, Lifestyles Advisors and Health Trainers.						

<p>Promote physical activity</p>	<p>Training for Lifestyles Advisors, Health Trainers, Healthy Living Programme and volunteers undertaking Passport to Health course.</p> <p>Forging close links between Healthy Living Programme and primary and secondary mental health.</p>						
<p>Enhance self help support locally.</p>	<p>Undertake mapping of self help provision.</p> <p>Deliver training programmes and educational resources to groups.</p> <p>Recognise and celebrate self help provision available locally.</p>						

<p>Std 1 priorities have been incorporated into the local homelessness and housing strategies.</p>	<p>Demonstrate efforts to meet the needs of homeless people.</p> <p>Support to people with mental health problems to access appropriate housing.</p>						
<p>Meeting the needs of people with mental health problems is reflected in the Local Transport Plan.</p>	<p>Links made with transport services.</p>						

<p>Build capacity in voluntary and community agencies to promote mental health, combat discrimination and increase social inclusion.</p>	<p>Voluntary and Community agencies are represented on the Social Inclusion Network Group, and are involved in developing and delivering some mental health promotion activities.</p> <p>Evidence of joint funding for health promotion activities.</p>						
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Later Life							
Support the implementation of local strategy and action plan to improve mental health of older people.	<p>Standard One Leads represented on steering group implementing strategy – ‘Securing Better Mental Health for Older Adults’, (2006)</p> <p>Evidence of working to attain key actions as laid out in action plan for ‘Securing Better Mental Health for Older Adults’.</p>						
Befriending schemes available	<p>Evidence of a range of support to combat social isolation in later life. Age Concern – befriending scheme,</p> <p>PAMS volunteers scheme.</p>						

Intergenerational projects.	Forging close links with PAMs scheme and Passport to Health for older people experiencing mental health problems. Establish links with MHP and Active Age Practitioners.						
Promote uptake of education, sports and leisure by older people.	Increase uptake of public health programmes for older people experiencing mental health distress.						
Targeted outreach to isolated and vulnerable people.	Links with Active Age Practitioners, Crisis Resolution and Assertive Outreach Teams.						

Community day care services for older people.	Day service redesign to improve access by older people. Evidence of distribution of training / educational materials for staff and clients.						
Supported accommodation.	MHP literature provided to staff and clients.						
Other measures to tackle social isolation	Supporting the delivery of local media campaigns and events that bring people together.						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Prisons & Probation Setting							
Action	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
		1	2	3	4		
Establish partnership working with local feeder prison.	Evidence of prison based MHP activities, and training offered to staff based in local feeder prison. Evidence of partnership working between prison/probation services and MHP.						
MHP interventions feature as part of an overall Health Improvement Strategy within local prison/ probation settings.	Evidence of MHP in Health Improvement Strategy in local feeder prison / probation services.						

<p>MHP interventions follow a model which focuses on reducing risk factors and promoting resilience factors for mental health for prisoners and staff.</p>	<p>MHP interventions follow a model which focuses on reducing risk factors and promoting resilience factors.</p>						
<p>Training for YOT staff and Probation services.</p>	<p>MHP interventions follow a model which focuses on reducing risk factors and promoting resilience factors.</p>						
<p>Work with Prison and Probation staff.</p>	<p>Evidence of training delivered to staff on needs of clients with mental health problems and underlying or overlying drug &/or alcohol misuse.</p>						

<p>Promote 'holistic' health approaches in prisons and probation services as part of a lifestyle review approach.</p>	<p>Action to promote mental health includes looking at: physical environment; physical activity; work, skills and training; education; leisure and recreation time; relationships and family; bullying; self harm and suicide; release and rehabilitation. (Swift & Parmentier, 2007)</p>						
<p>Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.</p>	<p>Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.</p>						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Combating Stigma & Discrimination Setting							
Action	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
Combating Stigma		1	2	3	4		
Work on media coverage of MH issues and Personality Disorders.	People who use services and carers are involved throughout the design, monitoring and evaluation of anti-discrimination programmes. (NIMHE, 2004)						
Anti-stigma work with young people.	Liaison with youth parliaments, CAMHS, young carers, Starting Point, Connexions, schools and colleges.						
Programmes address changes in behaviour, not just awareness raising.	Programmes address changes in behaviour with evidence of effectiveness.						

<p>Clear and consistent messages are delivered in targeted ways to specific audiences, as part of a coordinated approach and long term plan.</p>	<p>Clear and consistent messages are delivered in targeted ways to specific audiences as part of a coordinated approach.</p> <p>Working with national SHIFT stigma campaign.</p>						
<p>Anti-stigma work with private organisations, including employers.</p>	<p>Linking with Chamber of Commerce, Business Link, Starting Point. Programmes are appropriately monitored and evaluated.</p> <p>Evidence of joint funding on local anti stigma campaigns.</p>						

<p>There is coordinated anti-stigma training, delivered to a range of agencies, including the media, and involving people who use services, and carers in delivery.</p>	<p>Priorities for delivering anti-stigma training have been agreed.</p>						
<p>Engaging with journalists, people using services, and communication officers in proactive media coverage.</p>	<p>There is engagement with journalists and communication officers in providing positive media reporting.</p> <p>Working in partnership with local newspapers.</p>						

Marketing Mental Health & Wellbeing.							
Media campaigns implemented.	Links with SHIFT stigma campaign. Establish media task group.						
Events to mark World Mental Health Day.	Steering group established with Reps from stakeholder agencies to plan events. Evidence of joint funded projects to mark WMH Day.						
Production of local Mental Health Literature.	Linking with Primary Care Information Specialists.						
Updated Mental Health Directory.	Phase 1 - updating and developing new online Mental Health Directory. Phase 2- rolling out hard copy directory.						

Build capacity for psychological support.	Evidence of promoting 'Ohwhatarelief' series, Beating the blues, Kooth.com and Books on prescription.						
Develop social enterprise model.	Evidence of supporting work of social enterprise groups operating locally.						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Monitoring & evaluating the implementation of this strategy.

The implementation of this strategy needs to be closely monitored and evaluated to ensure that:

- Satisfactory progress is made in the attainment of key targets set out in the framework for action.
- All stakeholders are clear about the aims and objectives in each key setting, and are able to identify key priorities.
- The strategy is proving effective in delivering mental health promotion activities across Halton & St Helens.
- Any difficulties implementing strategy actions are flagged up so that appropriate resources can be allocated to overcome any barriers.

Monitoring progress.

The Standard One Leads for Halton & St Helens have overall responsibility for ensuring that Standard One of the National Service Framework for Adult Mental Health is implemented fully.

Standard One Leads for St Helens – **Mark Swift, Jen Brown**

Standard One Lead for Halton – **Cath Ashton, Alison Jones**

Social INclusion Group (SING).



Named champions for each key setting support the delivery of the strategy actions. The Champions report progress to the Social INclusion Group (SING).

The group meets monthly, and is made up of representatives from a broad array of agencies from the voluntary, statutory and community sectors. The role of the group is to support the implementation of mental health promotion activities across each of the boroughs.

The mental health partnership board.

It is the responsibility of the Standard One Leads to liaise with all Champions to ensure that progress is being made to implement this strategy.



The Standard One Leads will present a 'stock take' of mental health promotion activities to the Mental Health Partnership Board. This will take place twice in year 1 and then once a year at the end of years 2, 3 & 4. This stock take will also be forwarded to the Public Health Directorate.

The stock taking process will also be an opportunity to showcase examples of positive practice to the partnership board, ensuring that their profile is raised locally.

Spring stock take

Autumn stock take



Timeline showing planned 'stock taking' review of mental health promotion and social inclusion activities. Audit presented to the Mental Health Partnership Board and the Public Health Directorate.

Building public mental health intelligence.

This strategy supports the collection of detailed public mental health intelligence.

Adopting a standardised approach to data collection will inform the development of effective mental health promotion activities.

Rolling out a standardised public mental health intelligence audit across all agencies working in mental health is a key priority of this strategy.

Standardised public mental health intelligence audit form.

Name of service:				Address:			
Service speciality:				Contact tel:			
Date DD/MM/YY	Client age YY/MM	Employment status	Gender M/F	Postcode ---/---	Units alcohol consumed per wk --		

Key

Employment status

(U) unemployed (PT) part time (FT) full time
(S) student (IC) incapacity benefit (OB) other benefit

Units alcohol consumed per wk

- One small (125 ml) glass of wine at 9% is one unit.
- Half a pint of 3.5% beer/lager/cider is one unit
- A 25ml pub measure of spirit at 40% is one unit

Key contacts: St Helens Champions

Setting	Named Champions	Champion Organisation Address	Email	Telephone	Fax
Workplace	Ann Holcroft	St Helens Chamber of Commerce Technology Campus, St Helens WA9 1UE	ann.holcroft@sthelenschamber.com	01744742000	01744742001
	Neal McNulty		Neal.mcnulty@sthelenschamber.com		
	Diane Coysh	Health Improvement Team Bold Miners Neighbourhood Centre, Fleet Lane, Parr, St Helens WA9 2NH	Diane.Coysh@hsthpcct.nhs.uk		
Education	Eric Albrecht	Healthy Schools Programme, Rivington Centre, Rivington Road, St Helens WA10 4ND	ericalbrecht@sthelens.gov.uk	01744455364	01744455461
	Dave Sweeney	CAMHS Commissioning 50 Cowley Hill Lane St Helens Merseyside WA10 2AW	Dave.Sweeney@hsthpcct.nhs.uk	0174428098	
Health & Social Care	Debbie Bishop	Bold Miners Neighbourhood Centre Fleet Lane, Parr, St Helens WA9 2NH	debbiebishop@sthelens.gov.uk	01744 697433	01744 697434
	Helen Jarram		helenjarram@sthelens.gov.uk		
	Dr Laura Pogue	GP wsi Mental Health Halton & St Helens PCT, Victoria House, Holloway, Runcorn WA7 4TH	Laura.Pogue@hsthpcct.nhs.uk	01928 593600	

Neighbourhoods & Communities	Mark Jory	Helena Housing HQ, 3rd Floor, Court Building, Alexandra Park, Prescott Road, St Helens WA10 3TT	Mark.Jory@helenahousing.co.uk	01744 675555	
	Tom Bate		Tom.Bate@helenahousing.co.uk		
	Karen Machin	St Helens Mental Health Forum, United Reform Church, King Street, St Helens	k.machin@dsl.pipex.com	07979252526	
Prisons & Probation Services	Steve Truoga	HMP Liverpool, 68 Hornby Road, Liverpool, L9 3DF		0151 5304030	
	John Kelly				
	Bev Lennon	Probation Service	bev.lennon@merseyside.probation.gsx.gov.uk		
Combating Stigma & Discrimination	Brian Roscoe	Volunteer Media Champion	brian@broscoe.wanadoo.co.uk		
	Simon Howes	CALM on Merseyside, Liverpool Health Promotion Service, 10 Maryland Street, Liverpool L1 9DE	simon.howes@centralliverpoolpct.nhs.uk	0151 7071555	0151 7072552

Key contacts: Halton Champions

Setting	Named Champions	Champion Organisation Address	Email	Telephone	Fax
Neighbourhoods & Communities	Teresa Teirney	Halton Housing Trust	teresa.tierney@haltonhousing.org	01515105050	01515105100
	Pete Shaw	Mental Health and Prolific Offender Officer (POPO)	Pete.shaw@cheshire.pnn.police.uk	01514221447	01928581395
Prisons & Probation Services	Katie Roberts	Risley Prison Health Promotion	Katie.roberts.01@hmpr.gsi.gov.uk	01925733265	
	Brian Dearden	HMP Risley Psychiatric Nurse	Brian.james.dearden@hmpr.gsi.gov.uk	01925733000	
Stigma & Discrimination	Cath Ashton	As above	As Above	As above	
	Alison Jones	As above	As Above	As above	

Workplace	Cath Ashton M Health Lead	HStH PCT Lister Rd, Runcorn WA7 1TW	Cath.ashton@hsthpcct.nhs.uk	01928593016	01928569532
	Alison Jones Mental Health Improvement	HStH PCT Suite 1E Midwood House Midwood St, Widnes WA8 6BH	Alison.jones@hsthpcct.nhs.uk	01514955450	0151 4206788
Education	Pam Worrall Healthy Schools	HStH PCT Lister Rd Runcorn WA7 1TW	Pam.worrall@hsthpcct.nhs.uk	01928593003	01928569532
	Alison Farquhar	HstH PCT Child and Adolescent Primary Health Workers. Lister Rd Runcorn WA7 1TW	Alison.farquhar@hsthpcct.nhs.uk	01514955095	01928569532
	Melanie Fitzsimons		Melanie.fitzsimons@hsthpcct.nhs.uk	01514955096	01928569532
Health & Social Care	Eileen O'Meara	Deputy Director Public Health Victoria House Holloway Runcorn WA7 4TH	eileenomeara@hsthpcct.nhs.uk	01928593711	01928590594

Strategy Endorsement:

This Strategy has been endorsed by the following organisations:



Acknowledgements

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CALM
Citadel Arts Centre
Citizens Advice Bureau
Coalition of Disabled People
Halton & St Helens CAMHS
Health Improvement Team – St Helens
Health Promotion Team – Halton
Heath Park Lodge
Helena Housing
HMP Prison Liverpool
Making Space
Mental Health Partnership Board
Merseyside Police
PSS Young Carers
Reablement Team St Helens
Re:new Parr
Social Inclusion Network Group
St Helens Chamber of Commerce
St Helens College
St Helens Council
St Helens CVS
St Helens Healthy Living Programme
St Helens Healthy Schools Programme
St Helens Mental Health Forum
St Helens Mind
St Helens Primary Care Mental Health Team
St Helens Probation Service
Together
Wellbeing Project Community Interest Company
YMCA
YWCA

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DofH *see* Department of Health

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Appendix

Summary of findings from public consultation

Theme: Workplace	Consultation Feedback
<p>1. How can we promote mental health and wellbeing in this theme?</p>	<ul style="list-style-type: none"> ▪ More training ▪ Example of a commitment to this issue from management. A top down approach ▪ Better working environments ▪ Flexible working ▪ Improved work / life balance ▪ Improved support and supervision ▪ Access to counselling in the workplace ▪ Outside person not a manager = buddy ▪ Incentives for employers to take on people who have had experience of mental health distress ▪ Flexible working = shorter hours ▪ Support for parents with young families ▪ Good policies in place ▪ Honesty and respect ▪ More training ▪ More flexibility ▪ Reduce work pressure ▪ Nicer working environments ▪ Social activities ▪ Chocolate fountains ▪ Better communication throughout ▪ Tai Chi at Lunchtimes
<p>2. How can we combat stigma and discrimination in this theme?</p>	<ul style="list-style-type: none"> ▪ More training and education for employees and managers ▪ A more open and tolerant working environment, where you can feel ok to say that you aren't feeling too good ▪ Changing hearts and minds ▪ Understanding that work pressures can lead to excessive drinking, depression ▪ Educate employers ▪ Diversity of workforce independently audited ▪ Training = awareness ▪ Good public relations ▪ Return to work training ▪ Positive discrimination to help people back to work ▪ More open ▪ Open dialogue ▪ No longer difficult to say you are feeling stressed

	<ul style="list-style-type: none"> ▪ Raise awareness about different conditions ▪ More information about mental health (more posters) ▪ Designated staff to raise mental health and wellbeing issues in the workplace
<p>3. How can we promote social inclusion in this theme?</p>	<ul style="list-style-type: none"> ▪ Make it easier for people who have experienced mental health distress to return to work ▪ Make the workplace a more friendly environment to be in ▪ More 'A List' coming out and supporting mental health and wellbeing issues ▪ More information in the media ▪ More education for colleagues ▪ Everyone recognises their responsibilities and the role each of us has to play in promoting mental health and wellbeing ▪ Positive mental health awards for organisations demonstrating positive practice – Kite Mark Quality ▪ Staggered return to work available ▪ Open to suggestions from the individual looking to come back ▪ Better understanding from the employer ▪ Incentives for employers
<p>4. How will we know we are making a difference?</p>	<ul style="list-style-type: none"> ▪ Invite external auditors to monitor if attitudes/ new policies are working ▪ Happier staff ▪ Feedback from staff is positive ▪ Reduction in the sickness / absence rates ▪ People will feel able to be more open and honest about this issue, and not feel embarrassed ▪ When people can openly say they are 'stressed – depressed.... etc
<p>5. Comments from notice board</p>	<ul style="list-style-type: none"> ▪ Most employers don't want to know when employees with a disability wish to seek employment. Action – employers should be assisted in taking on employees (event if it's on a part time basis) who have had mental health problems ▪ Challenge stigma in the workplace ▪ St Helens Supported Employment Service. Offers 1 to 1 support back into employment. Contact

	<p>Margaret on 01744 456391</p> <ul style="list-style-type: none">▪ Promote wellbeing, combat stigma and promote social inclusion
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Theme: Education	Consultation Feedback
<p>1. How can we promote mental health and wellbeing in this theme?</p>	<ul style="list-style-type: none"> ▪ Compulsory training for pupils/ staff – the whole school ▪ Compulsory study within PHSE framework ▪ CAMHS services promoted to both staff and pupils (not just learning mentors) ▪ Awareness raising of the signs and symptoms of mental health distress ▪ Would be good to have some training from lay people about mental health distress ▪ Focus not just on academic achievement e.g., also on wellbeing ▪ Give more time and focus to talking, sharing, time for lunches, school dinners settings ▪ Proper diet / obesity ▪ Anti-bullying initiatives ▪ Ofsted to enforce mandatory focus on mental health and wellbeing ▪ Bring back fun and enjoyment to the classroom ▪ CAMHS to have a more visible presence / role to play in schools and education settings ▪ An emotional health and wellbeing day in St Helens ▪ Pupils to develop plays / dramas / focus weeks ▪ Promote work experience (Trident) ▪ More preventative work, rather than treating the symptoms ▪ More focus on mental health and wellbeing in colleges ▪ Promote good policies / procedures in relation to mental health and wellbeing in education settings ▪ More partnership working between parents and education ▪ Focus more on hope and aspirations in the classroom
<p>2. How can we combat stigma and discrimination in this theme?</p>	<ul style="list-style-type: none"> ▪ Users / experienced staff sharing their own personal experiences ▪ More younger people in education settings who can relate directly with young people ▪ Discussing stereotypes and how they influence the way we think, and how stereotypes affect mental health – e.g. using puppets with younger children ▪ Educate about morals / ground rules enforced.

	<p>Need this work to start in the home</p> <ul style="list-style-type: none"> ▪ Promote and encourage diversity of expression ▪ More learning mentors in education settings ▪ Using celebrity / people in public eye to back the cause ▪ Mad / Bad misunderstood training ▪ Use (Social & Emotional Aspects of Learning) SEAL resource in schools ▪ Good key speakers locally to back the cause ▪ A Happy Passport – personalised education plans
<p>3. How can we promote social inclusion in this theme?</p>	<ul style="list-style-type: none"> ▪ Head teacher have greater powers to exclude ▪ Head teachers to have greater powers to select pupils ▪ Work with all other agencies ▪ Changes to the curriculum set up ▪ More community work by schools ▪ Extra curricular activities, for free, and involving and engaging parents ▪ Target hard to reach families ▪ Head teacher motivation ▪ Improve teaching and learning styles ▪ Shape the culture / environment of schools ▪ More family support
<p>4. How will we know we are making a difference?</p>	<ul style="list-style-type: none"> ▪ Fall in truancy rates of schools / improvements in attendance ▪ Less bullying reported ▪ Feedback from parents / pupils – maybe an annual happiness / wellbeing survey in schools ▪ Online independent questionnaires for schools ▪ Continuous evaluation
<p>5. Comments from notice board</p>	<ul style="list-style-type: none"> ▪ Free access to after school clubs for all children. Fun and informative activities to promote positive mental health ▪ I attended as a carer but feel that there are opportunities here for development. I teach parenting skills for adult and community learning from birth to teenagers. Our courses are free and could benefit some of your families. Margery Bond Parents Information Centre 01744 677888 ▪ Too many large classes of children. 30 in a class is too many

	<ul style="list-style-type: none">▪ Educate more in schools on mental health and wellbeing▪ Less unrelenting testing for children in schools, especially secondary school age. Change the curriculum!▪ Educate pregnant ladies on post natal depression▪ Improve working lives of professionals - balance between work / home life▪ Mental and emotional health from an early age - maybe in PSHE in schools. Start simple and expand▪ Early interventions - raising awareness of mental ill health▪ Promote mental health and emotional wellbeing in schools▪ Awareness days with schools and parent involvement▪ Motivated Head Master who believes in his school → positive education and pupil wellbeing. Also - motivates teachers → children → parents▪ Need more after school activities for all ages. Free of charge?▪ Poor education system▪ Parents input in after school activities / more parents evenings.▪ More support for poor income families
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Theme: Health & Social Care	Consultation Feedback
<p>1. How can we promote mental health and wellbeing in this theme?</p>	<ul style="list-style-type: none"> ▪ Better communication channels and engagement with GPs as the gatekeepers ▪ Give people the opportunities to do something meaningful e.g. a waged job ▪ Promote holistic health ▪ Health MOTs incorporating mental wellbeing also ▪ Awareness training and workshops ▪ Encourage and nurture friendships ▪ Let children be children – allow play / free time ▪ Broaden people’s horizon’s ▪ All sectors working to promote health and social care to have a shared vision ▪ Sharing and celebrating best practice ▪ Linking initiatives in physical health to mental health, and to be taken seriously as part of holistic care package for clients experiencing mental health distress ▪ Mental Health MOTs ▪ Developing and enhancing existing support networks in the community ▪ More preventative work, rather than treating the symptoms ▪ Holistic services ▪ Better communication with GPs and primary care ▪ Provide opportunities for individuals experiencing mental health distress to contribute and make a difference ▪ Free travel passes for people with severe and enduring mental health problems ▪ Greater health focus in schools and sixth form colleges ▪ Training workshops
<p>2. How can we combat stigma and discrimination in this theme?</p>	<ul style="list-style-type: none"> ▪ Actively recruit people who have experienced mental health distress to work in health and social care ▪ Celebrate successes / examples of positive practice ▪ Form meaningful partnerships with the private sectors ▪ Mental health put onto all government policy drivers ▪ A top down approach and acknowledgement

	<p>that mental health is a priority</p> <ul style="list-style-type: none"> ▪ Distinction between mental health distress and learning disabilities ▪ Acknowledge that stigma still exists and is out there ▪ Don't just prescribe medications as if that is the only option, and without considering all the other resources available at practitioner disposal ▪ Actively recruit people who have experienced mental health distress ▪ Better engagement with the media, and help them to acknowledge the enormous role they play in shaping people's understanding of mental health distress
<p>3. How can we promote social inclusion in this theme?</p>	<ul style="list-style-type: none"> ▪ Actively recruit people who have experienced mental health distress to work in health and social care ▪ Staff in health and social care to adopt a positive / upbeat ethos in their working roles, focused on recovery, reintegration and moving forward ▪ Provide choices and alternative pathways for people ▪ Integration between existing service provisions ▪ Looking beyond the mental health label ▪ Employment ▪ Education ▪ Separate focus to drive forward inclusion for children with mental health distress
<p>4. How will we know we are making a difference?</p>	<ul style="list-style-type: none"> ▪ More counsellors working in health and social care settings and private sectors ▪ More people with personal experience of mental health distress working in health and social care settings ▪ Measure a decline in the numbers of people reporting poor mental health ▪ Mental health will be normalised... mental health / distress viewed as a continuum ▪ Examples of real partnership workings between organisations across different sectors ▪ Greater access to holistic health, and that mental health is acknowledged as being a part of 'total health' and that without it you simply

	<p>cannot have health</p> <ul style="list-style-type: none"> ▪ Better engagement with general practitioners, and that they acknowledge mental health distress as a priority health issue ▪ Examples of more resource allocation to the provision of upstream interventions that prevent problems from arising in the first place, and that promote positive mental health and physical mental health ▪ Instil hope in everyone living and working in St Helens ▪ Case studies of good practice ▪ People reporting positive practice ▪ Educating the trainers ▪ Overcome the fear of mental health distress in schools
<p>5. Comments from notice board</p>	<ul style="list-style-type: none"> ▪ Take off the label ▪ To be clear that children and young people with disabilities do have mental health issues and that these do not get treated ▪ Take services to clients rather than trying to engage 'hard to reach' and provide universal / mainstream services ▪ All health and social care strategies should all be targeting people with mental health problems ▪ Health and social care to stop using terminology that separates mental and physical health

Theme: Neighbourhoods & Communities	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	<ul style="list-style-type: none"> ▪ Designing public spaces ▪ Combat crime ▪ Neighbourhood watch schemes ▪ Awareness of lifestyle ▪ More floating support ▪ Open evenings run by landlords / tenant groups ▪ Church influence on society had reduced, nothing has replaced this ▪ Supporting people who have had people's and enabling them to move on ▪ Environmental impact – people feel good where trees are planted. Improves image of community and helps people to feel good ▪ Improved environments ▪ Better housing ▪ Improved design of housing (Bigger / more space) ▪ Improved transport in and out of estates ▪ Improved facilities for people with disabilities – e.g. ramps, wheelchair access ▪ Support for people to stay in their local communities
2. How can we combat stigma and discrimination in this theme?	<ul style="list-style-type: none"> ▪ Role of agencies ▪ Staff training ▪ Don't jump to negative actions ▪ 'Labelling' estates / areas ▪ Educating communities, and making them more aware ▪ People talking more openly about mental health ▪ Educating and giving understanding to young people ▪ Raising expectations locally ▪ Educating people ▪ Disability awareness week / campaigns ▪ Promote local Champions ▪ Encourage greater understanding of social problems and their potential solutions at an earlier age
3. How can we promote social inclusion in this theme?	<ul style="list-style-type: none"> ▪ Community staff e.g. park keepers ▪ Community centres should remain open ▪ Involve youth groups and encourage more ▪ Educating the wider public to promote and

	<p>encourage expectations and achievements</p> <ul style="list-style-type: none"> ▪ Replace youth clubs ▪ Develop facilities for 11 years ▪ Consult children and incentives young people. e.g. Ipods to attend and participate ▪ Large groups of youths aren't necessarily bad – encourage mates ▪ Promote libraries and make more use of schools as a community resource ▪ Better transport that's more affordable ▪ More opportunities for people to come together. Welcoming new members to the community. ▪ People are a part of the community and not just own / rent a property in an area ▪ There's no sense of community. People should be encouraged and enabled to talk to each other
<p>4. How will we know we are making a difference?</p>	<ul style="list-style-type: none"> ▪ Increased tolerance. People feel comfortable when self reporting ▪ Recognition for individual efforts and progress ▪ Reduction in percentage reporting mental health distress ▪ Longer stay in own homes / tenancies ▪ Community develops and organises events. Interactions between people locally start to happen without the interventions of housing agencies and third parties ▪ Self sufficient neighbourhoods that can call on support from people locally ▪ Less vandalism and local crime ▪ Increased demand for shared communities ▪ People report that they feel safe ▪ Surveys that canvass communities and their experiences living in key areas. ▪ Community surveys ▪ Success in attracting investment
<p>5. Comments from notice board</p>	<ul style="list-style-type: none"> ▪ More social activities for young men in community setting. Somewhere for them to go ▪ Don't forget to include all voluntary sectors i.e. uniformed organisations. They can be educated as well. ▪ Provide more support for carers, including respite overnight (recently been decreased by

	<p>government). Families will reach crisis point otherwise</p> <ul style="list-style-type: none">▪ I hope this is an effective strategy – not just paying ‘lip service’
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Theme: Prisons & Probation Services	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	<ul style="list-style-type: none"> ▪ More education and awareness raising ▪ Networking with other service providers ▪ Media promote a positive image ▪ Factual information available ▪ Passport to health training in the prison setting / probation service ▪ Food cooperatives. Links to existing community project's up and running
2. How can we combat stigma and discrimination in this theme?	<ul style="list-style-type: none"> ▪ Education ▪ Educate employers
3. How can we promote social inclusion in this theme?	<ul style="list-style-type: none"> ▪ Better advertising of community forums and networks available for prisons and probation workers to link in to. ▪ Supported employment opportunities ▪ 1 to 1 peer support for ex offenders ▪ Citizenship education ▪ Better referral systems ▪ Better partnership workings
4. How will we know we are making a difference?	<ul style="list-style-type: none"> ▪ More ex offenders are able to gain and retain employment after leaving prison / probation services
5. Comments from notice board	<ul style="list-style-type: none"> ▪ Should people with a mental health diagnosis be institutionalised? ▪ Greater focus on rehabilitation and prevention! ▪ Health needs must take leading role before sending someone to prison. Prison has to be a last resort. ▪ Proper treatment for mental health problems could and would reduce the prison population ▪ Employ more occupational therapists in prisons

Theme: Combating Stigma	Consultation Feedback
<p>1. How can we promote mental health and wellbeing in this theme?</p>	<ul style="list-style-type: none"> ▪ Zero tolerance in the workplace ▪ Early interventions in school settings ▪ Educating parents ▪ Confronting head on the stigma visible in the press ▪ Raising general awareness about the effects of stigma ▪ Educating people ▪ Stop making a distinction between physical health and mental health ▪ More quality interactions with the press by primary care workers ▪ Educate people when they are in their younger years while at school ▪ Normalise the issue ▪ Combating influences from homes and communities (outside the school) ▪ Increase understanding throughout staff, including managers ▪ Increase support and awareness ▪ Training ▪ Reducing avoidance of discussing these issues ▪ Normalisation ▪ Talk about it! ▪ Start early ▪ Educate the Educators, and anyone working with young people ▪ Combat bullying ▪ Increasing understanding ▪ Greater sense of urgency to address this issue ▪ Increase equality of opinion ▪ Using role models, i.e. famous people ▪ Educate the media and the community
<p>4. How will we know we are making a difference?</p>	<ul style="list-style-type: none"> ▪ When crimes reported in the media place less emphasis on the offender having had mental health distress (if was the case) ▪ Carry out large scales surveys of the population to determine if attitudes are changing ▪ Market Research: What do people really think? Monitor the Changes ▪ More robust schemes within the workplace like budding schemes/mentoring ▪ Employers being more open to disabled

	<p>employees</p> <ul style="list-style-type: none"> ▪ When people can openly seek help, and they receive it earlier, i.e. are more willing/able to access mental health services ▪ Increased understanding ▪ Better integration → social inclusion → acceptance ▪ Including issue within policy movements ▪ Mandatory training in place ▪ Mental health education in the curriculum
<p>5. Comments from notice board</p>	<ul style="list-style-type: none"> ▪ 'What makes me happy'. Plans for every child that starts school ▪ Role Models, e.g. Youth Workers in schools ▪ Raise profile of mental health strategy using a 'top down' approach. Driving force needs to come from a strategic level. ▪ Provision of mental health / emotional as universal within curriculum ▪ Educate to implement total awareness of the problem ▪ Educate. Remove the fear! ▪ 'Happy hour' in schools and colleges every day ▪ Travel passes ▪ Need specific plan to target mental health with all professionals and schools and target positive press coverage, re: ADHD as well as mental health ▪ When you are going through hell keep going! I emailed this to a friend who had a breakdown and his wife left him. He stuck it on his fridge and reminded him to 'keep going'. He has now come through a stronger person. ▪ To reduce apathy within young people and give them some improved structure ▪ Better education at school level ▪ Use commercial techniques to gauge level of stigma and discrimination and then tackle them ▪ Buddy Schemes ▪ Confidential telephone support ▪ Some issues not addressed by the PCT i.e. support for gay communities experiencing mental health problems ▪ Educate the young in looking after their own and others mental health ▪ Don't let it be a self-fulfilling prophecy ▪ Need for early intervention

Evaluation Feedback
from Consultation Event for
Mental Health Promotion Strategy
24/07/07, Old Police Station, Runcorn

What did you find useful?

- **Meeting people whose names I have known, swapping ideas, finding that we had similar ideas and concerns**

- **Sharing information, experiences crucial to everyone's role collated information will be very valuable**
 - **Local events, updates, meeting others**

- **Listening to the views of other people /discussing thoroughly**
 - **Networking to get more co-ordinated approach**

- **Hearing about what is going on within other areas/services, Lots of good practice**
 - **Concern that things are being done in isolation hence duplication or not involving the most appropriate person**
 - **Networking, listening, finishing early**

What would you change?

- **More people to share more knowledge**

- **Perhaps all day event
(or a little longer than ½ day) to network + share experiences**

- **Summary of the strategy so far**

- **Only what I guess will follow in next session if specific actions developed**

- **Lots of information/ideas/practice to be shared
-Need to foster on environment where we all support each other to deliver**

- **I would suggest a massive spider diagram showing how all feedback links/ like the dinner plate piece of art whereby we visually see how people or strategies or themes link up for people in real terms.

We might use it for cross referrals
(See diagram,input from Lorraine Harnett)**

What did you find useful?

- **Exchanging views with others**

- **I found some very useful information and contacts that I can use to benefit service users at Ashley House**

- **Interesting to meet other services within Halton area**

- **? of services out there**

What would you change?

- **Tables further apart for discussion
(distracting)**

- **Nothing, I found the informal discussions very useful and
didn't feel under pressure to speak
(input from Leanne Graham, Addaction)**

- **Nothing, it was really productive and interesting session.
(input from Mary McNally, HBC)**

- **Awareness – co-ordinated PR campaign 'Positive Mental
Health' to counter negative publicity**

Collated material from Consultation Event (24/07/07)

1. SERVICES IN PLACE FOR HALTON'S MENTAL HEALTH PROMOTION STRATEGY

(Page 2)

2. GAPS OBSERVED

(Page 3)

3. PROPOSALS FOR DELIVERY PLAN FOR THE MENTAL HEALTH PROMOTION STRATEGY

(Page 4-6)

4. EXPECTED OUTCOMES

(Page 7)

1. SERVICES IN PLACE FOR HALTON'S MENTAL HEALTH PROMOTION STRATEGY

<u>Theme:</u>	<u>WORKPLACE</u>	<u>EDUCATION</u>	<u>HEALTH & SOCIAL CARE</u>	<u>NEIGHBOURHOOD AND COMMUNITY</u>	<u>PRISONS</u>	<u>COMBATING STIGMA</u>
	<ul style="list-style-type: none"> - MIND came into workplace - Halton people into jobs. ‘Buddy system’ for day services in place - Pathways projects, bringing money in, vat Jobcentre + delivers work support Halton/St.Helen’s, Sefton Knowsley → Southport MMc – ILM (Intermediate Labour market) 3rd sector (voluntary sector) create jobs. - Halton ILM 13 to 26 weeks employment, pay basic wage, job search ‘in house’ - ILM, SRB 5 years 375 people, 75% to sustainable employment - ILM - Mental health ringfenced £20K - Sandymoor / Ashley house - Targets Adult Learning Disability, vocational profile? 15-page / tests, reforms Arch, Mental health, social care, family 	<ul style="list-style-type: none"> - Mentoring/ Buddying (Children & adults) - Work with school health, school meals, CAMS - Provision of info on trusted sites : possible duplication? - HHSS criteria - Peer mentoring training across all schools - Peer mentors working on placements - Working with teaching staff tailor-making sessions 	<ul style="list-style-type: none"> - Addressing social isolation - Health trainers / C-Bridge builders - HLP intervention/ diet & exercise: self esteem - Internal PCT training – number of areas! 	<ul style="list-style-type: none"> - Community strategy - Mental Health Agenda - There exist comparable methods for assessing quality e.g MWIA - Activities accessed that are not notably about mental health, but promote positive mental health - Social support networks - Joining clubs, groups and courses, events for socialising & learning - Assertive outreach team: VSCP + MIND 	<ul style="list-style-type: none"> - Progress to work. Partner agencies, pathways projects - Recruitment from prisons; canal rangers / environmental re-cycling/ construction operatives – ex-offenders/ ex-substance users. Outcome – very good. - ‘James....???’ House, Warrington - Shelter - Halton gives??? 	<ul style="list-style-type: none"> - Nation-wide media champions/campaigns e.g Stephen Fry for MIND ‘D.I.P’ (Drugs intervention team) prison referral (Ashley house) working with substance users – DIP team & ‘carat’ team

2. GAPS OBSERVED

<u>Theme:</u>	WORKPLACE	EDUCATION	HEALTH & SOCIAL CARE	NEIGHBOURHOOD AND COMMUNITY	PRISONS	COMBATING STIGMA
	<ul style="list-style-type: none"> - Education for professionals (training workforce clinical/housing /employers - Training for frontline staff - Services for females around support for dual diagnosis? Alison Hughes? Emotional support. 	<ul style="list-style-type: none"> - Stigma – family break-up 	<ul style="list-style-type: none"> - Stigma – family break-up 	<ul style="list-style-type: none"> - Lots of services, but; a) How does individual link in? b) Who assesses service quality? c) Assessing by comparable methods for comparable data. MWIA. d) Individual circumstances taken into account e.g access/ accessibility e) To promote personal recognition ('of what makes <u>you</u> feel good?') e.g training/personal supporters/education 	<ul style="list-style-type: none"> - Housing / release/ debt / difficulty rehousing - ghetto culture - Little provision for homelessness - Females on release. Do they have any support on release? Not accessing the service (Females accessing ILM < 50%) JCT ?????? whereas 23 out of 36 mental health issues are in females 	<ul style="list-style-type: none"> - Still backward culture / attitude that exists in the workplace, community/schools surrounding mental health .

3. PROPOSALS FOR DELIVERY PLAN FOR THE MENTAL HEALTH PROMOTION STRATEGY

Theme:	WORKPLACE	EDUCATION	HEALTH & SOCIAL CARE	NEIGHBOURHOOD AND COMMUNITY	PRISONS	COMBATING STIGMA
	<ul style="list-style-type: none"> - SPA for professional/employers - Identify and improve links - Promotion for individuals - Promoting wellbeing in work (through stress management, developing self-help support, provisions within the workplace) - A clearer framework for employers to direct their employees - More open policies & education regarding mental health - Better links between drugs service and mental health services - Information leaflets, and teaching stress management to employees. 	<ul style="list-style-type: none"> - Dedicated PCT resource to work with younger people - HHSS – across the board? St. Helen’s ??? - Promotion meeting local needs: lay terms meet local need? - Publicise training available to <u>ALL</u> - Centralised property funded approaches, no ‘funny money’ - Teaching impact of life events on mental health e.g bullying...etc - Promoting friendships, hobbies, learning resiliency etc. - Mental health nurses in schools - Much higher level of 	<ul style="list-style-type: none"> - Promotion meeting local needs: lay terms meet local need? - Tailor-made services using demographics to inform e.g meeting different needs like gender/age split - Work more with local media to increase awareness, not sensationalising local issues - Key to avoid duplication - Remove ‘medical’ approach - Publicise training available to <u>ALL</u> - Don’t mention mental health but embed this as part of the course 	<ul style="list-style-type: none"> [HOW ABOUT A MENTAL HEALTH IMPACT ASSESSMENT + AUDIT?] - Build communities capacity – looking out for each other - Raise the quality by focussing on the mental health agenda – link and advise - Appropriate referrals (like Alternative pathways) - More community workers to offer support when navigating services - Ensure someone has a strategic overview - Utilise media - Integrated services - Needs team work - ? Social prescribing 	<ul style="list-style-type: none"> -Promoting resilience - Coping strategies - Buddy schemes/role models - Greater promotion of the risks of ill mental health in prison – this maybe the first time such problems are noticed, thus assessment and liaison with 	<ul style="list-style-type: none"> [IT’S ABOUT THE MESSAGE - champions, - STARS – BB –Staff] - Engage communication with people in the media - Utilise the arts - Put money into activities proven to reduce stigma & offer tailor-made solutions - Children & young people: education, education, education; practical tips for assertiveness & self-esteem - LOOK AT THE EVIDENCE OF WHAT WORKS IN TERMS OF CHANGING THE “CULTURE” OF A WORKPLACE - Positive messages &

	<p>mental Health education in schools – risk factors + preventative measures</p> <ul style="list-style-type: none"> - Better training in schools for teachers - Education system forging better relationship with carers 	<ul style="list-style-type: none"> - Promotion of awareness as a key role (Do we know what will meet local need? One size doesn't fit all) - Centralised property funded approaches, no 'funny money' - Stop moving services <p><u>Partnerships</u></p> <ul style="list-style-type: none"> - Open out agreement SLA - Usually based on goodwill/ personalities - Politics dynamics - Remove capacity issues + find common ground - How can we improve our understanding? - No-one is a specialist, we need to know where to go quickly - Promoting a psycho-social 	<p>? lead person to link?</p> <ul style="list-style-type: none"> - Interactive workshops for local people topic based, for emotional intelligence - Clarify to teachers/tutors/ facilitators what positive mental health is & signs & symptoms - Cleaner, greener neighbourhoods, access to green space - Neighbourlyness - Self-help support - Working with social services, police, community worker, regeneration schemes - More community mental health services – drop-in facilities and day services - Encourage & promote the importance of volunteers in the mental health services - Newspaper 	<p>outside agencies is vital to smooth pathways of care.</p>	<p>survivors</p> <ul style="list-style-type: none"> - Look at other training that works in other fields e.g age discrimination training with peers - Just visit loads of people + highlight to them how their work does impact on mental health in a negative/positive way - Keep it simple - Look at other stigma throughout 20th century (the zeitgeist) and learn from them e.g divorce, age, sexuality, race compare it with stigma around today surrounding mental illness, sexual abuse, heroin addiction - Focusing on positive mental health promoting this as everyone's business - Embracing well being/ social capital, physical/mental health system, promo
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		<p>understanding of mental distress</p> <ul style="list-style-type: none"> - Dropping the 'medical' model - Mental health training for all social care workers -Halton Borough Council should provide mental health safeguarding children training 	<p>campaigns/ articles, on mental health issues could be useful</p> <ul style="list-style-type: none"> - A stakeholder approach to mental health & wellbeing across Halton & St. Helen's, and engaging all key stakeholders with everyone acknowledging the part they play. 		<p>campaigns, social marketing</p> <ul style="list-style-type: none"> - Education regarding the notion of mental health is largely insufficient, particularly, among young people + the elderly. Stigma will not be combated for as long as services & resources are only directed at severe and enduring ,mental health – this is a contradiction in terms when trying to reduce the stereotype that only severe illnesses fall under the bracket of mental health - Articles on mental health in local papers. Also information leaflets in GP surgeries, health clubs, cinema ...etc.
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4. EXPECTED OUTCOMES

Theme:	<u>WORKPLACE</u>	<u>EDUCATION</u>	<u>HEALTH AND SOCIAL CARE</u>	<u>NEIGHBOURHOOD AND COMMUNITY</u>	<u>PRISONS</u>	<u>COMBATING STIGMA</u>
			<ul style="list-style-type: none"> - group concerned that outcomes take a while to see + this is okay! - Case studies are useful - Under funded programmes don't always show quick outcomes - Knowing a contribution has been made but not able to quantify exactly <p>Evidence-base pro's & cons (might not be client's choice of service but not as well evidence-based)</p>			

REPORT TO: Healthy Halton Policy and Performance Board
DATE: 15 January 2008
REPORTING OFFICER: Strategic Director – Health & Community
SUBJECT: Safeguarding Vulnerable Adults
WARD(S): Boroughwide

1.0 PURPOSE OF REPORT

1.1 To present the Annual Report of Halton's Adult Protection Committee, for the year 2006/07, and to brief the Partnership on subsequent progression of the local Safeguarding Vulnerable Adults agenda.

2.0 RECOMMENDATION: That the Board note and comment on content of the Annual Report of the Adult Protection Committee 2006/07 and this progress report.

3.0 SUPPORTING INFORMATION

3.1 The **Annual Report of the Adult Protection Committee (APC)** outlines the operation of the arrangements for the protection of vulnerable adults in Halton, providing details of work undertaken from April 2006 to March 2007 and summarising planned activity for the year April 2007 to March 2008.

3.2 Since the last report to the Board, the following **progress** has been made in terms of our local multi-agency work and developments:

- The Adult Protection Committee (APC) has decided to change its title to Safeguarding Vulnerable Adults Partnership Board (SVAPB) and to change the terminology used locally, using 'safeguarding vulnerable adults' as an overarching term encompassing all work streams and 'adult protection' to describe the focus on response to alerts/referrals.
- The Terms of Reference of the APC/SVAPB and Practitioners Group have been reviewed and revised.
- A piece of work has begun, which aims to provide more definition on what constitutes an abuse referral and assist in the targeting of resources.
- Halton Borough Council's revised data collection system has been reviewed against the Quarter 1 report and further work is being done to ensure accuracy and reliability.

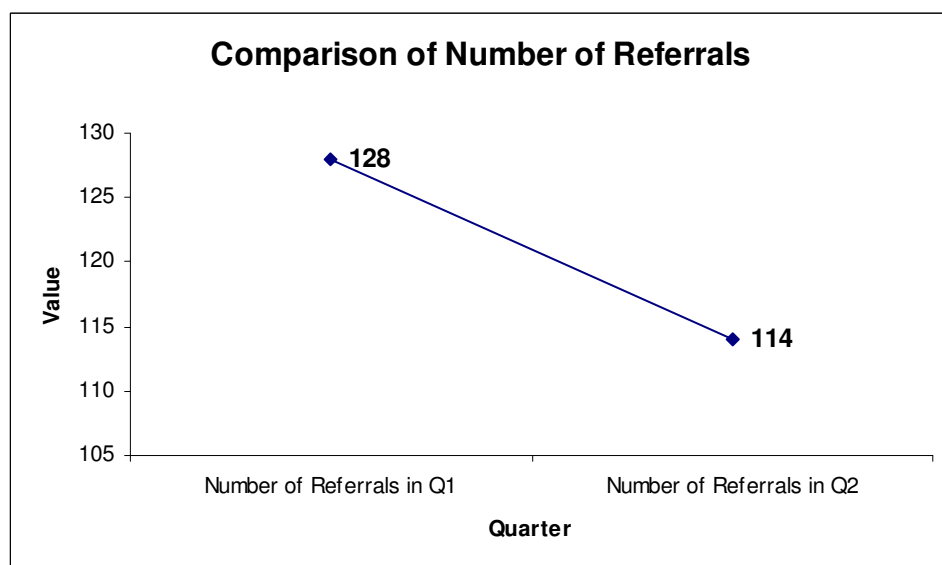
- Reports and processes are being developed with the aim of enabling us to establish which agency processes are outstanding, in cases that remain 'open' beyond a given timescale.
- A sub-group has been formed, to progress the agreement to set up a Scrutiny/Quality Group.
- Liverpool University's Research Project, into service user/carer experiences of the Adult Protection service, has been concluded in terms of data collection and the Research Fellows' final report is being compiled. Funding has been agreed, to enable the researchers to support or undertake any work connected with the implementation of the project's recommendations.
- A Learning Disabilities Quality Assurance group has an ongoing action-plan that is monitored through the SVAPB.
- Work is being done, in the Council, to strengthen links between complaints/customer care procedures and adult protection.
- A multi-agency group, that was set up to steer implementation of the Mental Capacity Act, continues its work and is extending its remit to cover the Mental Health Act 2007.
- A recent Report of the Joint Committee on Human Rights has been considered against contract/specifications, and is being considered in terms of provider awareness and the draft protocol being devised between HBC & NHS Trusts and associated tasks.
- A new staff leaflet has been devised for, on what happens when an allegation is made against staff.
- A new Code of Conduct for social care staff is being developed, aimed at preventing abuse and encouraging good practice, through guidance and standards.
- Practice guidance has been widely distributed and is available on the Halton Borough Council website.
- Restrictive Physical Interventions Policy and Procedures are being further developed, to apply to all service user groups.
- The Inter-agency Adult Protection Policy, Procedures and Guidance have been revised and were subsequently tested against case studies. Final comments from Legal Services

will inform the revisions, following which the document will be re-issued.

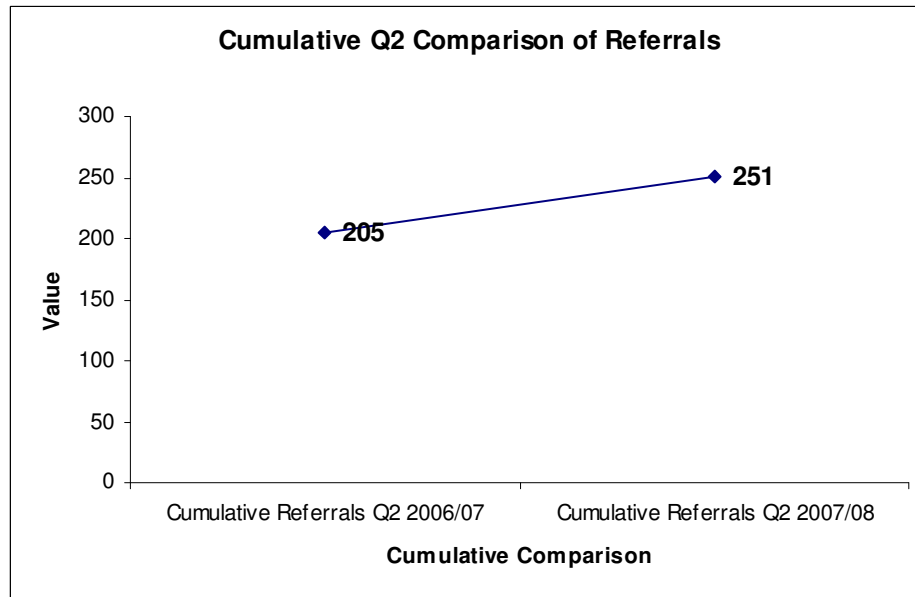
- A draft Serious Case Review procedure has been agreed subject to minor revisions.
- A comprehensively revised and extended Exclusion Policy and Procedure has been endorsed and distributed.
- Further work has been done on a draft protocol between Halton Borough Council and four NHS Trusts. The task group involved will also look at other operational and strategic issues, including a response to a recent Health Select Committee report on Human Rights.
- A national protocol between CSCI, ACPO & ADASS has been rolled out to teams in Halton Borough Council
- A first operational management meeting between the Police and Halton Borough Council has reviewed the recently implemented protocol, the secure email facility and other pertinent items. The group will be ongoing.
- The year's training programme has begun and its development is ongoing, steered by a multi-agency sub-group. Funding has been sought from partner agencies to sustain the programme in the coming year.

3.3 A **comparison of the number of referrals** received reveals the following:

3.3.1 Referrals fell by 11% in the second quarter of the fiscal year 1 July to 30 September 2007, compared with the first quarter 1 April to 30 June 2007:



- 3.3.2 The cumulative figure for the first half of the fiscal year 1 April to 30 September 2007, however, shows a 22.4% rise when compared with the same period last year:



- 3.3.3 A rise or fall in referral numbers in any given quarter, when compared with the previous quarter, should not be assumed to indicate an ongoing trend, as the 2005/06 figures would confirm. Variations occurred during the four quarters of that year, but the year-end total saw an overall increase over the previous year, as had been the trend since referrals were first counted.

4.0 POLICY, LEGAL AND FINANCIAL IMPLICATIONS

- 4.1 There are no legal, policy or resource implications in endorsing this Annual Report. All agencies supporting the multi-agency arrangements retain their separate statutory responsibilities in respect of safeguarding vulnerable adults and adult protection, whilst Halton Borough Council's Health and Community Directorate has a lead responsibility for coordination of the arrangements.

- 4.2 Sustainability of the Adult Protection Co-ordinator role and Adult Protection training programme, beyond March 2008, remains at risk. Peter Barron, Operational Director for Older People's Social Services and Chair of the SVAPB has sought funding support from key partner agencies, for both of these components. This is crucial to ensuring that we continue to safeguard vulnerable adults and intervene effectively in cases of alleged abuse. The request has resulted in a commitment from 2 agencies to provide a proportion of funding for the Coordinator post and 3 agencies similarly in respect of training, for a time limited period only.

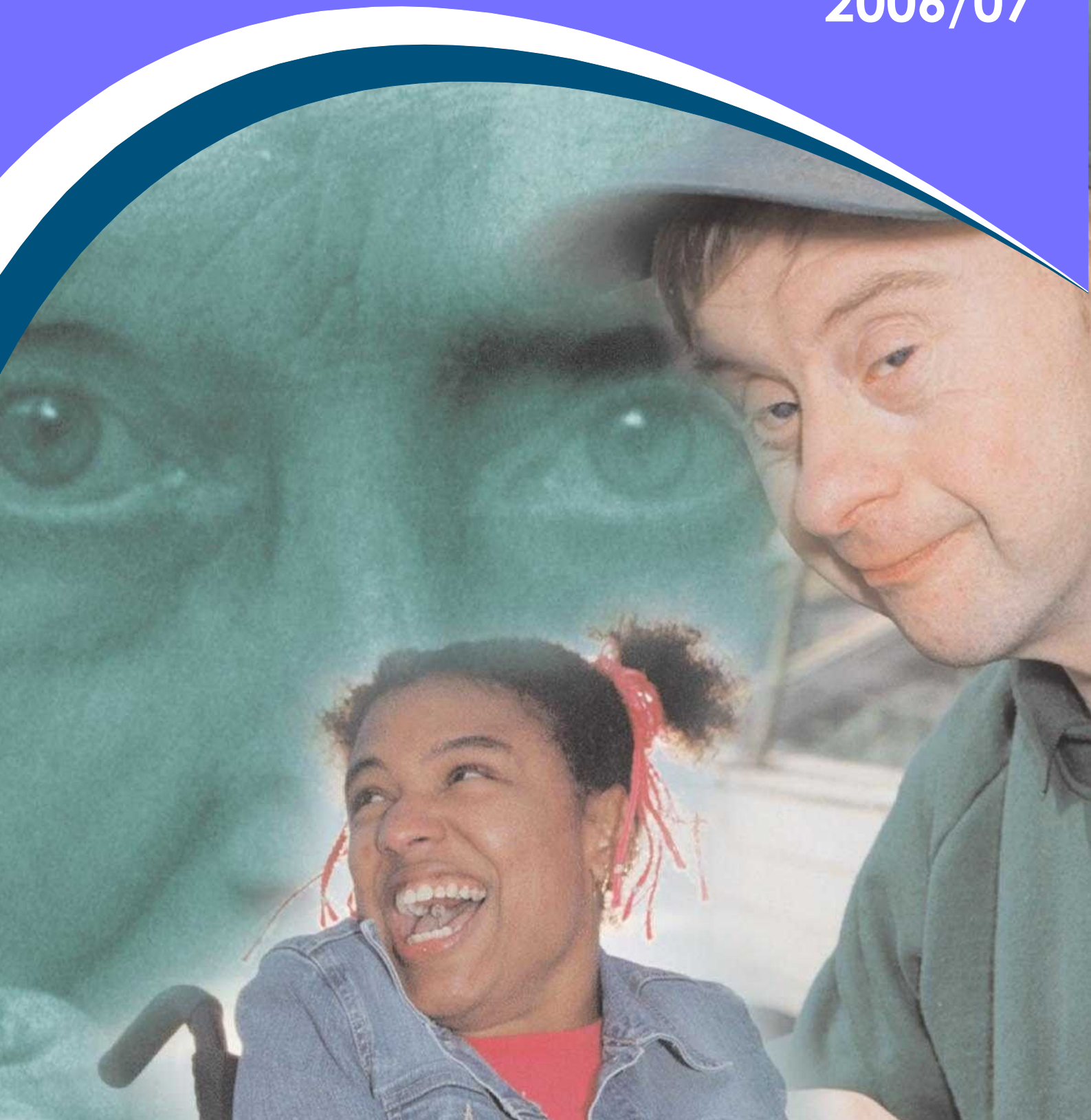
5.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

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



*no*secrets

Annual Report of Halton's Multi-Agency Adult Protection Committee 2006/07



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1. Forewords

Chair of the Adult Protection Committee

No one who attends the Adult Protection Committee (APC) can have failed to notice that we live in interesting times. Below I can outline only some of what has happened both nationally and locally, but for before I do that I would first like to acknowledge the enormous commitment and support from the whole Adult Protection Committee, to driving forward both the adult protection and safeguarding agenda. We have a stronger, more active committee with a wider range of representatives who are delivering change in their own organisations and in front line practice. The practitioner sub group of the APC have predominantly led on this area. The APC has become more strongly rooted in the Safer Halton Partnership, to which we have formally and regularly reported during the year, and where an active interest in the multi-agency safeguarding agenda and local developments has grown and received support. The Partnership is exploring options for continued funding of posts that are significant to driving forward the agenda but are time limited. Potential for a topic group within the Council's scrutiny process is also being considered for next year.

Particular thanks are due to Julie Hunt who as Adult Protection Co-ordinator has kept the agenda moving forward. I would also like to acknowledge the input of Anna Alexander at North Cheshire Hospitals Trust, who is sadly leaving the committee having changed role, and who has worked tirelessly in support of adult protection and will be missed by her colleagues here.

Locally the highlight of the year was a full day multi-agency Building Common Ground workshop, which looked at what's working well, future challenges and our collective hopes and opportunities. Born out of the day were a number of statements about the how we see the APC and its role:

- ✓ *"A Halton where vulnerable people are safe from abuse/harm; empowered to make their own choices and to choose risks; where the professionals are supported and developed to deliver this."*
- ✓ *"The A.P.C. will lead and co-ordinate multi-agency strategy and direction, with energy and commitment, to achieve our shared vision."*
- ✓ *"By working together with top-level commitment from all agencies, the APC will raise awareness and inspire positive changes in people's lives."*

A work plan was also developed that is monitored through APC meetings. A number of pieces of work are already progressing, including stronger links with probation and domestic violence services and a system wide approach to adult protection training.

A number of opportunities for learning have informed and benefited our local adult protection arrangements. For example Liverpool University's independent Research Project has provided a unique opportunity for us to benefit from the experience of service users and carers who experience the adult protection process. Halton also responded to the Cornwall and Sutton and Merton investigations by setting up a multi-agency working party to look for learning opportunities that will benefit Halton's local services. We also had an opportunity to consider a case locally that provided some considerable learning and led for example to our looking at establishing a scrutiny/quality group and developing a joint protocol with Cheshire Police. That strength of learning and reporting back to APC from what's worked and what has not has been a real strength of the current APC.

Dwayne Johnson, Strategic Director (Health and Community services) for Halton Borough Council, has continued in his role as chair of the multi-agency Safeguarding Adults National Reference Group and Lead Director for the Association of Directors of Adult Social Services (ADASS) Protection of Vulnerable Adults Committee.

Nationally, there have been many areas for us to consider and respond to. There was the publication of the report of a data-monitoring project undertaken by Action on Elder Abuse and funded by DoH, which recommended, to Government, the introduction of:

- A national collection system for data on Protection of Vulnerable Adults
- A Performance Measure based on Reduction and Elimination of Risk
- A statutory framework for Protection of Vulnerable Adults work

The launch of 'Safeguarding Adults', a National Framework of Standards for Good Practice and Outcomes in Adult Protection Work provided a comprehensive guide to current best practice.

The Safeguarding Vulnerable Groups Act 2006 was passed, which establishes the legal framework for the new Vetting and Barring Scheme, to be implemented from Autumn 2008. However The Care of Older and Incapacitated People (Human Rights) Bill, which sought to allow the Human Rights Act to apply to privately run care homes, improve nutrition standards in care homes, and provide local authorities with the powers to investigate allegations of elder abuse, failed to be enacted and the Bill was dropped.

The Commission for Social Care Inspection (CSCI) published a bulletin called "Better Safe than Sorry - Improving the system that safeguards adults living in care homes". It reported on the standards found during CSCI inspections and advises providers and councils on what they need to do to improve provision.

The Healthcare Commission and CSCI also published their report of a Joint Investigation into the provision of services for people with learning disabilities at Cornwall Partnership NHS Trust. This was followed by the Healthcare Commission's release of a report detailing how outmoded, institutionalised care had led to the neglect of people with learning disabilities at Sutton and Merton Primary Care Trust.

Overall I am looking forward to another busy and productive year, working together to deliver real improvements in the lives of some of the most vulnerable people in Halton.

Peter Barron

Chair of Halton's Adult Protection Committee and Operational Director (Older Peoples Services) for Halton Borough Council (Health and Community Directorate)

St Helens & Knowsley Hospitals NHS Trust

Over the past year there have been considerable developments in the arrangements for the protection of Vulnerable Adults.

The Safeguarding Adult Committee has raised the profile of the safeguarding adult agenda and has been fully supported financially and at Trust Board level.

The past year has seen the development of new guidelines, leaflets, posters, and alert cards distributed to every member of staff to raise awareness of the importance of safeguarding vulnerable adults in our care. There is also a continuing commitment to the training and development of staff.

St Helens & Knowsley Hospitals Trust look forward to another year working with the valuable support of the Halton, Knowsley and St Helens networks

Tina Cavendish

Senior Nurse

Quality/Clinical Standards/ Safeguarding Adult Lead

St Helens and Knowsley Hospitals NHS Trust

North Cheshire Hospitals NHS Trust

North Cheshire Hospitals is committed to the protection of vulnerable adults and to the prevention of abuse to patients in its care. The Trust works closely with both Halton and Warrington Borough Councils and has active membership on both Adult Protection Committees.

The Trust published a new adult protection policy in December 2006, which has close links with the adult protection procedures of partner organisations and a programme of staff training has commenced. There is also a Trust project group which works on care plans for patients with a learning disability and staff training is provided in liaison with both Warrington and Halton & St Helens PCT and the 5 Boroughs Partnership. Work has also been done to set up a system for reporting and dealing with domestic abuse in close liaison with the Cheshire Constabulary and both borough councils.

We look forward to continued co-working with our colleagues in all agencies to protect vulnerable adults.

Anna Alexander

Deputy Director of Nursing

North Cheshire Hospitals NHS Trust

5 Boroughs Partnership NHS Trust

The 5 Boroughs Partnership is a specialist mental health trust that provides specialist services to vulnerable children and adults living in Halton, Knowsley, St Helens and Warrington.

Covering a population of 1 million people, the Trust is responsible for providing a range of community, day support and day hospital services, acute psychiatric in-patient beds, low and medium secure services and short-term intensive psychiatric intensive care beds.

The safeguarding of vulnerable children and adults is an integral part of the Trust's work. The Trust has produced an internal policy and procedure that links across all service settings, and is developing policies and procedures with partner agencies, to ensure that it plays a full part in safeguarding children and adults.

Access to the Trust services can be made via the Access and Advice Team: 01928-753298.

John Kelly
Director of Children and Adult Services
Halton, Knowsley and St Helens

Cheshire Constabulary and Co-Chair of the Safer Halton Partnership

Both the Cheshire Constabulary and the Safer Halton Partnership have priorities to reduce violent crime within our communities. Unfortunately, violence is a pervasive and unacceptable facet of modern living and all too common frequently leading to disastrous consequences for both the victim and perpetrator.

Nowhere is this situation more tragic than when it affects of the most vulnerable in society and we must all work together to minimise this potential. The work of the Adult Protection Committee directly addresses this need and the Committee's ambitious plans, combined with effective service delivery, are providing that meaningful contribution.

I therefore pay tribute to all those involved in protecting vulnerable adults on behalf of the Constabulary and Safer Halton Partnership. We look forward to continuance of the significant work already commenced and many positive developments for the future.

David Bertenshaw – Superintendent
Cheshire Constabulary and Co-chair of Safer Halton Partnership

2. Introduction

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'*.

The Action on Elder Abuse Report on Adult Protection Data Collection and Reporting Requirements commented *'it seems reasonable to extrapolate that this is a reality for many adults in situations where there is an imbalance in power, control or inter-dependency'*. People can be reluctant to challenge abuse, abusers and abusive situations if they believe that by speaking out they will increase or intensify the abuse they suffer. They can fear increased isolation, feel ashamed that they are suffering abuse, fear the consequences for a loved one and they may even believe that there is no way out of the situation they find themselves in.

This Annual Report of Halton's multi-agency Adult Protection Committee describes how organisations, agencies and committed individuals, locally, are working together:

- ✓ To support vulnerable people who find themselves in abusive situations
- ✓ To uncover hidden abuse and encourage reporting by people who may, for a number of reasons, be reluctant to tell anyone about it, and
- ✓ To prevent abuse from happening and empower vulnerable people.

The Committee is responsible for promoting and supporting an effective inter-agency framework, aimed at safeguarding vulnerable adults in Halton. The Committee is made up of lead officers and key representatives from all sectors. Its Terms of Reference (including membership at 31st March 2006) are attached as Appendix 1 to this Annual Report.

The report gives details of work undertaken in the past year (1st April 2006 to 31st March 2007) and summarises following year's planned activity.

3. Summary of Achievements and Actions Planned

3.1 The main areas of achievement during 2006/07 were:

- Strength of individual and agency commitment and participation, demonstrated and supported through APC, Building Common Ground workshop, sub-groups (including the Practitioners Group), a sound development programme and plans
- Raised awareness and profile of adult protection/safeguarding
- Supported developments in partner agencies
- Developed protocols and strengthened working together arrangements, including high risk cases and 'low level' abuse
- Strengthened links with related services and agencies
- Publicity distribution and development of website and links; provided good information flow in terms of national and local developments
- Developed new information sources - leaflets
- Researched service user experience
- Applied learning opportunities from a number of sources
- Developed a number of opportunities to improve quality of service
- Delivered, evaluated and extended the training programme and improved attendance
- Comprehensively revised data collection arrangements to support better quality of information
- Supported implementation of new legislation
- Established a Mental Capacity Act Steering Group, appointed an IMCA service, developed policies and procedures, and developed and implemented a detailed multi-agency training programme
- Services introduced, aimed at reducing and tackling abuse

3.2 Developments planned over the next 12-18 months will include:

- Continue to raise awareness and profile
- Further support developments in partner agencies, including lead roles, training, procedures and data collection and analysis
- Conclude development of protocols and embed in practice through on-going liaison, further development and communication mechanisms
- Consider terminology and use to support effective communication about adult protection/safeguarding
- Further develop quality and scrutiny mechanisms to improve service provision and implement a supportive infrastructure
- Support use of findings of research to inform development of service
- Support analysis and publishing of local research findings, to enable other localities to benefit from project
- Revise reporting arrangements for adult protection data and tie in with quality mechanisms, including timescales and referral processes
- Finalise revision of multi-agency procedures
- Develop further supporting policies, procedures and protocols
- Further develop training, encourage attendance, address non-attendance and evaluate quality of delivery
- Support appropriate staff conduct through information and support to managers, and training
- Evaluate data collection changes
- Provide improved standard of data to managers to support quality of service, including timescales, follow up of outstanding cases and conclusion
- Review Practitioners Group terms of reference with aim of refocus if appropriate to strengthen role
- Continue to support implementation of new legislation

4. Working Together

4.1 Adult Protection Committee and Sub-Groups

At the centre of local developments is the strategic decision making body, Halton's multi-agency Adult Protection Committee (APC) and its main working sub-group, the Practitioners Group. This year, we have set up further multi-agency sub-groups and task groups for specific purposes, including:

- Consideration of our local training needs and strategy
- Implementation of the Mental Capacity Act 2005
- Working arrangements between Cheshire Constabulary's Northern Public Protection Unit (PPU) and Halton Borough Council (HBC)
- Means by which the APC can support the local NHS Trusts in developing their internal processes and procedures
- Benchmarking standards and consolidation of action plans arising out of local and national inquiries and investigations, particularly in learning disability services. This included consideration of the reports of investigations in Cornwall and Sutton and Merton by the Healthcare Commission and Commission for Social Care Inspection (CSCI).

This activity has generated a number of positive outcomes, including provision of multi-agency training courses, draft protocols between public sector agencies, a supportive framework and practical arrangements for the implementation of the Mental Capacity Act, and developments in learning disability services.

A further, long-term sub-group is to be set up in 2007, to act as a quality monitoring/scrutiny group and options for its operation are currently being explored.

APC, Practitioners' Group and other sub-group members' attendance and contributions in meetings are invaluable. Meetings continue to provide a dynamic arena for raising issues, and the consultation and decision-making involved in moving forward our challenging agenda to combat abuse. It is important to recognise and acknowledge that this is underpinned by a sound commitment to effective inter-agency working and the vital contribution made by organisations and individual staff and volunteers in all sectors – public, private and voluntary.

Membership of the APC and Practitioners Group at 31st March 2007 is detailed in Appendix 2 to this report. During the year, we have been fortunate to extend our membership as follows:

- Four new members joined the APC, from Domestic Abuse services, ARCH Initiatives (which provides services for people

affected by drugs and alcohol), the Drug Action Team, and Halton Housing Trust.

- Four new members replaced colleagues who had left the APC and Practitioners Group, from learning disability services, the Primary Care Trust, Police and Consumer Protection services.

Cheshire Constabulary is now represented by a Detective Inspector on the APC, as a rank that facilitates strategic decisions more appropriately than the former representation by a Detective Sergeant.

Discussions are ongoing with the Commission for Social Care Inspection (CSCI) about the appropriate linkage into the local APC and Practitioners sub-group.

As described in the Foreword from the APC Chair, a full day multi-agency Building Common Ground workshop was held earlier this year, which looked at what is working well, future challenges and our collective hopes and opportunities. Born out of the day were a number of statements about the how we see the APC and its role and a work plan was also developed (refer to foreword) and is monitored through APC meetings.

APC and sub-group meeting agendas have included the following topics, this year:

- 'Safeguarding Adults' - National Standards Framework
- Data collection and analysis
- Training programme
- Learning from national and local inquiries and investigations
- Scrutiny and quality issues and mechanisms
- Inter-agency policies, procedures, guidance
- Protocols between partner agencies
- Mental Capacity Act – local implementation
- Supporting developments in partner agencies
- Liverpool University Research Project – service user and carer survey
- Financial abuse
- Consumer Protection
- Domestic abuse
- Terminology (Safeguarding/Adult Protection)

The APC Terms of Reference are attached as Appendix 1 to this report and will be reviewed in September 2007.

Partner agencies are encouraged to appoint an adult protection lead within the agency.

Minutes of APC meetings are sent to senior managers in public sector organisations and Co-Chairs of the Safer Halton Partnership.

Partner agencies have made significant strides in developing their internal arrangements. Some of these are outlined in the Forewords to this report and include the following:

In **St Helens and Knowsley Hospitals NHS Trust:**

- Over the past year there have been considerable developments in the arrangements for the protection of Vulnerable Adults.
- The Safeguarding Adult Committee has raised the profile of the safeguarding adult agenda and has been fully supported financially and at Trust Board level.
- New guidelines, leaflets, posters, and alert cards have been developed and distributed to every member of staff to raise awareness of the importance of safeguarding vulnerable adults in the Trust's care.
- There is a continuing commitment to the training and development of staff

In **North Cheshire Hospitals NHS Trust:**

- The Trust published a new adult protection policy in December 2006, which has close links with the adult protection procedures of partner organizations
- A programme of staff training has commenced and staff training is provided in liaison with both Warrington and Halton & St Helens PCT and the 5 Boroughs Partnership
- A Trust project group works on care plans for patients with a learning disability
- Work has been done to set up a system for reporting and dealing with domestic abuse, in close liaison with the Cheshire Constabulary and both borough councils.

In the **5 Boroughs Partnership NHS Trust:**

- The Trust has produced an internal policy and procedure that links across all service settings, and is developing policies and procedures with partner agencies, to ensure that it plays a full part in safeguarding children and adults.

Halton's Riverside College:

- Has adult protection procedures in place and has accessed training for staff

Consumer Protection:

- Advises the public and enables them in exercising their legal rights and making informed choices
- Monitors and regulates service standards

- Provides presentations and training to care workers and vulnerable people, including (for example) talks to sheltered housing groups
- Has piloted a 'no cold-calling' zone, with a view to further extending the scheme in the future.

The APC and Practitioners Group are kept informed of significant national news and events regarding adult protection/safeguarding and those that provide potential for local learning and developments taken forward through the agenda.

The multi-agency **Practitioners Group** has provided vital input from practitioners and operational managers, during the past year, on adult protection arrangements and developments in the Borough. Meetings and other consultation have considered the following items and advised local procedures and decisions accordingly:

- Policies and procedures e.g. inter-agency adult protection and Anti-Bullying
- Investigation by provider services
- Data collection and provision
- PoVA guidance
- Consumer protection
- Training and attendance
- Publicity and advice leaflets
- Practice guidance documents to augment procedures e.g. flowcharts, aide-memoire and templates
- Liverpool University Research Project
- Sections of the procedures e.g. Case Conference process
- Medicines administration

The Adult Protection Committee has considered the matter of terminology and whether, locally, we should adopt the term 'safeguarding' in place of 'adult protection'. A decision was taken to maintain the status quo at present, but to consider the pertinent issues again in September 2007.

4.2 Links to allied services

The experience of **children's safeguarding and child protection** is routinely used to the benefit of adult protection developments locally. Examples of this include:

- Development of the APC terms of reference and membership
- Actions arising out of the recommendations of the Bichard Inquiry
- Development of policies and procedures e.g. Staff Conduct and Keeping Safe, Serious Case Review procedure, Scrutiny sub-group of the Children's Safeguarding Board
- Development of inter-agency protocols
- Development of flowcharts, aide-memoire and templates

The interface and links between adult protection/safeguarding and allied services have been strengthened in a number of areas and a number of these take into account **good practice advice given in the Action on Elder Abuse Report** on data monitoring. Here are some examples:

- The Adult Protection Coordinator joined the **Domestic Abuse** (D/A) Forum, making a total of five D/A forum members who are also APC members, including now the Domestic Abuse Coordinator. This has raised awareness of the position of vulnerable adults as victims, survivors and witnesses of domestic abuse. Reference to vulnerable adults has been added to all domestic abuse procedures and protocols and the Multi-Agency Risk Assessment Conference (MARAC) process, due to be implemented in April 2007, incorporates the facility to refer concerns about vulnerable adults in high risk situations. Adult protection has recently been added into the D/A action plan. A D/A Practitioners Group has been set up and two Adult Social Services joined the group. The Adult Protection Coordinator facilitated workshops at the D/A Conference, looking at barriers to referral and the learning gained will be used to inform adult protection arrangements in the coming year.
- Links with **Consumer Protection** have been strengthened, and local officers work with people who could be vulnerable to, for example, doorstep crime, to better empower and protect themselves and know what to do if it occurs.
- An APC member has a lead role in the local **MAPPA** (Multi-agency Public Protection Arrangements) strategic forum and the Adult Protection Coordinator has met with the MAPPA Coordinator to look at strengthening links. Further work with the **Probation Service** is to be planned for the coming year.
- HBC's **Personnel** section has worked with the Adult Protection Coordinator to look at the interface between disciplinary and adult protection processes, including investigation of allegations against staff, and managers' training.

4.3 Other joint working and protocols

Other examples of joint working locally include:

The APC reports directly to the multi-agency **Safer Halton Partnership**, which in turn reports to the **Halton Strategic Partnership** (<http://www.haltonpartnership.net/site/>)
Section 6.5 gives further detail of this arrangement.

Partner agencies have provided forewords to this report that demonstrate the strength of commitment to working together and

readers of the report should refer to them for some examples of developments progressed in the past year. Agencies meet to look at how we can build on our 'working together' arrangements:

The **Police and Council** are devising a protocol, which will be monitored through regular liaison meetings, and have raised with Cheshire Constabulary the need to review the over-arching force policy on adult protection.

At a national level, the **Commission for Social Care Inspection (CSCI), Association of Directors of Adult Social Services (ADASS) and Association of Chief Police Officers (ACPO)** have agreed a protocol which will be briefed out locally.

The **Council, St Helens and Knowsley NHS Trust, North Cheshire Hospitals Trust, and Halton and St Helens Primary Care Trust (PCT)** are working together on strengthening adult protection arrangements and producing a protocol.

Briefings have been made and publicity material sent out to the extensive and very active local **voluntary sector**, to raise awareness and provide information.

Multi-agency training courses are provided and the local Police provide input on courses where possible.

Links have been set up between **agency websites** - Halton Borough Council, the two acute hospital trusts, HVA Together (voluntary sector) and Consumer Protection. Further links are being explored with the PCT and 5 Boroughs Partnership.

The Council and the PCT developed a comprehensive Policy, Procedure and Guidance and provided training for learning disability services, on **Restrictive Physical Interventions**. Work is ongoing to produce a generic document, which will go the APC for comment and, hopefully, endorsement, in December 2007.

A multi-agency **Serious Case Review procedure** is being developed and will be completed in by October 2007.

Local **service providers** are kept informed of significant national news, events and developments regarding adult protection/safeguarding, and the Adult Protection Coordinator and Halton Borough Council managers have consulted and briefed the providers forum on, for example, PoVA, Vetting and Barring, recruitment lessons learned through the Bichard Inquiry, the Mental Capacity Act and documents to augment the adult protection procedures.

A Steering Group – formally designated as a subgroup of the Adult Protection Committee - has been established to implement all aspects of

the **Mental Capacity Act** 2005 (MCA). Four work-streams are taking place:

- Independent Mental Capacity Advocacy (IMCA) service: this has been commissioned jointly and in partnership with Warrington, Knowsley and St Helens. The service is fully operational and is subject to scrutiny. Operational policies and procedures have been developed and a variety of publicity material is available.
- Training: a joint training strategy has been developed across the Borough's key stakeholders and a range of training has been commissioned. This is currently focused on two main areas – general awareness raising (targeted at around 2,500 staff in the Borough, in a programme through the whole year) and specific training in the assessment of capacity. This is being developed in partnership with St Helens.
- Publicity and information: information is being developed in a variety of formats, including electronically, and will be available in range of settings.
- Policies and procedures: an interim policy and procedure has been developed for the initial phases of implementation of the Act and will be refined as other parts of the Act are implemented at a later date. All organisations are also being encouraged to review a wider range of internal policies and procedures to ensure they are compliant with the new Act.

The Lead Officer for implementation of the Act, who is the Chair of the Steering Group and is a member of the APC, is linked with the regional implementation network on behalf of Halton.

5. Training

5.1 Developments and training provided

The **Adult Protection Basic Awareness, Referrers and Facilitators** ('training for trainers') courses that we provide are multi-agency and training adverts are distributed widely to all organizations, in all sectors, that we are aware of and believe may have contact with vulnerable adults.

The **Investigators and Chairing Skills** courses are provided for Halton Borough Council (HBC) staff, to prepare them to meet their particular responsibilities. Knowsley Borough Council (KBC) took up 2 places on the Chairing Skills course and was charged accordingly. Next year, we hope to enter into a partnership arrangement with KBC for the Chairing Skills course, to share the resource and cost, as Halton will need less than half the places that are provided and charged for.

Domestic Abuse training course details are sent out to adult services via the Domestic Abuse Forum and the Adult Protection Coordinator's membership.

This year has seen the welcome development of an **Adult Protection Basic Awareness** course. The details were explored within the APC's multi-agency training sub-group, and resulted in the first course being delivered in February 2007. They will run 6-weekly.

The **Facilitator's training**, on the other hand, is to be reviewed and revised to provide a better grounding for people who need a course to prepare them to deliver training to their staff. The accompanying video is being transferred to a DVD format (in addition to the video), in recognition of the fact that technology has moved on since the video was produced. Instead of giving a copy to all attendees, however, as has been our past practice, the DVD and video will be lent out by the Council's Training Section in future, mainly as a way to manage the increased cost which continues to be met through the Council's training budget (refer to Resources section of this report).

We have also explored, this year:

- Whether service providers need **investigators training**, bearing in mind that their investigative role would be in respect of disciplinary matters only. Research revealed that number of service provider organisations (care home and domiciliary care) provide such training. The Adult Protection Coordinator arranged for the Referrers course to provide a more comprehensive grounding in initial inquiries and preservation of evidence.

- Whether social workers and their managers should receive **Achieving Best Evidence (ABE) training**, to enable them to be prepared to take a lead role in interviews during criminal investigation. After exploring practices in other localities and taking advice from Cheshire Constabulary, it was decided not to pursue this training at present.

External **training providers** facilitated all courses, except the **Anti-Bullying briefings** delivered by the Adult Protection Coordinator and Service Development Officer.

5.2 Charging

The National Training Strategy (NTS) grant comes to an end in March 2008. Courses were provided free of charge during 2006/07. In order to make the training element sustainable and after discussion around funding constraints and options, it was agreed that a charge should be made for non-attendance and we intend to explore further how this might be facilitated, given the administrative function this would imply for HBC.

5.3 Training take up and attendance

Each manager and organisation has a responsibility to ensure that their staff and volunteers are appropriately trained, commensurate with their responsibilities, and to access courses accordingly. Similarly staff should ensure that their training needs are made known to their managers and make every effort to attend appropriate courses. Staff and managers have a responsibility to keep training records up to date.

Attendance figures were an issue during 2005/06, despite having good nomination rates and excellent course feedback. The decision to charge for non-attendance, during 2007/08, was an attempt to reduce non-attendance figures.

Provision, take-up and attendance are detailed in the following sections. As well as practitioners, staff and volunteers, a number of managers also attended with a view to cascading information to their respective teams.

20 people, from public and voluntary sector agencies attended a 1-day **Domestic Abuse Practitioner Training** course in March.

Half-day briefings, on the **Anti-Bullying Policy and Procedure**, were carried out for Halton Borough Council and the Primary Care Trust. The sessions were well attended by staff from Adult Social Services and the PCT, the Warden Service, Culture and Leisure, Personnel, Training and Contracting sections. A briefing and copy of the document (which is available on the Internet) was also given at the forum for providers that contract with the Council.

A 2-day **Investigators** course was provided for social work staff and managers and the course was offered to other local authorities to purchase places.

A **Facilitators** course (for 50 people) of a half-day duration was attended as follows:

Attendance	Non-attendance	Places not taken up
74%	20%	6%

Attendance on the Facilitators course has seen an improvement over last year's rate, when it was only 65%.

Three multi-agency **Referrers** courses, each for 50 people and of one-day duration, were oversubscribed at a total of 165 people nominated. They were attended as follows:

Attendance	Apologies/notified non-attendance	Non-attendance
77.5% [of 165 places]	6% [of 165 places]	16.5% [of 165 places]

Attendance on the Referrers course has seen an improvement over last year's rate, which was only 61%.

A 2-day **Chairing Skills** course was provided for Halton Borough Council social work team managers and 6 people attended.

Adult Protection Basic Awareness course

Four Basic Awareness courses, each with the capacity to take 50 people, were run at short notice during the last 2 months of the year and mainly targeted HBC staff, although individuals from other agencies also attended:

	No. attended	Non-attendance
Total as a % of capacity	104 (52%)	45 (22.5%)

Mental Capacity Act training

General Awareness and Assessing Capacity courses have been provided on a multi-agency basis this year and will continue in the coming year.

5.4 Training feedback

Feedback received from people attending courses is passed on to the training providers and this year has, on the whole, been very positive. The exceptions to this are:

On the Investigators course:

- Two comments that Police presence would have been useful and it should be ensured that speakers turn up to the course.

In fact, Halton police make a commitment to input on this and the Referrers courses, but their ability to deliver this undertaking depends on priorities and staffing on the day.

On the Facilitators course:

- Five comments about the poor acoustics and sound system
- Three comments about the room being too large and warm
- Four comments about the course duration (not enough time), and insufficient information about how to actually facilitate training.

The course is being revised and it was decided not to use the Charles Barkla Suite again, as despite taking steps to address the sound issues, the acoustics remain problematic and limit the capacity for delegates to get the best out of the course.

On the Referrers course:

- 5 comments about the room temperature
- 2 people suggested more handouts
- 3 said the course could be shorter
- 1 suggested more information in the course 'flier'

6. Information and Monitoring

6.1 Data

Graphs and raw data do not, of course, reveal the suffering experienced by the people to whom the information they provide appertains. Reliable data recording, analysis and reporting systems can, however, provide us with a picture of what abuse is being reported, how it is being dealt with and what the outcomes are for people. That, in turn, can go on to inform our developments and practice and thereby ultimately assist in improving the individual circumstances of vulnerable citizens in Halton.

Halton Borough Council has collected data about referrals received during the year and this has informed the graphs and commentary provided below. It is important to acknowledge that the data collection system has been developed, to collect that prescribed in 'No Secrets' (Dept of Health 2000), but the system's ability to provide the information needed has been constrained by the limited capacity of the IT system, which was therefore augmented by the use of monitoring forms. This need to collect from two different sources and at different stages in the progress of cases has limited our ability to obtain comparable data in certain categories of potentially useful information. This shortfall needs to be born in mind when looking at the data presented in this report and readers should note that different data sources had to be used to produce the figures.

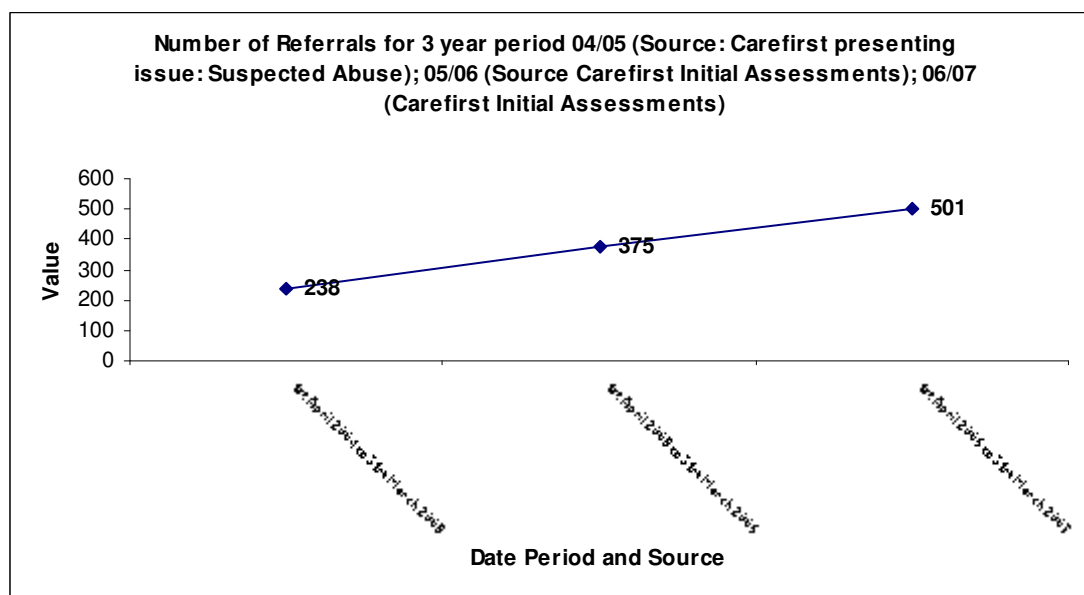
During the year, a good deal of work has been carried out to develop the Council's adult protection data collection system. A comprehensive review of the arrangements took into account the comments of managers and practitioners, national requirements, recommendations from the Action on Elder Abuse report on National Data Monitoring Requirements, and findings from Liverpool University's research project in Halton.

The revised system was implemented on 2nd April 2007 and will therefore be tested when we are provided with information relating to Quarter 1 of the new fiscal year 2007/08. The intention is to extract more informative and reliable data, particularly about outcomes for alleged victims and perpetrators and multi-agency activities. The revised system has been set up so as to provide information about source of referral, location and type of alleged abuse, repeat allegations/repeat victims, agencies involved with support or investigation, and outcomes for alleged victims, alleged perpetrators and services where abuse is found to have occurred.

E-forms are not currently available in the Council, to record adult protection data. If available, however, they could populate the Council's database and thereby enable best use of resources. A business case is therefore to be made, to seek investment in this development.

6.2 Presentation of Local Data and Commentary

The following table shows the **total number of referrals** has risen over the past three years, by 58% between 04/05 and 05/06, and by 34% between 05/06 and 06/07. Other localities have also seen an increase in referrals, although the quality of information provided by direct comparison is doubtful, due to the lack of national standards, and resulting variables such as data source and collection method and definition of 'referral':



On the face of it, this rise in referrals could be a cause for significant concern. Comparable information from the development of child protection, however, 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. Our analysis of the reason for the increase in referrals suggests the following factors have influenced the increase:

- The significant investment in publicity locally has raised awareness and encouraged referral using a threshold/definition based on that provided in 'No Secrets (Department of Health, 2000) and examples of abusive practice/behaviours.
- The appointment of an Adult Protection Co-ordinator to work across agencies and lead policy development and support the APC.

- Public awareness of abuse in care settings has also been raised by high profile television documentaries and local press coverage.
- Multi-agency training has been made widely available and distribution been extended.
- NHS Trusts have been supported in setting up internal adult protection procedures and encouraging training attendance.
- Halton’s Adult Protection WebPages are easily accessible and have been developed and contain related documents and links from related sites.
- Brief guides to practice have been produced and widely distributed.
- An Anti-Bullying Policy has been launched, which emphasises that bullying is abusive.
- Briefings have been provided for the independent sector.
- Partner agencies and providers are informed of news items [e.g. Cornwall, AEA campaigns, Better Safe than Sorry].
- The profile of adult protection has been raised through the Safer Halton Partnership, Domestic Abuse Forum and Corporate Plan.
- Links with Probation Service have been strengthened.

In terms of the **source of referrals**, the majority are shown to have come from Social Services staff, many of which will have picked up during a community care needs assessment. Continued multi-agency training and publicity aim to raise awareness and encourage referral by other sources. The table below shows the information that we have about referral source. We have no other details about those that come under the heading of ‘other agency’, but this matter has been addressed in the revised data collection system, which aims to give a better picture of where referrals come from. This in turn would enable us to target publicity and aim to raise awareness in those areas where, potentially, we could expect referrals to come from.

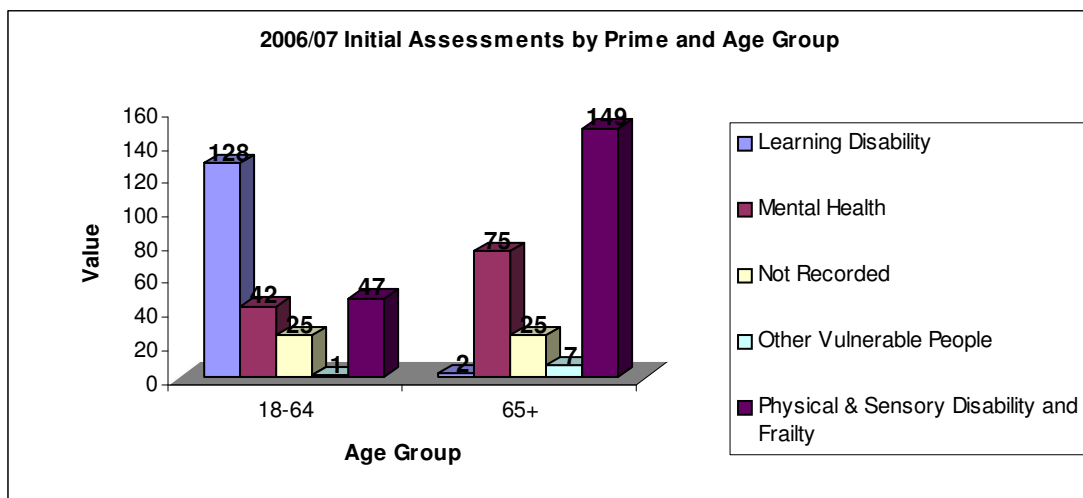
Referral Source	Number of referrals
Anonymous	1
Education	1
Housing Department	1
Other Family Member	1
Own Local Authority / Other Local Authority	2
Unknown	1

District Nurse or CPN	2
GP	2
Other	2
Housing Association	3
Friend	7
Self	8
Police	9
Community Health	14
Hospital	18
Service Provider (Independent)	20
Relative	28
Other Agency	156
Social Services Group Staff	225

When looked at against last year's figures by known referral source, this year saw an **increase in respect of the following named sources:**

Social Services staff	+99
Independent sector service provider	+18
Relatives	+7
Self referral	+6
Friends	+5
Community Health staff	+5
Police	+2
Housing associations	+2

The following two tables break down initial assessment of referrals by **service user group** ('prime') **and age group**. They show that in 52% of cases the alleged victim was 65 years of age or over and 48% were under 65 years of age:

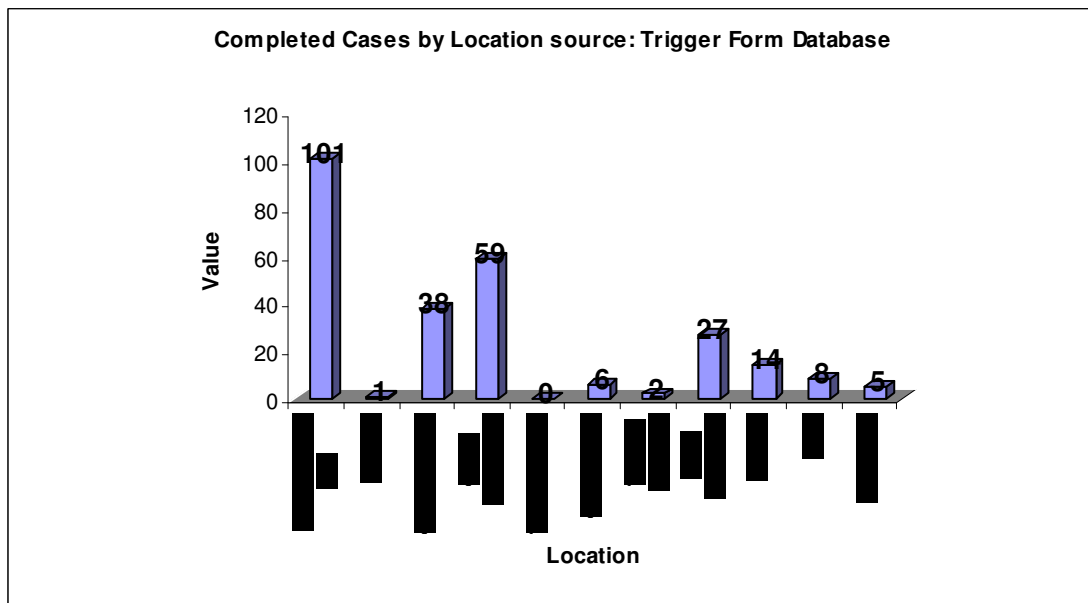


For those where the service user group is recorded, we have the following breakdown:

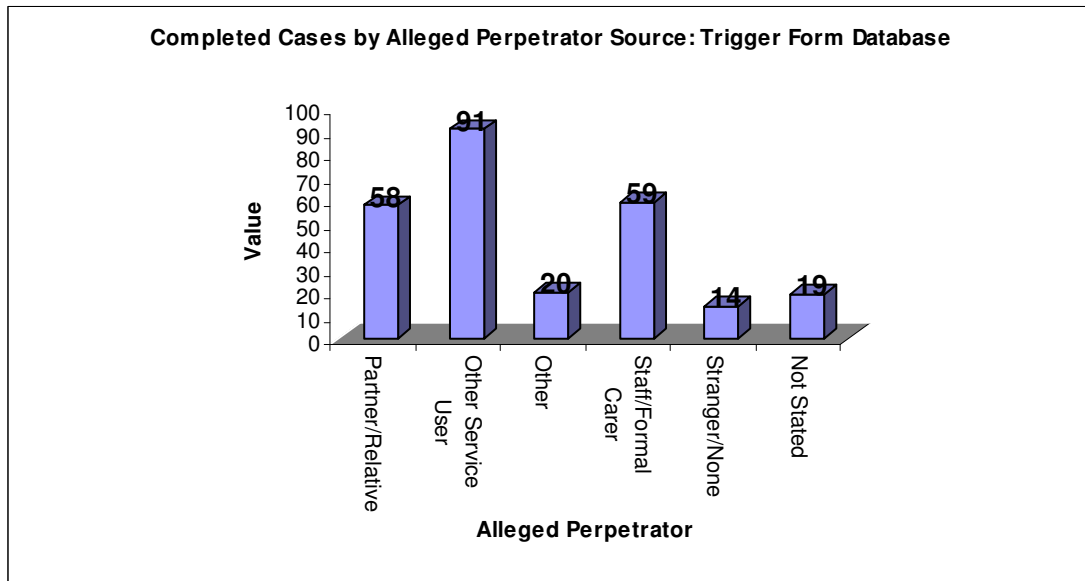
Under 65 years of age	
Learning Disabilities	128
Mental Health	42
Other vulnerable adult	1
Physical and Sensory disability	47
65 years of age or over	
Frailty and Physical/Sensory Disabilities	149
Older People with Mental Health issues	75
Learning Disabilities	2
Other vulnerable adult	7

The following three tables take their data from a different source from those above (hence the different total number of cases).

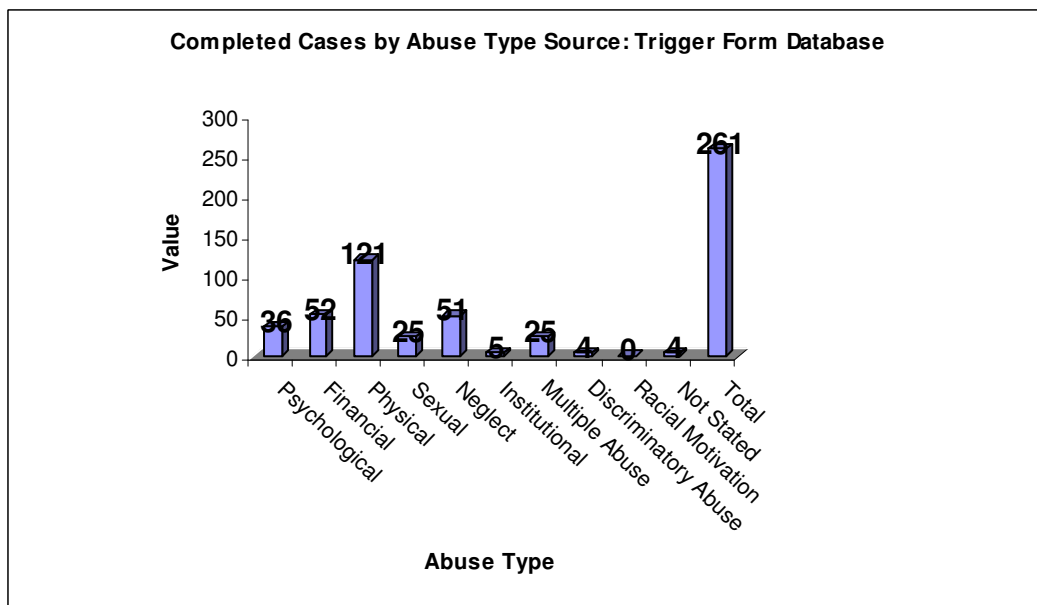
This table shows that the majority of referrals alleged abuse occurring in people's own homes, followed by care homes:



The majority of alleged perpetrators were other service users, followed by staff/formal carers and partners/relatives:



The majority of allegations were of physical abuse, followed by financial abuse, neglect, psychological and sexual abuse, institutional and discriminatory abuse. In some cases, multiple (i.e. more than one) form of abuse was alleged:



6.3 Criminal Proceedings

A number of cases progressed to criminal proceedings during the year. The outcomes were as follows:

Service User Group/Social Work Team	Outcome of Criminal Proceedings
Learning Disabilities – Case A	Insufficient evidence - NFA
Learning Disabilities – Case B	Insufficient evidence - NFA
Learning Disabilities – Case C	Insufficient evidence. Agency reimbursed service user
Older People – Case D	Perpetrator received 4 month custodial sentence
Older People - Case E	Perpetrator charged and appeared in Court, but outcome unknown as service user deceased
Physical and Sensory Disabilities – Case F	Perpetrator received custodial sentence

Liaison meetings between Halton Borough Council and the Northern Public Protection Unit of Cheshire Constabulary will consider sanction detection rates. Where they relate to domestic violence cases, these rates are considered through the local Domestic Abuse Forum.

6.4 Referral to PoVA List

It is not possible to report on the number of local investigations that resulted in perpetrators being referred to the Protection of Vulnerable Adults (PoVA) list of people who are banned from working with vulnerable adults. The following table, however, provides information about the national picture:

PoVA Referrals & Listings - national figures up to 31 March 2007	
(Source - Safeguarding Operations Unit - PoVA)	
Referrals since 26 July 2004	6018
People provisionally listed (i.e. pending decision)	1237
People confirmed on the list	748

6.5 Quality Monitoring and Reporting

One of the main mechanisms for checking standards of adult protection work is individual agency line management and supervision. For example, in Halton Borough Council, cases will be considered in individual, formal supervision and managers consider the record of cases before they are concluded.

Halton Borough Council managers are informed of 'open' cases (i.e. those not yet concluded), on a monthly basis. The detail is available to inform the supervision and line management process, but no performance indicator exists regarding timescales for completion. Some cases can be concluded quite quickly, whilst other investigations are lengthy and if criminal proceedings are involved, lengthier still. The Council intends build in a 'traffic light' system, to alert managers to timescales and encourage follow up to ensure timely conclusion through performance surgeries.

Performance indicators (PIs) set by the Commission for Social Care Inspection (CSCI) asked, this year, about reasons for increased referral rates, any difficulties embedding the multi-agency approach and data protection. It is anticipated that the PIs will become more searching in future years. The Minister, Ivan Lewis, has indicated a commitment to ensuring that mechanisms for collecting accurate and impartial data are put in place.

Data is reported to the APC, although this has been limited in the past year, pending the revised system of reporting which will inform development of our local safeguarding/adult protection arrangements in future.

The APC reports into the Safer Halton Partnership, (<http://www.haltonpartnership.net/site/>), where an increasing interest in and support for adult protection/safeguarding activities has been demonstrated.

The NHS Trusts are being encouraged to provide internal data collection systems that will inform their 'in house' processes and in the coming year will be asked to report data into the APC.

Inter-agency working between the Police and Halton Borough Council has been governed for the past year by a Letter of Understanding, which was being piloted. The evaluation process has provided feedback, including the potential impact on service users, and informed a task group in developing a new protocol. This will be implemented early in the new fiscal year and monitored through quarterly liaison meetings.

In his foreword to this annual report, the APC Chair mentions opportunities for learning and how the Committee has used these to the betterment of the service, monitoring the process through APC

meetings. Such learning expedited a decision to set up a Scrutiny/Quality sub-group, in the coming year. Terms of reference are being explored and the experience of the Children's Safeguarding Board will be exploited. This will provide a framework and mechanisms for checking standards in an organised way and ensuring that findings inform practice.

Similarly, Halton responded to the Cornwall and the Sutton and Merton investigations by setting up a multi-agency task group to benchmark standards in learning disability services locally and provide an action plan to ensure satisfactory standards. This group is to expand its terms of reference to consolidate a number of action plans operating within the service and ensure a whole system approach.

The Council's complaints procedure has been considered in terms of its interface with adult protection procedures, and the APC is to consider whether an adult protection/safeguarding complaints procedure would be useful, to bridge any gaps in the statutory process.

6.6 Liverpool University Research Project

Liverpool University is carrying out a unique study on the abuse of vulnerable adults, through a collaborative consortium with Halton Borough Council, with the aim of promoting good practice through the development and application of research.

The purpose of the study is to evaluate the service provided in Halton, by interviewing service users, carers and advocates and examining cases of alleged abuse and the way in which they have been dealt with.

The learning gained informs and has helped to shape future services to adults who may be vulnerable to abuse, in the borough. This piece of research, which looks at the service from the point of view of those on the receiving end, is ground-breaking and is the first of its kind to be carried out anywhere in the country.

Two Research Fellows from Liverpool University, Joan Darwin and Lisa Pickering, are deployed to undertake the study. This is overseen by a Steering Committee that is responsible to the University for the promotion of the aims of the consortium.

Many of the findings have been very positive, but where necessary, actions have been taken to address any concerns raised by people interviewed by the researchers, and these actions have been monitored through the Steering Committee.

The research will continue until the autumn of 2007, at which time the findings will be collated in a report detailing actions and developments arising from the project. Together, the University and Halton Borough Council will consider the way forward in terms of publication of the

findings and resulting actions, and how the latter will be monitored and sustained in the longer term.

This research study is a unique opportunity for Halton's adult protection service to benefit from independent consultation with people who use the service.

Promotional work will continue as long as necessary, for the remainder of the project.

7. Policies and Procedures

'Better safe than sorry – Improving the system that safeguards adults living in care homes', published by the CSCI in Nov 2006, has this to say about procedures:

- "...the existence of procedures cannot of itself ensure people are properly safeguarded. This requires the procedures to be set in a context of treating all adults with dignity and respect, training the staff that look after them, and acting promptly on all concerns of abuse and neglect."
- "It is important to have robust procedures in place to safeguard adults, but procedures alone will not keep people safe. It is how the procedures are used and, most importantly, the interactions between people living in care homes and those trained to care for them, which will help keep people safe..."

We do not, however, underestimate the importance of sound policies and procedures, which are essential to providing:

- A robust framework for action
- Baseline practice standards and guidance
- A consistent and effective response and a safer service.

Halton's APC is committed to providing up-to-date adult protection/safeguarding policies and procedures that aim make it more likely that:

- Abuse is detected
- The response to circumstances giving grounds for concern is robust
- Further incidents of abuse are prevented, where possible.

The document '**Adult protection in Halton – Inter-agency Policy, Procedures and Guidance**' has been comprehensively reviewed and revised and consultation carried out this year. Further consultation will be undertaken before the document is re-issued during 2007.

A number of documents have been produced as practice guidance to simplify and augment the full procedures document, including **aide-memoiré, flowcharts, pathways, template letters and meeting agendas** These have been distributed to all organisations and agencies in Halton that we are aware of, which may have contact with vulnerable adults.

A further flowchart is being devised, to provide guidance on the interface between social work, administrative and recording procedures, and which ties in with **monitoring cases and timescales for**

completion of investigations and safeguarding/protection arrangements.

Work is being carried out in HBC, to strengthen the links between adult protection and **complaints procedures** and a Safeguarding Complaints Procedure from another locality is being considered, to see if people in Halton could benefit from something similar being made available.

An **Anti-Bullying Policy, Procedure and Guidance** have been produced and briefings have been undertaken for Halton Borough Council and the joint PCT & HBC learning disabilities team. The document was provided and briefed out to service providers who contract with the Council.

A **policy and procedure regarding Exclusion from Services** has been expanded and made generic, encompassing all service user groups, building based services and those provided to people in own homes. Once endorsed, the document will be distributed to all appropriate agencies.

A comprehensive **Restrictive Physical Interventions policy, Procedure and Guidance** has been created, in consultation with PCT & APC members. It currently applies only in learning disabilities services, but the document's further development, to apply to all service user groups, will be completed during 2007. Learning from the three policies immediately listed above will be spread out across other service user groups during the coming year.

HBC's Recruitment and Selection procedures have been reviewed, to ensure that they meet CSCI's standards. The Adult Protection Coordinator took part in the consultation, making comments on the process for assessing convictions and cautions, and ensuring Criminal Records Bureau checks are undertaken.

Guidance to HBC managers on the **Protection of Vulnerable Adults (PoVA) Scheme** has been updated and again also shared with HBC's Personnel Section, who would make any referrals of Council staff, and with contracted service providers. A DoH Practice Guide to the PoVA Scheme has been similarly distributed and briefed out, and people informed of conferences that would advise employers and how to make good referrals to the PoVA list.

A task group within HBC has produced a **draft leaflet for staff**, about adult protection procedures and what it means for staff **when abuse allegations are made against themselves or colleagues**. Ratification for the leaflet is being sought, after which it will be provided to new and existing staff and shared with the independent sector. The leaflet's content is supported in Basic Awareness training, which stresses the importance of appropriate conduct in keeping service users safe from abuse and staff safe from allegations of abuse. The leaflet

aims to tackle some of the belief amongst staff that suspension or investigation is an indication of guilt. There are plans to extend this work by developing a Code of Conduct for staff and possibly guidance for managers who mediate with staff against whom allegations have been made.

The Adult Protection Coordinator has collaborated with **HBC's Personnel staff** in making the inter-agency procedures more inclusive of their input, when HBC staff are implicated, and provided them with a variety of information.

All relevant documents are available on the **Internet**, via Halton Borough Council's website at: www.halton.gov.uk/adultprotection and links from partner agencies that are similarly making documents available on their intranet WebPages.

8. Publicity – raising the profile and awareness

Getting the message across is one of the most important elements of our safeguarding/adult protection work. It can raise awareness of what constitutes abusive behaviour, and help people to know what they can do to prevent abuse from happening and what to do if they believe someone is being abused. Not least, it can be a gateway to empowering vulnerable people to keep themselves safe, seek help when abuse happens, and support other people, including carers in fulfilling their responsibilities.

The Halton Borough Council's (HBC) **Internet and intranet** Adult Protection WebPages have been revised, with ease of access as a priority and further links and documents added, including:

- A quick link from the homepage
- Links to/from other sites, including domestic abuse and child protection, consumer protection, PoVA, the Commission for Social Care Inspection (CSCI), NHS Hospital Trusts and HVA Together (Halton Voluntary Action). Further links are being explored.

The following **link** can be used to access the website via the Internet,:

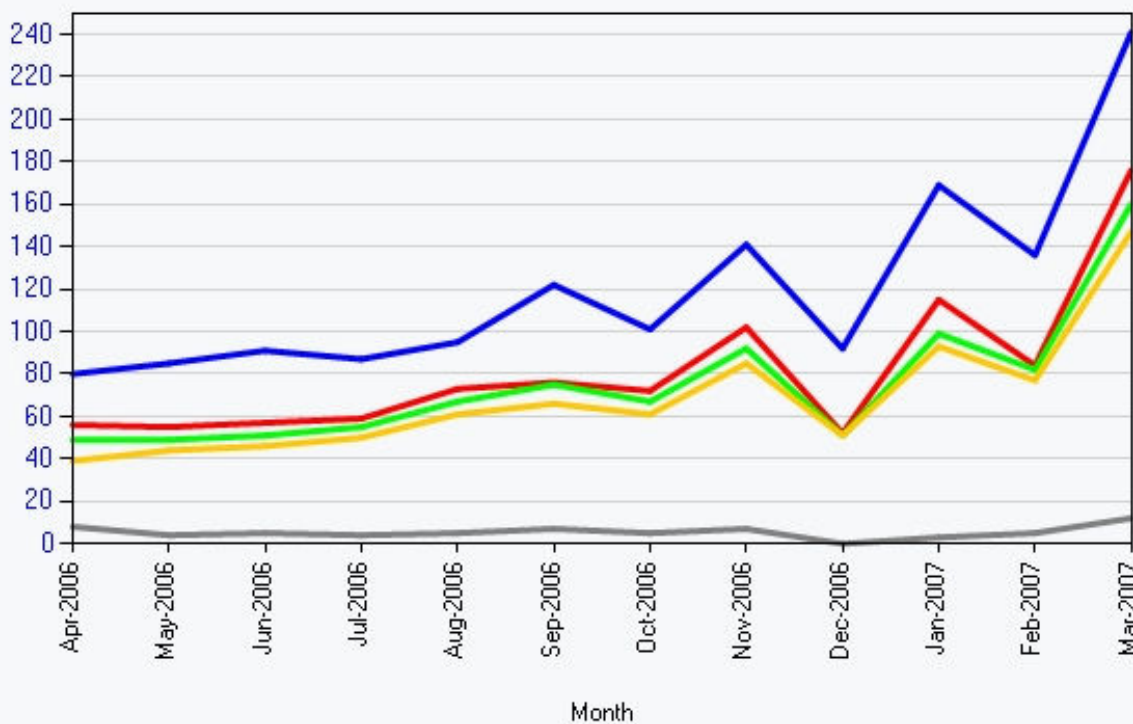
<http://www.halton.gov.uk/adultprotection>

HBC's intranet pages can be accessed via the home page>Health and Community>Adult Protection, which also provides a link to the Internet WebPage.

The following tables illustrate **usage of the website**:

Period 1/4/06 to 31/3/07	
Page views in period	1,440
User sessions in period	977
Total unique users:	748
New unique users:	65
Returning unique users:	683

From 01-Apr-2006 to 31-Mar-2007



A **mail distribution** to all sectors will be completed by June 2007 and will include public information leaflets and posters, flowcharts and aide-moiré, details of the website and how to obtain further information including training.

Distribution is comprehensive, constantly being up-dated and includes, for example, NHS Trusts, GP surgeries, pharmacies, Police and Community Safety Officers, Fire and Ambulance Services, Courts, Probation, Education, Housing Associations, Community and Leisure Centres, Libraries, Information Points and Direct Link, providers (Supporting People and those that contract with the Council and, where known, those that do not), and around 120 voluntary organisations and institutions.

A draft up-date to the **staff leaflet** has been completed and awaits printing.

A **re-issue of the inter-agency Adult Protection Procedures** is being planned for Autumn 2007.

Briefings have been provided to **Halton Voluntary Action's** Health and Community Care Forum, Counselling Partnership and the HBC/PCT joint learning disabilities team.

The Adult Protection Coordinator plans to approach local **faith groups**, to seek to provide a presentation, during the coming year.

An **advisory leaflet for families, other carers & advocates**, on the adult protection process, was developed this year and is being piloted. This is aimed at people who have contact with someone who has been the subject of allegations of abuse, as an alleged victim or alleged perpetrator. The leaflet was developed in consultation with a service user's family, Halton Borough Council & Age Concern and is being piloted for 6 months, providing the opportunity for further comment.

A group within HBC has produced a **staff leaflet that explains Adult Protection Inquiries** and the need to keep people safe from harm by exercising good practice. Further work is being recommended, to produce an accompanying Code of Conduct for staff and guidance for managers carrying out a support role when allegations of abuse are made against staff members. These and other documents produced within the Council are shared with other groups that might find them useful, such as service providers and partner agencies.

9. Prevention of abuse

The Adult Protection Committee's vision is of a Halton where vulnerable people are safe from abuse/harm, whilst being empowered to make their own choices and to choose risks.

Crucial to achieving this end is the work that we do to prevent abuse from happening. Many of the developments outlined in this annual report will take us nearer to our goal, but there is still more to be done. In the coming year, we need to take stock of what preventative measures are in place and consider how we support their continuity and further develop safeguarding mechanisms.

In the meantime, the following list brings together a picture of some of the work being done to reduce vulnerability and prevent abuse:

- Implementation of measures to minimise risks posed people who have a known history of abuse or who are likely to pose such risk, such as the Multi-Agency Public Protection Arrangements [MAPPA], Multi-Agency Risk Assessment Conference [MARAC], Protection of Vulnerable Adults [PoVA] Scheme.
- Ensuring effective mechanisms are in place for the recruitment and selection of staff and volunteers.
- Effectively supporting people at home or in other settings, promoting independence and options whilst putting safeguards in place, as part of quality care planning and service provision. Direct Payments recipients, for example are offered the opportunity to take up Criminal Records Bureau checks on people whom they seek to employ. Appointee and Receivership arrangements are pursued where indicated.
- Providing effective support arrangements to prevent abuse from occurring, especially where there is potential for it to occur as a result of ignorance, poor practice or lack of support for carers.
- Promoting effective quality assurance mechanisms, through contractual arrangements.
- Implementing effective policies and procedures that seek to prevent abuse as well as act upon concerns and disclosures, for example, restrictive physical interventions and exclusion policies and procedures. A leaflet and code of conduct for social care staff is being developed.
- Through training and publicity, seeking to raise the awareness of vulnerable people, the public, staff and volunteers, to enable them to recognise what constitutes abuse, how it can be prevented and what are the consequences of abuse, both for the victim or

survivor, for the perpetrator and for those who have been culpable in abusive situations.

- Promoting a culture of zero tolerance of abuse, by ensuring that all referrals of alleged or suspected abuse are acted upon effectively and as a priority.
- Striving to operate and develop our arrangements for effectively working together and seeking to learn from past events in both adults' and children's services.

10. Resources

10.1 Budget and spending 2006/07

Adult Protection developments in Halton have been supported through a joint funding initiative between the Neighbourhood Renewal Fund, Primary Care Trust and the Local Authority. This programme is lead through the Vulnerable Adults Task Force (VATF). The Adult Protection element of the VATF budget is £50,000.

£10,053.62 was spent on **Adult Protection training** during 2005/06, but there was no separate budget for this training. The funding was a combination of Halton Borough Council monies and the National Training Strategy (NTS) grant.

Funding and expenditure for 2006/07 have been as follows:

Item	Expenditure £	Balance £
Available Budget		
- VATF	50,000	
- Training	<u>10,053</u>	
TOTAL	60,053	
Adult Protection Coordinator post, including on-costs	44,066	15,987
2005/06 Annual Report – printing	418	15,569
Pavilion Journal subscription	312	15,257
Room hire & hospitality – North West group A/P Coordinators meeting	426	14,831
Action on Elder Abuse membership	52	14,779
Laminating flowcharts & aide-me moiré	482	14,297
Lawson House – BCG Workshop	458	13,839
Training DVDs	960	12,879
Training courses	10,053	2,826
Total	57,227	2,826

For the coming year 2007/08, the available VATF budget remains at £50,000.

The Neighbourhood Renewal Fund, which has pump-primed the development of adult protection and safeguarding in Halton, is expected to end in March 2008. The Safer Halton Partnership will explore a number of funding options, to ensure sustainability in 2007/08.

10.2 Charging for training

Courses were provided free of charge during 2006/07. In order to make the training element sustainable, Halton Borough Council is exploring, with partners, the option of a charge for some courses. The NTS grant comes to an end in March 2008.

Appendix 1

HALTON ADULT PROTECTION COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

The purpose of Halton's Adult Protection Committee (APC) is to:

- 1.1 Act as a multi-agency management committee of lead officers and key representatives, which takes strategic decisions, aimed at safeguarding vulnerable adults in Halton.
- 1.2 Determine policy, co-ordinate activity between agencies, facilitate training and monitor, review and evaluate the adult protection service.
- 1.3 Promote inter-agency cooperation, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust.
- 1.4 Develop and sustain a high level of commitment to the protection of vulnerable adults.

* The terms "vulnerable" and "adult" are as defined in "No Secrets" - Department of Health - 2000).

2. RESPONSIBILITY, ACCOUNTABILITY and REPORTING

Local agencies should work together within the overall framework of Department of Health guidance on joint working. The lead agency with responsibility for the establishment and effective working of the APC is Halton Borough Council's Health and Community Directorate.

All agencies should designate a lead officer and, if necessary, a nominated other representative agreed by the APC.

All main constituent agencies are responsible for contributing fully and effectively to the work of the APC.

The APC reports to the Community Safety Partnership, which is chaired by the Chief Executive of Halton Borough Council and the Superintendent of Halton Police.

A formal report of the APC will be compiled annually and feedback on the report sought.

3. FUNCTIONS

The functions of the APC are to:

- 3.1 Ensure that there is a level of agreement and understanding across agencies, about operational definitions and thresholds for intervention.

- 3.2 Develop, monitor, review and evaluate the implementation and effectiveness of Halton's Adult Protection Action Plan and associated procedures, guidance, policies, systems and protocols.
- 3.3 Develop and keep under review, an action plan for the implementation of strategic decisions and policy.
- 3.4 Develop and keep under review, local policies, procedures, systems and protocols for inter-agency work to protect vulnerable adults.
- 3.5 Audit and evaluate the implementation and effectiveness of policies, procedures, systems and protocols.
- 3.6 Promote the agreed policies and procedures to managers, staff, volunteers, service users and the public.
- 3.7 Arrange for information to be gathered and used in the evaluation of the adult protection service, through performance assessment and monitoring systems and through consultation with stakeholders.
- 3.8 Develop a training strategy, incorporating joint training where appropriate.
- 3.9 Facilitate training and ensure its delivery and evaluation, to help improve the quality of adult protection and inter-agency working.
- 3.10 Ensure that service developments take into account the needs of all vulnerable adults, regardless of their gender, race, sexuality, disability, religion or belief, who may experience discrimination and disadvantage.
- 3.11 Review national guidance and research information as it is issued, consider the implications and make recommendations for local implementation. Action and monitor such implementation.
- 3.12 Respond to consultation exercises where appropriate.
- 3.13 Commission serious case reviews where a vulnerable adult has died or, in certain circumstances, is seriously harmed, and abuse or neglect are confirmed or suspected.
- 3.14 Improve local ways of working in the light of knowledge gained through national and local experience, research, Serious Case Reviews, internal inquiries and case studies, Ensure that practitioners benefit from learning and development attained through the APC and that lessons learnt are shared, understood and acted upon.
- 3.15 Link with other agencies and sections for protecting those at risk, such as the Quality Assurance Unit of Halton Borough Council's Children and Young People's Directorate and Halton's Domestic Abuse Forum, to ensure that both adult and child protection arrangements benefit from the learning, developments and work undertaken by the other, where appropriate.

- 3.16 Raise awareness within the wider community, of the need to safeguard vulnerable adults, explain how the community can contribute to this process, and facilitate such involvement.
- 3.17 Support and ensure the implementation of the development of quality standards for vulnerable adults, both locally and nationally.
- 3.18 Carry out an annual audit of adult abuse and protection in Halton, through analysis of data and outcomes; report these and forecast developments, through the Annual Report of the Adult Protection Committee.

4. MEETINGS

- 4.1 The APC will meet on a quarterly basis, with the schedule of meetings published in advance for a year. Meetings can be called more frequently as circumstances dictate.
- 4.2 The agenda will be prepared by the Chair of the meeting, supported by the Adult Protection Coordinator, and will be issued to all members one week before the meeting takes place.
- 4.3 All APC members will be able to bring appropriate items to the agenda, through the Chairperson or Adult Protection Coordinator. Standing items on the agenda will be by agreement of APC members.
- 4.4 The chairperson will arrange for minutes of meetings to be taken and a copy of the minutes sent to each APC member and other people by agreement.
- 4.5 The accuracy of minutes will be checked at the subsequent meeting.

5. SUB GROUPS

The Practitioners Group is the regular sub-group of the APC and meets quarterly.

Other sub-groups may be set up for particular purposes on a short term or standing basis, by agreement of APC members, to:

- Carry out specific tasks;
- Provide specialist advice;
- Represent a defined geographical area within Halton's boundaries.

All groups working under the auspices of the APC should be established by the APC and should work to agreed terms of reference and lines of reporting to the APC.

6. CHAIRING

The APC will be chaired by a senior manager of Halton Borough Council's Health and Community Directorate, as the agency with lead responsibility for adult protection in Halton.

7. ATTENDANCE CODE OF CONDUCT

Members of the APC make the following undertakings:

To demonstrate a commitment to attend the meetings.

To submit apologies if they cannot attend.

To seek to arrange for an agreed representative to attend if the APC member is unable to do so.

To send any agenda items to the chairperson at least two weeks before the meeting. Urgent items that arise outside this timescale can be raised through any other business on the agenda or as agreed by APC members.

To feed back to their department/organisation/agency/sector and canvas views to bring to meetings where appropriate.

To listen to APC members and other attendees and address comments to all attending.

Comments made by anyone attending the APC that contribute to any form of discrimination in respect of the age, gender, race, sexuality, disability, religion or belief of others, or the bullying or victimisation of others, are not acceptable and will be challenged by the chairperson and other APC members.

8. MEMBERSHIP

8.1 In order to carry out its responsibilities effectively, the APC will seek to have members from each of the main agencies in the public, private and voluntary sectors responsible for working together to safeguard vulnerable adults.

8.2 Members' roles and seniority will enable them to contribute to developing and maintaining strong and effective adult protection policies, procedures and protocols.

8.3 The APC will arrange to involve others in its work as needed, where they have a relevant interest.

8.4 Appendix 1 shows membership at August 2005

9. REFERENCES

No Secrets – Department of Health - 2000

Adult Protection in Halton – Inter-Agency Policy, Procedures and Guidance

Working Together to Safeguard Children – Department of Health, Home Office, DfES 1999

DATE OF TERMS OF REFERENCE: 4h April 2006

TERMS OF REFERENCE REVIEW DATE: September 2007

APPENDIX 2

Halton Adult Protection Committee and Practitioners' Group Membership

31/03/2007

Members joined since 1.4.06

Replaced former representative of organisation

		Adult Protection Committee	Practitioners Group
Halton Borough Council	Chair	Peter Barron – Operational Director	Julie Hunt – Adult Protection Coordinator
	Adult Protection Coordinator	Julie Hunt	[Julie Hunt]
	Legal Services	Lesley Baker – Solicitor	
	Contracting Section		Benitta Kay – Contracts Officer
	PSD Services	Ruth McDonogh – Divisional Manager	Helen Moir [Principal Manager]
	ALD Services	Marie Mahmood - Divisional Manager	James George [Social Worker]
	MH Services	Lindsay Smith - Divisional Manager	Bob Dawson [ASW] [Practice Manager]
	OP Services	Jacqui Maguire - Divisional Manager (A/P Lead for Social Services)	Lyn Gifford [Principal Manager] Irene Lester [ASW] [Principal Manager] John Patton [Practice Manager]
	Hospital Team		Eddie Moss [AHT] Principal Manager

Halton and St Helens Primary Care Trust	Adults	Margi Daw – Acting Team Manager and Acting Trust Social Care Manager	Barbara Langford – Specialist Nurse
North Cheshire Hospitals NHS Trust		Anna Alexander - Deputy Director of Nursing	Julie Newton – Senior Nurse, A&E Dept.
St Helens and Knowsley Hospitals NHS Trust		Tina Cavendish - Senior Nurse Quality/Clinical Standards	Fiona Twemlow – Matron, A&E Dept
5 Boroughs Partnership		Mike Kenny - Head of Service for Adults of Working Age John Kelly – Director of Adult Services	Kevin Bailey - Ward Manager – Brooker Centre Zena Dickson – Community Psychiatric Nurse
Cheshire Constabulary – Northern Public Protection Unit		Detective Inspector Nigel Wenham [or Detective Sergeant Paul Hughes] Detective Inspector Mark Tasker	Police Constable Elaine Flynn [or DS Paul Hughes]
Halton Drug Action Team		Steve Eastwood - Drug Action Team Coordinator	
Halton Domestic Abuse Forum		Sally Clarke – Domestic Abuse Coordinator	
Education [Halton Borough Council]		Teresa Miskimmon – Inclusive Learning Coordinator	
Riverside College			Stephen Bailey - Learner Services Manager

Employment - Job Centre Plus		Awaiting nomination	
Consumer Protection		Gary Baskott – Trading Standards Officer	
Housing	Halton Housing Trust	Teresa Tierney – Head of Housing Management	
	Wardens		Chris Durr - Warden Services Manager
	Sheltered Housing - Independent Sector	Alison Adzobu – Sheltered Accommodation Court Manager – Housing 21	* 9
Supporting People		Angela McNamara – Project and Commissioning Manager	Gary Fearon – Deputy Manager
Voluntary Sector		Lyn Williams - Health & Community Care Worker - Halton Voluntary Action	
		Melissa Critchley – Chief Officer - Age Concern	Sue Molyneux - Home Support Coordinator - Age Concern
Carers		Diane Smith – Carers representative - Carers Umbrella Group	
Drug & Alcohol Services		Sian Kavanagh – ARCH Initiatives	
Day Services			Eileen Clarke – Performance Manager – Halton Day Service Alison Waller – Practice Manager – Halton Day Service
Residential Services			Jean Connolly – Halton Supported Housing Network
		Andrew Lyons - Manager – Woodcrofts Care Home	
		Sheila Wood-Townend – CLS Care	Janet Leatherbarrow – Care

		Services - Operations Manager, CLS Care Services	Home Manager - CIC Mabel Lewis – Care Home Manager - CLS Care Services
Domiciliary Care		Andrew Bain - General Manager Carewatch	Pauline Blinston – Registered Branch Manager - Medico

APC MINUTES ALSO COPIED TO:

- David Parr – Chief Executive, HBC - Co-Chair, Safer Halton Partnership
- Superintendent Dave Bertenshaw – Co-Chair, Safer Halton Partnership
- Dwayne Johnson - Strategic Director, HBC, Health & Community
- Christine Samosa – Executive Director – Halton and St Helens PCT
- Judith Holbrey - Chief Executive – 5 Boroughs Partnership
- Kathryn Holbourn – Acting Chief Executive – NCHT
- Ms Ann Marr - Chief Executive – St Helens & Knowsley Hospital Trust
- Louise Wilson - Policy & Support, HBC
- Siobhan Saunders – HBC - Adult Learning
- Chris Gwenlan - Probation Service
- John Gibbon - Principal Manager - Office Services, Customer Care & Information
- Gerald Meehan - Strategic Director, HBC, Children & Young People's Director
- Debbie Westhead - Business Relationship Manager - Commission for Social Care Inspection
- Howard Cockcroft – Recreation & Leisure – HBC

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 15 January 2008

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Carers Services within Halton

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 To provide the Board with an update as to the work undertaken to date with regards to the future of Carers Services within Halton and on the proposed transfer of the Carers Centre to the Voluntary Sector.

2.0 RECOMMENDATION: That the contents of the report be noted and comment on the progress made to date.

3.0 SUPPORTING INFORMATION

3.1 Since the opening of the Carers Centres in 2004, it has been the intention that the management of the Centres by the Local Authority would only be a temporary arrangement, until a voluntary sector organisation could be identified to undertake it. The reason for this was to ensure that Carers would be able to maximise their access to funding streams e.g. Lottery funding, that otherwise wouldn't have been able to be accessed by the Centres under Local Authority control. As such within Halton Borough Council's current Carers Strategy (2006-2008), the intention to transfer the management of the Centres to the voluntary sector is stated as an objective, and in particularly with acceptance into the Princess Royal Trust for Carers (PRTC) network.

3.2 During the last 12 months a number of activities, including meetings and consultation events, have taken place to identify the options and their associated advantages and disadvantages, for the future provision of Carers Services within Halton. During this time it has been highlighted that whichever approach was adopted it would need to safeguard the financial future of Halton Carers Centre, improve and expand the services provided, and be acceptable to Halton and St Helens Primary Care Trust, to Halton Borough Council, and to local carers etc.

3.3 Due to the priority given to this area of work and to help minimise the potential for conflict due to the differing views of the stakeholders involved, it was decided that the future provision of Carers Services would be independently assessed. In addition to comprehensive research, consultations with key stakeholders have also taken place to maximise input into the planning and decision making process. Initial

discussions have been held with a number of stakeholders to explore issues relating to the future provision of services. These included key staff in the existing Carers Centres and the Health & Community Directorate as well as stakeholders such as:

- Age Concern Halton
- Executive Board Member for Health and Community
- Halton Carers Forum (Chair)
- Halton & St. Helens Primary Care Trust
- Halton Voluntary Action
- Children's Services
- HITS
- Princess Royal Trust for Carers (Northern Region)
- Carers Strategy Group

3.4 Three options have been examined regarding future provision, as outlined below :-

- 1) no change;
- 2) establish a Princess Royal Trust for Carers Centre in Halton;
- 3) merge with Princess Royal Trust for Carers Centre in St Helens.

3.5 Discussions with stakeholders has indicated that the decision to transfer Carers Centres to the voluntary sector is generally welcomed so long as the service has adequate resources and high levels of commitment from all partners.

3.6 Following a recent Health & Community Senior Management Team (SMT) meeting (21.11.07) and Carers Strategy Group (29.11.07), it was decided that the most favourable option would be Option 2 : Establish a Princess Royal Trust for Carers Centre in Halton. The main reasons for this being :-

- As a charitable organisation the Centre would be able to access different funding streams, which the Local Authority is currently unable to.
- An independent Carers Centre would not just be a provider of services but would be an important means of ensuring the voice of carers is heard. Carers within Halton would have a direct input in to how the Centres were managed and the services provided there.

Location of the Centre

3.7 Through the development of the options, it has become apparent that current provision over two sites is costly and would represent a significant burden to a small charity as well as splitting a small staff team across two locations.

- 3.8 Statistics from the Census 2001 demonstrate there are wards on both sides of the river which have very high numbers of carers and where targeted outreach exists from one resource base, this may prove equally or more beneficial than having services split across two sites.
- 3.9 The Widnes Centre is very limited in the amount of space available and current usage levels appear to be far lower than Runcorn Centre, which has more space and would be more suitable to development as a PRTC Centre, in the immediate future. There is an existing proposal to develop a voluntary sector resource centre in Widnes, which may prove a suitable base for the Centre in the long term.
- 3.10 The proposal to deliver services from one site is generally supported by the Carers Strategy Group, which consists of carer representatives, including the Chair of the Halton Carer's Forum. It is recognised that Carers would prefer to see two centres within Halton, one in Runcorn and one in Widnes and this aspiration will be incorporated into the Carer Centre 3 year business plan.

4.0 POLICY IMPLICATIONS

- 4.1 The profile of the provision of services for carers continues to rise in significance. A Centre within the voluntary sector will have access to new funding streams and most importantly will be able to offer an independent service to carers, which may enable the Centre to be more effective in reaching carers who are at present 'hidden'. The voluntary sector may also provide the Carers Centre with the opportunity to develop more innovative and tailored provision allowing them to reach out to a wider range of carers. In selecting this option for the future of Carers Services, the Council is recognising the importance of Carers issues and ensuring that the services provided to them are maximised.

5.0 OTHER IMPLICATIONS

- 5.1 The PRTC network have stated that they would require a three-year funding commitment by Halton Borough Council, to initially support the Carers Centre. This three-year commitment is a normal requirement of acceptance into the PRTC network.
- 5.2 The option of transferring the Centre over to the voluntary sector will require an increase in current levels of funding, which at present is approximately £89k for 2007/8.
- 5.3 Establishing a PRTC centre would mean an increase of funding to approximately £155k per annum (if the service was delivered over one site rather than two).
- 5.4 Consideration has already been given to how to fund the additional costs. The Carers Grant would be the main source for funding (Adults and Children's allocation) and any projected increase in the Carers

Grant 2008/9 could be utilised for this purpose, along with some reprioritisation of current carers grant allocation.

- 5.5 Halton & St. Helens Primary Care Trust currently funds St Helens Carers Centre and we are awaiting confirmation from them as to the level of funding that they are prepared to allocate to Halton to fund future provision.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The proposal in relation to the future provision of Carers Services would benefit children and young people under 18 who have caring responsibilities, whose lives are often restricted in some way because they are supporting or taking responsibility for the care of a person who is ill or who has a disability etc.

6.2 Employment, Learning and Skills in Halton

The proposal would ensure opportunities for work, education and learning for Carers are maximised to their full potential.

6.3 A Healthy Halton

The proposal clearly demonstrates the Council's commitment, as a major stakeholder, in recognising the needs of Carers and in promoting their health and wellbeing within the Community.

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

- 7.1 The ability to recruit Trustees of sufficient experience and appropriate expertise to form a viable Management Board is a crucial factor to the success of an independent Halton based charity. The PRTC will need to be convinced that the Board, when it is established, is sufficiently robust and contains the expertise required to run a Carers' Centre. As such we have followed up the names of candidates who responded to a press advertisement earlier on this year and all have confirmed that there are interested in standing as trustees. As such appropriate support and training would be given to those individuals to ensure appropriate expertise was developed.

- 7.2 The Local Authority would need to ensure continued funding of the Centres until such time as the Centres are sufficiently established to ensure that it can access appropriate funds itself. This would form part of a 3-year financial commitment by the Authority.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 It is a requirement of the PRTC that each Carers Centre has an equal opportunities policy. Carers Centres are required to be accessible to people of all types and from all communities.

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

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

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 15 January 2008

REPORTING OFFICER: Strategic Director, Health and Community Directorate

SUBJECT: Health & Community Service Plans 2008-2011

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 To provide Healthy Halton Policy and Performance Board with the Service Plans for the Health and Community Directorate 2008-2011.

2.0 RECOMMENDATION: That the Healthy Halton Policy and Performance Board comment on the reports.

3.0 SUPPORTING INFORMATION

3.1 As part of the business planning process each Directorate provides a plan for its services over a three-year period. Guidance on the format of the plans is provided for all of the Directorates to ensure consistency. The Service Plans are linked to the Council's Corporate Plan.

3.2 The primary purpose of Service Plans is to provide a clear statement on what individual services are planning to achieve and to show how this contributes towards achieving the corporate priorities of the Council. They are an essential tool for making key decisions about future service provision on a level of resources required. Additionally, the Service Plan is designed to enable the public, elective members and staff to monitor how well this part of the Council is performing to improving the quality of life for local people.

3.3 The service plans will be circulated in early January, as at the time of writing this report they are not yet completed in draft form. In addition the Plans will be tabled at the Healthy Halton Policy and Performance Board on 16th January, 2007.

4.0 FINANCIAL IMPLICATIONS

4.1 All Service Plans are expected to work within the budgetary framework.

5.0 POLICY IMPLICATIONS

5.1 Service Plans provide explanations of any policy implications to meet their objectives.

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

See service plans

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

7.1 Risk analysis of meeting the objectives are contained with the Service Plans.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 It is expected that the Service Plans will ensure that services meets the needs of all members of the community.

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

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



**Older People &
Independent Living
Services**

SERVICE PLAN

April 2008 to March 2011

DRAFT – 20.12.07

Contents

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1.0 Introduction

2.0 Service Profile

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8.0 *Service Objectives – High Risks and Mitigation Measures*

9.0 *Equality Impact Assessments – High priority actions*

10.0 *Corporate Priorities and Key Areas of Focus*

1.0 INTRODUCTION

Text will be developed and inserted by Corporate Performance Management Team.

2.0 SERVICE PROFILE

2.1 Purpose

The service provides an assessment and care management function for vulnerable older people and some people over 55 who have a mental health, physical disability or a learning disability. The Independent Living Team provides assessment, care management, and a service that provides equipment, minor and major adaptations to adults and children with physical impairments. It also offers a range of services to support re-enablement, encouraging people to retain or regain independence or to offer supported environments for them to live within Halton, whenever possible.

We retain a number of in-house provider services including home care, day services and residential care. The role of these services will further develop towards specialist functions such as intermediate care, out of hours, end of life care and dementia services. Increasingly maintenance and support services are purchased and commissioned from the independent sector and low level services enabling people to remain independent of social care are commissioned through the voluntary sector.

The delivery of a high quality service demands a balance, always placing the person needing a service at the Centre whilst recognising the demands and requirements of many others, stakeholders or policy influences. The Council's Fair Access to Care Services (FACS) Policy and Procedure assists in maintaining this balance. The Policy ensures equitable, transparent and consistent decision-making within available resources.

Whenever possible, individuals will be assisted to retain control of their life and direction of their services.

A number of professional services also contribute to the work of other departments, including working with Children, community development and supported employment, in order to deliver high-quality care to the local community in partnership with the NHS, private and voluntary sectors.

Much of our work is set down and delivered within the context of a strong national framework of statute and guidance, which includes:

- NHS and Community Care Act 1990
- Mental Health Act 1983 and 2007
- Carers (Equal Opportunities) Act 2004
- Disability Discrimination Act 1995 and 2005
- National Service Framework for Older People
- Care Standards Act 2000
- Mental Capacity Act 2005
- Our Health, Our Care, Our Say White Paper 2006
- Disability Equality Scheme 2006

2.1.1 Service Activities

Care Management Assessment and Provision

- Assessment and care management of older people, and those who care for them.
- Independent Living Team – Including Occupational Therapy and Independent Living Centre for all age groups. NB This team is merging with the Home Improvement Agency to form a new team that deals with the whole adaptations process.
- Effective Care Co-ordination (older people with mental health problems accessing specialist services)
- The provision, monitoring and review of care packages
- Hospital discharge – all over 18's
- Safeguarding Vulnerable Adults work
- Moving and Handling

Direct Care Services

- Community Day Services
- Community Meals
- Equipment Service
- Lifeline/community wardens
- Extra Care (Dorset Gardens)
- Residential Services (Oak Meadow)
- Sure Start
- Day Services - Bridgewater
 - Adult Placement
 - Community Day Services (Older People)
 - Oak Meadow Day Services (including dementia day care)

Intermediate Care Services (Assessment and provision)

- Home Care Services – dementia, intermediate care and end of life care, crisis intervention, and complex physical care.
- Intermediate Care Beds (Nursing and Residential)
- Rapid Access Rehabilitation Team

2.1.2 Who benefits ?

Older People's Services provides a range of services to people aged 65+, although increasingly seeks to ensure preventative services are available to those in their 50s. The Independent Living Team provides a service for adults and children. Intermediate Care Services provide a service for adults age 55+, home care Services provide a service for adults, age 18+.

The main people who benefit from services are:

Those who are at risk of being admitted to hospital or long term care.

Those who require assessment and services to facilitate discharge from hospital

Vulnerable/frail older people and some adults over 55 who need support to live at home – this can be through social care or supporting people.

Vulnerable/frail older people, disabled adults and children who need support to live at home through the provision of equipment or adaptations.

Vulnerable adults

Those who care for older people.

Eligibility for services is established through 'Fair Access' to Care Services, implemented in April 2003 and reviewed annually, which determines the Council's eligibility threshold. The FACS approach requires Councils to prioritise their support to individuals in a hierarchical way. However, whilst services to those at greatest risk are a priority, it is essential that our investments enable agencies within the community to develop preventive, promotional and enabling services i.e. Intermediate Care Services.

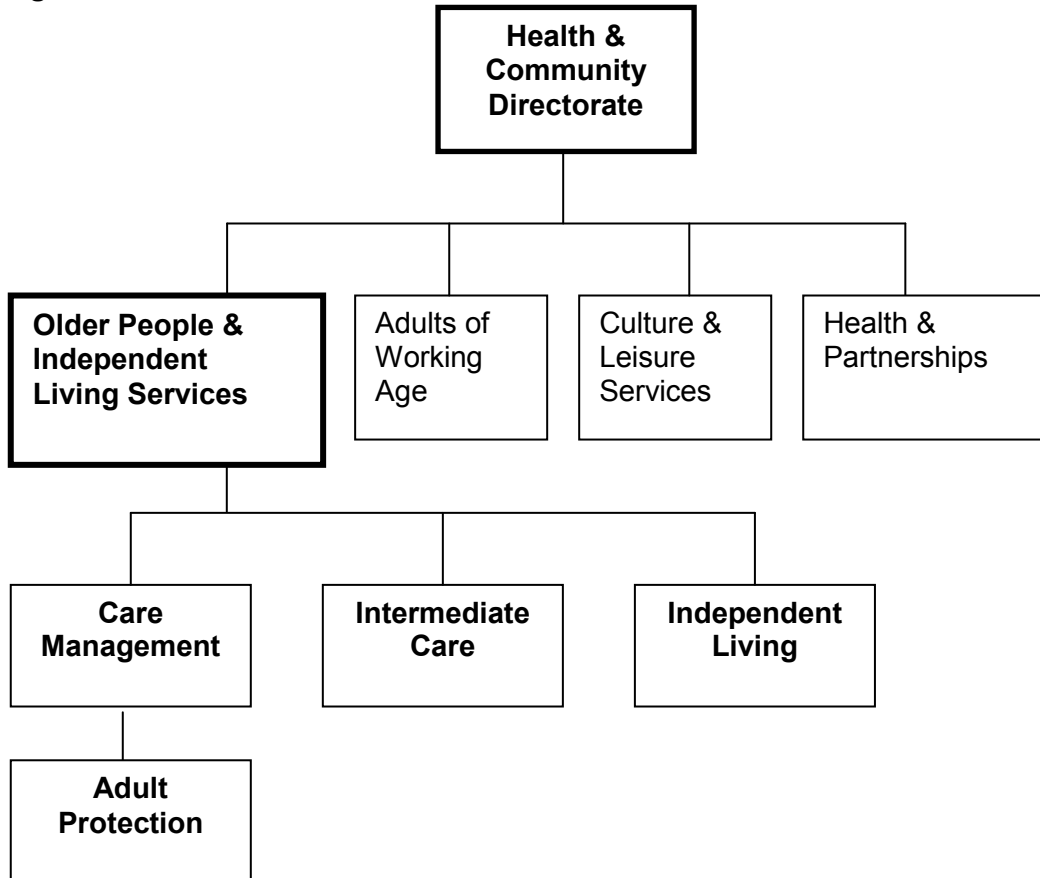
2.2 Key Messages

Given the breadth of service activities delivered, we are working within the key strategic priorities to support and deliver high quality services to improve health, independence and wellbeing of the residents of Halton. Key messages include:

- The development of the Joint Strategic Needs Assessment, which covers the health and social care needs of Adults and Children;
- The requirement to contribute to the Local Strategic Partnership's agenda, and the update of the Local Area Agreement (LAA) and delivery of LAA targets
- To maintain, develop and improve the level of service when the Directorate and Authority as a whole are faced with increasing budgetary pressures e.g. the Comprehensive Spending Review and the potential loss of some Grants.
- The development of partnerships which may include joint provision or commissioning with other Local Authorities, key statutory partners and in some circumstances with providers within the independent or voluntary sector;
- The need to refocus the Directorate's activity towards neighbourhood delivery of services
- The need to ensure that there are appropriate and effective infrastructures in place to be able to deliver the Directorate's aims and objectives;
- The increase in Self directed care and self-assessment linked to In control pilot and development of individualised budgets. We need to continue to self-assessment for equipment, and evaluate the pilot phase and if successful continue to resource this development.
- Nothing is more important than ensuring that vulnerable adults are properly safeguarded. The Directorate continues to invest heavily in strengthening reporting, recording and training processes associated with the safeguarding of vulnerable adults. Extensive work continues with our partner agencies (inc. Police) in ensuring that appropriate policies and procedures are in place.

- The need to ensure that the potential barriers to the taking up of services through lack of awareness about what is available and how to access it by Halton's Black and Minority Ethnic community are overcome, thus ensuring that services are accessible to all.
- A Community Bridge Building Service has been successfully implemented over the past 12 months, which aims to promote social inclusion for all adults and older people by helping them access mainstream services. Adequate resources will need to be secured to ensure this Service continues during 2008/9. This is linked to redesign of a range of community day service such as Adult Placement, community day services, Bridgewater and Sure start for Older People
- We continue to recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community. We will continue to identify hidden carers, recognise and respond to carers needs, and improve information and access to support services. Working in partnership with voluntary agencies and the Primary Care Trust we intend to build on numerous improvements made and to continue to provide real support to carers.
- The need to explore and pilot alternative systems for equipment provision in partnership with CSED and Transforming Community Equipment initiative.
- The need to modernise adaptations service in partnership with Registered Social landlords (RSLs) to develop equitable service and use limited resources efficiently.
- Halton Health and Community Directorate is participating in the national Care Services Efficiency Delivery (CSED) programme to improve the efficiency of adult social care services and has set up a Project Steering Group to take the process forward. The group has a number of workstreams including Front End services (information, screening and FACS), Empowering Customers / Self-Directed Care / Individual Budgets and Financial Assessment, which will report on a programme of modernisation Spring 2008.
- Further development of Intermediate Care in partnership with the PCT is key to achieving the targets within the council and the directorate; adequate resources will need to be secured across the council and the PCT to maintain the services during 2008/09.
- The Directorate continues to lead on/contribute to a number of Corporate priorities e.g. Work life Balance, the equalities agenda etc. Activity in these areas will continue and may in some way impact on the ability to be able to deliver specific Directorate Operational objectives
- Halton BC Older Peoples service is entering into an agreement with the PCT to begin to integrate social care staff into general practices in Runcorn. The Runcorn PBC Consortium is funding three members of staff to work within the Runcorn practices on a rotational basis, the workers will be part of the social work team, the RARS team and the Surestart team. This joint working model will enable older people to receive a seamless service which will look at reducing the need for hospital and long term care admissions and will promote social inclusion and independence.

2.3 Organisation Structure



	FTE Posts
Care Management	TBC
Adult Protection	1
Intermediate Care	TBC
Independent Living	TBC
TOTAL	TBC

NB. Information regarding posts completed as at ??

3.0 FACTORS AFFECTING THE SERVICE

3.1 External Factors

The following factors have been identified as having a potential impact on the delivery of services during the period 2008-2011:

3.1.1 Political

- The development of the Joint Strategic Needs Assessment (JSNA), will form the basis of a new duty for the PCT and Local Authorities to co-operate in order to develop a whole health & social care response to the health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs, over 3-5 years.
- Halton's current Local Area Agreement (LAA), which provides an outcome based approach to tackling the major challenges facing Halton, will be due for review and update in 2008. Many of the objectives outlined in the Service Plans are designed to support the achievement of the LAA Targets.
- The new model of care for mental health services 'Change for the Better' will be implemented from April 2008. The full impact will not be clear until implementation is complete. The model for Older People is under review.
- The reconfiguration of PCTs resulting in the merger of Halton and St Helen's PCTs has led to the requirement to form a new relationship. Partnerships across service areas have been strengthened as a result and this will need to continue. NB. There is the risk that funding does not follow services moving out of hospital system into community settings
- During the next 3 years there will be a need to further strengthen relationships with the voluntary sector. One particular area, which is a priority, is Carers. It is anticipated that the Cares Centres will transfer to the voluntary sector from April 2008 and there will be a need to ensure that there is an effective infrastructure in place to secure funding in the future.
- During 2007, the Government recognised the need to modernise and improve the Disabled Facilities Grant (DFG) programme. An extensive consultation process was undertaken and as a result the Government acknowledged that a number of changes needed to take place but they had associated financial implications. Further work is being carried out nationally as to what can be achieved. In addition to the national work, the North West Regional Assembly is undertaking work with regards to options for the future fairer distribution of the DFG amongst North West Authorities.
- To help make care fairer, the Secretary of State for Health has announced a comprehensive strategy for reducing health inequalities, challenging the NHS as a key player, to live up to its founding and enduring values. Local Authorities will therefore have a key role in influencing this agenda at a local level.

3.1.2 Economic Climate

- There are significant budgetary pressures within the Department. Gershon efficiency gains, the implications of the Base Budget Review and Supporting People's

retraction plan as well as changing demographics towards an older population and Halton's generally poor health statistics mean increase pressure on front line services. Services need to ensure that they are designed to deliver greater efficiency and value for money without detrimental impact on those people who use them.

- The need to have a robust LAA which is aligned to priorities will be essential as a number of specific grants and LAA ring-fenced grants will be delivered in the form of an Area Based Grant which will not be ring-fenced, the aim of which is to give Council's greater flexibility to manage financial pressures and focus funding on the priorities of their communities.
- Pressure on the Community Care Budget has meant a stricter application of Fair Access to Care services, resulting in care packages being re-assessed and in some cases re-designed for some people. Re-assessments will continue over the next twelve months.
- Continued pressure on the transport budget means the continued strict application of eligibility criteria for the provision of local authority transport. Transport will continue to be an area of increased focus this coming year.
- Registered Social Landlords (RSLs) are increasingly pulling back from adaptation work and requesting Disabled Facility Grants (DFGs).
- Acute Trusts and PCTs are further defining areas of work and by default are expecting the local authority to fill gaps e.g. reduction in acute beds resulting in hospital discharges being brought forward or not admitting, hospital Occupational Therapists not undertaking environmental visits or reviewing equipment issued by health services.

3.1.3 Social Factors

- The new 24-hour access/out of hours emergency service came into force on 1.10.07. The Service, provided in partnership with St Helen's Local Authority, provides a new locally based service. The effectiveness of this service will be monitored over the next 12 months
- Ageing Population:

Population projection is not an exact science and figures are only available to the nearest 100 people. Forecasts suggest that Halton's population is ageing at a faster rate than England as a whole, which reflects a long-term demographic trend of an aging population.

Over 65's made up 13.6% (16,100) of population in 2003 and will be 22.1% (26,000) by 2028, this represents an increase of 61.5% in over 65's and 100% in over 85's. The over 65 population, is expected to rise annually, 300 people between 2007 and 2008. The largest proportionate growth is in over 85 years population. There is also an increase in the number of older people with more complex needs, particularly around homelessness, alcohol abuse and dementias

This shift to an older population will have a large effect on demand for social care, local government and health services unless outcomes are improved through effective, adequate prevention. However health and social care are still focussed on meeting need as it arises, i.e. once someone has had a fall or is in difficulty. That is

not sustainable given the levels of health in the Borough. The relative increase in older people also reduces the number of informal carers available, which necessitates a stronger focus on supporting the carers that there are and developing preventative services that reduce social isolation.

- The aspirations of Older People are significantly higher than those of their parents. People expect to have the choice to live in their own home with their own front door. This means that the commissioning of services is increasingly about services that allow choices – intermediate care, lifeline, extra care sheltered housing, carers support and services that prevent social isolation and promote active lifestyles.
- A number of Government initiatives and legislative requirements have put social inclusion higher on the social care agenda. The Directorate's Community Bridge Building service, which has been in operation for over 12 months, aims to promote social inclusion for all adults and older people by helping them access mainstream services. A preventative strategy has been developed and is linked to Sure Start for Older People.

3.1.4 Technological Developments

- A pilot of assistive technology, which aims to promote and encourage independent living, has resulted in one supported housing property successfully having the technology installed, with a view to rolling out this technology in a number of other suitable properties over the next 12 months. The next step from Telecare will be the development of Telemedicine with the PCT, which will continue to use new assistive technology to promote independence and choice for older people.
- Increased use of electronic monitoring of care, to allow greater transparency of services delivered. Pilot planned within the Directorate
- Work is still ongoing to roll out Single Assessment. The need to develop and implement an electronic solution to SAP to ensure that data currently written in assessments can be effectively loaded into Carefirst, Health and other agency services information systems is essential

3.1.5 Legislative

- The Mental Capacity Act 2005 implemented during 2007 continues to impact on the way in which the Department operates and delivers its services.
- The implications of the 2 White Papers published in 2006, Our Health Our Care Our Say and Strong and Prosperous Communities, and the new Outcomes Framework for Adults Social Care continues to be managed by the Department. These documents place a stronger emphasis on the involvement of people who access social care services and their carers being involved in service planning and delivery to ensure services are needs-led and outcome focussed. The increase in self directed care and self-assessment linked to the 'In control' pilot and development of individualised budgets continues to support the personalisation agenda.
- The Carers (Equal Opportunities) Act 2004 came into force in England on 1st April 2005. The Act gives carers new rights to information, ensures that work, life-long learning and leisure are considered when a carer is assessed and gives Local

Authorities new powers to enlist the help of housing, health, education and other Local Authorities in providing support to carers.

- The Statutory Code of Practice on the Duty to Promote Disability Equality, which was introduced in the Disability Discrimination Act 2005, came into force in December 2006. The Duty required that a Disability Equality Scheme be in place by public sector organisations by December 2006. The action plan developed as part of the Scheme continues to be implemented corporately and departmentally.
- The New Performance Framework for Local Authorities & Local Authority Partnerships published in October 2007, sets out a single set of 198 measures (developed as part of the Comprehensive Spending Review 2007) representing what Government believes should be the national priorities for local government, working alone or in partnership, over the next three years. In each area, targets against the set of national indicators will be negotiated through new Local Area Agreements (LAAs). Each Agreement will include up to 35 targets from among the national indicators, complemented by 17 statutory targets on educational attainment and early years.
- The proposed development of a common complaints procedure, covering the NHS and Social Care (from 2009), was consulted on during 2007. It has the potential to enable complaints to be addressed more consistently and holistically, with lessons learned being shared with colleagues across the sector.
- Care Services Reform - As announced as part of the Comprehensive Spending Review (CSR), care and support services are to be reformed to meet the challenges of the 21st century, and to direct state funding to where it will have the biggest impact on wellbeing. It begins with extensive public engagement at the beginning of 2008 and will ultimately lead to the publication of a Green Paper. Government requirements for reform include promoting independence, wellbeing and control for those in need, and affordability for taxpayers and individuals in need.

3.1.6 Environmental

- The modernisation of day services across the Directorate continues to have an impact, with a steady shift of service provision from building based services to community based services. This will encourage more efficient use of buildings, increase variety in daytime opportunities available and increase social inclusion for those who access these services.
- Lifetime homes is a term used to describe the 16 point design standard that can be used to build homes that contain features that make them easily accessible for disabled people and can be readily adapted to meet the needs of people who become disabled at a later date. It is planned to adopt these standards within Halton, as a way of developing barrier free environments and reducing the overall cost of adapting homes for disabled people.

Typical features include switches, sockets and service controls at approx 1000mm above floor height, wider than usual doorways, a ground floor WC with drainage to create level access shower area in the future, if required.

Protecting our environment

Awareness of Climate Change is growing and the Council is committed to taking a lead and setting an example in tackling the associated problems. A corporate Climate Change Action Plan is being prepared, but each department can make its own contribution.

Consideration will be given throughout the life of the Service Plan to ways in which support can be given to the action plan and to identify and implement opportunities to reduce any contribution to Climate Change and to promote best practice in the reduction of carbon emissions.

The Council will sign up to the Local Authority Carbon Management Programme in the early part of 2007/08. The programme will guide the Council through a systematic analysis of its carbon footprint, outline opportunities to help manage carbon emissions, develop Action Plans for realising carbon and financial savings; and embed carbon management into the authority's day-to-day business.

As part of the programme the Council will develop a Carbon Management Strategy and Implementation Plan by March 2008 to reduce energy bills and carbon emissions over the next five years. Through the Strategy and Implementation Plan, Council services will need to encourage closer examination of their policies around procurement, transport and the use of renewable energy.

The Council's waste management section is working to appoint volunteer 'Recycling Champions' across all services, to ensure that all employees, members and contractors are encouraged to use recycling facilities that exist within their working environment. The Council will continue to seek, and to take advantage of all opportunities to promote recycling and effective waste management within the community.

3.2 Service Developments

All of the service developments and efficiency improvements detailed below have included an element of consultation with staff, service users, carers and other stakeholders and an element of external performance comparison and internal performance analysis.

- Adult Placement Service has been through a number of inspections following initial registration and continues to be rated highly.
- Older peoples services have redesigned a number of lower level preventative services to align towards supporting people rather community care, most recently the setting up of a Surestart for Older Age information and signposting service. Several contracts, such as Age Concern information and Red Cross home from hospital will need to be re-designed.
- Telecare continues to be extended across the Service.
- A project has been completed to re-design the whole adaptations service with integration of Home Improvement Agency and Independent Living Team.
- A pilot self-assessment for equipment system is being piloted and will be evaluated during 2008/09.
- A Project Steering Group was established to deliver on the national Care Services Efficiency Delivery (CSED) programme to improve the efficiency of adult social care services.
- Intermediate Care- an overall redesign of Intermediate Care Services will be completed by March 2008, in partnership with Halton and St Helens PCT; including:
 - Comprehensive map of existing care services, and gap analysis- capacity will be matched to demand
 - A recommended gold standard and performance management framework for future commissioning of services, including addressing the lack of provision to younger adults.
 - Fewer admissions to hospitals, facilitating timely discharge, and reducing inappropriate admissions to long term care.
 - Most efficient use of resources
 - Improved partnership working
- A new national framework for Continuing Health Care has been put in place following a number of health ombudsman judgements about shortfalls of the previous approach.
- The Directorate monitors and reports to the Senior Management Team on comments, compliments and complaints received. They provide essential information to help shape and develop services, and complements the wide range of consultation exercises that the Directorate undertakes (including postal and telephone surveys, open forums, consultation days, participation in service developments and representation of users and carers on strategic boards). In addition to the consultation exercises undertaken, the Directorate also regularly undertakes Service User satisfaction and outcomes surveys, which help inform future delivery of services.

3.3 Efficiency Improvements

Summary of planned efficiency improvements during 2007/8, taken from the mid year review of Gershon Savings (Nov'07): - **(Subject to Review)**

- Older People helped to live at home - £50,000 non cashable. Estimated savings via an increase in the numbers of Older people helped to live at home
- Continuing Care - £3,000 non cashable. Estimated savings via the redirection of Social Work time.
- Procurement Savings - £15,00 cashable.

Summary of planned efficiencies in 2008/9 :-

- Improved efficiency in delivery of hot meals through agreeing with transport that they move to single staff vehicles - £20,000 cashable savings
- Redesign of Bridgwater - £10,000 cashable savings
- Redesign of in-house home care and new contract for contracted home care and residential and nursing care. Croftwood block contract also comes to an end in August 2008 - £40,000 cashable savings
- Engagement in the national CSED process will improve front-end service access thus reducing assessments for care. This and a number of other CSED initiatives will be pursued.
- Implementation of electronic assessment services that enable individuals to assess themselves and access the services they are sign posted to.

3.4 National, Regional & Sub-Regional Focus

The Department is making significant contributions to the Care Services Efficiency Delivery (CSED) programme, whose work is to support Council's to develop sustainable efficiency improvements in adult social care. The main focus of activity is around reviewing Assessment & Care Management Processes and Transforming Community Equipment. Services. The programme has increased in significance due to the outcome of the Comprehensive Spending Review 2007.

3.5 Equality & Diversity

Halton Council is committed to ensuring equality of opportunity and combating discrimination and victimisation within all aspects of its service delivery, policy development and as an employer. This commitment is reflected in a range of policies, strategies and framework documents that underpin the work of the Council in its day-to-day operation and in the services it delivers.

The Council fully supports the broad principles of social justice and will oppose any form of discrimination and oppression. Council policy will apply to all of those who come into contact with it, i.e. those who presently use directly provided services or services provided on the Council's behalf; potential users of services; other agencies and professionals; employees and job applicants; and the general public. In doing so the Council want to build a sustainable and cohesive Halton. A place where people believe they belong, have opportunity, and the ability to help shape the place where they live.

There is a statutory duty to carry out an Equality Assessment of all services, including all contracted services and partnership arrangements and to publish the results of the self-assessment. This is accomplished through a process of Impact/Needs Assessments

conducted every in a formal process using the Halton EIA template. The results of these are then collated into Directorate and Corporate Equalities Action Plans.

The Directorate commissioned a Black and Minority Ethnic Community Research Study in 2007 to determine the current and potential needs of Halton's Black and Minority Ethnic community. The results highlighted that there was a barrier to the taking-up of services as there was a lack of awareness about what was available and who to contact for information. The report also found that the BME community in Halton was less inclined or less well educated to defining their ethnic origin.

As a result of this research, work is currently underway to improve access and signpost members of the BME communities to support services that: -

- Advise re: housing options
- Establish the skills to maintain appropriate permanent housing
- Enable service users to remain in their own homes, and avoid eviction and homelessness
- Access other services including health, social care, education, training and leisure services.
- Help to ensure the more vulnerable amongst the Minority and Hard to Reach Communities can live independently
- Ensure there is fair access to all the Supporting People services in the borough.
- Help prevent minority communities from feeling socially excluded

3.6 Unforeseen Developments

Text will be developed and inserted by Corporate Performance Management Team.

4.0 RESOURCES

4.1 Budget Summary and Service Costs

To be inserted

4.2 Human Resource Requirements

Year	Care Management	Adult Protection	Intermediate Care	Independent Living
2008/09	TBC	TBC	TBC	TBC
2009/10	TBC	TBC	TBC	TBC

To be inserted

4.3 Future ICT Requirements

A number of high priority areas relating to IT have been identified through the IT Capital bid for 2008/9. The capital bid made, makes the assumption that Corporate IT maintain the network that the Directorate's software runs on and that they make appropriate finances available to replace it and that Corporate IT replace hardware that fails within the Directorate.

High priority areas identified within the bid include: -

- Carefirst 6 & Business Objects support costs
- Licences for use of Internet
- RSA token running costs
- Liquid logic SAP Easy care
- Electronic Monitoring of Care System
- Digital pen pilot for use with Easy Care
- Soft box software, support and training

4.4 Future Accommodation/Property Requirements

An Accommodation Strategy has been prepared for the Health and Community Directorate. It is the intention that during 2008/9 all Runcorn based staff will relocate to Runcorn Town Hall. This will ensure increased co-location, efficient communication and effective working practices. The Health and Partnerships Department of the Directorate will work in conjunction with Property Services to ensure the smooth transfer of all staff to their new locations.

5.0 SERVICE PERFORMANCE

Text will be developed and inserted by Corporate Performance Management Team.

5.1 Key Service Objectives

Corporate Priority:	A Healthy Halton Corporate Effectiveness & Efficient Service Delivery
Key Area (s) Of Focus:	<p>AOF 2 Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles.</p> <p>AOF 4 Helping people to manage the effects of ill health, disability and disadvantage.</p> <p>AOF 6 Providing services and facilities to maintain the independence and well-being of vulnerable people within our community.</p> <p>AOF 7 Providing services and facilities to maintain existing good health and well-being.</p> <p>AOF 35 Implementing and further developing procurement arrangements that will reduce the cost to the Council of acquiring its goods and services.</p> <p>AOF 39 Ensuring that human resources are managed and deployed to their best effect and improving the relevance, availability and use of HR information</p> <p>AOF 40 Ensuring that the Council has the right people with the right skills and who are informed and motivated and provided with opportunities for personal development and engagement.</p>

Service Objective:	OPS 1 - Plan and commission / redesign services to meet the needs of the local population
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Key Milestones		Responsible Officer
2008 - 09	<ul style="list-style-type: none"> Submit bids to DoH, Housing Corporation or other pots for at least one extra care development to provide additional extra care tenancies in Halton Mar 2009. (AOF2 & 4) 	Joint Commissioning Manager (Older People)
	<ul style="list-style-type: none"> Establish strategy to improve performance and service delivery to BME Community, to ensure services are meeting the needs of the community Jun 2008. (AOF7) 	Divisional Manager (Planning & Commissioning)
	<ul style="list-style-type: none"> Build on learning for Halton from CSED improving care management efficiency project, identifying areas and priorities for redesign Jun 2008. (AOF6) 	Divisional Manager (Care Management)
	<ul style="list-style-type: none"> <i>Evaluate first year of sure start for older people services</i> Sept 2008 (AOF2 & 4) 	Divisional Manager (Intermediate Care)
	<ul style="list-style-type: none"> <i>Contribute to development of operation of individualised budgets</i> Mar 2009. (AOF6) 	Divisional Manager (Care Management)
	<ul style="list-style-type: none"> Reduce cost of transport element of meals on wheels contract May 2008. (AOF35) 	Divisional Manager (Intermediate Care)
	<ul style="list-style-type: none"> <i>Redesign in house homecare to improve efficiency and outcomes</i> Aug 2008. (AOF39 & 40) 	Divisional Manager (Intermediate Care)

	<ul style="list-style-type: none"> Evaluate AADL self-assessment pilot for equipment <i>(Date & AOF Missing)</i> 	Divisional Manager (Independent Living)		
	<ul style="list-style-type: none"> Redesign of Intermediate Care Services, in partnership with Halton and St Helens PCT Mar 2008 <i>(AOF Missing)</i> 	Divisional Manager (Intermediate Care)		
	<ul style="list-style-type: none"> Agree future of block contract for Croftwood Aug 2008 <i>(AOF Missing)</i> 	Divisional Manager (Care Management)		
	<ul style="list-style-type: none"> Complete review of extra care housing model for Halton Jul 2008. (AOF6 & 7) 	Divisional Managers (Planning & Commissioning) & (Intermediate Care)		
2009 - 10	<ul style="list-style-type: none"> Commission specialist housing provision for older people with higher levels of need Mar 2010. (AOF6 & 7) 	Joint Commissioning Manager (Older People)		
	<ul style="list-style-type: none"> Implement BME Strategy developed to ensure services are meeting the needs of the community Mar 2010. (AOF7) 	All Divisional Managers		
	<ul style="list-style-type: none"> Submit bids to DoH, Housing Corporation or other pots for at least one extra care development to provide additional extra care tenancies in Halton Mar 2010. (AOF2 & 4) 	Joint Commissioning Manager (Older People)		
2010 -11	<ul style="list-style-type: none"> Submit bids to DoH, Housing Corporation or other pots for at least once extra care development to provide additional extra care tenancies in Halton Mar 2011 (AOF2 & 4) 	Joint Commissioning Manager (Older People)		
	<ul style="list-style-type: none"> Monitor and review all OPS 1 milestones in line with three year planning cycle Mar 2011. 	Operational Director (Older People/ILS)		
Risk Assessment	Initial	Score Missing	Linked Indicators	No indicators linked
	Residual	Score Missing		

Corporate Priority:	A Healthy Halton Corporate Effectiveness & Efficient Service Delivery
Key Area (s) Of Focus:	<p>AOF 2 Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles.</p> <p>AOF 6 Providing services and facilities to maintain the independence and well-being of vulnerable people within our community.</p> <p>AOF 7 Providing services and facilities to maintain existing good health and well-being.</p> <p>AOF 31 Working with partners and the community, to ensure that our priorities, objectives, and targets are evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and to narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p> <p>AOF 33 Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information.</p>

Service Objective:	OPS 2 - To work in partnership and strengthen governance and joint working arrangements
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	Key Milestones	Responsible Officer
2008 - 09	<ul style="list-style-type: none"> Lead council input into developing Local Area Agreement Health and Older Peoples block April 08 (AOF Missing) 	Operational Director (Older People/ILS)
	<ul style="list-style-type: none"> Continue to contribute to the implementation of Change for the Better, the 5BP's new model of care for mental health services, thus ensuring that services are based on recovery and social inclusion Mar 2009. (AOF6 & 31) 	Operational Director (Older People/ILS)
	<ul style="list-style-type: none"> <i>Begin implementation of Older People's mental health services redesign</i> Mar 2009. (AOF6 & 31) 	Divisional Manager (Care Management)
	<ul style="list-style-type: none"> In partnership with Halton and St Helen's PCT, refocus care provision at Oakmeadow in line with Intermediate Care approach Nov 2008 (AOF2 & 31) 	Divisional Manager (Intermediate Care)
	<ul style="list-style-type: none"> Report to Health PPB on progress with delivering the Advancing Well Strategy Mar 2009 (AOF2 & 7) 	Joint Commissioning Manager (Older People0)
	<ul style="list-style-type: none"> Integrate Home Improvement Agency and Independent Living Team to improve waiting times and efficiency Jun 2008. (AOF33) 	Divisional Manager (Independent Living)
	<ul style="list-style-type: none"> Establish or participate in working group with neighbouring authorities to re-provide equipment services linked to developing a retail model Oct 2008 (AOF33) 	Divisional Manager (Independent Living)
	<ul style="list-style-type: none"> Identify options to re-design Older People Day Services May 2008 (AOF6) 	Divisional Manager (Independent Living)

	<ul style="list-style-type: none"> Establish pilot joint service to support primary through Runcorn Practice Based Commissioning Consortium July 2008 (AOF33) 	Divisional Manager (Care Management) & (Intermediate Care)	
	<ul style="list-style-type: none"> Support development of joint process with PCT for implementation of new national guidance and toolkit for continuing health care Apr 2008 (AOF2 & 7) 	Divisional Manager (Care Management)	
2009 - 10	<ul style="list-style-type: none"> Review local arrangements for continuing health care by Apr 2009 (AOF 2&7) 	Divisional Manager (Care Management)	
2010 -11	<ul style="list-style-type: none"> <i>Monitor and review all OPS 2 milestones in line with three year planning cycle Mar 2011.</i> 	Operational Director (Older People/ILS)	
Risk Assessment	Initial	Score Missing	Linked Indicators No indicators linked
	Residual	Score Missing	

Corporate Priority:	A Healthy Halton Corporate Effectiveness & Efficient Service Delivery
Key Area (s) Of Focus:	<p>AOF 2 Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles.</p> <p>AOF 4 Helping people to manage the effects of ill health, disability and disadvantage.</p> <p>AOF 7 Providing services and facilities to maintain existing good health and well-being.</p> <p>AOF 31 Working with partners and the community, to ensure that our priorities, objectives, and targets are evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and to narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p> <p>AOF 33 Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information.</p> <p>AOF 35 Implementing and further developing procurement arrangements that will reduce the cost to the Council of acquiring its goods and services.</p>

Service Objective:	OPS 3 - Ensure services are needs lead and outcome focused 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
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Key Milestones		Responsible Officer
2008 - 09	<ul style="list-style-type: none"> Increase the number of carers provided with assessments leading to provision of services, including black and minority ethnic carers, to ensure Carers needs are met Mar 2009. (AOF7) 	Divisional Manager (Care Management)
	<ul style="list-style-type: none"> Maintain the numbers of carers receiving a carers break Mar 2009. (AOF7) 	Divisional Manager (Care Management)
	<ul style="list-style-type: none"> <i>Review Older People's Commissioning Strategy and associated partnerships structures</i> Nov 2008 (AOF33 & 35) 	Operational Director (Older People/ILS)
	<ul style="list-style-type: none"> <i>Develop monitoring information for lower level services and outcomes they deliver to older people</i> Sept 2008 (AOF33) 	Joint Commissioning Manager (Older People)
	<ul style="list-style-type: none"> <i>Work with Halton OPEN to agree future role – paper to OP LIT</i> Nov 08 (AOF7 & 31) 	Joint Commissioning Manager (Older People)
	<ul style="list-style-type: none"> <i>Work with Older People's LIT, Halton Older People's Empowerment Network and partners to appoint dignity in care champions (or other system as agreed)</i> Sept 2008. (AOF7 & 31) 	Operational Director (Older People/ILS)

2009 - 10	<ul style="list-style-type: none"> Ensure Carers Centres are able to access additional funding when available from bodies such as the Lottery Mar 2010. (AOF7) 		Operational Director (Adults)	
	<ul style="list-style-type: none"> Increase the numbers of carers provided with assessment leading to the provision of services, including black and minority ethnic carers, to ensure Carers needs are met Mar 2010. (AOF7) 		Divisional Manager (Care Management)	
	<ul style="list-style-type: none"> Maintain the number of carers receiving a carers break, to ensure Carers need are met Mar 2010. (AOF7) 		Divisional Manager (Care Management)	
2010 -11	<ul style="list-style-type: none"> Evaluate joint service developed with Runcorn PBC Date Missing. (AOF2 & 4) 		Joint Commissioning Manager (Older People)	
	<ul style="list-style-type: none"> Monitor and review all OPS 3 milestones in line with three year planning cycle Mar 2011. (AOF Missing) 		Operational Director (Older People/ILS)	
Risk Assessment	Initial	Score Missing	Linked Indicators	No indicators linked
	Residual	Score Missing		

5.2 Performance Indicators and Targets (Statutory & Local Indicators):

Indicators and targets still to be confirmed following outcome of new performance framework consultation exercise and the publication of CSCI's guidance in February 2008.

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
Corporate Health											
There are presently no indicators of this type identified for the service											
Cost & Efficiency											
OP LI	Intensive home care as a % of intensive home care and residential care	CP2 AOF11	28	33	29	24	28	TBC	28	28	TBC
OP LI	Cost of intensive social care for adults and older people	CP6 AOF34	471	612	538	484	410	TBC	TBC	TBC	TBC
OP LI	Unit cost of home care for adults and older people	CP6 AOF34	14.8	16.45	15.07	13.15	15.2	TBC	TBC	TBC	TBC
<u>OP LI</u>	No. of days reimbursement as a result of delayed discharge of older people	CP6 AOF34	0	N/A	N/A	N/A	20	TBC	20	20	20
Fair Access											
OP LI	Ethnicity of older people receiving assessment	CP6 AOF32	0.73	1.46	1.25	1.05	1.1	TBC	1.1	1.1	1.1
OP LI	Ethnicity of older people receiving services following assessment	CP6 AOF32	1.43	1.05	1.01	0.96	1	TBC	1	1	1
<u>OP LI</u>	Assessment of adults and older people leading to provision of a service	CP6 AOF32	67	82	73	66	70	TBC	70	70	70
OP	% of older people being	CP2	0.325	N/A	N/A	N/A	0.27	TBC	0.28	0.29	0.3

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

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
LPI	supported to live at home intensively, as a proportion of all those supported intensively at home or in residential care	AOF9									
OP LPI	% of adults assessed in year where ethnicity is not stated Key Threshold < 10%	CP6 AOF32	0.5	N/A	N/A	N/A	0.5	TBC	0.5	0.5	0.5
OP LPI	% of adults with one or more services in year where ethnicity is not stated Key Threshold < 10%	CP6 AOF32	0.2	N/A	N/A	N/A	0.2	TBC	0.2	0.2	0.2
Quality											
OP LI	Availability of single rooms for adults & older people entering permanent residential / nursing care	CP2 AOF11	100	100	98	96	100	TBC	100	100	100
<u>OP LI</u>	Percentage of people receiving a statement of their needs and how they will be met	CP2 AOF11	99	96	97	98	99	TBC	99	99	99
<u>OP LI</u>	Clients receiving a review as a %age of adult clients receiving a service	CP2 AOF11	81	76	72	65	80	TBC	80	80	80
<u>NI 131</u>	Delayed Transfers of Care	CP2 AOF11	29	37	27	16	27	TBC	25	25	25
<u>OP LI</u>	Percentage of items of equipment and adaptations delivered within 7 working days Key Threshold TBC	CP2 AOF9	92	93	90	85	91	TBC	92	93	93
<u>NI 132</u>	Timeliness of Social Care	CP2	83.5	TBC	TBC	TBC	83	TBC	85	85	85

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
	Assessments	AOF11									
NI 133	Timeliness of Social Care packages	CP2 AOF11	92.6	TBC	TBC	TBC	85	TBC	87	89	89
NI 127	Self reported Experience of Social Care Users	CP6 AOF32	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
Service Delivery											
OP LI	Admissions of supported residents aged 65+ to permanent residential/nursing care (per 10,000 population) key Threshold < 140	CP2 AOF11	80	91	80	69	79	TBC	79	79	79
OP LI	Household (all adults) receiving intensive homecare (per 1000 population aged 65 or over) Key Threshold > 8	CP2 AOF11	11.14	17.0	13.2	10.0	12	TBC	13	14	15
NI 136	People Supported to Live independently through Social Carer Services	CP1 AOF5	124.75	TBC	TBC	TBC	126	TBC	128	130	130
NI 130	Social Care Clients receiving self directed support (DP's/Individual Budgets)	CP2 AOF11	189	TBC	TBC	TBC	193	TBC	197	205	TBC
NI 135	Care receiving needs assessment or review and a specific carer's service, or advice and information	CP2 AOF11	10.2	TBC	TBC	TBC	11.5	TBC	12	12	15
NI 125	Achieving independence for Older People through rehabilitation/Intermediate Care	CP1 AOF4	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
NI 141	Number of vulnerable people	CP1	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
	achieving independent living	AOF4									
<u>NI 142</u>	Number of vulnerable people who are supported to maintain independent living	CP1 AOF4	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
<u>NI 145</u>	Adults with learning disabilities in settled accommodation	CP1 AOF4	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
<u>NI 146</u>	Adult with learning disabilities in employment	CP4 AOF21	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC

5.3 Risk Management

Text will be developed and inserted by Corporate Performance Management Team.

5.4 Equality, Diversity & Community Cohesion

Text will be developed and inserted by Corporate Performance Management Team.

The Health & Community Directorate continues to carry out Equality Impact Assessments (EIAs) on all new/revised policies, procedures and strategies within the Directorate to ensure they eliminate unlawful discrimination and promote equality of opportunity and good relations between racial groups. Where specific actions are identified these are incorporated into an overall annual Directorate Equalities Action Plan and the Directorate Equal Opportunities Working Group monitors progress towards completion of these actions.

Those actions yet to be completed that are considered to be high priority are detailed in Appendix 2

Please note that these actions apply to all three adult social care services (Adults of Working Age, Older People's Services and Health & Partnerships), and are detailed in each of the three plans.

5.5 Local Area Agreement Targets – Subject to Review

Ref	Description	Corp. Plan Priority	Actual	LPSA target
8	Improved care for long term conditions and support for carers			
	1. Number of unplanned emergency bed days (Halton PCT registered population)	CP1 – A Healthy Halton AOF 6	58,649 04/05	- 6% (55,130) for 08/09
	2. Number of carers receiving a specific carer service from Halton Borough Council and it's partners, after receiving a carer's assessment or review	CP1 – A Healthy Halton AOF 6	195 first six months of 04/05	600 for 08/09

5.6 National Floor Targets – Subject to Review

The following targets are relevant to this Department: -

Ref	Description	Government Targets
TBC		

6.0 PERFORMANCE REPORTING

Text will be developed and inserted by Corporate Performance Management Team.

7.0 STATUTORY & NON-STATUTORY PLANS

The following plans and strategy documents are relevant to this service plan:

- The Council's Corporate Plan 2006-11
- Halton's Community Strategy
- Comprehensive Performance Assessment
- Halton 's Best Value Performance Plan 2007/08
- Local Area Agreement
- Joint Strategy Needs Assessment
- Joint Commissioning Framework
- Mental Health Commissioning Strategy
- Adults with Learning Disabilities Commissioning Strategy
- Commissioning Strategy for Physically Disabled People
- Older People's Commissioning Strategy
- Carers Strategy
- Better Care, Higher Standards
- National Service Framework for Mental Health
- National Service Framework for Long Term Conditions
- Valuing People Strategy for Learning Disabilities
- CSCI's Performance Framework
- Health & Community Budget Book
- Older People, Health & Partnerships and Culture and Leisure Services Service Plans in the Health and Community Directorate
- White Paper "Our Health, Our Care, Our Say"
- White Paper "Strong and Prosperous Communities"
- Supporting People Strategy
- Three year Financial Strategy 2007/8 to 2009/10

Service Objectives - High Risks and Associated Mitigation Measures

CORPORATE PERFORMANCE MANAGEMENT TEAM WILL TRANSFER INFORMATION FROM EXCEL DATABASE

Equality Impact Assessments – High Priority Actions

Strategy/Policy/Service	Impact Assessment (High/Low/None)	Proposed Action(s)	Timetable			Officer Responsible
			2008/9	2009/10	2010/11	
TBC						

Halton Corporate Plan (2006 – 2011) – Council Priorities and Key Areas of Focus.

A Healthy Halton

1	Improving the future health prospects of Halton residents, particularly children, through the encouragement of an improved dietary intake and the availability of nutritionally balanced meals within schools and other Council establishments.
2	Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles.
3	Delivering programmes of education to improve the health of Halton residents.
4	Helping people to manage the effects of ill health, disability and disadvantage.
5	Actively managing the environmental factors that are detrimental to good health.
6	Providing services and facilities to maintain the independence and well-being of vulnerable people within our community.
7	Providing services and facilities to maintain existing good health and well-being.

Halton's Urban Renewal

8	Exploiting the benefits of inward investment opportunities by creating a physical environment that is both attractive and responsive to the needs of existing and potential business.
9	Maintaining and developing local transport networks that meet the needs of resident's, businesses and visitors to Halton.
10	Revitalising the economy by sustaining and developing an environment that compliments the core brand values of existing and potential investors.
11	Maintaining levels of affordable housing provision within Halton that provides for quality and choice and meets the needs and aspirations of existing and potential residents.
12	Providing opportunities for recreation and fostering conservation by developing attractive and accessible parks and open spaces.

Children & Young People in Halton

13	Improving the educational attainment of pupils in Halton, by providing effective teaching and school support
14	To improve outcomes for looked after children by increasing educational attainment, health, stability and support during transition to adulthood.
15	To deliver effective services to children and families by making best use of available resources
16	To provide transport facilities that meets the needs of children & young people in Halton accessing education and training.
17	Provide an effective transition for young people from school to employment, through opportunities for work related learning, and post 16 education, voluntary and community work.
18	To reduce the conception rate amongst women under 18 by providing awareness, education and relevant support
19	To ensure a safe environment for children where they are supported and protected from abuse and neglect

Employment, Learning & Skills in Halton

20	To increase self-confidence and social inclusion by providing opportunities to adults to engage in basic skills learning.
21	To improve access to employment by providing opportunities to enhance employability skills and knowledge
22	Working with employers to identify and secure opportunities for the unemployed.
23	To provide transport facilities that meets the needs of those people in Halton accessing employment and training.
24	To sustain current employment levels by providing practical and financial advice and assistance to those from disadvantaged groups
25	To increase employment opportunities and business start ups in Halton, by developing an enterprise culture

A Safer Halton

26	Actively encouraging socially responsible behaviour by engaging with Halton's young people and by providing opportunities for them to access and take part in affordable leisure time activities.
27	Reducing the physical effects of anti-social and criminal behaviour
28	Providing and maintaining a highways and footpath network that is safe, accessible, and meets the needs and expectations of those living, working or visiting in Halton.
29	Improving the quality of community life by enhancing the visual amenity of Halton's neighbourhoods.
30	Improving the social and physical well-being of those groups most at risk within the community

Corporate Effectiveness & Efficient Service Delivery

31	Working with partners and the community, to ensure that our priorities, objectives, and targets are evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and to narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.
32	Building on our customer focus by improving communication, involving more service users in the design and delivery of services, and ensuring equality of access.
33	Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information.
34	Attracting and managing financial resources effectively and maintaining transparency, financial probity and prudence and accountability to our stakeholders
35	Implementing and further developing procurement arrangements that will reduce the cost to the Council of acquiring its goods and services.
36	Ensuring that the Council's land and property portfolio is managed efficiently
37	Ensuring that Council buildings are safe and accessible, meet the needs of service users and the organisation, and comply with legislative requirements
38	Exploiting the potential of ICT to meet the present and future business requirements of the Council, and ensure that customer access is improved by means of electronic service delivery.
39	Ensuring that human resources are managed and deployed to their best effect and improving the relevance, availability and use of HR information
40	Ensuring that the Council has the right people with the right skills and who are informed and motivated and provided with opportunities for personal development and engagement.



Adults of Working Age

SERVICE PLAN

April 2008 to March 2011

DRAFT – 14.12.07

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1.0 INTRODUCTION

Text will be developed and inserted by Corporate Performance Management Team.

2.0 SERVICE PROFILE

2.1 Purpose

The Adults of a Working Age Department provides an assessment and care management service for people with mental health problems, physical and sensory disabilities and learning disabilities. It also provides a range of services for these groups of people, including day services, accommodation services and outreach support.

In addition, the Department commissions an even wider range of residential, day and support services from the voluntary and independent sectors. All these services are specifically designed to enable rehabilitation, encouraging people to retain or regain independence or to offer supported environments for them to live within Halton, whenever possible.

A number of our services also contribute to the work of other Departments, including children, older people and people with substance misuse problems. In addition, the Department supports the delivery of the new Emergency Duty Out of Hours Service, which covers Children's Services and all Adult areas.

The Department promotes active partnerships with the health services and the private, voluntary and independent sectors, to deliver high quality care to the local community. In planning, delivering and monitoring our services, there is a strong commitment to consulting with and involving the people who use the services, their carers and local communities.

The service provides an assessment and care management function for vulnerable adults and offers a range of services to enable rehabilitation, encouraging people to retain or regain independence or to offer supported environments for them to live within Halton, whenever possible.

All this is delivered within the context of a strong national framework of statute and guidance, which includes:

- NHS and Community Care Act 1990
- Mental Health Act 1983 and 2007
- Carers (Equal Opportunities) Act 2004
- Disability Discrimination Act 1995 and 2005
- Valuing People White Paper
- National Service Framework for Mental Health
- Care Standards Act 2000
- Mental Capacity Act 2005
- Our Health, Our Care, Our Say White Paper 2006
- Disability Equality Scheme 2006

2.1.1 Service Activities

Assessment and Care Management Services

Each service area within the Department has at least one team to assess people's needs, and identify and arrange the level of support to meet those needs. This is then regularly reviewed and updated if there are any changes. This is known as assessment and care management.

For the Adult Learning Disability and Mental Health Services, assessment and care management is delivered in teams which are integrated with health care staff (in Mental health services, this process is known as Effective Care Co-ordination), to make sure that the widest possible range of needs are considered. For Physical and Sensory Disability Services, assessment and care management is done only by social services staff, but they work very closely with their colleagues in the health services.

Assessment and Care Management Services have a lot in common. All these services aim work to the following principles:

- Real empowerment of people, so that they are able to live as independently as possible and achieve their hopes and aspirations
- Preventive, promotional and enabling services which are responsive to individual needs and which support people to engage fully in their own communities, including faith and cultural communities
- Full engagement where possible by individuals in employment, education, training and vocational opportunities
- A voice for all individuals in the choice, design and delivery of their own services, supported as needed by effective advocacy services
- Accessing a variety of support and accommodation services which can be tailored to individual needs

As well as assessment and care management for service users, the teams are involved in other activities, including:

- Accessing a range of services and supports for carers
- Effective and seamless transition arrangements from childhood into adulthood for people with disabilities of all kinds
- Effective use of the Council's Adult Protection and Vulnerable Adults procedures
- High quality practice placements to student social workers

In addition, the Department also provides Approved Social Workers, who fulfil the Council's duties under the Mental Health Act 1983 for all service groups, and supports the delivery of the Halton and St Helens Emergency Duty Team.

Provider Services

The Department provides a number of services which support people to live independently in the community. These services also work to the principles described above.

The services are accessed through the assessment and care management services, and are tailored to each individual's needs. They include:

- The delivery of modernised day services which support those with the greatest levels of individual need, whilst promoting independence and full social inclusion in line with Government guidance
- Delivery of safe and supportive living arrangements through the Halton Supported Housing Network
- An Outreach Service for people with severe mental health problems
- A Bridge Building service which works intensively with individuals to support them to engage fully with their communities

In addition a wide range of other services are commissioned from the private, voluntary and independent sectors.

Mental Health Services

- Assessment and care management functions
- Community Mental Health Services
- Care Programme Approach and Effective Care Co-ordination – an integrated approach to planning the care given to each person
- Approved Social Work (for all adults service groups)
- Outreach Service
- Out of Hours Emergency Services
- Delivery of day care services
- Delivery and develop of carer support services
- Development of a wider range of work opportunities for people with severe mental health problems
- Development of more vocational training and educational options for people with severe mental health problems
- Development of a greater range of supported accommodation
- Ensuring increased financial independence for users of the service and reducing the numbers of people who are subject to appointeeship.
- Promoting and enabling empowerment of people who use services
- Delivery of high quality practice placements for student social workers.
- Development of a greater range of advocacy services.

Adults with Learning Disabilities & Physical/Sensory Disabilities Assessment and Care Management

- Integrated health and social care assessment and care management function for adults with learning disabilities through an agreement with Halton and St Helen's PCT.
- Social care assessment and care management function for adults with a physical disability or sensory impairment.
- Development of preventive, promotional and enabling services which are responsive to individual needs and ensure that people live as independently as possible in the community
- Ensuring that transitional arrangements from Children's Services to Adults Services are seamless.
- The delivery of effective financial management through the ALD pooled budget between Halton Borough Council and Halton and St Helen's PCT
- The development of lead commissioning arrangements across the Borough Council and Primary Care Trust
- The promotion of Self Advocacy for people with a learning disability through a contract with Halton Speak Out
- Effective use of the Council's Adult Protection and Vulnerable adults procedures
- Provision of practice placements for student social workers

Adults with Learning Disabilities – Provider Services

- The delivery of modernised day services which support those with the greatest levels of individual need, whilst promoting independence and full social inclusion in line with the Governments 'Valuing People' White Paper.
- Extend the levels of choice for people who access day services

- Delivery of safe and supportive living arrangements through the Halton Supported Housing Network
- Increase the level of service user autonomy and independence within the supported living network.
- Development of a range of employment opportunities for people with learning disabilities.
- Broadening the level of service user involvement in the management of services

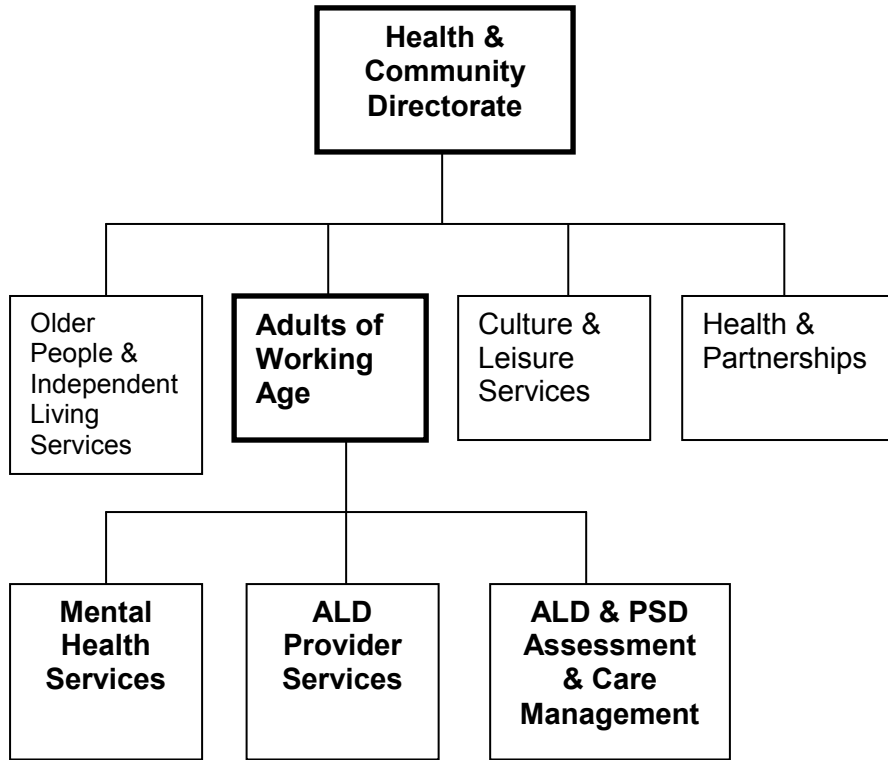
2.2 Key Messages

Given the breadth of service activities delivered, we are working within the key strategic priorities to support and deliver high quality services to improve health, independence and wellbeing of the residents of Halton. Key messages include:

- The development of the Joint Strategic Needs Assessment, which covers the health and social care needs of Adults and Children;
- The requirement to contribute to the Local Strategic Partnership's agenda, and the update of the Local Area Agreement (LAA) and delivery of LAA targets
- To maintain, develop and improve the level of service when the Directorate and Authority as a whole are faced with increasing budgetary pressures e.g. the Comprehensive Spending Review and the potential loss of some Grants.
- The development of partnerships which may include joint provision or commissioning with other Local Authorities, key statutory partners and in some circumstances with providers within the independent or voluntary sector;
- The need to refocus the Directorate's activity towards neighbourhood delivery of services
- The need to ensure that there are appropriate and effective infrastructures in place to be able to deliver the Directorate's aims and objectives
- The increase in Self directed care and self-assessment linked to In-Control pilot and development of individualised budgets.
- Nothing is more important than ensuring that vulnerable adults are properly safeguarded. The Directorate continues to invest heavily in strengthening reporting, recording and training processes associated with the safeguarding of vulnerable adults. Extensive work continues with our partner agencies (inc. Police) in ensuring that appropriate policies and procedures are in place.
- The need to ensure that the potential barriers to the taking up of services through lack of awareness about what is available and how to access it by Halton's Black and Minority Ethnic community are overcome, thus ensuring that services are accessible to all.
- Integration continues to be key to improving overall effectiveness and performance in service delivery.

- More daytime opportunities for adults with learning disabilities are provided in community-based settings and in partnership with community centres, thereby enhancing their inclusion into the community. A considerable amount of staff time and effort has gone into achieving this and managing the associated changes.
- A Community Bridge Building Service has been successfully implemented over the past 12 months, which aims to promote social inclusion for all adults and older people by helping them access mainstream services. Adequate resources will need to be secured to ensure this Service continues during 2008/9. This is linked to redesign of a range of community day services such as Adult Placement, community day services, Bridgewater and Surestart for Older People.
- We continue to recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community. We will continue to identify hidden carers, recognise and respond to carers needs, and improve information and access to support services. Working in partnership with voluntary agencies and the Primary Care Trust we intend to build on numerous improvements made and to continue to provide real support to carers.
- Halton Health and Community Directorate is participating in the national Care Services Efficiency Delivery (CSED) programme to improve the efficiency of adult social care services and has set up a Project Steering Group to take the process forward. The group has a number of workstreams including Front End services (information, screening and FACS), Empowering Customers / Self-Directed Care / Individual Budgets and Financial Assessment, which will report on a programme of modernisation Spring 2008.

2.3 Organisation Structure



	FTE Posts
Mental Health Services	TBC
ALD Provider Services	TBC
ALD & PSD Assessment & Care Management	TBC
TOTAL	TBC

NB. Information regarding posts completed as at ??

3.0 FACTORS AFFECTING THE SERVICE

3.1 External Factors

The following factors have been identified as having a potential impact on the delivery of services during the period 2008-2011:

3.1.1 Political

- The development of the Joint Strategic Needs Assessment (JSNA), will form the basis of a new duty for the PCT and Local Authorities to co-operate in order to develop a whole health & social care response to the health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs, over 3-5 years.
- Halton's current Local Area Agreement (LAA), which provides an outcome based approach to tackling the major challenges facing Halton, will be due for review and update in 2008. Many of the objectives outlined in the Service Plans are designed to support the achievement of the LAA Targets.
- The new model of care for mental health services 'Change for the Better' will be implemented from April 2008. The full impact will not be clear until implementation is complete.
- The reconfiguration of PCTs resulting in the merger of Halton and St Helen's PCTs has led to the requirement to form a new relationship. Partnerships across service areas have been strengthened as a result, eg, Mental Services and ALD. Further integration of the ALD Team will take place during 2008/9, which will lead to the development of a new Section 31 partnership agreement.
- During the next 3 years there will be a need to further strengthen relationships with the voluntary sector. One particular area which is a priority is Carers. It is anticipated that the Cares Centres will transfer to the voluntary sector from April 2008 and there will be a need to ensure that there is an effective infrastructure in place to secure funding in the future.
- To help make care fairer, the Secretary of State for Health has announced a comprehensive strategy for reducing health inequalities, challenging the NHS as a key player, to live up to its founding and enduring values. Local Authorities will therefore have a key role in influencing this agenda at a local level.

3.1.2 Economic Climate

- There continues to be significant budgetary pressures within the Department. Gershon efficiency gains, the implications of the Comprehensive Spending Review and Supporting People's retraction plan, has resulted in reduced funding in adults with learning disabilities, which continues to have an impact on service areas.

Services need to ensure that they are designed to deliver greater efficiency and value for money without having a detrimental impact on those people who use them.

- The need to have a robust LAA which is aligned to priorities will be essential as a number of specific grants and LAA ring-fenced grants will be delivered in the form of an Area Based Grant which will not be ring-fenced, the aim of which is to give Council's greater flexibility to manage financial pressures and focus funding on the priorities of their communities.
- A financial recovery plan, agreed with the PCT, is in place, which aims to reduce the pressures on the adults with learning disabilities budget. It is expected that this will lead to more efficient services targeted to meet the most complex needs
- Pressure on the Community Care Budget has meant a strict application of Fair Access to Care services, resulting in care packages being re-assessed and in some cases re-designed for some people. Re-assessments will continue over the next 12 months.
- Continued pressure on the transport budget means strict application of eligibility criteria for the provision of local authority transport. Transport will continue to be an area of increased focus this coming year.

3.1.3 Social Factors

- The new 24-hour access/out of hours emergency service came into force on 1.10.07. The Service, provided in partnership with St Helen's Borough Council, provides a new locally based service. The effectiveness of this service will be monitored over the next 12 months
- Population projection is not an exact science, but forecasts suggest that Halton's population is ageing at a faster rate than in England as a whole, which reflects a long-term demographic trend of an aging population. This shift to an older population, particularly those with complex needs and learning disabilities will have a large effect on demand for social care, local government and health services, adding to the already increasing pressures on resources within adult services.
- There is not only an increase in the ageing population but also an increase in the number of young people with more complex needs, adding again to pressures on resources.
- A number of Government initiatives and legislative requirements have put social inclusion higher on the social care agenda. The Directorate's Community Bridge Building service, which has been in operation for over 12 months, aims to promote social inclusion for all adults and older people by helping them access mainstream services.

3.1.4 Technological Developments

- A pilot of assistive technology, which aims to promote and encourage independent living, has resulted in one supported housing property successfully having the technology installed, with a view to rolling out this technology in a number of other suitable properties over the next 12 months.

- Work is still ongoing to develop an integrated health and social care mental Health system across the 5 Boroughs Partnership. Once completed this should allow for integrated case files and much simpler recording processes, but the Department will need to ensure that all relevant performance information continues to be captured.
- Work is still ongoing to roll out Single Assessment. The need to develop and implement an electronic solution to SAP to ensure that data currently written in assessments can be effectively loaded into Carefirst, Health and other agency services information systems is essential

3.1.5 Legislative

- The Mental Capacity Act 2005 implemented during 2007 continues to impact on the way in which the Department operates and delivers its services.
- The implications of the 2 White Papers published in 2006, Our Health Our Care Our Say and Strong and Prosperous Communities, and the new Outcomes Framework for Adults Social Care continues to be managed by the Department. These documents place a stronger emphasis on the involvement of people who access social care services and their carers being involved in service planning and delivery to ensure services are needs-led and outcome focussed. The increase in self directed care and self-assessment linked to the 'In control' pilot and development of individualised budgets continues to support the personalisation agenda.
- The Carers (Equal Opportunities) Act 2004 came into force in England on 1st April 2005. The Act gives carers new rights to information, ensures that work, life-long learning and leisure are considered when a carer is assessed and gives Local Authorities new powers to enlist the help of housing, health, education and other Local Authorities in providing support to carers.
- The Statutory Code of Practice on the Duty to Promote Disability Equality, which was introduced in the Disability Discrimination Act 2005, came into force in December 2006. The Duty required that a Disability Equality Scheme be in place by public sector organisations by December 2006. The action plan developed as part of the Scheme continues to be implemented corporately and departmentally.
- The New Performance Framework for Local Authorities & Local Authority Partnerships published in October 2007, sets out a single set of 198 measures (developed as part of the Comprehensive Spending Review 2007) representing what Government believes should be the national priorities for local government, working alone or in partnership, over the next three years. In each area, targets against the set of national indicators will be negotiated through new Local Area Agreements (LAAs). Each Agreement will include up to 35 targets from among the national indicators, complemented by 17 statutory targets on educational attainment and early years.
- The proposed development of a common complaints procedure, covering the NHS and Social Care (from 2009), was consulted on during 2007. It has the potential to enable complaints to be addressed more consistently and holistically, with lessons learned being shared with colleagues across the sector.
- The 2007 Mental Health Act, which significantly amends the 1983 Mental Health Act, is due for full implementation in the autumn of 2008. The definitions of people who will fall within the Act have been amended, new powers of community treatment have

been established, and the range of professionals who are authorised to fulfill statutory duties under the Act has been extended. The delivery of this Act will require close working and co-operation across health and social care systems and with other localities.

- Care Services Reform - As announced as part of the Comprehensive Spending Review (CSR), care and support services are to be reformed to meet the challenges of the 21st century, and to direct state funding to where it will have the biggest impact on wellbeing. It begins with extensive public engagement at the beginning of 2008 and will ultimately lead to the publication of a Green Paper. Government requirements for reform include promoting independence, wellbeing and control for those in need, and affordability for taxpayers and individuals in need.

3.1.6 Environmental

- The modernisation of day services across the Directorate continues to have an impact, with a steady shift of service provision from building based services to community based services. This will encourage more efficient use of buildings, increase variety in daytime opportunities available and increase social inclusion for those who access these services.

Protecting our environment

Awareness of Climate Change is growing and the Council is committed to taking a lead and setting an example in tackling the associated problems. A corporate Climate Change Action Plan is being prepared, but each department can make its own contribution.

Consideration will be given throughout the life of the Service Plan to ways in which support can be given to the action plan and to identify and implement opportunities to reduce any contribution to Climate Change and to promote best practice in the reduction of carbon emissions.

The Council will sign up to the Local Authority Carbon Management Programme in the early part of 2007/08. The programme will guide the Council through a systematic analysis of its carbon footprint, outline opportunities to help manage carbon emissions, develop Action Plans for realising carbon and financial savings; and embed carbon management into the authority's day-to-day business.

As part of the programme the Council will develop a Carbon Management Strategy and Implementation Plan by March 2008 to reduce energy bills and carbon emissions over the next five years. Through the Strategy and Implementation Plan, Council services will need to encourage closer examination of their policies around procurement, transport and the use of renewable energy.

The Council's waste management section is working to appoint volunteer 'Recycling Champions' across all services, to ensure that all employees, members and contractors are encouraged to use recycling facilities that exist within their working environment. The Council will continue to seek, and to take advantage of all opportunities to promote recycling and effective waste management within the community.

3.2 Service Developments

All of the service developments and efficiency improvements detailed below have included an element of consultation with staff, service users, carers and other stakeholders and an element of external performance comparison and internal performance analysis.

- The action plan arising out of the outcomes of the Mental Health Improvement Review, conducted jointly by the Healthcare Commission and CSCI in January 2007 continues to be implemented and monitored by CSCI.
- The outcomes of the internal review of mental health day services will lead to further integration of the Community Mental Health Team.
- The outcomes of the internal review of ALD supported living scheme and residential respite services are to be implemented. Respite services are subject to a tendering process, which will lead to the development of a “menu” of options and short breaks model service.
- The outcomes of a consultation exercise with Halton’s Black and Minority Ethnic community, conducted in partnership with the Cheshire Halton and Warrington Racial Equality Council, to establish their views and experiences of statutory social care services are to be used to improve services to this community group. A new Equalities Officer, based within the Bridge Building Service will support the work within this challenging area.
- Work continues with the Children and Young People’s Directorate to promote the safeguarding of children, with the development of a joint working policy between the two Directorates.
- A formal process is now in place to identify and record any unmet needs and service deficits identified through the assessment and care management process. This process feeds into the service planning and commissioning process to ensure future needs of service users and carers are met and gaps in services are closed.
- The new social care Emergency Duty Team, delivered in partnership with St Helens Borough Council, is now in place. This will continue to be developed, with further integration of electronic systems to take place. Quality measures are being developed and its effectiveness will be assessed through regular meetings of the Partnership Board.
- The Directorate monitors and reports to the Senior Management Team on comments, compliments and complaints received. They provide essential information to help shape and develop services, and complements the wide range of consultation exercises that the Directorate undertakes (including postal and telephone surveys, open forums, consultation days, participation in service developments and representation of users and carers on strategic boards). In addition to the consultation exercises undertaken, the Directorate also regularly undertakes Service User satisfaction and outcomes surveys, which help inform future delivery of services.

3.3 Efficiency Improvements

Summary of planned efficiency improvements during 2007/8, taken from the mid year review of Gershon Savings (Nov'07): - **(Subject to Review)**

- Reconfiguration of Mental Health Services - £30,000 non cashable. Estimated savings from improved performance of the Bridge Building Service
- Transport - £12,000 cashable & £8,000 non cashable. Estimated savings from the promotion of accessible transport and through the re-tendering of services and increased fleet utilisation.

Summary of planned efficiencies in 2008/9 :-

- Engagement in the national CSED process will improve front-end service access thus reducing assessments for care. This and a number of other CSED initiatives will be pursued.
- Implementation of electronic assessment services that enable individuals to assess themselves and access the services they are sign posted to.

3.4 National, Regional & Sub-Regional Focus

- The Department is making significant contributions to the Care Services Efficiency Delivery (CSED) programme, whose work is to support Council's to develop sustainable efficiency improvements in adult social care. The programme has increased in significance due to the outcome of the Comprehensive Spending Review 2007.
- Work continues with St Helen's Local Authority to ensure that the new 24-hour access/out of hours emergency service operates effectively.
- Work with St Helen's Local Authority continues around high cost care packages for adults with learning disabilities.
- Work taking place sub regionally with Knowsley, Warrington and St Helens to improve capacity to commission mental health services across the 4 Boroughs.
- Collaborative work with the four Boroughs of Halton, Warrington, St Helens and Knowsley, has taken place on implementing the Mental Capacity Act 2005, and in particular in the delivery of the Independent Mental Capacity Advocacy service. This process is to be repeated for the delivery of the Mental Health Act 2007, including the delivery of the Deprivation of Liberty Safeguards introduced into the Mental Capacity Act. The Care Services Improvement Partnership is supporting this process regionally.
- Halton has subscribed to the In Control organisation. A project plan has been developed and a steering group is in place. An event is organised to agree the next phase of this project, involving external speakers and collaborative support regionally.
- Women's Centre – A women's centre has been developed in Castlefields to provide a range of services and support to women in Halton. It is planned to open the centre by the beginning of next year in partnership with the voluntary sector

3.5 Equality & Diversity

Halton Council is committed to ensuring equality of opportunity and combating discrimination and victimisation within all aspects of its service delivery, policy development and as an employer. This commitment is reflected in a range of policies, strategies and framework documents that underpin the work of the Council in its day-to-day operation and in the services it delivers.

The Council fully supports the broad principles of social justice and will oppose any form of discrimination and oppression. Council policy will apply to all of those who come into contact with it, i.e. those who presently use directly provided services or services provided on the Council's behalf; potential users of services; other agencies and professionals; employees and job applicants; and the general public. In doing so the Council want to build a sustainable and cohesive Halton. A place where people believe they belong, have opportunity, and the ability to help shape the place where they live.

There is a statutory duty to carry out an Equality Assessment of all services, including all contracted services and partnership arrangements and to publish the results of the self-assessment. This is accomplished through a process of Impact/Needs Assessments conducted every in a formal process using the Halton EIA template. The results of these are then collated into Directorate and Corporate Equalities Action Plans.

The Directorate commissioned a Black and Minority Ethnic Community Research Study in 2007 to determine the current and potential needs of Halton's Black and Minority Ethnic community. The results highlighted that there was a barrier to the taking-up of services as there was a lack of awareness about what was available and who to contact for information. The report also found that the BME community in Halton was less inclined or less well educated to defining their ethnic origin.

As a result of this research, work is currently underway to improve access and signpost members of the BME communities to support services that: -

- Advise re: housing options
- Establish the skills to maintain appropriate permanent housing
- Enable service users to remain in their own homes, and avoid eviction and homelessness
- Access other services including health, social care, education, training and leisure services.
- Help to ensure the more vulnerable amongst the Minority and Hard to Reach Communities can live independently
- Ensure there is fair access to all the Supporting People services in the borough.
- Help prevent minority communities from feeling socially excluded

3.6 Unforeseen Developments

Text will be developed and inserted by Corporate Performance Management Team.

4.0 RESOURCES

4.1 Budget Summary and Service Costs

To be inserted

4.2 Human Resource Requirements

Year	Mental Health Services	ALD Provider Services	ALD & PSD Assessment & Care Management Services
2009/10	TBC	TBC	TBC
2010/11	TBC	TBC	TBC

To be inserted

4.3 Future ICT Requirements

A number of high priority areas relating to IT have been identified through the IT Capital bid for 2008/9. The capital bid made, makes the assumption that Corporate IT maintain the network that the Directorate's software runs on and that they make appropriate finances available to replace it and that Corporate IT replace hardware that fails within the Directorate.

High priority areas identified within the bid include: -

- Carefirst 6 & Business Objects support costs
- Licences for use of Internet
- RSA token running costs
- Liquid logic SAP Easy care
- Electronic Monitoring of Care System
- Digital pen pilot for use with Easy Care
- Soft box software, support and training

4.4 Future Accommodation/Property Requirements

An Accommodation Strategy has been prepared for the Health and Community Directorate. It is the intention that during 2008/9 all Runcorn based staff will relocate to Runcorn Town Hall. This will ensure increased co-location, efficient communication and effective working practices. The Health and Partnerships Department of the Directorate will work in conjunction with Property Services to ensure the smooth transfer of all staff to their new locations.

5.0 SERVICE PERFORMANCE

Text will be developed and inserted by Corporate Performance Management Team.

5.1 Key Service Objectives

Corporate Priority:	A Healthy Halton
Key Area (s) Of Focus:	AOF 6 Providing services and facilities to maintain the independence and well-being of vulnerable people within our community. AOF 7 Providing services and facilities to maintain existing good health and well-being.

Service Objective:	AWA 1 - Plan and commission/redesign services to meet the needs of the local population
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	Key Milestones	Responsible Officer
2008 - 09	<ul style="list-style-type: none"> Review the Payments and Expenses Policy and Procedure to ensure payment levels are appropriate and procedures are adequate Jun 2008. (AOF7) 	Operational Director (Adults)
	<ul style="list-style-type: none"> Establish strategy to improve performance and service delivery to the Black & Minority Ethnic community, to ensure services are meeting the needs of the community Jun 2008. (AOF7) 	Divisional Manager (Mental Health)
	<ul style="list-style-type: none"> <i>Contribute to the safeguarding of children in need where a parent is receiving Adult services by ensuring staff are familiar with and follow safeguarding processes</i> Mar 2009. (AOF6) 	Operational Director (Adults)
	<ul style="list-style-type: none"> To agree and implement a joint process for implementation of new national guidance on Continuing Health Care Mar 2009. (AOF6) 	Divisional Manager (ALD)
	<ul style="list-style-type: none"> Build on learning for Halton from CSED improving care management efficiency project, identifying areas and priorities for redesign Jun 2008. (AOF6) 	Divisional Manager (ALD)
	<ul style="list-style-type: none"> Agree and implement the reconfiguration of ALD health and care management services Mar 2009. (AOF6) 	Divisional Manager (ALD)
	<ul style="list-style-type: none"> Continue to implement ALD's financial recovery plan to ensure that the service becomes increasingly efficient and effective Mar 2009. (AOF6) 	Operational Director (Adults)
	<ul style="list-style-type: none"> <i>Expand the involvement of service users in the direction and quality of day and supported living services</i> Sep 2008. (AOF7) 	Divisional Manager (Provider Services)
2009 - 10	<ul style="list-style-type: none"> <i>Contribute to the safeguarding of children in need where a parent is receiving Adults services by ensuring that staff are familiar with and follow safeguarding processes</i> Mar 2010. (AOF6) 	Operational Director (Adults)
	<ul style="list-style-type: none"> Implement the Black and Minority Ethnic strategy developed to ensure services are meeting the needs of the community Mar 2010. (AOF7) 	Divisional Manager (Mental Health)
	<ul style="list-style-type: none"> Redesign the Supported Housing Network to meet the needs of those with the most complex needs Mar 2010. (AOF6 & 7) 	Divisional Manager (Provider Services)
	<ul style="list-style-type: none"> <i>Implement the recommendations for the care management review of Physical & Sensory Disabilities</i> Mar 2010. (AOF6 & 7) 	Operational Director (Adults)

2010 -11	<ul style="list-style-type: none"> Implement the redesign of the Supported Housing Network to ensure that it is meeting the needs of those with the most complex needs Mar 2011. (AOF6 & 7) 		Divisional Manager (Provider Services)	
	<ul style="list-style-type: none"> <i>Monitor and review the implementation of the Care Management Review of Physical & Sensory Disabilities</i> Mar 2011. (AOF6 & 7) 		Operational Director (Adults)	
	<ul style="list-style-type: none"> <i>Monitor and review all AWA 1 milestones in line with three year planning cycle</i> Mar 2011. (AOF6 & 7) 		Operational Director (Adults)	
Risk Assessment	Initial	Score Missing	Linked Indicators	No indicators linked
	Residual	Score Missing		

Corporate Priority:	A Healthy Halton Employment, Learning & Skills in Halton Corporate Effectiveness & Efficient Service Delivery
Key Area (s) Of Focus:	<p>AOF 2 Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles.</p> <p>AOF 6 Providing services and facilities to maintain the independence and well-being of vulnerable people within our community.</p> <p>AOF 7 Providing services and facilities to maintain existing good health and well-being.</p> <p>AOF 31 Working with partners and the community, to ensure that our priorities, objectives, and targets are evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and to narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p> <p>AOF 35 Implementing and further developing procurement arrangements that will reduce the cost to the Council of acquiring its goods and services.</p>

Service Objective:	AWA 2 - To work in partnership and strengthen governance and joint working arrangements
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Key Milestones		Responsible Officer		
2008 - 09	<ul style="list-style-type: none"> Mainstream Review Bridge Building Day Services Model to ensure that it supports the priorities of the modernisation agenda Sep 2008. (AOF6) 	Divisional Manager (Mental Health)		
	<ul style="list-style-type: none"> <i>Continue to contribute to the implementation of Change For The Better, the 5BP's new model of care for mental health services, thus ensuring that services are based on recovery and social inclusion</i> Mar 2009. (AOF6) 	Divisional Manager (Mental Health)		
	<ul style="list-style-type: none"> Continue to implement the modernisation of Day Services Jun 2008. (AOF6) 	Divisional Manager (Provider Services)		
	<ul style="list-style-type: none"> <i>Implement action plan for the National Service Framework for Long Term Conditions</i> Mar 2009. (AOF2) 	Divisional Manager (ALD)		
	<ul style="list-style-type: none"> A behaviour solutions approach to develop quality services for adults with challenging behaviour Mar 2009. (AOF7) 	Divisional Manager (ALD)		
2009 - 10	<ul style="list-style-type: none"> Continue to implement the Bridge Building Day Services Model Mar 2010. (AOF6) 	Divisional Manager (Adults)		
	<ul style="list-style-type: none"> Review all partnership working arrangements and associated structures to ensure that they are fulfilling requirements Mar 2010. (AOF6 & 31) 	Operational Director (Adults)		
	<ul style="list-style-type: none"> <i>A behaviour solutions approach to develop quality services for adults with challenging behaviour, models of good practice developed</i> Mar 2010. (AOF7) 	Divisional Manager (ALD)		
2010 -11	<ul style="list-style-type: none"> <i>Revise and develop all commissioning strategies and associated partnership structures</i> Mar 2011. (AOF31 & 35) 	Operational Director (Adults)		
	<ul style="list-style-type: none"> <i>Monitor and review all AWA 2 milestones in line with three year planning cycle</i> Mar 2011. (AOF6 & 7) 	Operational Director (Adults)		
Risk Assessment	Initial	Score Missing	Linked Indicators	No indicators linked
	Residual	Score Missing		

Corporate Priority:	A Healthy Halton
Key Area (s) Of Focus:	AOF 7 Providing services and facilities to maintain existing good health and well-being. AOF 21 To improve access to employment by providing opportunities to enhance employability skills and knowledge

Service Objective:	AWA 3 - Ensure services are needs led and outcome focused 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
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	Key Milestones	Responsible Officer
2008 - 09	<ul style="list-style-type: none"> • <i>Increase the number of carers provided with assessments leading to provision of services, including black and minority ethnic carers, to ensure Carers needs are met Mar 2009. (AOF7)</i> 	Divisional Manager (Mental Health)
	<ul style="list-style-type: none"> • <i>Maintain the number of carers receiving a carers break, to ensure that Carers needs are met Mar 2009. (AOF7)</i> 	Operational Director (Adults)
	<ul style="list-style-type: none"> • <i>Development of Person Centred reviews with particular focus for adults with PMLD Mar 2009. (AOF7)</i> 	Divisional Manager (ALD)
	<ul style="list-style-type: none"> • <i>Evaluate "In Control/Individualised Budgets" pilot and extend to other service user groups as appropriate Mar 2009. (AOF6)</i> 	Divisional Manager (ALD)
	<ul style="list-style-type: none"> • <i>Develop Supported Employment Strategy to ensure appropriate opportunities are available for service users and carers Mar 2009. (AOF21)</i> 	Operational Director (Adults)
	<ul style="list-style-type: none"> • <i>Implement new model for Carers Centres to increase access to additional funding Mar 2009. (AOF7)</i> 	Operational Director (Adults)
	<ul style="list-style-type: none"> • <i>Refresh the Carers Strategy in light of the new national Carers Strategy, thus ensuring Carers needs continue to be met Jun 2008. (AOF7)</i> 	Operational Director (Adults)
	<ul style="list-style-type: none"> • <i>Continue to work with Halton & St Helens PCT to improve the physical health of carers Mar 2009. (AOF7)</i> 	Operational Director (Adults)
2009 - 10	<ul style="list-style-type: none"> • <i>Ensure Carers Centres are able to access additional funding when available from bodies such as the Lottery Mar 2010. (AOF7)</i> 	Operational Director (Adults)
	<ul style="list-style-type: none"> • <i>Increase the numbers of carers provided with assessment leading to the provision of services, including black and minority ethnic carers, to ensure Carers needs are met Mar 2010. (AOF7)</i> 	Divisional Manager (Mental Health)
	<ul style="list-style-type: none"> • <i>Fully implement the Supported Employment Strategy Mar 2010. (AOF21)</i> 	Operational Director (Adults)
	<ul style="list-style-type: none"> • <i>Person Centred reviews for adults with PMLD, to be implemented in ALD Care Management and influencing strategic commissioning Mar 2010. (AOF7)</i> 	Divisional Manager (ALD)
	<ul style="list-style-type: none"> • <i>Continue to support and promote " In Control/Individualised Budgets " model for people with learning disabilities and physical/sensory disabilities Mar 2010. (AOF6)</i> 	Divisional Manager (ALD)
	<ul style="list-style-type: none"> • <i>Maintain the numbers of carers receiving a carers break, to ensure Carers needs are met Mar 2010. (AOF7)</i> 	Operational Director (Adults)

2010 -11	<ul style="list-style-type: none"> Review and revise the Carers Strategy, to ensure that Carers needs within Halton continue to be met Mar 2011. (AOF7) 		Operational Director (Adults)
	<ul style="list-style-type: none"> Monitor and review all AWA 3 milestones in line with three year planning cycle Mar 2011. (AOF7) 		Operational Director (Adults)
Risk Assessment	Initial	Score Missing	Linked Indicators No indicators linked
	Residual	Score Missing	

5.2 Performance Indicators and Targets (Statutory & Local Indicators):

Indicators and targets still to be confirmed following outcome of new performance framework consultation exercise and the publication of CSCI's guidance in February 2008.

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
Corporate Health											
There are presently no indicators of this type identified for the service											
Cost & Efficiency											
AWA LI	Intensive home care as a percentage of intensive home care and residential care	CP6 AOF34	26	33	29	24	28	TBC	28	28	28
AWA LI	Cost of intensive social care for adults and older people	CP6 AOF34	471	612	538	484	410	TBC	TBC	TBC	TBC
AWA LI	Unit cost of home care for adults and older people.	CP6 AOF34	14.8	16.45	15.07	13.15	15.2	TBC	TBC	TBC	TBC
Fair Access											
<u>AWA LI</u>	Percentage of adults assessed in year where ethnicity is not stated Key threshold >10%	CP1 AOF6	0.5	N/A	N/A	N/A	0.5	TBC	0.5	0.5	TBC
AWA LI	Percentage of adults with one or more services in the year where ethnicity is not stated Key Threshold >10%	CP1 AOF6	0.6	N/A	N/A	N/A	0.2	TBC	0.2	0.2	0.2
AWA LI	Number of learning disabled people in paid work per 10,000 population 18-64	CP4 AOF21	4.3	N/A	N/A	N/A	2.7	TBC	TBC	TBC	TBC
AWA LI	Number of learning disabled people in voluntary work per 10,000 population	CP4 AOF21	9.26	N/A	N/A	N/A	10.1	TBC	TBC	TBC	TBC
AWA LI	Number of physically disabled people in paid work per 10,000	CP4 AOF21	5.5	N/A	N/A	N/A	7.4	TBC	TBC	TBC	TBC

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

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
	population										
AWA LI	Number of physically disabled people in voluntary work per 10,000 population	CP4 AOF21	2.42	N/A	N/A	N/A	2	TBC	TBC	TBC	TBC
AWA LI	Number of adults with mental health problems in paid work per 10,000 population	CP4 AOF21	4.7	N/A	N/A	N/A	6.7	TBC	TBC	TBC	TBC
AWA LI	Number of adults with mental health problems in voluntary work per 10,000 population	CP4 AOF21	2.42	N/A	N/A	N/A	2	TBC	TBC	TBC	TBC
Quality											
AWA LI	Availability of Single Rooms	CP1 AOF6	100	100	98	96	100	TBC	100	100	TBC
<u>AWA LI</u>	Percentage of people receiving a statement of their needs and how they will be met	CP1 AOF6	99	98	97	96	99	TBC	99	99	TBC
<u>AWA LI</u>	Clients receiving a review as a % of adult clients receiving a service (cost effectiveness PSA Target)	CP1 AOF6	81	76	72	65	80	TBC	80	80	80
<u>NI 132</u>	Timeliness of Social Care Assessment	CP1 AOF4	83.5	TBC	TBC	TBC	83	TBC	85	85	85
<u>NI 133</u>	Timeliness of Social Care Packages	CP1 AOF4	92.6	TBC	TBC	TBC	93	TBC	94	95	95
Service Delivery											
<u>AWA LI</u>	Admissions of Supported Residents aged 18-64 into residential/nursing care	CP1 AOF6	0.8	2.2	1.7	1.3	0.4	TBC	0.4	0.4	0.4
<u>NI 136</u>	People Supported to live independently through Social Care Services	CP1 AOF4	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
AWA LI	Adults with physical disabilities helped to live at home	CP1 AOF4	7.6	5.2	4.4	3.6	7.4	TBC	7.4	7.4	7.4
AWA LI	Adults with learning disabilities helped to live at home	CP1 AOF4	4.3	3.2	2.8	2.4	4.3	TBC	4.3	4.3	TBC

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
AWA LI	Adults with mental health problems helped to live at home	CP1 AOF4	3	5.4	3.8	2.7	3.5	TBC	3.2	3.2	TBC
NI130	Social Care Clients receiving Self Directed support (DP's/Individual Budgets)	CP1 AOF6	189	TBC	TBC	TBC	193	TBC	197	205	TBC
NI 131	Delayed Transfers of Care	CP2 AOF11	N/A	37	27	16	N/A	N/A	TBC	TBC	TBC
NI 135	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information	CP1 AOF7	10.2	TBC	TBC	TBC	11.5	TBC	12	12	13
NI 141	Number of Vulnerable people achieving independent living	CP1 AOF4	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
NI 142	Number of vulnerable people who are supported to maintain independent Living	CP1 AOF4	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
NI 145	Adults with Learning Disabilities in Settled accommodation	CP1 AOF4	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
NI 146	Adults with Learning Disabilities in Employment	CP4 AOF21	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC

5.3 Risk Management

Text will be developed and inserted by Corporate Performance Management Team.

5.4 Equality, Diversity & Community Cohesion

Text will be developed and inserted by Corporate Performance Management Team.

The Health & Community Directorate continues to carry out Equality Impact Assessments (EIAs) on all new/revised policies, procedures and strategies within the Directorate to ensure they eliminate unlawful discrimination and promote equality of opportunity and good relations between racial groups. Where specific actions are identified these are incorporated into an overall annual Directorate Equalities Action Plan and the Directorate Equal Opportunities Working Group monitors progress towards completion of these actions.

Those actions yet to be completed that are considered to be high priority are detailed in Appendix 2

Please note that these actions apply to all three adult social care services (Adults of Working Age, Older People's Services and Health & Partnerships), and are detailed in each of the three plans.

5.5 Local Area Agreement Targets – Subject to Review

The Department contributes to an LPSA Target for Carers, which sits within the Older People’s Departmental Service Plan

5.6 National Floor Targets – Subject to Review

The following targets are relevant to this Department: -

Ref	Description	Government Targets
TBC		

6.0 PERFORMANCE REPORTING

Text will be developed and inserted by Corporate Performance Management Team.

7.0 STATUTORY & NON-STATUTORY PLANS

The following plans and strategy documents are relevant to this service plan:

- The Council's Corporate Plan 2006-11
- Halton's Community Strategy
- Comprehensive Performance Assessment
- Halton 's Best Value Performance Plan 2007/08
- Local Area Agreement
- Joint Strategy Needs Assessment
- Joint Commissioning Framework
- Mental Health Commissioning Strategy
- Adults with Learning Disabilities Commissioning Strategy
- Commissioning Strategy for Physically Disabled People
- Older People's Commissioning Strategy
- Carers Strategy
- Better Care, Higher Standards
- National Service Framework for Mental Health
- National Service Framework for Long Term Conditions
- Valuing People Strategy for Learning Disabilities
- CSCI's Performance Framework
- Health & Community Budget Book
- Older People, Health & Partnerships and Culture and Leisure Services Service Plans in the Health and Community Directorate
- White Paper "Our Health, Our Care, Our Say"
- White Paper "Strong and Prosperous Communities"
- Supporting People Strategy
- Three year Financial Strategy 2007/8 to 2009/10

Service Objectives - High Risks and Associated Mitigation Measures

CORPORATE PERFORMANCE MANAGEMENT TEAM WILL TRANSFER INFORMATION FROM EXCEL DATABASE

Equality Impact Assessments – High Priority Actions

Strategy/Policy/Service	Impact Assessment (High/Low/None)	Proposed Action(s)	Timetable			Officer Responsible
			2008/9	2009/10	2010/11	
TBC						

Halton Corporate Plan (2006 – 2011) – Council Priorities and Key Areas of Focus.

A Healthy Halton

1	Improving the future health prospects of Halton residents, particularly children, through the encouragement of an improved dietary intake and the availability of nutritionally balanced meals within schools and other Council establishments.
2	Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles.
3	Delivering programmes of education to improve the health of Halton residents.
4	Helping people to manage the effects of ill health, disability and disadvantage.
5	Actively managing the environmental factors that are detrimental to good health.
6	Providing services and facilities to maintain the independence and well-being of vulnerable people within our community.
7	Providing services and facilities to maintain existing good health and well-being.

Halton's Urban Renewal

8	Exploiting the benefits of inward investment opportunities by creating a physical environment that is both attractive and responsive to the needs of existing and potential business.
9	Maintaining and developing local transport networks that meet the needs of resident's, businesses and visitors to Halton.
10	Revitalising the economy by sustaining and developing an environment that compliments the core brand values of existing and potential investors.
11	Maintaining levels of affordable housing provision within Halton that provides for quality and choice and meets the needs and aspirations of existing and potential residents.
12	Providing opportunities for recreation and fostering conservation by developing attractive and accessible parks and open spaces.

Children & Young People in Halton

13	Improving the educational attainment of pupils in Halton, by providing effective teaching and school support
14	To improve outcomes for looked after children by increasing educational attainment, health, stability and support during transition to adulthood.
15	To deliver effective services to children and families by making best use of available resources
16	To provide transport facilities that meets the needs of children & young people in Halton accessing education and training.
17	Provide an effective transition for young people from school to employment, through opportunities for work related learning, and post 16 education, voluntary and community work.
18	To reduce the conception rate amongst women under 18 by providing awareness, education and relevant support
19	To ensure a safe environment for children where they are supported and protected from abuse and neglect

Employment, Learning & Skills in Halton

20	To increase self-confidence and social inclusion by providing opportunities to adults to engage in basic skills learning.
21	To improve access to employment by providing opportunities to enhance employability skills and knowledge
22	Working with employers to identify and secure opportunities for the unemployed.
23	To provide transport facilities that meets the needs of those people in Halton accessing employment and training.
24	To sustain current employment levels by providing practical and financial advice and assistance to those from disadvantaged groups
25	To increase employment opportunities and business start ups in Halton, by developing an enterprise culture

A Safer Halton

26	Actively encouraging socially responsible behaviour by engaging with Halton's young people and by providing opportunities for them to access and take part in affordable leisure time activities.
27	Reducing the physical effects of anti-social and criminal behaviour
28	Providing and maintaining a highways and footpath network that is safe, accessible, and meets the needs and expectations of those living, working or visiting in Halton.
29	Improving the quality of community life by enhancing the visual amenity of Halton's neighbourhoods.
30	Improving the social and physical well-being of those groups most at risk within the community

Corporate Effectiveness & Efficient Service Delivery

31	Working with partners and the community, to ensure that our priorities, objectives, and targets are evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and to narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.
32	Building on our customer focus by improving communication, involving more service users in the design and delivery of services, and ensuring equality of access.
33	Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information.
34	Attracting and managing financial resources effectively and maintaining transparency, financial probity and prudence and accountability to our stakeholders
35	Implementing and further developing procurement arrangements that will reduce the cost to the Council of acquiring its goods and services.
36	Ensuring that the Council's land and property portfolio is managed efficiently
37	Ensuring that Council buildings are safe and accessible, meet the needs of service users and the organisation, and comply with legislative requirements
38	Exploiting the potential of ICT to meet the present and future business requirements of the Council, and ensure that customer access is improved by means of electronic service delivery.
39	Ensuring that human resources are managed and deployed to their best effect and improving the relevance, availability and use of HR information
40	Ensuring that the Council has the right people with the right skills and who are informed and motivated and provided with opportunities for personal development and engagement.



Health & Partnerships

SERVICE PLAN

April 2008 to March 2011

DRAFT – 14.12.07

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Appendices

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1.0 INTRODUCTION

Text will be developed and inserted by Corporate Performance Management Team.

2.0 SERVICE PROFILE

2.1 Purpose

Within the Health and Community Directorate the Health & Partnerships Division exists to provide a range of support services to operational front-line staff in order for them to deliver high-quality social care services/support to the local community in partnership with the NHS, independent, voluntary and community sectors. Effective support services are essential in ensuring that safe practices are adopted, staff are highly trained, public money is wisely spent, information technology is utilised to maximise efficiency, measure, monitor and manage performance, front-line staff are freed from administrative duties, and longer-term planning is promoted.

The Consumer Protection Service ensures fair and equitable business and trading practices; protects consumers; meets the requirements of the bereaved in relation to burial and cremation; conducts civil marriages / civil partnerships / citizenship ceremonies and facilitates the registration of births, marriages and deaths.

The Housing Strategy Team is responsible for assessing housing needs and conditions in the Borough, developing housing policy to address those needs, managing the Council's permanent Gypsy site and unlawful encampments, and the provision of homelessness services.

2.1.1 Service Activities

The primary role of Health and Partnerships is to support and enable staff in the Health and Community Directorate to achieve the councils strategic and business objectives for adult services. It also plans, commissions, contracts and in some instances delivers services for the residents of Halton that maintain their independence, keeps them safe from risk and improves their quality of life. It aims to achieve this by:

Planning & Commissioning

Ensures the effective planning and commissioning of quality, value for money services for customers of adult social care and supporting people. It also supports policy development in response to local or Government priorities. Focus is upon planning and commissioning functions across all adult and older people client groups. Functions include Service Development, Supporting People & Quality Assurance, Training, Human Resources, Workforce Development, Housing Strategy and Homelessness.

Finance & Support

The Finance and Support is split into three operational areas. The Management Accounts team manages the budget preparation and financial support to budget holders for capital and revenue resources. This work includes regular monitoring reports of income and expenditure in key areas, preparation of final accounts including section 31 pooled budget accounts, completion of financial returns, grants claims and payments to third sector providers. Also provides the link between corporate finance and the Directorate in all financial matters. Financial Services include assessing service users charges for services, and ensuring prompt and accurate payments are made for services received and service users, the PCT and other Local Authorities are appropriately billed for all services. The Client Finance team provides two key services an Appointee and Receivership service and a Direct Payments service now also supporting an individualised budget pilot.

Business Support

Includes the management and provision of Communication and Information Services. Information Technology services develops and maintain IT systems to support social care and housing activity electronically. Performance monitoring and management through collation of information on needs and activity, delivering statistical returns and regular performance monitoring. Administrative Support, Customer and Office Services and Complaints and Compliments ensure the Directorate meets its statutory and corporate responsibilities.

Consumer Protection

Provides the management of Trading Standards and Business Advice, Consumer Advice and Education Service, Petroleum and Explosives Storage Enforcement and Advice, Bereavement Service and Registration Services.

NB. Further details regarding specific divisional activities can be found in team plans.

2.1.2 Who benefits?

The service benefits everyone in Halton by supporting front-line services to assist those most in need, particularly the most vulnerable in the community who may need help to care for themselves or others. We provide support to people to arrange and contract for care services, who buy goods and services, conduct business, who lose loved ones, who wish to register births, marriages and deaths. Housing Strategy services benefit everyone in Halton, but particularly those in greatest housing need.

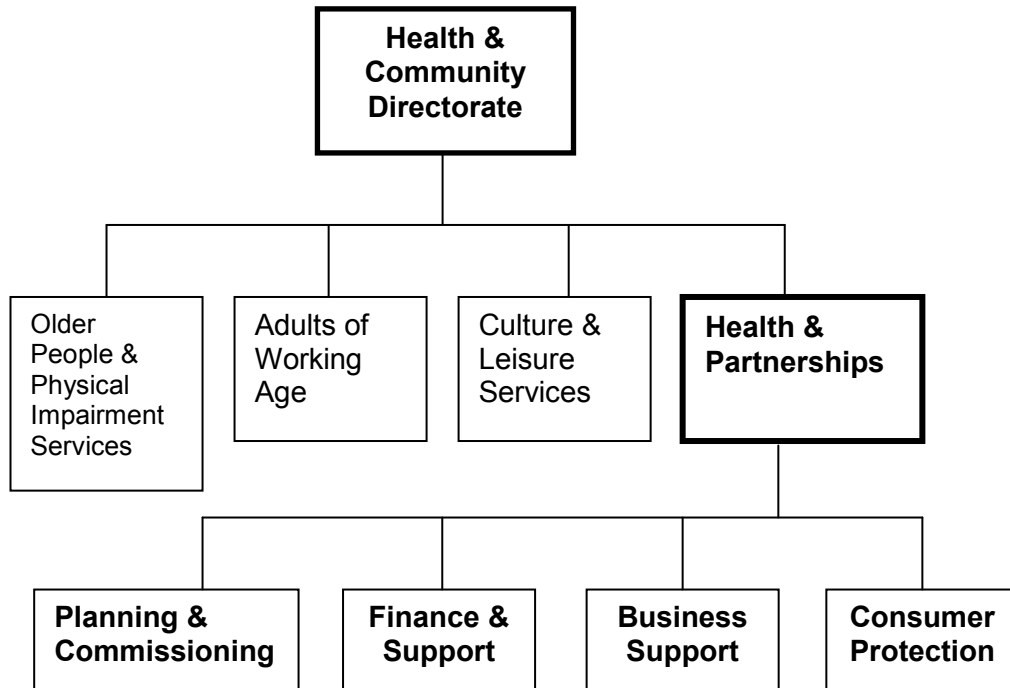
2.2 Key Messages

Given the breadth of service areas within Health & Partnerships, we are working within the key strategic priorities to support and deliver high quality services to improve health, independence and wellbeing of the residents of Halton. Key messages include:

- The development of the Joint Strategic Needs Assessment, which covers the health and social care needs of Adults and Children;
- The requirement to contribute to the Local Strategic Partnership's agenda, and the update of the Local Area Agreement (LAA) and delivery of LAA targets
- To maintain, develop and improve the level of service when the Directorate and Authority as a whole are faced with increasing budgetary pressures e.g. the Comprehensive Spending Review and the potential loss of some Grants.
- The development of partnerships which may include joint provision or commissioning with other Local Authorities, key statutory partners and in some circumstances with providers within the independent or voluntary sector;
- The need to refocus the Directorate's activity towards neighbourhood delivery of services
- The need to ensure that there are appropriate and effective infrastructures in place to be able to deliver the Directorate's aims and objectives

- The increase in Self directed care and self-assessment linked to In-Control pilot and development of individualised budgets.
- Nothing is more important than ensuring that vulnerable adults are properly safeguarded. The Directorate continues to invest heavily in strengthening reporting, recording and training processes associated with the safeguarding of vulnerable adults. Extensive work continues with our partner agencies (inc. Police) in ensuring that appropriate policies and procedures are in place.
- The need to ensure that the potential barriers to the taking up of services through lack of awareness about what is available and how to access it by Halton's Black and Minority Ethnic community are overcome, thus ensuring that services are accessible to all.
- Prioritise safety work within the Council's cemeteries with specific focus on memorials and on roads / pathways.
- Ensure that the Consumer Protection Service is equipped to deal with the increasing challenges facing the Service, especially from the Office of Fair Trading, the Local Better Regulation Office and expected legislative changes.
- Continue to improve performance against the Registration Service Good Practice Guide and develop the present use of the Civic Suite for Registration Ceremonies after the completion of the Runcorn Town Hall refurbishment.
- The need to engage with sub regional working arrangements and policy development, particularly in terms of housing and planning.

2.3 Organisation Structure



	FTE Posts
Planning & Commissioning	TBC
Finance	TBC
Business Support	TBC
Consumer Protection	TBC
TOTAL	TBC

NB. Information regarding posts completed as at ??

3.0 FACTORS AFFECTING THE SERVICE

3.1 External Factors

The following factors have been identified as having a potential impact on the delivery of services during the period 2008-2011:

3.1.1 Political

- The development of the Joint Strategic Needs Assessment (JSNA), will form the basis of a new duty for the PCT and Local Authorities to co-operate in order to develop a whole health & social care response to the health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs, over 3-5 years.
- Halton's current Local Area Agreement (LAA), which provides an outcome based approach to tackling the major challenges facing Halton, will be due for review and update in 2008. Many of the objectives outlined in the Service Plans are designed to support the achievement of the LAA Targets.
- Changes within NHS following publication of a Patient Led NHS have resulted in the reconfiguration of local NHS Trusts. This will impact on partnership work as the new organisations become established. The joint commissioning managers role may change and all future commissioning strategies will be required to establish joint commissioning intentions between HBC and PCT.
- The implementation and delivery of 'Independence & Opportunity: Our strategy for Supporting People' will impact on resources available to deliver local services and may affect the way in which the programme is administered locally i.e. proposals to transfer supporting people into the Local Strategic Partnership (LSP)
- The Office of Fair Trading's governance role, the launch of the Local Better Regulation Office and the move to an intelligence based service delivery model will impact significantly on the work of the Consumer Protection Service.
- The work of the Consumer Protection Service will be further impacted as a result of a number of Government reviews including the Hampton review on reducing regulatory burdens, the Macrory review on sanctions and penalties, the extension of Consumer Direct to include utilities complaints, the Roger's review on priorities for regulatory services, the Vanilla report on consumer perceptions of weights and measures law and the Gower's review on intellectual property enforcement.
- The adoption of new governance arrangements will provide greater discretion in the delivery of local Registration Services, which will streamline the Service's modernisation in the light of future national developments.
- During the next 3 years there will be a need to further strengthen relationships with the voluntary sector. One particular area, which is a priority, is Carers. It is anticipated that the Cares Centres will transfer to the voluntary sector from April

2008 and there will be a need to ensure that there is an effective infrastructure in place to secure funding in the future.

- To help make care fairer, the Secretary of State for Health has announced a comprehensive strategy for reducing health inequalities, challenging the NHS as a key player, to live up to its founding and enduring values. Local Authorities will therefore have a key role in influencing this agenda at a local level.

3.1.2 Economic Climate

- There continues to be significant budgetary pressures within the Department. Gershon efficiency gains, the implications of the Comprehensive Spending Review and Supporting People's retraction plan, has resulted in reduced funding in adults with learning disabilities, and continues to have an impact on service areas. Services need to ensure that they are designed to deliver greater efficiency and value for money without having a detrimental impact on those people who use them.
- The need to have a robust LAA which is aligned to priorities will be essential as a number of specific grants and LAA ring-fenced grants will be delivered in the form of an Area Based Grant which will not be ring-fenced, the aim of which is to give Council's greater flexibility to manage financial pressures and focus funding on the priorities of their communities.
- Supporting People – Reductions in Supporting People Grant will increase budget pressures in operational areas. Business support will be required to assist services in ensuring projects after VFM within the funding requirements. There will also be implications of the transfer of resources into the LAA, managed by the LSP.
- Housing – reductions in Halton's annual capital grant for housing investment are expected to continue, reducing the scope for direct intervention in the housing market.

3.1.3 Social Factors

- Commissioning Strategies will need to take account of demographic changes in Halton to ensure commissioning reflects present and future need.
- Public Health initiatives e.g. Healthy Eating, smoking cessation etc – Public information and awareness is central to success of this initiative. The Division will need to ensure information is current and accurate and reaches a wide audience thus ensuring the promotion of healthy lifestyles.

3.1.4 Technological Developments

- The development of iCAN (the Consumer Alert Network) will enable the Consumer Protection Service to warn members of the community of scams / bogus traders etc. operating in the Borough in a timely and effective manner.

- The initial launch of the national Registration-On-Line database proved problematical. It is hoped that its expansion to capture the remainder of civil registrations can be effected more smoothly by the General Register Office.
- Telecare and a new project around Telemedicine will continue to use new assistive technology to promote independence and choice for older people.
- Increased use of electronic monitoring of care, to allow greater transparency of services delivered. Pilot planned within the Directorate.
- The development of eforms to reduce the administrative burden for operational teams.
- The implementation of an electronic Single Assessment Process so that assessments take both social care and health needs into account.
- The possible pilot of a digital pen technology system to reduce data input dependent on the success of a capital bid in 07/08.

3.1.5 Legislative

- The Mental Capacity Act 2005 implemented during 2007 continues to impact on the way in which the Department operates and delivers its services.
- The implications of the 2 White Papers published in 2006, *Our Health Our Care Our Say* and *Strong and Prosperous Communities*, and the new Outcomes Framework for Adults Social Care continues to be managed by the Department. These documents place a stronger emphasis on the involvement of people who access social care services and their carers being involved in service planning and delivery to ensure services are needs-led and outcome focussed. The increase in self directed care and self-assessment linked to the 'In control' pilot and development of individualised budgets continues to support the personalisation agenda.
- The Carers (Equal Opportunities) Act 2004 came into force in England on 1st April 2005. The Act gives carers new rights to information, ensures that work, life-long learning and leisure are considered when a carer is assessed and gives Local Authorities new powers to enlist the help of housing, health, education and other Local Authorities in providing support to carers.
- The Statutory Code of Practice on the Duty to Promote Disability Equality, which was introduced in the Disability Discrimination Act 2005, came into force in December 2006. The Duty required that a Disability Equality Scheme be in place by public sector organisations by December 2006. The action plan developed as part of the Scheme continues to be implemented corporately and departmentally.
- A number of new pieces of legislation will impact significantly upon the work of the Consumer Protection Service. These will include legislation to implement the Unfair Commercial Practices Directive and legislation that will flow from the Regulatory Enforcement and Sanctions Bill.
- The New Performance Framework for Local Authorities & Local Authority Partnerships published in October 2007, sets out a single set of 198 measures

(developed as part of the Comprehensive Spending Review 2007) representing what Government believes should be the national priorities for local government, working alone or in partnership, over the next three years. In each area, targets against the set of national indicators will be negotiated through new Local Area Agreements (LAAs). Each Agreement will include up to 35 targets from among the national indicators, complemented by 17 statutory targets on educational attainment and early years.

- The proposed development of a common complaints procedure, covering the NHS and Social Care (from 2009), was consulted on during 2007. It has the potential to enable complaints to be addressed more consistently and holistically, with lessons learned being shared with colleagues across the sector.
- The Housing Green Paper “Homes for the Future” will impose significant demands on authorities to increase delivery of market and affordable housing to achieve the Governments target of 3 million new homes by 2020.
- Care Services Reform - As announced as part of the Comprehensive Spending Review (CSR), care and support services are to be reformed to meet the challenges of the 21st century, and to direct state funding to where it will have the biggest impact on wellbeing. It begins with extensive public engagement at the beginning of 2008 and will ultimately lead to the publication of a Green Paper. Government requirements for reform include promoting independence, wellbeing and control for those in need, and affordability for taxpayers and individuals in need.

3.1.6 Environmental

Protecting our environment

Awareness of Climate Change is growing and the Council is committed to taking a lead and setting an example in tackling the associated problems. A corporate Climate Change Action Plan is being prepared, but each department can make its own contribution.

Consideration will be given throughout the life of the Service Plan to ways in which support can be given to the action plan and to identify and implement opportunities to reduce any contribution to Climate Change and to promote best practice in the reduction of carbon emissions.

The Council will sign up to the Local Authority Carbon Management Programme in the early part of 2007/08. The programme will guide the Council through a systematic analysis of its carbon footprint, outline opportunities to help manage carbon emissions, develop Action Plans for realising carbon and financial savings; and embed carbon management into the authority’s day-to-day business.

As part of the programme the Council will develop a Carbon Management Strategy and Implementation Plan by March 2008 to reduce energy bills and carbon emissions over the next five years. Through the Strategy and Implementation Plan, Council services will need to encourage closer examination of their policies around procurement, transport and the use of renewable energy.

The Councils waste management section is working to appoint volunteer ‘Recycling Champions’ across all services, to ensure that all employees, members and

contractors are encouraged to use recycling facilities that exist within their working environment. The Council will continue to seek, and to take advantage of all opportunities to promote recycling and effective waste management within the community.

3.2 Service Developments

The Health and Partnerships Department has supported a wide range of service developments across all operational service areas have included an element of consultation with staff service users, carers and other stakeholders together with external benchmarking and internal performance analysis.

- Findings from the 2006 Housing Needs Assessment are being used to inform development of the housing strategy and to inform planning in terms of the development of an affordable housing policy within the emerging Local Development Framework.
- Work is ongoing to merge the Supporting People and Contracts Teams. Processes have been streamlined and areas of work have been aligned to reduce duplication. A new structure has been agreed and will be implemented over the next few months.
- Throughout 2007 the Supporting People team have worked with strategic partners to develop a number of short-term projects to meet identified needs in the SP and related strategies. Performance and the demand for these services will be reviewed at the end of 2007/8 to identify which services may be re-commissioned to meet long term need.
- Work is ongoing to develop a Domiciliary Care Strategy that will set out the Councils commissioning intentions for domiciliary care from April 2009. The strategy will be informed by the views of service users, carers and key stakeholders. The strategy will be produced by April 2008.
- Following consultation, during 2007 changes took place to the Charging Policy. These changes included the introduction of a flat rate charge for transport provision and the introduction of an assessed charge for night care services provided and paid for wholly or partially by the Council. Service users were consulted on the proposed changes along with seeking their views on service level provision; levels of charges and amounts taken as a charge from the DLA (Care component) or Attendance Allowance.
- Following a significant overspend of the B&B budget in 2006/07, and worsening BVPI outcomes, a Project Group was established to review the homelessness service. A number of new initiatives have subsequently been introduced, particularly in support of developing a homelessness prevention approach, and work has recently commenced to look at the options for future service delivery.
- Another Project Group has for several months been developing options to secure the delivery of an integrated housing adaptation service. A new delivery structure has recently been agreed and will be implemented by April 2008.
- In the last year, Customer Care, Information and Office Services have been reconfigured to reflect the desegregation of Adults and Children's Social Care Services. Complaints Policies and Procedures have been rewritten to address the

new regulations that came into force in September 2006. Robust working practices have been introduced to measure performance against the targets set and record and report the lessons learnt, so that they can inform the future development of services.

- The focus for service development within Consumer Protection Services will include strengthening the application of rules governing the safety of headstones in the Council's cemeteries, ensuring that the Consumer Protection Service is equipped to deal with the increasing challenges facing the service from the Office of Fair Trading, the Local Better Regulation Office and expected legislative changes, and the continual improvement of performance against the Registration Service Good Practice Guide and the development of the present use of the Civic Suite for Registration ceremonies.
- Evaluation of Supporting People funding of short term services to determine level of long term need.
- Health and Partnerships have contributed significantly to the development of the CPA Direction of Travel work corporately, in order to provide the Audit Commission with up-to-date information and analysis.
- Bereavement Services has been awarded the Charter for the Bereaved quality mark.
- Vulnerable Adults Task Force (VATF) received a partnership award from the Halton Strategic Partnership for work in helping older people maintain their independence through support and preventative services in the community.
- The Directorate monitors and reports to the Senior Management Team on comments, compliments and complaints received. They provide essential information to help shape and develop services, and complements the wide range of consultation exercises that the Directorate undertakes (including postal and telephone surveys, open forums, consultation days, participation in service developments and representation of users and carers on strategic boards). In addition to the consultation exercises undertaken, the Directorate also regularly undertakes Service User satisfaction and outcomes surveys, which help inform future delivery of services.

3.3 Efficiency Improvements

Summary of planned efficiency improvements during 2007/8, taken from the mid year review of Gershon Savings (Nov'07): - **(Subject to Review)**

- Posts - £162,000 cashable. Estimated savings through the reduced use of agency staff, deletion of managerial and other posts.
- Direct Payments - £8,000 non cashable. Estimated savings via improved working practices and take up of service
- Advertising Costs - £20,000 cashable. Estimated savings via joint adverts for posts and other methods of advertising e.g. Halton Website
- Consumer Protection - £8,000 cashable. Estimated savings via staffing changes
- Supporting People - £250,000 cashable. Estimated savings via the ongoing project to reconfigure supported living services for Adults with Learning Disabilities.

Summary of planned efficiencies in 2008/9 :-

- Engagement in the national CSED process will improve front-end service access thus reducing assessments for care. This and a number of other CSED initiatives will be pursued.
- Implementation of electronic assessment services that enable individuals to assess themselves and access the services they are sign posted to.

3.4 National, Regional & Sub-regional Focus

- To contribute appropriately to the delivery of the Trading Standards North West Strategic Assessment which sets out the priorities for prevention, intelligence, enforcement and service improvement for Trading Standards Service co-ordination throughout the North West.
- To participate in the North West Registration Managers forum with a view to sharing good practice on service development and modernisation, including partnership working, as appropriate.
- To meet the challenges of the Gershon Review: identify ways of using existing resources more efficiently to produce cashable and none cashable efficiency savings.
- The division will have an important role to play in supporting operational staff in meeting the objectives of E Government through training plans and IT support and provision.
- The Regional Housing Strategy priorities focus on low demand and affordability issues. Halton's housing markets do not exhibit these problems to the same degree as some other areas in the North West, although the problem of affordability is rising to the fore, and this is impacting upon the level of resources allocated for investment in Halton.
- A Liverpool City Region Housing Strategy has been developed which identifies areas of low demand in the sub region that are in need of additional resources, and seeks to put in place plans to improve the "housing offer" to ensure economic growth is not held back.
- The Department is making significant contributions to the Care Services Efficiency Delivery (CSED) programme, whose work is to support Council's to develop sustainable efficiency improvements in adult social care. The programme has increased in significance due to the outcome of the Comprehensive Spending Review 2007.

3.5 Equality & Diversity

Halton Council is committed to ensuring equality of opportunity and combating discrimination and victimisation within all aspects of its service delivery, policy development and as an employer. This commitment is reflected in a range of policies, strategies and framework documents that underpin the work of the Council in its day-to-day operation and in the services it delivers.

The Council fully supports the broad principles of social justice and will oppose any form of discrimination and oppression. Council policy will apply to all of those who come into contact with it, i.e. those who presently use directly provided services or services provided on the Council's behalf; potential users of services; other agencies and professionals; employees and job applicants; and the general public. In doing so the Council want to build a sustainable and cohesive Halton. A place where people believe they belong, have opportunity, and the ability to help shape the place where they live.

There is a statutory duty to carry out an Equality Assessment of all services, including all contracted services and partnership arrangements and to publish the results of the self-assessment. This is accomplished through a process of Impact/Needs Assessments conducted every in a formal process using the Halton EIA template. The results of these are then collated into Directorate and Corporate Equalities Action Plans.

The Directorate commissioned a Black and Minority Ethnic Community Research Study in 2007 to determine the current and potential needs of Halton's Black and Minority Ethnic community. The results highlighted that there was a barrier to the taking-up of services as there was a lack of awareness about what was available and who to contact for information. The report also found that the BME community in Halton was less inclined or less well educated to defining their ethnic origin.

As a result of this research, work is currently underway to improve access and signpost members of the BME communities to support services that: -

- Advise re: housing options
- Establish the skills to maintain appropriate permanent housing
- Enable service users to remain in their own homes, and avoid eviction and homelessness
- Access other services including health, social care, education, training and leisure services.
- Help to ensure the more vulnerable amongst the Minority and Hard to Reach Communities can live independently
- Ensure there is fair access to all the Supporting People services in the borough.
- Help prevent minority communities from feeling socially excluded

3.6 Unforeseen Developments

Text will be developed and inserted by Corporate Performance Management Team.

4.0 RESOURCES

4.1 Budget Summary and Service Costs

To be inserted

4.2 Human Resource Requirements

Year	Planning & Commissioning	Finance	Business Support	Consumer Protection
2008/09	TBC	TBC	TBC	TBC
2009/10	TBC	TBC	TBC	TBC

To be inserted

- Within Bereavement Services future staffing requirements are expected to remain fairly static
- The national review of the Registration Service is not likely to impact upon staffing numbers during the life of this plan.
- For more detailed information about any future staffing requirements detailed above, please refer to the appropriate Directorate Workforce Plan

4.3 ICT Requirements

A number of high priority areas relating to IT have been identified through the IT Capital bid for 2008/9. The capital bid made, makes the assumption that Corporate IT maintain the network that the Directorate's software runs on and that they make appropriate finances available to replace it and that Corporate IT replace hardware that fails within the Directorate.

High priority areas identified within the bid include: -

- Carefirst 6 & Business Objects support costs
- Licences for use of Internet
- RSA token running costs
- Liquid logic SAP Easy care
- Electronic Monitoring of Care System
- Digital pen pilot for use with Easy Care
- Soft box software, support and training

Consumer Protection

- The Consumer Protection Division is not equipped to deliver the e-government agenda without the help and support (both in terms of expertise and on occasion, finance) from ICT Services.

- Bereavement Services propose to introduce a system of document imaging for record purposes.
- A web-based system for birth and death registration and the giving of marriage notices etc. will be extended during the period covered by this plan. However, the present General Register Office locally maintained RSS database would have to be maintained long after GRO support for this “Lotus Notes” based package ceases to be supported by GRO. Thus, consideration should be given to the transfer of this data to a standard, proprietary Microsoft database.

4.4 Accommodation and Property Requirements

An Accommodation Strategy has been prepared for the Health and Community Directorate. It is the intention that during 2008/9 all Runcorn based staff will relocate to Runcorn Town Hall. This will ensure increased co-location, efficient communication and effective working practices. The Health and Partnerships Department of the Directorate will work in conjunction with Property Services to ensure the smooth transfer of all staff to their new locations

5.0 SERVICE PERFORMANCE

Text will be developed and inserted by Corporate Performance Management Team.

5.1 Service Objectives

Corporate Priority:	Halton's Urban Renewal Corporate Effectiveness & Efficient Service Delivery
Key Area (s) Of Focus:	<p>AOF 11 Maintaining levels of affordable housing provision within Halton that provides for quality and choice and meets the needs and aspirations of existing and potential residents.</p> <p>AOF 31 Working with partners and the community, to ensure that our priorities, objectives, and targets are evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and to narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p> <p>AOF 35 Implementing and further developing procurement arrangements that will reduce the cost to the Council of acquiring its goods and services.</p> <p>AOF 39 Ensuring that human resources are managed and deployed to their best effect and improving the relevance, availability and use of HR information</p>

Service Objective:	HP 1 - 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
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	Key Milestones	Responsible Officer
2008 - 09	<ul style="list-style-type: none"> Monitor and review Joint Commissioning Strategies to ensure priorities are still met Mar 2009. (AOF35) 	Joint Commissioning Managers
	<ul style="list-style-type: none"> Review contract management and monitoring arrangements across all service areas Mar 2009. (AOF35) 	Quality Assurance Manager
	<ul style="list-style-type: none"> Review Housing and Homelessness Strategies to ensure that action plan is implemented Mar 2009. (AOF11) 	Housing Strategy Manager
	<ul style="list-style-type: none"> Review Supporting People Strategy to ensure any change to grant allocation is reflected in priorities Jul 2008. (AOF11) 	DM (Planning & Commissioning)
	<ul style="list-style-type: none"> Update Training plan to ensure personal development plans link to organisational priorities Oct 2008. (AOF39) 	Service Planning Manager
	<ul style="list-style-type: none"> Commence procurement for new domiciliary care contracts with a view to new contracts being in place April 2008. (AOF35) 	Quality Assurance Manager
	<ul style="list-style-type: none"> Commence procurement for new residential care contracts with a view to new contracts being in place April 2008. (AOF35) 	Quality Assurance Manager
	<ul style="list-style-type: none"> Review and update the JSNA to ensure that the outcomes, with identified priorities are incorporated into the LAA May 2008. (AOF31) 	DM (Planning & Commissioning)
	<ul style="list-style-type: none"> Project team to be established to ensure implementation of the recommendations of the commissioning framework Mar 2009. (AOF35) 	DM (Planning & Commissioning)
2009 - 10	<ul style="list-style-type: none"> Review progress with delivery of JSNA and produce annual plan Jun 09 (AOF31) 	DM (Planning & Commissioning)
	<ul style="list-style-type: none"> Review and deliver SP/Contracts procurement targets for 2009/10 Mar 2010. (AOF35) 	Quality Assurance Manager

2010 -11	<ul style="list-style-type: none"> Work with Planning to introduce affordable housing policy with Local Development Framework Apr 2010. (AOF 11) 		Housing Strategy Manager	
	<ul style="list-style-type: none"> Monitor and Review all Planning and Commissioning milestones in line with three year planning cycle Jun 09 (AOF 31) 		DM (Planning & Commissioning)	
Risk Assessment	Initial	Score Missing	Linked Indicators	No indicators linked
	Residual	Score Missing		

Corporate Priority:	Corporate Effectiveness & Efficient Service Delivery
Key Area (s) Of Focus:	AOF 33 Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information. AOF 38 Exploiting the potential of ICT to meet the present and future business requirements of the Council, and ensure that customer access is improved by means of electronic service delivery.

Service Objective:	HP 2 - 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
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Key Milestones		Responsible Officer		
2008 - 09	<ul style="list-style-type: none"> Review and revise the performance monitoring framework according to changing service needs to ensure that any changing performance measure requirements are reflected in the framework and the performance monitoring cycle Sep 2008. (AOF33) 	DM (Business Services)		
	<ul style="list-style-type: none"> Review the Directorate IT strategy and business processes in conjunction with Corporate IT to ensure that systems available are accessible and deliver a quick and responsive service to those that need them Jun 2008. (AOF33) 	DM (Business Services)		
	<ul style="list-style-type: none"> Develop and implement an electronic solution to the Single Assessment Process (SAP) to ensure that data currently written in assessments can be effectively loaded into Carefirst, Health and other agency services information systems Jun 2008. (AOF38) 	DM (Business Services)		
	<ul style="list-style-type: none"> Review complaints procedures in light of national guidance to ensure a more consistent and holistic approach, leading to lessons learned being shared will colleagues across the sector Nov 2008. (AOF33) 	DM (Business Services)		
2009 - 10	<ul style="list-style-type: none"> Review and revise the performance monitoring framework according to changing service needs to ensure that any changing performance measure requirement are reflected in the framework and the performance monitoring cycle Sep 2009. (AOF33) 	DM (Business Services)		
2010 -11	<ul style="list-style-type: none"> Monitor and review all HP2 milestones in line with three year planning cycle Nov 2008. 	DM (Business Services)		
Risk Assessment	Initial	Score Missing	Linked Indicators	No indicators linked
	Residual	Score Missing		

Corporate Priority:	A Safer Halton Corporate Effectiveness & Efficient Service Delivery
Key Area (s) Of Focus:	AOF 27 Reducing the physical effects of anti-social and criminal behaviour AOF 30 Improving the social and physical well-being of those groups most at risk within the community AOF 31 Working with partners and the community, to ensure that our priorities, objectives, and targets are evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and to narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton. AOF 36 Ensuring that the Council's land and property portfolio is managed efficiently

Service Objective:	HP 3 - 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
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	Key Milestones	Responsible Officer
2008 - 09	<ul style="list-style-type: none"> Develop a project plan to deliver longer-term cemetery provision, based on member decision, and commence delivery in accordance with project plan timeframes, to ensure the continued availability of new grave space to meet the needs of the Community in 2015 and beyond Jun 2008. (AOF36) 	DM (Consumer Protection)
	<ul style="list-style-type: none"> Produce an initial Consumer Protection Strategic Assessment, in line with the National Intelligence Model, to support intelligence-led Trading Standards service delivery during 2009/10. Dec 2008. (AOF27 & 30) 	DM (Consumer Protection)
	<ul style="list-style-type: none"> Benchmark performance against national standards with relevant benchmarking group to inform improvement plan aimed at supporting continual service improvement Sep 2008. (AOF31) 	DM (Consumer Protection)
2009 - 10	<ul style="list-style-type: none"> Continue to deliver longer-term cemetery provision project plan in accordance with project plan timeframes, to ensure the continued availability of new grave space to meet the needs of the Community in 2015 and beyond Mar 2010. (AOF36) 	DM (Consumer Protection)
	<ul style="list-style-type: none"> Develop and implement an in-service tasking and co-ordination approach to consumer protection work planning / resource allocation, to enhance intelligence-led Trading Standards service delivery during 2010/11 Dec 2009. (AOF27 & 30) 	DM (Consumer Protection)
	<ul style="list-style-type: none"> Review Registration Service provision in the light of legislative changes and best practice examples and consider service amendments / partnership working as appropriate, aimed at furthering service improvement and maximising efficiency in service delivery Dec 2009. (AOF31) 	DM (Consumer Protection)
2010 -11	<ul style="list-style-type: none"> Pursue the Green Flag standard for both Runcorn and Widnes cemeteries to enhance the Council's reputation for sensitive quality management of the local environment Mar 2011. (AOF36) 	DM (Consumer Protection)
	<ul style="list-style-type: none"> Invite Peer Review of the Consumer Protection Service, aimed at furthering service improvement and maximising efficiency in service delivery Sep 2010. (AOF27 & 30) 	DM (Consumer Protection)

	<ul style="list-style-type: none"> Further explore and if feasible implement Registration Service amendments/partnership working identified in previous year's service provision review, to improve service delivery/maximise efficiency Mar 2011. (AOF31) 		DM (Consumer Protection)
Risk Assessment	Initial	Low	Linked Indicators No indicators linked
	Residual	Low	

Corporate Priority:	Corporate Effectiveness & Efficient Service Delivery
Key Area (s) Of Focus:	AOF 34 Attracting and managing financial resources effectively and maintaining transparency, financial probity and prudence and accountability to our stakeholders

Service Objective:	HP 4 - 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.
---------------------------	---

Key Milestones		Responsible Officer		
2008 - 09	<ul style="list-style-type: none"> Monitor, on a quarterly basis, the financial strategy to ensure that changing service requirements are being met by allocated funding March 2009 (AOF34) 	DM (Finance & Support)		
	<ul style="list-style-type: none"> Review the usage of Direct Payments against performance target strategy to ensure that targets on uptake are being met March 2009 (AOF34) 	DM (Finance & Support)		
	<ul style="list-style-type: none"> Assess, on a quarterly basis, the impact of the Fairer Charging Policy strategy to ensure that the charging policy is fair and operates consistently with the overall social care objectives Dec 2009 (AOF34) 	DM (Finance & Support)		
2009 - 10	<ul style="list-style-type: none"> Assess, on a quarterly basis, the impact of the Fairer Charging Policy strategy to ensure that the charging policy is fair and operates consistently with the overall social care objectives Dec 2009 (AOF34) 	DM (Finance & Support)		
	<ul style="list-style-type: none"> Monitor and review all HP4 service milestones in line with three-year planning cycle. March 2010 (AOF34) 	DM (Finance & Support)		
2010 -11	<ul style="list-style-type: none"> Monitor and review all HP4 milestones in line with three year planning cycle. March 2011 (AOF 34) 	DM (Finance & Support)		
Risk Assessment	Initial	Score Missing	Linked Indicators	No indicators linked
	Residual	Score Missing		

5.2 Performance Indicators and Targets (Statutory & Local Indicators):

Indicators and targets still to be confirmed following outcome of new performance framework consultation exercise and the publication of CSCI's guidance in February 2008.

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
Corporate Health											
There are presently no indicators of this type identified for the service											
Cost & Efficiency											
HP LI	% of SSD directly employed posts vacant on 30 September	CP6 AOF39	11.78	N/A	N/A	N/A	9.5	TBC	8	8	TBC
<u>HP LI</u>	% of SSD gross current expenditure on staffing (Adult Social Care) which was spent on training the Council's directly employed staff during the financial year	CP6 AOF39	3.1	N/A	N/A	N/A	3.5	TBC	3.5	3.5	TBC
HP LI	% of HR Development Strategy Grant spent on Council staff	CP6 AOF39	73	N/A	N/A	N/A	73	TBC	TBC	TBC	TBC
Fair Access											
HP LI	No. of initiatives undertaken to raise the profile of the Service in the 5 most deprived wards	CP6 AOF31	13	N/A	N/A	N/A	4	TBC	5	6	7
Quality											
<u>NI 127</u>	Self reported experience of Social Care Users	CP6 AOF32	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
<u>NI 182</u>	Satisfaction of Businesses with Local Authority Regulation Services	CP6 AOF31	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
<u>NI 183</u>	Impact of LA Regulatory Services on the Fair Trading Environment	CP6 AOF31	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
<u>HP LI</u>	No. of assessed social work practice learning days per whole	CP6 AOF39	31.5	20.5	14.7	11.4	25	TBC	25	25	25

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

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
	time equivalent social worker										
HP LI	Percentage of consumer service users satisfied with the Trading Standards Service, when last surveyed	CP6 AOF31	91	89.58	86.28	83.90	89	TBC	90	91	92
HP LI	Percentage of Bereavement Service users who rated the staff courteousness / helpfulness as reasonable / good / excellent when last surveyed	CP6 AOF39	100	N/A	N/A	N/A	92	TBC	96	97	97
HP LI	Percentage of general Registration Service users who rated the staff's helpfulness / efficiency as excellent or good, when last surveyed.	CP6 AOF39	100	N/A	N/A	N/A	92	TBC	96	97	98
Service Delivery											
HP LI	Score against a checklist of enforcement best practice for Trading Standards	CP6 AOF31	100	TBC	TBC	TBC	100	TBC	100	100	100
HP LI	Number of private sector dwellings returned into occupation or demolished as a direct result of action by the local authority.	CP2 AOF11	2	TBC	TBC	TBC	2	TBC	2	2	TBC
HP LI	The average length of stay in B&B accommodation of homeless households that are unintentionally homeless and in priority need (weeks)	CP2 AOF11	5.33	TBC	TBC	TBC	1.6	TBC	1.55	1.5	TBC
HP LI	The average length of stay in hostel accommodation of homeless households that are unintentionally homeless and in priority need	CP2 AOF11	0	TBC	TBC	TBC	0	TBC	0	0	TBC

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
HP LI	Number of Rough Sleepers	CP2 AOF11	0				0	TBC	0	0	TBC
HP LI	The % change in the average number of families placed in temporary accommodation	CP2 AOF11	18.75	TBC	TBC	TBC	-15	TBC	-5	-5	TBC
HP LI	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough).	CP2 AOF11	0.42	TBC	TBC	TBC	1.42	TBC	1.6	1.79	TBC
HP LI	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years	CP2 AOF11	1.24	TBC	TBC	TBC	1.2	TBC	1.2	1.2	TBC
HP LI	Has there been a reduction in cases accepted as homeless due to domestic violence that had previously been re-housed in the last 2 years by that LA as a result of domestic violence (BVPI 225, part 8)	CP2 AOF11	Yes	N/A	N/A	N/A	Yes	TBC	Yes	Yes	TBC
NI 156	Number of households living in Temporary Accommodation	CP2 AOF11	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
NI130	Social Care Clients receiving self directed support (DP's/Individual Budgets)	CP6 AOF34	189	TBC	TBC	TBC	193	TBC	197	205	TBC
HP LI	Percentage of SSD directly employed staff that left during the year.	CP6 AOF39	7.69	N/A	N/A	N/A	8	TBC	8	8	TBC

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
HP LI	Percentage of Social Services working days/shifts lost to sickness absence during the financial year.	CP6 AOF39	9.21	N/A	N/A	N/A	8	TBC	8	8	TBC
HP LI	The percentage of undisputed invoices, which were paid in 30 days	CP6 AOF34	96	TBC	TBC	TBC	96	TBC	97	97	TBC

5.3 Risk Management

Text will be developed and inserted by Corporate Performance Management Team.

5.4 Equality, Diversity & Community Cohesion

Text will be developed and inserted by Corporate Performance Management Team.

The Health & Community Directorate continues to carry out Equality Impact Assessments (EIAs) on all new/revised policies, procedures and strategies within the Directorate to ensure they eliminate unlawful discrimination and promote equality of opportunity and good relations between racial groups. Where specific actions are identified these are incorporated into an overall annual Directorate Equalities Action Plan and the Directorate Equal Opportunities Working Group monitors progress towards completion of these actions.

Those actions yet to be completed that are considered to be high priority are detailed in Appendix 2

Please note that these actions apply to all three adult social care services (Adults of Working Age, Older People's Services and Health & Partnerships), and are detailed in each of the three plans.

5.5 Local Area Agreement Targets

No LAA Targets are applicable to this service – **Subject to Review**

5.6 National Floor Targets – **Subject to Review**

The following targets are relevant to this service: -

Housing Strategy

Ref	Description	Government Targets
TBC		

Consumer Protection

Ref	Description/
BERR DSO NI182/ 183	Ensure all departments and agencies deliver better regulation for the private, public and third sectors

6.0 PERFORMANCE REPORTING

Text will be developed and inserted by Corporate Performance Management Team.

7.0 STATUTORY & NON-STATUTORY PLANS

The following plans and strategy documents are relevant to this service plan:

- The Council's Corporate Plan 2006-11
- Halton's Community Strategy
- Comprehensive Performance Assessment
- Halton 's Best Value Performance Plan 2007/08
- Local Area Agreement
- Joint Strategy Needs Assessment
- Joint Commissioning Framework
- Mental Health Commissioning Strategy
- Adults with Learning Disabilities Commissioning Strategy
- Commissioning Strategy for Physically Disabled People
- Older People's Commissioning Strategy
- Carers Strategy
- Better Care, Higher Standards
- Valuing People Strategy for Learning Disabilities
- CSCI's Performance Framework
- Health & Community Budget Book
- Adults of Working Age, Older People and Culture and Leisure Services service plans in the Health and Community Directorate
- Age Related Sales Action Plan
- Three year Financial Strategy 2007/8 to 2009/10
- Supporting People Strategy
- Housing Strategy
- Private Sector Housing Strategy
- Homelessness Strategy
- Halton Local Delivery Plan (LDP)
- Halton BVPP 2006/07
- White Paper "Our Health, Our Care, Our Say"
- White Paper "Strong and Prosperous Communities"

Service Objectives - High Risks and Associated Mitigation Measures

CORPORATE PERFORMANCE MANAGEMENT TEAM WILL TRANSFER INFORMATION FROM EXCEL DATABASE

Equality Impact Assessments – High Priority Actions

Strategy/Policy/Service	Impact Assessment (High/Low/None)	Proposed Action(s)	Timetable			Officer Responsible
			2008/9	2009/10	2010/11	
TBC						

Halton Corporate Plan (2006 – 2011) – Council Priorities and Key Areas of Focus.

A Healthy Halton

1	Improving the future health prospects of Halton residents, particularly children, through the encouragement of an improved dietary intake and the availability of nutritionally balanced meals within schools and other Council establishments.
2	Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles.
3	Delivering programmes of education to improve the health of Halton residents.
4	Helping people to manage the effects of ill health, disability and disadvantage.
5	Actively managing the environmental factors that are detrimental to good health.
6	Providing services and facilities to maintain the independence and well-being of vulnerable people within our community.
7	Providing services and facilities to maintain existing good health and well-being.

Halton's Urban Renewal

8	Exploiting the benefits of inward investment opportunities by creating a physical environment that is both attractive and responsive to the needs of existing and potential business.
9	Maintaining and developing local transport networks that meet the needs of resident's, businesses and visitors to Halton.
10	Revitalising the economy by sustaining and developing an environment that compliments the core brand values of existing and potential investors.
11	Maintaining levels of affordable housing provision within Halton that provides for quality and choice and meets the needs and aspirations of existing and potential residents.
12	Providing opportunities for recreation and fostering conservation by developing attractive and accessible parks and open spaces.

Children & Young People in Halton

13	Improving the educational attainment of pupils in Halton, by providing effective teaching and school support
14	To improve outcomes for looked after children by increasing educational attainment, health, stability and support during transition to adulthood.
15	To deliver effective services to children and families by making best use of available resources
16	To provide transport facilities that meets the needs of children & young people in Halton accessing education and training.
17	Provide an effective transition for young people from school to employment, through opportunities for work related learning, and post 16 education, voluntary and community work.
18	To reduce the conception rate amongst women under 18 by providing awareness, education and relevant support
19	To ensure a safe environment for children where they are supported and protected from abuse and neglect

Employment, Learning & Skills in Halton

20	To increase self-confidence and social inclusion by providing opportunities to adults to engage in basic skills learning.
21	To improve access to employment by providing opportunities to enhance employability skills and knowledge
22	Working with employers to identify and secure opportunities for the unemployed.
23	To provide transport facilities that meets the needs of those people in Halton accessing employment and training.
24	To sustain current employment levels by providing practical and financial advice and assistance to those from disadvantaged groups
25	To increase employment opportunities and business start ups in Halton, by developing an enterprise culture

A Safer Halton

26	Actively encouraging socially responsible behaviour by engaging with Halton's young people and by providing opportunities for them to access and take part in affordable leisure time activities.
27	Reducing the physical effects of anti-social and criminal behaviour
28	Providing and maintaining a highways and footpath network that is safe, accessible, and meets the needs and expectations of those living, working or visiting in Halton.
29	Improving the quality of community life by enhancing the visual amenity of Halton's neighbourhoods.
30	Improving the social and physical well-being of those groups most at risk within the community

Corporate Effectiveness & Efficient Service Delivery

31	Working with partners and the community, to ensure that our priorities, objectives, and targets are evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and to narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.
32	Building on our customer focus by improving communication, involving more service users in the design and delivery of services, and ensuring equality of access.
33	Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information.
34	Attracting and managing financial resources effectively and maintaining transparency, financial probity and prudence and accountability to our stakeholders
35	Implementing and further developing procurement arrangements that will reduce the cost to the Council of acquiring its goods and services.
36	Ensuring that the Council's land and property portfolio is managed efficiently
37	Ensuring that Council buildings are safe and accessible, meet the needs of service users and the organisation, and comply with legislative requirements
38	Exploiting the potential of ICT to meet the present and future business requirements of the Council, and ensure that customer access is improved by means of electronic service delivery.
39	Ensuring that human resources are managed and deployed to their best effect and improving the relevance, availability and use of HR information
40	Ensuring that the Council has the right people with the right skills and who are informed and motivated and provided with opportunities for personal development and engagement.

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 15 January 2008

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: Presentation on the Strategic Progress of the Council's Corporate Plan

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.0 To receive a presentation on the strategic progress of implementing the Council's Corporate Plan (2006-11)

2.0 RECOMMENDATION: That

(1) the presentation be received;

(2) the Board questions/comments on performance to date towards achieving the strategic objectives of the Council and its key partners;

(3) the Board provide a view on how members would wish to be involved in developing the new Local Area Agreement; and

(4) in the light of proposed new duties in the Local Government Bill the Board consider its relationship to the Halton Strategic Partnership.

3.0 SUPPORTING INFORMATION

3.1 The overall policy direction for the Borough is captured in the Corporate Plan and Community Strategy. These were adopted by Council in May 2006 and have a timeframe of five years. The Corporate Plan sets out the Council contribution towards achieving social, economic and environmental well being for the people of Halton. It sets out the Council's priorities, 40 key areas of focus and 70 indicators through which strategic progress can be monitored. Attached is a data annex showing progress to date. Key issues will be drawn out in the presentation.

3.2 Since the plan was adopted, the Council has also set in place a Local Area Agreement (LAA). This is an agreement with Central Government that spells out the priorities and targets for local well being, based on outcomes which reflect local and national priorities. It is an important part of the delivery chain for the Community Strategy and Corporate Plan. Arising out of the new Local Government Act all local authorities

are required to develop with their partners a new Local Area Agreement for next year. The new LAAs will be part of a whole performance system for local government. It includes LAAs, a new Comprehensive Area Assessment (CAA) to replace Comprehensive Performance Assessment (CPA) as well as sweeping away most existing performance indicators and reporting systems and replacing them with a new, single set of performance indicators. It is vital that members play a key part in developing the new Agreement which will need to be agreed with Government by June 2008.

- 3.3 A part of the changes that will be wrought by the new local Government Bill is the need for any Council to develop new relationships with partners and partnerships in its area. Local authorities are expected to take a leading role on LSPs with involvement of Members on both LSPs and thematic partnerships. In advance of this Halton has already taken steps to increase representation of members from the Executive and PPBs on the Halton Strategic Partnership Board and the Specialist Strategic Partnerships. Council's must prepare a LAA as the delivery plan for the community strategy and partners (named in the Bill) will have a duty to cooperate. The Council's overview and scrutiny role will be extended to cover the partners with a duty to cooperate in the delivery of the LAA. Hence the nature of relationships between members and the LSP in Halton becomes of ever increasing significance.

4.0 POLICY IMPLICATIONS

- 4.1 The Corporate Plan is the key overarching framework document for planning how the Council will make its contribution to improving life in the borough. It sets the context within which all the Council's decisions should be made. From it flows the service plans and budget decisions, which shape how the Council commissions and delivers its services. Hence, the Corporate Plan is the primary enabling policy for all that the Council does

5.0 OTHER IMPLICATIONS

- 5.1 The Plan has four key components: a long-term vision for the area focusing on the outcomes that are to be achieved; contributions that identify shorter-term priorities and activities that will contribute to the achievement of long-term outcomes; a commitment to implement service plans; and, arrangements for monitoring the implementation of the Plan and its review. The Plan forms the key basis for the Council's performance management arrangements and for reporting progress to local communities.

6.0 RISK ANALYSIS

- 6.1 The Plan aims to focus attention and resources on critical areas, provide more robust action plans and better-informed decision-making. It should also foster a culture that ensures the commitment and resources of the

Council to produce positive outcomes. Therefore, it is important to regularly assess progress and use the results of monitoring to inform risk analysis.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 The Corporate Plan is the key overarching framework document for planning the future of the borough. As such, it is important that it gives a lead on the values of the borough. Chief amongst these is a commitment to equality and diversity.

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.

AN UPDATE - SERVICE PLAN LINKS TO CORPORATE PLAN, 2006/7

1. Introduction

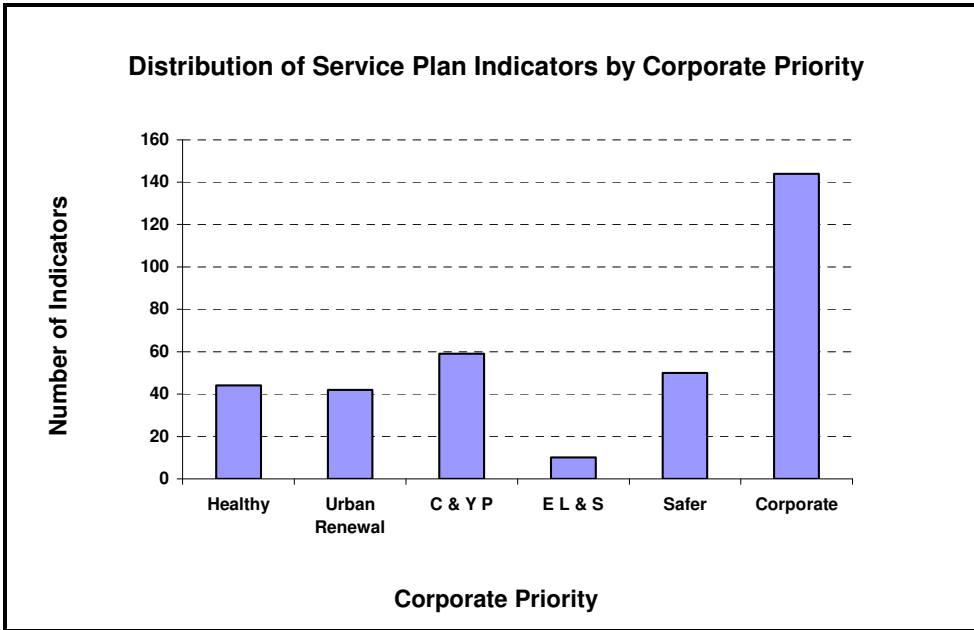
This report provides a brief and high-level analysis of the links between the 2006/7 service plans and the Corporate Plan and the success of achieving service plan objectives and performance indicator targets. Observations are offered where appropriate.

2. Service Plan Objectives

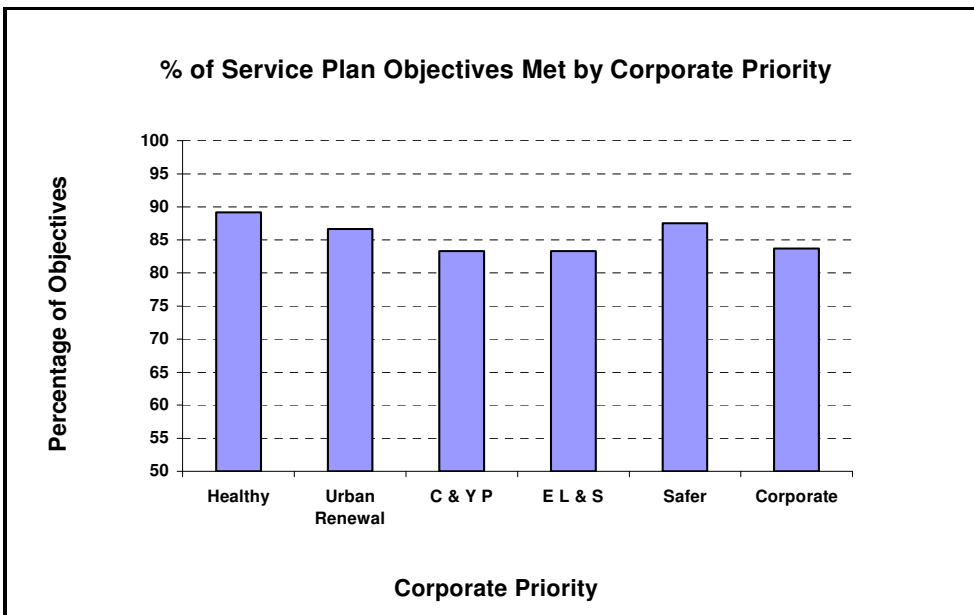
The table below shows the distribution of service plan objectives in relation to the corporate priorities, together with an indication of success sourced from the traffic light judgement contained within the quarter 4 monitoring reports. (NB An objective can be linked to more than one corporate priority).

Priority	Total	Green	Red	% Green	% Red
Healthy	37	33	4	89.19	10.81
Urban Renewal	30	26	4	86.67	13.33
C & Y P	30	25	5	83.33	16.67
E L & S	6	5	1	83.33	16.67
Safer	8	7	1	87.50	12.50
Corporate	92	77	15	83.70	16.30
Total	203	173	30	85.22	14.78

The graph below displays the distribution of service plan objectives in relation to the corporate priorities,



The graph below displays the % of service plan objectives achieved in relation to the corporate objectives,



At this point the following observations can be made,

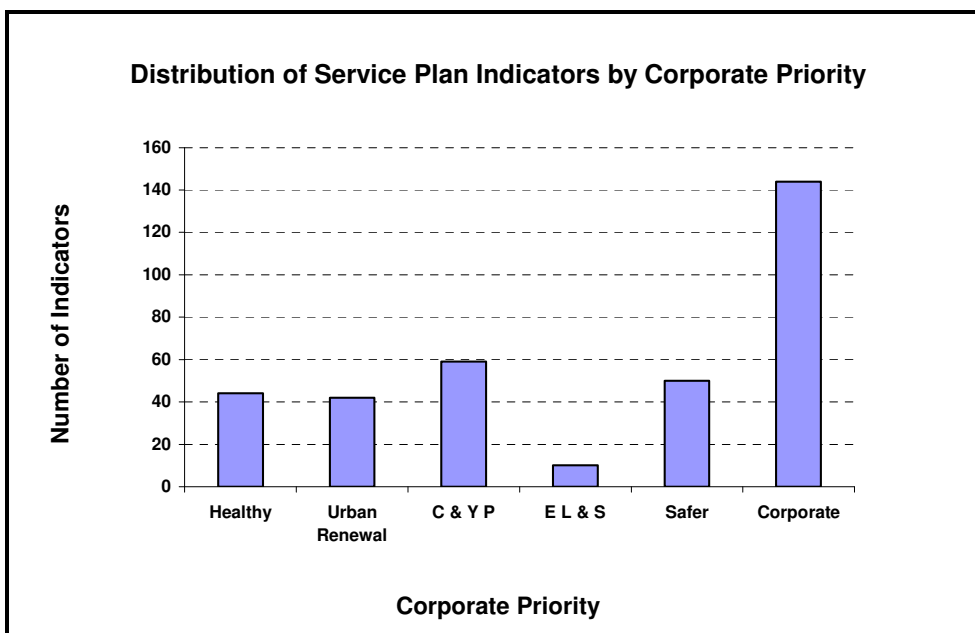
- There is a significant variance in the distribution of service plan objectives in respect of the corporate priorities, ranging from 92 for Corporate Effectiveness and Business Efficiency to only 6 for Employment Learning & Skills and 8 for a Safer Halton.
- There is a consistent success rate for the achievement of objectives, with an average of 85% and a standard deviation of only 2.5.

3. Service Plan Performance Indicators

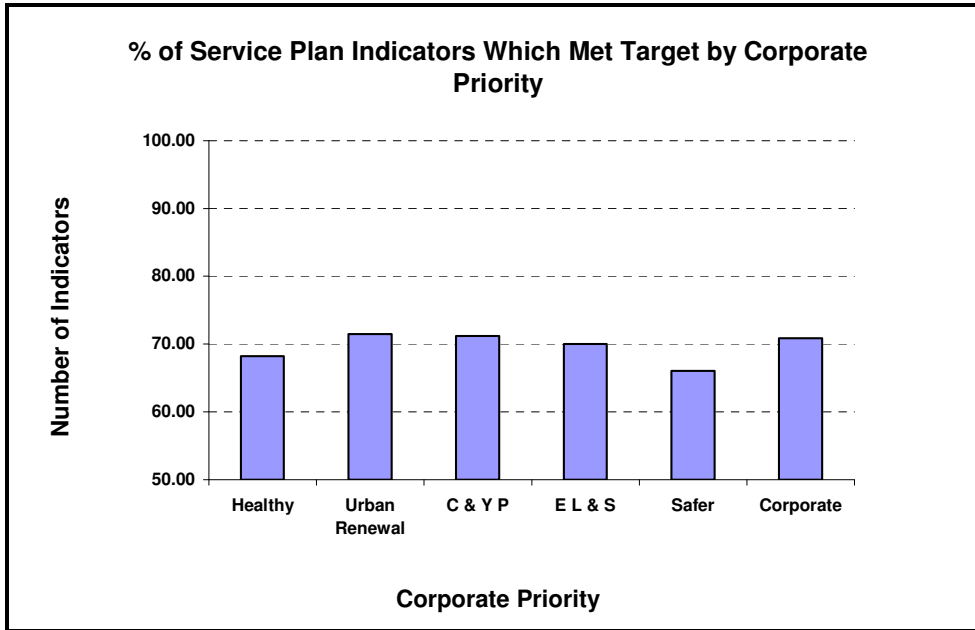
The table below shows the distribution of service plan performance indicators in relation to the corporate priorities, together with indication of success sourced from the traffic light judgement contained within the quarter 4 monitoring reports. (NB An indicator is only linked to one corporate priority).

CP	Total	Green	Red	% Green	% Red
Healthy	44	30	14	68.18	31.82
Urban Renewal	42	30	12	71.43	28.57
C & Y P	59	42	17	71.19	28.81
E L & S	10	7	3	70.00	30.00
Safer	50	33	17	66.00	34.00
Corporate	144	102	42	70.83	29.17
Total	349	244	105	69.91	30.09

The graph below displays the distribution of service plan performance indicators in relation to the corporate priorities,



The graph below displays the % of service plan performance indicator targets achieved in relation to the corporate objectives,



At this point the following observations can be made,

- There is a significant variance in the distribution of service plan performance indicators in respect of the corporate priorities, ranging from 144 for Corporate Effectiveness and Business Efficiency to only 10 for Employment Learning & Skills.
- There is a consistent success rate for the achievement of indicator targets, with an average of 70% and a standard deviation of only 2.1.

NB For reference alternative graphs can be found in the Appendix.

4. Conclusion/Discussion

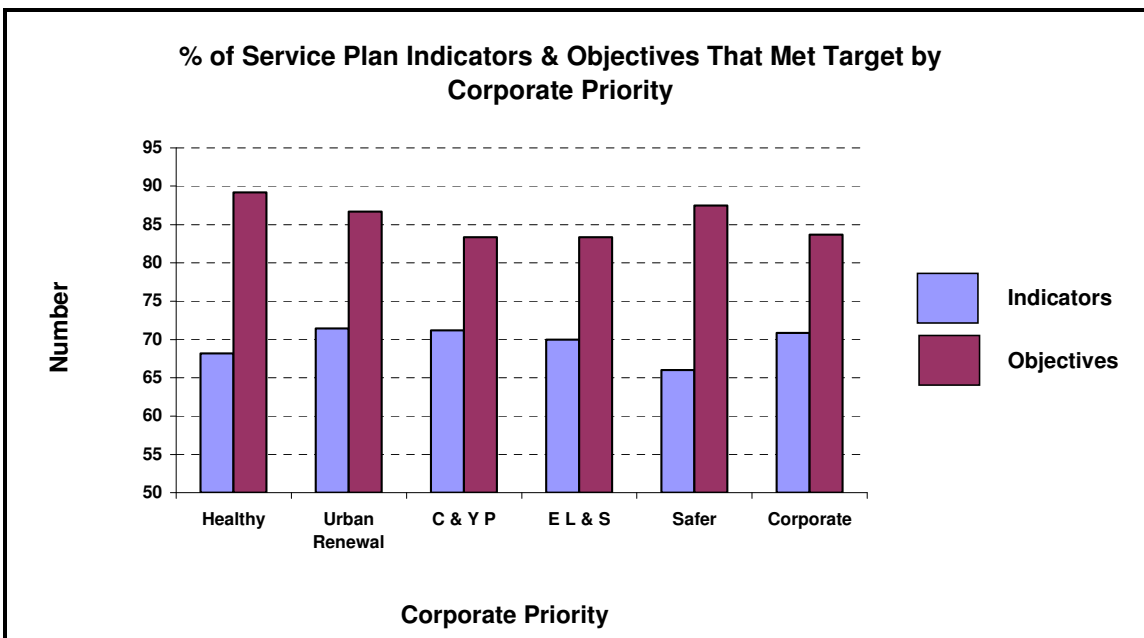
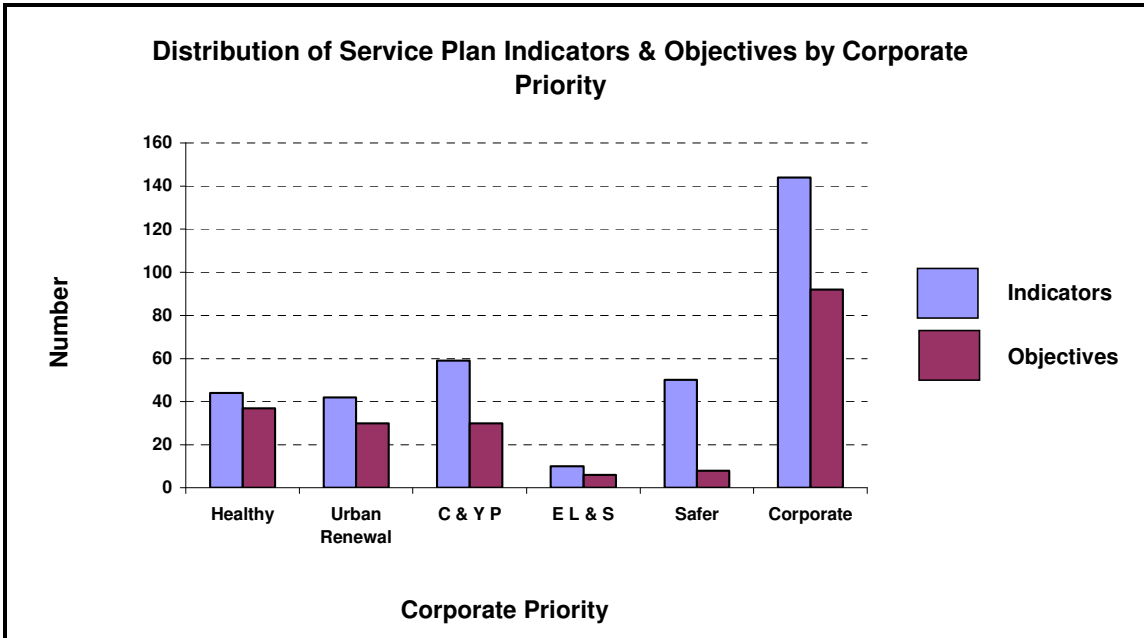
4.1 Based on the relative success rates, objectives (85%) have been “easier” to achieve than have indicator targets (70%). Many factors influence this, particularly the processes adopted in the setting of targets, for example the ambition/stretch and external influences (e.g. benchmarking/quartiles). However, it may be that if progress is slow towards a corporate objective (as measured by high level indicators in the Corporate plan) that the messages provided by service plan performance indicators are more useful in understanding the success or otherwise, of service and corporate plans.

4.2 The Corporate Plan could be better served by a more even distribution of service plan objectives and performance indicators (particularly objectives), in relation to corporate priorities. This is highlighted by Safer Halton and Employment Learning and Skills, each being linked to only 3 to 4% of service plan objectives. To emphasise, an even distribution of objectives, given the current total number, would see an increase to 34 rather than the 6 or 8 at present.

4.3 Success, as measured by the service plan objectives and performance indicators, is consistent across the range of corporate priorities.

4.4 The predominance of service plan links to the Corporate Effectiveness and Business Efficiency priority (45% of objectives and 41% of indicators) is to an extent understandable. However, it may indicate that almost half the Councils effort (as expressed by the service plans) is inwardly focussed towards the “sixth” corporate priority, rather than on the five priorities that seek to “make a difference” in the community at large.

Appendix



'Halton Mid Term
Local Area Agreement
Performance Review'
April 2007 – September 2007

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1. Introduction

A six monthly review of Halton's performance in relation to the targets identified in Halton's Local Area Agreement has recently been undertaken.

The process involved each of Halton's five thematic partnerships conducting a Trajectory Review and a Risk Assessment, for each of the targets in its 'block' of the Local Area Agreement.

Halton's five 'blocks' are Healthier Communities & Older People, Urban Renewal, Children & Young People, Employment Learning & Skills and Safer & Stronger Communities.

This document provides a summary of the Trajectory Reviews and Risk Assessments produced by each of the thematic partnerships, together with a copy of an updated Local Area Agreement Outcomes Performance Table.

Using the most recent data available and combining this with other sources of information, each outcome has been given a rating of either Green, Amber or Red. This rating indicates whether based on current performance, the target is likely to be achieved or not.

Where no new data is available the target has been given no rating. This is because data for a number of targets is only collected every 12 months or more. These targets will be reported on at the end of the 12 month period, in Halton Strategic Partnership's annual performance review.

As of September 2007 the assessment rating of all 96 individual targets is:

Green = 49

Amber = 9

Red = 13

No Rating = 25 (no new data available)

A copy of Halton's Local Area Agreement can be downloaded from:

<http://www.haltonpartnership.net/site/>

2. Healthier Communities & Older People Block

Key Targets

Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth.

Substantially reduce mortality rates by 2010:

- from heart disease and stroke and related diseases by at least 40% in people in under 75, with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.
- from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole.
- reducing adult smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less.
- reducing the under-18 conception rate by 50% by 2010 as part of a broader strategy to improve sexual health. (*Joint with the Department for Education and Skills*).

Current Position

Female Life Expectancy:

Target: Gap of 2.42 years in 2009-11.

Progress: Gap of 2.8 years in 2003-05

Rating: **Amber** –The gap between female life expectancy in Halton and the national average has increased since 2002-04 and as of 2003-05 is 2.8 years

Male Life Expectancy:

Target: Gap of 2.26 years in 2009-11.

Progress: Gap of 2.4 years in 2003-05

Rating: **Green** –The gap between male life expectancy in Halton and the national average has decreased since 2002-04 and as of 2003-05 is 2.4 years.

CHD, Stroke and Related Diseases:

Target: 149.4 deaths per 100,000 population under 75 in 2005-07; 109.3 deaths per 100,000 population under 75 in 2009-11.

Progress: 111.9 deaths per 100,000 population under 75 in 2003-05.

Rating: **Green** – The number of deaths attributable to CHD, Stroke and related diseases has fallen since 2002-04 and as of 2003-05 is 111.9 per 100,000 population.

All Cancer:

Target: 146.6 deaths per 100,000 population under 75 in 2005-07; 137.6 deaths per 100,000 population under 75 in 2009-11.

Progress: 168 deaths per 100,000 population under 75 in 2003-05.

Rating: **Red** – There has been an increase of 14.6 deaths per 100,000 since the 2002- 04 figures.

Lung Cancer:

Target: 51.9 deaths per 100,000 population under 75 in 2005-07; 45.2 deaths per 100,000 population under 75 in 2009-11.

Progress: 44.3 deaths per 100,000 population under 75 in 2003-05

Rating: **Green** – there has been an increase in the number of deaths since the 2002- 04 figures were produced however we are still on course for meeting the reduction and gap narrowing targets for 2009-11. We do however need to be mindful that lung cancer rates nationally have decreased.

Death Rates:

Target: 813.2 deaths per 100,000 population for all ages in 2004-06; 754.5 deaths per 100,000 population for all ages in 2009-11.

Progress: 792.6 deaths per 100,000 population for all ages in 2003-05

Rating: **Green** – the fall in deaths since the baseline is on track to meet the 2009-11 target

Infant Mortality:

Target: Gap of 2.16 deaths per 1,000 live births in 2009-11.

Progress: Gap of 1.1 deaths per 1,000 live births in 2003-05.

Rating: **Green** – the figures are very volatile for Halton as there are so few infant deaths each year. The trend since 1995-97 has been positive, figures for 2002-04 showed an increase of 1 rise whilst

figures for 2003-05 showed a decrease on the previous figures of 0.6 deaths per 1,000 live births.

Smoking:

Target: Reduce adult smoking rates to under 22% with focus on the most deprived wards which have the highest smoking prevalence.

2007/8 data period: 33%
2008/9 data period: 32%
2009/10 data period: 31%

Progress: 2004 estimate: 34%

Rating: This target forms part of the LAA for Halton that came into force on 1st April 2007. No rating has yet been given to this target.

Teenage Pregnancy

Target: 40.0 conceptions per 1,000 women aged 15 – 17 in 2004; 21.2 conceptions per 1,000 women aged 15 – 17 in 2010.

Progress: 55.6 conceptions per 1,000 women aged 15 – 17 in 2005.

Rating: **Red** – Although the numbers in question are small there has been an increase of 11.8 since last year.

What have we done?

Halton Health Partnership has invested in a number of innovative projects aimed at improving health and well-being in Halton. The Partnership has also used mainstream resources wherever possible. Some examples are listed below:

Five A Day Workplace/ Community Food programme

The Health Partnership supports the Five A Day programme which delivers practical community based initiatives to tackle poor health and obesity and encourages the consumption of fruit and vegetables. This year the programme has developed a workplace element enabling the programme to work with at least 4 major employers in the Borough to promote the benefits of Five A Day and healthy eating.

Health and Community Care Forum/ Carers Forum

Both of these groups provide an opportunity for the voluntary and community sectors in Halton to discuss and influence issues relating to health services and social services.

Healthy Halton Week

Following on from the success of Healthy Halton Week 2006 the Health Partnership decided to hold a similar event in January 2007. This time a Healthy Halton Week magazine was produced with handy tips on how to lead a healthier lifestyle. The magazine also contained details of free exercise sessions to be held during the week, competitions and a free gym pass. The launch was held at the Heath Business and Technical Park in Runcorn and included presentations from local school children and Roger Black MBE who talked about his Olympic experience and launched the week itself.

A range of activities took place during the week across the borough including a Sports Hall Athletics event for local primary school children, cook and taste sessions at local supermarkets and community venues, health walks and exercise sessions at local leisure centres. The week received praise from the Public Health Minister, Caroline Flint, who said:

'Improving health and tackling health inequalities are two key linked priorities for the government. The health challenges that you face in Halton are among some of the most pressing in England. The partnership approach that you are taking is the one that will yield results, making healthier choices easier choices for local people and creating a healthier local community.'

'I know that Healthy Halton 2006 was a great success and I was disappointed to be unable to join you to hear first-hand about your work for this year. I wish you every success with Healthy Halton 2007.'

Diet and Exercise Intervention Programme

This project offers an exercise on prescription scheme and is designed for those who need to be more physically active which in turn can help to reduce levels of CHD, obesity, stroke etc. across the borough. This year the programme also includes a weight management course designed for those individuals that are severely overweight and/ or have a serious medical health condition.

Vulnerable Adults Task Force

The Partnership continued to support a local task force that was set up to prevent health problems experienced by vulnerable adults in the community. The Vulnerable Adults Task Force covers a number of projects which range from an empowerment network, a shopping service to a mobile pharmacy and falls prevention service.

Accessible Transport

The accessible transport service continues to enable Halton residents with disabilities including existing or recently acquired health issues, ranging from loss of vision or mobility difficulties, to access skills and support and enable independent living. This service provides excellent value for money, costing an average of £3.61 per passenger journey.

Advocacy

This service provides professional advocacy services through paid trained workers for a range of vulnerable groups.

Health and Physical Development Co-ordinator

This project allows for the appointment of a strategic Health and Physical Activity Officer to develop and coordinate community physical activity schemes for the sedentary population. The co-ordinator will respond to and investigate further the key recommendations of the Physical Activity Strategy. Key actions include: consulting with members of the local community and health professionals and developing community based physical activities and opportunities in Halton.

Information Outreach Service

Outreach has proven to be the most effective way of reaching older vulnerable people in the borough. Such sessions provide independent information and advice, enabling older people to improve their quality of life. The need for "Outreach" is increasing with the ageing population, high levels of ill health, caring responsibilities and poverty.

Reach for the Stars

Reach for the Stars has reached targets around:

- Health / well-being of older people
- Decreased social isolation
- Supporting people into social/educational opportunities with:
- Volunteer buddies
- Peer health mentors.

This service is incredibly successful. Referrals are taken from HBC, PCT the voluntary sector, families and individuals. The demand has exceeded expectations.

Sports Partnership

This project supports and develops the sporting voluntary sector. Projects include: Halton Sports Awards, Club Halton Accreditation Scheme, Sports Partnership Conference, Sports Resources Centres, Funding and Information clinics, Halton Sports Partnership website.

Healthy Living Programme

The Healthy Living Programme encourages and supports ways in which the people of Halton can address their health needs through positive experiences of healthy living. The project enables people to be actively involved in a number of activities, which range from physical, creative, food and nutrition and also allows them to energise, refocus and engage in complementary therapies.

What have we learned?

During 2006/7 the Health Partnership recognised the need to review it's membership to ensure it was still able to respond to the challenges it faces. A recent Away Day enabled the Partnership to review its priorities and in the light of this consider the most appropriate membership.

The Policy Areas outlined in the baseline report of Summer 2005 were still felt to be priorities for the Partnership but with an emphasis on communication, illness prevention and early detection and treatment of disease. It was also considered to be vitally important that we continue to engage with other SSPs in order to address the cross-cutting agenda and health inequalities. A greater focus on Performance Management is also required. Members also felt it was important to review the structure beneath the Health Partnership in order to support and deliver on priorities. In order to do this a new set of sub groups will be established.

What will we do?

The baseline assessment for health provides a clear focus for future policy development work. A summary of the key areas are:

- The need to reduce death rates from some of the major causes of death in Halton by reducing smoking levels, increasing exercise and physical activity, improving diet and improving the early detection and treatment of disease.
- Reducing health inequalities by addressing the wider determinants of health such as poverty, unemployment, education, housing and crime.
- “Building” healthy individuals from the earliest stages of life.
- Addressing the needs of older people, enabling them to lead longer, active and healthier lives.
- Increasing community participation and engagement in health issues at an appropriate level based on the health needs of individual communities.
- Challenging/ Changing the existing pattern of health related investment.
- Optimising organisational and partnership working arrangements to ensure effective delivery of public health and health improvement.

These priorities work together with LAA targets to provide the focus and direction for the Health Partnership over the next few years. The Health Partnership has also recognised the need and benefits of working across partnerships to achieve joint priorities and objectives. An example of this is working with the Children and Young People’s Partnership to improve breastfeeding and immunisation rates and reducing smoking in pregnancy. Alcohol harm reduction is another example of where cross-partnership working is required. In this respect a cross-agency Alcohol Sub Group has been established, Chaired by the Strategic Director of Health & Community (also a member of the Health Partnership). This group has also developed an Alcohol Harm Reduction Strategy for Halton. Other examples include the newly established Cancer collaborative that has taken a pro-active approach to the early detection and treatment of cancers.

What are our future prospects?

Since the last review early death rates from heart disease and stroke have decreased as have overall death rates. The early death rate from cancer however is now the highest in England. The rate has increased by 10% over the last year. Teenage pregnancy rates have also increased although actual numbers remain small.

The review of the Health Partnership including the supporting structures beneath it should enable a more focussed approach to addressing these priorities. The development and implementation of Halton's LAA should also provide the opportunity to improve joined up working to improve health at a local level.

Effective partnership working is, of course, key to achieving local targets. However, a number of factors will continue to challenge partner agencies. The most pressing of these include:

- Funding – All partner agencies continue to grapple with a range of funding issues. At present the Health Partnership Strategy and Action Plan is supported by the Neighbourhood Renewal Fund. If this fund ceases to exist many of the programmes currently funded will struggle to continue.
- Organisational/Structural change – Over the last twelve months the NHS has undergone major national and local reform. At a local level a new PCT for Halton and St. Helens has been established and new management structures put in place.
- Community Engagement in Health Issues- In addition to organisational and resource issues one of the major challenges that the Partnership faces is community engagement. Improving people's health is not just about providing people with information, although this is still important, but is also about removing barriers to healthier lifestyles and facilitating change within the most health deprived communities.

Reducing the health inequalities gap – This remains a significant challenge for the Health Partnership both in terms of reducing the inequalities that exist within the borough, but also in terms of reducing inequalities that exist between Halton and the rest of the country.

3. Urban Renewal Block

Key Targets:

Vitality: *By 2011 we aim to Increase prime rents on commercial property by 15%.*

Progress Traffic Light = **Amber** 

Anecdotal evidence together with the results of a recent commercial survey and general levels of commercial interest in Halton at the moment suggest that the Borough is in a growth situation, with rents steadily rising, and that the outlook is promising. This has been assisted by the public sector financial support given to the programme of building and renovation to date, which has drawn the private sector in.

In light of the above, it is imperative to keep momentum going. However, without additional financial input from the public sector to drive this forward, we will have to rely on private sector impetus, which could prove either unreliable or slower than is currently experienced.

Reclamation: *By 2011 we aim to bring 50ha of derelict land back into beneficial use.*

Progress Traffic Light = **Amber** 

Referencing baseline information, the current situation is as follows:

- St. Michael's Golf Course reclamation is still ongoing, due for completion in March 2008. However, this target is likely to be missed because of delays in piloting the scheme through the Defra and EA processes.
- Norton Priory High School and Leisure Centre (4.32ha) was completed between April 2005 and March 2006
- The Brindley site is due for completion by March, 2008.

In addition, progress has been achieved in the following areas:


- Venture Fields on the Widnes Waterfront EDZ, where 20 acres is now being developed for Priority, Langtree and 'The Wave' Leisure Developments. Completion for these sites is due Winter 2008/9.
- Heron Business Park – Phase 1 was completed in November 2006, providing 11 light industrial warehouse units (3,060m²), 7 of which are occupied to date; Phase 2 and Phase 3 are due for completion Winter 2008/09.

- Confirmation of NWDA funding is anticipated, imminently, for the Forward Group development on the Widnes Waterfront EDZ. Planning permission and ERDF funding has already been secured to develop 11 units of light industrial warehousing (3,060m²) with 3 modern office units, providing 1,535 m² of high quality office accommodation.
- The Norton Priory High School site at Castlefields has been developed and renamed the Phoenix Park, with children's play area, skatepark, climbing boulder and community facility on site – now a heavily used amenity which has proved a huge success, capturing 200,000 visitors in just the first 6 months.

Brownfield land being brought back into commercial use through reclamation now includes:

- The Widnes Waterfront EDZ
- The old ASDA site at Hale Bank, being re-developed for housing
- A new Homebase unit is being developed on the Daresbury Expressway
- The Canal Quarter development in Runcorn, giving 4 ha
- In addition, the 3MG site will deliver 50ha alone by 2012.

Housing: *By 2011 we aim to ensure the decency standard is met by all social housing.*


Progress Traffic Light = **Green** 

Halton Housing Trust has successfully taken over the local authority housing stock and huge achievements have been gained through the Castlefields developments, with partnership working incorporating a number of other registered social landlords.

In addition, the Landlord Accreditation scheme has been developed, facilitating a partnership between private sector landlords that will promote good practice and lead to self-policing.

However, there is more to be done and it is imperative that the regeneration of Windmill Hill and West Bank are not overlooked.

Housing: *By 2011 we aim to ensure 50% of all new housing is built on brownfield sites.*

Progress Traffic Light = **Amber** 

Most greenfield sites in the Borough are now exhausted, which leaves us with no option but to build on brownfield land.

This target has strong links with that of 'reclamation' and links to the developments on Castlefields, which have been significant. Private developments, including the apartment developments known as 'The Deck' in Runcorn and 'The Element' (also known as Liebig Court) in Widnes, along with riverside apartment developments still to come on the Widnes Waterfront EDZ and the Canal Quarter in Runcorn, will also positively impact on this target.

A significant housing development has been accomplished in Dukesfield, Runcorn, and renovations to the old Corner House and Grosvenor pubs in Victoria Square, Widnes, are nearing completion and will provide high quality, executive apartments – all achieved through private sector investment.

In addition, a major private sector development is taking place in Hale Bank on the old ASDA site, which was cleared when the new store development took place in Widnes centre. Sunningdale Park, as it is known, will consist of 187 mixed one and two bedroomed apartments, together with varying sized three bedroom houses, due for completion in 2009.

Premises: *By 2011 we aim to facilitate bringing to market at least 100,000m² of new and replacement commercial floorspace.*



Progress Traffic Light = **Green**

As was highlighted in the Spring Review, there have been small rises in the amount of floorspace available in most of the categories, the overall rise in floorspace between 2005-6 being approx. 55,000m².

This increase will be maintained into the future by developments coming on-stream from the Widnes Waterfront EDZ and 3MG (Ditton Strategic Rail Freight Park), the Canal Quarter in Runcorn, as well as additional developments in Halton Lea.

In addition, recent new retail developments at Simms Cross and Liebig Court are now nearing full occupation and Stadium Developments are preparing for a major overhaul of the former Windmill Centre in Widnes, each of these elements adding, significantly, to the commercial retail offer in the Borough.

Town Centres: *By 2011 we aim to increase footfall by 25% across the Borough.*




Progress Traffic Light = **Red**

This target is currently under review, as it is widely agreed that the baseline figure of 10,852,058 is dubious.

The UR SSP would welcome the agreement of the HSPB to revise the baseline figure more in line with current 'actual' results, or to develop a target to replace this which is more meaningful.

Transport: *By 2011 we aim to increase the proportion of buses starting route on time to 98%.*

Progress Traffic Light = **Green** 

As stated in the Review, bus punctuality levels are already at 97.6% for the period 2006-07, thanks to partnership working between the Borough Council and local bus operators.

In addition, several schemes are in operation to facilitate those employees working unsocial hours and businesses on sites that are not on regular bus routes.


However, this situation needs to be constantly reviewed and, where possible, additional funding accessed in order to progress these facilities.

Waste: *By 2011 we aim to ensure that 40% of municipal waste is recycled or composted.*

Progress Traffic Light = **Green** 

The 2006-07 estimate for this target is 28%, equating to a 5% increase on the baseline figure of the previous year.

Satisfaction: *By 2011 we aim to improve the overall satisfaction rate of residents on quality of the built and natural environment by 10%.*

Progress Traffic Light = **Green** 

As stated in the Review, both satisfaction indicators have improved since 03-04. As of 06-07, Built is 67% and Natural is 77%.

This strongly suggests that residents in the Borough are appreciative of the huge investments achieved to date and can see progress.

Summary:

In summary, the Urban Renewal agenda has had a huge impact in recent years and it is evident that this has been taken on board by residents, businesses and private sector investors.

We still have a huge legacy of dereliction and contamination to resolve, incurring costly and time-consuming processes, but these areas need to be cleared and developed in order to promote economic development and prosperity in the borough.

It is consequently imperative that Urban Renewal remains at the forefront of negotiations for financial support, in order that this good work can continue.

4. Children & Young People Block

Key targets

1. Improve children's communication, social, and emotional development so that by 2008 50% of children reach a good level of development at the end of the Foundation Stage and reduce inequalities between the level of development achieved by children in the 20% most disadvantaged areas and the rest of England.

Current Position

- Improvements in the percentage of children attaining level 6+ against all individual aspects in 2007 compared to 2006.
 - Halton's performance for 2007 shows 76.2% of children scoring 6+ in all PSED scales, a slight increase from 75.9% in 2006. The gap between the lowest performing 20% and the rest has decreased from 35.4% in 2006 to 32.8% in 2007 exceeding the target of 33.4%.
 - 44% of children achieved 6+ in both PSED and Communication, Language and Literacy scales and increase from 42% in 2006.
 - Under OfSTED grading 73.5% of early years providers were graded as outstanding or good in Children Act inspections against Enjoying and Achieving during the period 1st April 2005 to 31st December 2006.
2. Raise standards in English and Math's so that:
 - i) by 2006, 85% of 11 year olds achieve level 4 or above, with this level of performance sustained to 2008.
 - ii) by 2008, the number of schools in which fewer than 65% of pupils achieve level 4 or above is reduced by 40%.

Current Position

- At Key Stage 2 during 2007, 81.3% of pupils achieved a level 4 in English an increase of 5.3% on the previous year. Although this below the floor target of 85% it is in excess of the national average of 80%
- Performance in Maths also improved with 77.0% of children achieving level 4+ compared to 75.0% last year. Again this is below the floor target but shows significant improvement and brings Halton's performance in line with the National average.
- The numbers of schools in which fewer than 65% of pupils achieve level 4 or above has been reduced to 7 schools for English and 11 schools for Maths in 2007. This shows ongoing improvement and compares to 12 schools for English and 14 schools for Maths in 2003. A number of the schools under floor targets for both English and Maths have been identified as 'Hard to Shift' schools and are receiving additional targeted support.

3. Raise standards in English, Math's, ICT and Science in secondary education so that:
 - i) by 2007, 85% of 14 year olds achieve level 5 or above in English, math's and ICT (80% in science) nationally, with this level of performance sustained to 2008.
 - ii) by 2008, in all schools at least 50% of pupils achieve level 5 or above in each of English, math's, and science.

Current Position

- At Key Stage 3 during 2007 68% of pupils achieved level 5 in English, 71.6% in Maths and 67.4% in Science. Compared to 2004, attainment at level 5+ has risen in all core subjects, however performance is still well below the floor target and national and statistical neighbour averages.
 - In Maths and English at Key Stage 3, no schools have fewer than 50% of pupils achieving level 5 or above and only 1 school with fewer than 50% of pupils achieving level 5 or above in Science.
4. By 2008, 60% of those aged 16 to achieve the equivalent of 5 GCSEs at grades A* – C; and in all schools at least 25% of pupils to achieve this standard by 2006, rising to 30% by 2008.

Current Position

- In 2007, 62.6% of Halton pupils achieved 5 or more GCSEs at grades A*-C, a huge improvement from 52.6% in 2006. This exceeds the floor target of 60% and although national comparative data is not yet available for this year it is in excess of the national average for 2006 of 59%.
- All schools in Halton are above the floor target for 30% of pupils achieving 5 or more A*-C grades set for 2008.

What have we done?

We have promoted improved outcomes in the **Early Years** sector by:

- Ensuring high quality nursery education, with the majority of settings receiving a good or satisfactory inspection judgement and higher than the national average received an outstanding judgement.
- 69% of early years settings have been judged to be good or better. Actions are being taken to ensure that all early years provision meets the highest standards.
- The take up of the early years entitlement is currently 95%. We aim to continue to increase take up through improved marketing and targeting of priority groups e.g. LAC, EAL, hard to reach CIN, through Children's Centres and CIS. A multi agency Early Years Panel has been

established to track and monitor children 0 – 5 years to ensure they are accessing their entitlement.

- There has been an increase in the number of childcare places being made available in Halton so that parents/carers continue to have access to a wide range of childcare provision

We have improved **attendance and behaviour** at School by:

- Establishing a Behaviour Partnership across all High Schools to continue to deliver improvements in **attendance** and to reduce absence. Behaviour was judged to be good or better at all but one primary school and at all secondary schools.
- Secondary attendance has improved significantly over the last three academic years. From a baseline of 10.21% in 2003/4 absence has reduced to 9.37% in 2005/6. Our monitoring of secondary attendance during 2006/7 indicates that there has been a further significant improvement which is likely to result in Halton's performance being in the upper third or lower second quartile when comparative national data becomes available.
- This represents a sustained improvement over time and a considerable narrowing of the gap between performance in Halton and national norms. The five high schools identified as having high levels of persistent absence have all made a significant impact on reducing the numbers of pupils in this cohort with Halton overall being one of the best performing authorities in the North West in reducing persistent absence. Primary absence in 2005/6 was 5.77% which is below the national average and compares well to our statistical neighbours.
- Fixed term exclusions totalled 7183 in 05/06. There has been a 10% reduction in days lost to learning through exclusion.
- Permanent exclusion totalled 33 in 05/06 - a 25% reduction from 04/05. The authority is ready to meet the requirement to provide full time provision for permanently excluded pupils from the 6th day of exclusion from September 2007 through our KS3 and 4 PRU's.
- A Panel to review the status of all children and young people without a school place (including those absent through long term absence) meets on a monthly basis to ensure the prompt return and reintegration of pupils.

We have promoted **enjoy and achieve outcomes for all children and young people** by:

- Introducing the ICAN programme in 20 settings in the 20% most deprived areas of the Borough with the aim of reducing inequalities.
 - 62% of schools being Artsmark accredited which is the highest %age of schools in England. A wide range of recreational, cultural and arts- based programmes and pilots are regularly signposted to schools networks at Arts Education Network meetings.

- Continuing to ensure that a high %age of children and young people access sports and PE with 79% of children and young people taking part in 2+ hours sport activity a week.
- Using a self review framework with schools to raise standards in all agreed priority areas, and PASS and transforming learning packages in 6 high schools and 16 primary schools to assist schools in developing and delivering teaching and learning experiences that are responsive to children's needs.
- Increasing capacity of schools to develop more emotionally literate school communities through the introduction of SEAL curriculum resources.
- Increasingly delivering extended services across localities between schools and with children's centres in response to identified need.
- The Youth Service launching the Children Out of School Project as part of the Halton Youth Academy. This offers places to Year 11 pupils coming into the borough with no school place.
- Over 3000 13 - 19 year olds taking part in personal and social development activity through the Youth Service in 06/07

We have promoted inclusive learning for **children with LDD** by:

- Reducing the percentage of pupils requiring a statement of SEN to 2.65% through earlier interventions, capacity building within schools and earlier release of resources through "Enhanced Provision". Support is provided by Kid's First to enable KS4 pupils returning from out of borough SEN provision to access alternative curriculum providers co-ordinated through the departmental Tracking Panel.
- Ensuring that children with Autistic Spectrum Disorder are identified as early as possible to put effective interventions into place using the EarlyBird programme. We have established a pre-school care pathway and are currently establishing a care pathway for school age children, both of which ensure close working between relevant support services.
- The gap in attainment of children with LDD in mainstream schools is narrowing and is only slightly below the national average.
- Of the 16 primary schools inspected between 2006/07, 12 schools received good or better for the progress of learners with LDD. Additionally, of the three High Schools inspected during this period, the personal development and well being and progress of learners with LDD was strong.
- Issuing a young people's version of Year 9 transition pack to all Yr 9 pupils at the transition review. Young people with disabilities are producing a DVD version of the transition pack.
- Working closely with parents through the Parent Partnership Service which offers impartial information, guidance and support to parents of children with SEN.

What have we learned?

Development in early childhood, success while at school through educational and other achievement, and the acquisition of important, employable skills, are key determinants of individuals' life and employment chances. They have a major effect on people's ability to get a job, on the income they earn, on their aspirations, behaviour, health and longevity, and on the range of positive choices they are able to make in life.

As part of the review of the Children and Young Peoples Plan an on-line survey of young people 11 – 16 years was undertaken to find out their views on whether the aims and targets set out in the Children & Young People's Plan were making any difference in their lives and what they thought the priorities should be for the coming year. 383 young people responded and further consultations were undertaken with a wide range of children and young people aged 2-19, and facilitated by group leaders. This consultation process underpinned the development of the revised priorities established in the Plan for the next three years. These priorities are outlined in the next section.

Halton Parent and Carer Forum has been established of parents across the borough who are willing to be involved in consultations on children and young people's service planning and delivery. There are direct communication links between the Forum and the Alliance Board. A questionnaire was sent to members of the Forum, foster carers, childminders and parents groups asking them to review the Plan against the outcomes being achieved for their children with views fed into the development of the priorities.

In addition, in partnership with the Ofsted, DCSF and GONW, nine priorities for the Children and Young People Directorate have been identified, taking into account and analysing our current and past performance. These priorities are:

- Priority 1 - Outcomes for LAC (SS4, EA3, AEW2)
- Priority 2 - Attendance (EA2)
- Priority 3 - SEN Services (EA3)
- Priority 4 - Attainment and Achievement (EA1)
- Priority 5 - CAMHS Services (BH3)
- Priority 6 - Teenage Pregnancy (BH2)
- Priority 7 - Exclusions (EA2)
- Priority 8 - 14-19 Strategy (AEW1)
- Priority 9 - School Organisation (SM5)

(link to CYP Plan priority in brackets)

In recognition of the impact that the changes in the structure of services for Children and Young People there have been significant changes in the strategic focus at a Local Strategic Partnership level. The Children and Young People specialist strategic partnership is leading the implementation of the revised Children and Young People Plan and fulfils the role of Commissioning Partnership for the Halton Children & Young Peoples Alliance Board.

What will we do?

The nine Priorities identified for the Children and Young People Directorate in Halton will be critical in helping to deliver against the floor targets. In addition, the Children and Young People's plan identifies a range of key partnership targets and areas for development, which will impact upon the floor targets.

The revised priorities identified in the Children and Young People's Plan cover the five Every Child Matters Outcomes as well as cross cutting Service Management themes. They have identified through needs analysis, consultation with children and parents, this review and other 'review' forums, such as Priorities Meetings with government inspectors, areas where progress has not been as good and areas of new and developing need.

The Children and Young People's Plan priorities are;

BH1 Improve physical health and increase opportunities to lead healthy lifestyles

BH2 Improve sexual health

BH3 Enhance emotional, psychological and physical wellbeing

SS1 Increase Community Awareness and Engagement in Safeguarding

SS2 Extend Prevention and Early Intervention

SS3 Increase targeted support for vulnerable children

SS4 Improve placement choice and quality of care for LAC

EA1 Improve Educational Outcomes for all Children

EA2 Improve attendance of all children

EA3 Narrow the gap for Vulnerable Children

MPC1 Increase Young People's Participation and Community Engagement

MPC2 Reduce offending and anti-social behaviour of children and young people

AEW1 Improved learning opportunities 14-19 and participation post-16

AEW2 Improve access to Suitable Accommodation

SM1 Enhance Financial Planning

SM2 Integrate Delivery of Services

SM3 Develop the Workforce

SM4 Develop Performance Management

SM5 Transform Learning Opportunities for all Children

By pooling and co-locating of resources working to an agreed suite of performance indicators (as set out in the Children and Young Peoples Plan) the focus will be on improving outcomes. This work is underpinned by the national 'Children' Workforce strategy "

What are our future prospects?

The revised Children & Young Peoples Plan for 2007-2009 has been launched in Halton. The plan is based on a comprehensive needs analysis and is supported by defined commissioning arrangements and a detailed performance management framework. The Plan is an important step in all agencies working well with each other, and more importantly with children, young people and their families, so that children and young people can have better lives. It is a complete shift away from providing services 'for the sake of it', and concentrating on what will make the biggest difference in improving outcomes for children.

We want to make sure that resources are put into preventative services, to ensure children get the best start in life, and to prevent small problems from developing into bigger ones. This Plan will be reviewed each year by the Alliance Board and all other 'stakeholders' including children, young people and their families to make sure that it is always concentrating on the right issues. The Children and Young People's Plan brings together the plans of all the agencies and services in Halton working with children and provides the overarching strategic direction for this Strategic Partnership priority.

We acknowledge that we have some challenges ahead if we are to achieve our vision however we have achieved sustained improvements in key outcome areas due to clear strategic planning, partnership arrangements, and the high corporate priority given to achieving the 5 ECM outcomes for children outlined in the Community Strategy. All council directorates have nominated a 'children's champion' to ensure they contribute to the Children & Young People Plan and change agenda.

In relation to educational attainment, the quality of Early Year provision remains good with performance improving year on year against the floor target and improved performance against all individual aspects at level 6+.

There has been significant progress in attainments at KS2 with performance at level 4+ in English now above the national average and Maths in line with the national average.

The percentage of young people obtaining 5+ A* - C grades at GCSE has shown a massive increase to 62.6% for 2007 and increase of 18.3% since 2004. It is likely that performance will now be at least in line with the national average and the floor target of 60% by 2008 has been achieved. There was also a big increase in the percentage of young people achieving 5+ A* - C including English and Maths from 33.3% in 2006 to 40.8% for 2007, reaching the LPSA Stretch target of 40.5%.

5. Employment, Learning and Skills Block

Key Targets

1. As part of the wider objective of full employment in every region, over the three years to Spring 2008, and taking account of the economic cycle:
 - Demonstrate progress on increasing the employment rate;
 - Increase the employment rates of disadvantaged groups (lone parents, ethnic minorities, people aged 50 and over, those with the lowest qualifications, and those living in the local authority wards with the poorest initial labour market position)
 - Significantly reduce the difference between the employment rates of the disadvantaged groups and the overall rate.
2. Make sustainable improvements in the economic performance of all English regions by 2008, and over the long term reduce the persistent gap in growth rates between the regions, demonstrating progress by 2006.
3. Build an enterprise society in which small firms of all kinds thrive and achieve their potential, with:
 - An increase in the number of people considering going into business;
 - An improvement in the overall productivity of small firms;
 - More enterprise in deprived communities.
4. Within each NRF district, for those living in the wards identified by DWP as having the worst labour market position (as at February 2004), significantly improve their overall employment rate and reduce the difference between their employment rate and the overall employment rate for England

Current position

In 2005 36% of 19 year olds achieved a level 3 qualification compared to 28% in 2004. The figures for 2006 show that this has increased again and that we are set to exceed the Community Strategy and LAA targets in this area.

The number of adults qualified to level 2 is steadily increasing with the trend line showing the gap closing on both the Community Strategy and LAA targets. The introduction of Train to Gain with it's commitment to every adult achieving a first level 2 and the accompanying increase in funding attached to this also gives cause for optimism.

There are however, concerns relating to the numbers of adults holding no qualifications. The trend line for Halton shows that the gap is not closing and is likely to remain constant on our current trajectory. Further research is

needed into the reasons behind this and, if necessary additional funding and resource needs to be identified and directed at increasing pre-level 2 provision in Halton as funding gaps appear to apply most frequently at these levels.

The numbers of residents holding level 4 qualifications has continued to rise in Halton and figures suggest that on our current trajectory, Halton is likely to exceed the Community Strategy target.

In March 2007, unemployment in Halton (as measured by number of residents of working age claiming JSA) according to NOMIS figures stood at 2.9% in June 2007, compared to a national average of 2.3% and regional average of 2.6%. This compares to a Halton average of 3.7% and a regional average of 2.7% in March 2006. Therefore we have reason to be encouraged that we are steadily closing the gap with both the region and the country as a whole.

However, there are concerns relating to the Equity targets for JSA. There are 8 wards currently with a JSA claimant rate 20% higher than the borough average, which suggests that more intensive work needs to be done within these wards in order to reduce the rate to the borough average.

In terms of increasing the employment rate, Halton is again making progress. The most up to date NOMIS figures show that in September 2006, 69% of the population were in employment compared to 68.5% in early 2006 and 67.7% in 2004/2005 therefore suggesting successive yearly increases in this target although we are still some way off closing the gap with the regional and national average and the Trajectory Chart shows that for this target suggests that on our current trajectory, we are unlikely to meet the Community Strategy Target for Economic Activity.

When looking at encouraging enterprise in Halton, figures show that the progress is generally heading in the right direction. NOMIS figures suggest that the number of self-employed people in Halton has risen from 3,900 in 2004-2005 and was 4000 as of 2005-2006. The number of VAT registered businesses registered during 2005 was 250, slightly above the regional and national averages. (source NOMIS). De-registrations were also less than the regional and national averages.

Trend lines suggest that Halton is likely to keep increasing performance in these areas and that we already have and are likely to continue exceeding the target for self-employment and that we will continue to meet the LAA VAT registration targets.

The Trajectory Review charts are attached at Appendix 1.

What have we done

Significant progress has been made over the past 12 months in pushing forward the Employment, Learning and Skills Agenda.

A new Specialist Strategic Partnership (SSP), sitting underneath the Halton Strategic Partnership was established during March 2006. This partnership, chaired by Jobcentre Plus, brings together the key partners involved in the strategic delivery and planning of employment, learning and skills provision in Halton and meets on a bi-monthly basis.

A key part of the work of this new partnership has been to update and refresh the three main strategies in this area – The Halton Employment Strategy, The Halton Enterprise Strategy and the Workforce and Skills Strategy for Halton. These documents now reflect changes in skills, employment and enterprise policy and include detailed action plans, which are now being implemented. Summary versions of these documents have also been produced and have been widely circulated.

In addition to this work, the SSP has also overseen and approved the production of a new Basic Skills Strategy for Halton in order to fully reflect the importance of improving Halton's Basic skills in order to fulfil our potential as a borough.

A number of sub-groups underneath the main SSP have been established with the remit of delivering on the strategic agenda of the Partnership. These groups are responsible for implementing the action plans on a partnership basis, project delivery and ensuring that the key agencies in Halton are working together effectively at ground level.

During 2006- 2007, the Employment, Learning and Skills SSP have been responsible for managing approximately 1.1 million pounds of Neighbourhood Renewal Funding. The detailed programme of research and planning that was put into the development of the SSP has paid dividends here, in that it has enabled the commissioning of activity to be better targeted and more partnership focused.

Project commissioning has been concentrated on a smaller number of target wards and target groups, i.e. those experiencing, or most at risk of, disadvantage in the labour and skills market.

Projects have been put in place working specifically on an outreach basis in the areas of Enterprise Development and Employment. In addition target groups such as lone parents, the over 50's, young people and those in receipt of incapacity benefit have been identified. A rule was established by the partnership that 70% of all project activity should take place in a disadvantaged ward or with a targeted group with the remaining 30% being targeted elsewhere. A robust system of Performance Management has also been established with a small group of partners overseeing the performance of the NRF funded initiatives and taking remedial action wherever necessary to ensure that performance remains on track.

The partnership have also been pro-active in responding to new opportunities and have taken the opportunity to reallocate NRF from struggling projects into

new initiatives which respond to new opportunities arising from Halton's developing economy. For example, we have been able to fund women's enterprise initiatives and, through Halton's programme of physical regeneration, work with some of the key growth sectors and employers within the area such as the new Rail Freight park 3MG and with 02.

A key area, identified as needing attention was in the field of private sector engagement. Whilst a number of projects, such as the Halton People into Jobs initiative have built strong relationships with the private sector, it was felt that in order to develop a robust enterprise culture and to stimulate the labour market the involvement of the private sector was critical. The newly formed enterprise sub-group have taken on this role and will continue to develop it during coming years. Private sector engagement is therefore improving and has been valuable for example around developing enterprise proposals and a LEGI bid.

The importance of Employment, Learning and Skills has become more widely recognised over the past twelve months, not only in terms of becoming one of Halton's key priorities and with the development of the new SSP and increased NRF investment, but also in the negotiation of Halton's Local Area Agreement, which contains four key transformational themes, one of which is Employment and Skills. The theory behind the transformational themes is that by making progress on these issues, there will in turn be a significant impact onto other key issues such as health and well-being, crime and quality of life.

Halton has also been part of the successful Greater Merseyside Consortium bid for developing a City Employment Strategy and look forward to the opportunities that this will afford us at the sub-regional, regional and national level. The Employment, Learning and Skills SSP is currently in the process of negotiating a Halton local plan for the allocation of Deprived Area Funding Resources which are attached to the City Employment Strategy, and also hope to be able to access NWDA funding to further this work.

Overall, despite being very encouraged by the progress made on the issues and infrastructure surrounding employment, learning and skills there have still been a number of frustrations. Halton submitted a well-researched, robust and deliverable round 2 LEGI application and were disappointed not to have been successful. This has meant that, although progress on improving enterprise has been steady, we still lack the valuable resources needed to ensure that Halton is able to fulfil its potential in this area. In addition there are other concerns surrounding funding in Employment and Skills area, for example, the slower than anticipated introduction of the Deprived Areas Funding and the restrictions placed upon it, means that although we are increasing the prominence and profile of Employment, Learning and Skills in Halton, the resources to back it up and deliver are becoming increasingly scarce.

There are also concerns that there will be a downturn in the resources available from 2008 onwards. This means that there is a real danger that where we are currently on profile to deliver on our targets we will not be able to continue the momentum and will therefore fail to deliver. In terms of the targets we are already struggling to deliver on a loss of funding would be

disastrous and mean that we will be unable to meet our aspirations and Halton's needs in those areas.

In addition, although work with the voluntary and community sector is continuing, it is felt that there are still a number of inroads to be made here in order for the potential to be fully realised.

What have we learned?

Overall we have learned that although we have fought for, and to a large extent achieved, a higher profile for Employment, Learning and Skills issues in Halton, we still have a long way to travel.

Although we have been very encouraged by the successful establishment of the new Employment, Learning and Skills SSP we are aware that there are a number of issues which, if not resolved, will have a detrimental impact on our ability to deliver on this agenda.

NRF investment in this area was increased during 2006-2007, however this is still a small amount of the resources needed to make the dramatic difference that we need. For example, the failure to attract LEGL money has made a serious dent in plans to transform the culture of enterprise within Halton and there are currently very few, if any, other resources available to fill that gap, therefore activity is continuing on a greatly reduced scale.

We have consequently learned that greater, more sustainable investment in the employment, learning and skills agenda is required if we are to keep up the momentum that has begun in recent years and meet the aspirational targets set through the LAA, whether this comes from external funding or through the re-configuring of partners mainstream budgets.

Whilst we are confident that our approach is the correct one when it comes to targeting specific wards and groups within Halton, we have realised that progress here is still likely to be slow and we must allow time for this approach to bear fruit. For example we are still falling behind on our equity target to ensure that the priority wards are brought closer to the average in terms of employment rate and that no ward is more than 20% above the current rate. We must therefore continue to closely monitor our progress in these areas and ensure that we are directing our resources in the most appropriate fashion.

We are also aware that a full partnership approach, including the involvement of the private and voluntary sectors, is crucial if progress on Employment, Learning and Skills in Halton is to be achieved and this is something that will continue to be developed during 2007-2008 and beyond.

What will we do?

It is intended that the work of the Employment, Learning and Skills SSP will continue to focus increasingly on reaching the harder to help within the community, even though this approach may be slower to show results due to the more intensive nature of the work and the harder to reach client group. However, we remain convinced that this approach is the correct one and will continue with the 70/30 split of activity between priority groups and areas and the rest of the borough.

We will continue, and intensify, the process we have started with regards to performance management. The uncertain prospects surrounding future funding mean that as a Partnership we need to be confident about 'what works' in order to be able to action plan effectively, to influence the allocation of mainstream budgets and to be able to allocate any future resources in the most appropriate manner.

Halton will continue to develop the close partnership links, which already exist across the borough and to further develop this regionally and sub-regionally. We will ensure that we are fully engaged with, and properly exploit, the opportunities being offered through being part of the Greater Merseyside City Employment Strategy, both in terms of purchase of services and in developing and maintaining effective networks.

In terms of the private sector we will continue to develop links wherever possible and it is intended that a private sector enterprise champion will be appointed shortly to spearhead developments in the field of enterprise.

The Local Area Agreement for Halton will be refreshed during 2007-2008 and, together with the delivery of the current LAA; this will form a key focus for our work. Employment and Skills is already recognised as a transformational issue for Halton and we anticipate that this continue to be the case in the future, despite the proposed reduction in targets for the new LAA.

The recent Government review of sub-national economic development and regeneration also sets out bold plans to ensure that every area of the country has the opportunity to benefit from rising prosperity and puts economic development at the forefront of the agenda

The plans will give local authorities a greater role in ensuring economic opportunity. Alongside this responsibility local authorities will have strengthened powers and incentives to support prosperity, reinvigorate the economic performance of our towns and cities, and make changes to work more effectively with business to better support businesses and business growth. Further proposals include:

- Concentrating neighbourhood renewal funding more closely on our most deprived areas;
- A proposed new duty for local authorities to analyse the economic circumstances and challenges of their local economy. This will help them to provide clear economic vision and leadership;

- Supporting groups of local authorities in city regions to work effectively and accountably together through new Multi-Area Agreements (MAAs), and pool economic responsibility on a more permanent basis;
- Greater devolution to regions of powers to influence investment priorities, through a new extended round of Regional Funding Allocations to give regions a greater say on how spending is prioritised including for transport and regeneration investment;
- Sharpening the role of RDAs with a clear focus on increasing economic growth, with increased scrutiny by local authorities and simplified and strengthened performance management by central government. RDAs will also be expected to delegate funding to local authorities where possible;
- The government will consider a single skills brokerage system through the Business Support Simplification programme
- Encouragement of Employment and Skills Boards which give employers influence over the interaction of the employment and skills systems
- Giving Regional Development Agencies a greater role in meeting business support needs to help simplify the number of schemes down to no more than 100 by 2010.

For the first time each region will have a single strategy co-ordinating jobs, economic growth, housing, planning and environmental objectives, replacing the current myriad of overlapping strategies. RDAs will take on a new strategic role to develop the single strategy on behalf of the region. As the first step local authorities will be required to draw-up proposals setting out a vision for the development of their area. Local authority leaders in the region will be asked to approve the draft strategy before it is submitted to independent examination.

This in turn will have an impact on our future delivery of the Employment, Learning and Skills Agenda in Halton and the work that the ELS SSP is already involved with.

The SSP has already begun on the path of delivering some of the key changes proposed under the review such as concentrating neighbourhood renewal funding more closely on our most deprived areas and we have a track record in Halton of undertaking research and analysis of local economic conditions and challenges in order to plan and deliver services more effectively.

However, many of the other proposed changes mean that we see ourselves needing to develop an enhanced role and influence within the region and sub-region to ensure that Halton's needs are well represented and we are in a strong enough strategic position to be able to influence funding and policy decisions.

What are our future prospects?

Although there are many reasons to be positive about our achievements to date, including the fact that we are closing the gap in a number of areas and already beginning to meet our targets we should also be cautious.

In a number of areas we are still failing to make sufficient progress, particularly in terms of employment and skills targets. Although it is reasonable to expect that additional LSC resources at Levels 2 and 3 will help us to see a difference in our targets there, there is little funding available below Level 2 which will hamper our ability to make progress here. In particular the target for adults with no qualifications remains worrying as little or no progress is currently being made here. Although we are currently seeing improvement in our employment rate targets there remain worrying gaps in terms of the equity target where we are failing to bring the most deprived wards in line with the borough average. If we see a reduction or drop off in funding, this will not only affect our current trajectory but will also make it likely that we will see a drop in performance.

A significant number of new business programmes are continuing to come on line though the Halton EDZ and other major regeneration programmes. By ensuring that the Employment, Learning and Skills Partnership links into these and takes advantage of the opportunities offered we should be able to that, by strategic planning and partnership working, Halton residents are able to reap maximum advantage from the new investment. This process has already started with 3MG Rail Freight Park.

There are a number of uncertainties relating to future planning and investment in Employment, Learning and Skills. We are currently in the last confirmed year of NRF funding and will not be aware if anything will be available to replace it until the Comprehensive Spending Review in November. This in turn makes future planning difficult, as, in the majority of cases, NRF is the only available funding stream available to the SSP and to a number of projects.

Although Deprived Area Funding will be available to us, this has come in at a level much reduced from that anticipated and the mechanisms for spending this money are currently unclear and complicated. In addition this will only fund activity in 6 of Halton's deprived wards, although it is possible that this may be extended to cover the most disadvantaged groups.

In addition, the Northwest Operational Programme 2007-13 for ERDF has a focus around improving employment and stimulating enterprise and growth, but this does not offer the flexibility that comes with NRF funding therefore again potentially hampering progress.

If nothing arrives to replace the existing levels of Neighbourhood Renewal Funding we will need to face the reality of having to significantly scale down current Employment, Learning and Skills activities, which will clearly have a detrimental impact on our ability to deliver on what are already ambitious targets. To this end, work has commenced on a risk assessment for

Employment, Learning and Skills in order to try and plan for and minimise the impact a significant loss of funding will have upon the current trajectory.

Successful delivery of the welfare reform agenda will require continued effective engagement of all the delivery partners with each other and employers. It will also require partners to continue to be responsive to changing circumstances and local needs.

Under the review of sub-national economic development and regeneration devolution and empowerment to regions and local authorities is proposed, with a major reinforcement of the economic role of local authorities, including a proposed new economic development duty.

The proposed new economic development duty for local authorities also reinforces the need for local authorities to have stronger and better relationships and engagement with business. The demand led focus of employment and skills programmes will require a significant improvement in the nature and quality of engagement with business – of particular importance for City Employment Strategy and Employment and Skills Boards. Although Halton is working on developing the role of private sector within local decision making this will still require an intensified effort if the engagement is to be meaningful and productive.

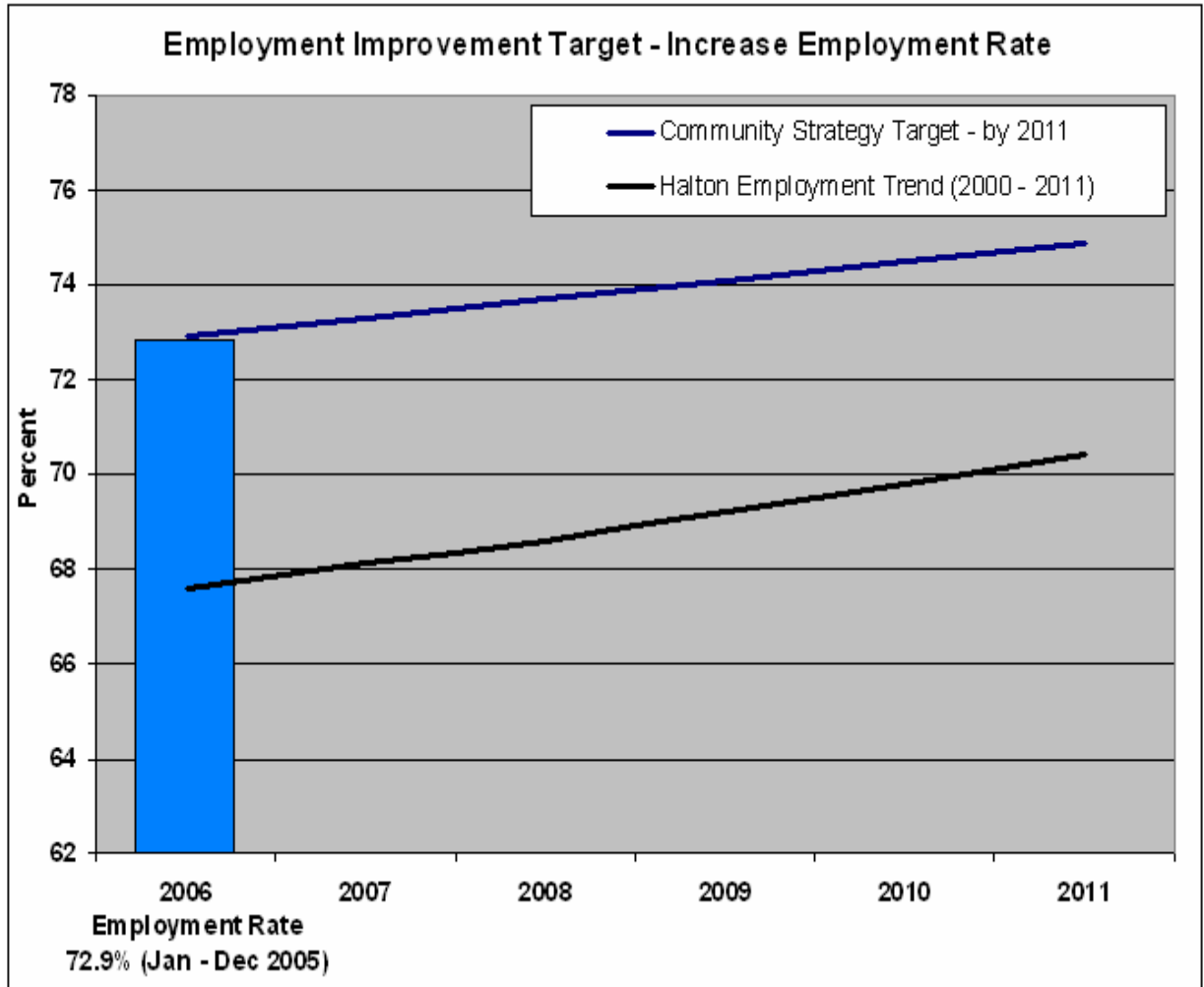
However there are concerns that the business support proposals will mean a general reduction in resources as well as a considerably reduced role for local authorities. This is out of kilter with the increased economic development role and statutory duty being proposed as an apparently key reform.

In conclusion therefore, the future outlook is a mixed one and it is very difficult at this stage to be confident about our future success in the current climate of uncertainty regarding funding and other policy developments.

5.1 Appendix 1

EMPLOYMENT

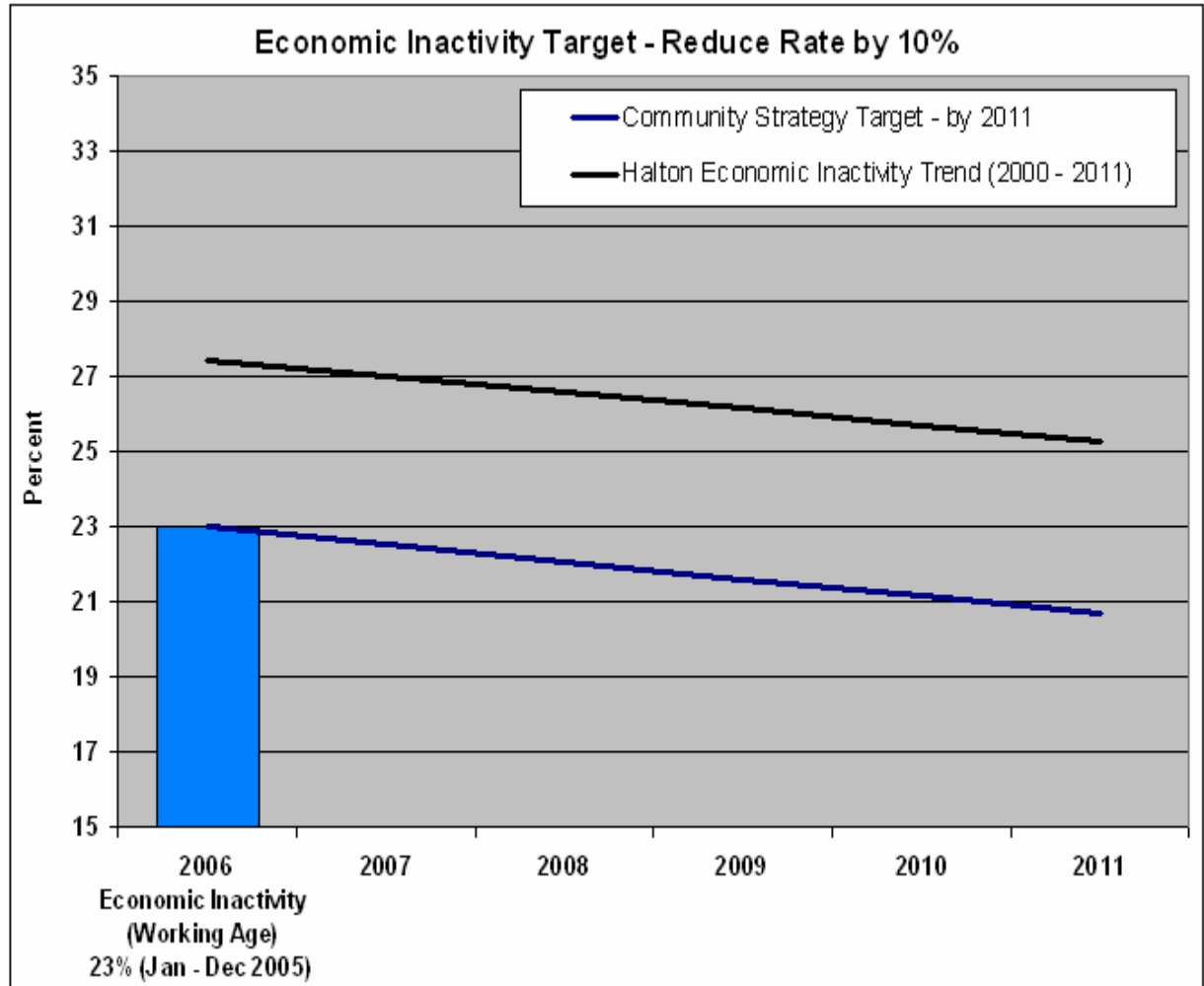
- By 2011 we aim to: Increase employment rate by 2%



The trend line has been extrapolated from the Annual Population Survey (APS) figures from (March 1999- Feb. 2000) to (Jan – Dec 2005).

ECONOMIC INACTIVITY

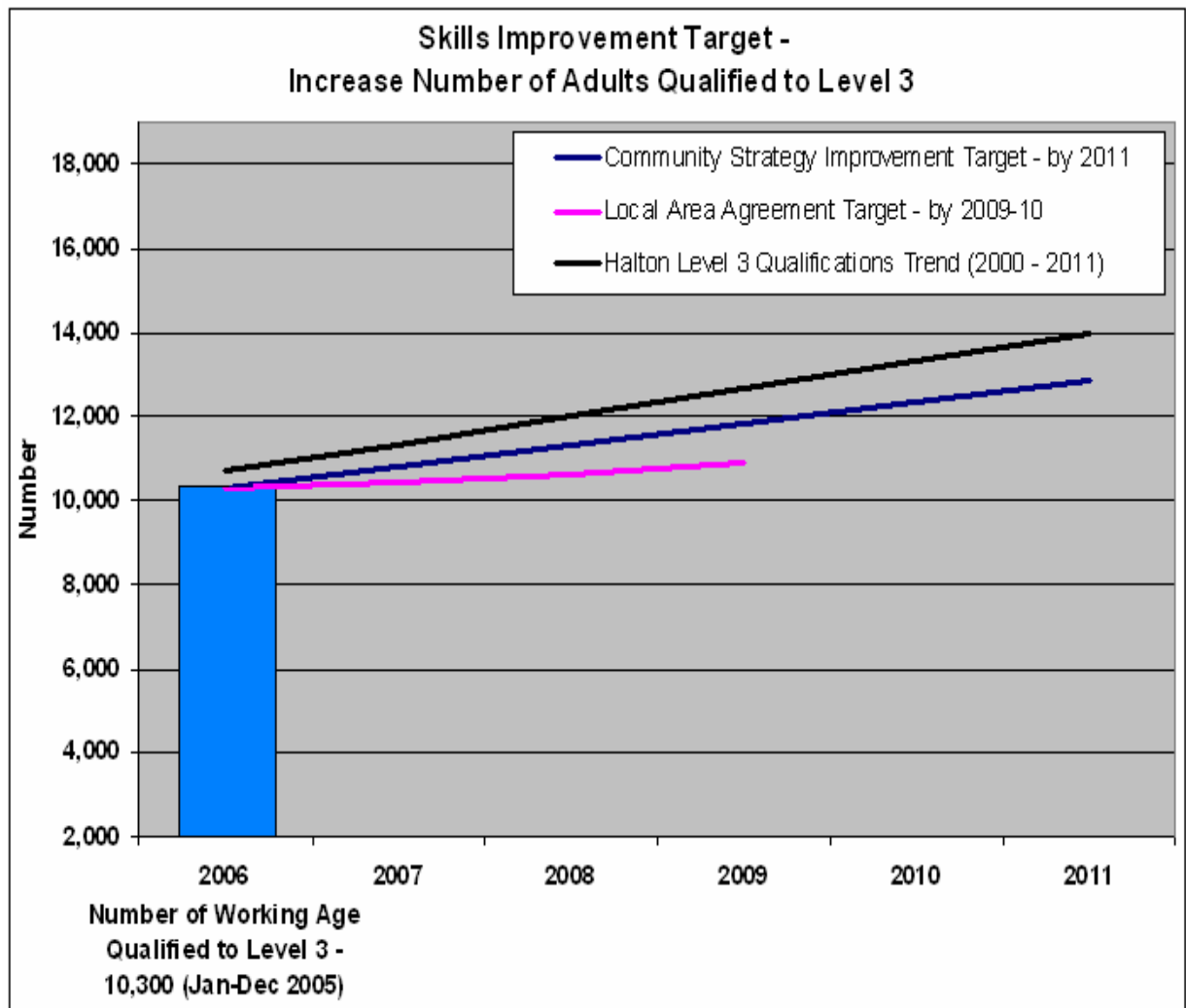
- By 2011 we aim to: Reduce the economic inactivity rate by 10%



The trend line has been extrapolated from the Annual Population Survey (APS) figures from (March 1999- Feb. 2000) to (Jan – Dec 2005).

SKILLS

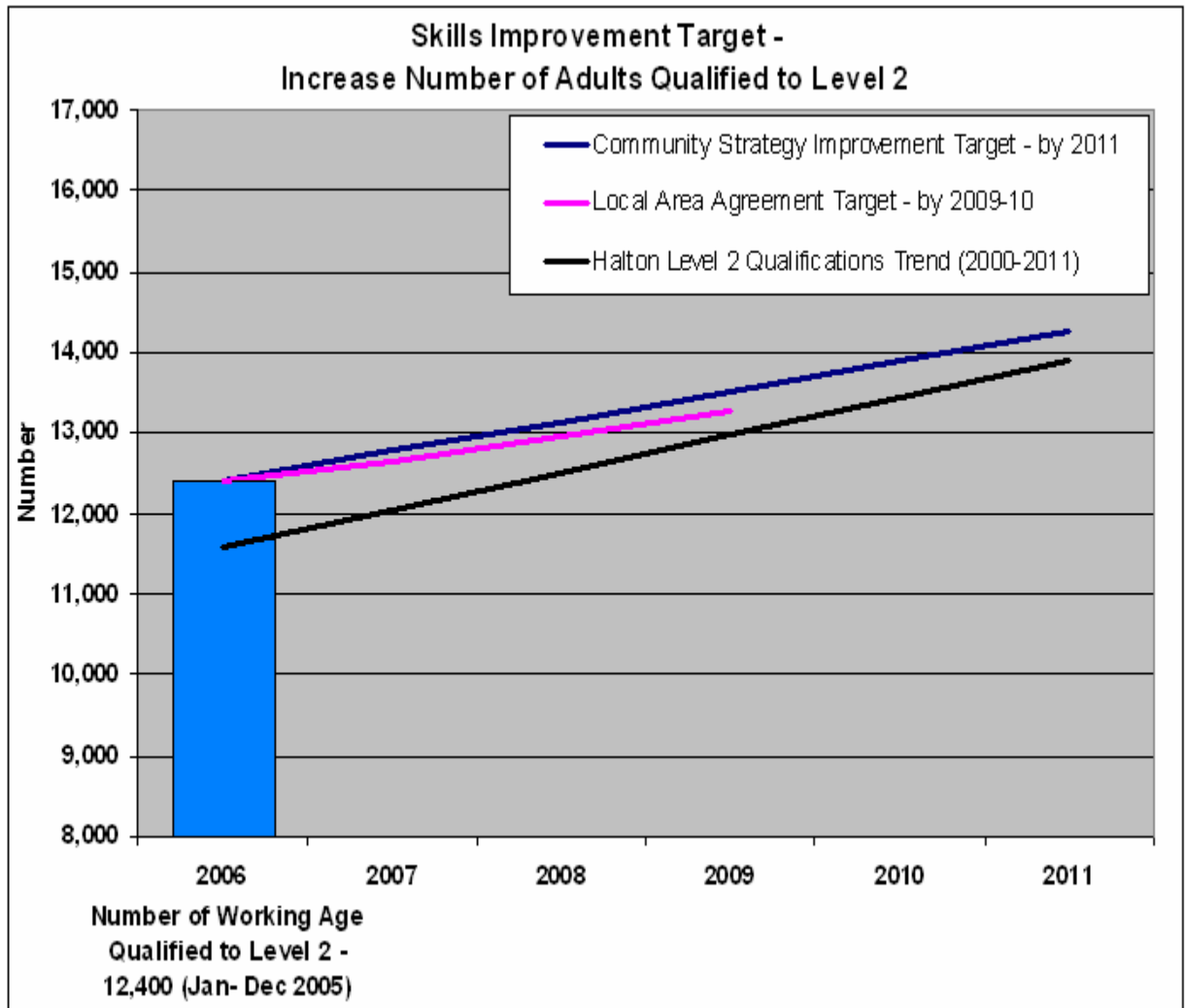
- **By 2011 we aim to: Increase the number of adults qualified to Level 3 by 25%**
- **LAA Target by 2009/10 we aim to: Increase the number adults qualified to level 3 by 5%**



The trend line has been extrapolated from the Local Area Labour Force Survey (1999-2003) and the Annual Population Survey (2004 – 2006).

SKILLS

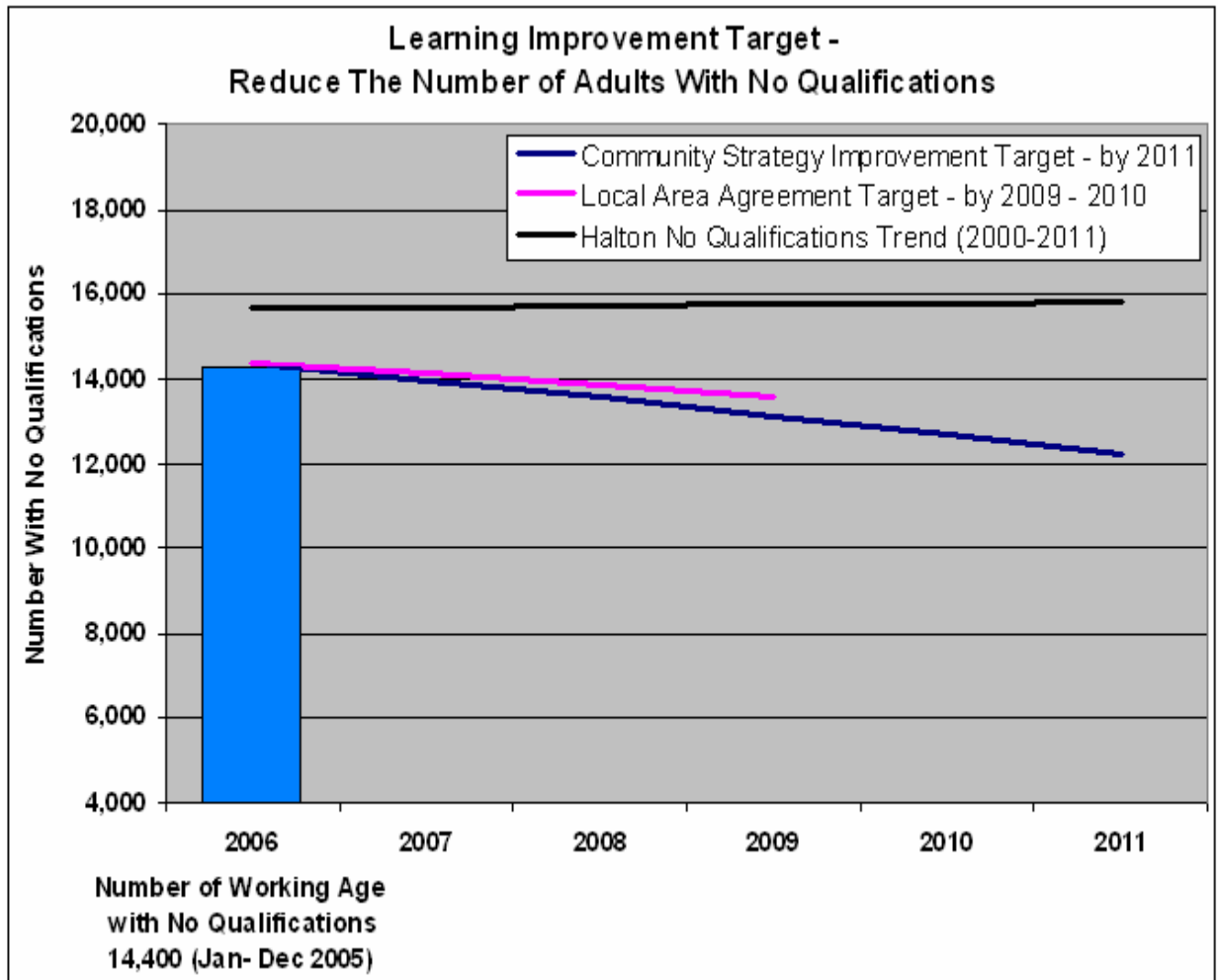
- **By 2011 we aim to: Increase the number of adults qualified to Level 2 by 15%**
- **LAA Target by 2009/10 we aim to: Increase the number adults qualified to level 2 by 6%**



The trend line has been extrapolated from the Local Area Labour Force Survey (1999-2003) and the Annual Population Survey (2004 – 2006).

LEARNING

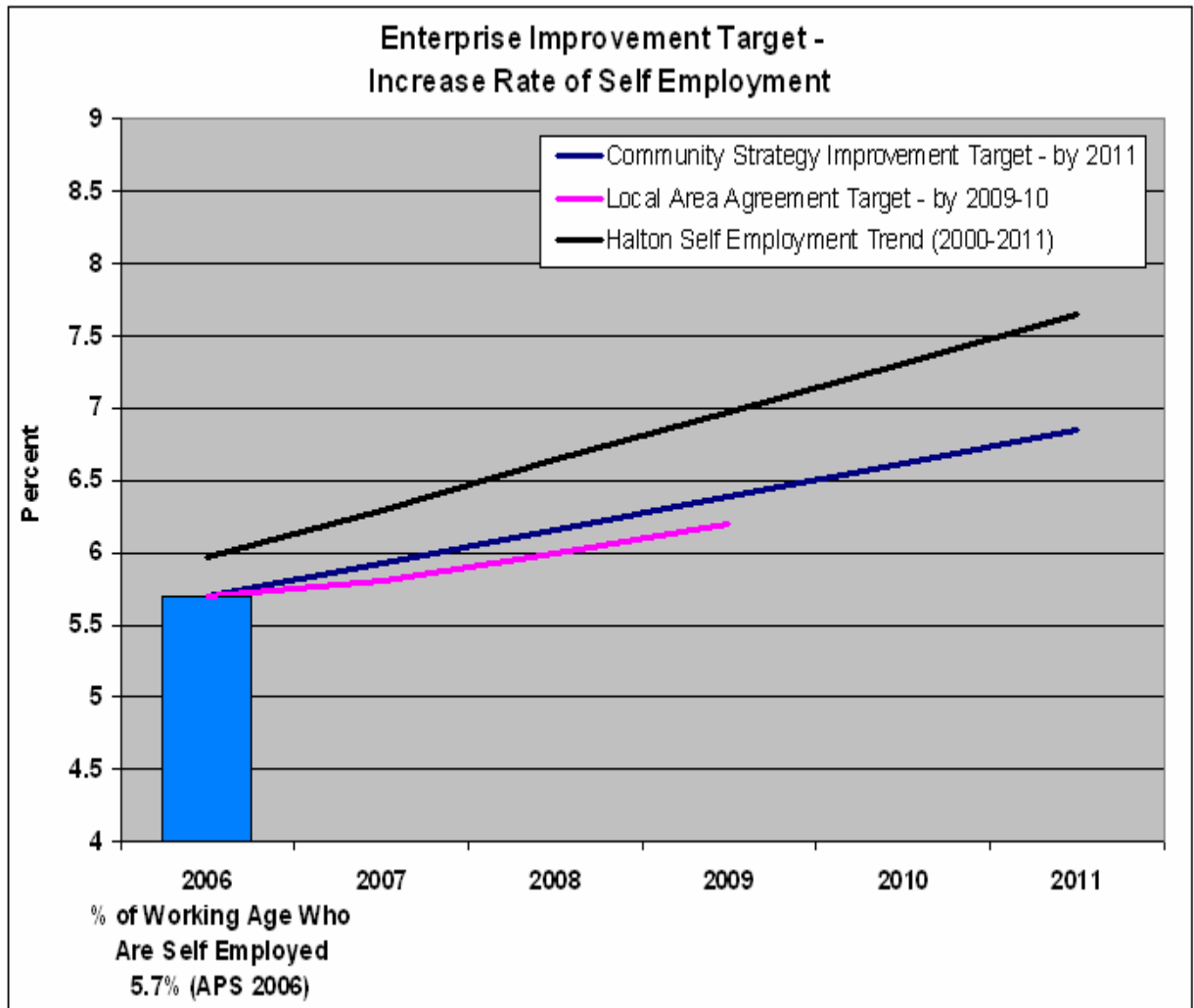
- **By 2011 we aim to: Reduce number of adults with no qualifications by 15%**
- **LAA Target by 2009/10 we aim to: Reduce number of adults with no qualifications by 6%**



The trend line has been extrapolated from the Local Area Labour Force Survey (1999-2003) and the Annual Population Survey (2004 – 2006).

ENTERPRISE

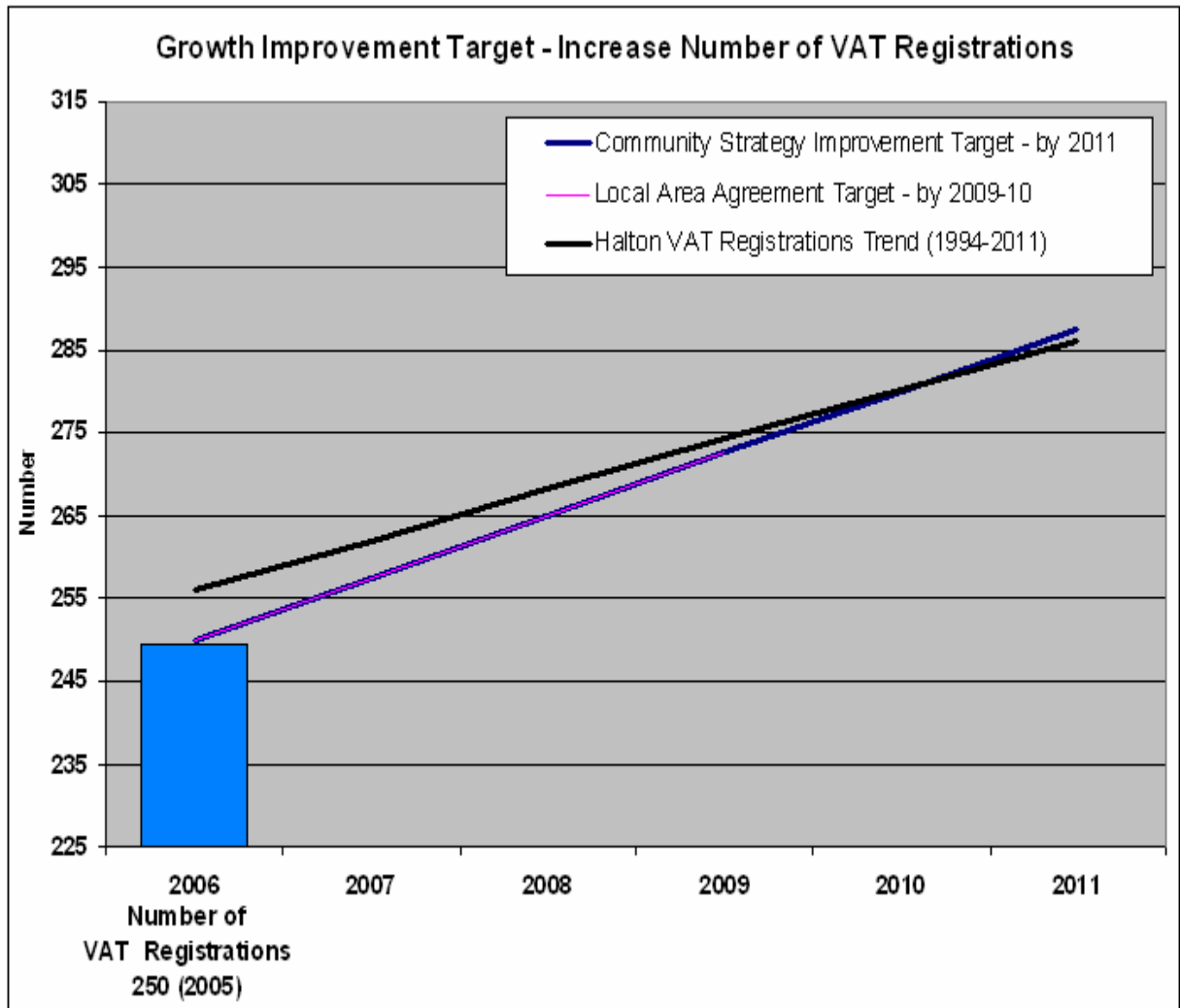
- **By 2011 we aim to: Increase the rate of self-employment by 20%**
- **LAA Target by 2009/10 we aim to: Increase rate of self-employment by 9%**



The trend line has been extrapolated from the Annual Population Survey (2000 – 06).

GROWTH

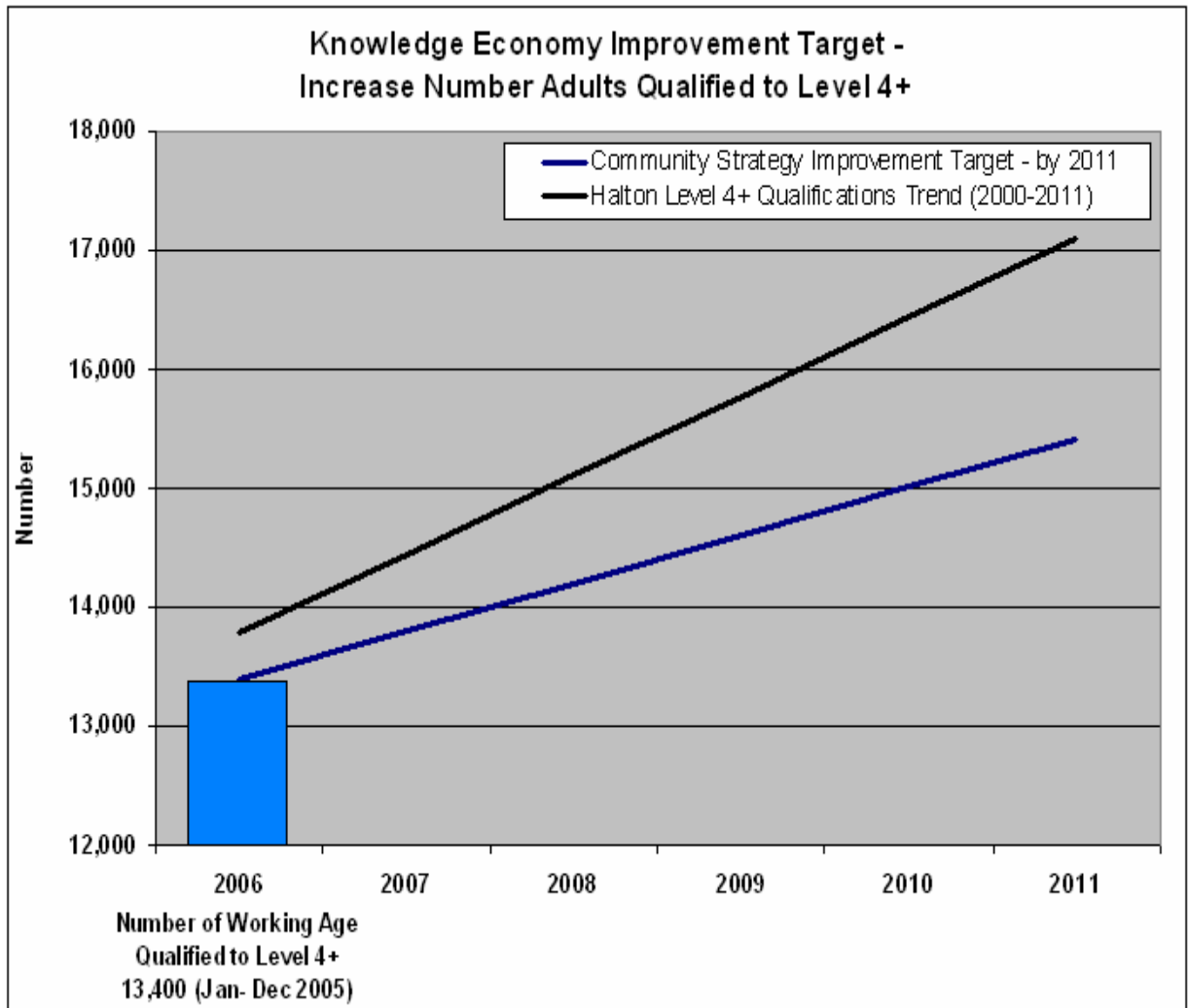
- **By 2011 we aim to: Increase the number of VAT registrations by 15%**
- **LAA Target by 2009/10 we aim to: Increase the number of VAT registrations by 9%**



The trend line has been extrapolated from the DTI Small Business Service VAT registrations /deregistrations by industry (1994 – 2005).

KNOWLEDGE ECONOMY

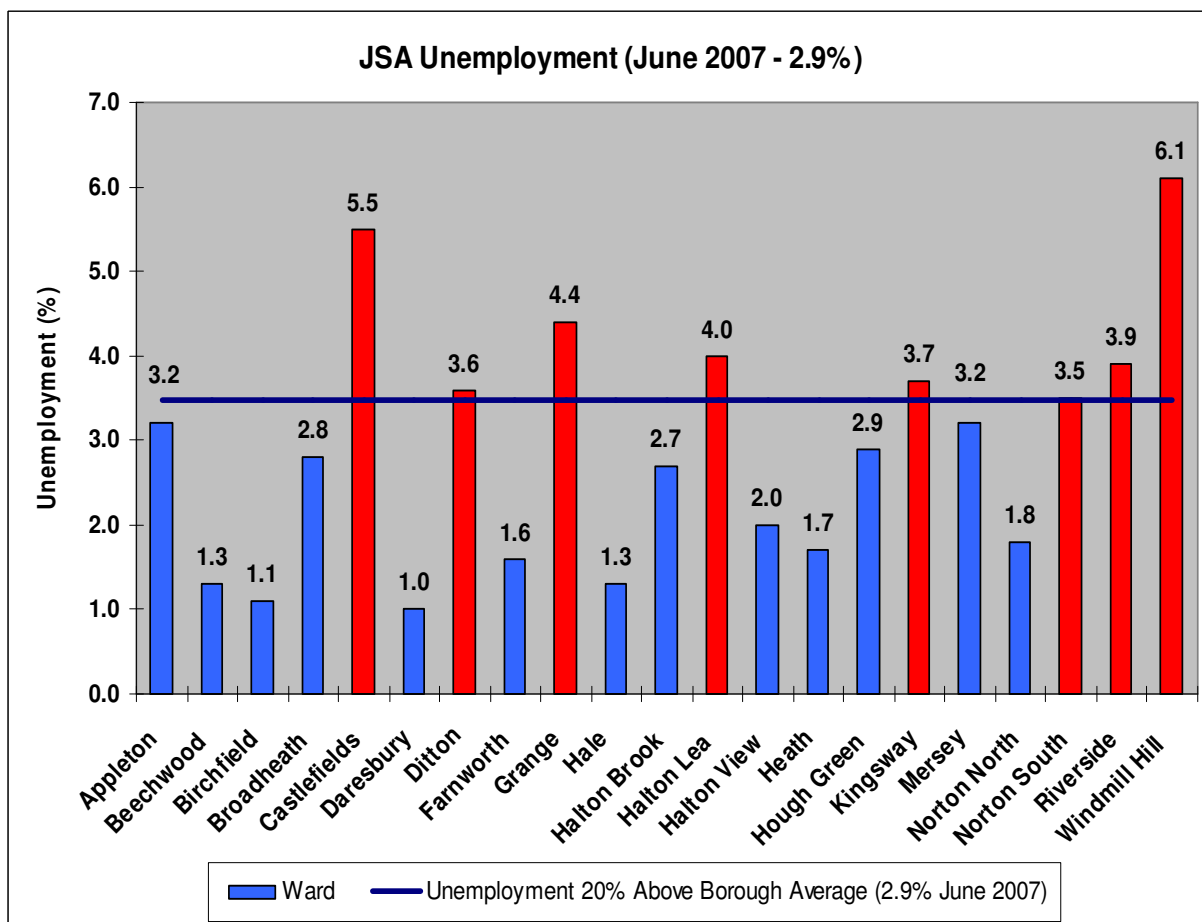
- **By 2011 we aim to: Increase number of adults qualified to Level 4/5 by 15%**



The trend line has been extrapolated from the Local Area Labour Force Survey (1999-2003) and the Annual Population Survey (2004 – 2006).

EQUITY

- **By 2011 we aim to: Ensure unemployment rate in any ward is less than 20% above the borough average**



There are currently eight wards with unemployment above 3.48% (20% higher than the current borough unemployment average (2.9%) – highlighted in red).

6. Safer & Stronger Communities Block

Key Targets

- Reduce overall crime British Crime Survey Comparator recorded crime.
- Narrow the gap between worst performing wards and Halton Average.
- Reduce violent crime rates from serious wounding and common assault.
- Reduce criminal damage.
- Reduce burglary dwelling.
- Reduce number of theft of vehicles.
- Reduce number of thefts from vehicle.
- Increase the total numbers of young people with a substance misuse problem choosing to have treatment.
- Increase the number of young people and their families accessing specialist support services.
- Reduce ASB incidents recorded by police.
- An increase in the percentage of abandoned vehicles removed within 24 hours from the point where the local authority is legally entitled to remove the vehicle.
- Reduce deliberate number of incidents of vehicle arson to non derelict fires.
- Reduce fly tipping (fly capture).
- Reduce deliberate property fires by 10%.
- Increase the number of incidents of domestic abuse which result in sanctioned detection.
- To reduce the number of repeat victims of domestic abuse reported annually to the police (directly or through a third party) in the same period who are repeat victims.

Current position

- During April to June 2007 Halton area has achieved exceptional performance of **BCS Comparator Crime** against 17.5% reduction target. A **15.0% reduction** was achieved when quarter 1 was compared to the same period during the previous year (2167 to 1843). Based on current performance projected year end will be 7372 crimes equating to **-5.2% below** LAA Target of 7776 crimes.
- Classified **Worst Performing Wards** within Halton for BCS Comparator Crimes equates to 22.0 per 1000 population (population based on 38,817) when compared to all Halton with 15.6 per 1000 population (population based on 118,156).
- During April to June 2007 Halton area has achieved an **8.5% reduction** in **Common Assault & Serious Wounding** crimes when compared to the same period during the previous year (585 to 5353). However, based on current performance projected year end will be 2140 crimes equating to **+11.9% above** LAA Target of 1913 crimes.

- During April to June 2007 Halton area has achieved exceptional performance with a **31.1% reduction** in **Criminal Damage** crimes when compared to the same period during the previous year (1049 to 723). Based on current performance projected year end will be 2892 crimes equating to **-16.5% below** LAA Target of 3462 crimes.
- During April to June 2007 Halton area has achieved a **20.2% reduction** in **Household Burglary** crimes when compared to the same period during the previous year (168 to 134). However, based on current performance projected year end will be 536 crimes equating to **+50.6% above** LAA Target of 356 crimes.
- During April to June 2007 Halton area has achieved exceptional performance with a **31.9% reduction** in **Theft of Vehicle** crimes when compared to the same period during the previous year (166 to 113). Based on current performance projected year end will be 452 crimes equating to **-23.1% below** LAA Target of 588 crimes.
- During April to June 2007 Halton area has achieved a **20.5% reduction** in **Theft from Vehicle** crimes when compared to the same period during the previous year (249 to 198). However, based on current performance projected year end will be 792 crimes equating to **+5.7% above** LAA Target of 749 crimes.
- During QUARTER 1 2007/08 April & May 2007 only Halton recorded 37 **Abandoned Vehicles** achieving a **-14.0% decrease** when compared to the previous two months (43 to 37).
- During April to June 2007 Halton Fire and Rescue Service has achieved exceptional performance with a **13.5% reduction** in **Deliberate Vehicle Fires** when compared to the same period during the previous year (37 to 32). Based on current performance projected year end will be 128 fires equating to **-8.6% below** LAA Target of 140 deliberate vehicle fires. Further analysis highlighted open spaces such as playing fields and car parks as most common areas to ignite vehicles.
- During QUARTER 1 2007/08 April & May 2007 Halton recorded 167 **Fly Tipping** cases achieving a **-35.5% decrease** when compared to the same period during the previous year (259 to 167).
- During April to June 2007 Halton Fire and Rescue Service has achieved exceptional performance with a **74.2% reduction** in **Deliberate Property Fires** when compared to the same period during the previous year (31 to 8). Based on current performance projected year end will be 32 fires equating to **-68.0% below** LAA Target of 100 deliberate property fires. Further analysis highlighted no repeat locations or common causation themes although unoccupied properties were highlighted.
- During April to June 2007 Preventative Services mini-Trust had 114 young people with a **Substance Misuse Choosing To Have Treatment**.
- During April to June 2007 Preventative services mini - Trust had 52 **Young People And Their Families** are supported in dealing with harm caused by the numbers of parents / carers / siblings accessing support services.
- During April to June 2007 Halton area has achieved exceptional performance with a **12.2% reduction** in **Anti Social Behaviour Incidents** when compared to the same period during the previous year (2830 to

2484). Based on current performance projected year end will be 9936 incidents equating to **-4.7% below** LAA Target of 10423 incidents.

- During April to June 2007 Cheshire Constabulary- Halton Division of Northern Area BCU had a **29.6% decrease** in **Domestic Related Sanction Detections** when compared to the same period during the previous year (81 to 57). However, due to the nature and timeliness delay of recording sanction detections on closed reports this figure will change and be continually updated. Based on current performance projected year end will be 228 domestic incidents with closed sanction detections equating to **-19.1% below** LAA Target of 282.
- During April to June 2007 Cheshire Constabulary- Halton Division of Northern Area BCU had a **1.0% increase rate** in **Domestic Related Repeat Locations** when compared to the same period during the previous year (16% to 17%). Also due to the cumulative count of repeat locations this trend is likely to increase throughout this year, therefore it may be necessary to review target indicator. NB The target is to lower repeat VICTIMS and not repeat locations.
- During April to June 2007 Halton Fire and Rescue Service has achieved exceptional performance with a **39.1% reduction** in **Accidental Dwelling Fires** when compared to the same period during the previous year (23 to 14). Based on current performance projected year end will be 56 fires equating to **-40.4% below** LAA Target of 94 accidental dwelling fires. Further analysis highlighted Widnes area of Halton with highest proportion of accidental dwelling fires and main causation factor was initiation from kitchen area around cooker, grills or pans.
- During April to June 2007 Cheshire Constabulary- Halton Division of Northern Area BCU has achieved a **7.1% increase** in **Domestic Incidents with Power of Arrest** when compared to the same period during the previous year (127 to 136). Based on current performance projected year end will be 544 incidents with power of arrest equating to **+19.3% above** LAA Target of 456. Further analysis highlighted Cunningham Road, Hedge Hey, Larch Road, Penare and Hale Road as repeat locations. NB: The target is to increase ACTUAL arrests and not Power of Arrest.

ALCOHOL HARM REDUCTION

What have we done?

The Safer Halton Partnership Alcohol Harm Reduction Strategy was finalised at the beginning of 2006/07. It identifies a number of key strategic priorities, namely; health and treatment services, community safety, the alcohol industry, the workforce, community impacts and responses and young people. Alcohol has been identified as a key 'transformational issue' within Halton's LAA.

Health & Treatment Services

- Provided alcohol awareness and brief interventions training for professionals. In total 120 people attended.

- Identified current PCT investment of £150k in the Tier 3 alcohol service provision.
- Co-located the tier 3 alcohol service with the drug and prolific offenders services at Ashley House.

Community Safety

- The role of PCSOs has been developed to encompass addressing alcohol related anti-social behaviour and neighbour nuisance
- Trading Standards and Cheshire Constabulary have carried out a series of operations to address the issue of underage off & on-licence sales
- Participated in the Trading Standards North West Regional Alcohol Survey

Alcohol Industry

- Provided training on Responsible Retailing. 44 participants successfully completed the course.
- Continued to support and expand Pub Watch across Halton.
- Provided a phone number through which members of the community can report under age sales of alcohol

Young People

- The establishment in 2006/07 of the Preventive Services mini-trust, managing the Children's Fund, Teenage Pregnancy and Young Peoples Substance Misuse, has enabled a more cohesive delivery of related agendas.
- A YISP/YOT (Youth Inclusion Support Panel/Youth Offending Team) has been established across Halton and Warrington. The project works directly with young people who are at risk of falling into the criminal justice system, including around issues with alcohol and anti-social behaviour, for young people aged between 8 and 17.
- Arch Initiatives Family Support Service. An established service commissioned through Children's Fund, it was redesigned to deliver support to children and young people (0 – 12) affected by substance misuse, including alcohol

Information & Data

- Begun to identify existing alcohol and alcohol related data streams from across individual agencies within the partnership.
- Produced performance management frameworks for the tier 2 & tier 3 alcohol services
- Established a number of targets and outcomes for young peoples substance misuse that are contained within the Children & Young People's plan.

What have we learned?

- Capacity to coordinate organisations activities, and ensure linkages with other, relevant themes, such as mental health, older people, safeguarding children etc is required within the Safer Halton Partnership
- The capacity of Halton's alcohol treatment services is insufficient to meet demand.
- Data collection across the partnership is patchy making it difficult to analyse issues, identify progress and set targets.

What will do?

- Continue to seek further investment in alcohol treatment and prevention services in partnership with the PCT.
- Consider the tendering and re-commissioning of the tier 3 alcohol treatment service
- Work with key partners, to improve data collection, analysis and target setting in key areas

What are our future prospects?

Given its starting position, Halton has made a promising start in delivering its Alcohol Harm Reduction strategy. Given the nature of some of the issues around data collection and analysis, any evidence of impact will only be known in the medium term.

DRUG TREATMENT SERVICES

What have we done?

In August 2006, Halton's drug, alcohol and Prolific Offenders services co-located at Ashley House. In addition are a range of health, criminal justice, domestic abuse, benefits advice, supported housing and employment & training agencies supporting the delivery of a 'one-stop shop' approach. This innovative project is one of the first of its kind nationally, and is in keeping with the NTA Treatment Effectiveness strategy. Halton DAAT has also worked with Halton Safeguarding Children Board to audit local services responses to Hidden Harm. An action plan to address the issues raised will be implemented in 2007/08. In 2007/08 there will be a particular emphasis on supporting service users to develop skills and knowledge that will enable them to become peer educators. In the Healthcare Commission Improvement Review Halton DAAT were rated as fair with a score of 24, from a maximum total of 38. Of the 11 elements scored in the review, commissioning, access to a range of services and retention scored 'good'.

Halton DAAT has consistently met its performance targets around numbers in treatment, retention in treatment, waiting times and care planning. NTA Board papers May 07 identify Halton as the second best performer nationally in

terms of numbers in treatment against planned performance, retention target and waiting time target.

Halton DAAT have been identified by the National Treatment Agency as 'one of the regions best performing partnerships'. The treatment plan for 2007/08 will seek to enhance what the NTA have also identified as being 'impressive services'.

What have we learned?

Over the past few years the DAAT has been working with providers to improve both access to and the quality of services. Co-location has identified that there are potential efficiencies in service delivery and that staff skills are not always in the right place at the right time to support the client journey. This is an area where the DAAT will seek improvements to support service integration.

What will do?

Throughout 07/08 and on into 08/09, Halton DAAT will be continuing to integrate the drug, alcohol and prolific offenders services at Ashley House. There will be particular emphasis on providing services such as employment, housing and health improvement/healthy living that will support service users out of drug and alcohol treatment and back into the community.

What are our future prospects?

Halton DAAT is on track to exceed its performance targets.

DOMESTIC ABUSE

What have we done?

Halton's Domestic Abuse Forum has achieved success in many areas and has implemented various schemes and services for people affected by domestic abuse – some of which are listed below:

- Commissioned additional services to provide more support for people who are affected by domestic abuse. This includes a one stop shop service, a 24 hour helpline, Court advocacy, Sexual Assault and Rape support and advocacy and children's counselling.
- Increased the number of successful convictions in the specialist domestic violence court and provided 32 survivors of domestic abuse with the Sanctuary Scheme.
- Linked in with the Children and Young People's Plan to ensure action plans are cross referenced with regards to safeguarding/CP for domestic abuse.

What have we learned?

- That the way some data is currently recorded by agencies be adapted to better suit the targets in Halton's LAA e.g. actual arrest, not power of arrest and repeat victims of domestic abuse incidents, not repeat locations.
- A review to be carried out of repeat victims with a view to referring those most at risk/with the most number of call outs to the MARAC and the need for Sanctuary scheme is far greater than anticipated and further funding must be sought from Partnership agencies
- Halton's Specialist Domestic Violence Court has a lower successful outcomes rate than a number of other courts in the North West.

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What will we do?

- A proposal is being put forward to the Core Strategy Board by Supporting People and further funding streams are being researched to increase the number of sanctuary schemes that are completed in Halton
- Ensure that all very high risk clients are being discussed at MARAC – look at the possibility of introducing those assessed at high risk as a way of minimising risk at an earlier stage. The Forum will continue to support the MARAC and ensure it runs according to CAADA guidance
- The Forum will invite a member of HMCS to attend Strategy group meetings so that management decisions about the Specialist Domestic Violence Court can be made with regards to improving performance and further specialist training for magistrates

What are our future prospects?

It is envisaged that by the end of March 2008, more than 840 people in Halton will have been referred to a domestic abuse support service. Police will have recorded 2560 incidents of domestic abuse – 544 of which an offence will have been committed and 328 arrests made. More than 80 children and young people will have received counselling services. More than 80 victims of sexual assault and rape will have received counselling services

Should funding beyond April 2008 be secured, it will be possible to mainstream all the services and schemes, establish a one stop shop in the borough and continue to improve on the success of the MARAC, Sanctuary Scheme and service provision – while increasing performance in the SDVC, lowering repeat victims and increasing arrests and sanction detections.

CURRENT AND REPEAT CRIME

What have we done?

- Reviewed the crime recording processes during the stabilisation of the Constabulary's new crime recording processes – Atlas. This has determined a degree of over reporting of crime figures.
- Reviewed quality of service in terms of crime recording to ensure consistency.

- Encouraged reporting in certain crime types i.e. Race / Hate, domestic violence, etc.

What have we learned?

We now have a more accurate recording system and are beginning to compile consistently accurate statistics. The standard of service to the community has improved because of this.

What will we do?

Continue to accurately record crime figures, which will help to inform the delivery of intelligence lead policing throughout the borough.

What are our future prospects?

The production of consistently accurate statistics, which will be displayed throughout the community to reassure residents that they are being kept informed and are receiving a quality service which meets the needs of the community.

VIOLENT CRIME

What have we done?

- Undertaken high profile patrols in violent crime hot spots.
- Included this crime category within Police and Partnership tasking & Coordination processes.
- Undertaken a review of violent crime approaches within the Borough.

What have we learned?

To differentiate between the types of crime committed under this category, in order to inform the most appropriate response in all cases.
To focus on the hot spot areas and implement initiatives within these areas.

What will we do?

Work is currently being undertaken to compare best practice nationally on violent crime, which can be implemented within Halton using the LPSA 2 pump priming funding. From this a detailed action plan will be produced to be consulted on by the wider partnership and implemented.

What are our future prospects?

The successful implementation of the LPSA 2 action plan and the achievement of the LPSA 2 and LAA targets.

BURGLARY

What have we done?

- Worked with RSLs and Planning Department to design out burglary opportunities.
- Implemented as Smartwater initiatives for repeat victims and identified hotspots.
- Focused on PPO's with propensity to commit this crime type and maintained a specific Burglary squad within the police.

What have we learned?

Necessary to take proactive measures to educate residents and home owners on how to secure their property. To target known hot spot areas and known prolific offenders.

What will we do?

Continue to educate home owners and residents on how to best secure their properties.

Offer specific and tailored professional crime reduction advice.

Offer victim support to those who have suffered burglary

What are our future prospects?

Continued targeting of hot spot areas and known offenders, together with improved cross border working to tackle offenders coming into Halton to commit burglary offences.

VEHICLE CRIME

What have we done?

- Undertaken high profile patrols in vehicle crime hot spots and focused on PPO's with a propensity to commit this crime type
- Maintained a vehicle crime squad within the police and undertaken specific initiatives against known offenders and in specific locations.
- Provided vehicle crime prevention advice to drivers.

What have we learned?

To identify hot spot areas and target resources there to deter further offences by increasing uniformed presence.

To monitor prolific offenders at large within the community in order to prevent them re-offending.

How to use dedicated operations to apprehend known offenders.

What will we do?

Continue to target prolific offenders and continue to monitor known hot spots.
Continue to use dedicated operations to apprehend offenders.

What are our future prospects?

Successful targeting of known offenders and hot spot areas.
Use of dedicated operations to apprehend offenders.
The successful implementation of the LPSA 2 action plan and the achievement of the LPSA 2 and LAA targets.

ANTI SOCIAL BEHAVIOUR

What have we done:

- Implemented Halton's 'Promoting Positive Behaviour' ASB strategy.
- Introduced a parenting and practitioner service and introduced Floating support worker for families.
- Taken formal court action in form of ASBOs against repeat offenders and taken formal action when ASBOs are breached

What have we Learned?

To engage with all agencies when dealing with cases
To use the full range of powers available to the partnership.
To offer a range of interventions involving all agencies.

What will we do?

Continue to implement the Promoting Positive Behaviour strategy.
Continue to tackle ASB through a multi-agency approach.
To continue to engage with cases at all levels using the full range of powers and interventions available.

What are our future prospects?

Continued intervention work with young people and their families.
Continued intervention in partnership with RSL's.
To secure continued financial support from the RESPECT Task Force.

FIRE SERVICE

What have we done?

- Implemented a car clear scheme to remove abandoned vehicles prior to being ignited and undertaken arson reduction initiatives within identified areas.

- Undertaken various youth engagement programmes eg RESPECT and Kooldown,
- Undertaken significant numbers of Home safety checks and recruited volunteers to assist in reduction programmes.

What have we Learned?

To use early intervention and engagement activities, to involve young people.
To raise awareness amongst partner agencies of hot spot areas, arson is a standing agenda item at Partnership Tasking & Co-ordination.
To identify potential buildings or sites and take positive preventative action.

What will we do?

Continue to engage with young people.
Continue to raise awareness amongst partners.
Continue to identify problem areas.

What are our future prospects?

Further successful engagement with young people.
Continued successful partnership working.
Successful identification of hot spot areas.

ENGAGEMENT & LIVEABILITY

What have we done?

- Community Watch; Re-launch is planned for the end of September during Safer Halton week.
- 'Listen!' is a grass roots development project run by Four Estates is working with the elderly, youth and adults on the four estates of Palace Fields, Hallwood Park, Murdishaw and Halton Brook. A DVD 'Palacefields Grass Roots' has been produced.
- Neighbourhood Pride has completed a range of high quality schemes at several locations through the Borough over the past year.

What have we learned?

Proper pre-start consultation with ALL stakeholders is essential.
We need to improve the coverage and quality of the data, especially perception data, that we collect.
The 'legacy' of a regeneration/environmental project is what it will look like five years after completion as much as on the grand opening day. This issue must be factored into the planning stage, with robust and challenging milestones and indicators.

What will do?

The task group will continue to meet to scrutinise the KPIs and progress of ongoing project throughout the remainder of 2007/8.

This will highlight new trends and issues that require action by the task group or wider partnership.

We shall also offer a forum to showcase success and good practice, also what works, and what hasn't worked so well(!), so all can learn.

What are our future prospects?

Whilst the uncertainty about funding, especially the ending of NRF support for some projects is a challenge to the continuation of the task group, the rise of the 'liveability' and 'engagement' issues up the Government's league table, together with the evolving local community cohesion issues augurs well for the future of the task group, albeit with probably a reshaped focus and remit.

7. LAA Outcomes Performance Table

Indicators highlighted in blue are those included in the LPSA2 agreement which now merges into the LAA. Indicators highlighted in red are the mandatory items. Those indicators printed in black are the local discretionary targets

7.1 Healthier Communities & Older People Block

Outcomes	Indicators	Baselines 2006/07 (Unless otherwise stated)	Performance Data as of September 2007	Targets 2007/08 (including stretch targets, and their annual unstretche d targets)	Targets 2008/09 (including stretch targets, and their annual unstretche d targets)	Targets 2009/10 (including stretch targets, and their annual unstretched targets)	Performanc e Rating
Improved Health and reduced health inequalities:	Reduce health inequalities between Halton and the England population by narrowing the gap in all-age, all-cause mortality by at least 10% by 2010 (2009-11)	2002-04 DSR per 100,000 all age population England DSR M 784.9 DSR F 543.7 Halton DSR M 946 DSR F 698 Gap M 20.5% Gap F	2003-05 DSR per 100,000 all age population England DSR M 759.7 DSR F 532.1 Halton DSR M 915.2 DSR F 690.2 Gap M 20.5% Gap F 29.7%	2006-2008 Data Period DSR M 863 DSR F 632	2007-2009 Data Period DSR M 844 DSR F 617	2008-2010 Data Period DSR M 825 DSR F 602	Male Green Female Amber

		28.4%					
Reduce premature mortality rates and reduce inequalities in premature mortality (cont)... ...rates between wards/neighbourhoods with a particular focus on reducing the	Reduce standardised mortality rates from Circulatory Diseases in people under 75, so that the absolute gap between Halton and the national rate is narrowed, at least in line with LDP trajectories by 2010.	2003-2005 Data Period 112.0 per 100,000	2004-2006 Data Period 110.2 per 100,000	2006-2008 Data Period 104 per 100,000	2007-2009 Data Period 98 per 100,000	2008-2010 Data Period 92.1 per 100,000	Green

risk factors for heart disease, stroke and related diseases (CVD) (smoking, diet and physical activity)	Reduce the death rate from all cancers (in under 75s) by 26% by 2010 (2009-11)	2003-2005 Data Period 168.2 per 100,000	2004-2006 Data Period 168.6 per 100,000	2006-2008 Data Period 152.9per 100,000	2007-2009 Data Period 147.8per 100,000	2008-2010 Data Period 142.7per 100,000	Red
	Reduce health inequalities within Halton, by narrowing the gap in all-age, all-cause mortality between the 20% of wards experiencing the highest rate and the Halton average by at least 25%	2003-2005 Data Period Halton: 803.7 Highest wards: 1368.4 Gap: 70.3%	2004-2006 Data Period Halton: 800.6 Highest wards: 1363.1 Gap: 70.3%	2004-2006 Data Period Gap: 67.3%	2005-2007 Data Period Gap: 64.4%	2006-2008 Data Period Gap: 61.5%	Red
	Reduce adult smoking rates to under 22%. With focus on most deprived wards which have the highest smoking prevalence	2004 estimate: 34%	25.6% (April 07 – Aug 07)	33%	32%	31%	Green

	People reporting to NHS Stop Smoking Services who set quit date and still stopped at 4 week review	850 (2005/06)	521 set quit date 206 quit at 4 weeks (April 07 – Aug 07)	1000	2000	To be negotiated	Amber
Enhance the health & well being of Halton people inc. vulnerable seldom heard group i.e. Older people, BME, C & YP, carers	Increase by 5% the number of adults in Halton participating in at least 30 minutes moderate intensity sport and active recreation (including recreational walking) on 3 or more days a week, as measured by Sport England's Active People survey	24% (2004)	No new data yet available	25%	27%	29%	

Improved care for long term conditions and support for carers	Unplanned emergency bed days (for aged 65+)	58,649 (04/05)	34,278 (April 07 - Sept 07)	2% reduction	6% reduction	To be agreed at review & refresh stage	Green
	Carers receiving specific carer service after assessment or review	195 (04/05)	270 (April 07 - Sept 07)	250	600		Green

7.2 Urban Renewal Block

Outcomes	Indicators	Baselines 2006/07 (Unless otherwise stated)	Performance Data as of September 2007 (please see notes * below)	Targets 2007/08 (including stretch targets, and their annual unstretched targets)	Targets 2008/09 (including stretch targets, and their annual unstretched targets)	Targets 2009/10 (including stretch targets, and their annual unstretched targets)	Performance Rating
Increase job supply for Halton residents	Increase the numbers of jobs in Halton by 5%	53,086 (2005)	54,800	53,686	54,486	55,740	Green
Improvement of the environment through land reclamation	Bring 24ha of derelict land back into beneficial use	0	0.25 (*1)	8	8	8	Amber
Secure private sector investment in commercial premises in order to create more jobs for local	Facilitate bringing to market of at least 60,000 sq. m. of new and replacement commercial	0	2,000 (*2)	20,000	20,000	20,000	Green

people	floorspace						
As part of an overall housing strategy for the district ensure that all social housing is made decent by 2010, <i>unless a later deadline is agreed by DCLG as part of the Decent Homes programme</i>	Proportion of social housing meeting required standard	64.3%	No New Data Available	75%	85%	100%	
Reduce waste to landfill and increase recycling	Reduce household waste arisings sent to landfill (BVPI 82d)	76.8%	71.06% (*3)	74%	72%	70%	Green
Reduce waste to landfill and increase recycling	Ensure 40% of municipal waste is recycled or composted	24% (2005/06)	28.95% (*4)	26%	32%	40%	Red

(* 1) Progress on this target is being delayed due to ongoing negotiations with the Environment Agency to meet DEFRA requirements for funding.

(* 2) There is lots of work under way, which means the target will be achieved, but only one development has been completed in the first half of this year.

(* 3) This is a 6-month estimate only, as this indicator is subject to seasonal variation. However, indications are that the Authority is on track to hit the 2007/08 targets.

(* 4) The Authority is on track to meet the target of reducing household waste 'arisings' sent to landfill to 70% by 2009/10. However, it must be stressed that the Council's current plans will not meet the target of recycling or composting 40% of waste by 2009/10.

7.3 Children & Young People Block

Outcomes	Indicators	Baselines 2006/07 (Unless otherwise stated)	Performance Data as of September 2007	Targets 2007/08 (including any stretch targets, and their annual unstretched targets)	Targets 2008/09 (including any stretch targets, and their annual unstretched targets)	Targets 2009/10 (including any stretch targets, and their annual unstretched targets)	Performance Rating
Help achieve economic well-being	Reduce Percentage of 16-18 year olds not in education, employment or training to fewer than 7%	10.3%	13.32% (Aug 07)	9.4%	8.6%	7.7%	Red
Tackle the underlying determinants of ill health and health inequalities	By reducing the under-18 conception rate by 50% by 2010 as part of a broader strategy to improve sexual health	-7.0% (2004 data)	+18% (2005)	-15%	-30%	-50%	Red

	(1998 Baseline)						
Be Healthy	The percentage annual increase in the number of schools with an approved school travel plan (STP) required to achieve 100% STP coverage by March 2010	Baseline – 18% in 2003/04	56%	64%	76%	88%	Green
Target 1	Increase the % school attendance of children who have been looked after for at least 12 months	89.6%	90.7%	91%	92.6%	93.5%	Green

Target 2	Increase % of LAC under 16, looked after for more than 2.5 years, that have been in their current placement for at least 2 years (LAC 24)	64.4%	75.3%	81.5%	83%	85%	Green
Target 3	Increase the percentage of year 11 pupils gaining 5 GCSEs at grades A*-C or DfES agreed equivalents, including English and Maths	32.5% (2004/05)	41.0%	37.0%	40.5%	44.0%	Green
Have security, stability and are cared for	Reduce the ratio of children looked after per 10,000 child population	57.1	54.0%	56.2	55.0	53.5	Green

To help children attend and enjoy school	To reduce unauthorised absence towards the national average in both primary and secondary schools by 6% and 10% respectively	Primary 5.78 Secondary 9.37	Primary 0.50 Secondary 2.10%	Primary 5.54 Secondary 9.20	Primary 5.40 Secondary 9.0	Primary 5.25 Secondary 8.56	Primary Green Secondary Green
To help children attend and enjoy school	Reduce number of days lost through chronic ill health through the development of joint working with the health sector.	Primary 5.25 Secondary 7.50	Primary 5.4 Secondary 6	Primary 5.22 Secondary 7.46	Primary 5.19 Secondary 7.42	Primary 5.16 Secondary 7.37	Primary Amber Secondary Green
Achieve stretching educational standards inclusively	To reduce the proportion of pupils with statements of special education needs to 2.8%.	3.0%	2.65%	2.95%	2.9%	2.8%	Green

	By 2008 all schools to ensure that at least 50% of pupils achieve a level five or above in each of English, maths and science at Key Stage 3	87.5% (1 of our 8 schools did not achieve this target)	87.5	100% of school achieve target	100% of school achieve target	100% of school achieve target	Amber
Prepare young people for employment	To increase the number of 19 year olds with Level 2 qualifications.	55%	65.0% (2006)	60.0%	65.5%	71.5%	Green
Prepare young people for employment	Increase the % of young people achieving Level 3 by 19	(2004/05) 36%	(2005/06) 34%	Targets to be agreed in 2006-07			Red
Give young people the chance to attend and enjoy school	Reduce the number of pupils permanently excluded from Halton Schools	40 (Pending confirmation of 2005-06 figure by DfES)	33	32	To be agreed	To be agreed	Green
Give young people the chance to attend and enjoy school	To reduce the number of schools with over 25% surplus capacity	January 2006 29% of Primary Schools and 25% of High	As per Building Schools for the Future	Reduction to 12% primary and 12.5% secondary –	12% primary and 12.5% secondary	To be agreed	Green

		schools		based on revised net capacity – to be effective in September 2008			
Children and young people are mentally and emotionally healthy	Young Children’s emotional and mental health is improved by an increase of 10% in the number of primary schools achieving the healthy School Standard in relation to emotional health and well-being	75%	100%	Targets to be agreed by Sept 07	Targets to be agreed by Sept 07	Targets to be agreed by Sept 07	Green
Children and young people are mentally and emotionally healthy	Children and young people’s emotional and mental health is improved by ensuring that 100% of referrals to CAMHS services result in	50%	80%	Targets to be agreed by Sept 07	Targets to be agreed by Sept 07	Targets to be agreed by Sept 07	Green

	individuals accessing appropriate services						
Children have security, stability and are cared for	Children with disabilities will have improved security, stability and care within their home environment by all eligible families being offered a carers' assessment by 2009	87%	100%	Data re completed carers assessments to be collected by June 07 Targets to be agreed by Sept 07	Targets to be agreed by Sept 07	Targets to be agreed by Sept 07	Green
Develop self-confidence and successfully deal with significant life changes and challenges	100% of young people with disabilities progress into further education, work or other positive destinations each year	90%	91%	Data re. progression into positive destinations to be collected by June 07 Targets to	Targets to be agreed by Sept 07	Targets to be agreed by Sept 07	Amber

				be agreed by Sept 07			
Choose not to take illegal drugs	Young people with a substance misuse problem (including alcohol) choose to have treatment and this increases by 60% year on year from the current baseline by 2008	37	96	59	94	150	Green

*** All school performance baseline data refers to 2004/05 academic year.

7.4 Employment Learning & Skills Block

<i>Outcomes</i>	<i>Indicators</i>	<i>Baselines 2006/07 (Unless otherwise stated)</i>	<i>Performance Data as of September 2007 (unless otherwise stated)</i>	<i>Targets 2007/08 (including stretch targets, and their annual unstretched targets)</i>	<i>Targets 2008/09 (including stretch targets, and their annual unstretched targets)</i>	<i>Targets 2009/10 (including stretch targets, and their annual unstretched targets)</i>	<i>Performance Rating</i>

<p>Within each NRF district, for those living in the wards identified by DWP as having the worst labour market position (as at February 2004), significantly improve their overall employment rate and reduce the difference between their employment rate and the overall employment rate for England</p>	<p>Within that NRF district a reduction by 2007-8 of at least 1.6 percentage point in the overall benefits claim rate for those living in the Local Authority wards identified by DWP as having the worst initial labour market position.</p>	<p>Appleton 23.9% (900)</p>	<p>24.5% (925) June 07</p>	<p>24.8%</p>	<p>22.3% (839)</p>	<p>To be negotiated at review & refresh stage</p>	<p>Appleton Amber</p>
		<p>Castlefields 33.3% (1400)</p>	<p>34.49% (1,450) Jun 07</p>	<p>36.0%</p>	<p>31.7% (1332)</p>		<p>Castlefields Red</p>
		<p>Halton Lea 33.5% (1320)</p>	<p>33.38% (1315) June 07</p>	<p>33.9%</p>	<p>31.9% (1256)</p>		<p>Halton Lea Amber</p>
		<p>Kingsway 27.0% (995)</p>	<p>26.19% (965) June07</p>	<p>26.2%</p>	<p>25.4% (936)</p>		<p>Kingsway Green</p>
		<p>Grange 26.1% (1050)</p>	<p>26.85% (1,080) June 07</p>	<p>27.0%</p>	<p>24.5% (985)</p>		<p>Grange Red</p>
		<p>Riverside 31.0% (900)</p>	<p>30.31% (880) June 07</p>	<p>30.0%</p>	<p>29.4% (853)</p>		<p>Riverside Green</p>
		<p>Windmill Hill 45.4 (675)</p>	<p>43.38% (645) June 07</p>	<p>43.4%</p>	<p>43.8% (651)</p>		<p>Windmill Hill Green</p>
		<p>Stats DWP website (dated 5/05)</p>					

Within that NRF district a reduction by 2007-8 of at least 1.6 percentage point in the difference between the overall benefits claimant rate for England and the overall rate for the local authority wards with the worst initial labour market position.	22.2% (16,430) Stats DWP website (dated 5/05)	22.21 (16,440)	22.5%	20.6% (15,245)		Red
Increase number of adults qualified to Level 3 by 5%	12,200 (Jan-Dec 05)	12,300 (Jan – Dec 06)	150	200	260	Green
Increase number of adults qualified to Level 2 by 6%	14,300 (04-05)	16,800 (Jan – Dec 06)	250	300	314	Green
Reduce number of adults with no qualifications by 6%	14,400	14,500 (Jan – Dec 06)	250	300	314	Red
Increase rate of self-employment by 9%	5.7%	5.7%	5.8%	6.0%	6.2%	Amber

	Increase number of VAT registrations by 9%	235 p.a.	250	242	249	256	Green
	Adults gaining Skills for Life 1 or 2 or ESOL SfL at Entry level 1 to 3	19 (04/05)	18	53	63	To be negotiated	Green
Increase IB recipients into work or self employment	IB recipients sustaining 16 hrs+ employment for 13weeks+	18 (05/06)	75	50	100	179	Green

7.5 Safer & Stronger Communities Block

Outcomes	Indicators	Baselines 2006/07 (Unless otherwise stated)	Performance Data as of September 2007	Targets 2007/08 (including stretch targets, and their annual unstretched targets)	Targets 2008/09 (including stretch targets, and their annual unstretched targets)	Targets 2009/10 (including stretch targets, and their annual unstretched targets)	Performance Rating
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Reduce overall crime in line with Halton's Crime and Disorder Reduction Partnership targets and narrow the gap between the worst performing wards/neighbourhoods and other area across Halton (Source ((PSA I) SDCF Agreement))	Reduction in overall British Crime Survey comparator recorded crime (PSA1)	9,421 (03/04)	3,745 (April 07 – Sept 07)	7,776	To be negotiated	To be negotiated	Green
	Narrow the gap between worst performing wards and Halton average	Appleton Castlefields Halton Lea Kingsway Norton South Riverside Windmill Hill	Now new data available	Baseline data currently being agreed from I - Quanta analysis – due Jan 07	To be negotiated	To be negotiated	
	Reduce violent crime rates from serious wounding and common assault	2,133 (03/04)	1,061 (April 07 – Sept 07)	1,913	To be negotiated	To be negotiated	Green
	Reduce criminal damage	4,349 (03/04)	1,467 (April 07 – Sept 07)	3,462	To be negotiated	To be negotiated	Green
	Reduce burglary from dwellings	593 (03/04)	272 (April 07 – Sept 07)	356	To be negotiated	To be negotiated	Green
	Reduce the number of thefts of vehicles	753 (03/04)	249 (April 07 – Sept 07)	588	To be negotiated	To be negotiated	Green

	Reduce the number of thefts from vehicles	1,108 (03/04)	408 (April 07 – Sept 07)	749	To be negotiated	To be negotiated	Green
Reduce the proportion of prolific and other priority offenders who re-offend:	Reduce the level of offending by Prolific and Priority Offenders	To be confirmed on Jan 07 figures showing both actual cohort numbers and percentages	No new data available	-20%(on 07 baseline)	-25%(on 07 baseline)	TBC	
	Reduce the rate of adult offending	Being negotiated nationally					
	Reduce the rate of youth offending	97 in cohort 41.2% recidivism (2004)	151 in cohort 27.8% recidivism (2005)	39.2%	37.2%	36.2%	Green
Reduce the rate of youth offending	Proportion subject to ISSP completing their order	22 individuals 60% completion (05/06)	20 Individuals 65% Completion (06/07)	TBC	TBC	TBC	Green

Reduce the harm caused by illegal drugs	Increase the total numbers of individuals in treatment	604 (2004/05)	851 April – August 07	665	790	810 (based on current funding)	Green
	Increase the retention rate in treatment for 12 weeks	80% (2004/05)	93% April to August 07	85%	88%	89% (based on current funding)	Green
	Increase number of young people with a substance misuse problem choosing to have treatment	37 (2005)	60 – Addaction 36 YOT (JMU Data) April to August 07	59	94	150	Green
	Increase number of young people and their families accessing specialist support services	7 (2005)	32 Addaction April to August 07	20	40	60	Green
	Reduce public perception of local drug dealing or drug use as a problem	57% (BVPI Gen. Survey 2006)	No new data Available	55%	53%	50%	

Build respect in communities and reduce anti-social behaviour	Percentage of people who feel informed about what is being done to tackle anti-social behaviour in their local area	21% (BVPI Gen. Survey 2006)	No new data Available	23%	25%	27%	
	Degree to which people feel that parents in their local area do not take responsibility for the behaviour of their children	74% (BVPI Gen. Survey 2006)	No new data Available	73%	72%	70%	
	Increased percentage of people who feel that people in their area treat them with respect and consideration	60% (BVPI Gen. Survey 2006)	No new data Available	61%	62%	64%	
	Reduce people's perception of anti-social behaviour (using the 7 issues stated in the BVPI survey).	Baseline 2006 35%	No new data Available	27%	25%	23%	
Reassure the public reducing the	Reduce ASB incidents recorded by Police	3,086 (05/06)	5,201 (April 07 – Sept 07)	2,870	TBA	TBA	Red

fear of crime	Increase the perception of safety after dark	2003 baseline 50%	No new data Available	55%	60%	65%	
Empower local people to have a greater voice and influence over local decision making and a greater role in public service delivery	Increase Percentage of residents who feel they can influence decisions affecting their local area	2005 baseline 30% (Consulting Communities in Halton Survey)	No new data Available	33%	34%	35%	
	Maintain the capacity of the local VCS in the borough as measured by volume of public service delivery	1.3% (05/06)	No new data Available	1.3%	1.3%	1.3%	
	Increase number of people who feel that their local area is a place where people from different backgrounds get on well together	80% (Consulting Communities in Halton survey 2005)	No new data Available	82%	84%	85%	

	Increase the number of people recorded as or reporting that they have engaged in formal volunteering on an average of at least two hours per week over the past year.	Baseline 2005 26% (Consulting Communities of Halton Survey)	No new data Available	28%	29%	30%	
Cleaner, greener and safer public spaces	Increase the number of parks and green spaces with Green Flag Award	5 (2006)	No new data Available	6	7	8	
	Increase the number of residents satisfied with local parks and open spaces (BV119e)	71% (03/04) (Triennial survey & local fill-in survey)	77% (05/06)	73%	75%	77%	Green

	An increase in the percentage of abandoned vehicles removed within 24 hours from the point where the local authority is legally entitled to remove the vehicle (BVPI 1218b)	Respond to report within 24 hours – 70.76% (05/06) Legally remove – 77.31% (05/06)	No new data Available	85%	100%	100%	
	Graffiti % of incidents of offensive graffiti responded to within 24 hours of notification	77.22% (05/06)	No new data Available	85%	100%	100%	
	Reduce detritus and litter density (BVPI 199(a))	16% (3 year average 03/04 -05/06)	22% (06/07)	16%	14.25%	13%	Red
Improve the quality of the local environment by reducing the gap in	Percentage of residents in Halton’s NM Pilot areas reporting an increase in satisfaction with their neighbourhoods	72% (NM Resident Survey autumn 2006)	No new data Available	TBA	TBA	TBA	

aspects of liveability between the worst wards/neighbourhoods and the district as a whole, with a particular focus on reducing levels of litter and detritus	Raise satisfaction levels with the neighbourhood area where people live (BVPI 89)	57.9% (04/05)	No new data Available	63.7%	69%	70%	
Increase domestic fire safety and reduce arson	Reduce deliberate number of incidents of vehicle arson to non-derelict vehicles	200 (Jan – Dec 05)	No new data Available	140	130	120	
	Reduce fly tipping (fly capture)	2,100 (05/06)	No new data Available	1,890	TBA	TBA	
	Reduce deliberate property fires by 10%	111 (2005)	No new data Available	100	90	82	
	Maintain the number of accidental fire related deaths in the home at current level	Nil	No new data Available	Nil	Nil	Nil	

	Reduce Accidental dwelling fires	101	No new data Available	94	87	80	
Implement a strategic approach to reduce the harm caused by domestic abuse	Increase the number of victims of domestic abuse accessing support	270	396	324	Target to be agreed at end of 07/08		Green
	Increase year on year the arrest of domestic violence perpetrators where a crime has been committed (LCJB)	36 per month	241	38	40	42	Green
	To increase the number of incidents of domestic abuse reported to the police (directly or through a third party)	1,613 (05/06)	1,407	1,774	1,863	1,956	Green
	Increase the number of incidents of domestic abuse, which result in sanctioned detections	269 (20% of all incidents for 05/06)	148	282	288	294	Green

	To reduce the number of repeat victims of domestic abuse reported annually to the police (directly or through a third party) in the same period who are repeat victims	Baseline 162 (21% of all victims)	115	154	146	139	Red
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REPORT TO: Healthy Halton Policy and Performance Board

DATE: 15 January 2008

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Business Continuity Management

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 To obtain approval from the Board with regards to the Directorate's definition of service users that would be classed as 'High Dependency', in the event of needing to trigger the Directorate's Business Continuity Plan (BCP), such as in the case of a flu pandemic.

2.0 RECOMMENDATION: That the Board

- (1) Note the contents of the report; and**
- (2) Endorse the Directorate's definition of 'High Dependency', outlined in Paragraph 3.6.**

3.0 SUPPORTING INFORMATION

3.1 The Civil Contingencies Act requires the Council to maintain plans to ensure that they can continue to exercise their functions in the event of an emergency so far as is reasonably practicable. Business Continuity Management (BCM) assesses the risks that might affect an organisation's ability to deliver a service and considers how services can be maintained, regardless of the cause of the disruption. The Directorate BCP is being developed on this basis to complement the overall risk arrangements, help maintain critical services during and after any major disruption and promote recovery.

3.2 The Directorate BCP identifies the critical service areas and details the actions to be taken to continue or recover the delivery of the services within the timescales of: -

- Within 24 hours
- Within 3 days
- Within 14 days

3.3 There are many complexities in what is required for an effective business continuity response and as such, as resources across social care cannot be seen in isolation, a Directorate Emergency Planning Group has been established both as a standing group meeting regularly to improve and co-ordinate activity and which could be triggered in the event of a crisis.

3.4 The terms of reference of the Group are outlined below: -

- Planning for business continuity within the Directorate and Partner Agencies.
- Ensuring agreed plans are fit for purpose and actions have been carried out.
- Co-ordination of Directorate Business Continuity Events.
- Initiating desktop exercises and training within the Directorate and Partner Agencies, in order to plan effectively for continuity events.
- Ensure appropriate links are maintained with other Emergency Planning Groups e.g. Urgent Care Group.
- Managing an appropriate response to specific continuity events.
- Report on activity to the Senior Management team on a quarterly basis.

3.5 In the unfortunate event that we would need to trigger the Directorate's BCP, in terms of ensuring that resources available to us at the time would be directed in the most appropriate way thus ensuring either the continued or the recovery of services within 24 hours, service users classed as 'High Dependency' would be given priority.

3.6 The Directorate has therefore defined 'High Dependency' as: -

- People with physical personal care needs who do not have access to carers who could support them with their personal care needs.
- People with mental health (including dementia) and learning disability who will not cope alone without access to support,

3.7 In our BCP response therefore, less priority would be given to:

- People who live with carers who can offer this support may need to cope without social care support in the short term.
- Meals on Wheels should only be delivered to those who cannot prepare a meal at all.
- Support to access community activities/support carers etc. will need to be suspended whilst the support staff are utilised to offer care/support to those most at risk, this will need to be negotiated in advance with those agencies that offer these services.
- Those parts of Supporting People packages that do not cover essential areas i.e. shopping, assistance with housework etc should be suspended. Essential areas such as medication prompts will need to be maintained, except for those who can respond to phone prompts.

NB. Day services staff/social work staff/wardens will be utilised differently to support people with direct care.

4.0 POLICY IMPLICATIONS

4.1 The Directorate Business Continuity Plan links to the Directorate Emergency Plan and the Cheshire, Halton and Warrington Rest Centre Plan

5.0 OTHER IMPLICATIONS

5.1 None specific identified

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

None specific identified

6.2 Employment, Learning and Skills in Halton

None specific identified

6.3 A Healthy Halton

In ensuring that resources are appropriately directed in the event of an incident such as in the case of a flu pandemic, it will ensure that there is a coordinated response and that resources are appropriately deployed thus ensuring that services either continue or are recovered within appropriate timescales.

6.4 A Safer Halton

See 6.3 above

6.5 Halton's Urban Renewal

None specific identified

7.0 RISK ANALYSIS

7.1 Failure to ensure resources are appropriately directed in the event of an incident, may result in an uncoordinated response which could potentially lead to services not continuing /recovered within timescales.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None specific identified.

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

9.1 There are no background documents under the meaning of the Act.

REPORT: Healthy Halton Policy and Performance Board

DATE: 15 January 2008

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Healthy Halton Policy and Performance Board
Work Programme 2007/8

WARDS: Boroughwide

1.0 PURPOSE AND CONTENT OF REPORT

- 1.1 This report is the first step in developing a work programme of Topics for the Board to examine in 2008/9. While the Board ultimately determines its own Topics, suggestions for Topics to be considered may also come from a variety of other sources in addition to Members of the Board themselves, including members of the Council's Executive, other non-Executive Members, officers, the public, partner and other organisations, performance data and inspections.
- 1.2 The key tasks for Board Members are:
- to suggest and gather Topic ideas on issues relevant to the Board's remit:
 - to develop and prioritise a shortlist of possible Topics for examination in 2007/8, bearing in mind the Council's agreed selection criteria (Annex 1):
 - to decide on a work programme of 2 to 4 Topics to be undertaken in the next municipal year.
- 1.3 A non-exhaustive list of initial Topic ideas is attached as Annex 2 to help prompt discussion. However, Members should not be inhibited from offering additional ideas of their own for discussion and prioritisation by the Board.

2.0 RECOMMENDED: that the Policy and Performance Board

- (1) Put forward and debate its initial suggestions for Topics to be included in the Board's 2008/9 work programme**
- (2) Develop and informally consult on a shortlist of its own and others' 2008/9 Topic suggestions ahead of the Board's meeting on 11 March 2008, bearing in mind the Council's Topic selection criteria**
- (3) Decide at its meeting on 11 March 2008 on a work programme of 2 to 4 Topics to be examined in 2008/9.**

3.0 SUPPORTING INFORMATION

Annex 1 – Topic selection checklist

Annex 2 – Initial list of possible Topic ideas for discussion

OVERVIEW AND SCRUTINY WORK PROGRAMME

Topic Selection Checklist

This checklist leads the user through a reasoning process to identify a) why a topic should be explored and b) whether it makes sense to examine it through the overview and scrutiny process. More “yeses” indicate a stronger case for selecting the Topic.

#	CRITERION	Yes/No
<i>Why? Evidence for why a topic should be explored and included in the work programme</i>		
1	Is the Topic directly aligned with and have significant implications for at least 1 of Halton's 5 strategic priorities & related objectives/PIs, and/or a key central government priority?	
2	Does the Topic address an identified need or issue?	
3	Is there a high level of public interest or concern about the Topic e.g. apparent from consultation, complaints or the local press	
4	Has the Topic been identified through performance monitoring e.g. PIs indicating an area of poor performance with scope for improvement?	
5	Has the Topic been raised as an issue requiring further examination through a review, inspection or assessment, or by the auditor?	
6	Is the Topic area likely to have a major impact on resources or be significantly affected by financial or other resource problems e.g. a pattern of major overspending or persisting staffing difficulties that could undermine performance?	
7	Has some recent development or change created a need to look at the Topic e.g. new government guidance/legislation, or new research findings?	
8	Would there be significant risks to the organisation and the community as a result of <u>not</u> examining this topic?	

<i>Whether? Reasons affecting whether it makes sense to examine an identified topic</i>		
9	Scope for impact - Is the Topic something the Council can actually influence, directly or via its partners? Can we make a difference?	
10	Outcomes – Are there clear improvement outcomes (not specific answers) in mind from examining the Topic and are they likely to be achievable?	
11	Cost: benefit - are the benefits of working on the Topic likely to outweigh the costs, making investment of time & effort worthwhile?	
12	Are PPBs the best way to add value in this Topic area? Can they make a distinctive contribution?	
13	Does the organisation have the capacity to progress this Topic? (e.g. is it related to other review or work peaks that would place an unacceptable load on a particular officer or team?)	
14	Can PPBs contribute meaningfully given the time available?	

HEALTHY HALTON PPB

Initial Topic ideas for 2008/9

The list below shows a number of initial ideas for Topics that could be examined as part of the PPB's 2008/9 overview and scrutiny work programme. These should be debated alongside any additional Topic ideas suggested at the PPB meeting, taking into account the criteria set out in the Topic Selection Checklist (Annex 1), with a view to producing a shortlist of Topics to be examined by Members during the next municipal year.

Title: Services and Commissioning for younger adults with dementia

Description

Increasingly Mental Health services are working with young adults with dementia , services for this client group are underdeveloped. This are would benefit from further scrutiny through the Work Topic Process .

Title: Joint scrutiny of multi agency services to protect vulnerable adults.

Description:Safer Halton PPB has chosen this topic , members may feel that an input from Healthy Halton PPB would add value to the work and provide a perspective from Health and Social Care

Note: in deciding their PPB's work programme, Members may want to bear in mind a suggestion from the recent Executive Board Awayday that PPBs could achieve a useful spread and balance in their work programme content by including a Topic in each of the following categories:

- A corporate or strategic Topic
- One regarding service delivery and/or highlighted through performance monitoring
- One of a topical nature of particular current interest to Members and the public.

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 15 January 2008

REPORTING OFFICER: Strategic Director – Health & Community

SUBJECT: Care Standards Commission Performance Rating

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To advise the Policy & Performance Board of the increase in the performance rating of the Health and Community Directorate.
- 1.2 To notify the Policy & Performance Board of impending changes in the way performance of Social Care services will be assessed commencing 2008/09.

2.0 RECOMMENDATION:

That the:

- i) **Improved performance of the Directorate be noted; and**
- ii) **the Board note that the performance assessment framework is undergoing a period of continuous change and that the framework will change again in 08/09.**

3.0 SUPPORTING INFORMATION

- 3.1 The Health & Community Directorate have their performance rated annually by the Care Standards Commission (CSCI). The performance rating is linked to how well the Directorate provides social care services to both adults and older people. The rating the Directorate receives feeds into the Comprehensive Performance Assessment rating for Halton Borough Council.
- 3.2 In September 2006 CSCI announced that as well as looking at quantitative data for 06/07 they would also be judging performance based on the outcomes that were delivered for people. 7 new outcomes and 2 new domains were announced against which performance would be judged. These were:

No	Outcome
1	Improved Health & Well being
2	Improved Quality of Life
3	Making a positive contribution
4	Increased Choice & Control
5	Freedom from Discrimination & Harassment
6	Economic Well being

7	Maintaining Personal Dignity & Respect
No	Domain
8	Leadership
9	Commissioning & use of Resources

3.3 Performance for 2006/07 has been rated by CSCI as being 3 star and this was announced on 29th November 2007. The actual performance judgement was as follows:

- Delivering outcomes: Good
- Capacity for improvement: Excellent

A copy of the performance judgement letter and summary report received from CSCI is attached as Appendix 1.

3.4 Our key strengths have been identified as:

Areas for judgement	Grade awarded
Delivering Outcomes	Good
Improved health and emotional well-being	Excellent
Improved quality of life	Excellent
Making a positive contribution	Good
Increased choice and control	Good
Freedom from discrimination or harassment	Good
Economic well-being	Excellent
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgement)	Excellent
Leadership	
Commissioning and use of resources	
Star Rating	Three

3.5 Prior to being a 3 star authority the Directorate had been rated as:

Star Rating	Year	Serving People	Prospects for Future
1 Star	2002	Some	Uncertain
1 Star	2003	Some	Promising
2 Stars	2004	Most	Promising
2 Stars	2005	Most	Promising
2 Stars	2006	Most	Promising

3.6 The authority is now 1 of the 8 in the North West that are rated as 3 star out of a total of 22 and 1 of the 2 authorities in the North West who have risen from 2 stars to 3 stars this year.

3.7 This performance improvement reflects the invaluable contributions of all Halton Borough Council staff, particularly Halton Direct Link who have helped us to input helped to live at home data and who carry out post service quality assurance surveys for us. Policy & Performance who have assisted us to design outcome surveys for analysis. Welfare Benefits who help us maximise service users/carers income and Corporate IT who have helped us deliver a new Emergency Duty Service. Additionally at the Annual Review Meeting with CSCI we were supported to demonstrate our performance by colleagues across the Council including Members, Supported Employment Services, David Parr, Chief Executive and many of our partners from Health Services.

3.8 The Government has recently announced a new National Indicator set of 198 indicators, which the Council will be judged against for 08/09. In addition to this new indicators for both health and social care were announced in October 2007 linked to the 'Our Health, Our Care, Our Say' White Paper, January 2006, Department of Health. CSCI have stated judgement for 07/08 will be based on the current Self Assessment Framework but have indicated that proposals to change the performance framework will be consulted on early in the New Year.

4.0 **POLICY IMPLICATIONS**

4.1 None

5.0 **OTHER IMPLICATIONS**

5.1 None

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

6.1 **Children & Young People in Halton**

To ensure that adults carers continue to be supported in their caring roles.

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

To ensure that employment and educational opportunities continue to be maximised for the people that we provide services to.

6.3 **A Healthy Halton**

To ensure that the Council continues to engage in and provide activities that promote the health & well being of people in Halton

6.4 **A Safer Halton**

To continue to safeguard the people that we provide services to.

6.5 **Halton's Urban Renewal**

To ensure that performance evidence collected continues to evidence how local

communities are supported and people are enabled to continue to live in their own homes.

7.0 RISK ANALYSIS

7.1 The risk of the changing performance framework must be managed so that performance continues to improve. The Directorate will ensure that it monitors performance regularly in accordance with the performance-monitoring framework it has adopted.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None

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

Document	Place of Inspection	Contact Officer
Self Assessment Survey, CSCI 2007	Grosvenor House	Amanda Lewis, Performance Manager



Dwayne Johnson
Strategic Director – Health & Community
Halton Borough Council
Municipal Building
Kingsway
Widnes
Cheshire
WA8 7QF

27 Nov 2007

Dear Director/Chief Executive,

Following our letter of 21 October, I am writing to confirm your adult social care performance judgements and rating and arrangements to access the performance indicators and ratings website.

(1) Performance Judgements and Ratings for Adult Social Care Services

The performance judgements for your Council are as follows:

Delivering outcomes: **Good**

Capacity for improvement: **Excellent**

Your adult social care services performance rating is **3** stars.

The new performance ratings and underlying judgements will be published on 29 November 2007. The summary report for your Council and a copy of this letter will also be available on the CSCI website at

www.csci.org.uk/councilstars

(2) Access to the Performance Indicators and Performance Ratings Report Website

You will be able to access the website from 12.01am Tuesday 27 November 2007.

The hyperlink is below. Please follow the instructions on the screen.

<http://www.csci.org.uk/default.aspx?page=1801>

Username: Council Stars

Yours sincerely

A handwritten signature in black ink, appearing to read "Paul Snell". The signature is written in a cursive style with a horizontal line underneath the name.

Chief Inspector

Copies:

Chief Executive of SHA (Council to arrange)

Council's Appointed Auditor (Council to arrange)

cc: David Parr, Chief Executive

We welcome your feedback to help us improve our service.
Please feel free to contact the Customer Service Unit on 0845 015 0120



Dwayne Johnson
Strategic Director – Health &
Community
Halton Borough Council
Municipal Building
Kingsway
Widnes
Cheshire WA8 7QF

Type: 21st October 2007

Ref: DW/DK

Dear Director,

SUMMARY REPORT of 2006-07 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR HALTON

Introduction

This report summarises the findings of the 2007 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is a revised copy of the performance assessment notebook which provides a record of the process of consideration by CSCI, leading to an overall performance rating. You will have had a previous opportunity to comment on the factual accuracy of the evidence notebook following the Annual Review Meeting.

The judgements outlined in this report support the performance rating notified in the performance rating letter. *The judgements are*

- *Delivering outcomes (formerly Serving People Well) using the LSIF rating scale*

And

- *Capacity for Improvement (a combined judgement from the Leadership and the commissioning & use of resources evidence domains)*

The judgement on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31st January 2008) and to make available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2006/07

Areas for judgement	Grade awarded
Delivering Outcomes	Good
Improved health and emotional well-being	Excellent
Improved quality of life	Excellent
Making a positive contribution	Good
Increased choice and control	Good
Freedom from discrimination or harassment	Good
Economic well-being	Excellent
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgement)	Excellent
Leadership	
Commissioning and use of resources	
Star Rating	Three

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for improvement
All people using services	
<ul style="list-style-type: none"> • The promotion and support of a healthy living programme • Continued good joint working with health partners with a whole system approach to promoting health, independence and well-being. • Consistently effective in preventing hospital admissions and helping people return home after a hospital stay maximising independent living • Improved performance on the number of reviews for people who use services • Improved performance on the overall use of Intermediate Care provision • Very good performance in helping all adults to live at home • Increased performance on the number of households receiving intensive home care and use of direct payments • The development of a pan disability service, 'Bridge Building' providing more inclusive opportunities for people who use services • The prompt delivery of equipment and improved waiting times for both major and minor adaptations • Increased provision of telecare services • Well established falls service that effectively supports the preventative agenda • The monitoring of onward referrals to grant funded services to ensure effective provision is in place • Continued commitment to prevention and rehabilitation to ensure people with complex and challenging needs remain as independent as possible 	<ul style="list-style-type: none"> • To further embed the Local Area Agreement (LAA) in tackling health inequalities • To continue to develop the provision of Extra Care Housing • To continue to develop self assessment systems and tools • To further develop opportunities for volunteers in social care • The continued development of person centred planning (PCP) • The development of a jointly owned system for an out of hours service • The development of a single assessment process (SAP) • Continue to improve performance on acceptable waiting times for assessment • To increase the take up of services from hard to reach groups • To continue to implement the Local Government Equality Standard • To ensure that Equality and Diversity is core to all the council's work • Update and publish the inter-agency policy, procedures and guidance in relation to safeguarding • To monitor and evaluate the impact of the Independent Mental Capacity Advocacy (IMCA) service • Implement and evaluate the Workforce Development Strategies • To continue to evaluate the outcomes of the In Control Pilot • To continue to implement the

<ul style="list-style-type: none"> • Newly developed web based self-assessment system for equipment • Continued consultation with people who use services and their carers • Continued provision of sufficient information so that people are well informed about services and can make an informed choice • An effective complaints process • Overall effective assessment and care management processes • Continued upward trend in the number of people using direct payments as a way of purchasing services • The development of monitoring systems for advocacy services • A clear published eligibility criteria • Good progress made on improving services for hard to reach groups • Improved recording of the ethnicity of adults assessed and in receipt of services • The publication of a Disability Equality Scheme • A clear protocol in place covering continuing care that is effectively implemented • The integration of the Supported Employment service to the Economic Regeneration Department resulting in better outcomes for people in both voluntary and paid employment • An effective benefits and debt management service promoting social inclusion, helping to maximise peoples' income and avoid financial difficulties • All people going into permanent residential and/or nursing care are offered a single room • Good multi-agency arrangements are in place to safeguard vulnerable adults • Increased relevant staff training to raise awareness in relation to the protection of vulnerable adults • Strategies, policies and guidance in place to support people who use 	<p>Electronic Social Care Record (ESCR)</p> <ul style="list-style-type: none"> • To continue to develop outcome focussed commissioning/contracting • Continue to progress work on the Race Equality Scheme as part of the commissioning framework
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<p>services in relation to inter-personal relationships, dignity and privacy</p> <ul style="list-style-type: none"> • Continued improvement against set priorities delivering better outcomes for local people in line with changes in the national policy agenda • Clear and ambitious vision that is centred on delivering high quality value for money services • Positive and effective working relationships developing with the new borough wide Primary Care Trust (PCT) • Highly effective corporate, political and service leadership • A well trained social care workforce • Performance reporting is properly focussed including qualitative as well as quantitative measures of performance • Systematic recording of staff ethnicity • Good systems of financial control with effective financial and reporting arrangements • The development of commissioning arrangements based on an analysis of the social, health care and housing needs of the local population • Jointly appointed Director of Public Health • Increased performance on the cost and number of people receiving intensive home care • Increased scrutiny of provider performance in the achievement of key outcomes 	
<p>Older people</p>	
<ul style="list-style-type: none"> • Continued good performance on the number of older people receiving a statement of their need • Continued very good performance on the number of older people and adults admitted to residential care • The percentage of assessments of older people that begin within the first 48 hours • Older people from BME communities are more likely to receive a service 	<ul style="list-style-type: none"> • To improve the numbers of older people from BME communities who receive an assessment as people from other communities

following an assessment as people from other communities	
People with learning disabilities	
<ul style="list-style-type: none"> Continued good progress on the modernisation of learning disability and physical and/or sensory disability services An independent review of residential services for adults with a learning disability and challenging behaviour with high cost placements 	
People with mental health problems	
<ul style="list-style-type: none"> A fully integrated system of drug, alcohol, criminal and auxiliary services to support people who use services and their carers back into the community 	<ul style="list-style-type: none"> To continue to improve the Care Programme Approach (CPA) for people who use mental health services To progress joint ownership with health of HIV/AIDS services To continue to implement the recommendations highlighted in the Mental Health Service Review
People with physical and sensory disabilities	
<ul style="list-style-type: none"> Continued good progress on the modernisation of learning disability and physical and/or sensory disability services 	
Carers	
<ul style="list-style-type: none"> Good performance on services provided to carers Involvement of carers in the development of the Carers' Strategy 2006-08 Continued improvements in services for carers 	

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY OUTCOME

Improved health and emotional well-being

The council makes an excellent contribution to improving people's health and sense of well-being.

The population of Halton has access to relevant and appropriate information to enable them to lead healthier lifestyles and enjoy improvements in well-being. Partnership work around people's health improvement agendas is well developed and leads to effective programmes of action. With its partners the council has developed integrated services to promote faster recovery from illness to support timely discharge from hospital and maximise independent living. People who use services have access to appropriate treatment and support to ensure improved health and emotional well-being. The council is aware of the need to further develop the Care Programme Approach (CPA) in relation to mental health.

Key strengths

- The promotion and support of a healthy living programme
- Continued good joint working with health partners with a whole system approach to promoting health, independence and well-being
- A fully integrated system of drug, alcohol, criminal and auxiliary services to support people who use services and their carers back into the community
- Consistently effective in preventing hospital admissions and helping people return home after a hospital stay maximising independent living.
- Improved performance on the number of reviews for people who use services
- Improved performance on the overall use of Intermediate Care provision

Key areas for improvement

- To further embed the Local Area Agreement (LAA) in tackling health inequalities
- To continue to improve the Care Programme Approach (CPA) for people who use mental health services

Improved quality of life

The contribution that the council makes to this outcome is excellent.

The council has continued to improve overall performance against its priorities continuing to support the independence of people who use services and carers. There continues to be a strong focus on early prevention to reduce higher level support services. The council clearly signposts people to non-care managed support and has developed specific recording methods to capture the amount of onward referrals to grant funded services. The council's 'Bridge Building' initiative provides a pan disability service opening up a range of new choices and opportunities for people currently using traditional day services. The council's Lifeline service has improved peoples

sense of security and Halton's crime statistics demonstrate a year on year reduction in crime.

Key strengths

- Very good performance in helping all adults to live at home
- Increased performance on the number of households receiving intensive home care and use of direct payments
- Good performance on services provided to carers
- The development of a pan disability service, 'Bridge Building' providing more inclusive opportunities for people who use services
- The prompt delivery of equipment and improved waiting times for both major and minor adaptations
- Increased provision of telecare services
- Well established falls service that effectively supports the preventative agenda
- The monitoring of onward referrals to grant funded services to ensure effective provision is in place
- Continued commitment to prevention and rehabilitation to ensure people with complex and challenging needs remain as independent as possible

Key areas for improvement

- To continue to develop the provision of Extra Care Housing

Making a positive contribution

The outcome in this area is good.

The council encourages people to be involved in policy development and decision making. This work is well developed and embedded and the council can demonstrate where improvements have been made to people's lives as a result of this consultation. The council is in the early stages of developing self-assessment tools to ensure people contribute to service planning and delivery. The council is committed to developing ways of expanding the number of volunteers in social care.

Key strengths

- Newly developed web based self-assessment system for equipment
- Consultation with people who use services and their carers
- Continued good progress on the modernisation of learning disability and physical and/or sensory disability services
- Involvement of carers in the development of the Carers' Strategy 2006-08

Key areas for improvement

- To continue to develop self assessment systems and tools
- To progress joint ownership with health of HIV/AIDS services
- To further develop opportunities for volunteers in social care

Increased choice and control

The outcome in this area is good.

The council ensures people have access to timely care management processes and provides people with sufficient information to ensure they are well informed about services. The council responds to complaints made and uses information it receives to improve service delivery and to provide better outcomes for people who use services. The council is aware a more effective out of hours service is required together with the effective implementation of a single assessment process (SAP) to ensure all vulnerable people are provided with effective support to meet their individual needs. There is evidence the council continues to help people choose and control services with an upward trend in the number using direct payments as a way of purchasing services. Person centred planning continues to progress with further developments planned for 2007-08.

Key strengths

- Continued provision of sufficient information so that people are well informed about services and can make an informed choice
- An effective complaints process
- Overall effective assessment and care management processes
- Continued good performance on the number of older people receiving a statement of their need
- Continued very good performance on the number of older people and adults admitted to residential care
- Continued upward trend in the number of people using direct payments as a way of purchasing services
- Continued improvements in services for carers
- The development of monitoring systems for advocacy services

Key areas for improvement

- The continued development of person centred planning (PCP)
- The development of a jointly owned system for an out of hours service
- The development of a single assessment process (SAP)
- Continue to improve performance on acceptable waiting times for assessment

Freedom from discrimination or harassment

The outcome in this area is good.

The council has a clearly published eligibility criteria, providing services to people with critical and substantial needs with some provision made for moderate needs. The council commissions specialist services with advocacy available for all client groups. The council is aware further developments are required in relation to increasing the take up of services from under represented groups and is developing its approach to working with black, minority and ethnic (BME) communities. The council's Disability Equality Scheme is published and it is expected that outcomes of this will be evidenced during 2007-08.

Key strengths

- A clear published eligibility criteria
- The percentage of assessments of older people that begin within the first 48 hours
- Older people from BME communities are more likely to receive a service following an assessment as people from other communities
- Good progress made on improving services for hard to reach groups
- Improved recording of the ethnicity of adults assessed and in receipt of services
- The publication of a Disability Equality Scheme

Key areas for improvement

- To Increase the take up of services from hard to reach groups.
- To improve the number of older people from BME communities who receive an assessment as people from other communities
- To continue to implement the Local Government Equality Standard
- To ensure that Equality and Diversity is core to all the council's work

Economic well being

The outcome in this area is excellent.

The council has an effective benefits advice and debt management service promoting social inclusion and helping to maximise people's income improving their economic well-being and avoiding financial difficulties. The council supports people into paid and voluntary work. Appointed officers assist people who use services and carers to access the right employment opportunities and increase choices available.

Key strengths

- A clear protocol in place covering continuing care that is effectively implemented
- The integration of the Supported Employment service to the Economic Regeneration Department resulting in better outcomes for people in both voluntary and paid employment
- An effective benefits and debt management service promoting social inclusion, helping to maximise peoples' income and avoid financial difficulties

Key areas for improvement

None

Maintaining personal dignity and respect

The outcome in this area is good.

The council ensures people are safeguarded against abuse and increased the training provided to staff to identify and assess risks to vulnerable people. The council has positive multi-agency arrangements and a review of policy, procedures and guidance is to take place during 2007-08. The council is able

to demonstrate that privacy and confidentiality is assured to ensure personal dignity and respect for people who use services.

Key strengths

- All people going into permanent residential and/or nursing care are offered a single room
- Good multi-agency arrangements are in place to safeguard vulnerable adults
- Increased relevant staff training to raise awareness in relation to the protection of vulnerable adults
- Strategies, policies and guidance in place to support people who use services in relation to inter-personal relationships, dignity and privacy

Key areas for improvement

- Update and publish the inter-agency policy, procedures and guidance in relation to safeguarding
- To monitor and evaluate the impact of the Independent Mental Capacity Advocacy (IMCA) service

Capacity to improve

The council's capacity to improve services further is excellent.

The management of services is strong with effective leadership in place that centres on delivering high quality value for money services for local people. There is strong political, corporate and financial support for the modernisation of services. The council has a clear and ambitious vision that is centred on delivering high quality value for money services for local people. Corporate plans are clearly linked to the community strategy priorities and are supported by specific targets to measure achievement. The council has continued to improve performance against set priorities and delivered better outcomes for local people in line with changes in the national policy agenda. People who use adult social care and their carers are consulted on service provision as part of strategic planning and the council has a positive and effective working relationship with the Primary Care Trust (PCT). The developing human resource plan will ensure there are the right people skills, flexibility and capability in place to deliver service priorities.

The council continues to work in partnership with the PCT to jointly deliver improved outcomes for people who use services. Good progress has been made through joint needs assessments with strategic planning based upon a thorough needs analysis with strategies focussing on independence, well-being and choice. People who use services remain integral to the whole process. The council has a track record of competently managing the social care budget with financial and performance management remaining a strength. Services are delivered at a justifiable cost. The council is aware commissioning will need to become more outcomes focussed and responsive to the needs of the whole community.

Key strengths

Leadership

- Continued improvement against set priorities delivering better outcomes for local people in line with changes in the national policy agenda
- Clear and ambitious vision that is centred on delivering high quality value for money services
- Positive and effective working relationships developing with the new borough wide Primary Care Trust (PCT)
- Highly effective corporate, political and service leadership
- A well trained social care workforce
- Performance reporting is properly focussed including qualitative as well as quantitative measures of performance
- Systematic recording of staff ethnicity

Commissioning and use of resources

- Good systems of financial control with effective financial and reporting arrangements
- An independent review of residential services for adults with a learning disability and challenging behaviour with high cost placements
- The development of commissioning arrangements on an analysis of the social, health care and housing needs of the local population
- Jointly appointed Director of Public Health
- Increased performance on the cost and number of people receiving intensive home care
- Increased scrutiny of provider performance in the achievement of key outcomes

Key areas for improvement

Leadership

- To continue to implement the recommendations highlighted in the Mental Health Service Review
- Implement and evaluate the Workforce Development Strategies
- To continue to evaluate the outcomes of the In Control Pilot
- To continue to implement the Electronic Social Care Record (ESCR)

Commissioning and use of resources

- To continue to develop outcome focussed commissioning/contracting
- Continue to progress work on the Race Equality Scheme as part of the commissioning framework

Follow up action in 2007-08

A minimum of two routine business meetings in the year.

Yours sincerely

A handwritten signature in black ink, reading "Alan Jefferson", is written above a solid horizontal line.

Regional Director
Commission for Social Care Inspection