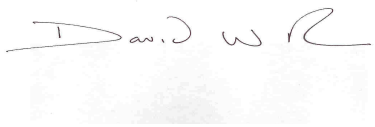
Public Document Pack

Healthy Halton Policy and Performance Board

Tuesday, 9 June 2009 6.30 p.m.
Civic Suite, Town Hall, Runcorn



Chief Executive

BOARD MEMBERSHIP

Councillor Ellen Cargill (Chairman)	Labour
Councillor Joan Lowe (Vice-Chairman)	Labour
Councillor Dave Austin	Liberal Democrat
Councillor Robert Gilligan	Labour
Councillor Trevor Higginson	Liberal Democrat
Councillor Margaret Horabin	Labour
Councillor Martha Lloyd Jones	Labour
Councillor Ged Philbin	Labour
Councillor Ernest Ratcliffe	Liberal Democrat
Councillor Geoffrey Swift	Conservative
Councillor Pamela Wallace	Labour
LINk Co-optee Vacancy	

Please contact Michelle Simpson on 0151 907 8300 Ext. 1126 or e-mail michelle.simpson@halton.gov.uk for further information.
The next meeting of the Board is on Tuesday, 15 September 2009

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

Part I

(C)	**LOCAL AREA AGREEMENT REFRESH & 2008/09 PERFORMANCE REPORT**	**379 - 390**

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.

Agenda Item 3

REPORT TO: Healthy Halton Services Policy & Performance Board

DATE: 9 June 2009

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 34(9).

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

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

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

(i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii) Members of the public can ask questions on any matter relating to the agenda.

(iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.

(iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v) The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or

- Requires the disclosure of confidential or exempt information.

(vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.

(vii) The Chairperson will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

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

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

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

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

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

REPORT TO: Healthy Halton Services Policy and Performance Board

DATE: 9 June 2009

REPORTING OFFICER: Chief Executive

SUBJECT: Executive Board Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Health and Social Care Portfolio which have been considered by the Executive Board and Executive Board Sub are attached at Appendix 1 for information.

1.2 The Minutes are submitted to inform the Policy and Performance Board of decisions taken in their area.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

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

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

APPENDIX 1

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

EXECUTIVE BOARD MEETING HELD ON 19TH MARCH 2009

EXB118 AMENDMENTS TO STANDING ORDERS RELATING TO CHANGES IN MENTAL HEALTH LEGISLATION

The Board received a report of the Strategic Director, Health and Community which described changes to mental health law that required amendments to delegated powers contained within the Council's Constitution.

The report set out a number of amendments that had been made to the Mental Health Act 1983, the implementation of the Deprivation of Liberty Standards Safeguards (DoLS) which would act as an amendment to the 2005 Mental Capacity Act and which were to be implemented from 1st April 2009.

Members were advised that the DoLS were introduced to fill a gap in the legislation, which had been highlighted by a number of significant cases, some of which went to the European Court of Human Rights. The DoLS applied to people who lacked capacity to make their own decisions about their care and treatment, who were either in hospital or in residential or nursing care.

Members were further advised that, on occasion, there was a need to provide a level of care and protection to people which amounted to a restriction on their liberty. This might involve preventing somebody who had abused them from visiting them, or providing a security system on the entrance door of an establishment which prevented people from leaving.

Members were further advised that caselaw decided that, if these restrictions of liberty were added together in individual cases, this might amount or an actual deprivation of their liberty, without any scope for appeal to an external authority who could oversee this. This was deemed to be against their Human Rights and contracted with the position of people who were detailed under the 1983 Mental Health Act, who could appeal for a review of their case to a legal Tribunal.

It was noted that a new, and very complex legal process had been established which required Local Authorities to consider any potential Deprivation of Liberty under these circumstances, and to issue a time-limited authorisation for this as appropriate. In addition, a new staff role was established, known as Bests Interests Assessor, who was required to

complete at least one of the six assessments required as part of the authorisation process.

These two new levels of decision-making – authorising the Deprivation of Liberty and Best Interests Assessor – would need to be included in the Scheme of Delegation. Along with the approval of Approved Mental Health Professionals (AMHP's), it was recommended that this was delegated to the Operational Director level, with the expectation that the roles themselves would be further delegated on as appropriate.

RESOLVED: That

(1) the content of the report be noted and approved; and

(2) the additions and amendments to the Scheme of Delegation, as proposed in paragraphs 3.1.4 and 3.2.6, be agreed.

EXB137 CONSULTATION ON APPLICATION FOR NHS FOUNDATION TRUST STATUS

The Board received a report of the Strategic Director Health and Community which provided an update on the Five Borough's Partnership NHS Trust's consultation regarding its application for Foundation Trust status and its organisational proposals.

It was reported that the NHS Foundation Trusts were established under the Health and Social Care (Community Health and Standards Act) 2003 ("the 2003 Act"). It was noted that they had grown out of the wider NHS reform programme, offering greater autonomy and freedoms for NHS organisations within a national framework of standards and inspections.

The Board was advised that all NHS Provider Trusts had been tasked with achieving the position at which they could be considered as potential Foundation Trusts. A Foundation Trust was an NHS organisation that operated on the principle of working with its members for public benefit. It was noted that a Foundation Trust remained part of the NHS and maintained the principles and standards of the NHS such as delivering services without charge.

It was further advised that Foundation Trusts were subject to NHS standards, performance measures and inspection processes. Foundation Trusts were overseen by an independent regulator, Monitor and inspected by the Healthcare Commission (to be replaced by the Care Quality Commission in April 2009), which was the body that ensured that Foundation Trusts met their obligations. Detailed in the report was a description of what NHS Foundation Trusts were and what they must be able to demonstrate.

It was reported that the Trust's consultation document described its proposals for the future organisational arrangements for governance and comprised of three main components which were set out in the report for Members' consideration. A copy of the consultation document was appended to the report for information.

RESOLVED: That the Executive Board support the application for Foundation Status and the opportunities this would bring to the people of Halton.

EXB138 HEALTH & COMMUNITY CAPITAL PROGRAMME 2009-10

The Board considered a report of the Strategic Director, Health and Community which advised the likely provisional carry forward to 2009/210 and sought approval for the draft 2009/10 capital programme.

Detailed in the report was the provisional outturn for Health and Community's 2008/9 capital programme, the provisional carry forward to 2009/10 and the draft programme for 2009/10. The below provided details of the 2009/10 allocations from grants.

		£
Provisional Housing Grant		622,000
Disabled Facilities Grant		453,000
Mental Health SCP		101,000
Social Care SCP		60,000
Total		**1,236,000**

The provisional outturn for Health and Community's 2008/09 capital programme was appended to the report for Members' consideration. It was noted that a further report would be presented to the Board when the final outturn was available.

It was further reported that the carry figures were subject to variations and would not be finalised until year end. In addition, at the time of writing there had been no formal announcement of the 2009/10 housing capital allocation and therefore, an estimated figure had been used in order to get a budget approved in time for the new financial year.

RESOLVED: That the Board recommend that the Council approve the proposed capital programme for 2009/10 as set out in Appendix 1 to the report.

EXB139 SCRUTINY REVIEW OF SAFEGUARDING VULNERABLE ADULTS SERVICE

The Board considered a report of the Strategic Director, Health and Community which advised the follow up recommendations of the Scrutiny Review of the Safeguarding Vulnerable Adults service, carried out in 2008.

It was advised that a review of Halton's Safeguarding Vulnerable Adults Service was commissioned as a joint scrutiny topic between the Safer Halton and Health Halton PPB. It was carried out during 2008. The full report with recommendations highlighted was appended to the report for Members' consideration.

The Board was advised that the report was commissioned because referrals of alleged abuse of vulnerable adults in the category of "older people" received by Halton Borough Council had risen year on year, with Halton having the highest levels of referrals in the North West. The PPBs wished to understand the reasons for this and consider if appropriate procedures were in place to safeguard vulnerable adults.

It was further noted that the scrutiny review addressed a comprehensive range of safeguarding arrangements, addressing policies, systems and processes and both Policy and Performance Board had endorsed the recommendations of the scrutiny review.

It was reported that the group concluded that although the Halton figure for referrals seemed high in comparison to other local authorities, this could not be relied upon as a true like-with-like comparison and therefore could not be validated. No evidence was found to suggest that levels of abuse were higher in Halton than other areas.

Members were advised that currently there were no provisions within the existing residential and nursing care contracts for Elected Members to undertake lay assessments of residential and nursing care homes. It was reported that the Council was currently reviewing its residential and nursing care contracts and it was anticipated that this would provide an opportunity to consider recommendation 5.4.3.

The Board was informed that since the final scrutiny report was presented to the Policy and Performance Boards, a number of National reviews and investigations had been undertaken. Council anticipated changes to existing guidelines and, in this context, it was recommended that recommendation 5.6.1 would be put on hold. It was further noted that Halton Borough Council officers were responsible for the Safeguarding service and had followed up on other recommendations made in the report and progress would be reported within the Annual Report of the

Safeguarding Adults Board and updates to the Safer Halton Partnership, as well as the two Policy and Performance Boards would be provided.

The Chair of Safer Halton PPB addressed the Board and reported that an adult abuse awareness day had taken place which was well attended with 21 Councillors who attended and there would be another one scheduled in the near future.

RESOLVED: That

1) the Executive Board endorse the recommendations of the Scrutiny Board, with the exception of 5.4.3 and 5.6.1 of the appendix to the report; and
2) the Board receives a further report on the two recommendations identified above.

EXB140 NATIONAL SUPPORT TEAM FOR HEALTH INEQUALITIES

The Board received a report of the Strategic Director of Health and Community which provided information on the key messages arising from the visit by the National Support Team (NST) for Health Inequalities during the week beginning 9th February 2009. The report also outlined the proposals for the next steps that the PCT and its partners needed to take in response to the recommendations arising from the visit.

It was reported that NSTs had, in the past, provided tailored support to local NHS organisations facing the greatest challenge to achieve key deliver areas. The Department of Health determined that such a process may be beneficial for public health and had set up 7 public health NSTs as follows, sexual health, tobacco control, health inequalities, teenage pregnancy, childhood obesity, alcohol harm reduction and infant mortality.

It was advised that the NST for Health Inequalities was one of a number of support teams established by the Department of Health to help PCTs and Local Authorities designated as spearhead areas deliver on public health priorities and targets. It was noted that the NST for Health Inequalities focused on the public service agreement (PSA) targets aimed at reducing the gap in life expectancy and mortality from the major causes of death. The Board was informed that the visit was not an audit nor was it part of performance management but it was designed to support the local health economy to improve performance.

The NST had provided a report based on the findings of the interviews and the workshops. The report outlined the key strengths of the local health economy and other areas with potential for improvement. It was noted that the NST had also identified areas where support could be provided.

The Board was advised that the visit focused on the Halton and St. Helens Primary Care Trust and local authority areas and took place over four days. A team of reviewing officers conducted a series of one to one interviews with selected individuals and various agencies. It was reported that in addition to the Community Engagement Focus Group, six workshops were also facilitated which covered various diseases detailed in the report. It was noted these workshop themes were areas that had been identified nationally as they offered the greatest opportunity for change and positive impact on health and life expectancy in the short term. The Board was advised that feedback was provided at a plenary session and a follow-up meeting was scheduled for June 2009 for reflection and a discussion of proposed actions in response to the findings.

The Board were informed that the NST had commented that they had found the visit to be a very positive experience and some of the strengths highlighted were set out in the report for Members' consideration.

In addition, detailed within the report were the main recommendations and implementation of the recommendations plus next steps.

RESOLVED: That

1) the Executive Board receive the feedback reports from the NST Health Inequalities Team;

2) the Executive Board approve the next steps in responding to the recommendations as outlined in section 7; and

3) the Board receive a further report in July 2009.

EXECUTIVE BOARD SUB-COMMITTEE MEETING HELD ON 12TH FEBRUARY 2009

ES81 ONE YEAR EXTENSION TO CURRENT DRUG SERVICE CONTRACT

The Sub-Committee received a report of the Strategic Director, Health and Community, which sought authority to increase and extend the contracts of ARCH Initiatives and Addaction until 31st March 2010.

It was noted in May 2008, the Strategic Director, Health and Community was authorised to proceed with the open tendering and procurement of a community based Drug Service. The planned start date for this service was April 2009. As a consequence current service providers

were issued with notices of termination of contracts. The notice was to expire on 31st March 2009.

It was further noted that following discussions in November 2008 with the Chief Executive, Strategic Director Health and Community, Deputy Director of Public Health and Operational Director for Partnership Commissioning (Halton and St. Helens Primary Care Trust (PCT)) the decision was taken to halt this tender process.

During this process, Halton and St. Helens PCT indicated that significant additional resources would be made available for the provision of alcohol treatment from April 2009. In the interests of economy, efficiency and effectiveness, the Council and the PCT were now discussing how the alcohol and drugs resources could be combined with a view to tendering for a combined substance misuse service, commencing April 2010. Therefore to prevent any gaps in service it was necessary to withdraw termination notices and extend contracts for a further year with both ARCH Initiatives and Addaction.

Members were advised that ARCH Initiatives currently provided the screening and assessment functions for the single point of access at Ashley House. They also provided time-limited support to individuals that used stimulant drugs. The contract value to provide these services in 2009/10 would be £144,000. However, it was the intention of the Drug Action Team to invest a further £80,000 to also provide an improved service for Carers and increase referrals from local hospitals. The total contract value for 2009/10 would therefore be £224,000.

Members were further advised that Addaction currently provided the Outreach Service and Drug Intervention Programme targeted at drug using offenders. The contract for 2009/10 would be £304,000. However, in order to provide additional capacity to support the Prolific Offender team and establish an increased presence at the police custody suite at Manor Park, the Drug Action Team intended to invest a further £36,000. Therefore the total contract value for 2009/10 would be £340,000.

RESOLVED: That for the purposes of Standing Order 1.6b, authority be delegated to the Operational Director, Culture and Leisure Services in consultation with the Executive Board Member for Health and Social Care to extend the contracts of ARCH initiatives and Addaction until 31st March 2010 without competitive tendering and at the additional cost of £80,000 and £36,000 respectively.

ES83 REVIEW OF FEES & CHARGES 2009-10 FOR HEALTH & COMMUNITY SERVICES

The Sub-Committee were presented with a report which proposed increases in fees and charges for Health and Community Care services.

Members' attention was drawn to Appendix 1 which showed the current charges for social care services and the proposed charges for 2009/10. The recommended increased fees and charges for social care services listed for 2009/10 had been inflated by 3%.

Members were advised that fees and charges for Health and Community Care would be increased with effect from 6th April 2009 to coincide with the annual increase in Welfare Benefit rates.

It was noted that current 08/09 Direct Payment rates were detailed within the report. It was proposed that these remained unchanged pending the outcome of consultation with key stakeholders about how resources should be calculated and allocated to Individual Budget holders. The results of the consultation and proposed outcomes would be reported to the Executive Board Sub-Committee for approval.

RESOLVED: That

(1) the proposed changes in fees and charges outlined in Appendix 1, be approved with effect from 6th April 2009 which was the date on which Welfare Benefits were increased; and

(2) that Direct Payment rates remain unchanged until the outcome of the impending consultation with key stakeholders on the new resource allocation system for Direct Payments/Individual Budgets was completed. Any new resource allocated proposals would be submitted to the Executive Board Sub-Committee for approval.

Cllr Ellen Cargill
Chairman

ANNUAL REPORT
HEALTHY HALTON POLICY AND PERFORMANCE BOARD
APRIL 2009 – MARCH 2010

As Chair of the Healthy Halton Policy and Performance Board I would like to thank all the members of the Board for their contribution to the Board's work during this year. The Board has looked in detail at many of Halton's Health and Social care priorities during this period. As in the previous year this has been a busy and challenging period and a number of important consultations were undertaken during this year, particularly proposal for Foundation Trust for the 5Boroughs Partnership Trust. My thanks must also go to Audrey Williamson Operation Director for Adults of Working Age and her Team for all the support given to the Board Members over the year.

MEMBERSHIP AND RESPONSIBILITIES

During 2008/09 the Board comprised eleven Councillors – Councillors Ellen Cargill, D Austin, R Gilligan, T Higginson, M Horabin, M Lloyd-Jones, J Lowe, G Philbin, E Ratcliffe, G C Swift and P Wallace. The primary function is to focus on the work of the Council (and its Partners) in seeking to improve health in the Borough and to scrutinise progress against the Corporate Plan in relation to the Healthy Halton priority.

REVIEW OF THE YEAR

The Board met six times this year with full agendas for each meeting. The Board received reports and presentations on a wide range of Health and Social Care issues. These included:

Ambition for Health Strategy

This is a five-year strategy identifying six key themes to improve the health of Halton residents. Themes include, supporting healthy start in life, tackling major killers through prevention and modernising services for vulnerable people. Improving the health of Halton residents continues to be a priority for the Council and its partners and this strategy will shape the work to be undertaken to meet this priority.

New Developments in Health Services

Equitable access to primary medical care; the Board was informed of new GP practices to be developed within Halton. As part of the National Programme there was plans for one GP led Health Centre based in Widnes and one new practice based in Windmill Hill in Runcorn. The Board supported these developments recognising the high level of need within Halton.

Oral Health
The Board has expressed interest in Dental Services and consequently received two presentations from NHS Halton and St Helens, which set out the plans to improve dental health in Halton.

Halton Health Campus
Work started on developing new services to fully utilise spare capacity on the Campus in 2007/08. Healthy Halton Policy and Performance Board has continued its interest in this area and received further reports on plans and developments. The Chair of Healthy Halton Policy and Performance Board is a member of the Project Management Board, which ensures that Healthy Halton Policy and Performance Board is fully involved.

Annual Health Checks
Once again, the Board has fully contributed to the health checks for North Cheshire Hospital Trust, 5Boroughs Partnership Trust and NHS Halton and St Helens (Primary Care Trust).To ensure that members were fully appraised of each Trust's position when measured against the Health Care Standards an additional meeting was arranged prior to the Board meeting in March. Each Trust gave a detailed presentation with sufficient time for a full debate and discussion on areas of significance. The Board noted the improvements in compliance in the standards by the Hospital Trust and the 5Boroughs Partnership Trust. The Care Quality Commission notes the importance of the contribution of Scrutiny Committees to Health Checks and while the Health Checks demand additional time from members the work is valuable and informative.

Social Care
Again, the Board received a number of reports on developments within Social Care and monitored performance. Reports included:

Extra Care Housing
It was noted that while Dorset Gardens provided excellent extra care for those people who additional needs while living in the community more such developments were urgently needed. The Board supported the work that has been undertaken to-date and the need for further development.

Joint Strategic Needs Assessment
This assessment was jointly undertaken by the Directors of Adult Social Services Public Health and Children & Young People's Services in every Local Authority and Primary Care Trust. Since April 2008 there has been a statutory duty for these bodies to work together to develop a JSNA for their area, so people put Joint Strategic Needs Assessment – Health (JSNA). The Board noted that this was not a single one off exercise but was an ongoing piece of work and would continue to receive reports on further progress.

Review of Direct Payments

The Board received a report at the June 2008 and at the March 2009 meeting on proposals for some changes to the Direct Payment Policy and Procedure. A number of options were put forward and recommendations went to the Executive Board Sub Committee

Complaints and Compliments on Adult Social Care

As in the previous year the Board received the Annual Report on complaints and compliments noting that such complains and compliments were used as a learning tool to improve services. The complaint procedure will be changing in the following year and will be subject to a further report.

WORK TOPICS

The Board received four completed Work Topic reports this year; **Choosing Health** which had been an outstanding report from 2007. The Board accepted the report and recommended that the Health SSP should monitor the action plan.

Physical and Sensory Disabilities Contracts with the Voluntary Sector; Members had participated in scrutinising a small number of contracts with specialist services to meet the needs of people with, for example, Hearing Impairment. The recommendations were endorsed and the Board will be monitoring the action plan.

Safeguarding Vulnerable Adults was received by the Board, a joint piece of work undertaken with Safer Halton Policy and Performance Board,this had been a valuable Work Topic in recognition of the importance of this area of work. The Chairs of Healthy Halton and Safer Halton PPB presented the report to the Executive Committee, which accepted the report and its recommendations.

The fourth Work Topic that was received was on **Health of Carers**. The needs of carers continue to be a priority for Halton and this Work Topic sought to explore ways to ensure that carers health needs were recognised at the earliest possible stage.

Special Meeting: A special meeting was held in January 2009 to ensure that Healthy Halton Policy and Performance Board could fully consider and contribute to Health and Community Service Plans. This was a useful meeting offering members an opportunity to understand new priorities with the Preventive Agenda and Personalisation, and new service areas such as services for People with an Autistic Spectrum Disorder.

Formal Consultation: Formal consultation took place in March when the Healthy Halton Policy and Performance Board received a presentation from a representative from the 5Boroughs Partnership Trust on its application for Trust status. This application was supported and the improvements in service delivery by the 5Boroughs Partnership Trust were recognised by Healthy Halton Policy and Performance Board.

PERFORMANCE ISSUES

Healthy Halton Policy and Performance Board has received quarterly monitoring reports on Social Care performance, and also received the report on the Commission for Social Care Inspectorate's star rating on Halton. Halton Adult Social Care is judged to be Three Star (excellent).

Performance has continued to remain strong in many areas including the following:

- No delays in hospital discharge due to Social Care since fines for delays were introduced five years ago
- Establishment of an emergency respite service for carers
- Joint Intermediate Care services between NHS Halton St Helens and Halton Borough Council
- The development of a Housing Strategy for People with Learning Disabilities
- The development of the Personalisation Agenda within Halton, particularly for Adult Social Care

WORK PROGRAMME 2008/09

Healthy Halton Policy & Performance Board has agreed two Work Topics for 2009/10:

- Joint working with the Employment Learning and Skills Policy and Performance Board**:** **Employment opportunities for disabled people**, this was selected in recognition of the need to increase the opportunities for people known to Adult Social Care to gain employment and to fully participate in mainstream life in Halton.
- **Disabled Facilities Grant**: This grant and its use will be fully reviewed by members of Healthy Halton Policy and Performance Board.

Councillor Ellen Cargill
Chairman, ***Healthy Halton*** Policy and Performance Board

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 9 June 2009

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: Valuing People Now : A New Three-Year Strategy for People with Learning Disabilities

1.0 PURPOSE OF REPORT

1.1 To inform members of Valuing People Now (VPN), the accompanying Delivery Plan (Appendix 1) and the implications for Halton.

2.0 RECOMMENDATION: That

Members are asked to note and comment on the report and plan.

3.0 SUPPORTING INFORMATION

3.1 VPN was published in January 2009 and launched through a series of regional events in the following months. There was good representation from Halton Partnership Board at the North West Launch on 9th March at Bolton.

3.2 VPN, whilst led by the Department of Health is supported by all government departments who have signed up to the strategy. The messages set out in VPN are clear and start from the principle that people with learning disabilities are people first with the right to lead their lives like any others with the same opportunities, responsibilities and to be treated with the same dignity and respect. There is particular reference to people with complex needs, people with an Autistic Spectrum Disorder and a recognition of the importance of health in response to the July 2008 report, Health Care for All.

3.3 The Strategy was accompanied with a Delivery Plan which will set out key priorities for the next three years. For 2009/10 the priorities are:

- to raise awareness of VPN across national and local government, private and voluntary sectors, and within wider society
- to have an effective Learning Disability Partnership Board operating in every Local Authority area
- to secure access to, and improvements in, healthcare, with

Strategic Health Authorities and Primary Care Trusts (PCTs) responsible for, and leading, this work

- to increase the range of housing options for people with learning disabilities and their families, including closure of NHS campuses
- to ensure that the Personalisation agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, and is underpinned by person centred planning
- to increase employment opportunities for people with learning disabilities

3.4 For Halton, while there is existing activity in each of these areas, further work is required, particularly on developing the Learning Disability Partnership Board. The Partnership Board will require additional capacity to make it truly effective and to have meaningful representation from people with a learning disability on the Board. It is planned to develop a Shadow Board to address this.

3.5 The Partnership Board requires additional capacity to improve accessibility. The Customer Care Service within the Directorate ensures minutes of the Board are made into an accessible format, however there is no capacity for any further work on accessibility such as reports and presentations, which come to the Board. A request has been made that a provider is commissioned to translate complex information into formats that are accessible to people with learning disabilities, which will enable them to appreciate, participate and influence development in design of the services in Halton.

3.6 Health care issues are currently being addressed by the Primary Care Trust (PCT) and this is to be welcomed. A sub group has been chaired by Dave Sweeney from the PCT to cover both Halton and St Helens. Additional capacity has been agreed and the Health Performance Framework for people with learning disabilities will sit within this group, which will be accountable to the two Partnership Boards.

3.7 <u>Performance Management</u>

The Delivery Plan sets out the governance arrangements for VPN. The Department of Health (DH) has established a National Learning Disabilities Programme Board, which has cross-Government representation. This will link to the new Regional Learning Disability Boards and through them to all local Partnership Boards. It will monitor progress, highlight best practice and work to remove barriers to successful implementation. The National Forum for People with Learning Difficulties and the National Valuing Families Forum will provide representation on these boards.

3.8 The local Learning Disability Partnership Boards will be required to submit an annual report on progress to the Regional Learning

Disability Programme Boards. A Business Plan has been developed by the Partnership Board to address this requirement. Whilst these will not be evaluated nevertheless it is likely that CQC will approach the Regional Boards when looking at the performance in Learning Disabilities of individual Councils.

4.0 POLICY IMPLICATIONS

VPN will need to be incorporated into relevant Commissioning Strategies, Policies and Procedures to demonstrate that the Council is adhering to the principles contained within VPN.

5.0 FINANCIAL RESOURCE IMPLICATIONS

The development of a Shadow Board and meaningful inclusion of people with learning disabilities requires additional resource. This has been costed at £9,000 per annum. The commissioning of a service to improve accessible formats has not yet been costed but is unlikely to be more than £10,000 per annum. Funding has been identified within the pooled budget following the transfer of funding agreement with the Primary Care Trust.

6.0 FURTHER IMPLICATIONS

None.

7.0 OTHER IMPLICATIONS

VPN and the Delivery Plan needs to be disseminated across the Council, Partnership Agencies and public. Articles are planned for In Touch, local newspapers and Members' Information Bulletin.

8.0 RISK ANALYSIS

The key risks of not implementing VPN are:

- failure to meet the principles set out in VPN will discriminate against people with learning disabilities
- there will be an impact on the CQC judgement on Adult Social Care performance in Halton

9.0 EQUALITY AND DIVERSITY ISSUES

VPN promotes people with learning disabilities as people first and citizens rather than people with a condition. This will be fully supported by the Learning Disability Partnership Board.

HM Government

Valuing People Now: The Delivery Plan

'Making it happen for everyone'

DH INFORMATION READER BOX

Policy HR/Workforce Management Planning Clinical	Estates Commissioning IM & T Finance Partnership Working
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For recipient use	

Contents

1. Introduction

1 *Valuing People Now* sets out the Government's strategy for people with learning disabilities for the next three years. The strategy sits within the context of the transformation agenda for adult social care, set out in *Putting People First.*[1] There are strong links with other national strategies and initiatives such as, *Aiming High for Disabled Children*,[2] the Carers' Strategy,[3] the consultation on *No Secrets,*[4] Local Involvement Networks (LINks) and the forthcoming Adult Social Care Workforce Strategy, and Dementia Strategy.

2 Making it happen is a task for national and local government, the NHS, housing providers, employment specialists, other statutory agencies, advocacy groups and the community, voluntary and independent sectors. At every stage, locally and nationally, it is vital that people with learning disabilities and family carers are fully involved.

3 Making it happen will require leadership at all levels and across all agencies, public and private. It will mean best practice being understood and implemented everywhere. Making it happen means a greater focus on understanding needs locally and developing commissioning strategies to support individual choice. It means working in partnership to share information, both to support individuals and to plan future services. Making it happen means focusing on performance management, using data and the experience of individuals with learning disabilities and their families.

4 Making it happen for everyone means paying particular attention to those with the most complex disabilities, individuals whose behaviour challenges services, those from minority ethnic communities, people on the autistic spectrum and people with learning disabilities who offend.

5 This Delivery Plan sets out the governance structure and the actions, with timescales and responsibilities, that will be taken to support the implementation of *Valuing People Now*, nationally, regionally and locally. It describes the role and responsibilities of the Office of the National Director, the Deputy Directors of Social Care and Partnerships, the Valuing People leads in the regions, the National Forum for People with Learning Difficulties and the National Valuing Families Forum. It

1 *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*, Department of Health (2007)
2 *Aiming High for Disabled Children: Better Support for Families,* HM Treasury/Department for Education and Skills (2007)
3 *Carers at the Heart of 21st Century Families and Communities,* Department of Health (2008)
4 Safeguarding adults: a consultation on the review of the 'No Secrets' guidance www.dh.gov.uk/en/Consultations/Liveconsultations/DH_089098

provides a timetable on the availability of best practice guidance and the arrangements to ensure that this is easily available and disseminated.

6 The Delivery Plan highlights the key priorities for 2009-10, in addition to the work that will be ongoing throughout the next three years. The plan will be updated annually as part of a yearly review of the implementation of *Valuing People Now*.

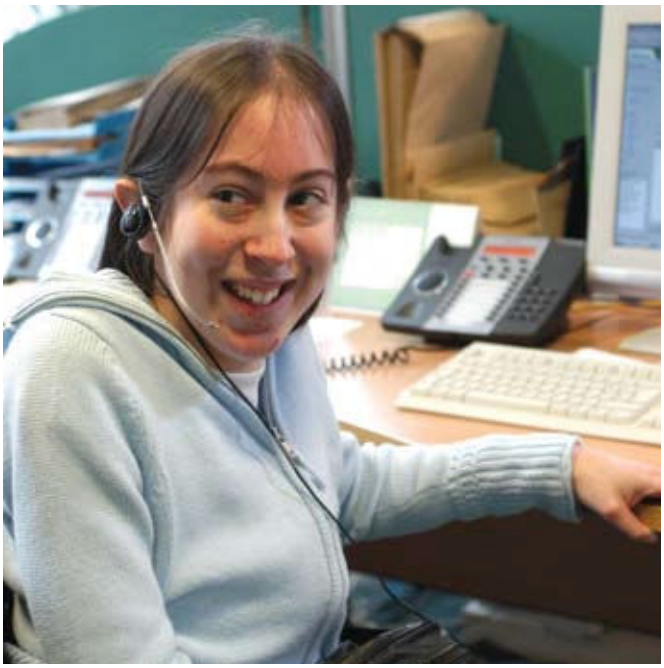
2. Key priorities for action: 2009–10

7 For each of the next three years, key priorities will be set in order to ensure that *Valuing People Now* is implemented and embedded in all areas. Progress will be reviewed at the end of each year, and that review will inform the setting of priorities for the subsequent years. National and regional support for local implementation will focus on the annual priorities.

8 **For 2009-10 the key priorities are**:

- to raise awareness of *Valuing People Now* across national and local government, private and voluntary sectors, and within wider society
- to have an effective Learning Disability Partnership Board operating in every Local Authority area
- to secure access to, and improvements in, healthcare, with Strategic Health Authorities and Primary Care Trusts (PCTs) responsible for, and leading, this work
- to increase the range of housing options for people with learning disabilities and their families, including closure of NHS campuses
- to ensure that the Personalisation agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, and is underpinned by person centred planning
- to increase employment opportunities for people with learning disabilities

3. The governance structure

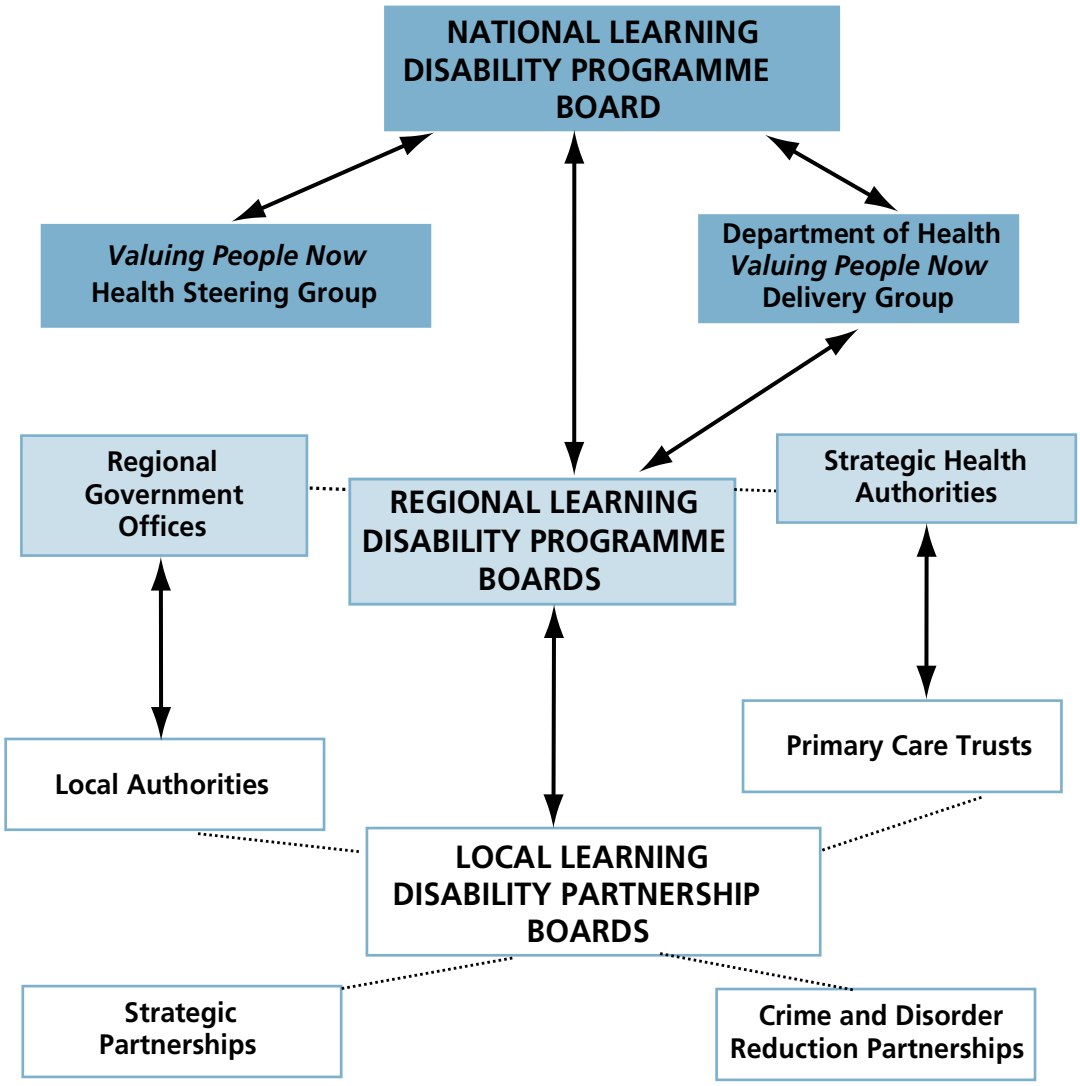


9 In order to secure and monitor the delivery of *Valuing People Now*, the Department of Health (DH) has established a National Learning Disabilities Programme Board. With cross-Government representation and involvement from people with learning disabilities and family carers, it will link to the new Regional Learning Disability Boards and, through them, to all local Partnership Boards. It will monitor progress, highlight best practice and work to remove barriers to successful implementation.

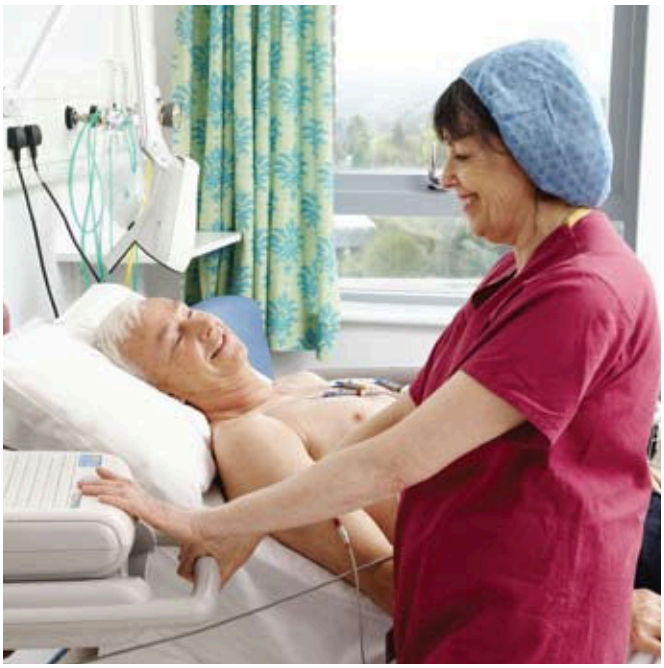
10 The diagram on page 8 sets out the core governance structure for securing the delivery of *Valuing People Now,* along with the local and regional connections.

11 The terms of reference, and the proposed membership, for the Regional Boards are given in appendix 1. The National Forum for People with Learning Difficulties and the National Valuing Families Forum will provide representation on these boards, via their respective regional structures, thus ensuring that people with learning disabilities and family carers are represented at all levels.

12 Appendix 2 gives the terms of reference and the membership of the DH Delivery Group. Working across DH and with other government departments, the Delivery Group will play a key role in ensuring effective commissioning of work to support the *Valuing People Now* programme and the dissemination of best practice.


NATIONAL LEARNING DISABILITY PROGRAMME BOARD
Valuing People Now Health Steering Group
Department of Health *Valuing People Now* Delivery Group
Regional Government Offices
REGIONAL LEARNING DISABILITY PROGRAMME BOARDS
Strategic Health Authorities
Local Authorities
Primary Care Trusts
LOCAL LEARNING DISABILITY PARTNERSHIP BOARDS
Strategic Partnerships
Crime and Disorder Reduction Partnerships

4. The leadership challenge



13 Making *Valuing People Now* happen will take leadership across the Government, Local Authorities, the NHS, the voluntary and private sectors and other statutory agencies. Local Authority Cabinets, Primary Care Trust Boards, Acute and Mental Health NHS Trust Boards, Strategic Partnerships and Crime and Disorder Reduction Partnerships all have key roles to play if people with learning disabilities are truly to take their place in society as citizens, with the same opportunities for good health, housing, jobs and leisure opportunities and freedom from harassment, crime and discrimination.

14 In order to support awareness raising and national and local leadership action the Department of Health will:

- produce a Resource pack, including a DVD, about *Valuing People Now*, to be circulated widely across local government, the NHS, the voluntary and private sectors **(March 2009)**
- ensure that the National Learning Disability Programme Board, involving people with learning disabilities and their families, acts as an effective, co-ordinating cross-Government body to secure and monitor the delivery of *Valuing People Now* **(2009-10)**
- work with the Local Government Association, the Improvement and Development Agency for local government (IDeA) and the NHS Confederation to deliver a series of targeted events for Local Authority members and non-executive directors of NHS Trust Boards **(March-December 2009)**
- work with the Care Quality Commission and the Audit Commission to inform their work in relation to Comprehensive Area Assessments **(Ongoing)**
- take account of the results of the work commissioned, in preparation for the forthcoming Green Paper, on the demographic profile of the population of people with learning disabilities, in order to inform future policy and spending proposals **(2009)**
- make links with the Strategy for Housing in Ageing Society,[5] the Carers' Strategy, the offender health and social care strategy[6] and the work commissioned by the Learning Disability Coalition to inform future policy and spending proposals **(2009)**

5 *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society*, Communities and Local Government (Department of Health) Department for Work and Pensions (2008)

6 *Improving Health, Supporting Justice: A Consultation Document – A Strategy for improving health and social care services for people subject to criminal justice system*, Department of Health (2007)

- commission scoping work, with other government departments as appropriate, on the collation of existing data on people with learning disabilities and family carers. This will include data on age and gender, as well as on people with complex needs and those from black and minority ethnic communities. The scoping study will then be used to identify gaps and action **(June 2009)**

5. The Office of the National Director

15 The role of the National Directors, and their Office, is to lead and support the delivery of Valuing People Now. The National Director, working with a team of national programme leads, will continue to work across government to support the implementation of Valuing People Now. Ongoing full involvement of people with learning disabilities and family carers will be a central element of the work programme led by the Co-National Director. The Office of the National Director will be a national resource to support best practice locally and to collect information about progress made in implementation.

16 The Office of the National Director will:

- lead the delivery of *Valuing People Now*
- promote cross-government working
- ensure that strategies to support the delivery of PSA16 are in place
- continue to support the National Forum for People with Learning Difficulties
- continue to support the National Valuing Families Forum
- continue to support the National Advisory Group on Learning Disability and Ethnicity
- support and facilitate the National Learning Disability Programme Board

17 Specific actions include the following:

- complete the appointment process for the Co- National Director **(February 2009)**
- develop the website www.valuingpeople.gov.uk to provide a comprehensive information base **(April 2009)**
- appoint a team of specialists to lead work around Housing, Employment, Family Carers, Transition, Advocacy, Health (to include people with complex needs) and Ethnicity, as well as other work programmes **(April 2009)**
- develop a database to monitor and support progress in the implementation of *Valuing People Now* drawing on information from the Care Quality Commission, the NHS Information Centre for health and social care and the work of the Valuing People Regional Leads **(scoping work: July 2009-2010)**

- commission and produce best practice guidance and toolkits to help develop the capacity and capability of services that support people with learning disabilities **(2009-2010)**
- produce an annual report on the implementation of *Valuing People Now* to March 2010, including an updated delivery plan **(annually, starting from April 2010)**
- produce a quarterly newsletter for Partnership Boards, self-advocacy groups and family carer groups **(beginning April 2009)**

6. The National Forum for People with Learning Difficulties

18 The National Forum for People with Learning Difficulties is the national and regional voice of people with learning disabilities across government. Led by people with learning disabilities, and with representation from each of its nine regional forums (see appendix 3 for its structure), it provides advice to the Department of Health and other government departments, on the issues for people with learning disabilities.

19 Established as part of *Valuing People*[7] in 2001, the National Forum seeks to raise the profile of learning disability issues nationally, regionally and locally. It has its own work plan, and provides leadership, advice and representation across a variety of national, regional and local bodies, events and work groups, including the National Learning Disability Programme Board, on which its two Co-Chairs sit. The National Forum has built good links with the wider self-advocacy movement over the past eight years.

20 The Department of Health has commissioned support for the National Forum for the next three years, and will work closely with them to ensure that people with learning disabilities are involved in implementing *Valuing People Now* and that this strategy reaches everyone.

21 The National Forum has agreed the following work priorities for 2008-9:

- Health
- Advocacy
- Community Lives (including Hate Crime, access to leisure services, Housing and Individual Budgets)
- Transport

The National Forum will agree a programme of work focused on these priorities **(June 2009)**

7 *Valuing People: A New Strategy for Learning Disability for the 21st Century*, Cm 5086, Department of Health (2001)

7. The National Valuing Families Forum

22 The National Valuing Families Forum was established in 2007 as a result of co-ordinating the Valuing People team regional networks. Its purpose is to ensure that the things that are important to family carers of people with learning disabilities are heard at government level. Most members are family carers, and they are active in supporting other families. The National Family Carer Network and carers' organisations are also members, and representatives from the National Forum for People with Learning Difficulties attend their meetings. There are Regional Family Carer Networks, supported by the Valuing People Regional Leads, to ensure that family carers involved with local Partnership Boards as well as other interested families can come together to share information and get support. The Regional Networks nominate representatives to the National Valuing Families Forum (see Appendix 4 for its structure).

23 The National Valuing Families Forum has agreed the following priorities for 2009:

- building and sustaining the capacity of mainstream carers organisations to meet the needs of family carers of people with learning disabilities
- supporting people with learning disabilities who are carers
- supporting families from black and minority ethnic communities
- supporting older family carers.

The National Valuing Families Forum will agree a programme of work focused on these priorities **(June 2009).**

Specific action in relation to developing the capacity of mainstream carers' organisations is in the section of this Delivery Plan entitled 'Including Everyone'.

8. Regional action and support

24 The Department of Health has increased its presence in the regions by appointing regional Deputy Directors of Social Care and Partnerships, based in the Government Offices and with close links to Strategic Health Authorities. The role of the Deputy Regional Directors, with their teams, is to support at regional level the transformation of adult social care, as laid out in *Putting People First* and specific national strategies including *Valuing People Now*. The Valuing People Regional Leads are now part of those regional teams.

25 The Deputy Regional Directors and the Valuing People Regional Leads will:

- work with the Association of Directors of Adult Social Services (ADASS), Strategic Health Authorities and the Government Offices to ensure there is an effective Regional Learning Disability Programme Board, with meaningful representation from people with learning disabilities and family carers **(April 2009)**
- establish a regional delivery plan to respond to the national delivery plan and the key priorities. For 2009-2010, these are:
  - to have an effective Partnership Board in every local authority area
  - to secure access to, and improvements in, healthcare, with Strategic Health Authorities and Primary Care Trusts responsible for, and leading, this work
  - to increase the range of housing options for people with learning disabilities and their families, including closure of NHS campuses
  - to ensure that the Personalisation agenda is embedded within local authority services and developments for people with learning disabilities, and is underpinned by person centred planning and support
  - to increase employment opportunities for people with learning disabilities
  - one additional regional priority to be agreed by the Regional Learning Disability Programme Board
- plan regional events to raise awareness of *Valuing People Now*, ensure the dissemination of good practice, key data and information, and monitor agreed regional expenditure **(2009-10)**

- support their Regional Programme Board in producing an annual report for the National Programme Board, signed off by people with learning disabilities and family carers who are members of the Board **(beginning April 2010)**

9. The role of partnership boards

26 Effective Partnership Boards are central to the strategic planning, commissioning, delivery and performance management of services for people with learning disabilities and their families. Based on strong commitment, and with senior membership from Local Authorities and Primary Care Trusts, they have sufficient information and authority to oversee and monitor the delivery of *Valuing People Now* locally.

27 In order to support the development of effective Partnership Boards in every area:

- the DH, through the Office of the National Director, will revise and reissue best practice guidance and other resources for Partnership Boards, including toolkits for carrying out an equalities impact assessment, collection of local data, commissioning and performance management **(April 2009)**
- the DH, through the Office of the National Director, will develop a national self-assessment tool to enable Partnership Boards to benchmark their performance and work programmes **(June 2009)**
- local prison partnership boards will monitor the effective delivery of services for learning disabled offenders
- the DH, through the Office of the National Director, will evaluate and review the Partners in Policymaking programme and identify ways to make it stronger and more effective in encouraging people with complex needs, people from black and minority ethnic communities, and family carers to be active members on Partnership Boards, national and regional forums, and self-advocacy groups **(by June 2009)**
- Valuing People Regional Leads will facilitate mentoring arrangements between Partnership Boards to share best practice **(February-December 2009)**
- each local Partnership Board will produce an annual report for their Regional Board, signed off by people with learning disabilities and family carers who are members of the Partnership Board **(beginning March 2010)**.

10. Including everyone – and the Equalities Agenda

28 A key objective of *Valuing People Now* is to ensure that all people with learning disabilities and their families benefit from the policy. This includes people with complex needs, including those whose behaviour challenges services, people from black and minority ethnic groups, people on the autistic spectrum and offenders in custody and in the community. The strategy also highlights the vital importance of family carers as key partners in delivery, as well as people with their own needs and lives.

29 The needs of children with learning disabilities are mostly met through Children's Services, and *Aiming High for Disabled Children* sets out the policy objectives. There is a clear and important role for Children's Services, schools and the NHS in developing aspirations throughout childhood and in the transition to adult services.

30 In response to the wider Equalities Agenda, and as a direct result of carrying out an Equalities Impact Assessment for the development of Valuing People Now, this delivery plan also includes actions to ensure that the strategy maximises its potential impact in the promotion of equality for specified groups, and mitigates the risk of an adverse effect on those groups. The six equalities areas are:

i) disability

ii) ethnicity

iii) age

iv) gender

v) sexual orientation (and identity)

vi) religion or belief

31 The following actions will be taken:

- The DH, through the Office of the National Director, will commission work to support improvements in basic and best practice communication with people with the most complex needs **(commission in February 2009 and disseminate information in September 2009)**
- The Department of Health, through the Office of the National Director, will scope work, using information currently available, to identify and support people with the most complex needs. This will then be used to generate models for local application **(commission work: February 09; disseminate information: summer 09)**

- The DH (Office of the National Director) will work closely with the National Advisory Group on Learning Disability and Ethnicity to develop a strand of work around ethnicity
- The DH (Office of the National Director) will commission a revision of *A Framework for Action on Ethnicity* and reissue this **(Autumn 2009)**
- The DH will publish an Autism Strategy for consultation **(2009)**
- The Office of the National Director will support the DH Offender Health team to roll out (across England): a one day training course to increase the understanding of front line prison staff **(Spring 2009)**; training materials for the prison officer induction course **(Summer 2009)**; a learning disability screening tool for use in prisons **(Summer 2009)** and a range of health promotion materials designed to be accessible to offenders with learning disabilities **(Autumn 2009)**
- The DH, through the Office of the National Director and working with the National Valuing Families Forum, has commissioned scoping work from the Princess Royal Trust for Carers and from Crossroads to improve mainstream support for family carers of people with learning disabilities, including carers of people with the most complex needs. Plans for the roll-out of this programme have been developed, and include the production of a toolkit for local implementation and training resources **(2009-10)**
- The DH, through the Office of the National Director and the Carers' Strategy Team, working with the Standing Commission for Carers, will ensure that family carers of people with learning disabilities are included in the implementation of the new national Carers' Strategy **(2009-10)**
- The DH, through the Office of the National Director, will commission the Challenging Behaviour Foundation and the Tizard Centre to lead a scoping exercise to develop better commissioning for individuals with behaviour that challenges services. This will include developing a national programme to support delivery of the recommendations in the Mansell Report (*Services for people with learning disabilities and challenging behaviour or mental health needs (DH revised edition 2007)*) **(scoping work 2009-10; National Programme 2010-11)**

- The DH, through the Office of the National Director, will carry out an additional scoping exercise, building on the Equalities Impact Assessment, to identify the specific Equalities issues in relation to *Valuing People Now*. This will then inform existing and further work strands to ensure that *Valuing People Now* promotes equalities, where possible **(scoping work March 2009)**

11. Personalisation – starting with the individual and their family

32 Personalisation is at the heart of the transformation programme for adult social care. Self-directed support, the InControl approach, and the use of direct payments and individual budgets have all demonstrated real improvements for individuals as they take control of the support they get to live the lives they want. Making this happen for people with the most complex needs, however, requires a more concerted approach. In order to ensure that all people with learning disabilities have greater control over their lives:

- The DH, through the Office of the National Director, will issue and disseminate new person centred planning guidance, aimed specifically at people with learning disabilities **(spring 2009)**.
- The National Directors for Learning Disabilities will work closely with the National Director for Transformation of Adult Social Care to ensure that people with learning disabilities and their families are fully included in the Transformation Agenda **(2009-10)**
- The DH, through the Valuing People Regional Leads and Deputy Regional Directors, will work in the regions to ensure that locally the Personalisation programme encompasses people with learning disabilities, including those with the most complex needs **(2009-10)**
- The Office of the National Director will work with the DH Personalisation programme team to identify how to engage providers at a national level so that they are better prepared for Personalisation and more responsive to enabling people with learning disabilities to have choice and control over their lives **(2009-10)**
- The Valuing People Regional Leads will work with the DH Personalisation programme team to identify specific issues and risks in relation to the impact of the Personalisation Agenda on people with learning disabilities and their families and to facilitate an action plan to address this **(2009-11)**
- The DH will continue to support InControl as a key partner in delivering the personalisation agenda **(2009-10)**

12. Having a life

Better Health

33 A key objective of Valuing People Now is to improve the access to, and the quality of, NHS services for people with learning disabilities. GP practices, Primary Care Trusts, Acute and Mental Health Trusts all have key roles in ensuring that their services are available and accessible, and take account of people's individual needs particularly around information and communication. There are also growing numbers of people with very complex health and social care needs, where a multi-disciplinary approach is essential if these needs are to be met.

34 The DH 'Promoting Equality' Steering Group will be renamed the 'Valuing People Health Steering Group' and will become a sub-group of the Learning Disabilities Programme Board. Working closely with the Office of the National Director, it will oversee progress in improving the quality of healthcare for people with learning disabilities. The steering group will have a particular focus on ensuring delivery of the commitments given in the Government's response to the Independent Inquiry report, *Healthcare for All,*[8] and on supporting regional and local progress in responding to the Inquiry.

35 In order to ensure that high-quality healthcare is accessible to all people with learning disabilities:

- The DH will commission a scoping study for a Confidential Inquiry into the premature deaths of people with learning disabilities **(2009-10)**
- The DH will commission the development of a Public Health Observatory (PHO) to collect, collate and analyse data regarding people with learning disabilities. The PHO will work closely with the NHS Information Centre to identify the practical changes needed to embed more systematic recording of learning disability within general practice, develop more consistent systems to ensure that information is shared with other healthcare providers, and allow appropriate data from GP practice systems to be compared with data from other NHS sources to allow better analysis of uptake of healthcare interventions and health outcomes **(commission 2009-10; set up 2010-11)**

8 *Healthcare for All: Report of the Independent Inquiry into Access to Healthcare for People with Learning Disabilities*, Sir Jonathan Michael, Department of Health (2008)

- The DH will continue to promote annual health checks for people with learning disabilities known to Local Authorities through GPs, both in the community and acre settings in the criminal justice system **(2009-10)**
- The DH, working particularly through the Valuing People Regional Leads, will highlight best practice in local commissioning of services and in information sharing between Primary Care Trusts, Local Authorities and provider organisations, to ensure that individuals have their needs met appropriately across all services and that effective adjustments are made that take account of individual disabilities **(2009-10)**
- The DH, through the Office of the National Director and with support from Valuing People Regional Leads and Deputy Regional Directors, will work with Strategic Health Authorities to secure their engagement with, and local implementation of, the regional Health Self Assessment Performance Framework, piloted during 2008 in the Yorkshire and Humber region. This framework includes a whole systems self-assessment tool for Primary Care Trusts, NHS Trusts and local Learning Disability Partnership Boards. The Valuing People regional leads will support local implementation and regional monitoring/overview **(2009-12)**
- The DH, through the Office of the National Director, will publish and disseminate guidance on Health Action Planning and health facilitation **(Spring 2009)**
- The DH, through its Equality and Human Rights Division, will publish guidance for the NHS on the Disability Equality Duty, in relation to people with learning disabilities **(Spring 2009)**
- The DH, through its Workforce Directorate, will work with professional regulatory bodies and educational bodies to support improvements in the training and education of healthcare staff in relation to learning disabilities **(2009-10)**
- The DH, through its Offender Health initiatives on commissioning, will work with PCTs to improve coverage by learning disability specialist nurses in all care settings in the Criminal Justice System **(2009-10)**

Housing

36 Too few people with learning disabilities have a choice as to where they live or with whom, and too few have homes of their own, with rights as tenants or owners, compared to the general adult population. An objective of the strategy, therefore, is that all people with learning disabilities and their families should have an informed choice about where and with whom they live. Effective local Partnership Boards, using information from Joint Strategic Needs Assessments, will develop plans to ensure that a range of housing choices are available for individuals. Additionally:

- The Office of the National Director, through the Valuing People Housing Lead, will work with the Department for Communities and Local Government, the Department for Work and Pensions and other relevant organisations to take forward the following:
  - a joint programme of work with Communities and Local Government, to consider how mainstream housing policies can be made more inclusive of people with learning disabilities **(2009-12)**
  - continued work with the Department for Work and Pensions (DWP) and CLG on Housing Benefit and support issues, including interim guidance to clarify the Turnbull judgement **(2009-2010)**
- The DH Care Services Efficiency Delivery Programme and the Housing Learning Improvement Network Independent Living Choices programme are undertaking work to support commissioners and providers to achieve a market shift from residential care to supported living across different tenures (home ownership and social and private rented accommodation). As part of the early scoping work, the Programme will review current data and benchmark best practice to help inform commissioners, funders and providers **(during 2009)**
- DH will continue to work closely with the Homes and Communities Agency to identify future capital investment opportunities to develop a range of social home ownership options for people with learning disabilities
- The DH, with other Government departments, will build the evidence base on what influences progress towards 'settled accommodation' (this does not include residential care) for people with learning disabilities (as part of the delivery of the PSA 16 Housing objective) **(2009)**

- The DH has launched **(November 08)** and will complete **(April 09)** the NHS Capital Programme allocation (stage 3) as part of the NHS Campus Closure work strand.
- The DH, through the Office of the National Director, will evaluate and review the use of the Housing Pathway tool (developed and piloted by the Valuing People Team) and identify the best way to disseminate this nationally **(2009)**

Education, work and getting a life

37 Too few people with learning disabilities have opportunities to work and study after leaving school, or to enjoy a full range of leisure and social activities in their local communities. The policy objective is to increase the number of people in employment and who have access to post-16 education. The following action will be taken:

- The Office for Disability Issues will chair the cross-government Work, Education and Life Group to ensure cross-government action and support for, and synergy between, their joint work strands on Post-16 Education, Employment and Transition **(2009-10)**
- The Work, Education and Life Group will continue to work with the DH, through the Office of the National Director, the Department for Children, Schools and Families (DCSF), the Department for Innovation, Skills and Universities (DIUS) and the Department for Work and Pensions (DWP) to support the development and implementation of a national Employment Strategy for people with learning disabilities, led by the Office for Disability Issues **(publication in Spring 2009)**
- The DH, through the Office of the National Director, will continue to work with DCSF, DIUS and DWP on implementing the post-16 education strategy, *Progression through Partnership*[9] **(2009-12)**
- The Office of the National Director will continue to lead the cross-government 'Getting a Life' Programme, which currently includes 10 pilot sites, and will ensure that early learning from the programme is disseminated to regional and local Partnership Boards and other local partners **(2009-11)**

9 *Progression through Partnership: A joint strategy between DfES, DH and DWP on the role of Further Education and Training in Supporting People with Learning Difficulties and/or Learning Disabilities to Achieve Fulfilling Lives*, Department for Education and Skills (2007)

- The DH will continue to lead the 'NHS as Employer' work strand, which explicitly aims to increase the number of people with learning disabilities employed by the NHS **(2009-10)**
- The Transition Lead in the Office of the National Director, with support from the Valuing People Regional Leads, will continue to oversee a programme to embed Person Centred Transition Planning in the statutory Transition process nationally **(2009-10)**
- The DH, through the Office of the National Director and Valuing People Regional Leads, will support DCSF's regional work to improve transition planning for young people with learning disabilities **(2009-10)**
- The Cabinet Office will continue work to support the Civil Service to increase the number of people with learning disabilities that are employed by it **(2009-10)**

Relationships and having a family

38 Like everyone else, people with learning disabilities value relationships, both friendships and relationships of a personal and sexual nature. They want to meet new people and to maintain friendships.

39 Some people with learning disabilities are parents, and evidence suggests that it can be difficult for them to access information and appropriate support, and that they are at disproportionate risk of losing their children into care. Supporting disabled people to sustain a family unit is one of the outcomes identified in *Putting People First*. The following action will, therefore, be taken:

- Valuing People Regional Leads will support Partnership Boards, linking to Children's Services, to collate data on the number of parents with learning disabilities, and the Office of the National Director will include this in its developing database (2009-10)
- The Office of the National Director will ensure that its website includes references to the various sets of 'guidance' for supporting parents with a learning disability, and will support the dissemination of the good practice guidance in children's services (2009-10)
- The DH will work to develop advocacy services which include support for parents with a learning disability

13. People as local citizens

Advocacy

40 If people with learning disabilities are to be treated as equal citizens in society and are to have real choices and control over their lives, it is essential that they have appropriate support to access information and to express their views. Individual and group advocacy is essential if this objective of the strategy is to be achieved.

41 The Office of the National Director, through the Valuing People Advocacy Lead, will:

- take a lead and offer support to other Government Departments in ensuring that all government information for people with learning disabilities is made available in accessible formats, where appropriate
- disseminate the learning from the DH User-led Organisations Action and Learning sites **(Summer 2009)**
- publish a set of standards for producing and commissioning information that is easy to understand **(Spring 2009)**
- publish and disseminate a toolkit for self-advocacy groups in order to ensure that they are effective in representing the views of people with learning disabilities in local planning and commissioning processes, have appropriate work programmes linked to local objectives, and actively seek to involve people with complex needs and those from black and minority ethnic groups **(Summer 2009)**
- commission work to demonstrate best practice around enabling people with learning disabilities to access the support they need **(Summer 2009)**
- explore, with other government departments, ways to further support or develop independent advocacy for parents with learning disabilities **(Summer 2009)**
- work with DH policy leads to ensure that people with learning disabilities are included in any policy development and implementation work in relation to:
  - the Mental Capacity Act, including Deprivation of Liberty Safeguards
  - the Mental Health Act
  - No Secrets
  - LINks

- work with the National Forum for People with Learning Difficulties to collect evidence and data via the regional forums about the development and effectiveness of local advocacy services **(2009-10)**

Transport

42 Being able to travel around, to work, to leisure activities and to meet friends and family, is a key priority for people with learning disabilities. However, many find this difficult because of accessibility, information and the attitude of some staff:

- The DH, through the Office of the National Director, will link with the Department for Transport to support its work programme in this area and to ensure that people with learning disabilities, including the National Forum for People with Learning Difficulties, contribute to it **(2009-10)**

Hate crime

43 Many people with learning disabilities have been the victim of bullying and hate crime. People from black and minority ethnic and newly arrived communities are particularly at risk. Many people also report that they do not feel they are taken seriously when they complain about abuse or report a crime against them. The National Forum for People with Learning Difficulties has already raised the profile of this issue and continues to review it as part of its work programme. Action across the Government to tackle hate crime includes the following:

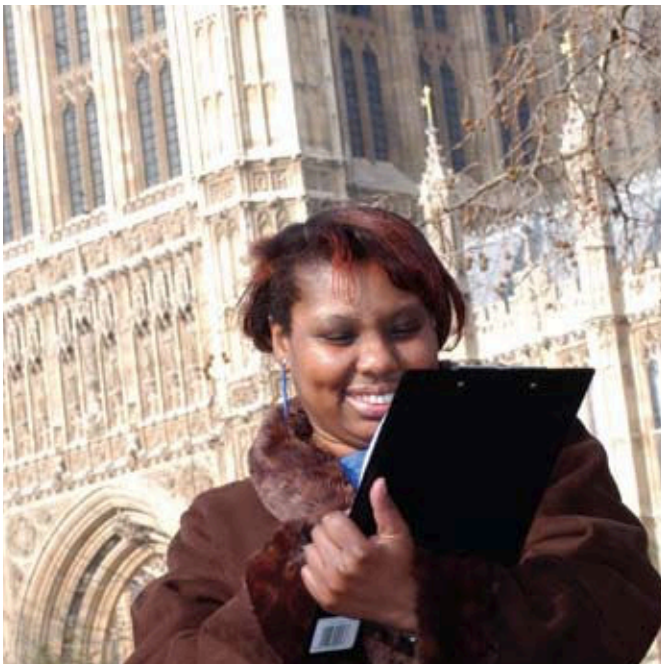
- The DH, through the Office of the National Director, will continue to work with the Home Office and other government departments to develop and implement the Hate Crime Strategy, ensuring it addresses the issues for people with learning disabilities
- The DH, through the Office of the National Director and linking with the National Forum, will work with the Home Office and other relevant agencies to support the linkage between local Partnership Boards and Crime and Disorder Reduction Partnerships **(2009)**
- The DH, through the Offender Health team, will work with the police, probation and prison services to address hate crime in the criminal justice system **(2009)**

Access to leisure services

44 Having a social life and access to leisure services is important to people with learning disabilities. They want to lead a fulfilling life with access to a diverse range of social and leisure activities:

- DH, through the Office of the National Director, will liaise with the Department for Culture, Media and Sport to explore how local leisure services can be made more accessible to people with learning disabilities **(2009-11)**

14. Making it happen



Commissioning

45 Good commissioning, based on sound information from Joint Strategic Needs Assessments and collation of information from person centred plans, is the key to improving outcomes for people with learning disabilities. It enables Local Authorities and Primary Care Trusts to identify gaps in services, develop new models of service provision, working with providers, and decommission inappropriate models.

- The Office of the National Director will work with the Transformation Team to design and commission a piece of work that identifies how person centred information can be used to inform commissioning at a strategic level, and will organise regional events to disseminate the findings
- The DH, through its Commissioning and System Management Directorate, will publish, and monitor the impact of, a guide to World Class Commissioning for the commissioning of learning disability health services. The Office of the National Director and the Valuing People Regional Leads will help to promote and disseminate this **(Spring 2009)**

Developing the workforce

46 Making *Valuing People Now* happen means raising awareness of the specific needs of people with learning disabilities, and especially of those with more complex needs or behaviour that challenges, among workers across all areas of public service. This includes those working in health, social care, education, employment support, the criminal justice system, transport and leisure. The following actions will support this:

- The Office of the National Director will work with the DH to ensure that the forthcoming Adult Social Care Workforce Strategy reflects the needs of people with learning disabilities **(during 2009)**
- The Department of Health, through the Office of the National Director, will work with other government departments and public services to influence the way in which they approach the recruitment, training and development of staff in relation to supporting people with learning disabilities. This will include offering expertise and advice, drawing on the National Forum for People with Learning Difficulties and the National Valuing Families Forum, and highlighting best practice where people with learning disabilities and family carers are involved in all aspects of staff training **(2009-12)**

- The Office of the National Director will commission a review of training materials on human rights and people with learning disabilities in order to identify gaps and good practice, and will consider commissioning the development of additional training materials on human rights **(review during 2009)**

Appendices

Appendix 1: Terms of reference and proposed membership of Regional Learning Disability Programme Boards

Regional Learning Disability Programme Board

Terms of reference

Purpose

To ensure the delivery of *Valuing People Now (VPN)* in ……region.

The Regional Learning Disability Programme Board expects to provide evidence to people with learning disabilities and their families that:

- measurable improvements are taking place to make the strategy happen in each locality across the region;
- obstacles to delivery are proactively addressed through national, regional and locally led action, and in partnership with relevant agencies.

Accountability

The Regional Board will be accountable to the National Learning Disability Programme Board and will provide regular reports on regional progress as well as its approach in mitigating any risks to the local delivery of *Valuing People Now* in its region.

The Board will also pro-actively provide reports on progress to the regional:

- Forum for People with Learning Difficulties
- Family Carers Network
- Adult Social Care Joint Improvement Partnership Group
- Strategic Health Authority (and regional PCT commissioning forum)
- Government Office

Regional Accountability Framework

Accountabilities in delivering *Valuing People Now*	**Regional Learning Disability Programme Board Member**
Accountable for ensuring that there is an effective Regional Board and Regional Delivery Plan, reporting on progress on priority areas to the National Learning Disability Programme Board. Accountable for ensuring the delivery of the annual priorities for adult social care in *Valuing People Now*	DH's Deputy Regional Director for Social Care and Partnerships
Accountable for ensuring delivery of the outcomes in the Better Health section in *Valuing People Now*	Strategic Health Authority (SHA)
Accountable for ensuring the delivery of wider government strategy, including housing, employment and transport	Government Office for the Region

Regional *Valuing People Now* Delivery Team

The Valuing People Regional Lead will coordinate the support for the Regional Learning Disability Programme Board.

The SHA and Government Office will nominate staff to work with the Valuing People Regional Lead and identify leads in local delivery organisations to:

– draft the Regional Delivery Plan

– provide reports on delivery against the Regional Delivery Plan, including risk and mitigation reports

– assess the effectiveness of Partnership Boards, against the national best practice and planned assessment framework

Regional Programme Board key objectives

1 To establish a Regional Delivery Plan for 2009/10. This will focus on delivery of the priorities in the national Delivery Plan for 2009/10 and then be reviewed for 2010/11 and 2011/12.

2 To establish the baseline of performance for each Local Learning Disability Partnership Board and benchmark against the national position in order to identify the strengths and priorities for support in the region's progress towards *Valuing People Now*. The Regional Board will then draw on the Valuing People Regional Team and local best practice to develop and support local action plans.

3 To ensure that the Regional Delivery Plan is underpinned by a regional resource plan to support delivery. This will use Department of Health and NHS funds, allocated to ensure the delivery of *Valuing People Now*, the Adult Social Care Reform Grant and resources allocated by other government departments and additional resources e.g. from Regional Improvement and Efficiency Partnerships.

4 To assess the annual reports from local Learning Disability Partnership Boards submitted to the Regional Board (starting December 2009), providing a 'confirm and challenge' process for the Partnership Boards against the self-assessment tool developed nationally to support best practice.

Frequency of meetings

Regional Programme Boards should meet at least every three months, but regions may decide to meet more frequently.

Process of meetings

The Regional Board meeting will need to be organised so that everyone involved can contribute. This means that:

- Self advocate and family carer representatives will require support before, during and after board meetings;

- Funding for both support costs and also to pay self advocates and family carer representatives for their time and contribution (in accordance with DH guidance 'reward and recognition') will need to be identified and agreed;
- The agenda, papers and record of meetings will need to be produced in an easy to understand format and provided at least two weeks in advance.

Core membership and responsibilities for Board Members

- Chair (a credible regional leader, for example, this might be a Director of Adult Social Services or Elected Member)
- Deputy Regional Director Social Care and Partnerships
- Valuing People Regional Lead
- Two nominated leads from the Regional Forum for People with Learning Difficulties
- Two nominated leads from the Regional Family Carers' Network
- A Director of Adult Social Services, nominated by the regional ADASS group to provide leadership for *Valuing People Now*
- An elected Member nominated by Adult Social Care Member leads
- Strategic Health Authority Executive lead
- PCT Executive lead
- Government Office nominee(s): recommend Deputy Regional Director with a lead for Housing

Additional membership

Delivery of *Valuing People Now* will involve a wide range of partners. The Regional Programme Board may also wish to involve a range of partners either directly in the Board or through work stream groups e.g. focusing on improving health or delivering housing and employment opportunities, such as:

- Skills for Care
- Regional Improvement Efficiency Partnership
- Regional Development Agency
- Independent/third sector providers
- NHS patient forum

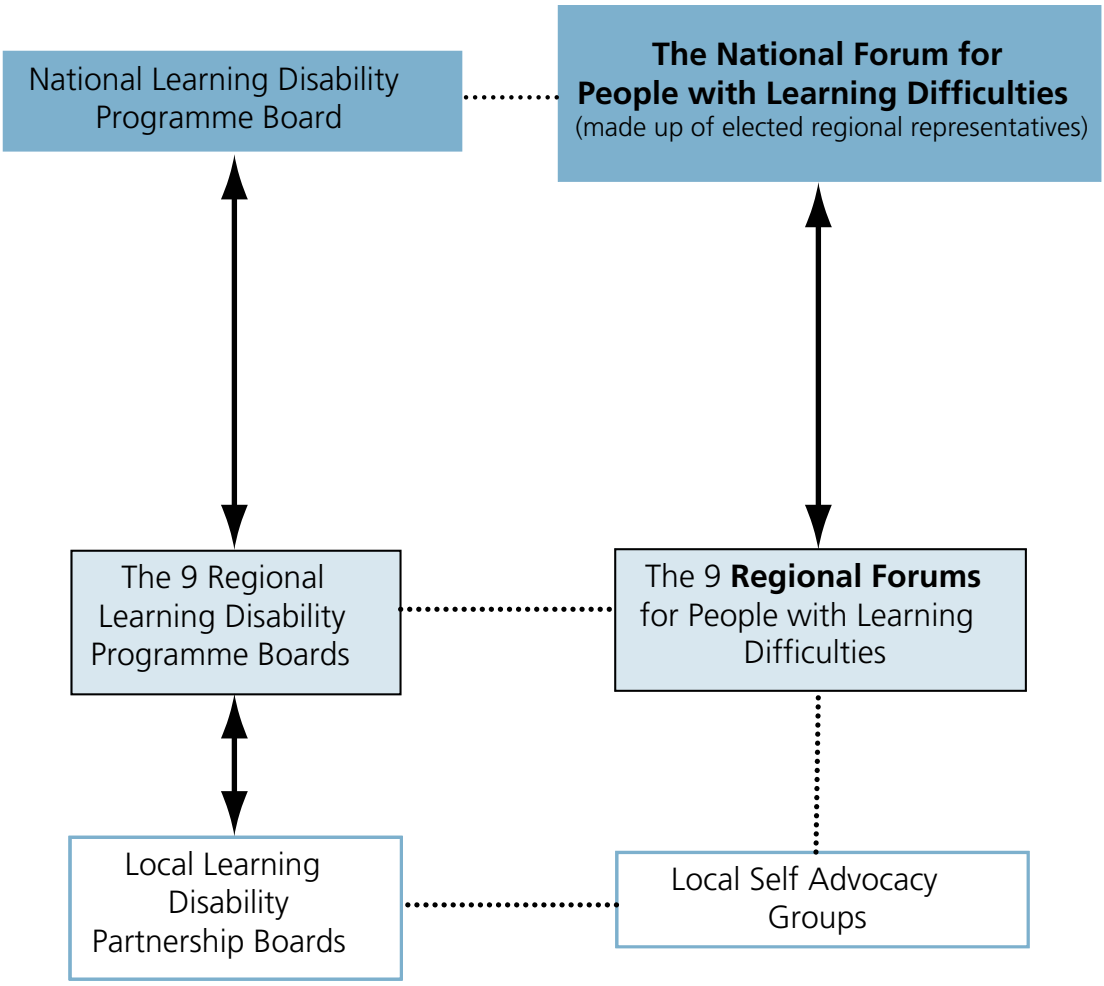
Appendix 2: The DH *Valuing People Now* Delivery Group terms of reference and membership

The DH *Valuing People Now* Delivery Group is made of senior policy leads, the National Directors, the Head of Office of the National Director, the Office of the National Director Business Manager and the lead Deputy Regional Director for Learning Disabilities.

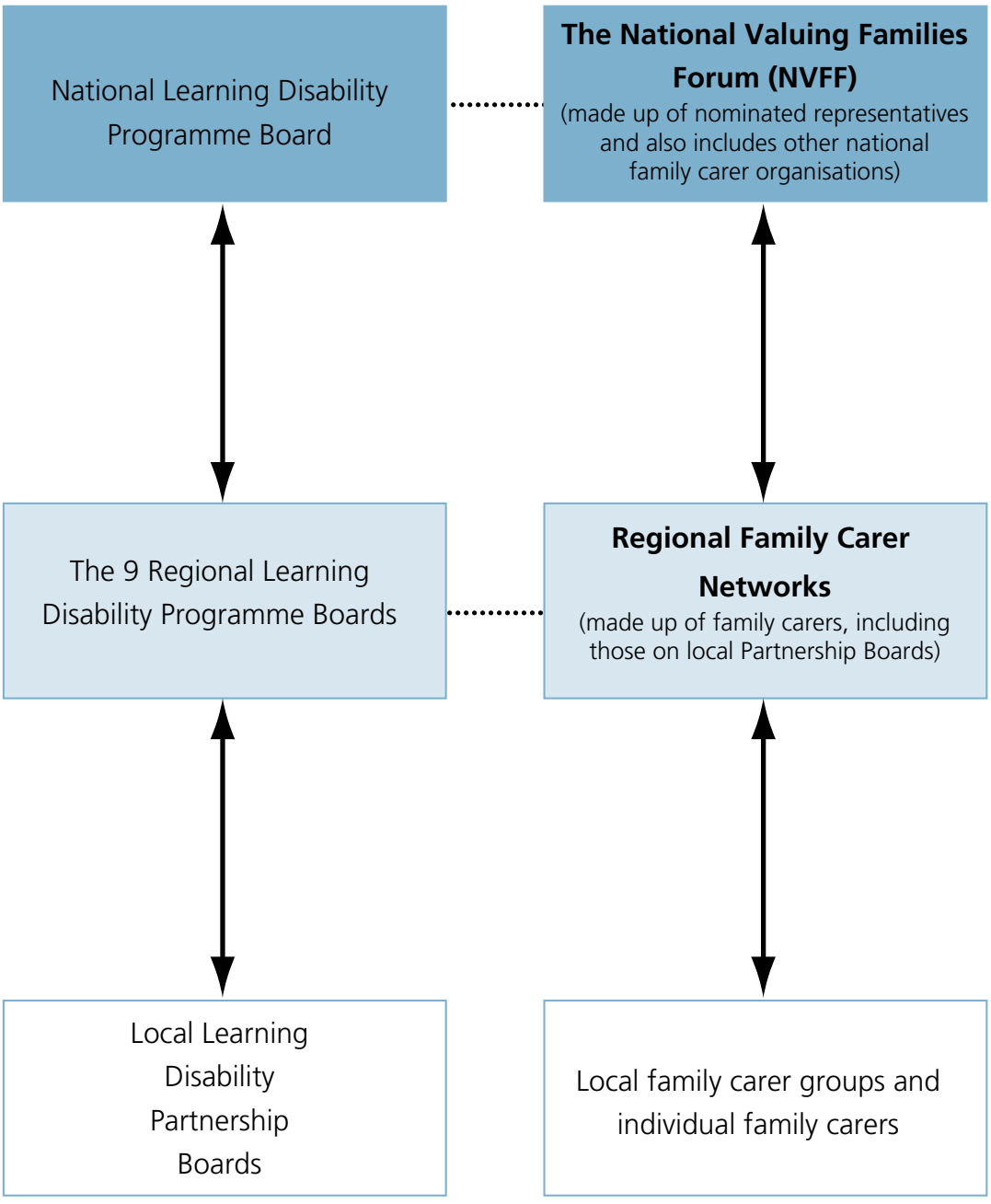
This group will:

- Oversee the DH *Valuing People Now* programme budget
- Agree work to be commissioned to secure implementation
- Quality assure work to be published through the programme
- Analyse regional board progress reports and prepare papers for the National Learning Disability Programme Board

Appendix 3: National Forum for People with Learning Difficulties structure



Appendix 4: The National Valuing Families Forum structure



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APPENDIX 2

Halton Borough Council and Halton and St Helens PCT
Adults with Learning Disabilities Partnership Board

Business Plan 2009/10

Key Priority from Valuing People Now	DH publication due	Owner	Target completion date
Developing an effective Partnership Board			
Review best practice guidance and toolkits, including EIA, and prioritise areas for improvement in Halton.	April '09	Joint Commissioning Manager/Service Development Officer	September 2009
Benchmark performance and work programmes using self assessment tool	June '09	PCT – Primary Care Development Manager	November 2009
Review how more people can become active in developing policy locally and regionally	June '09	Joint Commissioning Manager	November 2009
Produce report for regional board		Joint Chairs of PB (with support)	March 2010
Access to and improvements in healthcare (lead PCT and SHA)			
DH will issue separate guidance to PCT/SHA on HAP and facilitation. PCT to keep board informed of progress.	Spring 2009	PCT - Operational Director Partnership Commissioning	September 2009
Increase range of housing options.			
Review individual needs and reconfigure residential services to supported living model.		Joint Commissioning Manager	March 2010
Assess impact of Housing Benefit (Turnbull) review and work with providers to ensure people don't lose their tenancies.		Housing Co-ordinator	July 2009
Increase employment opportunities			
Link local actions on employment to the National Employment Strategy for People with LD and identify areas to develop.	Spring 2009	Enterprise and Employment Manager and Connexions SN Co-ordinator	September 2009
Monitor progress within PCT and HBC to increase number of people with LD directly employed.		HBC Enterprise and Employment Manager PCT – to be nominated	September 2009
Continue to build links between PC planning locally and regionally and commissioning.		Divisional Manager Personalisation	March 2010

Key Priority	DH publication due	Owner	Target completion date
Embed personalisation into services underpinned by person centred planning and support			
Review guidance on PCP for people with learning disabilities and confirm Halton's practices comply.	Spring 2009	Divisional Manager Personalisation	July 2009
Including everyone			
Review best practice around communication with people with complex needs to benchmark Halton	September 2009	Divisional Manager Assessment and Care Management PCT – Angela Green	January 2010
Review Support models for people with complex needs and benchmark Halton	Summer 2009	Divisional Manager Assessment and Care Management PCT – Angela Green	January 2009
Ensure we are acting appropriately with regard to ethnicity	Autumn 2009	Sue Wallace-Bonner through E&D Group	March 2010
Link DH Autism Strategy to developments in Halton and identify gaps	2009-month not specified	HBC Operational Director Adults of Working Age	November 2009
Ensure people with learning disabilities have opportunities to participate in leisure activities in Halton		Divisional Manager Learning Disabilities Provider	March 2010
Establish specialist service for people who challenge services	2010 –2011 month not specified	HBC Operational Director, Health & Partnerships	March 2010

REPORT TO: Healthy Halton Policy & Performance Board

DATE: 9 June 2009

REPORTING OFFICER: Strategic Director – Health & Community

SUBJECT: Sure Start to Later Life Evaluation Report

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform Healthy Halton Policy and Performance Board of the Sure Start to Later Life Evaluation Report (Appendix 1).

2.0 **RECOMMENDATION**

i) That members of the Board note the report.

3.0 **SUPPORTING INFORMATION**

3.1 Sure Start to Later Life service and evaluation

3.1.1 The rationale for the Sure Start to Later Life (SS2LL) service had two main strands when it was established in August 2007. Firstly, the service was a response to older people who voiced the need for more information about activities and services to be made accessible to them. Secondly, the project was HBC's first major step on the path to establishing a more strategic approach to early intervention and prevention in older people's services. It was envisaged that if the project proved its worth to older people and partner agencies it would pave the way for a broader robust prevention strategy.

3.1.2 The evaluation of the Sure Start to Later Life service has taken place over the last five months and has been conducted by the National Development Team (NDT) led by Peter Bates and Rob Grieg. (Appendix 1) Overall the evaluation is positive and demonstrates that the service is delivering positive outcomes for service users.

3.1.3 "Halton Borough Council and their local partners can rightly be proud of the achievements of the SS2LI team to date."

"The team is well led, is delivering positive outcomes and making a real difference in the lives of many older people."

3.1.4 Key issues from the evaluation are mostly around the further development of partnership work with associated services, agencies and older people.
The report recommends that:

- The service's main stream funding is confirmed and the service expanded as the strategic shift from crisis orientated to preventative provision takes effect
- Partnerships in Prevention (PIP) continues and is expanded to include a wider group of organisations involved in preventative work
- PIP be developed into a formalised preventative partnership with established pathways
- SCIP/SS2LL partnership should continue

3.2 Partnerships in Prevention

3.2.1 The Sure Start to Later Life project manager was the key driver for the creation of the Partnerships in Prevention (PIP) group. A "Building Common Ground" one day workshop was commissioned by the project manager to create dialogue between staff of the Red Cross, Community Bridge Builders, Age Concern, Health Trainers/Reach for the Stars and Sure Start to Later Life services. The group produced an action plan around producing more joined up prevention services for older people. Staff from these services now meet quarterly and are currently doing mapping work on the services.

3.2.2 One of the key recommendations of the SS2LL report is that PIP is formalised and developed further. One of the key duties of the SS2LL manager would be to drive and expand this initiative to include many more services that provide preventative support to older people. They would also develop a more coordinated preventative response across services to older people. The aim would be to provide a whole system approach to prevention and early intervention, integrating this work into the "Improving outcomes for older people" PID workstream. Other key duties would include engaging older people in the co production of PIP services and contributing to the growing intergenerational activity in Halton, also part of the PID workstream.

3.2.3 Key links with the VATF workstream and an early intervention and prevention strategy will be developed within the next 12 months.

4.0 POLICY IMPLICATIONS

4.1 The policy framework in appendix 2 sets out the importance of access to information and preventative services as a key element within a number of national policy strands.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 **Children & Young People in Halton**

Sure Start to Later Life is involved in intergenerational activities across the borough. Also likely that service will eventually be available to all adults.

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

SS2LL signpost to all above services and activities.

6.3 **A Healthy Halton**

SS2LL is member of Parnerships in Prevention(PIP) which also enables close links with Health Trainers/Reach for the Stars/Diamond Life.

6.4 **A Safer Halton**

SS2LL signposts and refers to safety initiatives within the Borough.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 Duplication of service provision by other agencies. Regular PIP meetings to clearly identify different functions of each agency. Development of distinct prevention identity for SS2LL. Proposal not significant enough to require a full risk assessment

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality and Diversity Assessment for the Sure Start to Later Life service has been completed.

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

None.

-

A Report by the National Development Team for Inclusion (NDT) to Halton Borough Council

A Report on the Sure Start to Later Life Project

Index

Section 1 - Background and Purpose of Report

1.1 This report has been prepared for Halton Borough Council by the National Development Team for Inclusion (NDT)[1]. This followed a request for the NDT to undertake a review of one of its projects with temporary funding, Sure Start to Later Life (SS2LL). This review was undertaken in two stages (15th/16th September 2008 and 20th/21st January 2009). Initial work was undertaken by Jo Seddon and the follow up work and report completion was done by Andrew Russell, (both colleagues at NDT).

1.2 The conclusions are essentially drawn from two key sources of information; (i) Meetings with a number of key stakeholders[2] (ii) a review of documentation presented by Halton Borough Council.

Section 2 - Background to SS2LL in the Halton catchment area

2.1 In January 2006 the national Social Exclusion Unit published a report entitled; A Sure Start to Later Life - Ending Inequalities for Older People[3]. This report examined how to tackle exclusion in later life. It set out 30 agreed cross-government action points, which were to be implemented to ensure that the needs of the most excluded older people are addressed.

2.2 The national SS2LL programme[4] is aimed at people who are over 55. The guiding principles of the initiative include;

- Working with older people. Involving them in the design and development and delivery of the service and improving their community
- Promoting well-being and independence. Thus as much focus is given to providing information on the activities as is spent on providing information about services

[1] The NDT is a development agency concerned with promoting better lives for people who have traditionally been marginalised and excluded in society. It particularly does this through policy advice, consultancy and training to central and local government, the NHS, and other statutory and independent sector organisations. The NDT has particular client group expertise in learning disability, mental health, general disability and older people.

[2] See Appendix 1 for list of people interviewed (those who were not specifically asked about their name appearing in print have been identified by first name and surname initial)

[3] http://www.communities.gov.uk/publications/corporate/surestart

[4] A Sure Start to Later Life – ending inequalities for older people. ODPM January 2006. www.cpa.org.uk/cpa/seu_final_report.pdf

- Accessibility. The service needs to be easy to access in terms of location, opening times and transport

2.3 The Department of Health's Social Care, Local Government and Care Partnerships Directorate is leading the 'Partnerships for Older People Projects' (POPP) programme. The aim of this programme is to deliver and evaluate (through 29 Local Authority led pilots) locally innovative approaches, aimed at creating a sustainable shift in resources and culture away from institutional and hospital-based crisis care for older people towards earlier, targeted interventions within their own homes and communities.

2.4 The POPP programme comprises of a first round of 19 sites started in May 2006 and the second round of a further 10 sites commenced in May 2007. Halton Borough Council made an unsuccessful bid to become one of these POPP pilot sites, but decided to develop its own services, including the project SS2LL, which became fully operational in July 2007.

The needs and SS2LL in Halton

2.5 In Halton the number of people over 65 years has increased more quickly than for any other population group. It is projected that this age group will increase by approximately 40% over the next 10 years. Although preventative approaches which promote health, well-being and independence for older people are now considered best professional practice, a needs assessment and feedback from Halton Older Peoples Empowerment Network (OPEN) identified that many older people find it difficult to access information on services to help them maintain a good quality of life.

The specific aims of the project are

- To offer a high quality information service to older people
- To promote independence rather than dependence
- To ensure that the service is person centred and that assessments are based on an individual's expressed needs rather than the needs of the service
- To ensure that service users are involved in the design, planning and ongoing monitoring of the service
- To challenge cultures
- To build community capacity

Section 3 - Who is the service for and what can be accessed through the service?

3.1 The service is for anyone who lives in the Halton Borough Council catchment area who is over 55, or carers, friends and professionals of those who support someone in that age group. Self referrals/self-assessments are specifically welcomed by the SS2LL team.

3.2 People can access information about leisure, employment, education, finance, services appropriate for older people, arts/leisure/cultural activities, volunteering and healthy living and lifestyles. In practice the team receives requests regarding any service or activity in the Borough, for example the NDT observed a referral regarding an older person whose washing machine had broken down[5].

3.3 *How the project goes about helping people who are referred*

Whilst some information can be provided via the telephone, often using the resource/information bank that has been developed by the team, the information officers provide home visits before offering information and signposting to various options/choices available. The team is keen to engage people who tend not to have contact with local services (often called "the seldom heard"), those who find it difficult to get out of their house and those from BME communities. The work of the team sometimes involves them helping older people navigate their way through local services when they have been having difficulties.

3.4 *Range and scope of activities*

The range of information requests handled is impressive and shows a lot of background research undertaken by the information officers, together with the network of contacts they have developed. Here is a sample of issues handled within the team.

Transport	Poetry discussion groups	Giving up smoking
Using a computer	Massage for legs	Bingo
Accessing help regarding bereavement	Talking books/newspapers	Obtaining a bus pass/blue badge

[5] It was reported to me that this took less than five minutes for a member of staff to resolve to the person's satisfaction.

Exploring different housing options	Local dating groups	Physical/Emotional/Sexual issues
Learning conversational Spanish	Joining a choir	Joining a Bridge group
Fitting a fire alarm	Day trips for a disabled partner	Mobility allowance
Craft activities	Dealing with a broken shower	Community transport for hospital appointments
Increasing conference on using public transport	Moving house (due to demolition of current accommodation)	Going to the gym
Healthier diet	Attendance allowance	Food preparation

Interviews with service users and other stakeholders suggest that SS2LL may also provide an invaluable service when people are experiencing difficulty in accessing mainstream services (for whatever reason). The outcomes might be to avert someone having to make a formal complaint, but there is also evidence of team members advising people of their right to assert their citizen rights.

"council dispute regarding bathroom ….. they were out the next day"

"activated complaint ….. health and safety"

Comment

3.5 SS2LL handles an impressive range of referrals confidently and efficiently. They make a significant number of referrals to other partners working with the over 55 age group.

Recommendations

None

Section 4 - Referrals[6]

4.1 Referrals to SS2LL are accepted from a number of sources, with referral methods including telephone, e-mail (often via the website[7]), or via the Halton Borough Council contact centre/one-stop-shops. The SS2LL team make referrals to other agencies/projects and most of

[6] For referral numbers please refer to Appendix II
[7] www.ss2ll.co.uk

these reciprocate appropriately. It is a good indicator of the projects value and effectiveness that staff without widely recognised social/health care qualifications are able to make referrals to a range of other services without reassessment.

4.2 The team operates a flexible pattern of working, with the stated hours of the service being no earlier than 8 a.m and ending no later than 9 p.m. No weekend working is currently undertaken.

Comment:

4.3 The referral processes seem to work well, but there are some partners who seldom refer to SS2LL. Further work needs to be done to identify where referral pathways are blocked or not working effectively so that this can be remedied. It may be that voluntary sector organisations providing services within the local Partnership in Prevention (PIP) feel they are in competition with SS2LL. Referrals are not yet representative of the two main populations (Widnes and Runcorn are distinct communities divided by a bridge) and the numbers seem skewed to women and to those greater than 70 years old. Further work will be required to identify whether the gender and age balance is out of line with the population profile and local expectations of the service. There are comments in one monitoring report that suggest that referral numbers were affected by staff being on sick leave in Q3 2008.

It is important to note that some people who use the service have dreams and unfulfilled ambitions, e.g. one person interviewed expressed a strong wish to spend one night in a light house. The team is in a good position to advise and assist these people.

Recommendations

i) That efforts are made to confirm that the current referrals meet the stated objectives of the service in terms of age and gender profile.
ii) The quarterly target for the team should be reviewed to ensure it reflects the current capacity of the team and the needs of the service.
iii) A contingency plan needs to be developed to ensure that the SS2LL does not need to curtail its activities (including marketing/awareness raising) during times of staff sickness.
iv) Work should be done, perhaps using process mapping[8], to identify where and why some referral routes are not working efficiently, using anonymous case histories.

[8] Process Mapping. Structural analysis of a process flow (such as a 'customer journey'), by distinguishing how work is actually done from how it should be done, and what functions a

v) The need to resource weekend opening should be actively considered.
vi) Further work should be undertaken to increase referrals from the Widnes area (which is under represented in current referral patterns).

Section 5 - Views of Older People

5.1 The NDT interviews with people who accessed the service and case histories/case study outcomes provided by the team belie many of the stereotypes of older people being "problematically sick and vulnerable"[9]. Most of those interviewed were in their 70s, and some in their 80s. Most were "rediscovering" things in their lives after a period of isolation, caused by the loss of partner/close family, or being relatively new to the area. Some had struggled ("it gets a lot harder when you are older") and were glad to have found SS2LL. It was noteworthy that a number of people who had been long-term carers had, for many years been restricted as to what they could do by their dedication to others. Many of the people interviewed were highly independent, energetic and active people who have a major contribution to make in their local communities. One person interviewed had worked part time into his 80's and another was a secretary/treasurer[10] to a local over 50's club. Most people interviewed commented on and valued the "personal touch" offered by the SS2LL team;

"brilliant….. going the extra mile…"
"I have a lot to thank her for…."

but some seemed a bit confused about the roles of different parts of the (preventative) services available

"so many titles[11] it is a bit confusing…"
"all seen to be doing the same things…"

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system should perform from how the system is built to perform those functions. In this technique, main activities, information flows, interconnections, and measures are depicted as a collage on a large sheet of (commonly brown) paper, with different colored 'Post-it' notes or slips of paper. This graphic representation allows an observer to 'walk-through' the whole process and see it in its entirety.

[9] http://www.jrf.org.uk/node/581

[10] And founder member

[11] (of services)

Comment

5.2 People are mostly happy with the service and have even more satisfaction with face-to-face contacts. This is a good reflection on the skills within in the SS2LL team. Some people think there is too much overlap between services and that this can cause confusion.

Recommendations

i) That people who have used the service have ongoing input to service evaluations and stakeholder events regarding the SS2LL service.
ii) That SS2LL joins others in producing information in various formats that clearly identifies the preventative/supportive services available, to reduce confusion amongst people accessing the service.
iii) People who have the role of 'older carers' may be vulnerable to isolation after this role ends and should be specifically targeted by the SS2LL team.

Section 6 - The Team

6.1 All members of the team have been in post since July 2007 when the project commenced. They have a diversity of backgrounds which is undoubtedly helpful in dealing with the range of enquiries/information requests. The enthusiasm of the team was evident from individual and group interviews with team members and from what other stakeholders said. One interviewee, whilst waiting to speak with the NDT, was clearly impressed to overhear a referral being dealt with rapidly and effectively in a few minutes. One person interviewed stated that there were 'the right people in the right jobs'. The team are more than willing to deal with complex needs of a sensitive nature, such as sexuality and personal relationships on a non judgemental basis.

6.2 **Comments**

This is a team of staff who are keen to come to work each day and are aware of the difference they are making in peoples lives. Staff turnover is currently zero and the team tolerates working in a poorly located, tiny office and sharing facilities.

Recommendations

i) Halton Borough Council should consider that other people working with older people have the opportunity to 'shadow' members of this enthusiastic team.
ii) Decisions on the long term funding of the project should be communicated to team members as soon as possible to avoid losing any of them.
iii) The team should ensure that there is clarity of roles within the team so they can manage priorities and avoid duplication, e.g welfare rights/housing/employment advice.

Section 7 - Staff Training

7.1 It was clear that members of the original team had been provided with a dedicated induction programme they valued. They were able to describe their initial training in some detail, with this including generic training on working with vulnerable adults and risk assessment. There was specific training around Person Centered Planning, social inclusion (particularly use of the NDT '*inclusion traffic light* system'[12] in maximizing opportunities for social inclusion). This was described by some as influential on the team's culture and mission.

Comment

7.2 This is a team with an important culture, that of preventing problems escalating, using imaginative ways of helping to protect the independence and choice of those referred to it. Many of those referred to the team will not meet the criteria for mainstream services, including personal budgets/direct payments.

Recommendations

i) As a medium term objective, a specific SS2LL induction package for new members of staff should be developed to assist new starters.
ii) Refresher training is made available for all members of staff on a regular basis.
iii) An audit should be undertaken to identify training needs within the team.
iv) The team might benefit from training in Mental Health First Aid[13] (it is understood that the team has already undertaken dementia awareness training).

[12] http://www.ndt.org.uk/ETS/ETILT.htm
[13] http://www.mentalhealthfirstaid.csip.org.uk/

v) An induction programme to be developed to anticipate for new members of staff and to ensure that the current values and culture of the team are maintained.

Section 8 - Office Location

8.1 SS2LL is located within a small room at Oakmeadow Community Support Centre (CSC). The office is overcrowded and it requires tremendous goodwill within the team for it to function within that environment. Some equipment is shared, which must create some difficulties when everyone is on duty. It is understood that there are plans to knock through into an adjoining room to create more space. The room is not accessible to the public, who would have to gain entry through a reception area for other services (day centre and residential care home run by Halton Borough Council).

Comment

8.2 The current office accommodation is inadequate, and although there are plans to expand the floor area occupied by the team, its location is far from perfect and should be reviewed, especially with regard to how much the team could benefit from the public self referring/calling in for information.

Recommendations

i) The enlarged office accommodation should be made available as soon as possible.
ii) A more suitable and accessible location for the team should be found as soon as possible.

Section 9 - Leadership

9.1 The team is led on a day to day basis by a senior information officer who has responsibility for allocating work, administrative systems and performance management/reporting. The project manager is based nearby. Both individuals have been with the project since commencement. Those interviewed commented formally and informally about high quality leadership from the top down. It is also of assistance that the current acting Operational Manager for Older Peoples Services was directly involved with SS2LL as a service manager before being promoted. Senior managers within Halton Borough Council therefore have a good understanding of the project, its background and of the prevention partnerships in the area.

9.2 Team members spoke highly of the Project Manager ("positive outlook", "same values as ourselves" etc) and of the Senior Information Officer, although some team members regretted that her new role as day to day manager, had somewhat reduced the team's capacity to take on as many referrals has before. The project manager has been the driving force in developing and promoting the value and culture of the team.

Comment

9.3 The development of SS2LL has been greatly assisted by inspirational leadership from senior management, to project manager downwards, including those with specific responsibilities for commissioning services.

Recommendations

None

Section 10 - Social Care in Practice (SCIP)

10.1 This is a project with (currently) temporary funding from February 2008 - August 2009 where community care workers are based in 6 GP practices (located in 4 buildings). This project benefits from dedicated input (18.5 hours) from a SS2LL information officer. Those staff spoken to regarding the SCIP/SS2LL service valued it and thought it reduced 'silo thinking'. Joint visits have been made between SCIP and SS2LL staff and the contribution of SS2LL made within the GP practices is valued (particularly information and knowledge about activities).

Comment

10.2 SS2LL input to the SCIP project seems a worthwhile enhancement, though the lack of clarity about funding for this activity beyond August 2009 risks causing uncertainty and impacting upon the potential benefits.

Recommendations

i) The continuation of SS2LL input should be considered integral to discussions about continued funding of SCIP.
ii) The future of the SCIP is clarified as soon as possible as it impinges on staffing levels within the SS2LL team.

Section 11 - Partnerships in Prevention (PIP)

11.1 Halton Borough Council has, along with other strategic partners invested significantly in a range of services for older people which could be considered within the "preventative" spectrum. These include Community Bridge Builders, SS2LL, Health Trainers, "Reach for the stars" and "Stars and buddies". Some services are commissioned direct from the voluntary sector (particularly The British Red Cross, and Age Concern). There are elements of overlap, particularly as Age Concern also provides an "information service".

11.2 There have been already been a number of occasional events where those providing preventative services have met to discuss common ground and to develop partnership working. All those interviewed value this approach and wish it to continue, and with external (independent) facilitation. From those interviewed, several expressed the direct wish that the NDT continue to provide this external facilitation.

Comment:

11.3 All felt that these PIP events contributed and enhanced partnership working, but there is probably scope to extend this group to others involved in 'prevention' work (such as those working in fire and crime prevention[14]). The benefits are likely to be much greater than just an

[14] Who will visit many thousands of homes belonging to the over 55's

increase in referrals. Records of PIP events suggest some excellent work being done within these workshops.

Recommendations

i) PIP continues, ideally with external facilitation
ii) PIP is expanded to include a wider group of organisations involved in preventative work
iii) PIP be the forum to discuss what a formalised preventative partnership might look like.
iv) PIP should discuss how training courses can be made available to all across the preventative partnership when these can reinforce common values and beliefs regarding inclusion.

Section 12 - Overlaps in service between prevention partners

12.1 Overlaps between some of the preventative services in the area was a theme in many interviews. This was mainly about the "parallel" information services provided by SS2LL and also by Age Concern. Whilst some thought that overlaps were to some extent required to ensure that services remain as seamless as possible, others, including some older people, thought that it could "cause confusion" and be a potential waste of valuable resources.

Comments

12.2 There are undoubtedly some areas of overlap between SS2LL and Age Concern information service. Some people interviewed would be reluctant to go to Age Concern because they do not like to be associated with "old people" as they are so active.

Recommendations

i) Discussions should take place between commissioners of the two services to explore areas of overlap and whether there is scope for cross referral, or example at times of peak demand on one of them.

Section 13 - Marketing of SS2LL

13.1 Marketing/promotion of SS2LL was a recurring theme throughout interviews. Whilst the service is becoming more established,

marketing/awareness raising activities continue to result in increased referrals from where the promotion has taken place. However, it should be noted that the location of these marketing activities is likely to affect the profile of the referrals received (e.g. activities in shopping centres may increase referrals outside the target population). With the team now back to full strength following some sickness absence in autumn 2008, the team has made a significant, proactive step by their plans for a regular presence in the Halton Borough Council's four "one-stop shops". The team's presence in the one-stop shops had only commenced in January 2009 and was reported as successful in securing several referrals during their first visit. Team members and others described a very proactive approach in that they engage with individuals coming into the building, rather than waiting for people to approach them.

Comment

13.2 Marketing/promotion needs to take place on an ongoing basis and this is difficult within a small team. The fluctuation in referrals (such as the dip in late 2008) was probably the result of staff sickness. There may have been elements in the workload management when a decision was made not to do promotion of the service, which might have created demands which the team would be unable to fulfil within normal expected timescales. If this is the case, there is clearly little slack within the system to cover such contingencies.

Recommendations

i) The enhancement of service by approaching people in the one-stop shops should be encouraged and further developed, even though this may pose a further challenge to staff in terms of increased demand.

ii) Resources for the team to undertake regular marketing and familiarisation events needs to be reviewed. This may require additional staffing hours (referral patterns suggest that marketing activities result in an immediate increase in referrals).

iii) Those involved in managing the project should try to identify ways of managing demand when there is sickness within the team, other than by reducing "marketing" activities, something which seems to have occurred in formerly on at least one occasion, according to performance management reports.

iv) The team should ensure that it markets its services to older people who are housebound, who may be particularly vulnerable.

v) Marketing is the key to the team developing. The team does not have advanced marketing skills and needs regular input from people within the Council who have advanced marketing skills"

iv) The team should work with employers and employees who are approaching retirement so that they are aware of SS2LL Services.

Section 14 - Transport

14.1 Transport problems are one of the three main reasons that prevent older people from doing activities[15] (the others being mobility/sensory/health problems, and other factors unrelated to transport). The quality, availability and cost of local transport options was a theme raised by service users and stakeholders. Whilst some people were clearly suited to and had been referred to Community Bridge Builders[16] for specific help regarding how to confidently use public transport to activities, there are clearly a number of people who cannot. Whilst some older people knew about different options (dial-a-ride, community buses, Women's Safe Transport, lift sharing etc), comments were often focused on 'availability'. The cost of taxis locally was commented on specifically;

"taxi now costs me £6.00 when it used to cost me £2.50 …."
"Prices do not seem to have come down now that petrol has"

Comment

14.2 Whilst SS2LL have been quite successful in assisting people overcome transport difficulties, the theme suggests that this issue might be suitable as a topic for further consideration in its own right

Recommendations

i) A stakeholder event involving people who have accessed the service, prevention partners, those providing public and private transport, together with the relevant people from the Local Strategic Partnership should be convened to discuss transport issues and an action plan to address the main concerns of older people.
ii) An information sheet on transport options/choices for older should be widely available.

[15] http://www.dft.gov.uk/pgr/inclusion/older/olderpeopletheirtransportnee3260?page=8
[16] CBB's

Section 15 - Outcome measures

15.1 One of the difficulties for projects that fall within the "low level" preventative spectrum is that it can be difficult for them to demonstrate outcome measures that show value for money. For example, some health and/or savings, in terms of reduced "high-end" care packages/care might not become evident for a number of years. Although healthy eating and exercise are well researched in terms of reducing dependency, the evidence base that social[17] and productive[18] activities can as effective as fitness (for example in lowering the risk of death) goes back a long way[19].

15.2 The team has started to gather a range of outcome measures to supplement their reporting on output data on those referred (e.g referral numbers, ethnicity, age etc). The team has recently started to use outcome measures from CSCI[20], with cases being assessed against the criteria below by the senior information officer at the end of contact;

i) Improved health and emotional wellbeing
ii) Improved quality of life
iii) Making a positive contribution
iv) Increased choice and control
v) Freedom from discrimination and harassment
vi) Economic wellbeing
vii) Maintaining personal dignity and respect

Whilst these outcome measures maybe useful, it needs to be a more objective process than at present.

15.3 In addition, the team collects information from people regarding how they feel about the service they receive and uses also "pen pictures" to illustrate the effectiveness of their interventions.

15.4 Some financial mapping has begun to suggest that Halton Borough Council's investment in preventative services may be having an impact on reducing expenditure elsewhere in the social care budget although it is recognized that this could be due to a range of inter-related factors. Further investigation is required in order to confirm this impact.

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[17] Such as church attendance, visits to cinema, restaurants, sporting events, day or overnight trips, playing cards, games, bingo, participation in social groups

[18] Such as preparing meals, shopping, unpaid community work, paid community work, other paid employment

[19] Glass, T.A.; de Leon, C.M.; Marottoli, R.A. and Berkman, L.F. (1999) Populaton based study of social and productive activities as predictors of survival among elderly Americans British Medical Journal Vol 319 pp478-483.

[20] Commission for Social Care Inspection (CSCI)

Comment

15.5 Based on the interviews with team members and stakeholders, there is further work to undertake on developing outcome measures. The current methodology has improved since the NDT's visit in September 2008, but if the team is to continue demonstrating its value and perhaps expand, further measures will need to be developed.

Recommendations

i) That consideration is given to piloting the use of the "Inclusion Web"[21], together with its statistical add on (both are available on a free to use basis from the NDT). It is understood that this tool is already being used by Community Bridge Builders (currently without the statistical support package). Such a tool might initially be used with a sample of people who SS2LL are in touch with on a face to face basis. If the same tool was used when closure of the case, then it should be possible to identify statistically whether people are less reliant on services and more engaged in other life domains (eg a move away from the 'services' domain to);

- Family and Neighbourhood
- Employment
- Volunteering
- Arts and culture
- Faith and Meaning
- Physical activity
- Education

This will necessitate further training for the team.

ii) It should be possible to code the inclusion web to highlight whether the interventions of the SS2LL team have specifically resulted in less contact with health and social care authorities. The package produces data on statistical significance and this method is researched and published[22]

[21] The Inclusion Web was designed as an easy to-understand tool that facilitated collaboration between the service user and the practitioner. It is a monitoring tool, in that it can be used with an intervention, but it also acts independently as a feedback tool.
[22] **The Inclusion Web: A Tool for Person-centered Planning and Service Evaluation http://www.ndt.org.uk/ETS/ETmain.htm**

Overall impression/conclusions

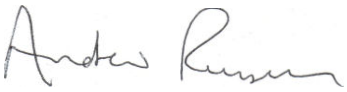
The SS2LL project has really taken off and is generally becoming busier. The team has developed well, being passionate about the service they provide and seeming flexible and open to new ways of working and new ideas. They seem self starters, who are willing to take the initiative - a process which has been encouraged by the project manager. This small team has formulated its own structure and working practices, gaining confidence and becoming proactive in promoting their own services to individuals and to partner organisations. The service seems ripe for expansion when funding is available (possibly from savings arising from reduced expenditure on residential and nursing care – which may, in part, be arising because of the work of SS2LL.

Partnership working is developing, with prevention being the common theme that links a number of projects and organisations. The team is well led, is delivering positive outcomes and making a real difference in the lives of many older people. They are getting better at showing others what they are doing to enhance people's lives and the preventative agenda has the active endorsement of senior managers and commissioners within the local health and social care community.

Whilst Halton Borough Council and their local partners can rightly be proud of the achievements of the SS2LL team to date, there is still some distance to go. Access to mainstream funding and a formal preventative partnership for the over 55 age group, under single leadership locally would be an appropriate strategic step.

A summary list of the specific recommendations in this report can be found in Appendix III.

Andrew Russell



NDT Associate

Appendix 1

Those interviewed

Suzanne Turner	Senior information officer	SS2LL
Rob Duffy	Information Officer	SS2LL
Mandy McDonald	Information Officer	SS2LL
Julie Furnival	Information Officer (training)	SS2LL
Rita Furnival	Information Officer	SS2LL
Kevin Holland	Administrator	SS2LL
Peter Ventre	Project Manager	SS2LL
Mary L	Halton Resident	Customer of SS2LL
George L	Halton Resident	Customer of SS2LL
Audrey H	Halton Resident	Customer of SS2LL
Ron B	Halton Resident	Customer of SS2LL
Helen S	Halton Resident	Customer of SS2LL
John J	Halton Resident	Customer of SS2LL
Nat Hendrie-Jones	Manager	SCIP Project
Helen Owen	Community Care Worker	SCIP Project
Dot Jago	Community Care Worker	SCIP Project
Joanne Furmedge	Community Care Worker	SCIP Project
Vivian Moore	Community Care Worker	SCIP Project
Helen Goodwin	Manager	Halton Direct Link
Janet Johnson	Development Officer	Halton Borough Council
Gerry Collins	Community Warden	Halton Borough Council

Carole Michaels	Community Warden	Halton Borough Council
Mark Holt	Commissioning Manager	Halton Borough Council/Halton and St Helens Primary Care Trust
Amanda Burton	Health Trainer	St Helens Primary Care Trust
Alison Jones	Health Trainer	St Helens Primary Care Trust
Lis Foster	Services Manager	The British Red Across
Shelagh Thornhill	Manager	Community Bridge Building Service
Sue Wallace-Bonner	Acting Operate at all Corrected (Older Peoples Services)	Halton Borough Council

Appendix II

Referrals SS2LL 2008

Later Life Monitoring Report for Quarter 2 & 3 2007/08

Outputs	Q3 **07**	Q4 **07**	Q1 **08**	Q2 **08**	Q3 **08**
Number of Referrals[23]	8	22	76	118	43
Male	20%	18%	23.7%	33.9%	27.9%
Female	80%	82%	76.3%	66.1%	72.1%
Average Age			76.5	70.1	70.1
Live Alone	75%	64%	55.3%	39%	62.8%
Informal Carer	0	2	3	17	3
Known to Social Services			77.6%	65.2%	88.4%

[23] Quarterly Target = 50

Appendix III

Recommendations

Appendix III

Recommendations

Referrals

i) That efforts are made to confirm that the current referrals meet the stated objectives of the service in terms of age and gender profile.
ii) The quarterly target for the team should be reviewed to ensure it reflects the current capacity of the team and the needs of the service.
iii) A contingency plan needs to be developed to ensure that the SS2LL does not need to curtail its activities (including marketing/awareness raising) during times of staff sickness.
iv) Work should be done, perhaps using process mapping, to identify where and why some referral routes are not working efficiently, using anonymous case histories.
v) The need to resource weekend opening should be actively considered.
vi) Further work should be undertaken to increase referrals from the Widnes area (which is under represented in current referral patterns).

Views of older people

i) That people who have used the service have ongoing input to service evaluations and stakeholder events regarding the SS2LL service.
ii) That SS2Ll joins others in producing information in various formats that clearly identifies the preventative/supportive services available, to reduce confusion amongst people accessing the service.
iii) People who have the role of 'older carers' may be vulnerable to isolation after this role ends and should be specifically targeted by the SS2LL team

The Team

i) Halton Borough Council should consider that other people working with older people have the opportunity to 'shadow' members of this enthusiastic team.
ii) Decisions on the long term funding of the project should be communicated to team members as soon as possible to avoid losing any of them.
iii) The team should ensure that there is clarity of roles within the team so they can manage priorities and avoid duplication, e.g welfare rights/housing/employment advice.

Staff Training

i) As a medium term objective, a specific SS2LL induction package for new members of staff should be developed to assist new starters.
ii) Refresher training is made available for all members of staff on a regular basis.
iii) An audit should be undertaken to identify training needs within the team.
iv) The team might benefit from training in Mental Health First Aid (it is understood that the team has already undertaken dementia awareness training).
v) Induction programme to be developed to anticipate for new members of staff and to ensure that the current values and culture of the team are maintained.

Office Location

i) The enlarged office accommodation should be made available as soon as possible.
ii) A more suitable and accessible location for the team should be found as soon as possible.

Social Care in Practice (SCIP)

i) The continuation of SS2LL input should be considered integral to discussions about continued funding of SCIP.
ii) The future of the SCIP is clarified as soon as possible as it impinges on staffing levels within the SS2LL team.

Partnerships in Prevention (PIP)

i) PIP continues, ideally with external facilitation

ii) PIP is expanded to include a wider group of organisations involved in preventative work
iii) PIP be the forum to discuss what a formalised preventative partnership might look like.
iv) PIP should discuss how training courses can be made available to all across the preventative partnership when these can re-inforce common values and beliefs regarding inclusion.

Overlaps in service between prevention partners

i) Discussions should take place between commissioners of the two information services to explore areas of overlap and whether there is scope for cross referral, or example at times of peak demand on one of them.

Marketing of SS2LL

i) The enhancement of service by approaching people in the one-stop- shops should be encouraged and further developed, even though this may pose a further challenge to staff in terms of increased demand.
ii) Resources for the team to undertake regular marketing/familiarisation events needs to be reviewed. This may require additional staffing hours (referral patterns suggest that marketing activities result in an immediate increase in referrals).
iii) Those involved in managing the project should try to identify ways of managing demand when there is sickness within the team, other than by reducing "marketing" activities, something which seems to have occurred in formerly on at least one occasion, according to performance management reports.
iv) The team should ensure that it markets its services to older people who are housebound, who may be particularly vulnerable.
v) The team need to be able to access people who have advanced marketing skills.
iv) The team should work with employers and employees who are approaching retirement so that they are aware of SS2LL Services.

Transport

i) A stakeholder event involving people who have accessed the service, prevention partners, those providing public and private transport, together with the relevant people from the Local Strategic Partnership should be convened to discuss transport issues and an action plan to address the main concerns of older people.

ii) An information sheet on transport options/choices for older should be widely available.

Outcome measures

i) That consideration is given to piloting the use of the "Inclusion Web", together with its statistical add on (both are available on a free to use basis from the NDT). It is understood that this tool is already being used by Community Bridge Builders (currently without the statistical support package). Such a tool might initially be used with a sample of people who SS2LL are in touch with on a face to face basis. If the same tool was used when closure of the case, then it should be possible to identify statistically whether people are less reliant on services and more engaged in other life domains (eg a move away from the 'services' domain to);

- Family and Neighbourhood
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- Education

This will necessitate further training for the team.

ii) It should be possible to code the inclusion web to highlight whether the interventions of the SS2LL team have specifically resulted in less contact with health and social care authorities. The package produces data on statistical significance and this method is researched and published.

The need for a shift towards prevention, early intervention and wellbeing is central to many key national policy strands:

ources into prevention

"We must set out a new direction for health and social care services to meet the future demographic challenges we face. We must reorientate our health and social care services to focus together on prevention and health promotion. This

"Commissioning needs to be more proactive, transformational and forward-looking focusing on promoting good health, investing for prevention, independence and well-being."

"An integrated approach to health and wellbeing will require a step change in the relationship between local NHS organisations, local government, other relevant statutory services, employers, third sector and independent sector providers. We want to ensure synergy between the development of vibrant primary and community care services and the 'Putting People First' transformation

"We will boost preventative housing services through investing in proven approaches, such as advice and information, adaptations and repairs, which can prevent health and care crises for individuals"
Lifetime Homes, Lifetime

"Local public services will need to change. A sole focus on the care needs of the most vulnerable in the community is no longer enough, and will not address the needs of the wider older community…Shaping core and targeted services for an older population will enable people to remain independent for as long as possible. Local mainstream public services will need to be accessible to the growing older community; and older people will need well planned, targeted interventions that support them when their independence is

The Department is building on the NSF with a prevention package for older people that will set out older people's current entitlements to prevention services and will explore potential new entitlements that will be developed over time. This is in recognition of the significant changes to the health and social care policy landscape that have taken place since the NSF was published, to improve service delivery and standards of care for older people. This package is intended to complement Putting People First and The choice agenda,

"This PSA…reflects our ambitions set out in' Our health, our care, our say' to create a health and adult social care service that genuinely focuses on prevention and the promotion of health and well-being.."
Public Service Agreement 18: Promote

"The time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a main stream system focused on prevention, early intervention, enablement, and high

"The National Dementia Strategy needs to ensure that effective services for early diagnosis and intervention are available for everyone across the country. There is evidence that such services are cost-effective – when established they can release substantial funds back into health and social care systems…"

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 9th June 2009

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: Halton Hospital Project Phase 4

1.0 **PURPOSE OF REPORT**

1.1 This report seeks to inform Healthy Halton Policy and Performance Board of the conclusions reached during phase 4 of the review on Halton Hospital.

2.0 **RECOMMENDATION**

RECOMMENDED: That members note and comment on the report.

3.0 **SUPPORTING INFORMATION**

3.1 In November 2007, Halton & St Helens PCT, North Cheshire Hospitals NHS Trust and Halton Borough Council agreed to deliver a 'Strategic Vision and Mission Project' for Halton Hospital.

3.2 This report reflects on the findings from earlier stages of the project and summarises the key findings of phase 4.

3.3 Key messages from the initial stages of the project include:

- Uptake and utilisation of existing services is good and has increased over last 12months
- Overall current site is under utilised- unused wards, external buildings and land.
- The financial impact of working time directives, means that it is not financially viable to provide 24hr clinical care on the Halton site
- Any future model will focus on meeting local health needs and providing services that fit with community services and meet a medical need for the wider geographical area not met at neighbouring hospitals
- There is scope for capital redevelopment on the site

3.4 The objective of phase 4 of the project was to prioritise a number of service areas for potential development on the Halton Hospital Campus. Proposals put forward are for additional services over and above what is already being provided on site. (Current services are listed in section 3.2.5 of appendix 1.)

3.5 Using the seven priorities identified in Halton and St Helens PCT

Commissioning Strategic Plan, views were sought from key stakeholders and members of the public on which additional services would best address local health needs and whether these services should be developed in the community or on the Halton Hospital Campus site.

3.6 As a result of this consultation, the additional services identified for potential development on the Halton Hospital campus site are:

- Healthy lifestyle promotion/interventions
- Early detection screening for major illness
- Short stay rehabilitation/re-enablement
- Maternity (*not inc. delivery*)
- Lifestyle and Leisure facilities linked to health improvement, rehabilitation and re-enablement.

3.7 The size and scope of the additional services has yet to be established. This will be determined during the final phase, through the development and evaluation of detailed business proposals on each of the prioritised areas listed above.

3.8 Halton Borough Council will contribute to the development of all business cases and will take a lead on developing a case for services to enhance the site as a Health Improving Hospital. At this stage the location and size of land available for development remains unclear, as does the availability of health capital/revenue funding. It therefore seems likely that the initial business proposal would be subject to review following the completion of a detailed feasibility study of the site and the surrounding area.

3.9 The full report 'Halton Health Campus Development- The Case for Change', sets out in detail the key health needs in Halton and how the PCT and its partners are addressing these needs. In addition to noting the areas for development on the Halton Hospital Campus site it is also worth noting the following planned service developments for urgent care:

- An increased range of urgent care services in a variety of locations by developing assessment services with both the local hospitals and primary care and community staff. This will enable high quality clinical decision making before people go to hospital. This will be achieved by creating Primary Care Clinical Decision Units (PCCDUs) that allow GPs and other clinical professionals to get urgent treatment for some moderately ill people closer to where they live and to provide assessment services closer to and within local communities.
- An Advanced Practitioner service as part of a "Community A&E service" that for many people will bring A&E type services into their own home. This will reduce the need for many of these people to go on to hospital and allow the A&Es to focus on those

that cannot have their care delivered outside hospital. The PCT currently have no advanced practitioners but plan to have 12 in 2010 growing to 22 by 2013.

- Development of the Rapid Response services, within the Community A&E service concept so that in future a Rapid Response will mean rapid. This 'Immediate Care' service will reduce the workload of GPs as many people needs can be met by other health professionals with appropriate backup and support. This will require a radical redevelopment of the PCTs intermediate services to provide full 24 hour per day access 7 days per week by a full implementation of the intermediate care 'Gold Standard'.
- District Nursing services will develop a 'virtual ward' where up to 30 people at any one time can have hospital level care in their own home. This will require an additional 24 experienced nurses.
- Single Point of Access service review so that people accessing health care or health professionals accessing care for others through the SPA have a clinical decision made about their care at their first point of contact. All urgent care and Community A&E services will be controlled through one hub ensuring that all services are integrated and do not work in isolation.
- Community services and Programmed District Nursing services will be integrated with Social Care Services to provide a fully integrated intermediate care service for those patients who do not have or no longer require acute hospital or A&E needs.

4.0 POLICY IMPLICATIONS

4.1 Any business case which focuses upon lifestyle/leisure facilities must take into account Halton Borough Council's Sports Strategy.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

5.1 The potential financial implications to the Council arising out of the development of additional services on the Halton Hospital campus site will be dependent on the type of facility developed and the extent of any subsidy forthcoming from Health. Any resultant business case would be subject to discussion with Executive Board and Council and considered in the context of the overall Council budgetary position.

5.2 The report does reference the following PCT investment and projected benefit gains committed to deliver the seven priorities identified in the Commissioning Strategic Plan:

Reducing harm from alcohol
The PCT plans to increase the funding of alcohol related services by £5.3m in Halton and St Helens over five years. Off set benefits for the whole area, reduce the required additional investment to £3.5m.
Reducing harm from tobacco
There is a planned increase in investment for smoking prevention services to £0.6m in 2012/13 across Halton and St Helens.
Reducing obesity
The PCT plans to invest a further £7.4m annually by 2013 across Halton and St Helens in the weight management services plan.
Early Detection
Major illness -Cardio Vascular Disease, Cancer, Stroke, Diabetes Mellitus
Additional annual investment by 2013 will be £10.5m. A benefit of £1m will be realised giving a total investment requirement of £9.5m.
Depression
The PCT investment is planned to increase by £2.1m by 2012/13. A benefit of £0.4m will be realised giving a total investment requirement of £1.6m.
Improving safety, quality and efficiency of services
Urgent care
The PCT investment of £5.7m in community services is planned to support the reduction of patients receiving treatment in an acute setting. Taking the benefits costs into account, the net effect on investment will be £-11.6m.
Planned Care
Investment of £2.1m is planned for planned care services as a whole. Taking the benefits costs of -£4.8m into account, the net effect on investment will be -£2.7m.

6.0 OTHER IMPLICATIONS

6.1 None at this stage.

7.0 RISK ANALYSIS

7.1 The development of the site is dependent upon the identification of healthy lifestyle services appropriate to the location and which will meet the health needs of Halton residents.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None

Halton & St Helens NHS
Warrington NHS
Warrington & Halton Hospitals NHS
NHS Foundation Trust
5 Boroughs Partnership NHS
NHS Trust

HALTON BOROUGH COUNCIL

FINNAMORE MANAGEMENT CONSULTANTS

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Halton Health Campus Development

The Case for Change

April 2009

Contents

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Revisions: to be removed prior to final issue & contents page updated

Draft number	Revision	Requested by
Final 1.1	Insert reference to National context - Darzi, Healthier Horizons	David McNally
	Insert 4 themes for Halton hospital	Eugene Lavan
	Insert reference to halton having a role in conducting lifestyle interviews.	
	Remove reference to fracture unit and dementia	
	Insert specific reference for further develeopment of major diseases services	
	Refer ro Maternity services feasibility work.	
	Addition of Healthier Horizons information	Eugene Ian
	Editing of JSNA statistics to relevant ones	Simon Roberts
	Amalgamation of draft main body and appendices as final appendices	
	Draft executive summary revised as final main document	
	Insert increased rationale for services to be developed at Halton hospital	Halton Borough Council
	Insert reference to development of cancer centre versus early detection screening services	
	Improved reference to leisure/sports facilities development	
	Case for taking forward services strengthened.	
	Insert sports strategy information	
	Increased information about what the PCT wishes to be provided/continue to be provided at Halton.	James Johnson
	Insert Executive summary	
	Overall QA	

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1 Executive Summary

Phase 4 was commissioned by the NHS Halton and St Helens in November 2008. This case for change refers to the site as Halton Health campus and is developed on the basis that Halton hospital should:

- Actively promote the health of the population.
- Further develop its position as a centre of excellence in planned care.
- Develop itself as an early detection and screening centre together with leisure and lifestyle services on site.
- Further expand its role to promote rehabilitation and re-ablement into the community.

DN 1: *Information to be included re Warrington and Halton hospitals NHS Foundation Trust's strategic plan for services within Halton hospital.*

The objective was to develop the case for change for additional services over and above those currently provided on the Halton hospital site.

Approach

The approach consisted of

- Considering available contextual information.
- Taking each Commissioning Strategic Plan (CSP) initiative as the 'Golden Thread' and identifying the local health need, current and planned services and local perceptions/priorities of services for development on the Halton campus.
- Taking account of the key messages for Halton Hospital.
- Holding a public engagement event in Halton on 26th January 2009 to share progress on service development to date and to determine Halton Health campus priorities from the previous long list.
- The Project Delivery Group appraising the findings and short listing services to go forward where it was assumed that Halton Health campus will be part or all of the service development solution.

Results

A number of services will go forward to the next phase for feasibility studies, research and business case development. Any development will be in addition to current services on site. The services are:

- Healthy lifestyle promotion/interviews.
- Leisure/sport facilities.
- Early detection screening for major illness services.
- Short stay rehabilitation/re-ablement services

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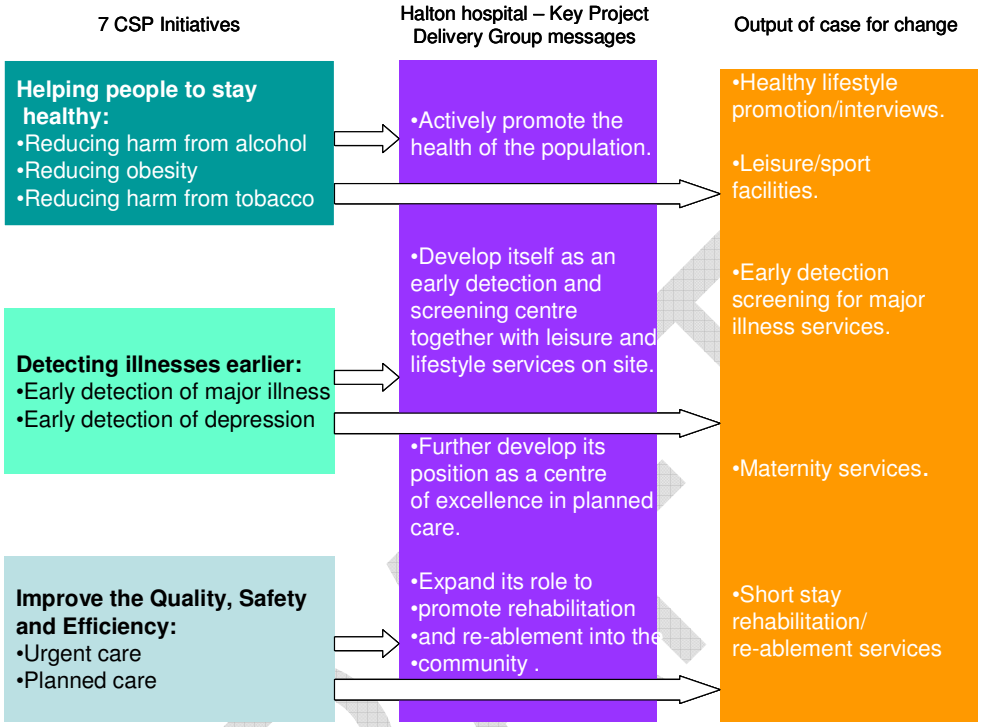
- Maternity services.

The relationship between the CSP, the key messages for Halton hospital and the output of the case for change is shown in the diagram below.



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2 Introduction and key messages

2.1 Introduction

In November 2007, NHS Halton and St Helens (the PCT) launched the Halton Health campus project to commence work on the strategic leadership of future service developments at Halton hospital.

Phase four was commissioned by the PCT in November 2008 to develop the case for change for additional services to be provided over and above those currently provided and planned for in Halton hospital. This case for change refers to the site as the Halton Health campus, Phase four builds on the previous project phases. This report captures the case for change by

- Describing the strategic context and considering the close relationship between the health need of the local population and the strategic direction of the commissioning and provider organisations.
- Considering the Commissioning Strategic Plan (CSP) initiatives, with reference to local health need, current and planned services with associated activity levels, local perception of services, an appraisal of services and the next steps.

The report provides a summary for each of the seven initiative areas with further detail in the appendices.

The report is the result of the work of the Project Delivery Group, initiative leads, Warrington and Halton Hospitals NHS Foundation Trust, 5 Borough Partnership Trust, Local Authority, local elected councillors and Practice Based Commissioners.

2.2 Purpose

The purpose of phase four is:

- To ensure engagement and support of key stakeholder organisations and community representatives regarding the project objectives and approach.
- To determine how the further development of Halton Health campus may facilitate the implementation of Commissioning Strategic Plan (CSP) schemes.

The project objectives, governance arrangements, approach and plan are appended to this report (Appendices 1 – 6).

2.3 Key messages

DN 2: *Information to be included re Warrington and Halton hospitals NHS Foundation Trust's strategic plan for services within Halton hospital.*

This case for change is developed on the basis that Halton hospital should:

- Actively promote the health of the population.

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- Further develop its position as a centre of excellence in planned care.
- Develop itself as an early detection and screening centre together with leisure and lifestyle services on site.
- Expand its role to promote rehabilitation and re-ablement into the community.

2.4 Strategic Principles for Halton Health campus

In Phase three of the project, seven principles were determined for the Halton Health campus:

- Halton Health campus strategy should be developed from a user perspective and not an organisational one. That means that new clinical models should be the driving force for the strategy and not physical infrastructure.
- Halton Health campus is a vital part of Warrington and Halton Hospitals NHS Foundation Trust.
- Halton Health campus as part of a clinical network should be providing additional services along pathways that reflect local health needs.
- Halton Health campus should be fully utilised and consideration provided to environmental partners-ISTC and 5BP.
- Halton Health campus strategy should promote the integration of health and social care provision.
- Halton Health campus strategy should reflect that Warrington and Halton hospitals NHS Foundation Trust and 5 Boroughs Partnership Trust are the preferred providers for secondary care services.
- Halton Health campus strategy should reflect that outside of secondary care “preferred provider” status, that system management and market development strategies are utilised where appropriate.

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3 Strategic Context

This section highlights the strategic context for this project, including the profile and health needs of the Halton area, the commissioners' intentions and the key providers' strategic direction.

3.1 National context

3.1.1 NHS Next Stage Review – High Quality Care For All 'Darzi Review'

The NHS 'Next Stage Review (NSR) – High Quality Care For All' has defined an agenda for the NHS that puts improving quality at the heart of all the NHS does. The consequences of this can be summarised as:

- Help people to stay healthy: The NHS needs to work with its national and local partners more effectively, making a stronger contribution to promoting health, and ensuring easier access to prevention services.
- Empower patients: The NHS needs to give patients more rights and control over their own health and care, for more personal care.
- Provide the most effective treatments: Patients need improved access to the treatments they need supported by improved diagnostics to detect disease earlier.
- High quality treatment keeping patients as safe as possible: The NHS must strive to be the safest health system, keeping patients in environments that are clean, and reducing avoidable harm.

This direction also forms the core of the direction set by NW Healthier Horizons.

3.1.2 NW Healthier Horizons

NW Healthier Horizons is a new vision for health and healthcare in the North West, comprising:

- **Better care;** people in the North West should have access to excellent standards of care, irrespective of where they live
- **Better health;** the NHS needs to shift its attention to preventing ill health
- **Better life;** we want citizens of the North West to be our partners in improving their health and take an active role in shaping their local NHS services

The key recommendations from each Healthier Horizons clinical pathway group are reflected in the CSP and include:

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- **Staying Healthy:** NHS organisations to commit to reducing the overall gap in life expectancy by 11% for men, and 16% for women by 2010. A commitment by the NHS and partner organisations to focus on achieving a healthy quality of life for all by 2020.
- **Birth:** Normality at the centre of responsive and equitable care. Women should have a range of informed choices during prenatal, antenatal, labour, birth and postnatal stages of their care.
- **Children:** A public pledge to reduce health inequalities for children and young people and to commission and provide high quality services. Clinical leadership drives the development and delivery of high quality healthcare for children and young people.
- **Urgent Care:** High quality, streamlined access to urgent care across health and social care so that fully a integrated service is delivered close to home. Improving and standardising outcomes from stroke across the whole North West.
- **Planned Care:** A set of key standards for all planned care, and a payment mechanism to underpin its delivery. Care should be provided by the provider be stable to meet the needs of the patient, irrespective of whether they are an NHS organisation, as long as the NHS values are maintained.
- **Long Term Conditions:** Focusing on personalising care, putting the patient at the 'centre' as the expert and enabling them to live well with their long term condition (LTC). The role of the advocate and care co-ordinator is seen as key, with the need to redefine roles within the family/care campus.
- **Mental Health**: 'There is no health without mental health' is recognised by commissioners, who ensure the mental wellbeing of the population is embedded in all services, and who commission high quality mental health services.
- **End of Life Care:** A high quality, integrated system of health and social care support regardless of disease, condition or where a patient lives. A robust, integrated commissioning framework based on the North West end of life care model with the strategic leadership identified in each primary care trust (PCT).

The PCT has embraced the direction set by the NSR and Healthier Horizons – reflected in its strategic direction. Ambition for Health and the CSP initiatives are closely aligned to these core themes.

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3.2 Local Context

3.2.1 Halton's Profile

Halton is a largely urban area of 119,500 people. Its two biggest settlements are Widnes and Runcorn that face each other across the River Mersey, 10 miles upstream from Liverpool. The forecast population change for the whole PCT area between 2008 and 2013 is a predicted increase in population of 4,800 people (+1.6%). Halton has a younger population than the regional and national average. However, overall the 0-19 population is decreasing.

The population is predominantly white (98.8%) with relatively little variation between wards. However, in recent years, it has seen a small influx of Eastern European (Polish & Slovakian) migrants.

Halton has made significant progress in improving GCSE results of young people in the borough but narrowing the gap in education attainment will be a major factor in improving the health and well-being of the communities.

In Halton, almost 6,000 adults over 65 live alone. Isolation needs to be tackled by all partners to ensure that there are adequate activities and support networks available within local communities.

Runcorn and Widnes's chemical industry heritage has been in decline since the late 1980's posing a significant challenge on employment opportunities with resultant 21% population out of work. This has lead to ranking Halton as the 30th most deprived authority in England (compared to 21st in 2004). The 2007 IMD shows that deprivation in Halton is widespread with 57,958 people (48% of the population) in Halton living in 'Super Output Areas' (SOA's) that are ranked within the most deprived 20% of areas in England. This has a direct correlation to low life expectancy.

Over the past 13 years the life expectancy in Halton has been increasing to around 3 years longer for men and 1 year longer for women. This increase is at a slower rate than at national average and so the gap in health equalities in the local area is getting worse compared to the north west and national average.

3.2.2 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) Halton 2008 provides a comprehensive overview of the health needs and informs NHS Halton and St Helens in the commissioning of services which adequately address the needs of local residents. The JSNA identifies a significant increase in the numbers of older people between 2006 and 2015, at a higher rate than the national and regional trends and the population of people with learning disabilities will grow by 6% by 2011. Of further significance is that people are living longer, have poorer general health than the wider population and can struggle to access mainstream health services.

Key children's issues include rates of infant mortality, low birth weight and teenage pregnancy, which are higher than the England average.

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The JSNA clearly shows the impact that the poor health and deprivation issues have within the local population and in comparison to the average health experience of the people of England. The JSNA underpins the PCT's Commissioning Strategic Plan by stating these particular findings, as captured below:

3.2.3 NHS Halton and St Helens

The PCT's mission is:

'Our contribution to the well being of the people we serve in Halton and St Helens is to enable them to have the best possible health and health care'

To achieve this mission, the PCT set themselves three ambitions:

- To improve and tackle inequalities in health.
- To deliver effective and efficient health and related services.
- To be the Best in Class.

This mission was developed into a vision to:

'Focus on helping people to stay healthy; engage and enable people to take greater responsibility and control of their own health and care'.

The PCT recognised the significant change in emphasis from 'treating sick people' to 'helping people to prevent ill health' and has developed a way forward for commissioning services during the next five years by way of a considerable listening exercise – Ambition for Health – have your say about health in Halton and St Helens. This has underpinned the development of a Commissioning Strategic Plan 2008-2013.

Ambition for Health

Between June and September 2008, the PCT used a number of tools and techniques to give the local community an opportunity to have their say about local priorities and to contribute ideas for practical solutions to improve the health and well-being of local people.

This was underpinned by a robust programme of stakeholder engagement to ensure that all key strategic partners were engaged in improving the health and well-being of the communities that they serve. To date over 600 people have been involved in focus groups and face to face interviews.

The Ambition for Health 'Health Summit' held on 3rd September 2008, included 150 delegates from within the PCT and partner organisations

Delegates included leaders from our two main local secondary care providers, executives from both local authority partners, primary care clinicians, community health services, the third sector and patient group representatives.

It delivered the endorsement and ownership of the PCT's strategic direction and priorities, resulting in six Ambition for Health goals:

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- Supporting a healthy start in life.
- Reducing poor health resulting from preventable causes.
- Supporting people with long term conditions.
- Providing services to meet the needs of vulnerable people.
- Making sure the local population has excellent access to services and facilities.
- Playing a part in strengthening disadvantaged communities.

Key engagement findings have underpinned the development of a Commissioning Strategic Plan 2008-2013 and are captured within the following section of the report.

Commissioning Strategic Plan (CSP)

The draft CSP was submitted to the Strategic Health Authority on 10th October 2008. It sets out the case for action to improve health and tackle inequalities as well as the need to deliver effective services. It is directed by the Joint Strategic Needs Assessment in partnership with the local authorities. It identifies the key causes of poor health and the requirement for major changes across the whole health economy. Given the picture of poor health, NHS Halton and St Helens needs to focus on areas which will have the largest impact.

The PCT's Practice Based Consortia and Clinical Executive Committee have provided clinical leadership by providing direction on what needs to change and which health issues should be prioritised.

The strategy describes how the PCT will improve the health of the local population, by:

- Focusing on helping people to stay healthy, engaging and enabling people to take greater responsibility and control of their own health and care.
- Increasing the range and scale of programmes to detect illnesses earlier.
- Improving the quality and safety of health care services.

Seven priorities (initiatives) for the health and wellbeing of the population have been identified through this process.

The PCT has an action plan (of underpinning schemes) which the PCT have committed to deliver. The initiative summary may be referenced in Appendix 7.

3.2.4 Partner Organisational Goals 2008-11

The goals for the partner organisations are included here to demonstrate the shared values and objectives that underpin this project.

Warrington & Halton Hospitals NHS Foundation Trust

Warrington and Halton Hospitals NHS Foundation Trust provides specialist secondary care assessment and treatment to the local community. There are clear values and objectives that underpin the work.

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The Trust values:

- Excellence in all we do
- Respect for the individual
- Honesty and integrity in all our actions.

The Trust objectives:

- Make quality and safety an equal priority with financial viability
- Improve the patient experience
- Engage and involve staff in the design and delivery of services
- Deliver an effective business strategy
- Grow strong partnerships with local communities.

NHS Warrington

NHS Warrington commissions services to improve the health of everyone living in Warrington. It has developed a vision for health and health care with its partners. This vision has been developed in line with:

- Wide ranging engagement with the public, service users, hard to reach groups, clinicians and partners
- The development of a Joint Strategic Needs Assessment with Warrington Borough Council, which sets out the demographics and the heath needs of the local population
- The World Class Commissioning agenda, which encourages a focus on health and well-being, rather than diagnosis and treatment
- Changes to the NHS landscape as part of the programme of NHS system reforms

This vision is underpinned by four strategic goals:

- Improve healthy life expectancy as well as life expectancy of all, and reduce inequalities in health
- Prioritise earlier interventions in care pathways to keep people well and maximise health for all
- Improve the quality and safety of all commissioned services and patient experience
- Optimise resource use and health outcomes whilst achieving sustained financial balance

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5 Boroughs Partnership Trust

5 Boroughs Partnership Trust provides a range of services to enhance the lives of adult and older persons' mental health, child and adolescent mental health, specialist learning disability across the boroughs of Halton, Knowsley, St Helens, Warrington and Wigan. The following values are central to the development of the Trust:-

- The promotion and implementation of meaningful service user, carer and public involvement at all levels of the organisation;
- The delivery of high quality care provided by dedicated staff within a framework of Equality and Diversity/ Equality and Diversity and the Inclusion unit;
- A focus on local services and local solutions for the benefit of local people;
- Integrating services across health and social care organisations;
- Developing joint management and delivery of local services in partnership with local authorities, service users, carers and other stakeholders.

Halton Borough Council

Halton Borough Council has the following priorities[1] which remain relevant for today and the future:

- A Healthy Halton
- Halton's Urban Renewal
- Halton's Children and Young People
- Employment, Learning and Skills in Halton
- A safer Halton

Sport Strategy

Halton Sports Strategy 2006-9 was produced in consultation with Halton Sports Partnership members. The aim is to provide an update of current achievements, along with a framework for the development of sport and physical activity at a local level over the coming years, ways in which these priorities will be achieved, and how the success of the review will be measured. The key themes of the strategy are:

- Working in partnership to develop sports
- Increasing participation at all levels
- Providing support to talented athletes to help them reach their full potential
- Maximising the funding available
- Offering a network of support to voluntary sports clubs

[1] Halton Borough Council Annual Report 2005.

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- Raising the profile of sport and improving access to information
- Encouraging individuals to develop their ability and remain active throughout their lives
- Implementing the findings of the Sports facilities Strategy.

The strategy sets out to diversify the range and improve the quality of sports facilities in Halton. It aims to address deficiency in provision and ensure access to facilities for all at local level. The table of proposals for sports facility developments may be referenced in Appendix 16. This indicates a need for multi use sports facilities/training areas where the locations are yet to be determined. The Halton Health campus project therefore may be an appropriate location to be collocated with other health promotion facilities.

The major areas of under provision of sports facilities[2] in Halton, includes:

- Disability Sports (particularly training facilities)
- Cycling
- Water-Sports and Out-door Pursuits
- Netball
- Dance
- Triathlon
- Skate/BMX
- Equestrian

3.2.5 Services currently provided at Halton General Hospital

The following services are currently provided at Halton Hospital:

- Planned inpatient activity (15,000 admissions). High levels of ENT, orthopaedics and general surgery undertaken. Less than 0.5% cancellations.
- Day case activity. Most surgical specialities use the facility. 54.25% increase in day case activity over the last two year period.
- Outpatients (280,000 attendances). Most routine appointments within four weeks of referral. 34% increase in new patients seen. The new to follow up ratio has reduced from 1:2.5 to 1:2.13.
- New developments during 2008/9
  - Renal unit – 12 stations. This is linked to the Royal Liverpool centre.
  - CANTREAT Cancer Unit – 10 chemotherapy stations. This is closely linked with the Delamere centre and is supported by the specialist centre at Clatterbridge.

[2] Halton Leisure and Sport Strategic Review February 2009v4. Halton Borough Council.

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– Intermediate care unit – 22 bed unit.

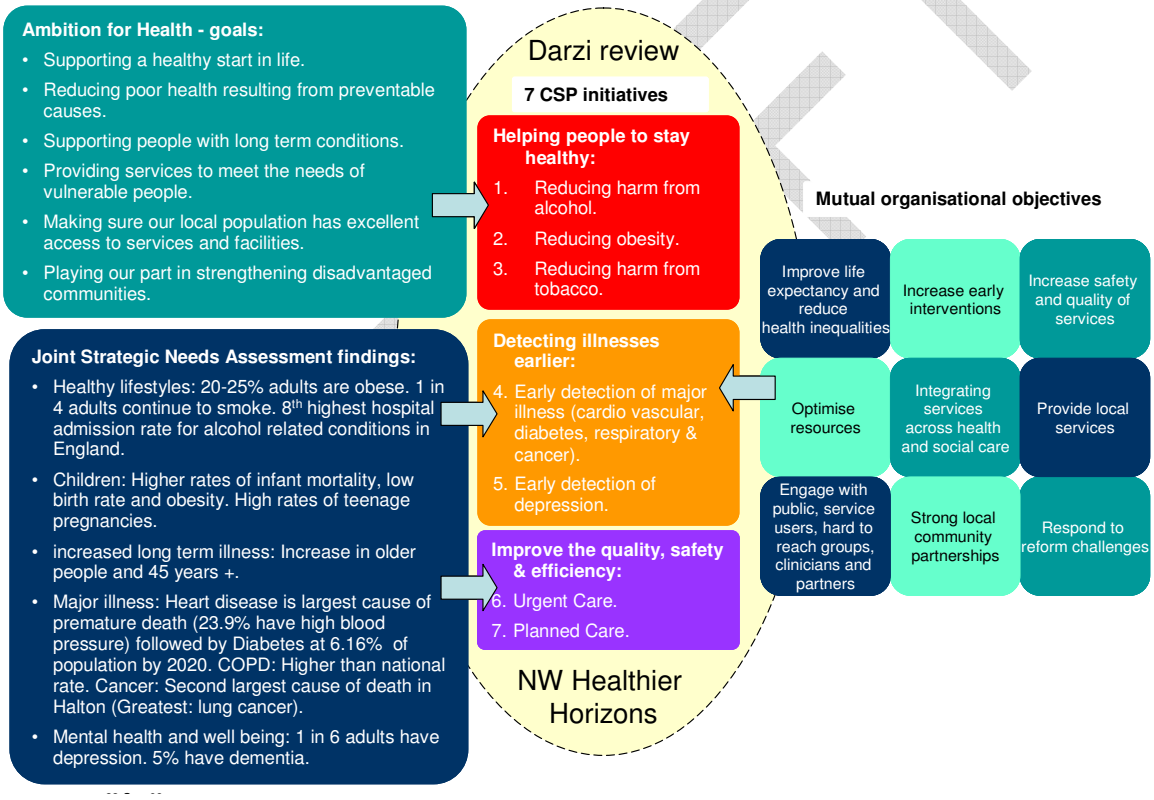
The Trust aims to continue providing a wide range of planned services from the Halton site.

DN 3: *The Trust has been asked to inform the case re a) what planned care services (and each by specialty, the Trust is signed up to providing on site in the future b) actual and future utilisation of current facilities.*

There is a possibility of providing urgent access, health screening, health promotion and rehabilitation services.

3.2.6 Summary of Strategic Context

The diagram below summarises the strategic context for this project and indicates the close relationships of need, commissioner initiatives and organisational objectives to achieve an improvement in health of the Halton population.



4 Ill health prevention

This element includes services concerned with ill health prevention associated with Alcohol, Tobacco and Obesity. Each section covers local health need, current and planned service provision, local perception of service need and opinions on future development. Underpinning detail may be referenced in Appendices 8, 9 and 10 respectively.

4.1 Reducing harm from alcohol

4.1.1 Local need

A Lifestyle survey (2006)[3] 17.5% of Halton residents indicated that they drank more units per week than considered safe and the Halton prevalence of binge drinking is 25% higher than national average.

The highest alcohol consumption rates are indicated within Broadheath, Riverside and Halton Lea. There is a close correlation of these rates with the incidence of cancer and heart disease. Halton has the eighth highest hospital admissions for alcohol-related conditions in England[4] for 2006/07.

4.1.2 Current service provision

Current services are inconsistent across the two Boroughs. Facilities in Widnes are generally not accessed by people living in Runcorn. Key areas for concern are that the current operational alcohol pathway has unclear entry and exit points, in turn causing inconsistencies in treatment and there are long waiting times for some treatment programmes. Current investment totals £1.2. These services are currently funded at too low a level to make a major impact on the alcohol harm in the community and are considered in the main to be no longer fit for purpose.

4.1.3 Planned service provision

A future pathway has been defined and commissioning requirements are currently being drafted. The pathway is to be implemented across Halton and St Helens, with appropriate linkages, ensuring a consistent user experience. The aim being to

- Halt the rise in acute admissions related to alcohol harm and deaths from liver disease.
- Contribute to the reduction in obesity prevalence and teenage pregnancy.

[3] JSNA Halton 2008.

[4] JSNA Halton 2008.

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The new service requirements will not define Halton hospital as a fixed point as there is a need to consider innovative approaches to service delivery to meet local needs.

Future Funding

The PCT plans to increase the funding of alcohol related services by £5.3m in Halton and St Helens over five years. Off set benefits for the whole area reduce the required additional investment to £3.5m.

4.1.4 Local perception of services

18% of people in Widnes and Runcorn and 30% of people in St Helens consider alcohol to be the most important health issue affecting their community[5]. Two out of three people felt that local people drank too much.

However 73% of people who took part in the National Patient Survey stated that they did not want any advice or support about a sensible alcohol intake.

4.1.5 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, services to support the reduction of alcohol consumption were given a high priority[6] (Ranked equal third out of fifty four). The comments were associated with:

- More information required regarding where to access services and effects of alcohol for user and whole family.
- Need for more services for young people.

Alcohol summary: Halton has a high incidence of hospital admissions for alcohol related conditions. The PCT has committed an increase in investment of £6.4m. Specifications for combined substance misuse and alcohol assessment, treatment and prevention services are currently under development and will be out to tender at the end of 2009. Development of services is a high priority for local people but Halton Health campus should not be a fixed point. **Services will be developed to meet the needs of Halton's population with this theme being taken forward in this project as part of the promoting healthier lifestyles work.**

[5] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

[6] Local Engagement Prioritised List - Appendix 15

4.2 Reducing harm from tobacco

4.2.1 Local need

In Halton and St Helens the smoking prevalence[7] is 12% higher than the national average. 25.6% of Halton residents[8] smoke. A Halton survey[9] of 15-16's year old highlighted that the smoking rates match the adults although there is a significant difference in smoking take up rates 18% male and 29% female. One in four women is still smoking at the birth of their child. This is twice the national average and 4th worst in the country.

Within the Halton and St Helens population there were 396 emergency admissions to hospital[10] in 2006/7 relating to tobacco. The rates have a close correlation with the incidence of respiratory disease and cancer. The mortality rate attributable to smoking is 28% higher than the annual national average, accounting for more than 129 deaths per year.

4.2.2 Current service provision

There are a variety of community based services available in the Halton area to support smoking cessation and tobacco control education. Services may be accessed in community venues, GP settings, Pharmacies, Hospital, Residential settings, mental health settings, and work places.

Service Funding

The PCT expenditure for smoking related problems in Halton is £400k for primary care services (67% of total PCT spend) compared to £930k for secondary care services (36% of total PCT spend).

4.2.3 Planned service provision

The PCT aims to have a comprehensive tobacco control programme in place with a view to reducing smoking prevalence from 27% to 24%, reducing incidence of heart disease by 1.5%, decreasing hospital admissions for COPD by 5% and reducing lung cancer rates for men by 1% year on year. All partners have agreed the vision and the actions to be taken within a number of schemes.

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[7] Commissioning Strategic Plans. NHS Halton and St Helens. 2008-2013.

[8] JSNA. Halton 2008.

[9] Consumer Protection service

[10] Commissioning Strategic Plan. NHS Halton and St Helens 2008-13

Future Funding

There is a planned increase in investment for smoking prevention services to £0.6m in 2012/13[11] across Halton and St Helens.

4.2.4 Local perception of services

Smoking is considered the fourth most important health issue affecting the community[12]. However 38% of residents in Halton and St Helens, who participated in the National Patient survey, stated that they were not given support to quit smoking, but did not want any help or advice anyway. There is therefore a need to focus services at key segments of the population where outcomes would be maximised.

4.2.5 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, services to support smoking cessation were given a low priority[13]. There were no supportive comments for the development of services on the Halton Health campus site.

The majority of comments were associated with:

- The need for outreach services, for example, a 'Health bus', hostels etc.
- Barriers to accessing services
- More support needed.
- Not enough intervention in schools

Tobacco summary: Halton a smoking prevalence 12% higher than the national average with 25.6% of residents smoking. The related mortality rate is 28% higher than the national average. The PCT has committed an increase in investment of £0.6m. The future service strategy is agreed with a number of schemes to be worked up. Development of services is a high priority for local people but there is no support for the development of services on the Halton Health campus site, but the need for outreach services.

Some elements of this service will be developed to meet the needs of Halton's population with this theme being taken forward in this project as part of the promoting healthier lifestyles work.

[11] Commissioning Strategic Plan. NHS Halton and St Helens. 2008-13

[12] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

[13] Local Engagement Prioritised List - Appendix 15

4.3 Reducing obesity

4.3.1 Local need

57% of Halton residents are overweight with a higher proportion of males being overweight, (63% compared with 50% of females). 20.2% of residents are obese. 17.8% of residents indicated that they had a poor diet.

Obesity has a significant link to Diabetes, Cardio vascular disease, Bowel Cancer, Hypertension and Stroke. Halton has the highest mortality rate for both males and females compared to England, north west and other local rates.

Obesity in children is 25% higher than the national average. 24% of reception age children are overweight and 13% are obese, and 36.3% of Year 6 children are overweight and 21.5% are obese.

4.3.2 Current service provision

A variety of community based programmes are available to the Halton population, although there are significant waiting lists. Programmes include a comprehensive exercise on referral programme for residents aged 18+ residing in Halton, a Community Food Programme, Go Men's Health Programme, Health at Work programmes, Health Trainer services, Training primary and community providers, Fresh Start service for adults with a BMI 25-29, Weight matters service for adults with a BMI 30-39.9, and Specialist services level 4 and 5: Support for adults with a BMI over 40.

There are pilot services for overweight children in place through MEND (Mind, Exercise, Nutrition Do It!). There is a very limited service for obese children in Halton, although there is a successful model used in St Helens.

Current programmes do not sufficiently meet the scale of the rising obesity epidemic.

Service Funding

The current PCT total investment in weight management services is circa £0.8m (<0.2% of total expenditure). Halton specific expenditure is unknown.

4.3.3 Planned service provision

Future models of care[14] (four levels) have been defined for adults and children to be implemented via a number of schemes across Halton and St Helens ensuring a consistent user experience. The aim is to reduce childhood obesity for reception age children in Halton and St Helens from 13% (07) TO 9% and for year 6 children in Halton and St Helens from 21.5% to 17.5%.

[14] Future models of care – Obesity services – Appendix 10

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Future Funding

The PCT plans to invest a further £7.4m annually by 2013 across Halton and St Helens in the weight management services plan.

4.3.4 Local perception of services

The most important overall health issue affecting the community, according to Ambition for Health respondents, was obesity and diet[15]. In Widnes 47% of people believe that obesity is the most important health issue, with 40% of Runcorn residents in agreement.

When asked which services they would like information, advice or support on, the number one response was 'Diet and healthy eating'.

4.3.5 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, services to support healthier lifestyles were given a high priority[16] (Ranked equal eighth out of fifty four). Comments identified a need for Education, Early intervention, Routine annual MOT for all and use being made of local gyms/slimming clubs.

Obesity summary: 57% of Halton residents are overweight. 20.2% of residents are obese. Obesity is a significant link to Diabetes, Cardio vascular disease, Bowel Cancer, Hypertension and Stroke. The related mortality rate is higher than the national average. The PCT has committed an increase in investment of £8.3m. A number of schemes are currently being worked up. Obesity and diet are seen as the most important health issue with a need for education and services to support healthier lifestyles.

Some elements of this service will be developed to meet the needs of Halton's population with this theme being taken forward in this project as part of the promoting healthier lifestyles work.

[15] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

[16] Local Engagement Prioritised List - Appendix 15

5 Early detection

This element includes services concerned with the early detection of major illness and depression. Both sections cover local health need, current and planned service provision, local perception of service need and opinions on future development. Underpinning detail may be referenced in Appendix 11.

5.1 Major illness

5.1.1 Local need

The mortality rate in Halton is greater than the north west and significantly greater than the England rate. Much of this is due to the population's lifestyle and underpins the drivers for change. Cancer and Cardio Vascular diseases account for over 60% of deaths[17]. 80% of all heart disease[18], 90% of type 2 diabetes and one third of cancers can be prevented by addressing the three lifestyle issues, smoking, diet and exercise.

Cardio Vascular Disease

Locally people have 12% higher rate of Cardio Vascular Disease than nationally[19]. The population's prevalence of Coronary Heart Disease is 37% higher[20] than the national average. CHD is the single biggest cause of premature death in Halton.

Cancer

Cancer[21] is the second biggest cause of premature death in Halton but its rate makes Halton the worst area in the country for premature cancer deaths[22]. The leading cause of cancer death in Halton for men and women is lung and bronchus cancer. There has been a steady increase in the number of Halton women developing breast cancer.

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[17] NHS Halton and St Helens 2008-13.

[18] World Health Organisation research

[19] NHS Halton and St Helens 2008-13

[20] NHS Halton and St Helens 2008-13.

[21] JSNA Halton 2008.

[22] JSNA Halton 2008.

Stroke

Stroke is the third largest cause of death in the Halton area. Halton has lower rates of death from stroke than the North West but slightly higher rates than England. It is estimated that 23.9% people locally have high blood pressure (hypertension) which can lead to stroke and heart disease. The number of patients identified as having hypertension at GP practices is much lower than the estimated levels, suggesting many people are going unidentified and therefore untreated.

Halton has maintained consistently low mortality rates from Stroke compared to the North West and England for the past several years.

There were a total of 342 admissions for Stroke in 2006/07. From the 2004-6 data[23], approximately 96 people per year die from stroke in Halton. Of these 25.8% were in people under the age of 75 years.

Diabetes Mellitus

15% of Halton Care homes residents have diabetes compared to the 4.1% prevalence in the general population and the national average of 3.4% (QOF data 2007). The best case scenario of Halton in relation to Diabetes prevalence would be a rate of 4.40% by 2010 based on obesity levels returning to 1995 levels.

5.1.2 Current service provision

Screening services for Cervical and Breast cancer are already up and running as part of national programmes.

- Bowel Screening
- Cervical Cytology screening – GP surgery testing with cytology work at Warrington hospital.
- Breast screening - Circa 250 ladies per week for a 6 month period over a 3 year cycle.

An opportunistic cardiovascular screening programme is in operation in 35 of 55 GP practices. This is for patients who present with signs and symptoms of being at high risk of developing cardiovascular disease. Capacity is limited and patient groups are prioritised for risk assessment. The current approach is showing to be effective but there is great opportunity to extend the scope of the scheme.

There is direct access for GP referral to Whiston hospital for ECG, Echo and 24 hour blood pressure monitoring.

A diabetic retinopathy eye screening programme is in operation.

[23] Reference unknown. Taken from draft Vascular Screening programme paper

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Service Funding

The current total investment in early detection services is ~£1.5m. Halton specific expenditure is unknown. More investment is required upstream to reduce the costs of expensive treatments.

5.1.3 Planned service provision

The PCT has set out a vision to prevent vascular, respiratory and cancer related illness. The existing cancer screening programmes will be extended by lowering the age ranges and widening out to include other tumour groups.

Plans will be formulated to provide Early detection services, Social Marketing and Personalised risk management programmes.

Pro-active systematic screening, underpinned by a number of schemes, will target a wider population profiled by age, risk and frequency to realise a 20% reduction in non-elective admissions for vascular, respiratory diseases and cancer, a10% reduction in the cancer mortality rate and reduce the CVD mortality rate by 20%.

The Halton Borough Council has a strategy to further develop leisure/sports facilities in the Halton area. These would provide facilities to help combat poor lifestyle issues resulting in poor health.

Future Funding

Additional annual investment by 2013 will be £10.5m. A benefit of £1m will be realised giving a total investment requirement of £9.5m.

5.1.4 Local perception of services

Early detection of ill health is a priority for Halton with nearly nine out of ten local people[24] suggesting that everyone should be offered an annual health MOT including Blood pressure, Diabetes, Cholesterol and cancers. Where people disagreed that 'enough was being done to detect diseases at an early stage' the key reasons were:

- It takes too long to see someone
- Reporting[25] is happening too late – illness has already moved on then referral to specialist takes longer than target

[24] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

[25] Ambition for Health engagement event report January 2009.

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5.1.5 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, services to support healthier lifestyles were clearly identified as top priority. Supportive comments for service development on the Halton Health campus site included:

- Halton Health campus was supported but facilities in the community were valued - Health centres, supermarkets, community buildings, mobile centres – Maybe a hub and spoke approach is indicated here.

The majority of comments were associated with:

- A need to shift emphasis to health wellness
- Do we need to catch young people earlier?
- Message of where detection is early, there is a likelihood of better survival rates
- Lack of awareness amongst other professionals.

Early detection of major illness summary: The mortality rate is higher than the national average. 80% of all heart disease (single biggest cause of deaths), one third of cancers (second biggest cause of deaths) and 90% of type 2 diabetes can be prevented by addressing the three lifestyle issues, smoking, diet and exercise.

A number of schemes are currently being worked up. Early detection of ill health is a priority for Halton. Development of leisure/sports facilities will be considered by the Borough Council which would help to combat poor lifestyles resulting in poor health. Service development on Halton Health campus was supported locally but a hub and spoke model is indicated. **These services will be taken forward for further consideration within this project.**

5.2 Early detection of Depression

This section includes services concerned with the early detection of depression. It will cover local health need, current and planned service provision, local perception of service need and opinions on future development. Underpinning detail may be referenced in Appendix 12.

5.2.1 Local need

About 1 in 6 adults (1 in 4 older people) in Halton[26] suffer from depression. It is estimated that 2000 children and young people in Halton have moderately severe problems and approximately 500 children and young people with severe and complex health problems requiring a multi-disciplinary approach.

There is a direct correlation between the incidence of depression and working age people claiming out of work benefits.

[26] JSNA. Halton 2008.

5.2.2 Current service provision

A variety of services are available to the Halton population to deliver Tier 1-4 assessment and treatment. These include a Primary care mental health team, Advice and access team, Crisis response and home treatment team, Acute inpatient wards, Enhanced Day Therapy services and Place of safety at the Brooker Centre which also provides tiers 4 and 5 of the psychological therapies pathway, Runcorn and Widnes community mental health teams, Halton early intervention team at St Johns unit, Widnes: Assertive outreach team at Vine Street Resource centre Vine Street Resource Centre, Widnes and CAMHS team based near to Runcorn Town Hall.

There is no CAMHS provision for children aged 16 to 18 and historically these young people have been picked up by adult services.

There are long waiting times for access to psychological therapies, with waits up to 7 months for Cognitive Behavioural Therapy and 5 months for Counselling.

Service Funding

The current expenditure on primary care mental health teams is £1.2m. Halton specific expenditure is unknown.

5.2.3 Planned service provision

Current focus is on access to primary care services for people with mild/moderate mental illness which includes depression and anxiety.

The national programme 'Improving Access to Psychological Therapies' requires significant increase in access to and range of these services within the community.

Early detection and treatment of depression requires an integrated multi-disciplinary care pathway[27], giving a single point of access to ensure people get the right treatment at the right time provided as locally as possible. This pathway will require an increase in the number of practitioners who can provide appropriate evidence based psychological therapies.

A series of schemes have been identified which will ensure the successful delivery of the future pathway. A key risk to delivering the initiative goals is the recruitment of staff due to nationwide high demand and limited training places.

Future Funding

The PCT investment is planned to increase by £2.1m by 2012/13[28]. A benefit of £0.4m will be realised giving a total investment requirement of £1.6m.

[27] Multidisciplinary care pathway for depression – Appendix 12

[28] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

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5.2.4 Potential for partnership working

Partnership working is expected to be built upon within the procurement of mental health services to deliver the new care pathway. There is very little, if any, opportunity to re-patriate from outside Halton as people are not sent out of area.

5.2.5 Local perception of services

Local people think that they do not know much about depression and GPs have no understanding of wider social issues

5.2.6 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, Mental health services for a) young people less than 18 years and b) additional mental health wellbeing services were given a high priority[29].

The majority of comments were associated with:

- The need for education regarding early symptoms
- The need for a 'one stop shop'
- Reduction of waiting times.

Early detection of depression Summary - About 1 in 6 adults (1 in 4 older people) in Halton suffer from depression, 2000 children and young people in Halton have moderately severe problems. The PCT has committed an increase in investment of £2.1m to deliver an agreed new model of care giving a single point of access to ensure right treatment at the right time. Development of services is a high priority for local people with a need for education, improved access and a 'one stop shop' **Services will be developed to meet the needs of Halton's population with this theme being taken forward both as part of the CSP implementation work and within the promoting healthier lifestyles work. of this project.**

[29] Local Engagement Prioritised List - Appendix 15

6 Improving safety, quality and efficiency of services

This element includes services concerned with improving the safety, quality and efficiency of services. Both sections will cover local health need, current and planned service provision, local perception of service need and opinions on future development. Underpinning detail for Urgent care may be referenced in Appendix 13 and Planned care in Appendix 14.

6.1 Urgent Care

6.1.1 Local need

20% more people are admitted to hospital in Halton and St Helens than the national average, with the non-elective admissions rate at 37% higher[30] than the national average (and 8% higher than north west average). HES data indicates a rate of 158 per 1000 population compared to rates of 130 in Cheshire and 120 Nationally The total number of non-elective admissions to hospital[31] was 19,067 the greatest causes, being injury/poisoning followed by diseases of the respiratory system and then circulatory system.

The public continues to access A&E departments for care and treatment of minor and moderate illness because the alternatives are not accessible when the public wants or needs to access them. A significant proportion of A&E attendees do not require admission. It would appear that the admission rate remains relatively steady whereas the percentage of patients who are discharged from A&E are significant between the hours of 8.00 and 22.00.

6.1.2 Current service provision

People across Halton and St Helens experiencing an urgent care need, access care through the Warrington and Whiston Hospitals A&E departments, their GP, the Millennium or Widnes Walk in Centres or a Community Access Centre. Out of hours the options are reduced to an Out of Hours service, an A&E department or a Walk in Centre.

In Halton Borough access to urgent care entails long journeys to hospital and the provision of on street urgent access is still below that provided in St Helens. Information shows that people are admitted to hospital to decide if they need to be there because there is insufficient capacity in the community to assess if people need to take the next step to hospital.

[30] Commissioning Strategic Plan. NHS Halton and St Helens. 2008-13

[31] JSNA. Halton 2008.

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Service Funding

The current expenditure on urgent care for the population of Halton has not been made available.

6.1.3 Planned service provision

The PCT vision is, wherever clinically possible, to provide models of care across Halton and St Helens which result in the same health outcomes. The PCT are working in partnership with the acute Trust to have in place a full 24 hour urgent care service as close as possible to the patients home and if possible, in the patient's home.

By 2010 the public in Halton and St Helens will have a new range of options including community based A&E services, additional and expanded walk in centre facilities, Advanced Practitioners visiting and providing care in people's homes (with particular emphasis on the infirm) with direct access to re-ablement and community based intermediate care and support services.

The range of urgent care services will be increased in a variety of locations to reduce the number of admissions and provide care in an appropriate setting. It is anticipated that up to 10% of Warrington A&E unit activity would transfer to an urgent care centre at Halton hospital, closer to home, once operational.

Future Funding

The PCT investment of £5.7m in community services is planned to support the reduction of patients receiving treatment in an acute setting. Taking the benefits costs into account, the net effect on investment will be £-11.6m.

6.1.4 Local perception of services

For local people, it is important to have easy access to health facilities within 10 to 15 minutes walking distance from their homes.

6.1.5 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, urgent care services on the campus were given a high priority[32]. (Ranked equal third out of fifty four). The local population would like to see a return to a Halton District General Hospital, with in particular, access to a Maternity unit and Accident and Emergency services.

The majority of comments were associated with:

- Increased resources in one point for urgent care services
- The promotion of a bus service between Halton and Whiston hospitals

[32] Local Engagement Prioritised List - Appendix 15

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Urgent care Summary: There are 20% more hospital admissions in Halton and St Helens than the national average, with the non-elective admissions rate at 37% higher than the national average. The public access A&E departments for care and treatment of minor and moderate illness as there are no accessible alternatives. The PCT has committed an increase in investment of £5.7m to support the reduction of patients receiving treatment in an acute setting.. Development of urgent care services at Halton is a high priority for local people. **Service development is underway and will not be taken forward within this project**

6.2 Planned Care

Services within 'Planned care' that have been identified[33] by the local population as priorities for development in Halton are

- Cancer unit
- Midwifery led births

6.2.1 Local need

Cancer

Cancer[34] is the second biggest cause of premature death in Halton but its rate makes Halton the worst area in the country for premature cancer deaths[35]. The leading cause of cancer death in Halton for men and women is lung and bronchus cancer. There has been a steady increase in the number of Halton women developing breast cancer.

Maternity services

There were approximately 1620 births to Halton women in 2006. It is generally accepted that birth rates will increase in future years. There has been a substantial increase in low birth weights during the last eight year period.

6.2.2 Current service provision

The PCT currently commissions planned care delivered mainly from two local hospitals within an 18 week referral to treatment time. The following services are available to the Halton population:

[33] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008. and Engagement event 29th January 2009.

[34] JSNA Halton 2008.

[35] JSNA Halton 2008.

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Cancer services

- Chemotherapy unit – There are ten chemotherapy stations at Halton hospital
- Screening services are listed in section 4.1.2.

Maternity services

Acute Maternity care is available at four hospitals where women have their 20 week scans, specialist services for medical disorders and care during delivery. There are no inpatient services in Halton.

There are three consultant led Community clinics per week.

Antenatal services, such as 'Earlybird sessions', breast feeding support, parent education, aquanatal take place in the community.

Midwives support home births.

Service Funding

The current budgeted cost of total elective care is circa £62m (excluding mental health and Specialist Commissioning).

Budgeted cost specifically for Cancer screening and Maternity has not been made available.

6.2.3 Planned service provision

There are currently no plans to develop a cancer centre in Halton, although other planned developments, for example, in respect to early detection, will reduce the incidence of and death rate from cancer.

The future pathway for maternity services is currently being considered in order to improve access to and range of services for expectant mothers in Halton.

Future Funding

Investment of £2.1m is planned for planned care services as a whole. Taking the benefits costs of -£4.8m into account, the net effect on investment will be -£2.7m .

6.2.4 Local perception of services

Features the local population are looking for in a health facility:

- Good car parking facilities
- Near to a bus stop
- Within 10 minute walking distance from home
- Near the town centre

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6.2.5 Local opinion regarding services to be accessed on hospital campus

At two Ambition for Health events in July 2008 and January 2009, within planned care, Cancer services were given a high priority (Ranked second out of fifty four). Midwifery led services was given a high priority[36]. (Ranked equal eighth out of fifty four).

Notes taken of the table discussions at the January event include reference to[37]:

- Needing more joined up services and a wider choice.
- Transport required to make sure people can access services.
- Different thinking required.
- Work across services – GPs/Hospitals etc.

Planned care Summary - Cancer is the second biggest cause of premature death in Halton. Screening is in line with National programmes. There were approximately 1627 births to Halton women in 2006 in four acute hospitals, besides home. It is generally accepted that birth rates will increase in future years. The future PCT investment for Cancer and Maternity services is unknown at this point. Development of these services on the Halton Health campus is a high priority for local people.

Services will be developed to meet the needs of Halton's population with this theme being forward within this project.

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[36] Local Engagement Prioritised List - Appendix 15

[37] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

7 Summary of prioritised services

In July 2008 a long list of services was compiled at an Ambition for Health Research HVA event. These services reflected the local population's opinions on requirements for service development in the Borough.

The long list was prioritised at an Ambition for Health feedback event held in January 2009, again by local residents. Clear priorities within CSP initiative headings, were indicated (a score of 5 and above) as shown below.

Services	Score
Helping people to stay healthy	
Alcohol reduction	12
Healthy eating classes	6
Education facilities for healthy lifestyle choices	5
Detecting illnesses earlier	
Screening suite – drop in for cholesterol, blood pressure, diabetes, blood	19
Diagnostic services	7
MRI scanning	5
Early detection –Depression	
Additional health and well being services	9
Improve quality, safety and efficiency – urgent care	
Minor injuries/Walk in centre (24 hour)	12
Short stay	9
Improve quality, safety and efficiency – planned care	
Cancer unit	13
Midwifery led births	6

The full list and associated scores may be referenced in Appendix 15.

These service priorities have informed the case for change and directed the Project Delivery Group members in their appraisal of services to be considered for development in Halton.

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8 Appraisal of prioritised services

8.1 Key messages

The key messages in section one clearly identify the basis on which the case for change is developed: that Halton hospital should:

1. Actively promote the health of the population.
2. Further develop its position as a centre of excellence in planned care.
3. Develop itself as an early detection and screening centre together with leisure and lifestyle services on site.
4. Further expand its role to promote rehabilitation and re-ablement into the community.

8.2 Appraisal

At a meeting held on 11th March 2009, Project Delivery Group members considered the prioritised services. For each service, account was taken of the relevant local health need, current and planned services and associated investment, local perception of service need and opinions on future development.

Appendix four highlights the stages within the approach taken during this phase of the project.. These stages are reflected in the questions below.

For each service, the following questions were considered

- Is there a service development need for the Halton Borough? Yes/No
- Is there a service development need for Halton Health campus? Yes/Maybe/No
- If yes,
  - What work is already in progress?
  - What services remain to be taken forward to further research/business case within this project?

The outcome of the discussion is captured in the table below.

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Service	In Halton Borough	On Halton Campus	Business Case Required	Supports key messages for Halton Health campus development			
				1	2	3	4
Alcohol	Yes	Maybe – Service to go out to tender	No*	√			
Tobacco	Yes	Maybe – Strategy in development. - promote healthy lifestyle	No*	√			
Obesity	Yes	Maybe – Business case in development	No**	√			
Early detection – Major Illness	Yes	Yes	Yes	√	√	√	
Early detection - Depression	Yes	No – model of care determined and being implemented	No				
Planned Care - Cancer	Yes	Yes – Short stay Palliative care rehab	Yes***	√	√	√	√
Planned care - Maternity	Yes	Yes	Yes	√	√		
Urgent care	Yes	Yes– Business case in development	No				

* This is linked to Healthier Lifestyle promotion/MOT services. The Project Delivery Group are supportive of Halton Health Campus playing a role in promoting good health, particularly in conducting lifestyle interviews with patients and relatives who come into the hospital.

** This is linked to the potential development of Leisure/Sport services in Halton and early detection services.

*** With the commissioning of Intermediate care beds at Halton hospital, there is potential to link this to the development of short stay rehabilitation/re-ablement beds, for example, for palliative care or stroke.

8.3 Outcome

Services at Halton hospital will continue to be available as currently provided.

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The table above indicates additional development of services to go forward to feasibility studies, research and business case development in the next stage of the project will be:

- Healthy lifestyle promotion/interviews. Who would carry out this work and whether these are planned and/or opportunistic interviews is yet to be determined.
- Leisure/sport facilities. The Borough Council's sports strategy and recent service gap analysis indicates a need to develop services in Halton. The Trust has indicated that there is land available on the Halton hospital site which has potential to be considered for leisure/sports facilities. Feasibility work is required to determine whether Halton campus is a realistic option.
- Early detection screening for major illness services. There will inevitably be a requirement for further capacity in all the 'major disease' areas as more people go through the early detection programme. Capacity and demand modelling will be undertaken as part of the business case development and within the overall context of the CSP Early Detection of Major Illness. Leading edge clinical developments and best in class practice in respiratory, vascular and cancer services will be picked up at this stage.
- Short stay rehabilitation/re-ablement services The Intermediate care unit is commissioned and operational in Halton hospital. This represents the starting point for the hospital in developing intermediate care and rehabilitation. This gives potential to develop Palliative care and/or stroke rehabilitation in the future.
- Maternity services. The range of Maternity services will be subject to a feasibility study before being confirmed as going forward in phase 5.

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9 Next steps

The case for change will promote a business case or business cases in Phase 5 where options for short listed service development on the Halton Health campus will be progressed, a set of preferred options identified and worked up in preparation for financial support.

This case for change will require:

- Sign off by the Project Delivery Group
- A mandate from the executive/senior management team of each stakeholder organisation
- Sign off by the Strategic Visioning Group.

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10 Appendix 1 Project objectives

Phase four of this project had the following objectives:

- To understand the political significance of the Health campus for the local residents.
- To engage with key providers in primary, secondary and community care.
- To determine the scope and scale of service development required to a) deliver early detection screening and healthier lifestyles and wellbeing initiatives as identified in the PCT Commissioning Strategic Plan and b) develop clinical services in the Halton area.
- To identify and engage key segments of the local population
- To determine how the development of Halton Health campus may facilitate the implementation of work streams in our Commissioning Strategic Plan and capture the case for change.

Phase four was initiated by the sign off of the project plan by the Strategic Visioning Group on 21st October 2008.

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11 Appendix 2 Project governance – strategic visioning group

Terms of Reference

To provide strategic leadership to the project

To agree the Project Plan for Phase 4 of the project

To receive and approve progress reports from the Project Delivery Group

To ensure that the project is progressing within plan and recommend remedial action if necessary

To ensure that the project is supported by each partner and good communication is maintained

To liaise with other stakeholders as required

To confirm and sign off cases for change a) for the development of early detection screening and healthier lifestyles and well being, and b) for the development of clinical services, in Halton.

Membership

Catherine Beardshaw Chief Executive Officer - Warrington & Halton Hospitals NHS Foundation Trust

Chris Knights Director of Business Development- Warrington & Halton Hospitals NHS Foundation Trust

David Parr Chief Executive Officer- Halton Borough Council

Dwayne Johnson Strategic Director of Community & Health– Halton Borough Council

Ann Gerrard Councillor - Halton Borough Council

Ellen Cargill Councillor - Halton Borough Council

Jim Wilson Chair – NHS Halton & St Helens

Ian Williamson Interim Chief Executive - NHS Halton & St Helens

Eugene Lavan Director of Strategic Planning & Development – NHS Halton & St Helens

Mike Kenny Head of service Adults & Older people – 5 Borough Partnership

In attendance

Judy Macdonald Senior Consultant – Finnamore Management Consultants

12 Appendix 3 Project governance – project delivery group

Terms of Reference

- To ensure that all key stakeholders are engaged.
- To inform work within phase 4
- To monitor progress of the project against the project plan
- To draft progress reports for Steering Group

Membership

Chris Knights Director of Business Development - Warrington & Halton Hospitals NHS Foundation Trust

James Johnson Consultant - Warrington & Halton Hospitals NHS Foundation Trust

John Williams Consultant - Warrington & Halton Hospitals NHS Foundation Trust

Dwayne Johnson Strategic Director of Community & Health – Halton Borough Council

Ian Williamson Interim Chief Executive - NHS Halton & St Helens

Eugene Lavan Director of Strategic Planning & Development – NHS Halton & St Helens

Mike Ore Head of community health services - NHS Halton & St Helens

John Jones Chief Operating Officer **-** NHS Halton & St Helens

Simon Bell Patient & Public Involvement Manager– NHS Halton & St Helens

Dan Seddon Consultant in Public Health and commissioning– NHS Halton & St Helens

Mike Kenny Head of service Adults & Older people – 5 Borough Partnership

John Kelly Director of operations – 5 Borough Partnership

Cliff Richards GP/Chair - Runcorn Practice Based Commissioning

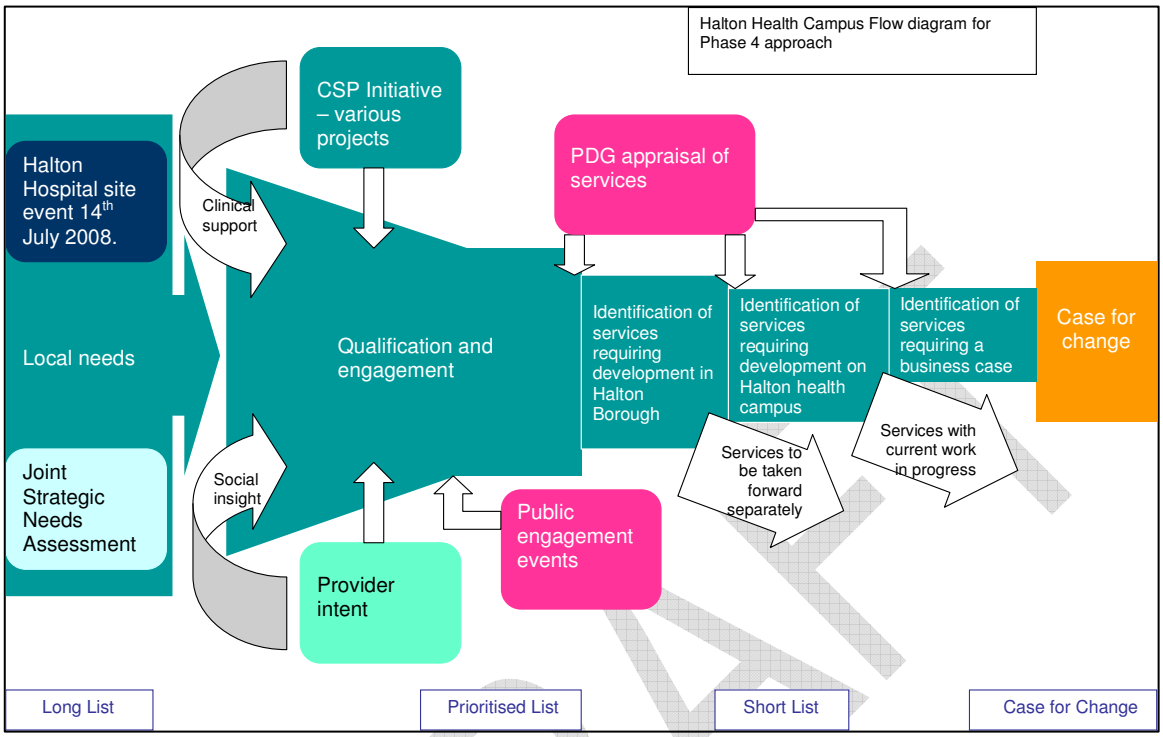
Bob Bryant - Patient representative

In attendance

Judy Macdonald Senior Consultant – Finnamore Management Consultants

13 Appendix 4 Project approach - overview

The diagram below illustrates the approach taken to the project.



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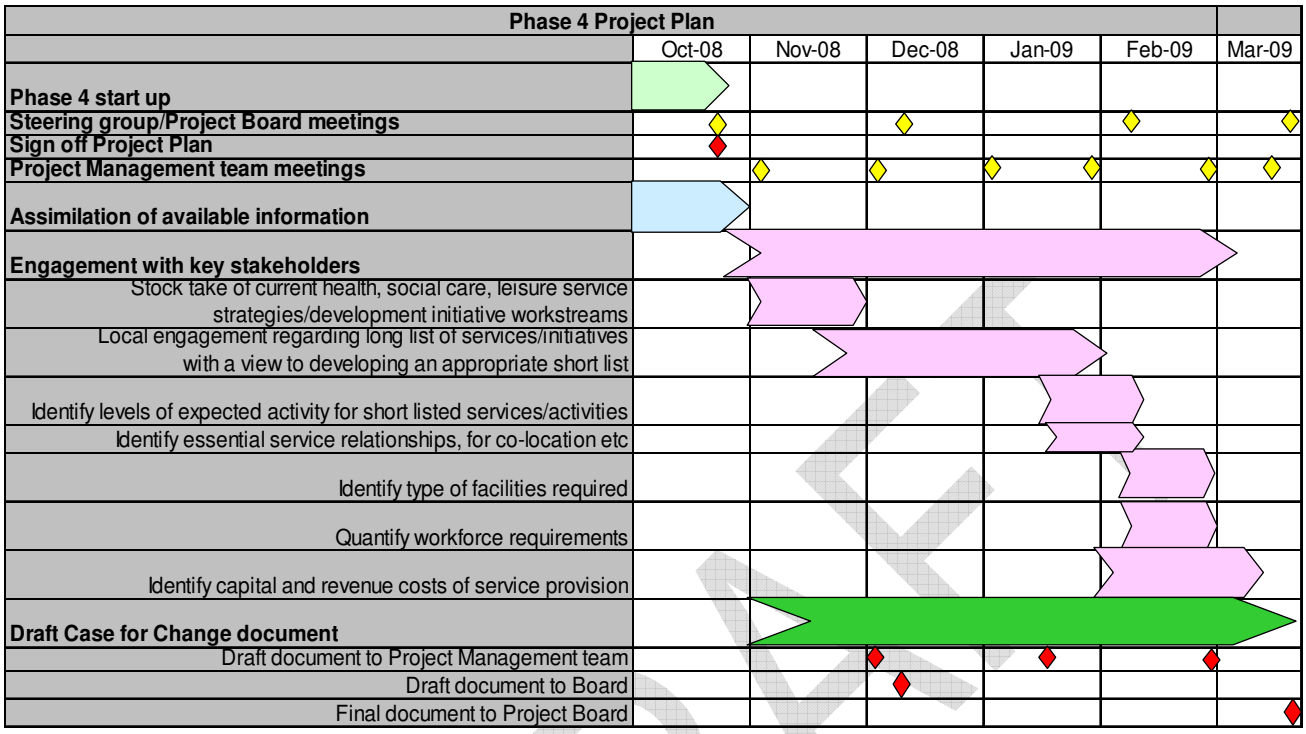
14 Appendix 5 Project approach – by task

Assimilation and understanding of available information	Liaison to ensure that all available information is identified and understood in order to develop a baseline of context, knowledge and status of work streams.
Continuing engagement with key stakeholders throughout the phase	A type of social marketing to ensure that future services meet the needs of key segments of the local population and will be accessed by those who will most benefit by them by way of meetings with Executive leads of partner organisations to agree and take ownership of the objectives and approach, accessing existing representative population groups and creating opportunities for engagement. Key stakeholders targeted to maximise project benefits.
Confirmation of health needs and actual service gaps in the Halton area	A reflection of progress to date and current status of need. Build on the work undertaken during phases one, two and three. Meet with key leads of the seven CSP initiatives' work streams to understand the future models of care, the current projects and the gaps in service provision in the Halton area.
Compilation and prioritisation of a long list of schemes that may be enabled by this project	Consider the health need and gaps in services in the Halton area and determine a long list of schemes may address these gaps. Findings will be shared with the Project Delivery group for consideration and support. Prioritisation of list at Engagement event 26.1.09.

Identification of facility and workforce requirements	Following identification of prioritised services for the Halton Health Campus, a high level set of facility (scope and scale) and workforce requirements as a 'starter for ten' will be drafted. These will require significant work during phase 5 to determine robust requirements but will, at this stage, enable high level costings to be evaluated
Identification of high level financial implications	Identify high level costs for the short listed services
	Creation of a short list of services (from the prioritised list) against criteria and weighting, to be taken forward to business case stage in Phase 5. The criteria and weighting determined by the Project Delivery Group. The Strategic Visioning Group will consider and sign off the short list.
Development of clear case for change	A case for change document will be produced which captures current service provision, local population health need, future models of care, service gaps perceived. This will be used in phase 5 within a full business case for the development of services at Halton Campus

15 Appendix 6 Project plan

The diagram below indicates the overall project plan.



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16 Appendix 7 Strategic Context

The CSP initiative summary is shown below:

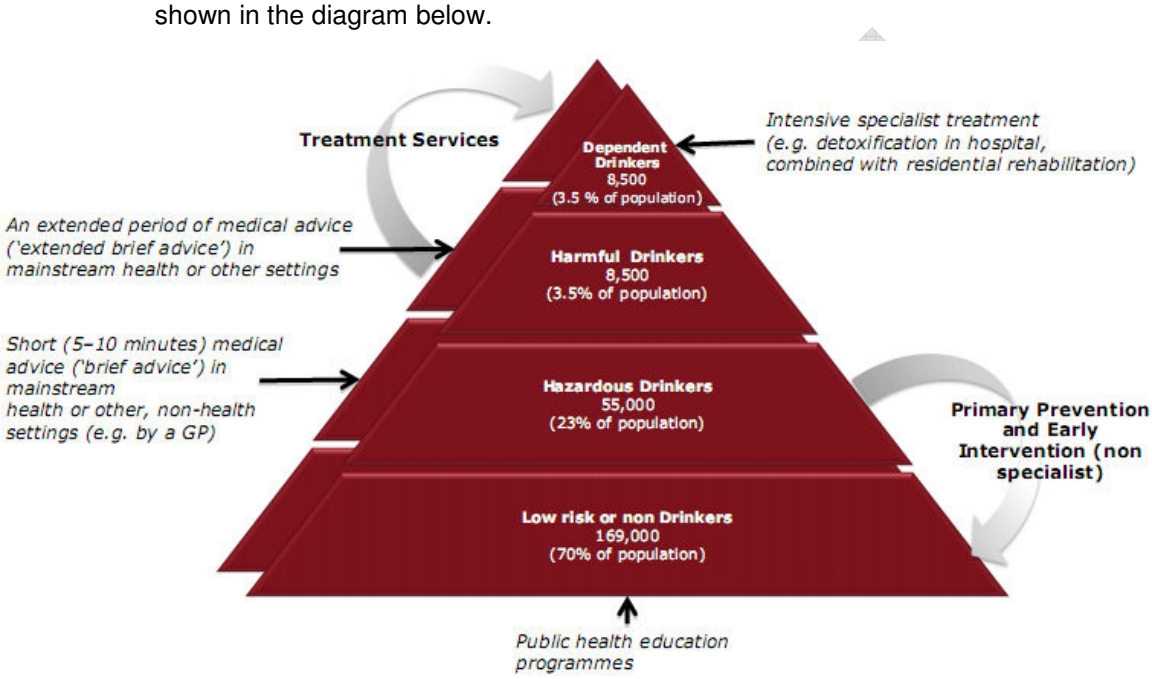
Initiative	Outcomes: by 2013...	Schemes	Investment
Reducing harm from alcohol	- To halt the rise in acute admissions relate to alcohol related harm (and then reduce beyond 2013). - To halt the rise in deaths from liver disease (and then reduce beyond 2013). *And, contribute to reducing (i) mortality rate for CVD and cancer, (ii) teenage pregnancy, (iii) prevalence of obese adults.* *Also, contribute to reducing (i) alcohol related crime, (ii) anti social behaviour, (iii) alcohol-related domestic violence.*	• Increase targeted primary prevention. • Targeted recognition & help for those in the early stages of their 'alcohol career'. • Earlier recognition of potential alcohol misuse. • Increase quality & quantity of alcohol interventions in acute care. • Increase quality & quantity of treatment services with emphasis on recovery. • Increase provision of 'wrap around' and 'whole family' approaches to alcohol services. • Improved services for dual diagnosis patients. • Establish partnerships with criminal justice & licensing enforcement agencies.	Additional annual investment by 2013: Investment: £5.3m Benefit: -£1.8m Total: £3.5m
Reducing obesity	- Reduction in childhood obesity for reception age children in Halton & St Helens from 13% (07) to 9%. - Reduction in childhood obesity for year 6 children in Halton & St Helens from 21.5% (07) to 17.5%.	• Primary prevention of overweight and obesity in adults and children. • Secondary prevention of overweight and obesity in children and adults. • Tertiary prevention of obesity in children and adults. • Early detection of obesity related diseases. • Training on weight management and healthy eating. • Healthy eating status.	Additional annual investment by 2013: Investment: £7.4m Benefit: £0.0m Total: £7.4m
Reducing harm from tobacco	- Reduced smoking prevalence from 27% to 24%. - Reduced incidence of heart disease by 1.5%. - Decrease hospital admissions for COPD by 5%. - Reduce lung cancer rates for men by 1% year on year.	• Prevention of people starting smoking. • Increase in the number of quitters. • Tackling illegal and underage availability of tobacco. • Normalising smoke free lifestyles.	Additional annual investment by 2013: Investment: £0.6m Benefit: £0.0m Total: £0.6m
Early detection of major illness (cardio vascular, diabetes, respiratory and cancer)	- 20% reduction in non-elective admissions for vascular, respiratory diseases and cancer. - Reduction of 10% in the Cancer mortality rate. - CVD mortality rate reduced by 20%	• Early alerts/awareness raising. • Pro-active cradle to grave systematic screening to reduce future risk. • Improved access to diagnostics. • Personalised risk management programmes.	Additional annual investment by 2013: Investment: £12.5m Benefit: -£1.0m Total: £11.5m
Early detection of depression	- 67% reduction in hospital admissions for depression. - Improvement in mental wellbeing for people with depression and their families. - Decrease in incapacity claimants (1,800 by 2013).	• Effective detection and recognition of depression across whole patient group. • Appropriate treatment responses in line with stepped care model. • Early detection of risk - positive mgt of risk. • Personalised health care plans re self management of recurrent depression. • Improve access to psychiatric liaison for adults and children.	Additional annual investment by 2013: Investment: £2.0m Benefit: -£0.5m Total: £1.5m
Improving Safety, Quality and Efficiency of Service in Urgent Care	- Reduction in non elective hospital admission by 20%.	• Fully integrated service close to home. • PCT based capacity to make high level clinical decision before hospitalisation. • Radical redevelopment of the PCTs intermediate services to provide full 18 hour per day access . • Personalised risk management programmes.	Additional annual investment by 2013: Investment: £5.8m Benefit: -£17.4m Total: -£11.6m
Improving Safety, Quality and Efficiency of Service in Planned Care	- Reduction of 10% in overall first outpatients attendances across all specialities. - Reduction in outpatient follow up appointments (65,000 by 2013). - Reduced wait time to 12 weeks.	• Planned Care Standards. • Direct access to diagnostics. • Integrated models of care across all commissioned planned healthcare services. • Increasing day case surgery rates. • Reducing length of stay. • Reducing healthcare-associated infections.	Additional annual investment by 2013: Investment: £2.1m Benefit: -£4.8m Total: -£2.7m

17 Appendix 8 Reducing harm from alcohol

Alcohol misuse is closely related to wide range of negative health outcomes such as liver disease, heart disease and some cancers. Halton has the eighth highest hospital admissions for alcohol-related conditions in England[38] for 2006/07.

17.1 Local need

The local picture for prevalence across the Halton and St Helens population[39] is shown in the diagram below.



In a Lifestyle survey (2006)[40] 17.5% of Halton residents indicated that they drank more units per week than considered safe. The highest rates are amongst males in the 18-39 age band and females in the 40-64 age band. 54% of males and 32% of females in the younger age group (aged 18-39) report the highest rates of binge drinking.

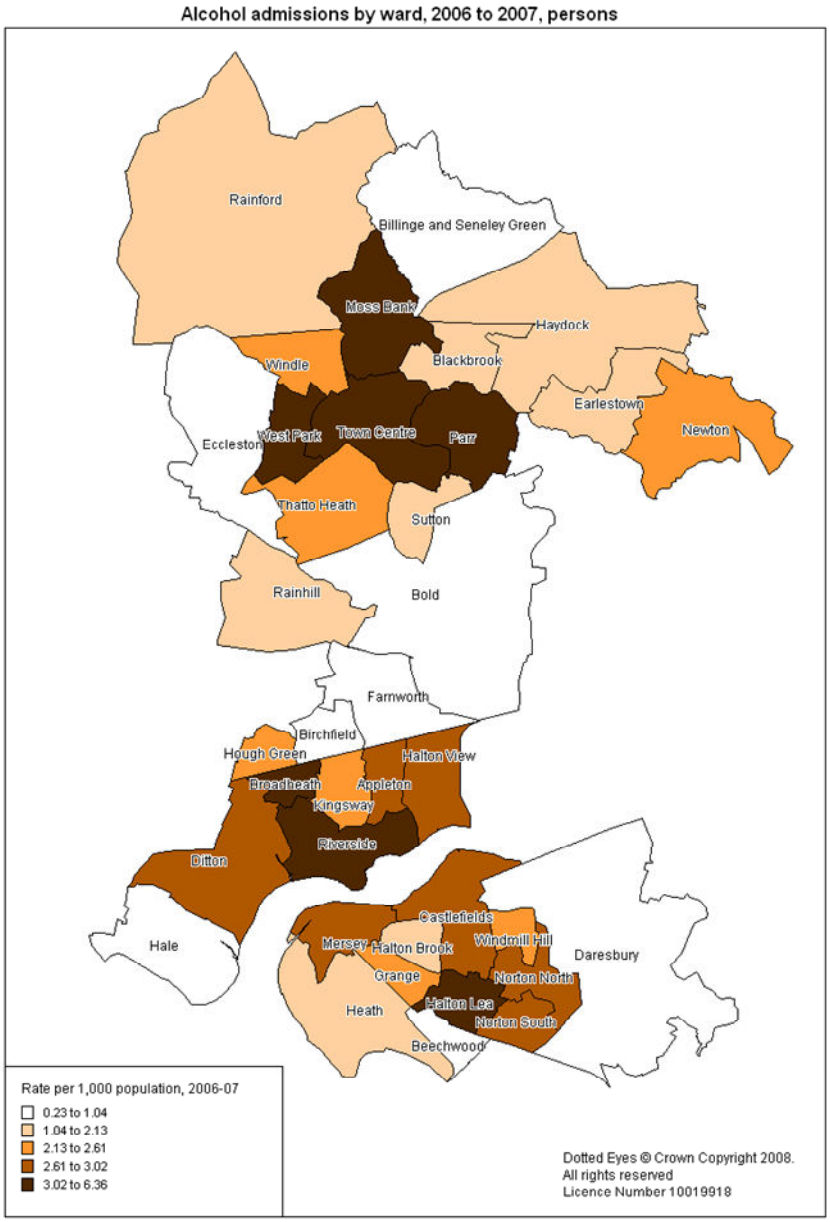
Binge drinking is more prevalent in Widnes, 36.5%, compared with 28.7% in Runcorn. The Halton population's prevalence of binge drinking is 25% higher than national average.

[38] JSNA Halton 2008.

[39] Health Related Alcohol Service Review. Final Report 2008.

[40] JSNA Halton 2008.

Halton and St Helens has a 36% higher than national average incidence of hospital admission for alcohol related harm. Within the Halton and St Helens population there were 6199 annual admissions to hospital[41] in 2006/7 relating to alcohol. The rates are shown on the map below.



The highest alcohol consumption rates are indicated within Broadheath, Riverside and Halton Lea. There is a close correlation of these rates with the incidence of cancer and heart disease, most especially with Broadheath which has indicates 315-612 DSR per 1000 for MIs in 2006-7 and 277-560 DSR per 1000 for all age, all cancers in 2004-6.

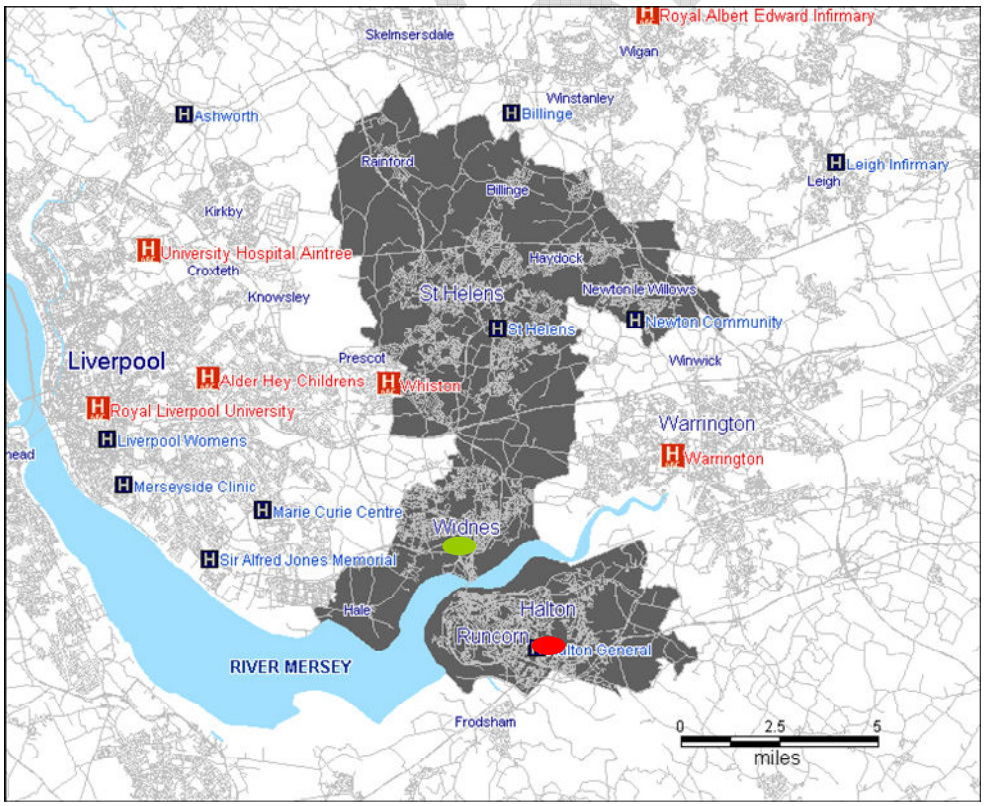
[41] Commissioning Strategic Plan. NHS Halton and St Helens 2008-13

The admission level is projected to rise to 7335 in 2012/13. The mortality rate attributable to alcohol is 33% higher than national average accounting for 42 more deaths per year. The annual number of deaths from chronic liver disease is 58 and is projected to rise to 67 in 2012/13.

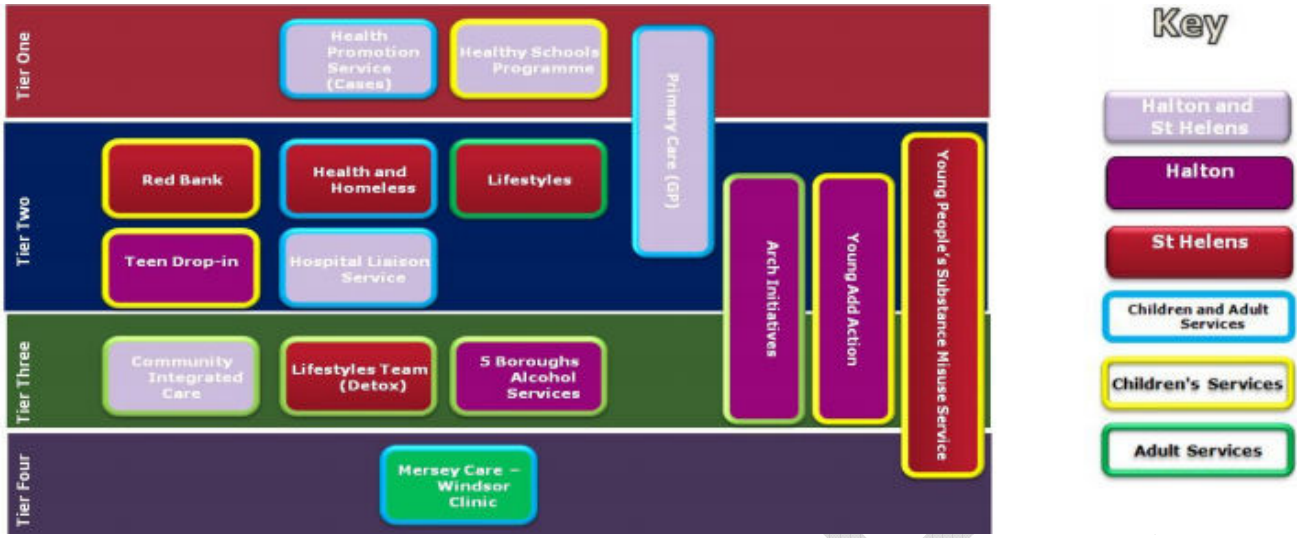
17.2 Current service provision

The following services are available to the Halton population:

- Tier one: Health promotion, social marketing and training activities to prevent alcohol misuse in the first place. These services are provided in a variety of settings by Community Health Services, including Ashley House marked in green on the map below.
- Tier two: Early detection of people who may be drinking too much and developing more complex problems. Provision of advice/support to help to reduce alcohol intake.
- Tier three: Specialist alcohol services for those with more serious problems and possibly requiring detoxification, including Brooker Centre marked in red on the map below.
- Tier four: Some limited residential and rehabilitation services for recovery and support. There is a perceived under provision of recovery support in Runcorn. [600 bed days at Windsor clinic]



Where services are provided, they are inconsistent across the two Boroughs. The range of services available to the Halton population is indicated in the diagram below, although facilities in Widnes are generally not accessed by the people living in Runcorn.



Service Funding

These services are currently funded at too low a level to make a major impact on the alcohol harm in the community and are considered in the main to be no longer fit for purpose.

St Helens alcohol services for adults currently accounts for 49% of total PCT alcohol spend, compared to only 19% of spend in Halton. The summary table below demonstrates the spend split by Tiers and by adult/children. Any services that cater for both boroughs have been split equally.

Tier	Spend	Rationale
Primary Prevention Tier 1	200,000	Any services that cater for both boroughs have been split equally between both boroughs.
Halton Adults Tier 2/3	181,500	
St Helens Adults Tier 2/3	430,000	
St Helens Adults Tier 4	116,000	Lifestyles as a cross tier service falls into Tier 2/3 costs
Halton CYP	137,500	
St Helens CYP	142,000	Any service that caters for adults and children has been split equally between the two.
Grand Total	1,207,000	

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Key areas for concern

- There are long waiting times for some treatment programmes (For example, between 12 to 18 weeks for Tier 3 alcohol services in Halton with 115 currently on waiting list).
- Hours of service provision are not fully established in line with patient requirements;
- No consistent method of building and developing teams leading to possible inconsistency in service provision;
- Little systematic use of clinical data systems which could facilitate data and knowledge sharing and improve user experience;
- Lack of structured and marketed sign posting to ensure the range of services on offer are fully utilised.

The main drivers for alcohol service development are the local health need, with this being at the top of the NHS agenda during the last year, focusing on primary prevention and the recent local alcohol related crime rate causing significant police expenditure in managing associated problems.

The current operational alcohol pathway has unclear entry and exit points, in turn causing inconsistencies in treatment. These services are not clinically dominated.

17.3 Planned service provision

Outcomes by 2013[42]

Outcomes required by 2013 have been identified as:

- The halt of the rise in acute admissions related to alcohol harm
- The halt of the rise in deaths from liver disease
- And contribute to reducing:
  - Mortality rate for CVD and cancer
  - Teenage pregnancy
  - Prevalence of obese adults
  - Alcohol related crime, anti-social behaviour and domestic violence

Future pathway

A future pathway has been devised to be implemented across Halton and St Helens, with appropriate linkages to services at each stage, ensuring a consistent user experience. Underpinning this pathway is:

- A model that draws upon a Single Point of Access (SPA) to ensure ease and speed of entry into the system.

[42] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

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- More of an emphasis on primary prevention and community support, reducing the number of people that should flow into the treatment part of the system.
- A multi-disciplinary and multi-skilled service that brings together a range of agencies to help combat the impact of alcohol misuse.

Future Funding

The PCT plan to increase the funding of alcohol related services by £5.3m in 2012/13. Additional investment and off set benefits for the whole area are shown below.

Investment (£m)	2008/09	2009/10	2010/11	2011/12	2012/13
Tier 1 &1.5	0.2	0.6	1.4	1.7	1.8
Tier 2 &3	0.7	1.1	1.8	2.1	2.3
Tier 4	0.2	0.3	0.5	0.6	0.7
Criminal Justice/licensing enforcement	0.0	0.1	0.3	0.3	0.5
Additional investment Sub total	**1.1**	**2.1**	**4.0**	**4.7**	**5.3**
Benefits: Reduction in admissions	0.0	0.0	-0.6	-1.2	-1.8
Additional investment total	**1.1**	**2.1**	**3.4**	**3.5**	**3.5**

Schemes

A series of agreed actions ensure the appropriate steps are to be taken for the successful future pathway delivery. This will improve the services on offer for the people of Halton and St Helens. The actions are organised into a number of schemes as outlined below:

- Increase targeted primary prevention – consistently provided across both Boroughs based on need. To include: use of appropriate social marketing techniques, increased support for schools and post 16 education, diversionary activities for young people especially in the most deprived areas, mobile outreach services for young people, using all face to face health interactions as an opportunity to promote health, educating all licensed premises.
- Targeted recognition and help for those in the early stages of their 'alcohol career' – by development of 'unbranded' Tier 1.5 level services within community facilities.

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- Earlier recognition of potential alcohol misuse – by training the existing workforce in primary, social and secondary care to recognise problems and know how to intervene.
- Create a register of alcohol misuse in all practices.
- Increase quality and quantity of alcohol interventions in acute care (inc A&E). Including: expanded alcohol liaison service, universal alcohol screening (OPD, A&E and IP), improved discharge planning for patients with known alcohol problems, treating alcohol problems as 'chronic' requiring a case mgt. approach.
- Increase quality and quantity of treatment services with emphasis on recovery – consistently provided across both Boroughs. Including scaling services to meet expected surge in demand over the next few years, providing same day access for Tier 2 assessment and eliminate waiting for Tier 3 & 4 services, development of viable 'recovery communities'.
- Increase provision of 'wrap around' and 'whole family' approaches to alcohol services – by working with our partners to match individual patient, carers and child carer's needs.
- Improved services for dual diagnosis patients. Including: support to mental health providers, combined services for alcohol and drugs.
- Establish partnerships with criminal justice and licensing enforcement agencies. Including: establishing alcohol workers in custody suites, alcohol arrest referral schemes, health input into licensing control and enforcement processes.

These schemes are recommended as part of the national alcohol strategy and underpinned by NICE guidance. They have a growing evidence base to demonstrate their efficacy.

Facilities in Halton need to provide Tier two one-to-one work and groups sessions. Wrap around services/advice should possibly be available when accessing services. Detoxification patients will benefit from pharmaceutical support, consultant/GP shared care and community alcohol teams.

Specifications for combined substance misuse and alcohol assessment, treatment and prevention services are currently under development and will be tendered at the end of 2009. It is intended that future service providers will replicate best in class practice. In minimising the number of 'fixed points' (for example, the locations/models to be retained/givens) in the tender, the PCT are keen to promote innovative ideas to be operational in 2010.

Key potential risks to delivering initiative goals

- Increased awareness and screening will increase the number of people coming into the system at all tiers. There is a risk that services are not developed quickly enough to deal with this increase in demand.
- Potential service users do not access programmes.

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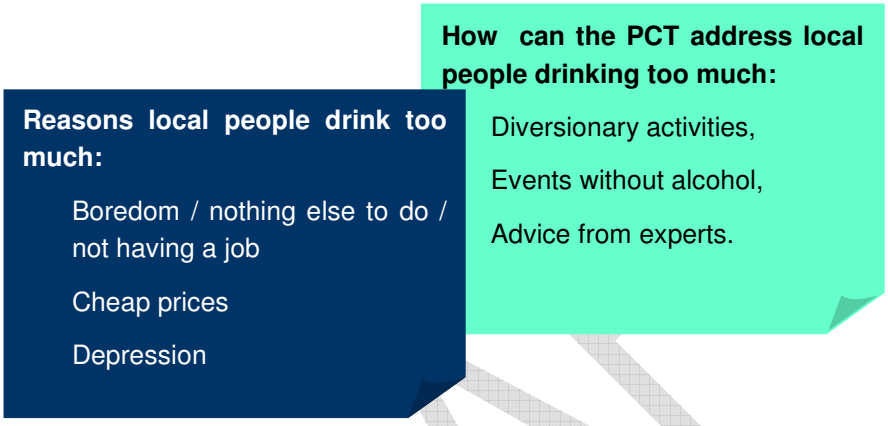
- Partners not participating effectively.
- Monitoring and evaluation insufficiently robust.

17.4 Potential for partnership working

Partnership working is expected to be built upon within the procurement of alcohol services to deliver the new care pathways.

17.5 Local perception of services



However 73% of people who took part in the National Patient Survey stated that they did not want any advice or support about a sensible alcohol intake.

17.6 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton. A subsequent event was held on 26th January 2009, where local delegates were informed of service development progress to date and asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus.

Services to support the reduction of alcohol consumption were given a high priority (Ranked equal third out of fifty four). The prioritised list is included in Appendix 15.

Table discussions at the January event included the following supportive comments for the development of services on the Halton Health campus:

- Co-locate alcohol service with walk in centres.
- Establish alcohol centre in one place (Halton Hospital).

The majority of comments were associated with:

- More information required regarding where to access services and effects of alcohol for user and whole family.

- Need for more services for young people.
- Lack of service promotion
- Proactive education in schools

17.7 Summary

Alcohol summary: Halton has a high incidence of hospital admissions for alcohol related conditions. The PCT has committed an increase in investment of £6.4m. Specifications for combined substance misuse and alcohol assessment, treatment and prevention services are currently under development and will be out to tender at the end of 2009. Development of services are high priority for local people but Halton Health campus should not be a fixed point. **Services will be developed to meet the needs of Halton's population with this theme being taken forward in this project as part of the promoting healthier lifestyles work.**

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18 Appendix 9 Reducing harm from tobacco

Smoking is associated with major causes of disease and death (including Cardio Vascular Disease, Chronic Obstructive Pulmonary Disease and some cancers).

18.1 Local need

In Halton and St Helens the smoking prevalence[43] is 12% higher than the national average. 25.6% of Halton residents[44] smoke. This suggests that there are approx 24,500 adult smokers in the borough. Smoking prevalence is higher in Runcorn at 26.5% compared to 24.7% in Widnes. Prevalence varies considerably across age bands and by gender, Runcorn males aged 40-64 years reporting highest prevalence (32.1%).

Amongst the younger age groups, 27.7% females smoke compared with 24.4% males. The results of a Halton survey[45] of 15-16's year old highlighted that the smoking rates match the adults although there is a significant difference in smoking take up rates 18% male and 29% female.

One in four women is still smoking at the birth of their child, and just four in ten are breastfeeding on delivery (half the national average and 4th worst in the country).

There are 1,176 hospital admissions accounting for 8,500 bed days. Within the Halton and St Helens population there were 396 emergency admissions to hospital[46] in 2006/7 relating to tobacco. The rates are shown on the map below.

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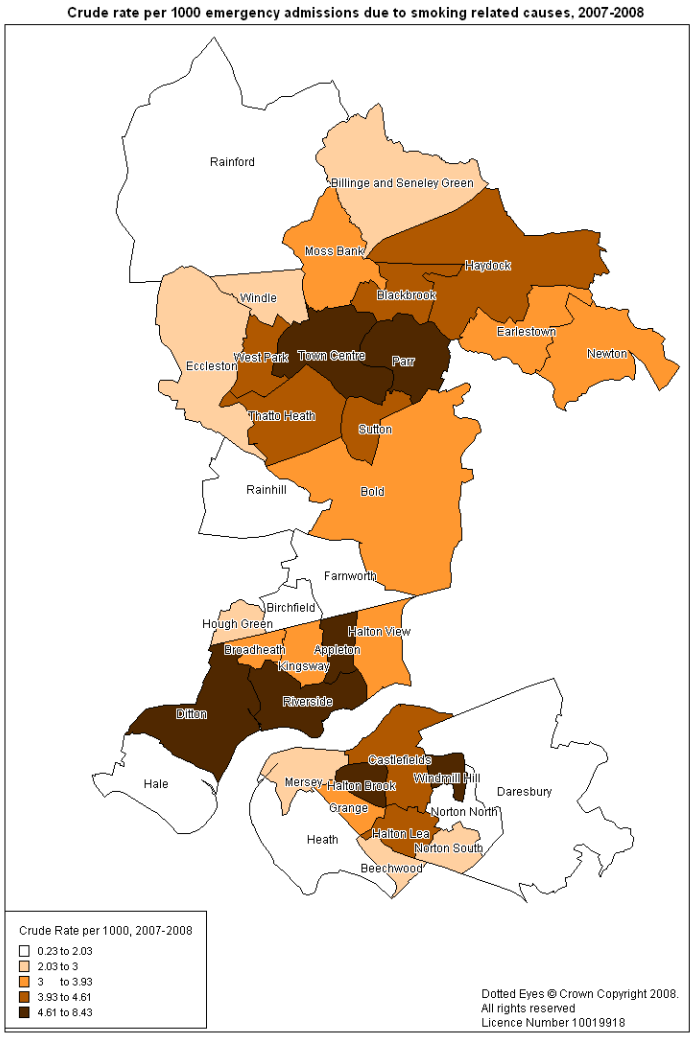
[43] Commissioning Strategic Plans. NHS Halton and St Helens. 2008-2013.

[44] JSNA. Halton 2008.

[45] Consumer Protection service

[46] Commissioning Strategic Plan. NHS Halton and St Helens 2008-13



The highest rates shown above are indicated within Halton Brook, Windmill Hill, Riverside and Ditton. This is reflected in the high number of non elective hospital admissions[47] for diseases of the respiratory system and neoplasms (cancer) in these wards. Hale and Daresbury have the lowest crude rate of non-elective hospital admissions in all of the top ten categories.

The mortality rate attributable to smoking is 28% higher than the national average accounting for more than 129 deaths per year.

18.2 Current service provision

The variety of services available in the Halton area are:

- SUPPORT Stop Smoking Services.
- Delivery of training in smoking cessation intervention.

[47] JSNA. Halton 2008

- Building advocacy in the community consultation.
- Tobacco control education in schools.

SUPPORT Stop Smoking services

The Halton population has access to a SUPPORT service resourced by a team of specialist practitioners providing behavioural counselling and therapies to smokers to help them quit. The service offers:

- Free advice and support, tailored to the individual needs of the smoker
- One-to-one or group support and advice from trained staff, for people motivated to stop smoking
- Access to free or reduced cost Nicotine Replacement Therapy (NRT) via a voucher scheme
- SUPPORT within the workplace setting or in-patients within the hospital setting
- Smoking prevention, education and support within schools
- Specialist advice to pregnant and breast-feeding smokers via our trained midwives

There were 3,017 contacts between April and October 2008, with 1,640 quitters.

Delivery of training in smoking cessation intervention

A number of training events have taken place:

- 12 brief intervention training sessions.
- 2 intermediate 2-day training sessions.
- 1 GP update session
- 2 practice nurse updates
- All PCT staff inductions.

Building advocacy in the community consultation

The PCT took part in a Department of Health national consultation regarding the protection of children. Post cards were issued to the local population and responses of agreement to the following statements were requested:

- I support a long term plan which protects our children and future generations from the harm that tobacco causes.
- I support measures to remove tobacco out of sight of children.
- I support measures to protect our children from tobacco marketing

Over 3000 responses were collated.

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Tobacco control education in schools

Health improvement practitioners have delivered tobacco control education to eight Secondary.

Although programmes are established within both boroughs, there are still gaps and inconsistencies in services. There is a need and opportunity to improve the targeting of programmes.

Service location

Services may be accessed in community venues, GP settings, Pharmacies, Hospital, Residential settings, mental health settings, and work places.

Service Funding

The PCT expenditure on primary care services in Halton equates to 67% of total PCT spend for smoking related problems compared to 36% for secondary care services as shown in the table below[48].

	Halton		St Helens		TOTAL
Tier	Spend	% of PCT spend	Spend	% of PCT spend	Total spend
Primary Care	400,000	67	190,000	33	590,000
Secondary Care	930,000	36	1,660,000	64	2,590,000
Grand Total	1,207,000		1,850,000		3,180,000

18.3 Planned service provision

Outcomes by 2013[49]

Outcomes required by 2013 have been identified as:

- The reduction of smoking prevalence from 27% to 24%
- The reduction of incidence of heart disease by 1.5%
- Decreased hospital admissions for COPD by 5%
- The reduction of lung cancer rates for men by 1% year on year.

[48] Commissioning Strategic Plan. NHS Halton and St Helens. 2008-2013.

[49] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

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Future Pathway

The PCT aims to have a comprehensive tobacco control programme in place. All partners have agreed the vision and the actions to be taken based on consultation with key stakeholders. Actions are organised within a number of schemes as outlined below:

- Prevention of people starting smoking
- Create a smoking register for the whole PCT
- Increase in the number of quitters
- Tackling illegal and underage availability of tobacco
- Normalising smoke free lifestyles.

Promoting and supporting tobacco control requires a partnership approach. This is reflected in the multi agency, multi disciplinary Tobacco Harm reduction Group. This group ensures all work is closely performance monitored and feeds into the Respiratory Local Improvement Team (LIT), the Cancer Action Team, the CVD Action Team, LAA monitoring groups and the Health Partnerships.

Future Funding

There is a planned increase in investment for smoking prevention services by £0.6m in 2012/13[50] as shown below.

Investment (£m)	2008/09	2009/10	2010/11	2011/12	2012/13
Additional investment (staff, GP, Pharmacists)	0.0	0.2	0.5	0.6	0.6

Key potential risks to delivering initiative goals

- Potential service users do not access programmes.
- Services are not developed quickly enough to meet demand.
- Partners not participating effectively.
- Monitoring and evaluation may not be robust.

18.4 Local perception of services

Smoking is considered the fourth most important health issue affecting the community[51]. However 38% of residents in Halton and St Helens, who participated in the National Patient survey, stated that they were not given support to quit smoking, but did not want any help or advice anyway.

[50] Commissioning Strategic Plan. NHS Halton and St Helens. 2008-13

[51] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

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Local people think that:

Parents may tell kids not to smoke, but the peer pressure is too much.

'You should focus on the conditions and illnesses rather than the message. We know you shouldn't smoke but if I saw the real effects I would think more about it'.

18.5 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton. A subsequent event was held on 26th January 2009, where local delegates were informed of service development progress to date and asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus. Services to support smoking cessation were given a low priority. The prioritised list is included in Appendix 15.

Notes taken of the table discussions at the January event included **no** supportive comments for the development of services on the Halton Health campus site:

The majority of comments were associated with:

- The need for outreach services, for example, a 'Health bus', hostels etc.
- Barriers to accessing services
- More support needed.

Tobacco summary: Halton a smoking prevalence 12% higher than the national average with 25.6% of residents smoking. The related mortality rate is 28% higher than the national average. The PCT has committed an increase in investment of £0.6m. The future service strategy is agreed with a number of schemes to be worked up. Development of services is a high priority for local people but there is no support for the development of services on the Halton Health campus site, but the need for outreach services. **Some elements of this service will be developed to meet the needs of Halton's population with this theme being taken forward in this project as part of the promoting healthier lifestyles work.**

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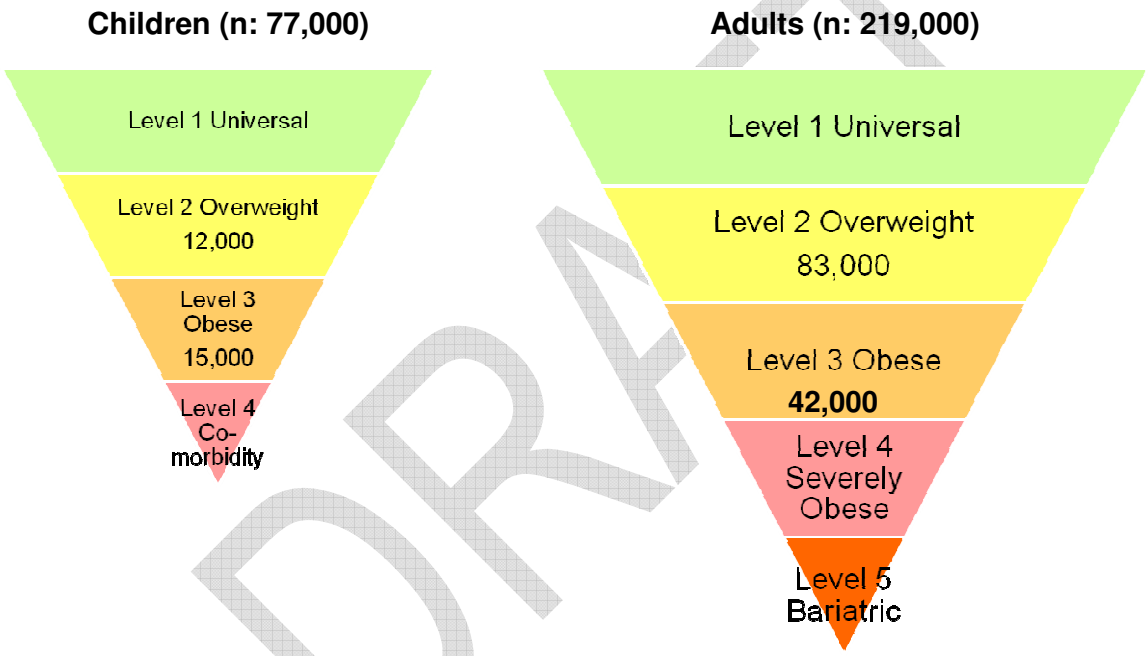
19 Appendix 10 Reducing obesity

Obesity is associated with 35 co-morbidities and is linked to Diabetes, Cardio Vascular disease, Bowel Cancer, Hypertension and Stroke.

19.1 Local need

Halton and St Helens has a 10% higher than national average levels of obesity. Within children[52] the situation is far worse, 24% of reception age children are overweight and 11.6% are obese, and 36.3% of Year 6 children are overweight and 22.3% are obese. The local picture for prevalence across the Halton and St Helens population is shown in the diagram[53] below.



The percentage of overweight Halton residents has increased from 52% in 2001 to 56.6% in 2006[54]. This prevalence of almost 57% suggests that approximately 54,200 adults in Halton are overweight. A higher proportion of Widnes residents are overweight, 58.4% compared with 54.9% in Runcorn.

A higher proportion of males are overweight, (63% compared with 50% of females) with highest prevalence amongst males in the 40-64 age band (71%).

[52] JSNA Halton 2008.

[53] Reducing obesity - Overview of proposed weight management services. NHS Halton and St Helens. November 2008.

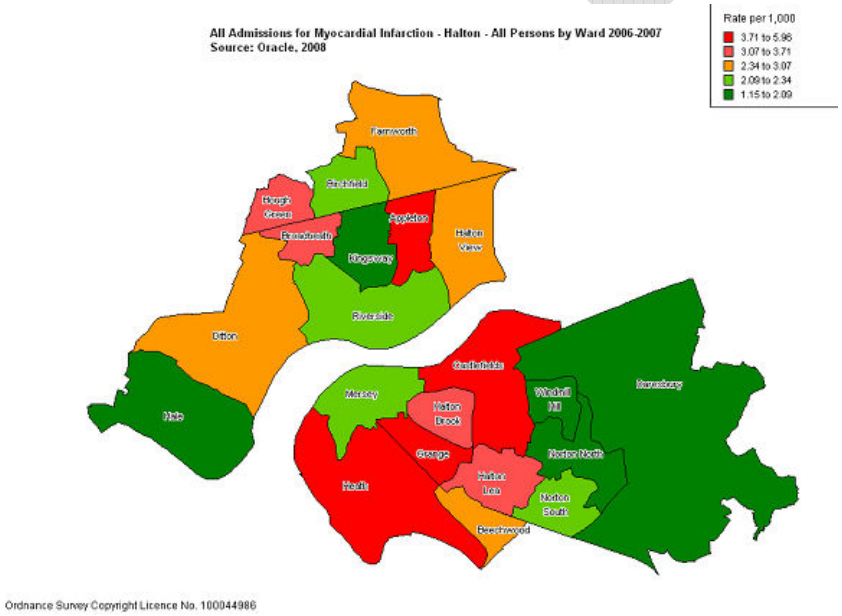
[54] The Lifestyle survey. JSNA. Halton 2008.

Obesity within Halton has also increased quite substantially since 2001; with 20.2% of residents currently measuring as obese, this compares with 15.1% at the time of the last survey.

The figures from Halton Health Survey are lower than the Modelled Estimates used nationally where it is predicted that 26.8% of Halton's population are obese. This is higher than the figure for the North West and England (24.5% and 23.6% respectively).

Almost 80% of Halton residents[55] indicated that they ate less than the recommended five portions of fruit and/or vegetables a day. This is consistent with data from the PCT Patient's Survey where only 21% definitely ate 5 portions of fruit and vegetables a day. Whilst this is a very large proportion of residents, there has been a marked improvement since the last survey, when 88% of residents reported eating less than the recommended 5 a day, and suggests that the health promotion message about the benefits of fruit and vegetables may be getting through. Overall, 17.8% of residents indicated that they had a poor diet.

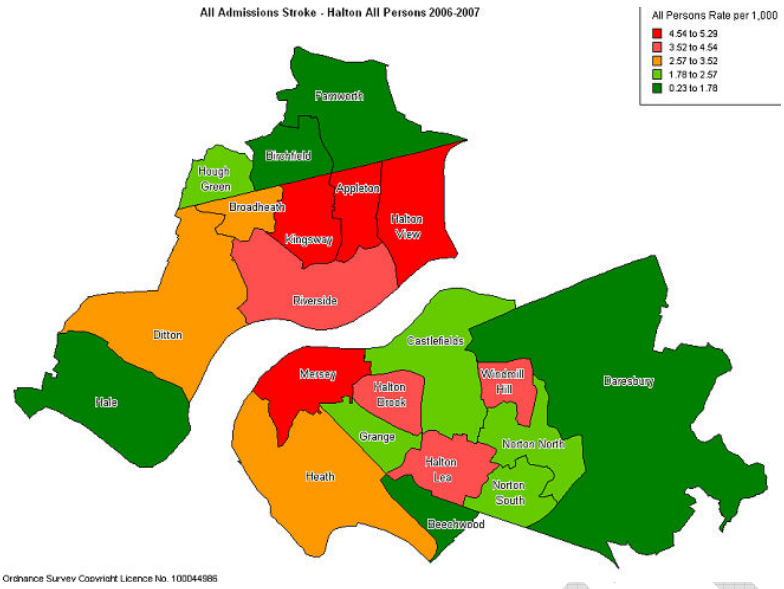
Obesity has been identified as being a significant link to Diabetes, Cardio vascular disease, Bowel Cancer, Hypertension and Stroke. The figure[56] below indicates the admission rates for Myocardial Infarction by Halton wards.



The figure below indicates the admission rate for stroke by Halton wards.

[55] JSNA. Halton 2008.

[56] JSNA. Halton 2008.



The above figures indicate significantly higher rates of heart disease in the Castlefields and Grange wards whereas Windmill Hill, Kingsway, Hale and Daresbury had significantly lower rates. Regarding Stroke, Halton View and Kingsway are areas with significantly higher rates of admissions due to stroke than the overall Halton rate.

The rate of mortality from all circulatory diseases for ages less than 75 years can be referenced in the early detection –major illness section, The chart shows Halton as having the greatest rate for both males and females compared to England, north west and other local rates.

19.2 Current service provision

The following programmes are available to the Halton population:

- Recipe for Health: A comprehensive exercise on referral programme for residents aged 18+ residing in Halton.
- Community Food Programme: Improved access to a range of healthy eating initiatives for residents living in the least advantaged areas of Halton.
- Go Men's Health Programme: Delivery of an engagement model that encourages men to undertake a basic health MOT, in non-clinical, convenient venues with lifestyle referrals to a range of health improvement services.
- Work places: A comprehensive evidence based Health at Work programme based on individual workplaces needs assessment following health checks for staff in association with management.
- Health Trainer services: A practical resource to link people into local opportunities to achieve their personal health goals.
- Training primary and community providers: The development and implementation of a training programme for staff across primary care and partner services.

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- Fresh Start service: Six months of multidisciplinary team support for adults with a BMI 25-29 with an aim of reducing 3% of their body weight during that period.
- Weight matters service: One year of multidisciplinary team support for adults with a BMI 30-39.9 with up to six follow up appointments during the year with an aim of reducing three percent of their body weight during that period.
- Specialist services level 4 and 5: Support for adults with a BMI over 40 to lose weight during a two year period with up to eight follow up appointments during the period and an aim of reducing five to ten percent of their body weight during that period.

The referral levels for these services and associated activities are shown below.

Service	Referrals per year	Activities
Recipe for Health	600	32 consultations per week in a variety of venues across the locality. 21 exercise sessions offered per week across the locality with 33 follow on classes.
Community Food Programme	-	120 cook and taste sessions. 500 taster sessions within the community. 24 annual recharge sessions.
Go Men's Health Programme	500	Engagement via a series of initiatives including health checks, Two men's health groups/ follow ups.
Work Places	-	Target two SMEs. Links with Local Borough Council and Chamber of Commerce.
Health Trainer Services	350	700 seen 1:1. 400 given information in the community. Contacts: 1000.
Training primary and Secondary Care Providers	-	Two pilots being undertaken.20 staff trained in weight management and behaviour change.
Fresh start services	200	Two groups per week, one each in Runcorn and Widnes) in community venues. Individual appointments if required.
Weight matters service	-	Currently in pilot phase. Tied in with specialist service and mirrors approach below.
Specialist services level 4 and 5	450	Initial assessment sessions (Two per week in each Runcorn and Widnes) in community venues. Two clinics per week for 1:1 appointments.

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	Two group sessions per week (Clients attend to ten weeks) in community venues.

There are pilot services for overweight children in place through MEND (Mind, Exercise, Nutrition Do It!). These need to be tweaked and expanded so all overweight children can be offered help. Award winning service for obese children on the St Helens side which needs expanding so all obese children can be offered help.

Service location

Alcohol services are provided in a variety of community venues across the locality.

Service Funding

The current PCT total investment in weight management services is circa £0.8m (<0.2% of total expenditure). No further current investment information is identified.

Key areas for concern

- Although there are services for very obese adults in Halton, there is a significant waiting list.
- There is a very limited service for obese children in Halton, although there is a successful model used in St Helens.
- Current programmes do not sufficiently meet the scale of the rising obesity epidemic (42,000 adults in the area are obese).

Across the two Boroughs, there are gaps and inconsistencies in services to meet the requirements of both children and adults. There is cross agency agreement about the scale of the challenge and a determination amongst partners to tackle it.

The main drivers for service development to address the high levels of obesity are the local health need and the fact that the population is 16% less active and 20% less likely to eat fruit and vegetables than the national average.

19.3 Planned service provision

Outcomes by 2013[57]

Outcomes required by 2013 have been identified as:

- The reduction of childhood obesity for reception age children in Halton and St Helens from 13% (07) TO 9%.
- The reduction of childhood obesity for year 6 children in Halton and St Helens from 21.5% to 17.5%.

[57] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

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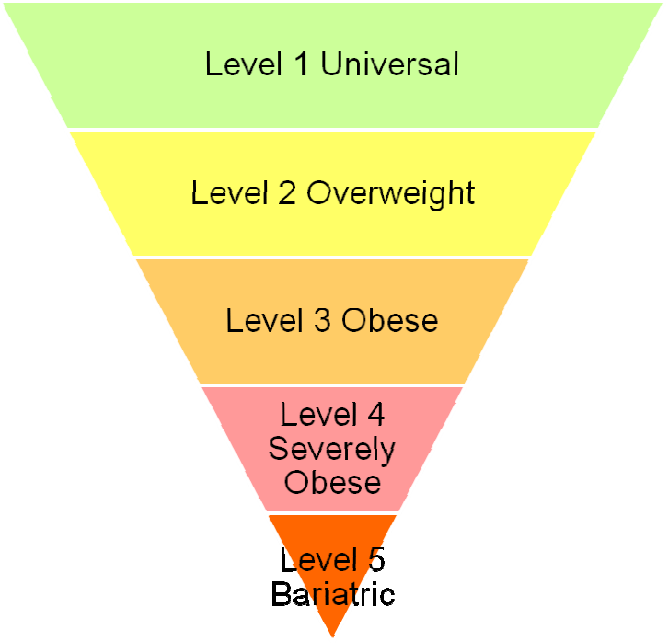
Future pathway

Future models of care, shown below, have been devised for adults and children to be implemented across Halton and St Helens, with appropriate linkages to services at each stage, ensuring a consistent user experience.



Overview of services for adults:

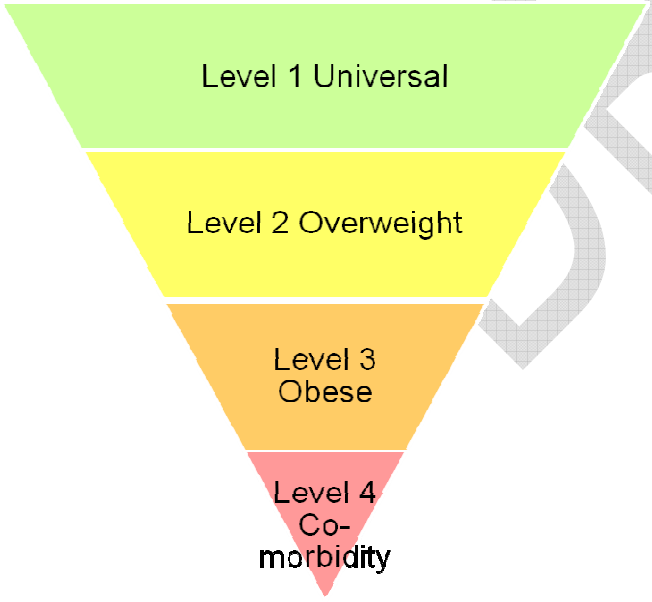
For everyone - community based fun & accessible programmes in partnership with LA & voluntary sector. Healthy eating policies.

FRESH START - community based programme delivered in partnership.
Training on weight management for service providers.

WEIGHT MATTERS- community based, delivered in partnership; 1 year diet and exercise programme delivered as a specialist programme.

2 year diet and exercise programme delivered as a specialist programme.

For clients who have been through the specialist service for 2 years and meet NICE criteria.



Overview of services for children:

For everyone - services for families delivered in schools and the community. Wide range of fun healthy eating and physical activity programmes.

Community and school based diet and exercise programmes for families, children & teenagers.

Training on weight management for service providers.

1 year family based programme with specialist staff. Community based 1 year diet and exercise programme for teenagers.

2 year specialist programme for families providing shared care through clinical team including a consultant paediatrician.

Future Funding

The PCT plans to invest a further £7.4m annually by 2013 as shown below in the weight management services plan.

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Investment (£m)	2008/09	2009/10	2010/11	2011/12	2012/13
Paediatric services (0-19 years)	0.5	1.2	2.3	2.8	3.0
Adult services	**0.5**	**1.7**	**3.1**	**3.6**	**4.4**
TOTAL	**1.0**	**2.9**	**5.4**	**6.4**	**7.4**

Schemes

In order to support the above model of care and achieve the appropriate health improvements, the CSP has identified the following schemes:

- Primary and secondary prevention of overweight and obesity in adults and children
- Tertiary prevention of obesity in children and adults.
- Early detection of obesity related diseases.
- Training on weight management and healthy eating.
- Healthy eating status.

The following services are currently in development[58]:

- Expansion of advice & support for parents on Breast Feeding support and Formula Feeding.
- 26 weeks to 1 year Finger Food Programme
- Healthy Early Years Programme: physical activity
- Healthy Food Awards
- Supervised Tooth Brushing
- Building of school playgrounds/Put services into schools for children.
- Expansion of services for overweight children.
- Development of services for very obese children in Halton.

Key potential risks to delivering initiative goals

- Potential service users do not access programmes – risk mitigated by Social marketing programme.
- Staff cannot be employed to meet capacity requirements – risk mitigated by role redesign/upskilling of junior staff.
- Partners not fully participating – risk mitigated by ensuring partners are part of provider or commissioning groups/backfill being arranged for teachers/nurses.

[58] Briefing paper for spokespeople and facilitators. Halton event. 26th January 2009.

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- Monitoring and evaluation may not be robust – risk mitigated by implementing a consistent measurement framework. All providers to input patient data on both Tactician and Children and Families databases.

19.4 Local perception of services

The most important overall health issue affecting the community, according to Ambition for Health respondents, was obesity and diet[59]. In Widnes 47% of people believe that obesity is the most important health issue, with 40% of Runcorn residents and 29% of St Helens residents in agreement.

Reasons local people offered for high levels of obesity:

Too many fast food outlets,

The availability of convenience food,

Not enough exercise.

How can the PCT address high levels of obesity:

Education (teaching cooking skills

Encourage people to get more exercise

Cheaper admission to leisure centres

When asked which services they would like information, advice or support on, the number one response was 'Diet and healthy eating'.

19.5 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton. A subsequent event was held on 26th January 2009, where local delegates were informed of service development progress to date and asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus. Services to support healthier lifestyles were given a high priority (Ranked equal eighth out of fifty four). The prioritised list is included in Appendix 15.

Table discussions at the January event included the following supportive comments for the development of services on the Halton Health campus site:

[59] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

- NHS buildings 'out of hours'

The majority of comments were associated with a need for:

- Education
- Early intervention
- Routine annual MOT for all
- Use made of local gyms/slimming clubs.

19.6 Summary

Obesity summary: 57% of Halton residents are overweight. 20.2% of residents are obese. Obesity is a significant link to Diabetes, Cardio vascular disease, Bowel Cancer, Hypertension and Stroke. The related mortality rate is higher than the national average. The PCT has committed an increase in investment of £8.3m. A number of schemes are currently being worked up. Obesity and diet are seen as the most important health issue with a need for education and services to support healthier lifestyles. **Some elements of this service will be developed to meet the needs of Halton's population with this theme being taken forward in this project as part of the promoting healthier lifestyles work.**

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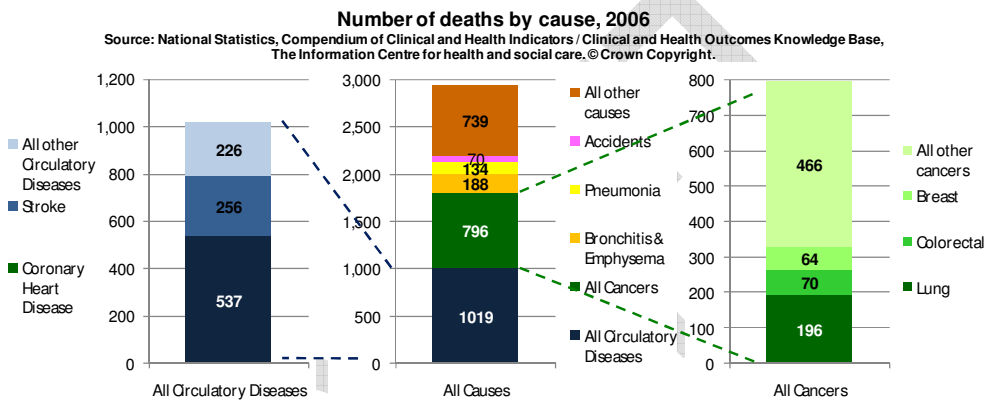
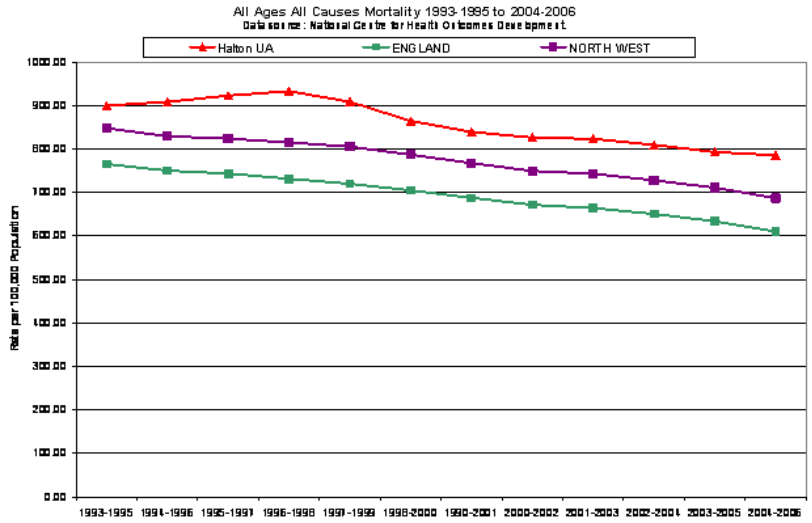
20 Appendix 11 Early detection of major illness

This section will cover local health need, current and planned service provision, local perception of service need and opinions on future development.

The mortality rate in the Halton and St Helens area is 19% worse than the national average equivalent to 560 extra deaths per year. Much of this arises due to the lifestyle the population leads, including heavy drinking, smoking and a poor diet as described in earlier sections of this document and underpins the drivers for change. Cancer and Cardio Vascular diseases account for over 60% of deaths[60] as shown in the diagram below.



The chart below indicates the all age, all causes mortality rate for Halton between 1993 and 2006. It is clear that the rate continues to be greater than the north west and significantly greater than the England rate.



[60] NHS Halton and St Helens 2008-13.

Death rates for females have remained high and not reduced as fast as males. In recent years the gap between the North West, England and Halton female deaths has widened.

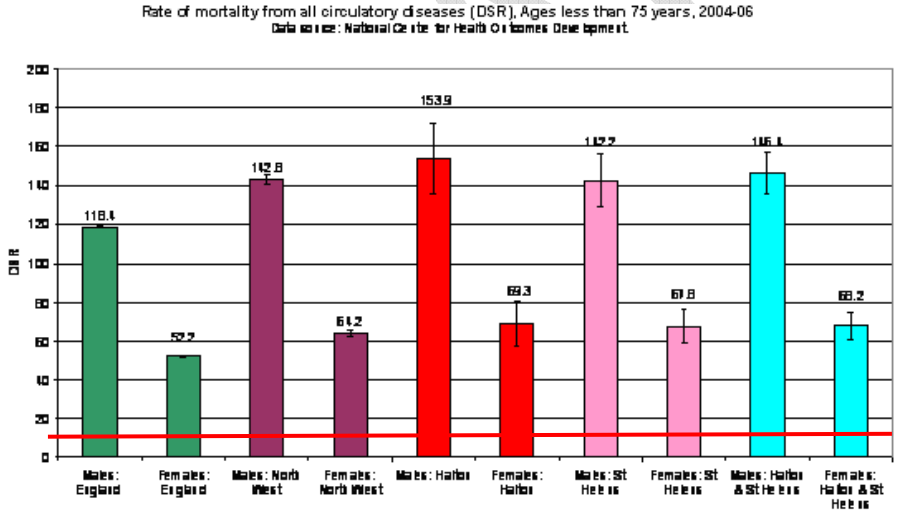
Heart disease is the single biggest cause of premature death in Halton. Cancer[61] is the second biggest cause of premature death in Halton but its rate makes Halton the worst area in the country for cancer deaths. Stroke and Diabetes are the next most common disease groups causing premature death.

Research by the World Health Organisation demonstrates that 80% of all heart disease, 90% of type 2 Diabetes and one third of cancers can be prevented by addressing the three lifestyle issues, smoking, diet and exercise.

20.1 Local need

20.1.1 Cardio Vascular Disease

Locally more people have 12% Cardio vascular disease than nationally[62] and, for those under 75, men are more likely to have it than women. However, there has been a reduction in the number of deaths from heart disease over recent years. The mortality rate is shown in the chart below, in comparison with England, north west and St Helens.



Coronary Heart Disease (CHD) is a significant circulatory disease and cause of 205 deaths (85 in under 75s) in Halton each year[63]. The population's prevalence of CHD is 37% higher[64] than the national average.

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[61] JSNA Halton 2008.

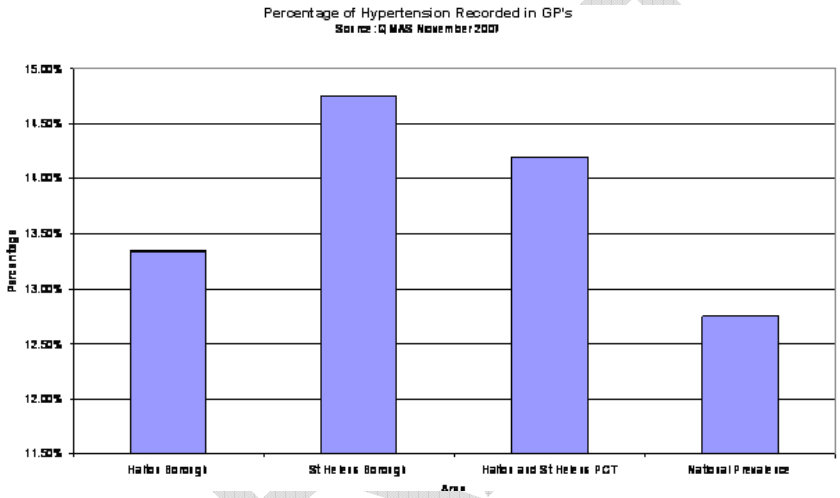
[62] NHS Halton and St Helens 2008-13

[63] Reference unknown. Taken from draft Vascular Screening programme paper

[64] NHS Halton and St Helens 2008-13.

The known prevalence of CHD[65] using Quality and Outcomes Framework data from general practice (QMAS – November '07) for Halton is 4.52%, 5731. This is lower than the expected rate by 0.4% but a lot higher than national rates which currently stand at 3.53%.

Chronic hypertension is often symptomless on its own. It is arguably the most important modifiable risk factor for coronary heart disease and stroke. It is therefore important to diagnose promptly and put lifestyle and/or treatments in place. It is estimated that around 1 in 4 (23.9%) people have high blood pressure (hypertension). Promoting people to adopt healthy personal behaviours, such as not smoking, being physically active and eating healthily can help to reduce high blood pressure, reduce the risk of stroke and prevent the development or worsening of heart disease. Using the November 2007 QMAS data[66] for GPs the actual rates of hypertension recorded are 13.3% for Halton.



The chart above shows that despite the low levels of recording of hypertension in Halton the prevalence is a lot higher than the national rate. Based on the information from national prevalence models this suggests that just over 11,500 people in Halton may be at risk of hypertension but have not been diagnosed.

20.1.2 Cancer

Halton has the worst rates of premature cancer deaths[67] in the country. Cancer deaths increased substantially in 2004 and remained high in 2005, although they have decreased slightly in 2006, the 3 year rolling average still shows high rates, in fact Halton has the worst cancer mortality rates in the country based on 2004-2006 data.

[65] JSNA Halton 2008.

[66] JSNA Halton 2008.

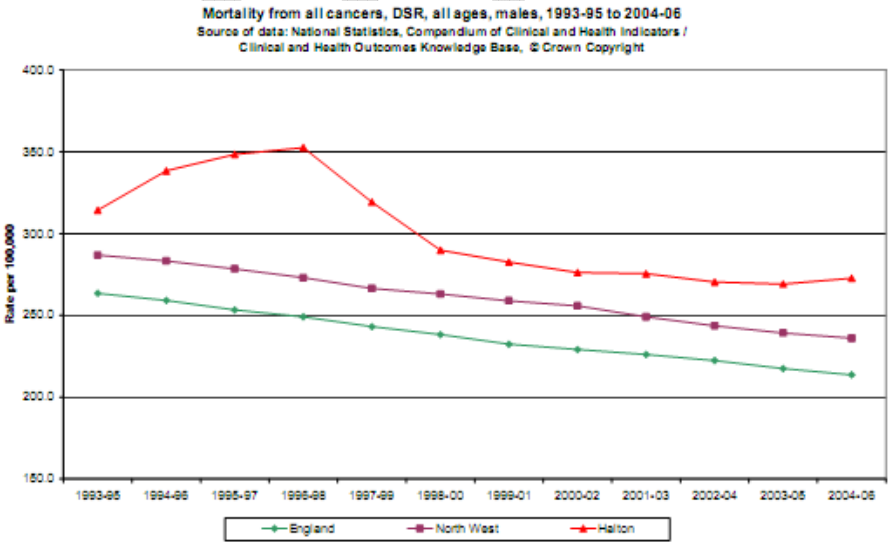
[67] JSNA Halton 2008.

Lung cancer is the leading cause of cancer death in Halton for both men and women. There has been a steady increase in the number of women developing breast cancer in Halton and death rates for the disease have increased recently. Nationally the rate has improved but this remains the second largest cause of cancer death in Halton.

Prostate cancer has the highest incidence rates of any cancer for men in Halton and is in the top 3 causes of cancer mortality. The Incidence of colorectal (bowel) cancer in Halton has slowed since 2002-2004. The incidence rates for the top three most common cancers for males and females are shown below.

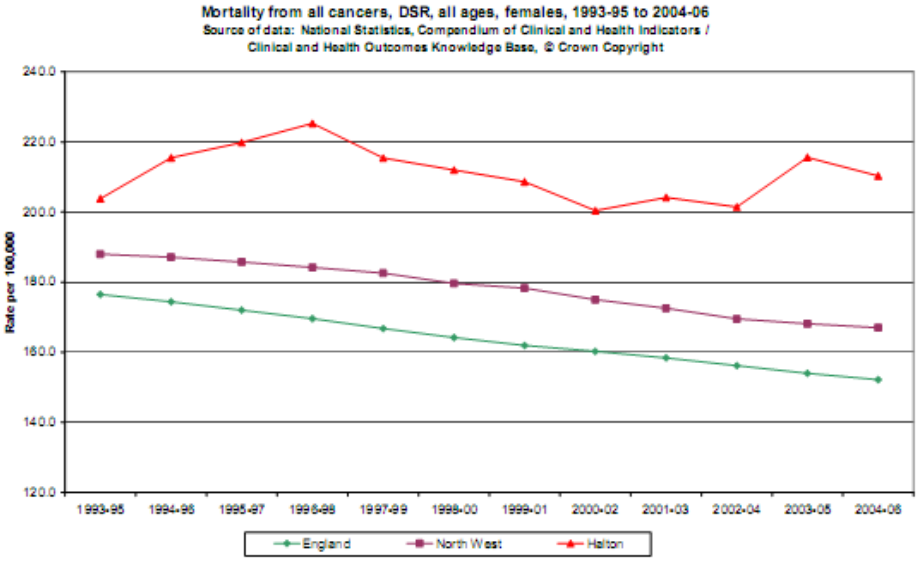
Type	Male	Female
Prostate	20.3%	N/A
Bronchus and lung	18.4%	14.3%
Colon	8.2%	7.8%
Breast	0	30.3%

The top three most common cancers (Mortality) for males throughout Halton for 2004-6 are Bronchus and lung (24.7% of total cancers), Prostate (9%) and Oesophagus (6.7%). The chart below shows the trend in mortality from all cancers in males[68]. Overall for England, the North West and Halton the rate has been reducing at a steady pace, although Halton's rate has increased between 2003-2005 and 2004-2006.



[68] JSNA Halton 2008

The top three most common cancers (Mortality) for females throughout Halton for 2004-6 are Bronchus and lung (21.6% of total cancers), Breast (16.2%) and Colon (6%). The chart below shows the rate of mortality from all cancers in females between the years 1993-95 to 2004-06. Overall, for England, the North West and Halton, the trend has seen a reduction in the rate of mortality, although Halton's rate increased significantly in the period 2003-2005 but another decline for 2004-2006.



Colon cancer is common in older people and so a new screening programme has been rolled out across Cheshire and Mersey. This screening programme is likely to identify more bowel cancers but effective treatment will mean that health outcomes will be improved.

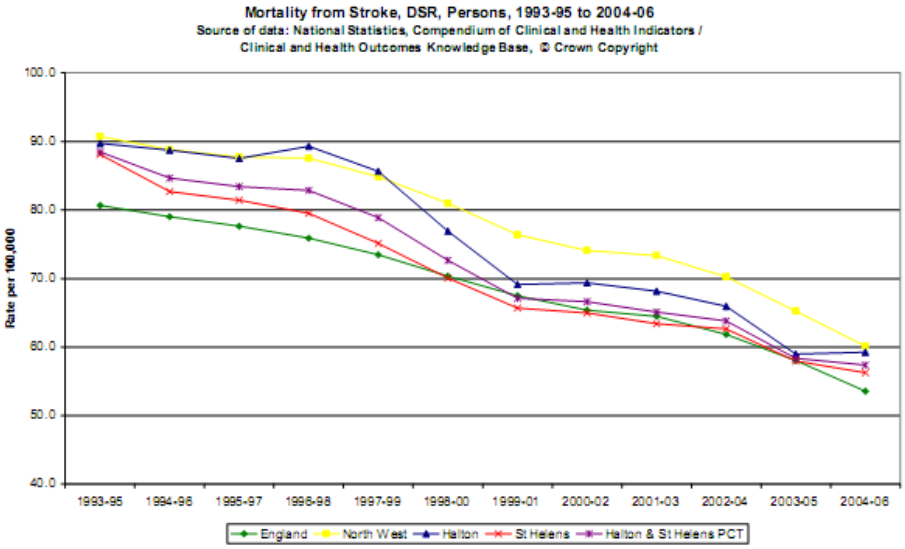
Cervical cancer is the second most common cancer in women under the age of 35.

20.1.3 Stroke

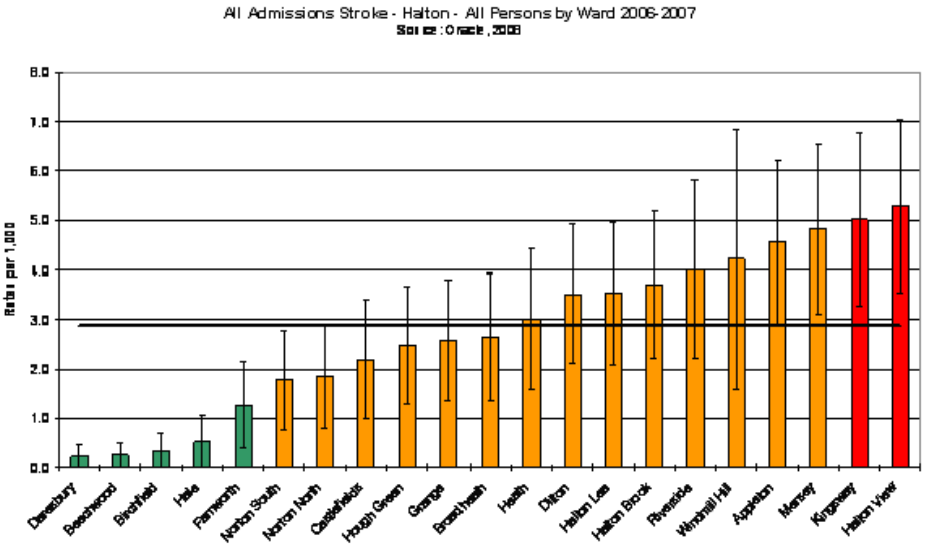
Stroke is the third largest cause of death in the Halton area. Halton has lower rates of death from stroke than the North West but slightly higher rates than England as a whole. It is estimated that 23.9% people locally have high blood pressure (hypertension) which can lead to stroke and heart disease and numbers are set to increase. However, the number of patients identified as having hypertension at GP practices is much lower than the estimated levels, suggesting many people are going unidentified and therefore untreated.

Halton has maintained consistently low rates for mortality from Stroke compared to the North West for the past several years almost matching the England average in 2003-2005 with Halton's average being 58.95 per 100,000 compared to the England average of 58.02. However levels have risen marginally to 59.25 for the period 2004-2006 reducing the gap between Halton and the North West as shown below.

From the 2004-6 data[69], approximately 96 people per year die from stroke in Halton. Of these 25.8% were in people under the age of 75 years.



There were a total of 342 admissions for Stroke in 2006/07.



The chart above shows the crude rate of admissions as varying from 0.2 per 1000 population in Daresbury to 5.3 per 1000 in Halton View. Halton View and Kingsway are areas with significantly higher rates of admissions from stroke than the overall Halton rate.

[69] Reference unknown. Taken from draft Vascular Screening programme paper

20.1.4 Diabetes Mellitus

Up to 750,000 people with type 2 diabetes remain undiagnosed in the UK with evidence that people have the condition for nine to twelve years before diagnosis. The UK PDS showed that up to 50% of people already have complications such as CVD, neuropathy, nephropathy and retinopathy at diagnosis.

There is clear evidence that the majority of type 2 Diabetes can be prevented by lifestyle and diet interventions.

15% of Halton Care homes residents have diabetes compared to the 4.1% prevalence in the general population and the national average of 3.4% (QOF data 2007).

The best case scenario of Halton in relation to Diabetes prevalence would be a rate of 4.40% by 2010 based on obesity levels returning to 1995 levels.

20.2 Current service provision

The current cancer screening services already up and running are:

- Breast (Ladies 50 – 70 years of age). This service is provided on the Halton Health campus in a mobile van. Breast screening activity of 6500 patients every 3 years is circa 250 per week with the van present on the Halton site for 6 months over 3 years (given the recall period is 3 years).
- Cervical (Ladies 25 years-70 years of age). All cervical cytology work (following testing at GP surgeries) takes place at Warrington
- Bowel (60 – 69 years of age). Halton hospital does not have accreditation for bowel screening but will be looking to receive this following out JAG accreditation visit in the summer.

These are aimed at those population ages that are most at risk.

An opportunistic cardiovascular screening programme is in operation in 35 of 55 GP practices for those patients who present with signs and symptoms of being at high risk of developing cardiovascular disease.

There is direct access for GP referral to Whiston hospital for ECG, Echo and 24 hour blood pressure monitoring.

A diabetic retinopathy eye screening programme is in operation for people with diabetes.

Improvement Foundation Initiatives – There are four geographical areas within Widnes, Runcorn and St Helens.

Service location

The map below indicates the current locations for provision of cancer screening services, besides GP surgeries.

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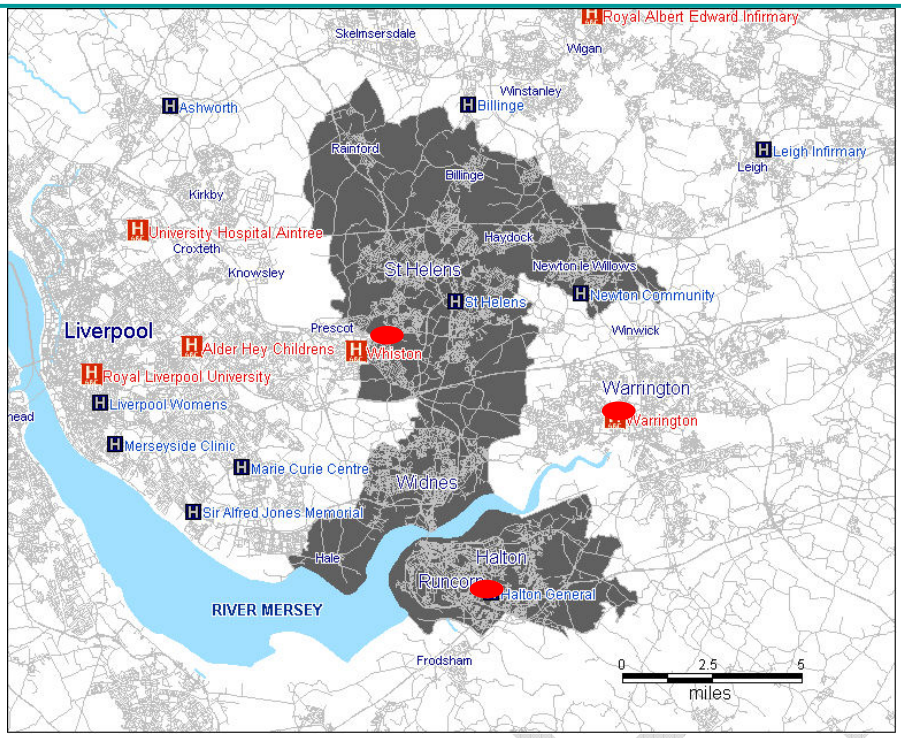

Service Funding

The current total investment in early detection services is ~£1.5m (this is <0.3% of total expenditure). This is disproportionate to the total spent on planned and urgent care. More investment is required upstream to reduce the costs of expensive treatments.

Key areas for concern

- Capacity in primary care is limited and patient groups are prioritised for risk assessment under the remit of the existing local enhanced scheme for CVD practice based registers for patients at risk. The current approach is showing to be effective but there is great opportunity to extend the scope of the scheme.
- In order to reduce the cancer mortality rates there is a need to extend the existing cancer screening programmes by lowering the age ranges and widening out to include other tumour groups.
- There is currently no formal pathway for certain groups who may be at risk, that is, screening of family of patients who experience a sudden cardiac death.

20.3 Planned service provision

Outcomes by 2013[70]

Outcomes required by 2013 have been identified as:

[70] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

- 20% reduction in non-elective admissions for vascular, respiratory diseases and cancer.
- 10% reduction in the cancer mortality rate.
- CVD mortality rate reduced by 20%.

Future pathway

The PCT has set out a vision to prevent vascular, respiratory and cancer related illness through

- Access to early diagnosis
- Quality treatment
- Equitable services

Its service strategy includes:

- An increase in preventative services which support lifestyle change
- Creation of a culture whereby screening for wellness becomes second nature from an early age.
- New ways to encourage people to seek advice, get help/checked more quickly.
- Provision of more accessible places offering screening services at convenient appointment times, including evenings and weekends.

The existing cancer screening programmes will be extended by lowering the age ranges and widening out to include other tumour groups.

Plans will be formulated to provide pro-active cradle to grave systematic screening to target a wider population profiled by age, risk and frequency to reduce future risk of all vascular diseases.

The Halton Borough Council has a strategy to develop further leisure/sports facilities in the Halton area. These would provide facilities to help combat poor lifestyle issues resulting in poor health.

Future Funding

Additional annual investment by 2013 will be £12.5m. A benefit of £1m will be realised giving a total investment requirement of 11.5m.

Investment (£m)	2008/09	2009/10	2010/11	2011/12	2012/13
Social Marketing schemes	0.0	0.5	1.1	1.1	1.1
Screening (BP,FBT,Spiro, CVD risk)	0.0	0.8	2.3	3.2	3.7
Diagnostic test (Spiro, Echo, ECG)	0.0	0.1	0.4	0.7	0.9

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Personalised risk mgt programme	0.0	1.0	1.6	2.6	3.2
Prescribing costs	0.0	0.3	0.8	1.1	1.6
Additional investment sub total	**0.0**	**2.7**	**6.2**	**8.7**	**10.5**
Benefits: Reduced acute admissions	0.0	0.0	-0.3	-0.8	-1.0
Benefits sub total	**0.0**	**-0.3**	**-0.3**	**-0.8**	**-1.0**
Total	0.0	**2.7**	**5.9**	**7.9**	**9.5**

Early detection services - The PCT plans to increase the funding from current levels of £1.5m to £3.7m in 2012/13. The whole adult population (25+) will be tested annually, appropriate for the individual.

Social Marketing - The development of a social marketing team at the PCT will be supported by significant investment reaching £1.1m by 2013. This intelligence will be used to inform robust strategies for improving the health of the local population across all priority areas.

Personalised risk management programmes – The biggest investment will be funding personal risk management programmes offered to patients as a result of their screening/diagnostic tests. This will include investment in leisure and lifestyle capacity, total investment will reach £9.5 million by 2013.

Schemes

A series of actions have been agreed which ensure the appropriate steps are taken to enable the successful delivery of the future pathway and in turn improving the services on offer for the people of Halton and St Helens. The actions are organised into a number of schemes as outlined below:

- Early alerts/awareness raising. Use of appropriate social marketing techniques to reach the target population; local health promotion; road shows to target hard to reach communities, multi-partnership approach, supporting people to take responsibility for their own health by improving the availability and quality of information, education and advice, working consistently in partnership with the local community to really understand what is needed to improve local health outcomes.
- Integrated registers for at risk patients identified locally by practices, based on known risk factors to help target interventions.

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- Pro-active cradle to grave systematic screening to reduce future risk. Screening for diabetes (obese/high risk population), vascular disease, COPD (in over 35s), cancer (breast ,cytology, bowel); optimise call and recall systems to target the population profiled by: age, risk, frequency. It is important to develop programmes around a 'whole-family' approach and workplace screening. Opportunistic screening will be available to improve accessibility and engagement with the never screened population.
- Improved access to diagnostics. Direct access to diagnostics and imaging to primary care professionals will be extended using protocols and evidence based criteria. This will be supported by education and training for all referrers , increased capacity and accessibility to phlebotomy services, increased pathology capacity and increased availability of quality assured spirometry provision in primary/community care.
- Personalised risk management programmes. Access to Health trainers and Cognitive Behavioural Therapy (CBT) will be promoted ad progress monitored.

The development of systematic health checks will involve inviting people for the following diagnostic tests in order to assess risk for major illness such as respiratory disease (COPD) cardio vascular disease and diabetes, and identify patients with existing conditions at an earlier stage.

The tests provided will be; blood pressure test, full blood test (liver function. cholesterol), screening spirometry and CVD risk assessment.

Patients will be offered all/some of the above tests depending upon their age. The table below summarises the predicted numbers.

Age	B.P	FBT	Spiro Screening	CVD Risk assessment	Population	Estimated uptake	Associated costs (£m)
25-34	✓	✓	x	x	40,000	10,000	£0.15
35-44	✓	✓	✓	✓	49,000	34,300	£0.87
45yrs over	✓	✓	✓	✓	133,000	109,459	£2.76
Total					**242,000**	**169,400**	**£3.78**

Depending upon the results of these range of tests patients will be provided with a personal management plan which will include a treatment plan where necessary (i.e. preventative statin prescribing) and a diet and exercise plan.

Key potential risks to delivering initiative goals

Stakeholder Engagement

- Engagement of the targeted screening population may not be successful resulting in low uptake of local programmes and resulting health outcomes. The development of the social marketing infrastructure should help to mitigate this risk.
- Patients identified at risk may not wish to change their lifestyles and therefore local trajectories regarding anticipated reductions in mortality rates, and disease prevalence will not be achieved. To obtain maximum results requires multiple health promotion strategies on multiple levels.

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- Potential delays in tendering, contract award and implementation processes. A timely decision making process and robust project plan is required for development.

Financial

- If the required investment is dependent upon efficiency gains that are not realised, this may impact upon the investment available for service development.
- In relation to screening programmes, there is a risk that providers will not actively engage with the screening programmes if not adequately incentivised to ensure capacity and processes are in place to support delivery. A robust financial risk strategy will underpin the delivery of the plan.

Implementation

- Any IT changes and developments within providers may affect the operational capacity to participate effectively in audit and delivery of services.
- The lack of suitable premises to host new or redesign of existing services will further add to any delay in implementing timely services.
- Availability of appropriately trained workforce may affect the timely delivery of services. Investment in training and external procurement of services will help to mitigate this.
- Capacity within diagnostics services to support the increased demand resulting from screening programmes.
- If supporting services, i.e. dietetics, educational programmes are not available to meet increasing demand for services, patients will not be able to receive appropriate specialised advice and support when required and desired outcomes will not be achieved.

20.4 Local perception of services

Early detection of ill health is a priority for the people of Halton. Nearly nine out of ten local people[71] suggested that everyone should be offered an annual health check including Blood pressure, Diabetes, Cholesterol and cancers.

Where people disagreed that 'enough was being done to detect diseases at an early stage' the key reasons were:

- It takes too long to see someone
- Reporting[72] is happening too late – illness has already moved on then referral to specialist takes longer than target

[71] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

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- Diagnosis but nothing being done

Reasons local people do not access services:

Men do not go to the GP

Inaccessible

Fear

What could the NHS and its partners do to improve things:

Remove age limit to screening,

Take services to people

Message of early detection resulting in better survival

More services in the community e.g. ASDA

20.5 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton. A subsequent event was held on 26th January 2009, where local delegates were informed of service development progress to date and asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus. Services to support the early detection/screening for major illnesses were clearly identified as top priority. The prioritised list is included in Appendix 15.

Notes taken of the table discussions at the January 2009 event[73] included the following supportive comments for the development of services on the Halton Health campus site:

- Pro-active health screening – MOT approach. This could be mobile or static facility
- Involve youth parliament
- Halton Health campus was supported but facilities in the community were valued - Health centres, supermarkets, community buildings, mobile centres – Maybe a hub and spoke approach is indicated here.
- One stop shop required

The majority of comments were associated with:

- A need to shift emphasis to health wellness
- Do we need to catch young people earlier?
- At risk groups should be targeted

[72] Ambition for Health engagement event report January 2009.

[73] Ambition for Health engagement event report January 2009.

- Message of where detection is early, there is a likelihood of better survival rates
- Accessing services too late - Some cancers are found as a result of another treatment.
- Lack of awareness amongst other professionals.
- Transport is an issue

20.6 Summary

Early detection of major illness summary: The mortality rate is higher than the national average. 80% of all heart disease (single biggest cause of deaths), one third of cancers (second biggest cause of deaths) and 90% of type 2 diabetes can be prevented by addressing the three lifestyle issues, smoking, diet and exercise.

The PCT has committed an increase in investment of £18m. A number of schemes are currently being worked up. Early detection of ill health is a priority for Halton. Development of services on Halton Health campus was supported locally but a hub and spoke model is indicated. **These services will be taken forward within this project.**

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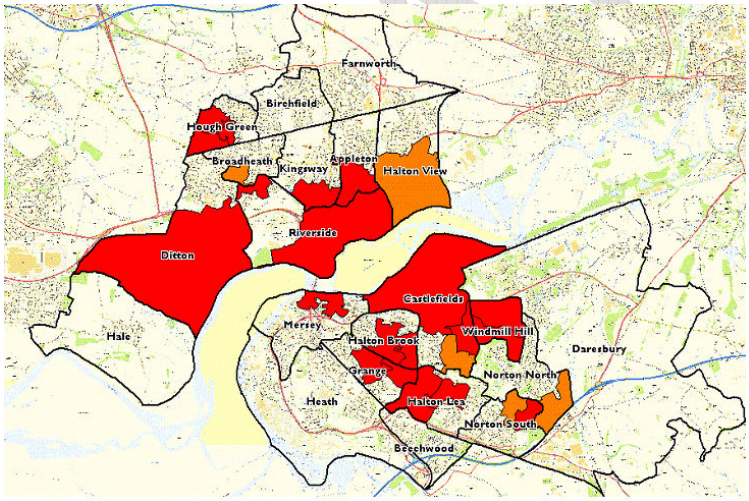
21 Appendix 12 Early detection of Depression

Current economic downturn may give rise to increased incidence of depression and future demand should be anticipated.

21.1 Local need

About 1 in 6 adults in Halton[74] suffer from depression (or chronic anxiety, which effects 1 in 3 families). This rises to 1 in 4 older people having symptoms of depression that are severe enough to warrant intervention. It is estimated that 2000 children and young people in Halton have moderately severe problems requiring attention from professionals trained in mental health, and approximately 500 children and young people with severe and complex health problems requiring a multi-disciplinary approach.

In Quarter 2 of 2007 Halton had the 7th highest percentage of working age people claiming out-of-work benefits (18%) in the North West[75]. This equates to over 13,000 people from Halton and has a significant effect on people's mental health. The national rate is 11%. The incidence of working age people claiming out of work benefits are indicated below, the red areas equating to the highest rate.



The map above indicates the greatest unemployment rates in the areas of Ditton, Hough Green, Riverside, Castlefields, Halton Brook, Grange, Windmill Hill and Halton Lea.

21.2 Current service provision

The following services are available to the Halton population:

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[74] JSNA. Halton 2008.

[75] JSNA. Halton 2008.

- Primary care mental health team: Provide psychological therapies and counselling to people with mild/moderate problems -200 referrals per month with 700 appointments offered in a variety of settings across the locality including most GP practices.
- Advice and access team: The Brooker Centre. Screening and assessment of referrals to secondary care services –approximately 84 referrals per month. 28 contacts per month
- Crisis response and home treatment team: The Brooker Centre. Gate keeping to inpatient services, home treatment as an alternative to admission – approximately 105 referrals per month. 277 contacts per month.
- Acute inpatient wards: The Brooker Centre is a single sex acute inpatient facility which provides the hub of specialist acute psychiatric in-patient care for adults and older people with organic conditions such as Alzheimer's disease. 26 admissions per month with an average length of stay 34 days.
- Place of safety: The Brooker Centre is the designated S.136 of the Mental Health Act place of safety for people with mental health problems picked up by the police. It has two secure isolation wards for people who display some challenging behaviour on admission and provides the statutory functions set down in the Mental Health Act 2007(that is, when people are detained against their will under the act). It also provides statutory Mental Health Tribunal services for people who wish to appeal against their detention.
- Tiers 4 and 5: It also provides tiers 4 and 5 of the psychological therapies pathway which is a requirement for people who are detained as an alternative to medical interventions etc.
- Enhanced Day Therapy services: The Brooker Centre. Psychological therapies for people with severe and enduring/complex mental health problems. Approximately 23 referrals per month. 145 contacts per month.
- Runcorn community mental health team: The Brooker Centre. Multidisciplinary community based services for people with severe and enduring mental health problems in Runcorn. 18 referrals per month with 432 contacts per month.
- Widnes community mental health team: St John's unit, Widnes. Multidisciplinary community based services for people with severe and enduring mental health problems in Widnes. 18 referrals per month with 432 contacts per month.
- Halton early intervention team: St John's unit, Widnes. Services for people experiencing their first episode of psychosis aged 14-35. Approximately six referrals per month with 358 contacts per month.
- Assertive outreach team: Vine Street Resource Centre, Widnes. Service for people with complex mental health needs who are difficult to engage. Approximately one referral per month with 572 contacts per month.
- CAMHS: The CAMHS team in Halton is based near to Runcorn Town Hall.

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Service Funding

The current expenditure on primary care mental health teams is £1.2m compared to £31.6m on secondary care services (i.e. only 3.7% of the amount spent on secondary services).

Key areas for concern

- The national data highlights that at least 50% of people suffering with depression do not go to their GP with their problems and, therefore, can continue to suffer with mild / moderate mental health problems instead of accessing treatment. This requires more information to be made available to the public about the signs and symptoms of depression and the sort of help available. This can be in the form of public health campaigns, phone advice lines and easily accessible information about the services available in public areas such as the GP waiting rooms, local libraries, community centres and colleges.
- The national statistics, also, identify that of those people that do see their GP with depression, the GP does detect or diagnose depression in only 50% of cases, especially if people present with physical pain / symptoms. This requires increased training to primary care staff to recognise the symptoms of depression and to which services they can refer people.
- At least 40% of all claims for Incapacity Benefit are for mental health problems.
- There are long waiting times for access to psychological therapies, with people waiting up to 7 months for Cognitive Behavioural Therapy and 5 months for Counselling. People's symptoms may worsen during the time they are waiting to a point when they may require a referral to secondary care services which they would otherwise not have needed.

21.3 Planned service provision

Outcomes by 2013[76]

Outcomes required by 2013 have been identified as:

- A 67% reduction in hospital admissions for depression.
- Improvement in mental health for people with depression and their families.
- A decrease in incapacity claimants of 1,800 (-9.4%) by 2013.

Future pathway

The focus of Mental Health service development previously has been for people with serious mental illness. Current focus is on access to primary care services for people with mild/moderate mental illness which includes depression and anxiety.

[76] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

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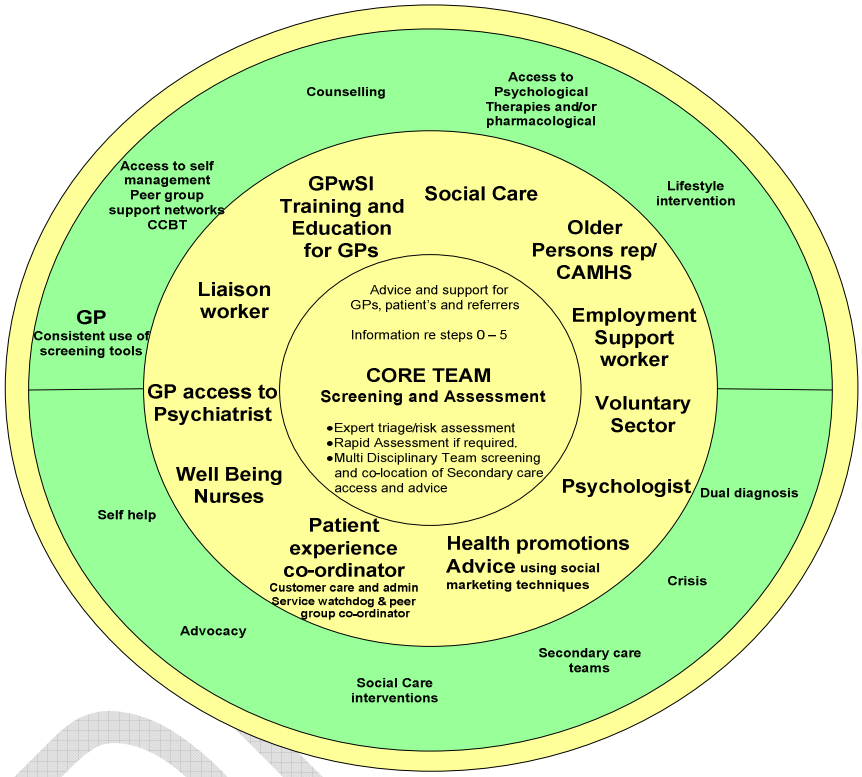
The national programme 'Improving Access to Psychological Therapies' requires significant increase in access to and range of these services within the community.

Early detection and treatment of depression requires an integrated multi-disciplinary care pathway as shown below, giving a single point of access to ensure people get the right treatment at the right time provided as locally as possible. This pathway will require an increase in the number of practitioners who can provide appropriate evidence based psychological therapies.



"Step Up → Step Down → Step Out"

The PCT is also working with their stakeholders to make sure that mental health is a shared priority.

Future Funding

Substantial investment is ring-fenced for primary care mental health services and this will ensure earlier intervention, quicker access to talking therapies and reduce the number of people requiring a referral to secondary care services. This PCT investment is planned to increase by £2.1m by 2012/13[77] and is indicated below with net effects of benefits to be realised.

[77] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

Investment (£m)	2008/09	2009/10	2010/11	2011/12	2012/13
Primary care schemes	0.0	1.1	1.5	1.9	2.0
Sub total	**0.0**	**1.31**	**1.75**	**1.9**	**2.0**
Benefits	**0.0**	**0.0**	**-0.1**	**-0.3**	**-0.4**
Reduction in prescribing SSRI					
Sub total	**0.0**	**0.0**	**-0.1**	**-0.3**	**-0.4**
Total	**0.9**	**1.1**	**1.4**	**1.6**	**1.6**

Schemes

A series of schemes have been identified which will ensure the successful delivery of the future pathway:

- Effective detection and recognition of depression across the whole patient group. Social marketing and health promotion work to be done.
- Appropriate treatment responses in line with a stepped care model.
- Early detection and positive management of risk to diagnose before referral. This includes the signposting of patients and an accountability for patient's journey through the system.
- Personalised health care plans for self management of recurrent mental health problems. This is established in secondary care as CPA but there is a need to ensure the integrated record happens.
- Improved access to psychiatric liaison for adults and children. There is liaison available for older people in Whiston but non for adults. A joint commissioning approach is required here.

There is very little, if any, opportunity to re-patriate from outside Halton as people are not sent out of area for these services.

Key potential risks to delivering initiative goals

- Due to nationwide high demand and limited training places, recruitment of staff could be difficult. New workers will require access to specialist training courses
- Potential service users do not access programmes.
- Services are not developed quickly enough to meet demand.
- Monitoring and evaluation may not be robust.

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21.4 Potential for partnership working

Partnership working is expected to be built upon within the procurement of mental health services to deliver the new care pathway. There is very little, if any, opportunity to re-patriate from outside Halton as people are not sent out of area.

21.5 Local perception of services

Local people think that:

- They do not know much about depression
- GPs have no understanding of wider social issues
- Allocated appointment times are too short

Reasons local people do not access services:

Not knowing who to contact

Social stigma

Low expectation/poor self esteem

What could the NHS and its partners do to improve things:

Train GPs and health professionals in signs and symptoms

Promotion campaign/awareness days

21.6 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton.

A subsequent event was held on 26th January 2009, where local delegates were informed of service development progress to date and asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus.

Mental health services for a) young people under 18 years and b) additional mental health wellbeing services were given a high priority. The prioritised list is included in Appendix 15.

Notes taken of the table discussions at the January event include reference to[78]: supportive comments for the development of services on the Halton Health campus site:

[78] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

- A hub and spoke approach
- Peer group network involved at the hospital (Brooker Centre or General hospital – unknown)
- Use of leisure facilities at the hospital

The majority of comments were associated with:

- The need for education regarding early symptoms
- The need for a 'one stop shop'
- Reduction of waiting times.

21.7 Summary

Early detection of depression Summary - About 1 in 6 adults (1 in 4 older people) in Halton suffer from depression, 2000 children and young people in Halton have moderately severe problems. The PCT has committed an increase in investment of £2.1m to deliver an agreed new model of care giving a single point of access to ensure right treatment at the right time. Development of services is a high priority for local people with a need for education, improved access and a 'one stop shop' **Services will be developed to meet the needs of Halton's population with this theme being taken forward both as part of the CSP implementation work and within the promoting healthier lifestyles work. of this project.**

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22 Appendix 13 Urgent Care

22.1 Local need

20% more people are admitted to hospital in Halton and St Helens than the national average, with the non-elective admissions rate at 37% higher[79] than the national average (and 8% higher than north west average). A large amount of resources are focused reactively on treating sickness. Although the admission rates are different by age group, non-electives remain a constant difference to the national average. HES data indicates a rate of 158 per 1000 population compared to rates of 130 in Cheshire and 120 Nationally. The total number of non-elective admissions to hospital[80] was 19,067. The table below indicates the causes of non-elective admissions for residents registered with a Halton GP practice.

Chapter	Number	Percent
Symptoms, signs and abnormal clinical & laboratory findings, not classified elsewhere	4,969	26.1
Injury, poisoning and certain other consequences of external causes	2,791	14.6
Diseases of the respiratory system	2,314	12.1
Diseases of the circulatory system	1,953	10.2
Diseases of the digestive system	1,571	8.2
Diseases of the genitourinary system	927	4.9
Diseases of the musculoskeletal system and connective tissue	873	4.6
Neoplasms	565	3.0
Certain infectious and parasitic diseases	487	2.6
Mental and behavioural disorders	475	2.5
Other categories	2,142	11.2
Total	**19,067**	**100.00**

[79] Commissioning Strategic Plan. NHS Halton and St Helens. 2008-13

[80] JSNA. Halton 2008.

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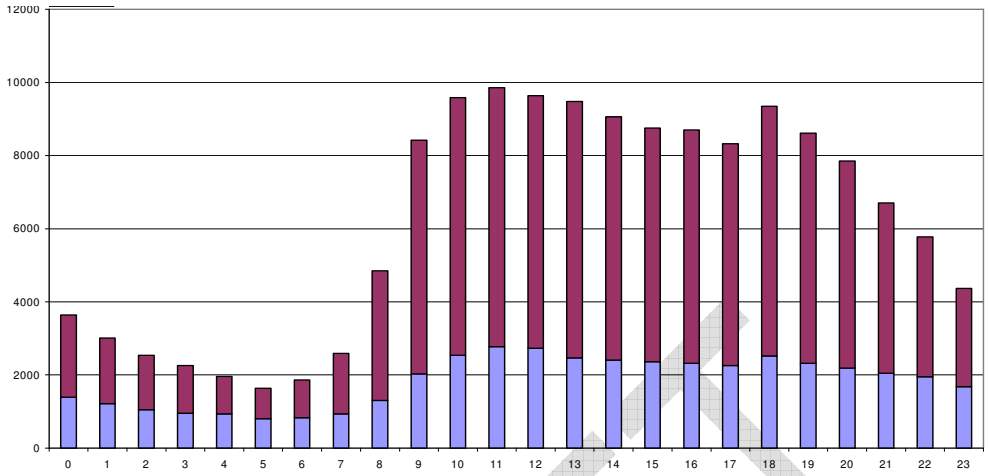
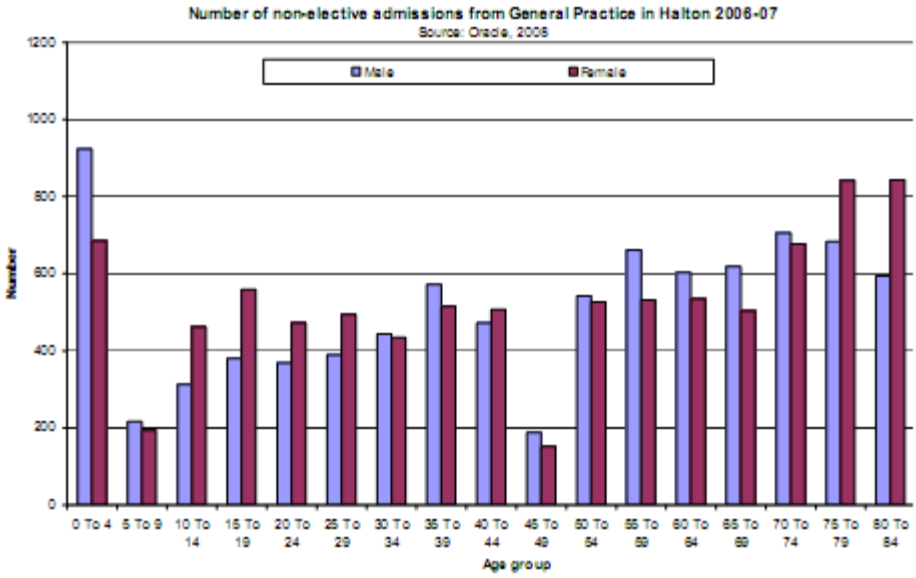
There is a significant proportion of attendees to A&E that do not require admission. The graph below indicates the Warrington A&E attendance[81] and admission rates by hour of the day.



It would appear that the admission rate remains relatively steady whereas the percentage of patients who are discharged from A&E are significant between the hours of 8.00 and 22.00.

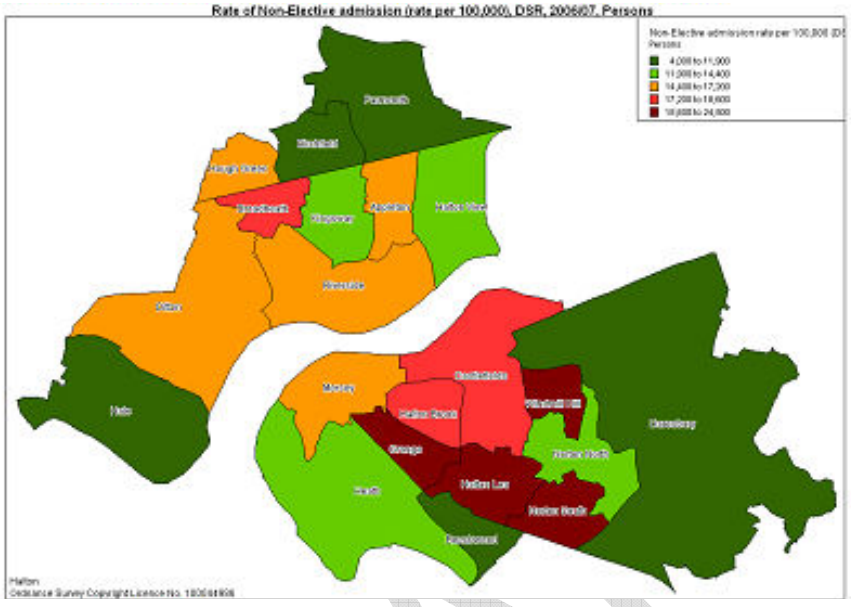
Castlefields ward has the highest crude rate of non-elective hospital admissions in 6 of the top ten categories. Riverside and Halton Lea has the highest crude rate of non-elective hospital admissions in 5 of the top ten categories. Hale and Daresbury have the lowest crude rate of non-elective hospital admissions in all of the top ten categories. The number of non-elective admissions to hospitals from Halton GP practices[82] is shown below.



[81] Warrington A&E attendance report 2007-8.

[82] JSNA. Halton 2008.

The non-elective admissions have been mapped as shown below[83]. These levels are closely associated with areas that have high levels of deprivation and therefore high levels of health and social care need. This also indicates that these populations with higher than the Halton rate of admissions may be seeking health care late and not accessing services to prevent ill-health.



22.2 Current service provision

Currently, people experiencing an urgent care need, access care through an A&E department, their GP, one of the PCT's Walk in Centres or a lower level through a Community Access Centre. Out of hours the options are reduced to an Out of Hours service, an A&E department or a Walk in Centre.

The public continues to access A&E departments for care and treatment of minor and moderate illness because the alternatives are not accessible when the public wants or needs to access them.

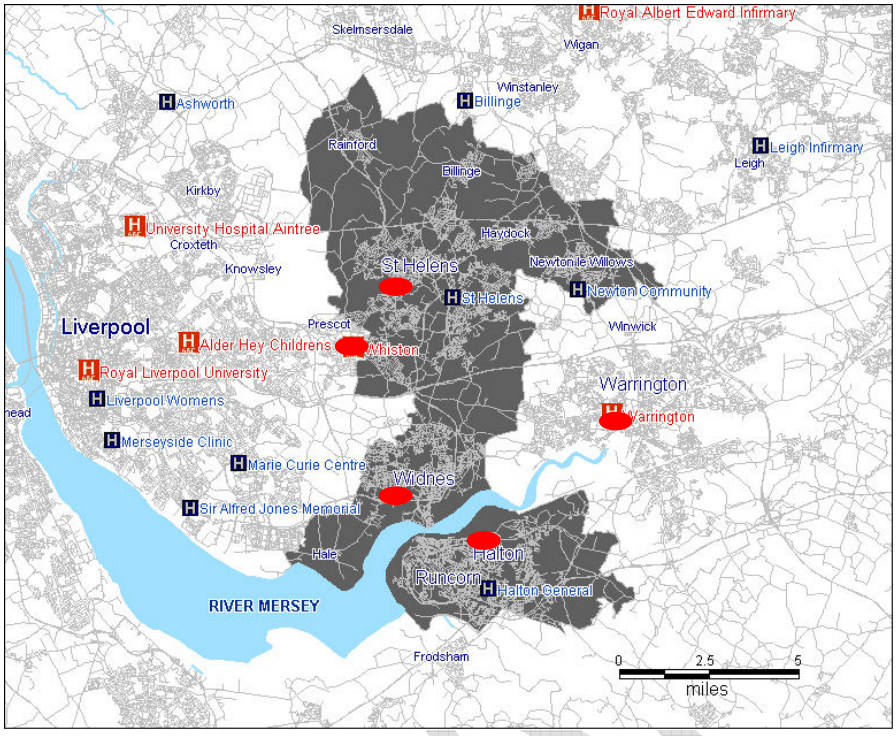
The following services are available to the Halton population:

- Type 1 - Warrington Hospital. The A&E unit is currently operating at full capacity. Whiston A&E unit. Prescott Merseyside
- Type 2 – Millennium centre. Middle of St Helens
- Type 3 - Widnes Walk-in centre. This facility has 120 attendances per day. 2-10% of activity would previously have taken place at Warrington.
- Type 4 - Halebank and Windmill Hill access centres. These facilities operate in a church hall and terraced house respectively. These are not fit for purpose and there is no opposition to closure, except that there would be no local urgent care service.

[83] JSNA. Halton 2008.

Service location

The map below indicates the current locations for provision of urgent care services.



Service Funding

The current PCT spend has not been available during this phase.

Key areas for concern

- The geography and relative deprivation within the PCT area means that for many people, access to urgent care services is not easy or convenient. In Halton Borough access to urgent care entails long journeys to hospital and the provision of on street urgent access is still below that provided in St Helens.
- Information shows that people are admitted to hospital to decide if they need to be there because there is insufficient capacity in the community to assess if people need to take the next step to hospital.

22.3 Planned service provision

Outcomes by 2013[84]

Outcomes required by 2013 have been identified as:

[84] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

- 20% reduction in non elective hospital admissions. This will bring the rate below the current average north west rate. Rather than the measure indicating a rationing of service the PCT intend to ensure that the reduced dependence on hospitalisation reflects a new availability of alternatives provided in primary care and ease of access to them.

Future pathway

The PCT vision is, wherever clinically possible, to provide a full 24 hour urgent care service as close as possible to the patients home and if possible, appropriate and desirable in the patients home. By 2010 the public in Halton and St Helens will have a new range of options including community based A&E services, additional and expanded walk in centre facilities, Advanced Practitioners visiting and providing care in people's homes (with particular emphasis on the infirm) with direct access to re-ablement and community based intermediate care and support services.

Future Funding

Investment of £5.7m in community services is planned to support the reduction of patients receiving treatment in an acute setting. Taking the benefits costs into account, the net effect on investment will be £-11.6m as shown below.

Investment (£m)	2009/10	2010/11	2011/12	2012/13
Rapid response team (inc single point of access)	0.5	0.9	0.9	0.9
Urgent care centre (Halton)	1.2	1.6	1.6	1.6
Additional DN community services (Virtual ward)	0.3	0.9	1.3	1.3
Advanced practitioner service	0.4	0.9	1.1	1.1
Primary care CDU service	0.2	0.7	0.9	0.9
Sub total	**2.6**	**5.0**	**5.8**	**5.8**
Benefits:				
Reduced A&E attendances from MIU provision	0.0	-1.5	-1.5	-1.5

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Reduced acute beds (from intermediate care beds)	0.0	-0.9	-0.8	-0.9
Reduced delayed transfer of care patients	0.0	-0.5	-1.0	-1.0
Reduced excess bed days of NEL patients	0.0	-1.0	-2.0	-3.0
Advanced practitioner (admission avoidance)	0.0	-2.0	-4.0	-.4.0
Primary care CDU (admission avoidance\0	0.0	0.0	-3.5	-7.0
Sub total	**0.0**	**-5.9**	**-12.8**	**-17.4**
Total	**2.6**	**-0.9**	**-7.0**	**-11.6**

Schemes

This will be achieved within the following schemes:

- An increased range of urgent care services in a variety of locations by developing assessment services with both the local hospitals and primary care and community staff. This will enable high quality clinical decision making before people go to hospital. This will be achieved by creating Primary Care Clinical Decision Units (PCCDUs) that allow GPs and other clinical professionals to get urgent treatment for some moderately ill people closer to where they live and to provide assessment services closer to and within local communities.
- An Advanced Practitioner service as part of a “Community A&E service” that for many people will bring A&E type services into their own home. This will reduce the need for many of these people to go on to hospital and allow the A&Es to focus on those that cannot have their care delivered outside hospital. The PCT currently have no advanced practitioners but plan to have 12 in 2010 growing to 22 by 2013.
- Development of the Rapid Response services, within the Community A&E service concept so that in future a Rapid Response will mean rapid. This ‘Immediate Care’ service will reduce the workload of GPs as many people needs can be met by other health professionals with appropriate backup and support. This will require a radical redevelopment of the PCTs intermediate services to provide full 24 hour per day access 7 days per week by a full implementation of the intermediate care ‘Gold Standard’.

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- Extension of the district nursing services so ensure that community support capacity is appropriate. District Nursing services will develop a 'virtual ward' where up to 30 people at any one time can have hospital level care in their own home. This will require an additional 24 experienced nurses.
- Single Point of Access service review so that people accessing health care or health professionals accessing care for others through the SPA have a clinical decision made about their care at their first point of contact. All urgent care and Community A&E services will be controlled through one hub ensuring that all services are integrated and do not work in isolation.
- Assessment capacity at Newton Community Hospital will be extended to support community services, local hospitals and social care by providing seamless access to hospital and community based reablement, assessment and ongoing community care.
- Community IV services and Programmed District Nursing services will be integrated with Social Care Services to provide a fully integrated intermediate care service for those patients who do not have or no longer require acute hospital or A&E needs.

Other impacts on this initiative will include:

- Significant increases in screening
- Increases in preventative interventions
- Increased care provision in primary care

Key potential risks to delivering initiative goals

- Additional community based activity may not lead to a reduction in hospital admissions - Services will be developed with acute Trust partners
- Large reduction in hospital activity could lead to financial instability - Planned care programme will increase activity and offset financial implication.
- Lead in time for recruitment of staff and OD development is insufficient - OD plan activated at OBC stage.
- Insufficient staff available in foreseeable future and other organisations competing for the same staff - Phase up of schemes as staff become available, national and if necessary, international recruitment.
- Staff consultation takes too long or staff unwilling to adopt new ways of working - Additional resources sought from independent sector.

22.4 Potential for service redesign to address local provision

It is anticipated that up to 10% of Warrington A&E unit activity would transfer to an urgent care centre at Halton hospital, closer to home, once operational.

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22.5 Local perception of services

For local people, it is important to have easy access to health facilities within ten to fifteen minutes walking distance from their homes. The geography and relative deprivation within the area means that for many people, access to services is not easy or convenient. Discussion[85] has previously focussed on poor transport links: "No transport from Windmill Hill after 6pm – no use (to us) having an 8am-8pm centre in Widnes"

Reasons local people do not access services:

- Transport can be a problem
- Public perception

What could the NHS and its partners do to improve things:

- Unblock appointments for GPs
- Make one point for urgent care services
- Promote inter hospital bus
- Press release to inform public

22.6 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton. A subsequent event was held on 26th January 2009, where local delegates were informed of service development progress to date and asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus. Urgent care services were given a high priority (Ranked equal third out of fifty four). The prioritised list is included in Appendix 15.

Notes taken of the table discussions at the January event include reference to[86]:

- General requests suggested that patients would like to see a return to a Halton District General Hospital, with in particular, access to a maternity unit and Accident and Emergency services.

The majority of comments were associated with:

- Increased resources in one point for urgent care services
- The promotion of a bus service between Halton and Whiston hospitals

[85] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

[86] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

- Need for local press information

22.7 Summary

Urgent care Summary: There are 20% more hospital admissions in Halton and St Helens than the national average, with the non-elective admissions rate at 37% higher than the national average. The public access A&E departments for care and treatment of minor and moderate illness as there are no accessible alternatives. The PCT has committed an increase in investment of £5.7m to support the reduction of patients receiving treatment in an acute setting.. Development of urgent care services at Halton is a high priority for local people. **Service development is underway and will not be taken forward within this project**

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23 Appendix 14 Planned Care

The term 'planned care' is used in the NHS Halton and St Helens CSP to refer to elective care typically provided in an acute hospital setting (Outpatients, diagnostics and planned procedures). Schemes are identified to take forward the planned care initiative across the Halton and St Helen's areas.

This section of the case for change will focus on the services within 'Planned care' that have been identified[87] by the local population as priorities for development in Halton, namely

- Cancer unit
- Midwifery led births

23.1 Local need

Cancer

Cancer is the second biggest cause of premature death in Halton[88] but its rate makes Halton the worst area in the country for cancer deaths. Incidence (the number of new cancers per year) of 'all cancers' in men has decreased over the past decade but remains above the national rate. The top three most common types of cancer for males in Halton:

- Malignant neoplasm of prostate - 20.3% of total
- Malignant neoplasm of bronchus and lung – 18.4% of total. Lung cancer remains the leading cause of cancer death in Halton for both men and women.
- Malignant neoplasm of colon – 8.2% of total.

The incidence rate for women has risen over the same period both nationally and locally although in Halton the rates are now falling. The top three most common types of cancer for females in Halton:

- Malignant neoplasm of breast - 30.3% of total. There has been a steady increase in the number of women developing breast cancer in Halton and death rates for the disease have increased recently. Nationally the rate has improved but this remains the second largest cause of cancer death in Halton.
- Malignant neoplasm of bronchus and lung – 14.3% of total

[87] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008. and Engagement event 29th January 2009.

[88] JSNA. Halton 2008

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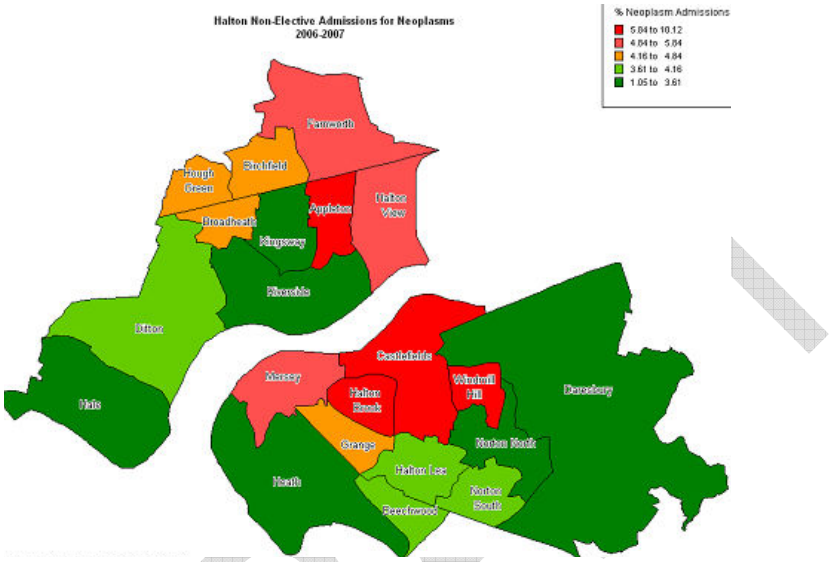
- Malignant neoplasm of colon – 7.8% of total. The rate remains significantly above the North West and the national average. Mortality rates, which had been falling since their peak in 1998-2000, have begun to rise in 2004-06, widening the gap between Halton and England.

The map below indicates the non-elective admission rates for people with neoplasms.



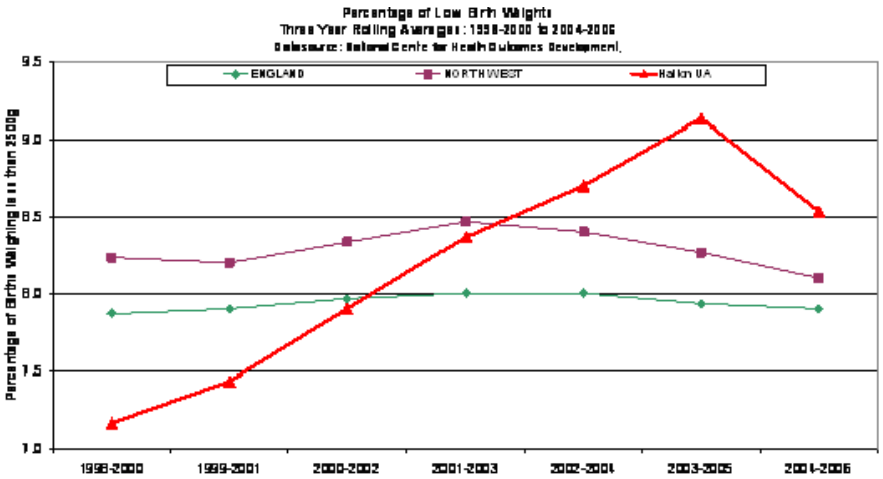
Levels of mortality vary across Halton, with the highest rates being in Norton South. Other areas with high rates are Farnworth, Castlefields and Grange.

An increase in preventative services which support lifestyle change will reduce incidence levels whilst increased emphasis on early detection and treatment will improve health outcomes and mortality rates.

Maternity services

There were approximately 1627 births to Halton women in 2006. The overall birth rate per 1000 population has increased from the year 2000 from 56.23 to 64.95 in 2006. It is generally accepted birth rates will increase in future years which is attributed to government policy and more especially related to migrant populations particularly for this area Polish migrants.

Low birth weight is predictive of increased risk of ill health and the incidence is linked to socio-economic and lifestyle (e.g. smoking) factors. The chart below illustrates the trend in percentage low birth weights. Within England as a whole the percentage has remained fairly constant. Within Halton, however, there has been a substantial increase over the time period.



23.2 Current service provision

The PCT currently commissions planned care delivered mainly from two local hospitals within an 18 week referral to treatment time. The following services are available to the Halton population:

Cancer services

- Chemotherapy unit – There are ten chemotherapy stations at Halton hospital
- Bowel Screening
- Cervical Cytology screening – GP surgery testing with cytology work at Warrington hospital.
- Breast screening - Circa 250 ladies per week for a 6 month period over a 3 year cycle. The van is only present on the Halton site for 6 months over 3 years (given the recall period is 3 years). Activity equal to 6500 patients every 3 years (activity which takes place over a 6 month period).

Maternity services

- Acute Maternity care is available at four hospitals – Warrington hospital, Countess of Chester hospital, Liverpool Women's hospital and Whiston hospital – where women have their 20 week scans, specialist services for medical disorders and care during delivery. There are no inpatient services in Halton.
- Community clinics – Three consultant led clinics per week. Two take place in Halton hospital and one in the Health Care Resource Centre, Widnes. Two teams in Widnes have a base to deliver services from but two in Runcorn do not.
- Antenatal services, such as 'Earlybird sessions', breast feeding support, parent education, aquanatal. There are midwives who specialise in 'Domestic abuse work; smoking cessation; breast feeding; drugs and alcohol abuse; teenage pregnancy. The work is carried out in the Health Care Resource Centre, Widnes, Halton hospital, GP surgeries and Children's centres across the borough.

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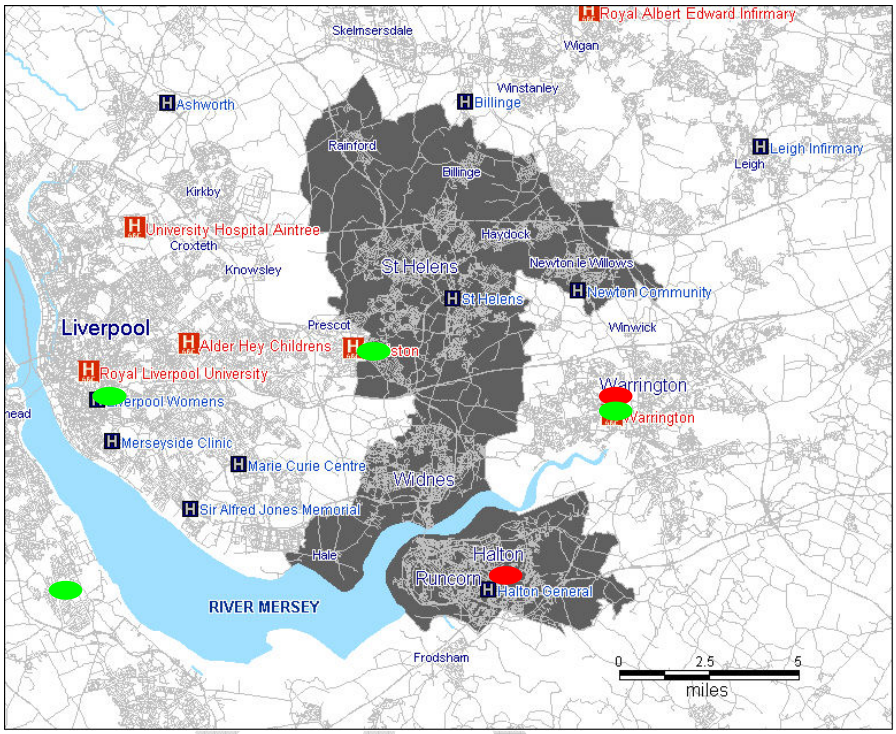
- Home births–

Service location

The map below indicates the current locations for provision of the above planned care services. Cancer services are marked in red and maternity in Green.



Service Funding

The current budgeted cost of total elective care is circa £62m (excluding mental health and Specialist Commissioning). Current performance metrics suggest that there is an opportunity to improve the efficiency of these services.

The budgeted cost of Cancer screening and Maternity is not currently available.

Key areas for concern

- The low birth rate and the general birth rate in the Halton area are both higher than the national average rates.

23.3 Planned service provision

Outcomes by 2013[89]

Outcomes required for planned care by 2013 have been identified as:

- Reduction of 10% in overall first outpatient attendances across all specialties.

[89] Initiative summary. Commissioning Strategic Plan. NHS Halton. 2008-13

- Reduction in outpatient follow-up appointments (65,000 by 2013). (This is currently 7.8% higher than the national average (attendances per 1000 population)
- Reduced waiting time to 12 weeks.

These have little relevance to the Cancer and Maternity services being considered here.

Future pathway

The vision for the PCT is to improve the health and well being of the local population through offering improved access and choice, commissioning high-quality personalised care that will be provided by a diverse range of responsive, modern services.

The shift of appropriate care from a hospital-based setting to a community-based setting has been growing in pace and it has become a well-established direction of travel for several years within the NHS.

There are currently no plans to develop a cancer centre in Halton.

The future pathway for maternity services is currently being considered in order to improve access to and range of services for expectant mothers in Halton.

Future Funding

Investment of £2.1m is planned for planned care services as a whole. Taking the benefits costs into account, the net effect on investment will be £-2.7m as shown below.

Investment (£m)	2009/10	2010/11	2011/12	2012/13
Implement map of medicine	0.0	0.1	0.1	0.1
Advancing quality+ (CQUIN)	1.8	1.9	2.0	2.0
Subtotal	**1.8**	**2.0**	**2.1**	**2.1**
Benefits: Day case rate improved (Cost neutral due to PbR)	0.0	0.0	0.0	0.0
Reduced outpatient new to follow ups to nat average	0.0	-2.0	-2.5	-3.5
Reduced hospital referrals by 10%	0.0	-0.2	-0.3	-0.5

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Reduced elective excess bed days	0.0	-0.4	-0.8	-0.8
Subtotal of care patients	0.0	-2.5	-3.6	-4.8
Total	1.8	-0.5	-1.5	-2.7

Planned Care services investment and efficiency plan additional diagnostic capacity has already been identified to the sum of £1m within the existing financial baseline which is an enabler to deliver the initiatives below.

Schemes

This will be achieved within the following schemes[90]:

- Planned Care Standards: Booked for convenience, treated quickly, evidence based, informed choice and continuity of care for patients, simplified standardised pathways, quality outcomes pre-determined with an emphasis on improved communication and competent, courteous staff.
- Direct access to diagnostics: Expanding the provision of diagnostic capacity in the community, enhancing plurality of provision.
- Integrated models of care across all commissioned planned healthcare services. Developing pre-determined comprehensive protocols of care covering all planned care episodes (self care, pre, post and rehabilitation care) which are evidence based, quality led and stakeholder informed.
- Increasing day case surgery rates from 67% to 85% by embracing new technologies (telehealth/ telemedicine), rapid access diagnostic testing outside hospital, investment in new facilities, adherence to British Association of Day Surgery recommendations,
- Optimising length of stay by utilisation of Advancing Quality programme to reward improvements in quality outcomes, including patient experience of the health service, setting national and international comparisons to foster innovation.
- Reducing healthcare-associated (MRSA and C Diff) infections by 60% (by 2013 from 2007 baseline) by prioritising cleanliness and strengthening infection control procedures.

This work will be led by the Whole System Clinical Patient Journey Group which will draw on the support and expertise of clinical leaders which includes the PBC Consortia.

[90] Commissioning Strategic Plan. NHS Halton and St Helens 2008-13

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Key potential risks to delivering initiative goals

- The reduction in new outpatient attendances is dependant on GPs referring patients whose symptoms dictate a specialist opinion (after having used the diagnostics available in the community).
- Patients may choose to use secondary care providers rather than alternative services in the community. The PCT will ensure that patient engagement is secured in the planning stages of all service redesign as this will be key to developing and sustaining locally alternative services as the preferred provider under choice.

23.4 Local perception of services

Despite acknowledged improvements to access, when asked how planned healthcare services could be improved[91], local population focus was placed upon:

What could the NHS and its partners do to improve things:

- Appointments systems (in all health facilities),
- Waiting times.
- The perceived lack of availability of NHS dentists,
- Seeing the same health professional for every appointment (specified by every other person!)
- Appointments outside of normal working hours (Before 9am, up to 7pm with weekend access on both days or Saturday only.)

When asked what services they would like to see in the community, the most popular suggestions were:

- blood tests,
- screening and diagnostic services.

Features the local population are looking for in a health facility:

- Good car parking facilities
- Near to a bus stop
- Within 10 minute walking distance from home
- Near the town centre

[91] Ambition for Health report. October 2008

23.5 Local opinion regarding services to be accessed on hospital campus

In July 2008, the PCT held an Ambition for Health event to listen to local residents to find out what they felt were the most important health priorities. They identified a list of priority services for development within Halton. A subsequent event was held on 26th January 2009, where local delegates were informed of progress to date. They were asked to consider the service list and indicate which services would be acceptable for provision on the Halton Health campus.

Within planned care, Cancer services were given a high priority (Ranked second out of fifty four).. Midwifery led services was given a high priority. (Ranked equal eighth out of fifty four). The prioritised list is included in Appendix 15.

Notes taken of the table discussions at the January event include reference to[92]:

- Needing more joined up services and a wider choice.
- Transport required to make sure people can access services.
- Different thinking required.
- Work across services – GPs/Hospitals etc.

23.6 Summary

Planned care Summary - Cancer is the second biggest cause of premature death in Halton. Screening is in line with National programmes. There were approximately 1627 births to Halton women in 2006 in four acute hospitals, besides home. It is generally accepted that birth rates will increase in future years. The future PCT investment for Cancer and Maternity services is unknown at this point. Development of these services on the Halton Health campus is a high priority for local people.

Services will be developed to meet the needs of Halton's population with this theme being forward within this project.

[92] Ambition for Health – 'Have your say about health in Halton and St Helens'. October 2008.

24 Appendix 15 Summary of prioritised services

In July 2008 a long list of services was compiled at an Ambition for Health Research HVA event as shown below.

Long list of services	Number of stickers			
Helping people to stay healthy				
Alcohol - reduction	12	12	12	12
Healthy Eating Classes	6	6	6	
Education facilities for Healthy Lifestyles/Choices	5	5	5	
Cardiac Rehabilitation	4	4		
Counselling	4	4		
Integrated Council Services - 1 Stop Shop	4	4		
Dental Practice	3	3		
Obesity - Reduction/Weight Watchers	3	3		
Optician	3	3		
Support for Long Term Conditions	3	3		
Alternative Complementary Therapies	2	2		
Audiology & Hearing clinic	2	2		
Podiatry	2	2		
Family Support Services	1	1		
Health & Mobility Aids	1	1		
Continence Services	1	1		
Sexual Health Services	1	1		
Dietician				
Occupational Therapy				
Pharmacy				
Physiotherapy				
Tobacco - Reduction				
Detecting Illnesses Earlier - Major Illnesses				
Screening Suite - drop in for Cholestrerol, blood Pressure, diabetes, blood tests	19	19	19	19
Diagnostic Services	7	7	7	
MRI Scanning	5	5	5	
Mammography	2	2		
ECG	1	1		
Endoscopy Unit				
Detecting illnesses earlier - Depression				
Mental Health Service for under 18s	12	12	12	12
Additional Health & Wellbeing Services	9	9	9	
Improve quality, safety & efficiency - Urgent Care				
Minor Injuries/Walk In Centre (24 hr)	12	12	12	12
Short Stay Urgent Care	6	6	6	
Brain Injury Specialist Support	4	4		
Accident & Emergency				
Minor Surgery				
Improve quality, safety & efficiency - PlannedCare	**Number of stickers**			
Cancer Unit	13	13	13	13
Maternity -Midwifery-led Births	6	6	6	
Fracture Clinic	5	5	5	
Pain Clinic	4	4		
Young People's Hospice	4	4		

Carer Facility	3	3
Radiotherapy Unit	3	3
Day & Inpatient Planned Surgery Theatres & Wards	2	2
Outpatients - medical & Surgical	2	2
Travel Clinc	2	2
Children's Ward	1	1
Citizen's Advice Bureau	1	1
Ophthalmology/Eye services	1	1
Community Day Hospital		
Convalescence Support		
Programmed Investigations Unit		
Renal Dialysis		
Respite Care/Day Centre		
Step up services		

These services reflected the local population's opinions on requirements for service development in the Borough.

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25 Appendix 16 Proposals for sports facilities in Halton

Proposed Development (In summary) prices	Location	Sources of Funding	Timescale	Estimated Cost at 2005
Football/Rugby Pitches drainage and Changing facilities at The Heath Park	Already completed - Arley Drive - The Heath Park 2006/07 - The Heath Park - Haddocks Wood - King George 5th - Leigh Recreation Ground (Upper) 2007/08 - Halton Sports (upper) - Wilmere Lane - F'ball - Prescot Road - Woodside	HBC	1-3 years	£1.5m
New changing facilities convert shale pitch to grass pitch.	Halton Sports	To be determined	2+ years	£400,000
Runcorn show pitch (Post and rail fence and dugouts)	The Heath Park	HBC	1 - 2 years	£20,000
Widnes show pitch (Post and rail and dugouts)	Wade Deacon/ Sts Peter & Paul Or ICI Recreation Club	HBC HBC subject to SLA	1 - 2 years	£20,000
Athletics Track & Floodlit grass pitch	Wade Deacon/ Sts Peter & Paul	HBC UK Athletics Sports England	Construction Summer 2006 Completion Dec 2006	£1.75m
Resurface, line mark and floodlight for multi use sports eg tennis, basketball courts and make available as a training venue for football and rugby etc	Runcorn Hill £55K Victoria Park £50K	HBC	1 - 2 years	£105,000
Floodlit multiuse sport facilities/training areas	6 sites to be determined Area Panels	Area Panels Government funds	1 - 3 years	£360,000
Indoor multi use training barn	Wade Deacon/ Sts Peter & Paul	To be determined	2+ years	£700k
Stand for Athletics facility	Wade Deacon/ Sts Peter & Paul	To be determined (possible Sport England BLF)	2+ years	£700k
Remediation work required at St Michaels Golf Course	St Michaels Course, Dundalk Road	DEFRA	4+ years	To be determined
Explore joint use sports facilities in partnership with Halton College	Runcorn	LSC Lottery FA	3+ years	To be determined

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 9th June 2009

REPORTING OFFICER: Dwayne Johnson, Strategic Director, Health and Community Directorate

SUBJECT: Health Policy and Performance Board Work Topic – Younger Adults with Dementia

1.0 **PURPOSE OF REPORT**

1.1 This Report puts forward the final report of the Healthy Halton Policy and Performance Board Work Topic on younger adults with dementia. It describes the process that the Work Topic group took in its investigations, considers key national and local issues for younger adults with dementia, and makes a number of strategic recommendations which are contained in the body of the final Report.

2.0 **RECOMMENDATIONS**

It is RECOMMENDED that:

(i) the contents of this Report are noted.

(ii) the Report and Recommendations to be considered at a future Executive Board.

3.0 **SUPPORTING INFORMATION**

3.1 Context:

3.1.1 Following an unexpected increase in the numbers of younger adults with dementia requiring support from social services in 2007/08, the Healthy Halton Policy and Performance undertook a Work Topic to examine the issues that this raised. The membership of the Work Topic Group and the methodology of the Group are described in the main Report.

3.2 Key issues arising from the Work Topic:

3.2.1 Dementia is a destructive condition which leaves a person increasingly disabled. Although there are measures that can be taken to slow its effects and prolong a good quality of life, there are currently no medical interventions which can “cure” this condition. The Work Topic heard that, for younger adults (that is, those under the age of 65) there are potentially additional implications:

- there is a general lack of awareness of dementia in younger adults. This can mean that there is a reluctance to recognise and treat the condition in younger people, where there is less reluctance in older people.
- Younger adults who develop dementia may well have been economically active, and the development of this illness may have an increased impact on families when they can no longer work
- In the same way, younger adults with dementia may well be parents of young children, and there are further pressures on families as a result
- Younger people who develop this condition may be a generation (or more) younger than the vast majority of people who have dementia, and therefore have little in common with them.

3.2.2 There are only small numbers of younger adults with dementia – the initial figures suggest between 30 and 35 people, although more work needs to be done on this. There is, however, a considerable amount of social care and health funding attached to these people. It is also clear that there is a "planning Gap" for this group of people, who do not necessarily fall into standard eligibility criteria for services.

3.2.3 There were few examples nationally of known good practice against which Halton could benchmark; a number of areas were setting up services but with little effective evaluation. As a result, the Work Topic Group has made a number of recommendations which are less about the specifics of service provision, and more about the strategic approach to this problem.

4.0 POLICY IMPLICATIONS

4.1 This Report addresses and considers some of the recommendations arising from the National Dementia Strategy, and makes proposals for changes or additions to local strategies so as to fully meet the needs of younger adults with dementia. This Topic is also one which specifically addresses issues about the health of Halton residents.

4.2 It would be beneficial if the topic group recommendations and the local Dementia Strategy, planned for completion in the Autumn 2009, be simultaneously submitted to the Executive Board.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

5.1 All of the recommendations in this Report are strategic, rather than being specific recommendations about services and resources. As such there are no specific financial implications arising from this

Report. The recommendations however will be taken forward in other pieces of work – particularly the development and implementation of the Halton Dementia Strategy – and it is at this point that a full financial analysis will be provided.

6.0 OTHER IMPLICATIONS

6.1 There are no additional implications arising from this Report.

7.0 RISK ANALYSIS

7.1 There are no specific risks associated with this Topic. However, failure to address the issues raised in this Report could mean that a small number of vulnerable people with complex needs do not receive the appropriate levels of help and support. To address this, the key recommendations will be addressed through the development of the Halton Dementia Strategy.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This Report and its recommendations apply equally to all residents of Halton Borough Council. In addition, it specifically addresses the needs of a small number of people who have not previously received the attention locally of service planners, commissioners and providers.

HALTON BOROUGH COUNCIL

Health & Community Directorate

Scrutiny Review of Services in Halton for Younger Adults with Dementia

May 2009

CONTENTS

1.0 Purpose of the Report

1.1 This Report describes the issues and findings arising from a Health Scrutiny Committee Work Topic, set up to examine the services and supports available in Halton for younger adults with dementia. As described in the initial Topic Brief, the key outputs and outcomes were:

- A full and detailed analysis of the current extent of the development of dementia amongst younger adults in Halton
- An understanding of the extent of future need in Halton, informed by local, national and international research
- To establish whether there are any preventive or early intervention approaches that could reduce the burden and impact of these conditions on local residents
- An analysis of national best practice and the extent to which this can be delivered locally
- An agreed commissioning plan across all key stakeholders for this group of people
- The development of support networks for carers and families of people affected by these conditions

2.0 Structure of the Report

2.1 The introduction to this Report explains the reason why the work topic took place. It is followed by a brief discussion of the process that the Work Topic Group took in gathering information and evidence. This is followed by a brief section on national and local policy drivers, and by some data about local prevalence. The Report ends with analysis, consideration of local issues and recommendations. The annexes include the topic brief and a personal account written by a carer of a younger adult with dementia.

3.0 Introduction:

3.1 Reasons why the Work Topic took place

3.1.1 In 2007, there was a small but noticeable increase in the numbers of people who were being referred for social care support who were under 65 years of age and were presenting with symptoms of dementia. From an average referral rate of two or three annually to mental health services, this had risen to around 13 in 2007.

3.1.2 This rise in referrals was matched by a pressure on the existing budget. Anecdotally, it seemed that people were being referred for support at a fairly late stage in their conditions, and as a result of this residential care became a more likely option. Specialist residential services for younger adults with dementia were not available in the Borough, with the result that placements in other areas had to be

found on occasion. These placements were frequently substantially more expensive than residential care for older people with dementia, and also had the effect of removing people from their families and local contacts.

3.2 **Membership of the Topic Team:**

3.2.1 The membership of the Topic Team included:

Members	**Officers**
Cllr Ellen Cargill – Chair Cllr Dave Austin Cllr Robert Gilligan Cllr Martha Lloyd Jones Cllr Joan Lowe Cllr Geoffrey Swift Cllr Pamela Wallace	Lindsay Smith – Divisional Manager, Mental Health Martin Loughna – Service Development Officer Kevin Holland – Team Support

3.3 Methodology:

3.1 This Scrutiny Review was conducted in a variety of ways:

- Meetings of the Work Topic Group, which included presentations from local experts working with younger adults with dementia
- Collation of "snapshot" data about local prevalence and costs
- One members' visit
- A meeting by Members and an Officer with two carers and one person with early onset dementia
- Review of national and local policy guidance
- Review of information available on the internet

4 National and Local Strategic Drivers

4.1 <u>The National Dementia Strategy:</u>

4.1.1 This Strategy was launched in early 2009. It outlines three key areas to improve the quality of life for people with dementia and their carers, as follows:

4.1.2 *Improved awareness*: a general lack of awareness and understanding of dementia means that people are less likely to seek a diagnosis, and therefore do not access the help and support they need. The aim therefore is raise awareness amongst the public and professionals in order to develop a better understanding of dementia, so that people can access help and treatment at an earlier stage in their illness. This would include health promotion messages about the importance of good health and diet, as up to 50% of dementia generally is

attributable to vascular causes.

4.1.3 *Early diagnosis and support*: only a third of people with dementia receive a diagnosis at an early stage. There is substantial evidence that early diagnosis and treatment has better outcomes for people in terms of their quality of life, and it can delay or prevent unnecessary admissions into care homes. This approach is cost effective but would require initial investment.

4.1.4 *Living well with dementia*: two thirds of all people with dementia live in their own homes in the community. The right support, at the right time and in the right place, is especially important for people with dementia, to give them choice and control over the decisions that affect them. Services need to be flexible and reliable, ranging from early intervention to intensive specialist support. The care of people with dementia who are in general hospitals needs to be improved, and there is a particular emphasis on providing the right support for carers of people with dementia.

4.1.5 The strategy also addresses the issues in relation to improved quality of life for people in care homes, including the need for leadership, defined care pathways, and the provision of specialist in reach services. In addition there is a need to improve the quality of direct care provision in care homes including; nutrition, activities and social inclusion.

4.2 <u>Local response to the National Dementia Strategy:</u>

4.2.1 An implementation plan is being developed, which includes the establishment of a local dementia strategy for Halton, across health, social care and private and voluntary sector services. This is currently being produced and should be available by the summer of 2009. Currently, this does not include consideration of the specific needs of younger adults with dementia.

4.2.2 Apart from the development of a local strategy, the implementation plan addresses the recommendations arising from the national strategy. This includes:

- Completing a financial impact assessment and identifying resource requirements
- Improving public and professional awareness of dementia
- Providing good quality early diagnosis and intervention
- Providing good quality information, and easy access to care and advice following diagnosis
- Improving community personal support services and intermediate care
- Improving the quality of care of people with dementia in general hospitals
- Implementing the carers strategy for carers of people with dementia

- Improved care in residential homes
- Improved end of life care for people with dementia
- A better trained workforce
- The development of a formal joint commissioning strategy for dementia
- Improved assessment of people with dementia

4.3 *Draft 4Boroughs Older People's Mental Health Strategy*:

4.3.1 This strategy is being developed by the 5BoroughsPartnership, but only covers the four Local Authority Areas of Halton, Warrington, St Helens and Knowsley.

4.3.2 The Strategy's aims are to:

- deliver a system of care that is effective, valued and person centred within a context of recovery, social inclusion and choice
- improve quality of life and promote independence
- focus "positive ageing"
- develop on primary and secondary prevention
- develop mental health promotion
- ensure better early intervention
- provide care closer to home

4.3.3 The Strategy is specifically for people aged over 65 and does not consider the specific needs of younger adults with dementia.

4.4 *Recommendations:*

(i) The draft dementia strategy for Halton should specifically consider the needs of younger adults with dementia

(ii) The 4Boroughs draft dementia should also be encouraged to consider how services for younger people with dementia are delivered in the context of overall dementia services

5.0 National and Local Prevalence Data:

5.1 The National Picture:

5.1.1 There are currently around 570,000 people living in the United Kingdom with a diagnosis of dementia. National research suggests that the true figure – taking into account those people who have not been diagnosed – is likely to be one third higher, making an overall figure of around 750,000. 18,500 (less than 2%) of these people are under 65. In addition, it is expected that the national figures overall for dementia will double in the next thirty years, and it is therefore

reasonable to assume that the figures for those aged less than 65 will also double.

5.1.2 Dementia is not a single condition- it has a number of forms, and its causes and derivations also vary. For some people, there is an hereditary component to their condition; others have acquired it through alcohol abuse, head trauma or serious infections. For some adults with learning disability, there is an increased likelihood of dementia at a younger age as a result of this learning disability, and as the life expectancy of this group of people continues to improve, so the likelihood of dementia at a younger age also increases.

5.2 Dementia in Halton:

5.2.1 Overall, there are 1061 people living in Halton with a diagnosis of dementia. If the research suggesting an under-reporting of around one third is correct, then the real figure is likely to be more than 1400 people.

5.2.2 As part of this Work Topic, an attempt was made to gain a picture of the numbers of adults in Halton under the age of 65 with a diagnosis of dementia, by obtaining information from within the Health and Community Directorate of the Council, from Halton and St Helens PCT and from the 5BoroughsPartnership, the local specialist mental health Trust.

5.2.3 A completely accurate picture was difficult to get, mainly because issues of confidentiality made it hard to cross-check data from the different organisations, and no figures from the 5BoroughsPartnerhsip were available.

5.2.4 Data provided from within the Health and Community Directorate in November 2008 showed that 22 individuals were receiving care and support from the Council, at a total annual cost of £300,000. There was no clear pattern as to the cause of the dementia in each of these people – four were people with severe alcohol problems, another four had dementia as a result of strokes, and there were one or two more specialist conditions. The rest were categorised more widely as having early onset dementia.

5.2.5 In addition, the Halton and St Helens Primary Care Trust identified three more people whose care and support was being fully funded by the health services, at an annual cost of just under £200,000. Clearly, both the PCT and the Council were dealing with people whose needs had become so great that they required some form of community or residential support, so there are a number of additional people who are not known to either service.

5.2.6 The 5BoroughsPartnership provides the specialist assessment and health management of people with dementia who cannot be managed

through primary care services. Many of the people known to the Council or the PCT are also therefore known to the 5BoroughsPartnership. Anecdotally, the view of the specialist Consultant dealing with dementia was that their service was dealing with around 30 – 35 people who had varying stages of the condition.

6.0 Issues considered by the Work Topic group:

6.1 Introduction:

6.1.1 This was an entirely new area of work for all of the members of the Work Topic group, Members and Officers alike. Although there is a substantial amount of literature about older people with dementia, it became clear that there was much less consistent evidence nationally about the needs of younger adults with dementia, apart from some scholarly articles and some scattered examples around the country of local service delivery.

6.1.2 Given this, the Group effectively started with a blank slate, and therefore considered a wide range of issues. These are discussed in more detail below, but broadly covered the following areas:

- How significant is the problem of younger adults with dementia in Halton?
- Is there something about Halton which may make people more prone to developing dementia at an early age?
- Does public health and such things as good diet have role in preventing or managing dementia?
- What are the specific needs and issues for younger adults with dementia, as compared with people who develop dementia in older age?
- What planning processes are in place for younger adults with dementia
- What services are there locally for younger adults with dementia, and are there any examples of good practice that could inform future service developments?
- What are the needs of carers of younger adults with dementia?

6.2 The extent of the problem of younger adults with dementia in Halton: are there any local factors which contribute to this?

6.2.1 A snapshot of local activity data has been described in paragraphs 5.2.4 – 5.2.5, indicating a figure of 30-35 younger adults with dementia in Halton receiving care and support from health and social care services. This needs further work, in particular to identify the population known to the 5BoroughsPartnership, the local specialist health provider of dementia services. This should be included as part of the development of an overall joint commissioning strategy for dementia, arising from the Action Plan to deliver the recommendations of the National Dementia Strategy.

6.2.2 From the data snapshot, it was clear that there is no single type of dementia that predominates in Halton. There had been a sense that dementias relating to alcohol abuse and addiction were increasing locally, but this does not seem to be borne out by the evidence. Similarly, the evidence received by the Work Group, particularly from Dr Paula Hancock from the Brooker Unit, was that there are no specific local environmental factors that contribute to the condition.

6.2.3 So saying, it is known that there are some factors which relate to individuals which may predispose them to a higher risk of dementia. The Work Group heard evidence that:

- For some people with particular forms of learning disability, the is a significantly higher risk of early onset dementia. In recent years, the survival rate of people with these disabilities has significantly improved, both nationally and in Halton, and so it is inevitable that the incidence of dementia at a younger age in these groups will also increase. Services and commissioners need to monitor this, and planning for this needs to be included in learning disability commissioning plans
- Excessive use of alcohol raises the likelihood of a range of health conditions, which include specific alcohol-related dementias. Halton is known to have a significantly high level of alcohol use, as compared with other areas, with a resultant increased risk of dementia. The Work Group was concerned that more should be done to alert people – and particularly young people – to these risks through public health campaigns and programmes
- Similarly, the risks of vascular disease are substantially increased amongst people who are overweight or clinically obese. Vascular disease is itself a high risk factor for dementia. The Work Group again considered that this should be addressed within the public health and health promotion agenda

6.2.4 ***Recommendations:***

(i) A more detailed analysis of the numbers of younger adults with dementia, their needs and current services, should be conducted as part of the development of a joint commissioning strategy for dementia. This should include a full analysis of the current financial commitment for this group of people, to ensure that resources are used as efficiently and effectively as possible to achieve the best possible outcomes

(ii) Learning disability services should ensure that the needs of adults within their service who may be more susceptible to dementia at an early age are fully considered within commissioning plans

(iii) Local Public Health and Health Promotion services

should consider how to make people aware of the added risk of dementia arising from excessive alcohol use and poor diet. This should be particularly targeted at young people.

6.3 Is there anything different about younger adults with dementia, compared with people who develop the condition in older life?

6.3.1 Dementia is a destructive and incurable condition which, at its worst, leaves people unable to manage even the simplest aspects of their care. It is commonly associated with old age (but is certainly not an inevitable consequence of ageing), and this is in itself one of the difficulties. Evidence suggests that younger people are unaware of the possibility of dementia and are reluctant to refer themselves. Even if they do refer themselves, they are less likely to be diagnosed quickly, because professionals can be more reluctant to attach this diagnosis to a younger person.

6.3.2 There was an understanding amongst the Work Group that, if people develop dementia at a younger age, then the prognosis was that people could deteriorate more quickly than with a later-onset condition. This was largely refuted by expert evidence, and may be more related to the fact of later diagnosis in the first place, as described above.

6.3.3 However, there are some other issues which make the experience of younger adults with dementia different to that of older people. In particular:

- There is greater likelihood that the person with the condition is a parent of younger children, and therefore there are significant impacts on family life
- There is also a potential economic impact on both the person with the condition and their family, as people may still be in employment and, without the condition, could reasonably have expected to be economically productive for some years to come
- Finally – and importantly – most services for people with dementia are set up for an older age group. Younger adults can be one, even two, generations younger than those receiving help and support around them. As a consequence they may have little in common with the other people. This is particularly important when considering residential or nursing placements for people in the later stages of their condition.

6.3.4 The Work Group therefore felt it important to stress that younger people with dementia have many needs which **can** be met from a general service for people with dementia. However, they may also have additional issues to consider, and dementia services need to be structured to take these into account.

6.3.5 ***Recommendations:***

(i) when establishing a new service for adults with dementia, or reviewing an existing service, commissioners should examine the service to see whether it is suitable for the needs of younger adults with dementia

(ii) existing services should be encouraged in 2009 to examine their own processes to evidence their suitability for younger adults with dementia

6.4 Planning processes and services for younger adults with dementia:

6.4.1 There is currently no formal process for managing the developments in service that are needed for this group of people. They do not "fit" current commissioning structures, as they are too young to be considered for older age services, and do not have the type of mental illness that would specifically qualify them for adult mental health services.

6.4.2 As a result of this, they can find themselves being managed by a range of services, including mental health services, learning disability services and services for people with physical disabilities. These services themselves were established to support people with other needs, and they do not deal with younger adults with dementia frequently enough to develop an expertise or knowledge base in working with this group of people.

6.4.3 The main specialist health service for people with dementia is provided by the 5BoroughsPartnership NHS Trust. The Work Group was impressed by the information provided by one of the doctors in that service, Dr Paula Hancock, and it was clear that people with dementia were receiving a caring and knowledgeable service which made a difference to their lives.

However, this service does not have a specific focus on the additional needs of younger adults with dementia. When compared with other areas, there were general service gaps, which apply equally to all people with dementia:

- memory clinics – these are in place and are effective within the 5BoroughsPartnership, but they could helpfully be extended to meet the needs of particular areas and to have more of a community presence
- team approach: a range of professional approaches is needed to provide a comprehensive service for people with dementia. Apart from the input of a specialist psychiatric service, contributions are also needed from neuropsychologists, speech therapists and social workers
- community support services: Around the country there are few

examples of service provision for younger adults with dementia. There are some examples, however, of outreach services, which provide direct input into families and carers, and these seem to be well regarded. Locally, the Alzheimer's Society provides valuable support in Halton to families and people who have dementia, and the Work Group was of the opinion that this model should be promoted further

- crisis services: although crisis services do exist for older people with dementia, and can be accessed if needed by younger people, the are not designed to meet the additional needs of younger adults

6.4.4 Within the Council, there are no services specifically for younger adults with dementia, and such things as specialist residential services have to be purchased from outside the Borough, with additional disruption to the person themselves, as well and their families and carers. As already seen, services are currently structured and provided by age. There is a recognition of the potential to redesign services across health and social care, so that this barrier is not in place.

6.4.5 The Work Group was of the opinion that it is essential that services and commissioning processes are aligned to ensure that this group of people do not drop through the planning "net". Services should be established which correctly reflect people's needs and not be determined by an age barrier. These services should be able to develop an expertise in meeting the needs of this group of people

6.4.6 ***Recommendations:***

(i) service commissioners and planners should develop an agreement as to the most effective care pathway for this group of people, and services should be designed to reflect this

(ii) service delivery and planning should be redesigned to reflect need rather than age

(iii) service commissioners should examine the potential for the establishment of a specific crisis service for younger adults with dementia

6.5 Carers:

6.5.1 Members had a moving interview with two carers of younger adults with dementia, and one actual adult with the condition. One of the carers, JB, has since submitted a testimony which is attached as Annex 2 to this Report.

6.5.2 As with the planning arrangements for younger people with dementia, and the way that services are structured, there are limited services to meet the needs of carers of younger adults with dementia. Other

service areas have carers services which have been set up expressly for those service areas and which develop a level of expertise in the area.

6.5.3 The notable exception to this is the local branch of the Alzheimer's Society, which is well regarded by carers. This service, which is funded through a contract with Halton Borough Council, provides a single worker to act as a Family Support Service for people with dementia, which includes younger adults. A range of supports is provided, including advice, education, activity groups, a luncheon club, social outings and activity groups, including reminiscence, which has been shown to have a positive effect on people with dementia.

6.5.4 Members heard that there were some very good examples of professional staff and the interventions they provided. However, there were also anecdotal examples where staff clearly did not appreciate the issues facing younger adults with dementia, and they recommended that training should be available for these staff.

6.5.5 Carers felt that it would be helpful to have a centre, or group of centres, which people with dementia could attend to receive treatment and therapy, according to the progress of their condition. Although this does not necessarily follow the current thinking that services should be more community-based, the principles of this can be used to adapt existing services to more exactly meet people's needs.

6.5.6 ***Recommendations:***

(i) awareness-raising training should be made available for general staff who may deal with younger adults with dementia as part of their day to day work

(ii) as day services are redesigned to take a stronger community focus, care should be taken to ensure that community services and supports can provide an environment which meets the needs of younger adults with dementia. This should be considered as part of the dementia commissioning strategy.

7.0 Summary of Recommendations:

7.1 Introduction:

7.1.1 Recommendations arising from the Work Topic are contained throughout this Report. This Section pulls all the recommendations together and provides a rationale for each of them.

7.2. Summary of recommendations and rationale:

7.2.1 **Recommendation 1:** "*The draft dementia strategy for Halton should specifically consider the needs of younger adults with dementia" (paragraph 4.4).* Rationale: the Halton dementia strategy will be the key driver for creating service improvements for people with dementia in Halton. This Strategy will, as a result of the work of the Work Topic Group and this recommendation, be also responsible for leading the development of appropriate services and supports for younger adults with dementia.

7.2.2 **Recommendation 2:** *"The 4Boroughs draft Dementia Strategy should also be encouraged to consider how services for younger people with dementia are delivered in the context of overall dementia services" (paragraph 4.4).* Rationale: the 5BoroughsPartnership is responsible for delivering specialist secondary health care services for people with dementia, and has developed a draft Strategy (with four of the Boroughs it covers) to say how it will do this. This Strategy does not currently include the specific needs of younger adults with dementia. This recommendation ensures that the new Strategy will also consider the different needs of younger adults.

7.2.3 **Recommendation 3:** *"A more detailed analysis of the numbers of younger adults with dementia, their needs and current services, should be conducted as part of the development of a joint commissioning strategy for dementia. This should include a full analysis of the current financial commitment for this group of people, to ensure that resources are used as efficiently and effectively as possible to achieve the best possible outcomes" (paragraph 6.2.4).* Rationale: the Work Topic undertook a "snapshot" of the current numbers of younger adults with dementia. This was not able to include more detailed information from the 5BoroughsPartnership, and this needs to be included in order to form a more accurate picture of local need and service structure. In addition, this Recommendation ensures that the current financial and resource commitment is fully considered by Commissioners in both health and social care services, to ensure that it is used efficiently and effectively.

7.2.4 **Recommendation 4:** *"Learning disability services should ensure that the needs of adults within their service who may be more susceptible to dementia at an early age are fully considered within commissioning plans" (paragraph 6.2.4).* Rationale: the Work Topic Group heard that there are some people with specific forms of learning disability who are more prone to developing early-onset dementia, because of their condition. This is not currently considered as a part of learning disability commissioning and planning.

7.2.5 **Recommendation 5:** *"Local Public Health and Health Promotion services should consider how to make people aware of the added risk of dementia arising from excessive alcohol use and poor diet. This*

should be particularly targeted at young people" (paragraph 6.2.4). Rationale: the Work Topic Group was very concerned that there needs to be much wider public awareness of the increased risks of dementia arising from such things as alcohol misuse and poor diet. It was considered that investment in this public health area could do much to reduce the risks of dementia in the wider population.

7.2.6 **Recommendation 6:** *"when establishing a new service for adults with dementia, or reviewing an existing service, commissioners should examine the service to see whether it is suitable for the needs of younger adults with dementia" (paragraph 6.3.5).* Rationale: this recommendation is designed to ensure that service commissioners always consider the needs of younger adults with dementia in their planning processes.

7.2.7 **Recommendation 7:** *"existing services should be encouraged in 2009 to examine their own processes to evidence their suitability for younger adults with dementia" (paragraph 6.3.5).* Rationale: this takes the previous recommendation one step further and asks service providers to do the same critical review of their own service, to see whether they could do more to support the younger age group who have dementia. These two recommendations, taken together, would potentially increase the range and number of local services for this group of people.

7.2.8 **Recommendation 8:** *"service commissioners and planners should develop an agreement as to the most effective care pathway for this group of people, and services should be designed to reflect this" (paragraph 6.4.6).* Rationale: care pathways describe the types of services and supports a person could expect to receive, according to the stage of their condition, and how and when people would access those services. This needs to be fully developed for younger adults, who may have additional needs, as part of the overall Halton Dementia Strategy.

7.2.9 **Recommendation 9:** *"service delivery and planning should be redesigned to reflect need rather than age" (paragraph 6.4.6).* Rationale: at present, planning processes and service provision are often specifically age-related, rather than reflecting the continuing needs of people. This can create the kind of situation where people do not "fit" into eligibility criteria for services and support, and the Work Topic Group felt that this was the case for younger adults with dementia. In addition, staff who work in services which do not specifically have expertise in a particular issue do not have the opportunity to develop the necessary skills and knowledge base. This recommendation is intended to prompt services to consider their current structures and the potential for redesign, to the benefit of all who use the services.

7.2.10 **Recommendation 10:** *"service commissioners should examine the potential for the establishment of a specific crisis service for younger adults with dementia" (paragraph 6.4.6).* Rationale: this was a theme that came out on a number of occasions from people who gave their views to the Work Topic. No recommendation is made as to how this type of service should be configured, with the expectation that this would be addressed as part of the Halton Dementia Strategy.

7.2.11 **Recommendation 11:** *"awareness-raising training should be made available for general staff who may deal with younger adults with dementia as part of their day to day work" (paragraph 6.5.6).* Rationale: the Work Topic Group was convinced that, although dementia may have very similar issues across all age groups, there are also specific additional issues which need to be considered when working with younger adults. There was also a strong emphasis on the need to diagnose and intervene in the condition at an early stage. Evidence from a number of people suggested that dementia in younger adults is not always recognised or considered, at least until a much later stage than in older people. This recommendation is intended to ensure that key staff – particularly those working in primary care services – are equipped with the skills and knowledge to manage the condition more effectively.

7.2.12 **Recommendation 12:** *"as day services are redesigned to take a stronger community focus, care should be taken to ensure that community services and supports can provide an environment which meets the needs of younger adults with dementia. This should be considered as part of the dementia commissioning strategy" (paragraph 6.5.6).* Rationale: the Work Topic felt strongly that there was a need for a "place" for younger adults to go, where they and their carers could receive the help and support they need. However the Group was also mindful of the move towards more locality- and community-based services, and therefore wanted this recommendation to reflect these issues.

ANNEX 1

TOPIC BRIEF

Topic Title: Services for younger adults with dementia

Officer Lead: Lindsay Smith (Divisional Manager, Mental Health)

Planned start date: July 2008

Target PPB meeting: March 2009

Topic description and scope:

To review the commissioning and service provision in Halton for younger adults (age under 65) who develop dementia, so as to establish an agreed approach and model across all key stakeholders.

Why was this topic chosen?

In recent years there has been a noticeable increase in the number of younger adults in Halton requiring social care supports because they have developed some form of dementia, and particularly in dementias related to alcohol use. In general the prognosis for this group of people has not been good and they have required a considerable level of care and support. There are no specialist services for this group of people in Halton, no work has been done locally to map the extent of future need and currently there is no consistent commissioning approach to this condition. In addition there are no specific support networks for families and carers of people affected by these conditions.

This topic has a specific focus on the health needs of the local population and will therefore contribute significantly towards meeting the Council's key strategic priorities.

Key outputs and outcomes sought:

- A full and detailed analysis of the current extent of the development of dementia amongst younger adults in Halton
- An understanding of the extent of future need in Halton, informed by local, national and international research
- To establish whether there are any preventive or early intervention approaches that could reduce the burden and impact of these conditions on local residents
- An analysis of national best practice and the extent to which this can be delivered locally
- An agreed commissioning plan across all key stakeholders for this group of people

- The development of support networks for carers and families of people affected by these conditions

Which of Halton's 5 strategic priorities are addressed by this topic, and the key objectives and improvement targets it will help to achieve:

A Healthy Halton:

Key Objective A: to understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people

Key Objective D: to reduce the burden of disease in Halton by concentrating on lowering the rates of cancer and heart disease, mental ill health and diabetes and addressing the health needs of older people.

Nature of expected/desired PPB input:

Member-led review of the needs of younger adults with dementia.

Preferred Mode of operation:

- Analysis of the extent of local need, involving all key stakeholders
- Review of local current provision for younger people with dementia
- Benchmarking with comparator local authorities and known areas of good practice
- Field visits to areas of best practice

Agreed and signed by:

PPB chair …… Officer ……

Date …… Date ……

ANNEX 2

My story – living with a young person with Parkinsons Disease and related dementia and how the Government and Local Council Services could help me by J B, wife and carer.

I fell in love with my J, 41 years ago. We have been married for 36 years. He made me laugh and helped me so much to cope with my father who had suffered with mental illness for so many years before he committed suicide in 1975. Without my J, I don't think I would have survived. He always masks his own and my concerns with laughter. He says this is the best medicine, along with lots of love, hugs and kisses, but this doesn't always work for me.

J was raised by his Mother and Aunty Lily. Aunty Lily had Parkinsons Disease and we had sole care of Aunty Lily for about ten years following J's Mums death in 1987. She suffered with this disease for about 17 years, but showed no signs whatsoever of dementia. Perhaps this is why I am finding it so hard to cope with my J's illness.

J was diagnosed in 2004 with Parkinson's Disease, aged 58, He was diagnosed with dementia officially in 2007. They think it is Lewy body dementia. J doesn't tremor much like Aunty Lily did, and the poor mobility and the pain he is sometimes in because of muscle rigidity is much worse than she ever experienced. Looking back, I believe he had shown some symptoms of both illnesses for quite a few years prior to diagnosis. In fact it was when he turned 50 when his facial expressions; slowness of movement; lack of concentration; confusion and short term memory problems first started to appear, although slight. Life went on as normal. We used to joke about him forgetting instructions and getting his words mixed up, we put it down to old age, senior moments,

I can cope with his Parkinson's Disease, but it is the dementia symptoms, which appear not all the time and this is hard as sometimes you think he is 'putting it on'. The confusion, lack of concentration; occasional visual hallucinations, repetition and short term memory problems are hardest of all to handle and the most upsetting. My J, who was so full of life; so active; so handy to have around the house is now full of anxiety, frustration and lack of self esteem and confidence. He gets embarrassed when he gets his words mixed up; he tries hard to fight this with laughter. His jokes and actions are sometimes inappropriate and he annoys me with his constant need to touch. Why do I feel this way? I never used to. I love him so much, but I am so full of anger and hurt because this illness is taking him away from me slowly but surely.

J's illness fluctuates from day to day. Sometimes its hard to recognise that he has a problem, apart from his 'parky' facial expression, or slowness of movement, or that during conversation he loses his thread and starts to get his words mixed up, or he will forget how to use a screwdriver. Its also about his sequencing of tasks and concentration, remembering what he set out to

do. He has a fantastic sense of humour, thank goodness he hasn't lost this. His socialisation is intact enough to warrant him to be on his 'good behaviour' when we have visitors. He makes a real effort and can appear to be pretty normal. This infuriates me sometimes as I may have been struggling with his behavioural challenges for days. The key is to be there for a protracted period to understand this condition. It can never be the same when others are not the sole carer, because being the sole carer invades every minute of every day. The way J presents himself to one person can be completely different to another.

Then there is nothing more soul destroying to me when I receive some unsolicited advice, perhaps from a friend or family member who think they know better. My family constantly tell me that I am taking away J's independence by something I may have done or they say "you shouldn't talk in front of him like that; or you shouldn't say that". I want to say "give me some help, what do you know". They are not helping me; just upsetting me. I have to learn from my mistakes and sometimes I can't cope! I often feel so sensitised and vulnerable so even when friends and family are trying to be sympathetic to me, it sometimes grates and annoys me.

I know I need to be in the best of health and right frame of mind to deal with this terrible illness.. Techniques and understanding of this illness should be practised by all the family unit.

I suppose I am a bit 'gobby;. I am not afraid to ask for help. I have never been slow in coming forward and have always been very open and honest. We have a great GP, Dr V in the B Surgery in Widnes and J has a good Consultant, Dr F in the Walton Neuro Centre and Dr D in St J's Unit – they are simply the best! I also have the support of the Alzhiemers & Parkinsons Society and their websites. Thank goodness for L D and K from the Runcorn/Halton Alzhiemers Group, J N and B G from the Carers Support Group, L and B the Parkinson's Community Workers and the Parkinsons Specialist Nurses, I couldn't cope without them.

In Halton, the Support Services are great, but they can only do so much. There is a lack of funding and understanding by Government and Local Officials with regard to young people with dementia. I have had some bad experiences with Social Workers/Care Placement Officers, very nice people, but I believe they do not understand these illnesses and do not do their homework before offering services. I do think younger people with dementia are neglected, perhaps this is to do with a lack of knowledge on my part as to what is on offer, or maybe there is very little provision for them.

I believe anyone with a mental, or related illness, needs one to one help to begin with from professional specialist services and carers until they are accustomed to anywhere new never mind new faces. Are day centres/workshops and care in the community the answer? I am fortunate to remember a little of how individuals with a mental illness were treated in the past, and a lot we would not want to resurface, but there were some good things that happened. The use of therapists – occupational, speech and other

psychiatric therapists and specialist nurses were first-class. They had centres to accommodate the period that followed the 'in patient' spell when the patient was given the opportunity to get back into the community by re-educating them whilst still under the care of trained professionals'.

Whilst I appreciate the hard work the 'carers within the community' are giving, many may not be professionally trained. A suggestion I would make is why not have purpose built centres created to help and support the different stages of alzhiemer sufferers that are led by professionals and specialist care assistants to support them. The early onset of dementia patient would perhaps benefit from speech therapists and physio, and therapists who could rebuild confidence and social skills. This part of the centre could provide related activities suited to their needs. So when a patient is first diagnosed they could attend the centre on a part-time basis; be assigned a care assistant who will eventually be taking them out into the community (the care assistant, with occasional visits from Social Workers, could learn a lot from the professionals during the sufferer's period at the centre, not only about the illness, but also of the sufferer's needs when going out into the community). There could be different parts of the purpose built centre to accommodate the other stages of alzhiemers that are suited to the needs of the various developmental stages of the disease.

In summary, a dedicated unit within the purpose built centre to support the needs of all alzhiemer sufferers at different stages of the disease. I realise this will require a lot of thought, planning and funding, but units like this will not only help to treat alzhiemer patients, but will provide the much needed respite for carers. Funding could come from the individual's DLA allowance, charity donations such as the lottery, together with funding from the government.

It's just my suggestion which I believe could support the Government's new strategy on dementia.

REPORT TO: Healthy Halton PPB

DATE: 09th June 2009

REPORTING OFFICER: Chief Executive

SUBJECT: Performance Management Reports for 2008/09

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

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

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

2.0 RECOMMENDATION: That the Policy & Performance Board;

1) Receive the 4TH quarter year-end performance management reports;

2) Consider the progress and performance information and raise any questions or points for clarification; and

3) Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Policy and Performance Board.

3.0 SUPPORTING INFORMATION

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

3.2 The quarterly reports are on the Information Bulletin to reduce the amount of paperwork sent out with the agendas and to allow Members access to the reports as soon as they have become available. It also provides Members with an opportunity to give advance notice of any

questions, points or requests for further information that will be raised to ensure the appropriate Officers are available at the PPB meeting.

4.0 POLICY IMPLICATIONS

There are no policy implications associated with this report.

5.0 OTHER IMPLICATIONS

There are no other implications associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

The quarterly performance monitoring reports demonstrate how services are delivering against the objectives set out in the relevant service plan. Although some objectives link specifically to one priority area, the nature of the cross-cutting activities being reported means that to a greater or lesser extent a contribution is made to one or more of the priorities listed below;

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**

6.6 **Corporate Effectiveness and Efficient Service Delivery**

7.0 RISK ANALYSIS

N/A

8.0 EQUALITY AND DIVERSITY ISSUES

N/A

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

Document	Place of Inspection	Contact Officer
N/A		

QUARTERLY MONITORING REPORT

DIRECTORATE: **Health & Community**

SERVICE: **Adults of Working Age**

PERIOD: **Quarter4 to period end 31st March 2009**

1.0 INTRODUCTION

This quarterly monitoring report covers the Adults of Working Age Department fourth quarter period up to 31 March 2008 It describes key developments and progress against all objectives and performance indicators for the service.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 7.

2.0 KEY DEVELOPMENTS

Adults with Learning Disabilities

Reconfiguration of Adults with Learning Disabilities health and care management services.

The reconfiguration of the service was completed in August 2008. All Learning Disability Nurses successfully made the transition to Halton Borough Council from the Primary Care Trust. A single point of access has been established through the core team with an advice and assessment worker available daily to monitor all referrals. Weekly Multi Disciplinary Team (MDT) meetings ensure the allocation to the intensive team. There are quarterly meetings with the 5Boroughs Partnership to ensure the continued integration of the services and that the processes remain fit for purpose.

Housing Co-ordinator

This role was funded from supporting people funding in order to develop a comprehensive database of all supported living and residential homes within Halton. By rationalising the allocation process and developing careful compatibility measures there has been a reduction in incidents, Vulnerable Adult Abuse and complaints for the department.

Mental Health

Mental Health Act 2007: the 5BoroughsPartnership (5BP) has expressed its willingness to work with Halton to explore the potential for non-social care staff to assume the role of Approved Mental Health Professionals (AMHPs). A report will be going to Senior Management Team in April 2009 to establish the optimum number of Approved Mental Health Professionals for the area, and work will then continue with the 5Boroughs to take this forward. The new Independent Mental Health Act (IMCA) advocacy service has been established, and will be in effect from 1st April 2009.

Deprivation of Liberty Safeguards: considerable work has taken place to ensure that all necessary resources, processes and procedures are in place

before the implementation date of 1st April 2009. Eight staff have now successfully trained as Best Interests Assessors, and all issues relating to insurance have been resolved. The new overarching policy and procedure has been agreed and is in place, and a series of briefings with staff, managers and care homes has taken place. The Independent Mental Capacity Advocacy (IMCA) service has been extended to take into account the new roles and responsibilities, and a local advocacy service has been engaged to deliver the role of Representative.

Mental Capacity Act: as with the Mental Health Act and Deprivation of Liberty Safeguards, this continues to be scrutinised through the overarching Steering Group. The work programme for 2009-10 will be developed in April 2009 and will include examination of the effectiveness of local training and the understanding of mental capacity issues in front line services.

Care Programme Approach: this important policy and procedure, which operates jointly across health and social care services, was issued in a revised form by Central Government in 2008. The lead for revision of the policy locally is with the 5Boroughs Partnership, and it is anticipated that this will be completed in 2009.

Integrated Partnership: this continues to be developed. The formal partnership agreement is to be revised to take into account developing service arrangements. A project plan is being developed to ensure the integration is effective.

3.0 EMERGING ISSUES

Adults with Learning Disabilities

Personalisation

All care managers are currently undertaking a comprehensive training package in order for the personalisation agenda to be progressed. It is anticipated that both Adults with Learning Disabilities and Physical and Sensory Disabilities will play a key role in the transformation of Halton Borough Council Social Services.

Valuing People Now

The Government has set out its three-year strategy for people with Learning Disabilities in Valuing People Now. A detailed plan is being developed and will be monitored through the Partnership Board.

Mental Health

Personalisation: along with all other service areas, this challenging agenda is being developed in mental health services as part of the overall project plan. There is some national evidence from pilot sites that people who use mental health services are more satisfied with the outcomes of the personalisation agenda.

Single Point of Access: the initial phase of this development is now complete and there is agreement across all services as to the way the service will be delivered. The Primary Care Trust is making arrangements for an agreed

service provider to develop the new service. In the meantime a social work post has been advertised for this service, with interviews planned for May 2009.

Employment: following the identification of NI 150 – the employment of people known to secondary mental health services – the project management of this target has been included within the new Disability Employment Network. Work continues to obtain an effective baseline for this target. In the meantime, a new post is being appointed which will work closely with the mental health teams to identify people who might be ready for employment, and then to work with those people to help them back to work. This will be supported by an additional service, provided by a national mental health charity, which will also work with people in this way.

Integrated Electronic Systems: the Council continues to work with the 5Boroughs Partnership to support the development of an integrated records system which will meet the needs of both health and social care services.

Mental Health information: for some time, a Subgroup of the Mental Health Local Implementation Team (LIT) has been in place, responsible for looking at the local information available about mental health. A successful workshop was held in March 2009, and the identified actions from this will form part of a wider action plan to be developed.

4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

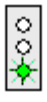
Total	**25**		**25**		**0**		**0**

please refer to Appendix 1.

5.0 SERVICE REVIEW

None.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	**12**		**6**		**0**		**3**

please refer to Appendix 2.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	**15**		**10**		**0**		**1**

please refer to Appendix 3.

7.0 PROGRESS AGAINST LOCAL PUBLIC SERVICE AGREEMENT (LPSA) TARGETS

This service is not responsible for any Local Public Service Agreement (LPSA) targets. The service contributes to an LPSA around services for carers that is reported in the Older People's Services monitoring report.

8.0 RISK CONTROL MEASURES

During the production of the 2008-09 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

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

9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2007/08 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4. Please refer to Appendix 5.

10.0 DATA QUALITY

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

11.0 APPENDICES

Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress against Key Performance Indicators
Appendix 3- Progress against Other Performance Indicators
Appendix 4- Progress against Risk Treatment Measures
Appendix 5- Progress against High Priority Equality Actions
Appendix 6- Financial Statement
Appendix 7- Explanation of traffic light symbols

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
AWA 1	Evaluate, plan, commission and redesign services to ensure they meet the need of vulnerable people within the local population, including those from hard to reach groups (including the black and minority ethnic community)	Development of Person Centred reviews with particular focus for adults with Profound and Multiple Learning Disabilities to enhance service delivery Mar 2009.		A dedicated Speech And Language Therapist has been working with 10 people who receive their day service out of Pingot day centre to obtain and analyse their non verbal behaviours in order to inform service provision. This project has been extended until 30th June.
		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.		In conjunction with Cheshire, Halton And Warrington Race Equality Council, work continues within the Directorate to improve the access and the signposting of members of the Black and Minority Ethnic community to support services.
		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 Mar 2009.		Audit has now taken place, report due in April 2009 and action plan to be developed

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Evaluate “In Control/Individualised Budgets” pilot and extend to other service user groups as appropriate, thus enabling people needing social care and associated services to design that support Mar 2009.		Transforming Adult Social Care Board (TASC) established and associated work streams of finance, workforce, commissioning, and outcomes. Care managers from all services areas are currently receiving a robust training programme.
		Agree and implement the reconfiguration of Adults with Learning Disabilities health and care management services to enhance service delivery Mar 2009.		The fully integrated Learning Disability team has been operational since August 2008. The core team is a single point of access for all of Adult with Learning Disabilities service provision with weekly Multi Disciplinary Team meetings for allocation to intensive team.
		Review services and supports for younger adults with dementias and establish a strategy to improve services to this group Mar 2009		This project has been extended until June 2009 to take account of the developments in the national and local dementia strategies. Members have taken evidence from a variety of sources, including one visit and a meeting with carers and service users.
		Review Care Management Services for Physical and Sensory Disabilities to enhance service delivery Sep 2008.		Completed. Future models to be explored with Primary Care Trust and St Helens.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
AWA 2	Work in partnership to enhance joint working arrangement and delivery of services to vulnerable people	Mainstream review of Bridge Building Day Services Model to ensure that it supports the priorities of the modernisation agenda Sep 2008.		The Bridge Building service continues to produce positive outcomes for service users. Funding has been secured for the new financial year.
		Review the Payments and Expenses Policy and Procedure to ensure payment levels are appropriate and procedures are adequate Jun 2008		Completed.
		Expand the involvement of service users in the direction and quality of day and supported living services Sep 2008.		A Quality Assessment Group comprising service user representative and management and facilitated by Halton Speak Out continues to inform service development. In addition service users are included on staff interviewing panels and are heavily involved in producing their own newsletter. In recognition of the greater involvement of service users Care Quality Commission awarded the service 3 stars excellent.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Continue to contribute to the implementation of Change For The Better, the 5Boroughs Partnership new model of care for mental health services, thus ensuring that services are based on recovery and social inclusion Mar 2009.		Change for the Better is now fully implemented. As part of the overall partnership, a project is being delivered which aims to integrate wider aspects of community health and social care in Halton mental health services, with direct lines of accountability through the Local Authority.
		Develop and implement, in partnership with key stakeholders, all policies, processes and procedures necessary to fully implement the Mental Health Act 2007 Oct 2008		All required policies, procedures and processes are now in place. The overall process continues to be monitored by a multiagency Steering Group. The Independent Mental Health advocacy service has been commissioned, and the optimum number of Approved Mental Health Professionals is being scoped. All new policies and procedures are to be reviewed in May 2009.
		To agree and implement a joint process for implementation of new national guidance on Continuing Health Care Mar 2009		Developed integrated policies and pathways to support weekly Multi Disciplinary Team meetings established in conjunction with St Helen's Local Authority and Primary Care Trust. Development of disputes process and process for determining joint funding arrangements.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Continue to implement the modernisation of Day Services to enhance service delivery Jun 2008		Cup Cake Catering has now begun cake production and food is selling well at Norton Priory. This will be expanded to supply cakes and confections to the other outlets within the project. Further employment opportunities are being generated in the Norton Priory Catering project and the Market Gardens. Together with opportunities at the Stadium the Care Quality Commission target of 20 people with disabilities for 08-09 has been met. Created a detached leisure day in partnership with Kingsway leisure centre. Designated link person attends Community Bridge Builders team meetings. Quality Improvement Team of stakeholders inspects day service community venues to determine if fit for purpose. Working in partnership with Halton Speak Out to progress Person Centred Plan's for people with Profound Multiple Learning Disabilities. Focused working party for Profound Multi Learning Disabilities group to improve the quality of service for this group.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Implement action plan for the National Service Framework for Long Term Condition to ensure services are meeting the needs of the community Mar 2009.		Consultant commissioned to review services. Draft report submission date extended to May 09.
		Review services and supports for children and adults with an Autistic Spectrum Disorder Mar 2009		Review completed, strategy to be developed with assistance of National Autistic Society.
		Implement a behaviour solutions approach to develop quality services for adults with challenging behaviour Mar 2009.		Challenging behaviour project group established in conjunction with St Helen Council, 5Broughs Partnership and Primary Care Trust to cover both adults and children services to support mainstream services in working with people with whose behaviour challenges services.
AWA 3	Provide facilities and support to carers, assisting them to maintain good health	*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.*		A detailed process has taken place to improve assessments of carers needs, with substantial improvements to the processes of assessment data collection. The Local Public Service Agreement "stretch" target has been fully achieved as a result.
		Maintain the number of carers receiving a carers break, to ensure that Carers needs are met Mar 2009.		Good performance in this area, outturn expected April 2009.

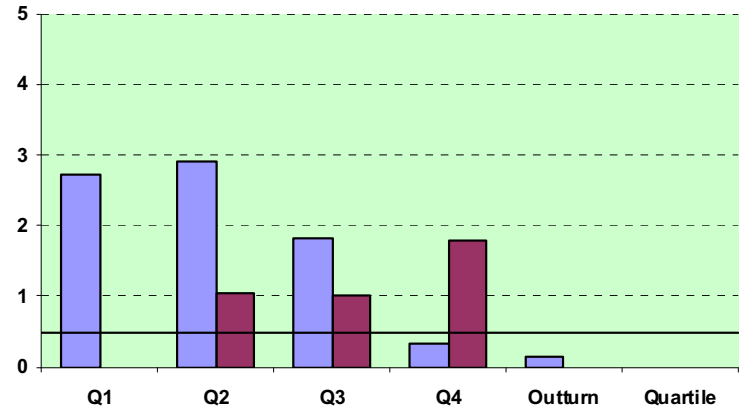
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Implement new model for Carers Centres to increase access to additional funding, thus ensuring the continued provision of quality services to the local community Mar 2009.		Completed, Carers centre launch took place 26th March 2009.
		Refresh the Carers Strategy in light of the new national Carers Strategy, thus ensuring Carers needs continue to be met Jun 2008.		February event very successful, refresh now being drafted.
		Continue to work with Halton & St Helens Primary Care Trust to improve the physical health of carers Mar 2009.		Work continues with the Primary Care Trust to enhance services for carers, Carers centre receiving additional funding from Primary Care Trust.
AWA 4	Ensure that service delivery, commissioning and procurement arrangements are efficient and offer value for money	Build on learning for Halton from Care Services Efficiency Development improving care management efficiency project, identifying further areas and priorities for redesign Jun 2008.		Exploring the proposal to use a rota of first assessors from across operational care management teams to be located within the contact centre to manage first contacts, self assessments, effective signposting and to facilitate timely assessments for care, equipment and support.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Continue to implement Adults with Learning Disabilities financial recovery plan to ensure that the service becomes increasingly efficient and effective Mar 2009.		Completed, as previously reported.
AWA 5	Support vulnerable adults and carers into employment opportunities where appropriate	*Develop Supported Employment Strategy for all adult age groups to ensure appropriate employment opportunities are available for service users and carers Mar 2009.*		Working group now in operation chaired by Operational Director in Economic regeneration.

AWA LI4

Percentage of adults assessed in year where ethnicity is not stated

Lower figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Worse than this time last year

Red

Annual target missed

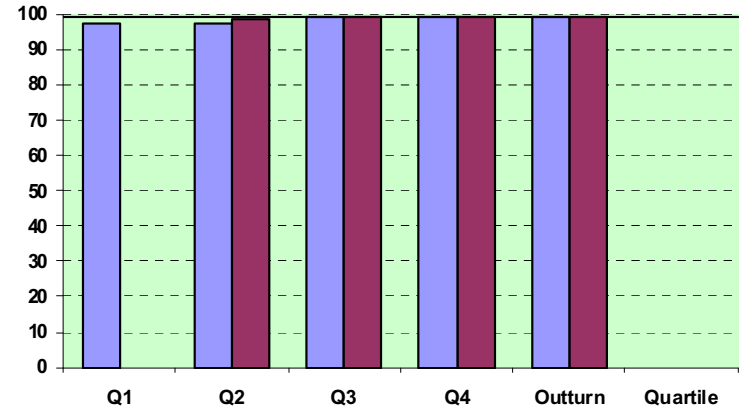
Commentary

A high number of Adults Assessed with Unknown Ethnicity (28 Adults) has been identified as the cause of the increase in this indicator

AWA LI13

Percentage of people receiving a statement of their needs and how they will be met.

Higher figures represent better performance



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Same as this time last year

Green

Annual target hit or exceeded

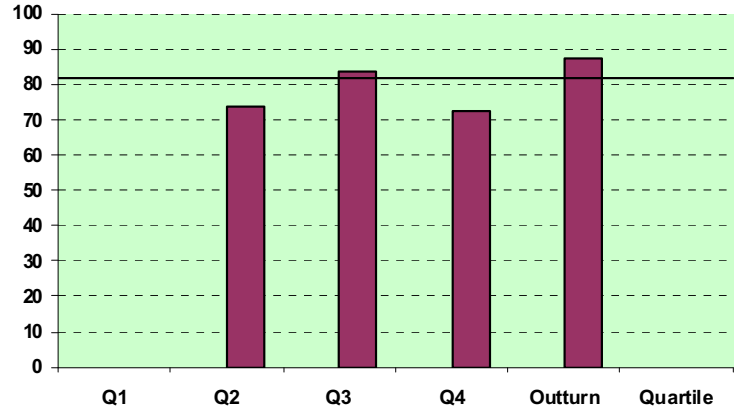
Commentary

Target met

AWA NI 132

Timeliness of social care assessment DH DSO

Higher figures represent better performance



Key

- 2007/8
- 2008/9
- Target
- Top 25%
- Middle 50%
- Bottom 25%

No quartile data available

Trend

No data for same Qtr last year	Red
Annual target missed	

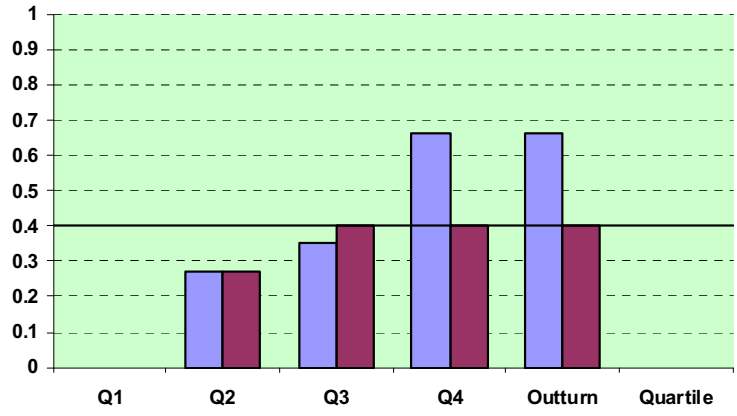
Commentary

Target not met. A high number of Independent Living Service (ILT) clients for whom the assessment process took longer than 28 days has contributed to the shortfall. The Physical and Sensory Disability Team and also Deafness Support Network performance was outside 28 days providing a contributing factor, albeit on a lesser scale than ILT

AWA LI15

Admissions of Supported Residents aged 18-64 into residential/nursing care

Lower figures represent better performance



Key

- 2007/8
- 2008/9
- Target
- Top 25%
- Middle 50%
- Bottom 25%

No quartile data available

Trend

Better than this time last year	
	Green
Annual target hit or exceeded	

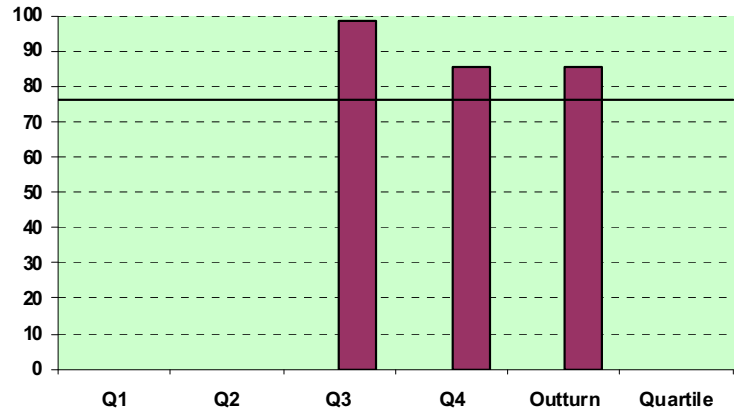
Commentary

Target met

AWA NI 141

Number of vulnerable people achieving independent living CLG DSO

Higher figures represent better performance



Key

2007/8
2008/9
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

Trend

Green

No data for same Qtr last year

Annual target hit or exceeded

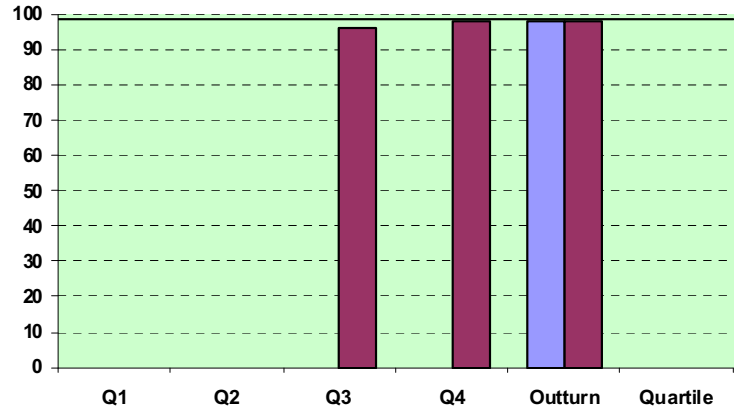
Commentary

Target exceeded

AWA NI 142

Number of vulnerable people who are supported to maintain independent living CLG DSO

Higher figures represent better performance



Key

2007/8
2008/9
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

Trend

Red

No data for same Qtr last year

Annual target missed

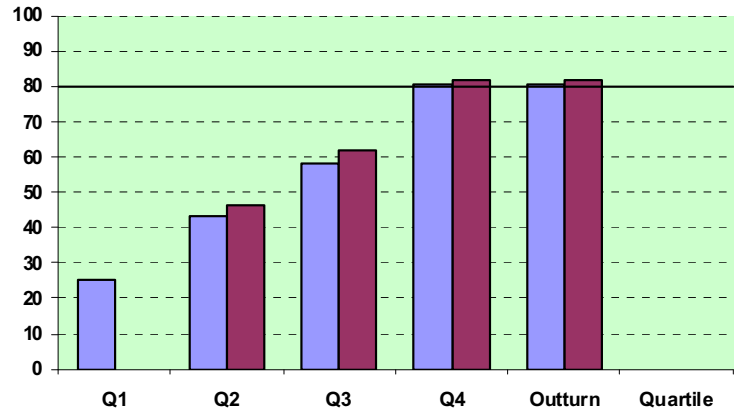
Commentary

Target not met. A number of older people have moved from sheltered services to RES/Care homes. SErvices have not reached their targets and are to be monitored/audited for all providers, this is due to be carried out in the next quarter

AWA LI14

Clients receiving a review as a % of adult clients receiv)ng a service (cost effectiveness PSA Target)

Higher figures represent better performance



Key

2007/8
2008/9
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

Trend

Better than this time last year

Annual target hit or exceeded

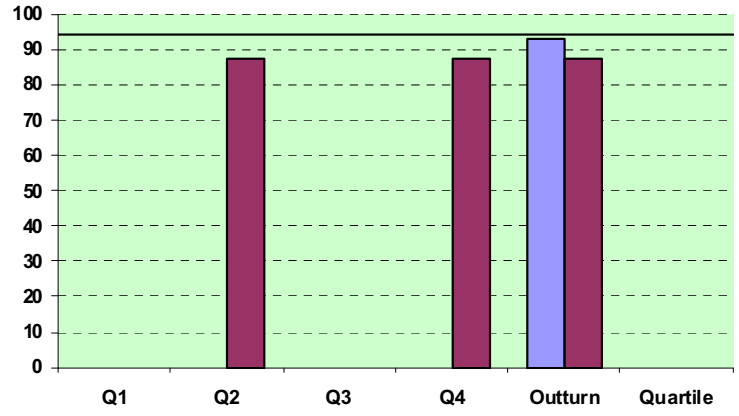
Green

Commentary
Target met

AWA NI 133

Timeliness of social care packages DH DSO

Higher figures represent better performance



Key

2007/8
2008/9
Target
Top 25%
Middle 50%
Bottom 25%

No quartile data available

Trend

No data for same Qtr last year

Annual target missed

Red

Commentary
Target not met. A proporetionately high number of ILT clients for whom the assessmnent process took longer than 28 days has contributed to the shortfall.

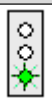
The following KPIs have not been included above for the reasons stated: -

NI 136 People supported to live independently through Social Care Services
It is difficult to compare performance of this new indicator until we are able to compare against comparator data. The indicator includes data from the voluntary sector and caution should therefore be exercised regarding data quality. Targets here are incorrect and refer to the old PAF indicator that ceases to exist.

NI 131 Delayed Transfers of Care
Data not available from Health until 28th April 2009

NI 145 Adults with Learning Difficulties in Settled Accommodation
Data not available to report

NI 146 Adults with Learning Difficulties in Employment
Data not available to report

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 4	Progress	Commentary
Cost & Efficiency						
AWA LI1	Intensive home care as a percentage of intensive home care and residential care	27.15	28	25.53		The HH1 outturn for intensive households dropped in 2008 (some impact from CHC). Therefore the lower number of intensive households has resulted in a lower outturn for this indicator.
AWA LI3	Unit cost of home care for adults and older people (£)	15.46	16.16			Unit costs are not reported until PSSEX1 Return is completed in July 2009.
AWA LI2	Cost of intensive social care for adults and older people	458.16	476.48			Unit costs are not reported until PSSEX1 Return is completed in July 2009.
Fair Access						
AWA LI5	Percentage of adults with one or more services in the year where ethnicity is not stated	0.08	0.2	0.2		Target met.
AWA LI7	Number of learning disabled people helped into voluntary work in the year	8.91	20	56		Target Exceeded. 34 clients supported by Supported Employment service. 22 Clients supported by Community Bridge Building service.
AWA LI9	Number of physically disabled people helped into voluntary work in the year	2.26	3	14		Target Exceeded. 12 Clients Supported by Supported Employment service. 2 Clients supported by Community Bridge Building service.
AWA LI11	Number of adults with mental health problems helped into voluntary work in the year	4.65	8	28		Target Exceeded. 4 clients supported by Supported Employment service. 24 clients supported by Community Bridge Building service.
Quality						
AWA LI12	Availability of Single Rooms (%)	100	100	100		Target met.
Service Delivery						

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 4	Progress	Commentary
AWA LI15	Admissions of Supported Residents aged 18-64 into residential/nursing care	0.66	0.4	0.4		Target met.
AWA LI16	Adults with physical disabilities helped to live at home	7.84	7.8	8.11		Target Exceeded.
AWA LI17	Adults with learning disabilities helped to live at home	3.92	4.1	4.39		Target Exceeded.
AWA LI18	Adults with mental health problems helped to live at home	3.35	3.5	3.5		Target Met.
NI 149	Adults in contact with secondary mental health services in settled accommodation PSA 16	-	-			Data not available to report. Data is sourced from 5Boroughs Trust.
NI 150	Adults in contact with secondary mental health services in employment PSA 16	-	-			Data not available to report. Data is sourced from 5Boroughs Trust.
AWA NI 129	End of life care - access to appropriate care enabling people to choose to die at home DH DSO	-	-	20.6*		* As at Quarter 3

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
AWA 4 Ensure that service delivery, commissioning and procurement arrangements are efficient and offer value for money	Pooled budget Supporting People retraction will increase budget pressures	Work with the Primary Care Trust to identify budget to pick up shortfall	31/03/ 2009		Completed, funding agreed with Primary Care Trust.
		Complete assessments to identify needs and cost for those affected by Supporting People retraction	31/03/ 2009		Completed, work to continue with relevant providers.
	Commissioning strategy does not sufficiently identify future need	Review and revise commissioning strategy	31/03/ 2009		Commissioning strategy completed.
AWA 5 Support vulnerable adults and carers into employment opportunities where appropriate	Failure to meet targets for vulnerable adults to gain employment	Cross service working group to be established to identify service users seeking employment.	31/03/ 2009		Targets achieved.
		Action plan to be developed to facilitate the identified group	31/03/ 2009		Completed.
		Identification of agencies to support this work	31/03/ 2009		Completed, one provider providing young people with opportunities. National charity in discussion with Council for future provision.

APPENDIX FOUR – PROGRESS AGAINST RISK TREATMENT MEASURES
Adults of Working Age

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
		Use of Learning Disability Development Fund to specifically support adults with learning disabilities	31/03/ 2009		Contract with provider in place to provide employment opportunities for young people.
		Regular reports to Senior Management Team	31/03/ 2009		Senior Management Team has received reports, additional capacity agreed to increase opportunities.

Strategy/Policy/Service	HIGH Priority Actions	Target	Progress	Commentary
Contract Monitoring	Monitoring of contracts with provider services – do residential/domiciliary providers employ staff from other backgrounds who have additional language skills which could be used to translate on behalf of service users whose first language is not English	31/03/2009		Council wide steering considering the needs of all minority groups within the borough to ensure we target services at all groups proportionally.
Cheshire, Halton & Warrington Race Equality Council (CHWREC)	Develop further links with Cheshire, Halton And Warrington Race Equality Council	31/03/2009		There is scope for further work with Cheshire, Halton And Warrington Race Equality Council, subject to additional funding, and opportunities for this is kept under constant review.
Corporate Equality Scheme	Contribute to a Corporate Working Group to simplify the Authority's equality-related policies/strategies etc to produce a Corporate Equality manual which is relevant and applicable to all Directorates	31/03/2009		The Directorate is currently contributing to the work being taken forward Corporately on the amalgamation of a number of equality related policies. A working group has been established to take forward this work.
	Health and Community Equality Impact Assessment systems to be strengthened and adopted on a Corporate basis	31/03/2009		The Directorate is currently contributing to the work being taken forward Corporately on the revision of the Equality Impact Assessment system. A working group has been established to take forward this work.

Diversity Training	Systems developed and implemented to ensure that all new staff attend Corporate Equality & Diversity training (1 day session); and all existing staff attend condensed Equality session.	31/03/2009		Corporate Training have developed and implemented mandatory Equality & Diversity Training for the Health &Community Directorate. An introductory session is also delivered, at induction, in line with the common Induction Standards.

The traffic light symbols are used in the following manner:

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

QUARTERLY MONITORING REPORT

DIRECTORATE: **Health & Community**

SERVICE: **Health & Partnerships**

PERIOD: **Quarter 4 to period end 31st March 2009**

1.0 INTRODUCTION

This quarterly monitoring report covers the Health & Partnerships Department fourth quarter period up to 31st March 2009 It describes key developments and progress against all objectives and performance indicators for the service.

Given that there are a considerable number of year-end transactions still to take place a Financial Statement for the period has not been included within this report in order to avoid providing information that would be subject to further change and amendment. The final 2008/09 financial statements for the Department will be prepared and made available via the Council's Intranet once the Council's year-end accounts have been finalised. A notice will be provided within the Members' Weekly Bulletin as soon as they are available.

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

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 7.

2.0 KEY DEVELOPMENTS

Business Support

An electronic care monitoring board has been established and will meet for the first time in April 2009. It was decided the electronic care monitoring project would be piloted in partnership with one of the new independent providers who have recently been contracted to provide home care services so that data extracted from electronic monitoring systems can be evaluated.

Work with Corporate ICT on the scoping of projects including the use of digital pens, mobile working, the single assessment process and electronic document storage is continuing. The 3 and 5 year ICT Strategy has been received from Corporate ICT and will be reviewed by SMT in April 2009.

The new performance Self Assessment Survey has been received from the Care Quality Commission (CQC) and will be completed and submitted to CQC

by 14th May 2009.

Quality Assurance and Supporting People

Throughout January to April 2009, the team have successfully implemented the transfer of domiciliary care services to our newly contracted providers who are now operating within 4 geographical zones across the borough.

Work has been completed on the residential care strategy, new improved residential care contract and specification. Council have approved the new rates for the provision of residential care and discussions are underway with providers regarding sign up to the new contract.

Housing

Work is progressing with City Region partners to develop housing proposals for inclusion in a Multi Area Agreement.

The Governments mortgage rescue scheme has been launched, but at this stage no cases have been dealt with in Halton that meet the eligibility criteria.

A tendering exercise has just been concluded to award a contract to undertake a survey of private sector housing conditions in the Borough, to inform development of the housing strategy.

At it's meeting on the 5th March the Executive Board agreed that the Council would work with partners to develop a sub regional model of Choice Based Lettings for introduction hopefully in 2010. This will mark a significant change in the way social rented housing is allocated in the Borough.

Service Planning & Training

A comprehensive training programme was commissioned and commenced in March 2009 to support the Self Directed Support and Personal Budgets agenda. This programme will run during 2009/10.

Commissioning

Valuing People Now - The Government three-year strategy and delivery plan for learning disability services was published in January and is driving the work plan of the Partnership board, which will be required to report to the Regional Board in March 2010.

Healthcare for all - An action group led by the PCT with social care representation has been set up to address healthcare inequalities for people with learning disabilities. A Senior Commissioning post has been established under the Section 75 agreement, within the Partnership Commissioning Team to support agenda.

Community Enablement Service - Procurement exercise has been undertaken and a new contract will be operational within the extension period

for the current service.

Residential Care - A project group has been established to review the needs of residents in two learning disability homes, with a view to promoting more independent living and offer choice.

NSF Long Term Conditions - Consultant has completed review of HICES, Therapy services, pain management service and mapped support for people with LTNC. Final report is being drafted and will inform commissioning intentions.

Older People - Completion of the Assessment and Care Treatment Service business case for the introduction of an early intervention service for people with dementia and older people with depression. This is a joint project between Health and social care and will be commissioned during the first three quarters of 2009/10.

Quarter 4 has seen the continued development of work to implement the National Stroke strategy and specifically the increased investment for a low-level communication support group to help people who have had a stroke.

Consumer Protection
The Council now has four qualified Cremator Operators, which should provide sufficient cover for most emergency situations.

The demand for the Nationality Checking Service provided by the Registration Service has been high both from Halton residents and from those living in neighbouring authorities. This in part has been due to pressure from applicants to submit their applications to the Home Office before their fee increase at the beginning of April. Income during the first month of operation has covered all start-up expenditure.

Bereavement and Registration Services has now moved from the Health and Partnerships Department to the Culture and Leisure Services Department.

3.0 EMERGING ISSUES

Business Support
The Directorate would like to proceed with the ordering of new ICT hardware for its staff but is unable to do so pending COCO issues being resolved by Corporate ICT. This will affect the implementation and speed of mobile working solutions.

Consumer Protection
The production of e-forms is being developed by the Registration Service in partnership with IT to be used in the provision of copies of historical birth and death certificates.

Housing

Consultation by 4NW on proposals under the Regional Spatial Strategy to allocate significantly increased targets across the region for new Traveller sites has now ended. Halton's response was set out in a report to Executive Board on the 19th March, strongly objecting to the target proposed for Halton.

The findings of the homelessness strategy review are currently out to stakeholder consultation, prior to the new strategy being brought to the PPB in early summer.

Commissioning

National Autism Strategy - DH will publish later this year. Work to address support for ASD/C has commenced with the establishment of the Autism Services Development Group (ASDG) supported by the National Autistic Society

Transfer of Commissioning responsibility - ALD service transferred from the PCT to HBC on 1st April. Monitoring of contracts on a quarterly basis will be required alongside work with providers to embed personalisation into working practices.

Learning Disability Supported Living Services - Supporting People contracts end 31/3/10 and it is proposed to begin a procurement exercise in September to tender these services alongside personal care. Ahead of this current arrangements need to be considered to determine the best approach and size of potential contracts.

Older People - The National Dementia Strategy was published during quarter 4 and there are a range of implementation targets that we need to ensure are completed within the Local Authority. A local dementia strategy and action plan will be developed during quarters 1 and 2 of 2009/10.

4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

Total	**19**		**15**		**0**		**4**

please refer to Appendix 1.

5.0 SERVICE REVIEW

Consumer Protection

The Registration Service was subject to a "light touch" visit in February 2009 by HM Inspector (Account Manager) to ensure that arrangements under the governance framework were working well and that Halton is meeting national standards. A stewardship report confirming this, for the period 1.4.2008 to

31.3.2009, will be submitted to the Registrar General in April 2009

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	**7**		**3**		**0**		**1**

please refer to Appendix 2.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	**23**		**13**		**1**		**3**

please refer to Appendix 3.

7.0 PROGRESS AGAINST LPSA TARGETS

There are no LPSA targets for this service

8.0 RISK CONTROL MEASURES

During the production of the 2008-09 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

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

9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2007/08 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4. Please refer to Appendix 5.

10.0 DATA QUALITY

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

11.0 APPENDICES

Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress against Key Performance Indicators
Appendix 3- Progress against Other Performance Indicators
Appendix 4- Progress against Risk Treatment Measures
Appendix 5- Progress against High Priority Equality Actions
Appendix 6- Financial Statement
Appendix 7- Explanation of traffic light symbols

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
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	*Review Housing and Homelessness Strategies to ensure that the action plans are implemented and that identified needs are met within the resources available Mar 2009*		Executive Board adopted the revised housing strategy on the 18th December 2008. A review of the homelessness strategy was completed in January, and its findings are currently out to stakeholder consultation.
		Review Supporting People Strategy to ensure any change to grant allocation is reflected in priorities Jul 2008		PPB scrutiny project team agreed draft commissioning and procurement plan and communications plan. Draft PPB scrutiny report completed April 2009 - for sign off by Sept 2009.
		Review and update the Joint Strategic Needs Assessment (JSNA) to ensure that the outcomes, with identified priorities are incorporated into the LAA May 2008		Agreed LAA indicators reflect priorities identified in JSNA.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
HP 2	Work with operational managers to make best use of the workforce and IT resources, to improve service delivery and assist services to continuously improve within a robust performance management framework	*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.*		The new Self Assessment Survey (SAS) has been received from the CQC and work to complete and submit the survey by 14th May 2009 has been allocated across the Directorate. Additionally the new reporting timetable and process for performance has been reported to SMT so that all managers are aware of the implications for determining the Directorate's performance.
		Develop and implement appropriate workforce strategies and plans to ensure that the Directorate has the required staff resources, skills and competencies to deliver effective services Mar 2009		The Training & Development Plan for 2009/10 has been agreed by SMT and the Directorate Workforce Development Plan 2009/10 has been drafted. A new Recruitment and Retention Strategy has been developed. A sub group of the Self Directed Support (SDS) Group is in the process of being established to develop appropriate workforce strategies to ensure that we have a workforce that have the appropriate skills to deliver on the SDS agenda.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		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.		The ICT strategy has been received from Corporate ICT and will be submitted to SMT for approval during April 2009 The business process review being undertaken by Corporate ICT is not yet completed but has revealed the necessity of implementing mobile working solutions, integrated health and social are data and electronic document management storage solutions
		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.		Discussions have taken place with Health about the need to implement electronic SAP solutions and about the need to transfer and share data between different agencies and staff. SAP forms are being developed for use in Carefirst 6 but Health colleagues are yet to indicate how they will implement an electronic system.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		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.		The new national guidance on complaints has still not been published so the complaints framework has not yet changed. In the interterm in the spirit of working together to resolve complaints an overview of how we can achieve this more effectively will be is used to all staff in April 2009.
HP 3	To deliver high quality Bereavement, Consumer and Registration Services, that are fit-for-purpose and meet the needs, dignity and safety requirements of the Halton community	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.		Whilst the detailed project plans have not yet been produced, the member decisions (that were required to inform those plans) were made in March 2009. The project plans can now be formulated in early 2009 / 2010.
		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 Dec2008		Completed. This assessment will now inform the service delivery of the new Warrington and Halton Trading Standards service during 2009 / 2010.

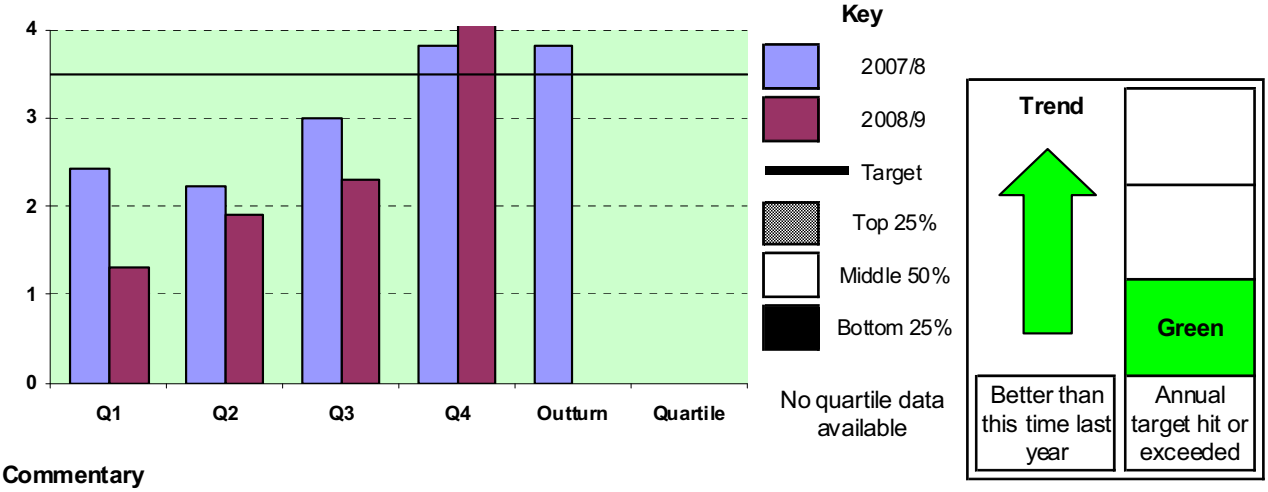
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Benchmark performance against national standards with relevant benchmarking group to inform improvement plan aimed at supporting continual service improvement Sep 2008.		The Service has benchmarked its performance against the national standards in the GRO/LACORS Good Practice Guide with other "new governance" services. It also took part in a benchmarking exercise of NW Registration authorities that was completed on 19.3.09.
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.	*Monitor and review Joint Commissioning Strategies to ensure priorities are still met and enhance service delivery and cost effectiveness Mar 2009.*		Joint commissioning strategies have been reviewed – work ongoing to monitor progress against priorities in all strategies
		Review contract management and monitoring arrangements across all service areas to ensure contracts are offering value for money Mar 2009.		The scheduled plan of monitoring and contract management is on target from April 09. This system has been reviewed across SP and Adult Social Care and now incorporates additional contract management systems, and increased service user consultation. Emphasis will be focussed on driving up standards of Providers who are rated as "adequate"in line with CSCI recommendations.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Commence procurement for new domiciliary care contracts, to enhance service delivery and cost effectiveness, with a view to new contracts being in place April 2008.		The procurement of the domiciliary care contracts is on target to be completed by the end of April 2009. The new domiciliary care contracts will be introduced over a 2-stage process. Stage 1 – Will commence on 30th March 2009. Stage 2 – Will commence on the 27th April 2009.
		Commence procurement for new residential care contracts, to enhance service delivery and cost effectiveness, with a view to new contracts being in place April 2008.		The process of negotiations is ongoing with Residential care Providers reference the new dependency models, fees and adapted contracts/ specifications. The residential care strategy will be circulated to the steering group and SMT for further consultation.
		Project team to be established to ensure implementation of the recommendations of the commissioning framework Mar 2009.		Joint Team to be developed through Dave Sweeney at PCT. Joint PID agreed. Due to go out for quotes in April 09. This work takes into account the requirements set out in the Commissioning Framework.
		Monitor, on a quarterly basis, the financial strategy to ensure that changing service requirements are being met by allocated funding March 2009		Financial Strategy was agreed with SMT and is monitored on a quarterly basis with reports going to SMT on a regular basis

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Review the usage of Direct Payments against performance target strategy to ensure that targets on uptake are being met March 2009		Usage of Direct Payments has been reviewed and we are in the process of aligning Direct Payments to Individualised Budgets and the Personalisation agenda.
		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 2008.		Further to the work carried out by the Charging policy consultation group a number of charging policy proposals were presented to members to meet the 2009/10 efficiency requirements – Only one of these proposals was accepted.

HP LI2

% of SSD gross current expenditure on staffing which was spent on training the Council's directly employed staff during the financial year

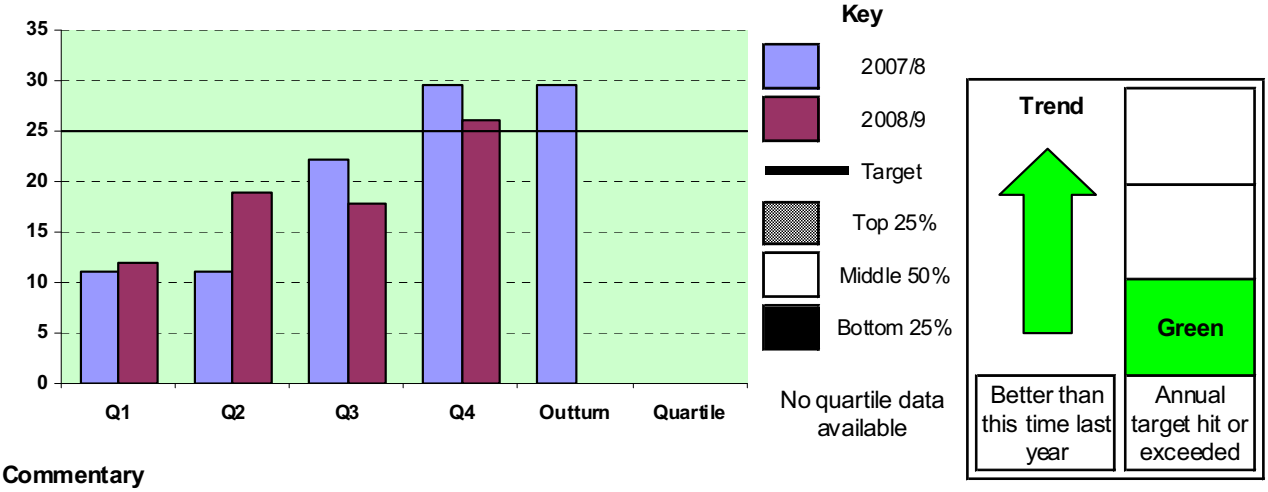


Commentary

Training budget spend in Q4 divided by Social Care staff except Childrens Services

HP LI5

No. of assessed social work practice learning days per whole time equivalent social worker

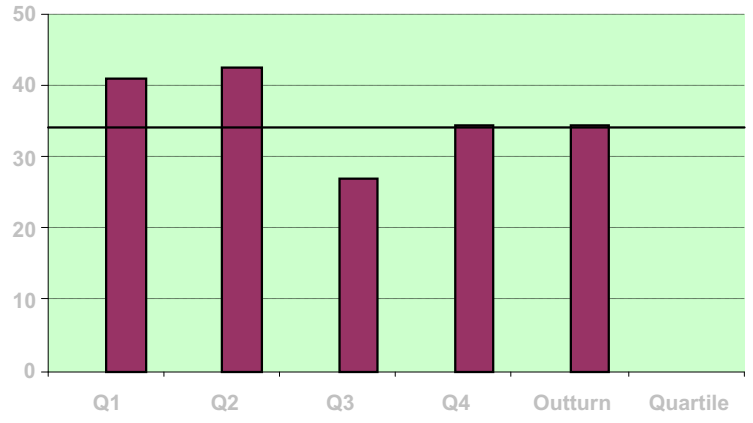


Commentary

Calculated by dividing the number of plac ement days provided by HBC and the vol sector by the no. of WTE social workers

NI 156

Number of households living in Temporary Accommodation



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

PAF Assessment

Better

Band

Target ##############

Current

Not a PAF indicator

Trend

No data for same Qtr last year	Red
	Annual target missed

Commentary

This PI gives a snapshot of the numbers in temporary accommodation at the end of each quarter, averaged for the year. From a figure of 41 at the end of quarter 1 the number steadily reduced during the year, narrowly missing target at year end

The following KPIs have not been included above for the reasons stated: -

NI 127 Self reported experience of Social care users
Q4 information is not available. This years User Experience Survey is for Older People Receiving Home Care. The data will be available at the beginning of June 2009 and is to be reported to The Health and Social Care Information Centre

NI 182 Satisfaction of businesses with LA Regulatory Services
This is a new indicator that forms part of the new National Indicator data set and systems are not currently in place to calculate the out-turn percentage. A target has not been formally set. The indicator is based on survey data and when last collated it was found that 43% of Consumer Protection respondees gave the highest rating whilst 60% gave the second highest rating in answer to the two relevant "satisfaction" questions. The single, year-end return will also include the performance of the Environmental Health and Licensing functions of the Council.

NI 183 Impact of LA Regulatory Services on the Fair Trading Environment
This is a new indicator that forms part of the new National Indicator data set. It is a year-end return based on four factors, two of which are to be provided to local authorities by central government at year-end. The requisite information has not yet been received and it could be as late as mid-May before this indicator is available.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 4	Progress	Commentary
Cost & Efficiency						
HP LI1	% of SSD directly employed posts vacant on 30 September	-	8	7.9		The above figure relates to social care vacancies as at 30th September 2008. A new three-year Recruitment and Retention Strategy has been developed and will be implemented from April 2009.
Fair Access						
HP LI4	No. of initiatives undertaken to raise the profile of the Service in the 5 most deprived wards	-	5	5		So far, initiatives have included: • theatre group commissioned to work with 2 schools exploring consumer issues around the theme of 'Making the Right Decisions' • contribution to Women's Health Day event • promotion of Consumer Direct during National Consumer week • contribution at pre-Christmas gift wrapping events • production / distribution of Christmas shopping tips via the Halton Credit Union • distribution of Consumer Direct promotional material and Doorstep Callers cards via the Benefits Bus
Quality						

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 4	Progress	Commentary
HP LI6	Percentage of consumer service users satisfied with the Trading Standards Service, when last surveyed	-	90	96		Target exceeded, however despite offering entry into a prize draw for all returned surveys, the Service experienced a very low response rate.
HP LI7	Percentage of Bereavement Service users who rated the staff couteousness / helpfulness as reasonable / good / excellent when last surveyed	-	96	100		The 29 survey forms that were returned included 27 responses to the relevant question about staff's performance. All of these respondees rated this performance as reasonable/good/excellent.
HP LI8	Percentage of general Registration Service users who rated the staff's helpfulness / efficiency as excellent or good, when last surveyed.	-	96	100		The 21 survey forms that were returned included 19 responses to the relevant question about staff's performance. All of these respondees rated this performance as reasonable/good/excellent.
Service Delivery						
HP LI9	The % change in average number of families in temporary accommodation	-	-5	-22		Increased emphasis by the service on homelessness prevention helped reduce homeless acceptances from 221 in 2007/08 to 166 in 2008/09, which in turn helped to reduce the need for placements in temporary accommodation.
HP LI10	Number of households considering themselves homeless for whom advice casework intervention	2.66945 6066945 61	1.6	5.4		294 cases were successfully resolved in 2008/09 which, as mentioned above, led to a reduction in the number of cases being formally accepted a statutorily homeless.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 4	Progress	Commentary
	resolved their situation					
HP LI11	Proportion of statutory homeless households accepted as statutory homeless by LA within last 2 years	-	1.2	1.2		Of the 166 homeless acceptances during 2008/09, only 2 were repeat cases.
HP LI12	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	-	Yes	Yes		There were no reported cases, so the PI outcome is "YES"
NI 39	Alcohol-harm related hospital admission rates PSA 25	2180	2313	2364.50*		*As at Q3, 2008/09. A significant amount of activity is underway to develop the alcohol programme across both LSPs (Halton and St Helens) Alcohol review completed. The pathways outlined in this report will underpin the delivery of the CSP commitments. Significant increases in funding have been identified from the PCT and supplemented by WNF monies (Halton) and Area Based Grant monies (St Helens) to deliver the alcohol strategy across the PCT. The 2 existing alcohol strategy working groups

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 4	Progress	Commentary
						have been disbanded and a new joint Halton and St Helens group will be established to ensure that a new combined alcohol strategy is developed, commissioned and properly performance managed. A new alcohol programme lead will be recruited to lead this programme with support from a programme and change management team. Service specifications have been developed to commission some in depth market research and a training needs assessment before the end of March 09. In the run up to Christmas staff from Community Health Services worked with the police and community safety team in Halton to reduce alcohol harm, by targeting pubs in Widnes town centre and offering a triage services in a town centre-based mobile unit, to reduce the number of individuals attending A/E with minor injuries. We have provided training on alcohol awareness, screening, signposting and brief intervention to over 1000 individuals to date (2 year period).
NI 119	Self-reported measure of people's overall health and wellbeing DH DSO	-	-			Data not yet available from Health

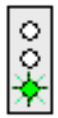
Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 4	Progress	Commentary
NI 120	All-age all cause mortality rate PSA 18	906 M 673 F	805 M 607 F	851.9 M 690.3 F		The data relates to the number of deaths that were registered in the timescale Oct 08 to Dec 08. Due to this future calculations may produce differing number/rates of deaths as further records of deaths are finalised. Current data is speculative. Robust data available in Nov 09. Given good CVD, cancer and infant mortality rates we may achieve the target.
NI 121	Mortality rate from all circulatory diseases at ages under 75 DH DSO	112.27	96.63	64.3		The data relates to the number of deaths that were registered in the timescale Oct 08 to Dec 08. Due to this future calculations may produce differing number/rates of deaths as further records of deaths are finalised.
NI 122	Mortality from all cancers at ages under 75 DH DSO	150.16	138.08	161.7		The data relates to the number of deaths that were registered in the timescale Oct 08 to Dec 08 Due to this future calculations may produce differing number/rates of deaths as further records of deaths are finalised.
NI 123	16+ current smoking rate prevalence PSA 18	1174	1038	687		Smoking cessation is seasonal with most people quitting in Jan. Plans are in place to increase activity from Intermediate Pharmacy and Practices and increase staff levels with 2 whole time Practitioners in order to improve performance.
NI 124	People with a long-term condition supported to be independent and in control of their condition DH DSO	-	-			Survey from which baseline data was collected will next be conducted in Spring 2009.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 4	Progress	Commentary
NI 126	Early access for women to maternity services PSA 19	-	-			Data not Available from Health. Data is expected to be available on 21st April '09
NI 128	User reported measure of respect and dignity in their treatment DH DSO	-	-			No data to report. Data will be available at the beginning of June 2009 as it is sourced from the Home Care User Experience Survey for the Health and Social Care Information Centre.
NI 137	Healthy life expectancy at age 65 PSA 17	-	-			This is a Place Survey Indicator.
HP LI13	% of SSD directly employed staff that left during the year.	7.69	8	7.58		The leavers figure has decreased since 2008/09. A number of initiatives have contributed to this including the regular analysis of Exit Interview questionnaires and subsequent recommendations for improvements. A new three-year Recruitment and Retention Strategy has been developed and will be implemented by April 2009. During 2009 the results of job evaluation appeals for social care will be announced and depending on the outcomes, this could have a detrimental effect on leavers.
HP LI14	% of Social Services working days/shifts lost to sickness absence during the financial year.	9.48	9	8.31		Figures included in this report are based on those from April 2008 – January 2009. Final figures for Quarter 4 are not yet available (data should be available on or around April 20th).
HP LI15	% of undisputed invoices, which were paid in 30 days.	97	97	99		Please note that the above figure is to the end of February 2009 as the year-end position is not yet available.

APPENDIX THREE - PROGRESS AGAINST OTHER INDICATORS
Health & Partnerships

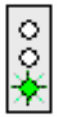
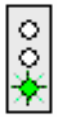
Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 4	Progress	Commentary
NI 12 *	Refused and deferred Houses in Multiple Occupation (HMO) license applications leading to immigration enforcement activity *	-	-	0*		There were no recorded cases. *** Note – this indicator was deleted from the 2008/09 National Indicator set**

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
HP 2 Work with operational managers to make best use of the workforce and IT resources, to improve service delivery and assist services to continuously improve within a robust performance management framework	Failure to provide IT systems that record activity and care services provided places both the organisation and service users/carers at risk.	Data quality checking mechanisms to reconcile data to care arranged and payments made.	01/03/ 2009		Cross-match analyses between the Carefirst and MSR systems continue to be undertaken by the Performance and Data Team so that operational teams can check and amend records to ensure a true reflection of the provision of current care packages. Any anomalies are flagged up for further investigation and amendment.
		Managerial control of data inputters to ensure data is loaded accurately in a timely manner.	01/03/ 2009		Supervision of Data Input sta continues to be overseen by th Data Quality Project Co-ordinator t ensure that data is loaded in a timel manner and in accordance wit operational procedures.
		1/4ly performance monitoring reports to SMT	01/03/ 2009		Reports continue to be submitted to SMT on a regular basis.

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
HP4 Ensure that effective financial strategies and services are in place to enable the Directorate to procure and deliver high quality value for money services that meet people's needs	Failure to provide a user interface for professionals to record details of assessments electronically places both the Health and Social Care organisations involved and service users / carers at risk	Monitor progress surrounding outcome of Strategic Review of IT systems and confirm SMT approval to continue.	01/03/ 2009		The ICT strategy has been received from Corporate ICT and will be submitted to SMT for approval during April 2009 The business process review being undertaken by Corporate ICT is not yet completed but has revealed the necessity of implementing mobile working solutions, integrated health and social are data and electroni document management storag solutions Discussions have taken place wit Health about the need to implemer electronic SAP solutions and abou the need to transfer and share data between different agencies and staff. SAP forms are being developed for use in Carefirst 6 but Health colleagues are yet to indicate how they will implement an electronic system.
	Failure to enable data in assessments using SAP to be loaded directly into Carefirst places both the Health and Social Care organisations involved and service users / cares at risk.	Monitor progress surrounding outcome of Strategic Review of IT systems and confirm SMT approval to continue	01/03/ 2009		
	Failure to enable Health and other agency services to download SAP data collected directly into their information systems places both the Health and Social Care organisations involved and service users / carers at risk.	Monitor progress surrounding outcome of Strategic Review of IT systems and confirm SMT approval to continue.	01/03/ 2009		

APPENDIX FOUR – PROGRESS AGAINST RISK TREATMENT MEASURES
Health & Partnerships

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
	Failure to provide mobile workers with the ability to input data electronically places both the Health and Social Care organisations and service users / carers at risk.	Monitor progress surrounding outcome of Strategic Review of IT systems and confirm SMT approval to continue	01/03/ 2009		
	Lack of support from Senior Management	Senior manager to be identified as project sponsor, with regular updates to SMT.	01/03/ 2009		
	Loss of key project staff	Ensure key staff are supported appropriately.	01/03/ 2009		

Strategy/Policy/Service	HIGH Priority Actions	Target	Progress	Commentary
Contract Monitoring	Monitoring of contracts with provider services – do residential/domiciliary providers employ staff from other backgrounds who have additional language skills which could be used to translate on behalf of service users whose first language is not English	2008/9		Council wide steering considering the needs of all minority groups within the borough to ensure we target services at all groups proportionally.
Cheshire, Halton & Warrington Race Equality Council (CHWREC)	Develop further links with CHAWREC	2008/9		There is scope for further work with CHAWREC, subject to additional funding, and opportunities for this is kept under constant review.
Corporate Equality Scheme	Contribute to a Corporate Working Group to simplify the Authority's equality-related policies/strategies etc to produce a Corporate Equality manual which is relevant and applicable to all Directorates	2008/9		The Directorate is currently contributing to the work being taken forward Corporately on the amalgamation of a number of equality related policies. A working group has been established to take forward this work.
	Health and Community EIA systems to be strengthened and adopted on a Corporate basis	2008/9		The Directorate is currently contributing to the work being taken forward Corporately on the revision of the EIA system. A working group has been established to take forward this work.

Diversity Training	Systems developed and implemented to ensure that all new staff attend Corporate Equality & Diversity training (1 day session); and all existing staff attend condensed Equality session.	2008/9		Corporate Training have developed and implemented mandatory E&D Training for the H&C Directorate. An introductory session is also delivered, at induction, in line with the common Induction Standards.

The traffic light symbols are used in the following manner:

		Objective	Performance Indicator
Green		Indicates that the objective has been achieved within the appropriate timeframe.	Indicates that the annual 08/09 target has been achieved or exceeded.
Red		Indicates that that the objective has not been achieved within the appropriate timeframe.	Indicates that the annual 08/09 target has not been achieved.

QUARTERLY MONITORING REPORT

DIRECTORATE: **Health & Community**

SERVICE: **Older People's Services**

PERIOD: **Quarter 4 to period end 31st March 2009**

1.0 INTRODUCTION

This quarterly monitoring report covers the Older People's Services Department fourth quarter period up to 31st March 2009 It describes key developments and progress against all objectives and performance indicators for the service.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 7

2.0 KEY DEVELOPMENTS

Independent Living Service

The community projects introduced as part of the modernisation of day services were evaluated in February and will continue to operate for a further six months. Priority will be given to the small number of service users who have been unwilling or unable to participate and suitable projects will be identified.

Improvements in the Halton Home Improvement and Independent Living Service will be monitored from April and further improvements implemented.

Recruitment to the Adaptations Liaison Officer Post is underway.

Expenditure under the Registered Social Landlords partnership agreement is being monitored closely

Funding to extend the Accessible Homes Register has been identified.

Older People's Services
Sub acute Intermediate Care Unit opened on the 1st April, agreed a phased implementation to ensure governance structures in place.
Intermediate Care age criteria is now 18+ from 1st April.

Homecare redesign fully operational as Halton re-ablement service.

Community extra care initial evaluation completed, further resources identified to undertake ongoing evaluation.

Social Care in Practice (SCIP) evaluation underway, pilot now extended until October 2010.

3.0 EMERGING ISSUES

Independent Living Service
Feedback and information packs for Halton Home Improvement and Independent Living Services are in draft format and consultation with users has begun.

Both units at Dewar Court that will be used by Halton Integrated Community Equipment Service have been refurbished and the move of the service to this new location is underway.

Funding to develop a Handyperson service has been confirmed and a steering group to plan the service is being established.

Older People's Services
PCT continues to fund two posts within the hospital team to support Continuing Health Care (CHC) Multi disciplinary team (MDT) working, additionally the PCT are funding a post across LA's for general MDT working to support timely discharges. The development of a fully integrated CHC team is under consideration.

Intermediate Care services have increased the community and bed based services in line with the agreed business plan.

The Practice Based Commissioning (PBC) Social Care In Practice (SCIP) pilot and the development of a PBC virtual ward model of care in Widnes to support people with long term conditions, will support the development of a wider range of local community services.

4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

Total	**25**		**0**		**0**		**0**

please refer to Appendix 1.

5.0 SERVICE REVIEW

Independent Living Service
The first draft of the review report for Halton Integrated Community Equipment Service has been produced and feedback is being collated.

Older People's Services
Oakmeadow environmental improvements have been implemented. A second stage of improvements has now been identified and will commence at the end of April, with a completion date of July 2009.

All home Care consultation completed successfully, and new re-ablement service implemented.

4BP strategic framework for older peoples mental health completed, consultation underway. Updating to incorporate the new National Dementia Strategy is underway.

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	**14**		**0**		**0**		**0**

please refer to Appendix 2.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	**14**		**0**		**0**		**0**

please refer to Appendix 3.

7.0 PROGRESS AGAINST LPSA TARGETS

For details against progress towards LPSA targets, please refer to Appendix 4

8.0 RISK CONTROL MEASURES

During the production of the 2008-09 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4. There were no high priority risk treatment measures established for this service.

9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2007/08 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4. Please refer to Appendix 5.

10.0 DATA QUALITY

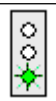
The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sourced directly from partner or other agencies, or where there are any concerns regarding the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

11.0 APPENDICES

Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress against Key Performance Indicators
Appendix 3- Progress against Other Performance Indicators
Appendix 4- Progress against LPSA targets
Appendix 5- Progress against High Priority Equality Actions
Appendix 6- Financial Statement
Appendix 7- Explanation of traffic light symbols

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
OPS 1	Evaluate, plan, commission and redesign services to ensure they meet the need of vulnerable people within the local population, including those from hard to reach group (including the black and minority ethnic community)	Analyse need and 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.		Currently in negotiation with RSLs, PCTs and other key stakeholders to meet the identified need within the extra care strategy.
		Establish strategy to improve performance and service delivery to BME Community, to ensure services are meeting the needs of the community Jun 2008.		Council wide steering considering the needs of all minority groups within the borough to ensure we target services at all groups proportionally.
		Complete review of extra care housing model for Halton Jul 2008.		Completed.
		Identify options to re-design Older People Day Services May 2008		The community projects introduced as part of the modernisation of day services have been evaluated and will continue for a further six months. Priority to be given to those not currently linked to identify appropriate community activities.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Develop monitoring information for lower level services and outcomes they deliver to older people Sept 2008		All low-level contracts include improved data collection within service specifications, this information is reported to the Older People's Local implementation team and will be further improved to include more outcome-based data from April 2009. There has also been further developments on the voluntary sector prospectus, currently in draft.
		Contribute to development of operation of individualised budgets, thus enabling people needing social care and associated services to design that support Mar 2009.		Full training programme developed and in place.
OPS 2	Work in partnership to enhance joint working arrangements and delivery of services to vulnerable people	Lead council input into developing Local Area Agreement Health and Older Peoples block June 08		Complete agreement signed off
		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.		Draft strategy completed and is out for consultation.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Begin implementation of Older People's mental health services redesign Mar 2009.		New model (ACTS) developed on target. Further work will be needed to ensure supports new National Dementia Strategy.
		In partnership with Halton and St Helen's PCT, refocus care provision at Oakmeadow in line with Intermediate Care approach Nov 2008		Completed with timescales. Additional beds opened in Oakmeadow to support the new IC gold standard
		Redesign of Intermediate Care Services, in partnership with Halton and St Helens PCT Mar 2008		Completed within timescales
		Work with Halton 'Older People's Engagement Network' (OPEN) to agree their future role in terms of community engagement and consultation – paper to Older People's Local Implementation Team (LIT) Nov 08		Reporting processes between Halton OPEN and commissioning have been agreed and implemented. Action plan for engagement has been developed by Halton OPEN.
		Work with Older People's LIT, Halton OPEN and partners to appoint dignity in care champions (or other system as agreed) Sept 2008.		Dignity coordinator post being recruited. Dignity champions working group established, action plan being developed.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Establish pilot joint service to support primary care through Runcorn Practice Based Commissioning (PBC) Consortium July 2008		Social Care in Practice now fully operational, staff based in primary care – pilot extended for further 18 months funded by the PBC.
OPS 3	Provide facilities and support to carers, assisting them to maintain good health and well-being	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		Number of carers exceeded.
		Maintain the numbers of carers receiving a carers break Mar 2009		Number of carers breaks exceeded
OPS 4	Ensure that service delivery, commissioning and procurement arrangements are efficient and offer value for money	Aim to reduce the cost of transport element of meals on wheels contract to ensure cost effectiveness May 2008.		Completed within timescales
		Redesign in house homecare to improve efficiency and outcomes Aug 2008.		Completed within timescales, new service in place to ensure improved outcomes

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Review Older People's Commissioning Strategy and associated partnerships structures to ensure that they are fulfilling service delivery requirements and are being managed in a cost effective way Nov 2008		Completed. Revised commissioning strategy to be completed by the end of April.
		Establish or participate in working group with neighbouring authorities to re-provide equipment services linked to developing a retail model Oct 2008		The first draft of the therapy review report has been circulated and comments are being collated. The revised financial model for the Department of Health's proposed Retail Model is to be completed and will support the analysis of future options for service provision.
		Build on learning for Halton from CSED improving care management efficiency project, identifying potential areas and priorities for redesign Jun 2008.		Areas identified, programme of improvements continues to be implemented
		Integrate Home Improvement Agency and Independent Living Team to improve waiting times and efficiency Jun 2008.		A database to monitor and evaluate improvements in all time scales to be introduced. This will identify any further areas for improvement.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
OPS 5	Promote physical activity, preventative services and therapy for vulnerable people to maintain optimum levels of health and wellbeing	*Evaluate and report on the first year of 'Sure Start for Older People' services to establish if it is effective in helping manage the effects of ill health, disability and disadvantage; increased access to physical activity and effective in maintaining the existing health and wellbeing of older people Sept 2008*		Completed within timescales and reported
		Support development of joint process with PCT for implementation of new national guidance and toolkit for continuing health care Apr 2008		Completed within timescales
		Report to Health PPB on progress with delivering the Advancing Well Strategy Mar 2009		The linked action plan for the advancing well strategy has been reviewed and reported to the Halton PPB in December 2008.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 4	Progress	Commentary
Cost & Efficiency						
OP LI1	Intensive home care as a percentage of intensive home care and residential care	27.15	28	25.53		The HH1 outturn for intensive households dropped in 2008 (some impact from CHC). Therefore the lower number of intensive households has resulted in a lower outturn for this indicator.
OP LI2	Cost of intensive social care for adults and older people	458.16	476.48			Unit costs are not reported until PSSEX1 Return is completed in July 2009.
OP LI3	Unit cost of home care for adults and older people	15.46	16.16			Unit costs are not reported until PSSEX1 Return is completed in July 2009.
Fair Access						
OP LI5	Ethnicity of older people receiving assessment	0.19	1.1	1.7		There is a high number of Older People Assessed where Ethnicity has not been recorded (19 Older People).
OP LI6	Ethnicity of older people receiving services following assessment	0	1	0.25		Target Exceeded.
OP LI8	% of older people being supported to live at home intensively, as a proportion of all those supported intensively at home or in residential care	38.28	28	25.53		This figure is estimated based on Q3. The reason for non-achievement is that the HH1 outturn for intensive households dropped in 2008 (some impact from CHC). Therefore the lower number of intensive households has resulted in a lower outturn for this indicator. The figure will be updated when the number of weeks spent in residential and nursing care is calculated at year end.
OP LI9	Percentage of adults assessed in year where ethnicity is not stated	0.14	0.5	1.8		A high number of Adults Assessed with Unknown Ethnicity (28 adults) has been identified as the cause of the increase in this indicator.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 4	Progress	Commentary
OP LI10	Percentage of adults with one or more services in year where ethnicity is not stated	0.08	0.2	0.2		Target met.
Quality						
OP LI11	Availability of single rooms for adults & older people entering permanent residential / nursing care	100	100	100		Target Met.
Service Delivery						
OP LI16	Intensive home care per 1000 population aged 65 or over	11.43	13	11.43		The Figure for the provision of Intensive Home Care (as reported in the HH1) has reduced, thus impacting on this indicator.
OP NI 129	End of life care - access to appropriate care enabling people to choose to die at home DH DSO	19.1	20.3	20.6*		*As at Q3, 2008/09
NI 134	The number of emergency bed days per head of weighted population DH DSO	-	-			Data not Available from Health. Data is expected to be available on 24th April but will only include data until mid January 2009 as there is a lag in availability of data.
NI 138	Satisfaction of people over 65 with both home and neighbourhood PSA 17	-	-			This is a Place Survey Indicator
NI 139	The extent to which older people receive the support they need to live independently at home PSA 17	-	-			This is a Place Survey Indicator

APPENDIX THREE - PROGRESS AGAINST OTHER INDICATORS
Older People's Services

LPSA Ref.	Indicator	Baseline	Target	Perform 07/08	Perform. 08/09 Q4	Traffic light	Commentary
8.1	**Improved care for long term conditions and support for carers** Number of unplanned emergency bed days (Halton PCT registered population)	58,649 04/05	- 6% (55,130) for 08/09	47569			Data not Available from Health. Data is expected to be available on 24th April but will only include data until mid January 2009 as there is a lag in availability of data.
8.2	**Improved care for long term conditions and support for carers** Number of carers receiving a specific carer service from Halton Borough Council and it's partners, after receiving a carer's assessment or review	195 first six months of 04/05	600 for 08/09	823	1141		Target Exceeded.

Strategy/Policy/Service	HIGH Priority Actions	Target	Progress	Commentary
Contract Monitoring	Monitoring of contracts with provider services – do residential/domiciliary providers employ staff from other backgrounds who have additional language skills which could be used to translate on behalf of service users whose first language is not English	2008/9		Council wide steering considering the needs of all minority groups within the borough to ensure we target services at all groups proportionally.
Cheshire, Halton & Warrington Race Equality Council (CHWREC)	Develop further links with CHAWREC	2008/9		There is scope for further work with CHAWREC, subject to additional funding, and opportunities for this is kept under constant review.
Corporate Equality Scheme	Contribute to a Corporate Working Group to simplify the Authority's equality-related policies/strategies etc to produce a Corporate Equality manual which is relevant and applicable to all Directorates	2008/9		The Directorate is currently contributing to the work being taken forward Corporately on the amalgamation of a number of equality related policies. A working group has been established to take forward this work.
	Health and Community EIA systems to be strengthened and adopted on a Corporate basis	2008/9		The Directorate is currently contributing to the work being taken forward Corporately on the revision of the EIA system. A working group has been established to take forward this work.

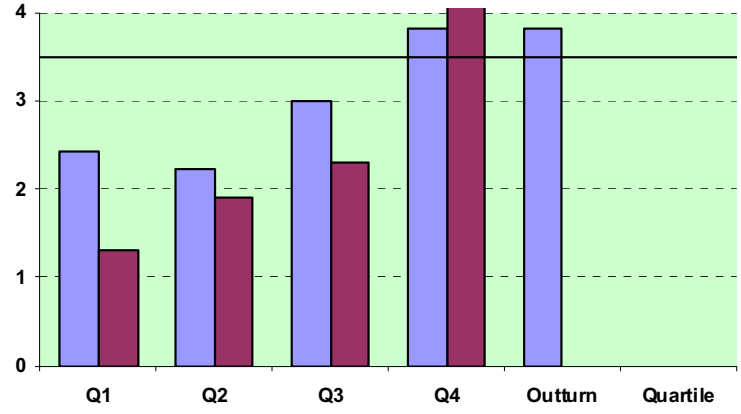
Diversity Training	Systems developed and implemented to ensure that all new staff attend Corporate Equality & Diversity training (1 day session); and all existing staff attend condensed Equality session.	2008/9		Corporate Training have developed and implemented mandatory E&D Training for the H&C Directorate. An introductory session is also delivered, at induction, in line with the common Induction Standards.

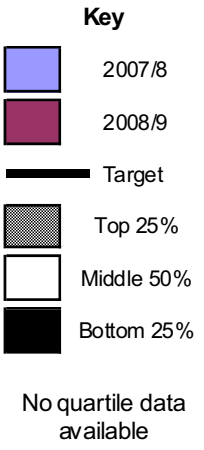
The traffic light symbols are used in the following manner:

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

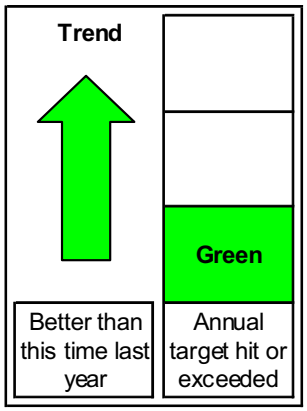
HP LI2

% of SSD gross current expenditure on staffing which was spent on training the Council's directly employed staff during the financial year





No quartile data available

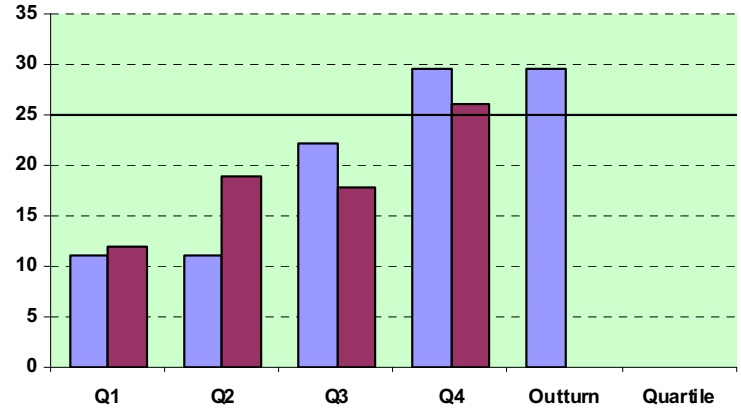


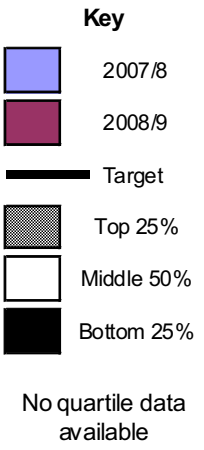
Commentary

Training budget spend in Q4 divided by Social Care staff except Childrens Services

HP LI5

No. of assessed social work practice learning days per whole time equivalent social worker





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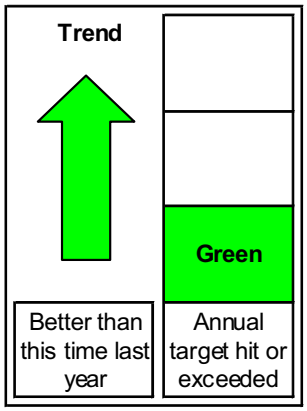
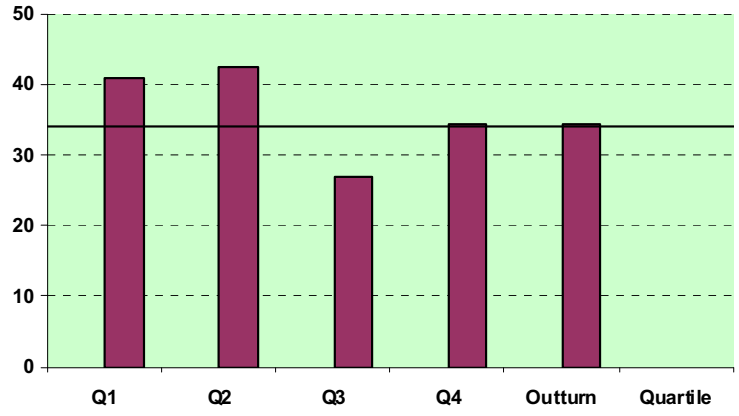


Commentary

Calculated by dividing the number of plac ement days provided by HBC and the vol sector by the no. of WTE social workers

NI 156

Number of households living in Temporary Accommodation



Key

2007/8

2008/9

Target

Top 25%

Middle 50%

Bottom 25%

No quartile data available

Trend

Red

No data for same Qtr last year

Annual target missed

Commentary

This PI gives a snapshot of the numbers in temporary accommodation at the end of each qaurter, averaged for the whole year. From a figure of 41 at the end of quarter 1 the number steadily reduced during the year, narrowly missing target at year end

Some Key Performance Indicators have not been shown above, for the reasons listed: -

OP LI4 No of days reimbursement as a result of delayed discharge of older people
Data not yet available from Health

NI 131 Delayed Transfers of Case
Data not available from Health until 28 April 2009

NI 136 People Supported to Live independently through Social Care Services
It is difficult to compare performance of this new indicator until we are able to compare against comparator data. The indicator includes data from the voluntary sector and

caution should therefore be exercised regarding data quality. Targets here are incorrect and refer to the old PAF indicator that ceases to exist

NI 125 Achieving independence for Older People through rehabilitation/Intermediate Care
Data not available to report

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 9 June 2009

REPORTING OFFICER: Strategic Director Corporate and Policy

SUBJECT: Mid-term Review of the Sustainable Community Strategy

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

To provide the Board with an amended version of the Sustainable Community Strategy for comment.

2.0 RECOMMENDATIONS

That the Policy and Performance Board considers the draft mid-term review of the Sustainable Community Strategy and that any observations or comments the Board makes are reported to Executive Board.

3.0 BACKGROUND

Local Authorities are required to prepare and implement a Sustainable Community Strategy. We are expected to work with partners through the Local Strategic Partnership to agree priorities and to engage and involve local communities. The current Sustainable Community Strategy was adopted in 2006. It contains a long-term vision and objectives with delivery targets for the period 2006-2011. Since it was prepared a number of changes have taken place making it necessary to conduct a mid-term review of the Sustainable Community Strategy. This is an update, not a complete revision. Recent perception surveys and the revised State of the Borough Report (2009) confirm that the underlying vision and priorities from 2006 remain relevant. Widespread engagement has therefore not been undertaken for this mid-term review. However, in 2010/11 work will commence on a full review and roll forward of the strategy with wide engagement, linking up with work being done on the Local Development Framework Core Strategy.

The main objectives of this mid-term review were:

i. To explain what our vision statement means – what will Halton be like in 2025 if we are successful? The statutory guidance on the Local Government and Public Involvement in Health Act 2007

requires that a Sustainable Community Strategy should include a long-term vision for the area.

ii. To review the indicators and targets for each priority. Since the current strategy was produced the National Indicator set and LAA targets have been introduced. The aim is to have a single coherent set of indicators and targets in the Sustainable Community Strategy which encompasses both LAA targets and key local targets.

iii. Incorporate the Housing and Homelessness Strategy (a requirement of the Statutory Guidance referred to above)

iv. To ensure that appropriate cross-cutting targets are agreed, covering social inclusion, cohesion, equalities and closing the gap.

4.0 WAY FORWARD

The attached draft of the mid-term review has been drawn up following consultation with partners and will be considered by the Halton Strategic Partnership Board on 20 May 2009. Any resulting changes will be reported verbally to the Board. The revised Sustainable Community Strategy has to be adopted by full Council (Local Government Act 2000). Following consultation with the Policy and Performance Boards it is planned to take the final draft to the full Council meeting on 22 July with a recommendation from Executive Board for final adoption.

5.0 CONCLUSION

The opportunities and challenges facing Halton are well-known. The Sustainable Community Strategy sets out the steps we need to take to bring about real improvement and how we will measure progress. The Local Area Agreeement is a set of targets agreed with Government which reflects the Community Strategy. The mid-term review is an opportunity to bring these together in a single coherent document.

6.0 POLICY IMPLICATIONS

The Sustainable Community Strategy is the primary policy document for the Council and its partners who have a statutory duty to have regard to it.

7.0 OTHER IMPLICATIONS

The delivery of the Strategy will require the application of resources by all the partners in Halton, and consideration of impact on priorities is already part of the Council's budget setting process.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

The Community Strategy sets out our priorities for Children and Young People, Employment Learning and Skills, Healthy Halton, Safer Halton and Urban Renewal in Halton.

6.0 RISK ANALYSIS

The key risk to the revision of the Strategy is lack of consensus. This is mitigated by consulting key partners and Policy and Performance Boards.

The risks to delivery of the Strategy are set out in the Partnership Risk Register.

10.0 EQUALITY AND DIVERSITY ISSUES

Addressing inequality is a key theme in the Strategy.

11.0 LIST OF BACKGROUND DOCUMENTS

None.

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MAKING IT HAPPEN IN HALTON –
A SUSTAINABLE COMMUNITY STRATEGY FOR A SUSTAINABLE HALTON

What is a Sustainable Community Strategy?

A key role for local authorities and their partners is to produce a Sustainable Community Strategy for their area. This should aim to enhance the quality of life of local communities through actions to improve the economic, social and environmental well being of the area and its inhabitants. They must also:

- allow local communities to express their aspirations, needs and priorities;
- co-ordinate the actions of the council and of the public, private, voluntary and community organisations that operate locally;
- focus and shape the existing and future activity of those organisations so that they effectively meet community needs; and
- contribute to the achievement of sustainable development both locally and more widely.

They must have four key components:

- a long-term vision for the area focusing on the outcomes that are to be achieved;
- an action plan identifying shorter-term priorities and activities that will contribute to the achievement of long-term outcomes;
- a shared commitment to implementing the action plan, and proposals for doing so;
- arrangements for monitoring the implementation of the action plan, for periodically reviewing the Sustainable Community Strategy, and for reporting progress to local communities.

Sustainable community strategies will reflect local circumstances and needs. They will:

- engage and involve local communities;
- involve active participation of councillors within and outside an Executive Steering Group;
- be prepared and implemented by a broad 'local strategic partnership', through which the local authority can work with other local bodies;
- be based on a proper assessment of needs and the availability of resources.

This Sustainable Community Strategy has been prepared in accordance with these principles. It lies as the centrepiece of a portfolio of documents which help define the task for partners in improving life in Halton. The portfolio includes:

- The State of Halton Audit
- Consulting the Communities of Halton
- Priority Baseline Reports
- A Local Development Framework
- A Community Engagement Strategy
- The joint strategic needs assessment for Health
- The joint strategic needs assessment for Community Safety
- The Halton Economic Review

The Sustainable Community Strategy provides an overarching framework through which the corporate, strategic and operational plans of all the partners can contribute. Of particular note is the newly emerging relationship between the Sustainable Community Strategy and the Local Development Framework. This is the replacement for the Unitary Development Plan, made up of a Core Strategy and individual planning documents for particular areas or issues. It gives a more flexible and responsive approach to planning in Halton.

Importantly, the Local Development Framework takes forward the land use elements of the Sustainable Community Strategy. It takes into account all of the plans and strategies which affect the quality of life in Halton (such as health, housing and education) and impact upon future development. The Sustainable Community Strategy is based on the socio-economic profile of the borough and listening to the views and aspirations of the local community. The Local Development Framework provides a vehicle through which the planning process can enable these to happen.

FOREWORD

The Halton Strategic Partnership brings together key representatives from all the major organisations that are vital to building a better future for Halton. Its role is to agree on a common purpose and a common sense of direction which is set out in this Sustainable Community Strategy. Having done so, it provides a framework through which organisations, groups and individuals can co-operate to achieve our common goals. The Partnership is committed to making life better for everyone who lives, works, invests or visits the borough.

This is a refresh of Halton's second Sustainable Community Strategy and whilst we can take pride in what has been achieved to date, there is still much more to do. This document sets out a vision of the Halton we would like to see emerge by 2025. It sets out the steps we need to take together to bring about real improvements that will change lives for the better. Those steps concentrate on the things that matter most to most people. The Strategy is about focusing on the issues that will make the biggest difference in the long-term.

This Strategy is relatively short. However, it is based on a significant body of research and consultation. This document outlines some key goals, some headline actions, and a scorecard of key performance measures by which we will be judged. It aims to guide the development and implementation of more detailed plans and actions to be undertaken by the Council, the Police, Health Agencies and others. Everyone has a role to play in making it happen in Halton. Working together we can make a difference and build a better future for the borough.

INTRODUCTION

Halton has inherited more than its share of issues over the years, many rooted in the area's industrial past. Making the borough a better place to live and work presents some major challenges and opportunities for us all.

This Sustainable Community Strategy is for all the communities of Halton. It sets out the steps we need to take together to bring about real improvements that will change lives for the better. In particular, we need to achieve real progress on five strategic themes that are set out clearly in this plan:

- A Healthy Halton
- Halton's Urban Renewal
- Children and Young People in Halton
- Employment, Learning and Skills in Halton
- A Safer Halton

These priorities have been derived from what local people feel is important, and from the facts and figures about conditions in Halton. However, the strategy also recognises that Halton is not insular or isolated. Halton is an important component in the development of a thriving and successful Liverpool City Region, and more widely in a dynamic and sustainable North West region. Halton can only succeed as part of a successful and thriving North West. This Sustainable Community Strategy builds upon the wider strategic developments which are taking place in the region. Partners from Halton play a key role in shaping sub-regional and regional plans and arrangements. This connectivity – both strategically and operationally – is an important part of the Halton approach.

Halton's local strategic partnership (LSP) – the Halton Strategic Partnership has developed the Strategy. As partners we have built on existing collaboration and are fully committed to working more effectively together and with the community to help improve the quality of life for people in our borough.

This Strategy outlines key goals for the borough, some of the headline actions to be taken, and measures by which progress can be judged. It guides the development of more detailed plans and actions – to be undertaken by the Council, Health Trusts, the Police, Fire Service, community and voluntary sector, and others – whose actions are the important step that makes a difference to people on the ground. We all have a part to play in making it happen.

ABOUT THE HALTON STRATEGIC PARTNERSHIP BOARD

The Halton Strategic Partnership Board brings together representatives from all sectors in the borough. It is the strategic level Board and a key part of the broad-based Halton Partnership. It serves the function of a 'local strategic partnership' (LSP) for the area. Local Strategic Partnerships are promoted by the Government and designed to help ensure that action taken at local level by a whole range of groups and organisations is properly 'joined up' and meets the needs of local communities.

The Halton Strategic Partnership Board, and this Sustainable Community Strategy, provides a common sense of direction for the community and an overarching framework within which different partnerships, organisations and groups can co-operate together, committed to common goals and dedicated to improving life for people in the Borough.

Members of the Halton Strategic Partnership Board

Halton Borough Council
Cheshire Police
Cheshire Fire and Rescue Service
Halton & St Helens Primary Care Trust
Greater Merseyside Learning and Skills Council
Halton Housing Partnership
Halton Sports Partnership
Riverside College Halton
Halton Voluntary Action/Community Empowerment Network
Jobcentre Plus
North West Development Agency
Faith Community
Greater Merseyside Connexions Service
Halton Association of Secondary Heads
Halton Chamber of Commerce and Enterprise
Government Office North West

PLANNING A BETTER FUTURE FOR HALTON

This Sustainable Community Strategy is about what is most important for Halton and about working together to improve the quality of life for all who live and work in the borough. It sets out key priorities and shows the direction we need to progress in together, and gives us challenging improvement targets to work towards. It provides an overall guide and framework for the activities of partners and other organisations in Halton. It will guide the development of more specific plans and projects working across Halton.

To make real progress we will need to pool ideas and resources, and work even more closely and effectively together. Working in partnership and concentrating on what matters most will make the difference in planning a better future for Halton. This includes:

- knowing where we are heading, focusing on the priorities and agreeing clear objectives

- working productively together, sharing understanding of the borough's problems and their root causes, and joining up and co-ordinating our efforts to tackle them

- championing Halton's cause in the wider world, lobbying at regional and national levels, and working with wider UK and European partners for mutual benefit

- learning from experience, finding out and putting into practice what works best

- checking on our achievements, monitoring progress and keeping on track

The process to develop this Strategy was important. It was vital that the process was inclusive. Many people and groups were involved so we could build a clear picture on what was important and how we should go forward. Some of the key steps included:

- A review of our achievements since the first Sustainable Community Strategy was launched in 2002, and an honest assessment of how well partnership arrangements have worked

- Commissioning new State of Halton reports to look objectively at statistical conditions and changes and trends in social, economic and environmental conditions

- A major telephone survey of residents was carried out to seek their views on what life is like in Halton

- A review of regional and national strategies, and those of partners, was carried out to assess the likely impact of this activity in Halton

- An inclusive process of debate and discussion on the way forward took place with members, officers, officials and volunteers of all the organisations involved with the partnership

- A thematic assessment of the challenges facing the borough, and a thorough review of outcomes, outputs and targets was carried out. These helped to demonstrate how the strategy and partnership working could make a difference in the future.

This process of engagement with people and partners was vital. It is only if there is a shared view of the challenges that Halton faces, and a broad sense of ownership of the resulting strategy, that there will be any chance of its ambitions being realised.

WHAT IS HALTON LIKE?

Halton is a largely urban area of 119,500 people. Its two biggest settlements are Widnes and Runcorn that face each other across the River Mersey, 10 miles upstream from Liverpool.

Since 2001 the population of Halton has increased steadily to its current estimate of 119,500 (2007) and is projected to continue to increase to 124,200 in 2016. Following national and regional trends, Halton has an ageing population, which is increasingly making up the majority of residents in the borough.

As a result of its industrial legacy, particularly from the chemical industries, Halton has inherited a number of physical, environmental and social problems. We have been working to resolve these issues ever since the borough was formed in 1974. Gaining unitary status in 1998 has helped to bring together more wide reaching activities and has increased the resources that the Council and its strategic partners, have been able to invest in Halton.

Halton shares many of the social and economic problems more associated with its urban neighbours on Merseyside. The Index of Multiple Deprivation for 2007 is one of the most comprehensive sources of deprivation indicators, as some 37 different indicators are used. It shows for example that overall, Halton is ranked 30th nationally (a ranking of 1 indicates that an area is the most deprived), which is third highest on Merseyside, behind Knowsley and Liverpool, and 10th highest in the North West, although this is an improvement on being fifth highest in 2004). Other authorities, St Helens (47th), Wirral (60th) and Sefton (83rd), are all way down the table compared to Halton.

The Index of Multiple Deprivation for 2007 suggests that deprivation has improved in the borough, since ranking 21st in 2004 there has been a decrease in 2007 to the 30th most deprived Authority in England. The proportion of Halton's population in the top category (i.e. the top 20% of super output areas) has also decreased from 50% in 2004 to 47 % in 2007. However, there is still room for improvement. Halton's concentration of deprivation has improved from 20th worst in England in 2004 to 27th in 2007. Concentration is a key way of identifying hot spots of deprivation within an area. Of England's 975 'Super Output Areas', which form the top 3% most deprived areas within England, eight are situated in Halton. The most deprived neighbourhood in Halton is ranked 306th out of 32,482 and is situated in Central Runcorn. Much has been done but clearly there is still much to do. Highlights of the key successes and challenges to date are:

- Claimant unemployment in the borough had fallen from 5.0% in January 2000 to 3% in December 2007, but this was still the 3rd highest claimant count rate in the North West. Due to the current economic climate, recent trends in unemployment have shown a sharp rise over the past twelve months, up to 4.8% in December 2008 and 5.9% in March 2009. The claimant count rate only includes those

people who are eligible for Jobseekers allowance and therefore underestimates the true number of people who are unemployed. The Annual population Survey for July 2007-June 2008 estimates that the unemployment rate in Halton was 6.8% compared to an England average of 5.4%, at a time when claimant unemployment averaged 3.1%.

- The employment rate, i.e. the proportion of the potential workforce actually working at 70.4% in the 2007-2008 Annual Population Survey shows that Halton is in the bottom 12 of 43 Local Authority districts in the North West. The borough rate is also significantly lower than the England average of 74.5%.

- Life expectancy in the borough has improved in the past decade. Between 2001-2003 and 2004-2006 female life expectancy in the borough increased from 78.2 years to 78.4 years. Life expectancy at birth for men in Halton also increased over the same time period from 73.9 in 2001-2003 to 74.3 in 2004-2006. This increase in life expectancy in Halton has kept pace with other Authorities. Between 2001 and 2006 Halton has risen from a rank of 374 for females to 370 out of 376 authorities with 376 being the lowest rank. For men the ranking has risen from 371 to 356. Standardised Mortality Rates for all causes, all ages, ranks Halton 2nd highest (i.e. worse) out of 354 English Local Authorities for 2006. At 127 it is 27% above the national average.

- GCSE passes in the borough are improving, between 1997-2008 the percentage of pupils achieving 5+ A*- C increased by 38.3 percentage points to 71.1%. This is now greater than the national rate of 65.3%. Pupils gaining no GCSE passes (or equivalent) was 2% in 2008 compared to 1.4% nationally. Skills among the workforce remain low, with 20% of working age people lacking any qualifications in 2007.

OUR VISION FOR HALTON

Halton will be a thriving and vibrant borough where people can learn and develop their skills, enjoy a good quality of life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential; greater wealth and equality; sustained by a thriving business community; and within safer, stronger and more attractive neighbourhoods.

How Halton will look in 2025 depends on a variety of factors, both local and national. True, the Halton Strategic Partnership will be able to influence the outcome through how successful its joint working on cross cutting issues has been, but the over riding influence will be the state of the national economy at the time and how quickly Halton will have been able to leave the effects of the current recession behind. Recessions traditionally last 12 –18 months on average, but their effects on the economy, employment levels and wealth can take 3 – 4 years to recover their pre-recession position.

Physically, the main change in this period will be the completion of the second Mersey crossing upstream from the existing road bridge. This will help relieve the Borough's road network of the regional traffic currently using and congesting the existing bridge at peak times. The new bridge will help open up sites in the south Widnes/north Runcorn corridor for employment development that could create many hundreds of new jobs taking advantage of the improved traffic flows. 3MG will also be able to capitalise on this extra capacity to establish itself as one of the most computerised transport interchanges in the UK.

However the Borough's success in 2025 will not just be dependent on new physical facilities (not understating their importance) but also on the social, community and environmental characteristics of the time. Halton Strategic Partnership enthusiastically embraces the Government's agenda on such issues as:

- Social inclusion and community cohesion
- Closing the gap between the most deprived parts of the Borough and the most affluent.
- Equality and diversity among the population
- Sustainability
- Climate change
- Improving the health of local residents
- Improving life skills and opportunities for Halton residents

Closing the gap between the poorer and richer parts of the Borough embraces many of these issues because the spatial pattern is repeated. The worst health, the lower employment levels and lower skill levels are concentrated in the more deprived areas. Initiatives such as Neighbourhood Management with the backing of the Halton Strategic Partnership are very important in tackling these issues.

Paradoxically the gap appears to widen in times of economic growth because at such times all areas improve but the more affluent areas tend to improve more, thereby widening the gap. However when times are harder, for example in the recession, then the gap is less pronounced. This emphasis the importance of intervention as market forces cannot be relied on to narrow the gap.

A Healthy Halton
Of the five priorities, poor health continues to be the one that affects most people, with 33% of Halton's population placed in the worst 4% for health deprivation in England. The cancer rates and life expectancy figures, particularly for women, are among the worst in the country.

To overcome this we envisage a focused effort by all the partners that will improve Halton's overall position by concentrating on the areas with the worst health outcomes. The target will be to reduce early deaths.

Halton's Urban Renewal
Modern day Halton has inherited an exceptional legacy of obsolete and poor quality land, buildings and physical infrastructure that undermines the development potential and attractiveness of the area. Putting this right is a key to greater prosperity and boosting the image of the borough.

To achieve our vision we will

- Work with partners and the local community to support The Mersey Gateway scheme to fully realise its benefits. This will be a major focus over the coming years
- Provide affordable housing for sale and rent for those who need it most.
- Upgrade and fully utilise the borough's rail, road, commercial waterways and power infrastructure in order to maximise the potential for economic development.

Children and Young People in Halton
For children and young people, three specific ambitions have been set, which better define what we are trying to achieve for children and young people. These are that:

- Every Young Person is successful when they leave school
- Children and young people will do well whatever their needs and wherever they live
- Children and young people are physically, emotionally and sexually healthy.

Work will continue on specific responsibilities or issues, which affect specific groups of children or young people. These chosen ambitions are relevant to

all children and encapsulate some of the specific difficulties experienced by particular cohorts of children and young people. Each ambition is a condition of well being for all children and young people that no one single agency can achieve on its own. Rather a coherent partnership approach is vital if we are to succeed in making the necessary difference to each of these outcomes.

Employment, Learning and Skills in Halton - Our long-term vision
Historically, high economic inactivity rates across the borough, with particular pockets of high deprivation and social exclusion, have been endemic in the local economy. Progress has been made in recent years but the current economic downturn has meant rising levels of unemployment and inactivity with worklessness rates currently standing at 17.8% in Halton, with some wards experiencing levels as high as 30.6% against a national average of 11.7%.

Our vision is the creation of a strong economy able to compete in the challenging global market. This can only be achieved by targeted investment in skills, a vibrant employment market and creating a strong culture of entrepreneurship. Our target will be to ensure that no area of Halton has unemployment at more than 20% above the borough average and to reduce the number of adults of working age claiming out of work benefits in the worst performing neighbourhoods.

A Safer Halton - Our long-term vision
We want to make Halton a great place to live with an attractive quality of life and excellent local environment. However, this is very much dependent on reducing current levels of crime, tackling anti-social behaviour and improving the local environment in our neighbourhoods. Halton has seen a 16% reduction in total recorded crime from 2005 and 2008. In the same time period vehicle crime has reduced by 29% and criminal damage by 34%.The Safer Halton Partnership - with its focus on action at the neighbourhood level - has contributed to these welcome reductions. However, this remains a pressing problem for most people in Halton, and fear of crime remains at unacceptable levels and impacts upon too many lives.

Taking the successes to date and working to improve on them, the Safer Halton Partnership aims to increase the confidence of communities in their neighbourhoods through coordinated enforcement and communication. Safeguarding adults is a key issue for the partnership, therefore policy and performance is scrutinised by the Safer Halton Partnership Board at every meeting. And whilst further guidance on the National review of ‘No Secrets’ is still awaited, work on the views of service users and carers, training and protecting adults will continue. Improving local conditions and encouraging people to get involved to help shape what happens in their local area is key to the partnership. With the continued provision of Area Forums, Police Community Action Meetings (CAMs), Community Watch Schemes and ‘Face the People’ Sessions, the Safer Halton Partnership offers opportunities for local people to have their say and help make a difference.

WHAT IS THE FOCUS?

Taking action is one thing, but unless it is focused on the right things it is unlikely to yield the right results. This is why the Partnership invested a good deal of time and resources sounding out public opinion and gathering the facts and figures needed to identify the overall priorities for the borough.

Between 2000 and 2009, five separate State of Halton reports have been researched and published, highlighting a range of challenges and opportunities facing Halton. Their findings have been checked and challenged by the Partnership and tested against public opinion. This led to the identification of a number of priorities for the borough over the medium term which, in combination, addresses the overall aim of making it a better place to live and work. These include:

- Improving Health
- Improving the skills base in the borough
- Improving educational attainment across the borough
- Creating employment opportunities for all
- Tackling worklessness
- Tackling the low wage economy
- Improving environmental assets and how the borough looks
- Creating prosperity and equality of opportunity
- Reducing crime and anti-social behaviour
- Improving amenities for all age groups
- Furthering economic and urban regeneration
- Tackling contaminated land
- Creating opportunities/facilities/amenities for children and young people
- Supporting an ageing population
- Minimising waste/increasing recycling/bringing efficiencies in waste disposal
- Increasing focus on community engagement
- Running services efficiently

The key challenge is how best to frame the response to these through the Sustainable Community Strategy. To do this challenges have been grouped into five key themes as set out in the vision, which are:

- A Healthy Halton
- Halton's Urban Renewal
- Children and Young People in Halton

- Employment, Learning and Skills in Halton
- A Safer Halton

Each of these thematic areas has been examined more closely in a series of Baseline Reports, which identify in detail the issues where we need to concentrate our improvement efforts. The Partnership intends to focus heavily on these key issues and to focus its future investment into achieving the challenging targets in each chosen theme.

To help do this, five Specialist Strategic Partnerships (SSPs) have been established. Their task is to design and deliver strategies and action plans to address priorities. Their plans are based on the information from the Baseline Reports and on the expertise of the Partnership members. Each of the five major themes is addressed in turn in the next part of this Strategy.

The Partnership also works to improve the quality of life at a neighbourhood level. It does this by working through the seven geographical Area Forums established by the Council and supported by the partners. Each Area Forum has dedicated resources to draw on to help deliver improvements in their area and expenditure proposals are expected to support one or more of the five priorities.

Halton is enthusiastic about extending neighbourhood management as a means to engage and empower local communities. This will address problems in deprived neighbourhoods by managing and co-ordinating resources and services to achieve a greater combined impact. A sound neighbourhood approach will lay the foundations for delivery of improvements to liveability and public services, transforming neighbourhoods and empowering local people. Halton already has many front line services organised on a neighbourhood basis. Community Support Officers, policing, community development workers, housing management, street-scene teams and youth workers are organised on an area basis. Children's Centres will also co-ordinate service delivery at a local level. A neighbourhood focus will provide management and co-ordination mechanisms for joining these, and other services such as health and social care up on a local basis. This Sustainable Community Strategy provides a framework through which these arrangements can be brokered.

A Healthy Halton

Our overall aim: To create a healthier community and work to promote well being and a positive experience of life with good health, not simply an absence of disease, and offer opportunities for people to take responsibility for their health with the necessary support available.

Why Health?
Statistics show that health standards in Halton are amongst the worst in the country. Because of this health has been singled out as a priority in most urgent need of improvement across the borough. As previously discussed the population in Halton is ageing which could put even greater demands on health and social care services. At the same time lifestyle choices in the borough especially amongst the young, in terms of diet, smoking, alcohol, exercise and other factors continue to give cause for concern for the future.

Key Objectives

A. To understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people.

B. To lay firm foundations for a healthy start in life and support those most in need in the community by increasing community engagement in health issues and promoting autonomy.

C. To reduce the burden of disease and preventable causes of death in Halton by reducing smoking levels, alcohol consumption and by increasing physical activity, improving diet and the early detection and treatment of disease.

D. To respond to the needs of an ageing population by addressing the needs of older people, improving their quality of life and thus enabling them to lead longer, active and more fulfilled lives.

E. To remove the barriers that disable people and contribute to poor health by working across partnerships to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment.

Background
The recent State of the Borough Report identifies Halton as one of the most deprived districts in England. In terms of health deprivation the borough currently ranks 371st out of 408 districts in the country. The Index of Multiple Deprivation identifies 53 'Super Output Areas' in Halton that fall within the top 20% of most health deprived wards nationally and that approximately 40,000 people (33% of the population) live in the top 4% most health deprived wards in England.

When compared with other areas in England, Halton is within the worst 10% of areas for life expectancy. In particular female life expectancy is the third

worst in England (78.4). Male life expectancy (74.3) is also 3 years less than the national average.

The two biggest killers in Halton are heart disease and cancer. Heart disease is still the single biggest cause of premature death in Halton, and more people have it in this borough than they do in other boroughs across the country. For those under 75, men are more likely to have heart disease than women.

In terms of cancer, Halton has the worst early death rate in the country (167.8 per 100,000 population). Lung cancer remains the leading cause of cancer death in Halton. There has also been a steady increase in the number of women developing breast cancer and death rates from the disease have increased recently. Breast cancer is the second largest cause of cancer death in Halton.

Some of the reasons why Halton residents suffer disproportionately high death rates from major causes of death include poor diet, high smoking rates and inadequate levels of physical activity.

In recent years, the burden of ill health caused by alcohol consumption has also increased significantly. Recent statistics show that approximately 24% of adult residents in Halton binge drink. Whilst twice as many men as women drink above safe limits the number of women doing so has increased significantly from 6.9% in 2001 to 12.4% in 2006.

The latest Alcohol Profiles for England show that Halton is amongst some of the worst districts in the country in terms of months of life lost due to alcohol, alcohol specific and attributable mortality and hospital admissions due to alcohol.

In 2003 the Halton Health Partnership appointed a team of consultants from Lancaster University to examine the reasons for Halton's poor health record. Whilst there was much speculation around the role of Halton's industrial legacy and existing levels of pollution, the study revealed that economic, social and lifestyle factors were largely responsible for the high rates of illness and death.

When taking these factors into consideration, it becomes easier to understand why some communities suffer disproportionately from poorer health than others. Therefore, we would expect to set specific neighbourhood targets where appropriate.

During 2008 Halton & St. Helens Primary Care Trust produced two key documents, 'Ambition for Health' and the 'Commissioning Strategic Plan'.

Ambition for Health is a key document for Halton & St. Helens Primary Care Trust in terms of improving the health of the local population. The document sets out key "ambitions" that are based on understanding of the needs of the local population. These are as follows:

- To support a healthy start in life
- To reduce poor health that results from preventable causes
- To ensure that when people do fall ill from some of the major diseases, they get the best care and support
- To provide services which meet the needs of vulnerable people
- To make sure people have excellent access to services and facilities
- To play our part in strengthening disadvantaged communities

Following on from this Halton & St. Helens Primary Care Trust then produced the Commissioning Strategic Plan. This document turns the Ambition for Health goals into action by delivering transformational change in a number of key areas that support the strategic priorities.

The six priority areas identified in the Commissioning Strategic Plan are:

- Alcohol
- Obesity
- Early detection: Diabetes, respiratory, heart disease, cancer
- Early Detection: Depression
- Prevention: Tobacco Control
- Safety, Equality and Efficiency: Planned and Urgent Care

In addition to this, addressing the wider determinants of ill health is a key issue for Halton if it is to effectively respond to national and local targets. This will mean working across partnerships to achieve our goals. The list below highlights some of the areas where further joint working is required:

- Taking steps to reduce unemployment in areas with poor health statistics
- Improving educational attainment and increasing access to training opportunities for those living in deprived areas
- Improving the quality and provision of social housing
- Improving access to services such as social and leisure facilities, supermarkets, health services and transport.
- Understanding how knowledge and perceptions of health related issues can affect the local population
- Reducing social isolation
- Reducing crime and improving community safety
- Maximising community resources and facilitating effective community engagement and participation

Individuals also have a role to play in improving their own health and well being. Lifestyle factors such as a poor diet, smoking, and lack of exercise can all have a negative impact on an individual's health. Actions and services aimed at increasing participation in sport and leisure activities and promoting a healthy diet and lifestyle can contribute towards improving the health of local people. However, whilst agencies can work together to improve access, affordability, and quality of services, it is also important to encourage local residents to play an active role in improving their own health.

Well being is about more than health. It is about the ability to enjoy a range of activities that actually make life worth living. This is about having access and the ability to enjoy culture in all its forms - sport, arts, libraries, leisure, entertainment, hobbies, friends and family, and shopping. We aim to enhance these opportunities for people. Happy people are more likely to be healthy people and vice versa.

We therefore also need to address all of the determinants of mental health and well-being for different population groups. Children and young peoples emotional and mental well-being is addressed within Children's Trust structures.

Linkages to other priorities

Halton's Urban Renewal
A high quality built environment is an important contributory factor in determining the health and well-being of local people. Good quality, accessible buildings, served by a good quality transport infrastructure create a more vibrant community where people are proud to live and work. In turn this contributes to the health and well-being of local residents.

Children and Young People in Halton
Improving the health and well-being of children and young people is a key priority. Being healthy as a child can have an influence on long term health outcomes. The Healthy Halton Specialist Strategic Partnership works closely with the Children and Young Peoples partnership to address issues such as childhood obesity and teenage pregnancy. In addition low educational attainment is one of the key determinants of poor health outcomes and leads to many health inequalities within neighbourhoods.

Employment, Learning and Skills in Halton
Improving access to employment opportunities is a key determinant in improving the health of the local population. Being in employment increases choice and opportunity and enhances quality of life. Areas of high unemployment are shown to have higher levels of poor health therefore anything we can do to increase wealth creating factors within those communities will automatically improve health outcomes. Linked to this is the need to increase access to learning opportunities and offering people the chance to improve their skills thereby improving their chance of gaining employment.

A Safer Halton
Personal experience of crime and anti-social behaviour can have a significant impact on our health and well-being. Tackling crime is high on the public agenda and a key priority for neighbourhoods. One of the key areas for both the Health Partnership and the Safer Halton Partnership is the current issues surrounding alcohol harm. Both partnerships are working together to address these issues.

Improvement Targets

Halton Local Area Agreement Indicators relating to Health

By 2011 we aim to:

- Increase adult participation in sport from 20.13% (2006 baseline) to 24.02% :Sport NI8

- Slow the rate of increase in alcohol-harm related hospital admission rates from 2180 (07/08 baseline) to 2323 in 2009/2010 and 2309 in 2010/2011: Alcohol harm NI 39

- Increase the number of drug users in effective treatment from 513 (07/08 baseline) to 544: Drug Treatment NI 40

- Increase the prevalence of breastfeeding at 6-8 weeks from birth from 12.1% (Quarter 2 2008) to 23%: Breastfeeding NI 53

- Reduce the number of primary school age children who are obese from 22.4% to 21.3%: Obesity NI 56

- Reduce the conception rate in girls under 18 by 55%, compared to 1998: Conception: NI 112

- Reducing the proportion of young people frequently misusing substances from a baseline of 12.6% in07/08, to a target of 9.8% by 2010/2011: Substance Misuse NI 115

- Reduce all age all cause mortality for Males from 906 per 100,000 population (07/08 baseline) to 755 and females from 673 (07/08 baseline) to 574: Life expectancy: NI 120

- Smoking- Increase the number of people age 16+ who have stopped smoking from 914 per 100,000 population (07/08 baseline) to 1128: Lifestyle: NI 123

- Improve the number of people over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently from 30.4% (2008 base) to 32.8%: Independent living: NI 139

- Improve the number. of vulnerable people supported to maintain independent living from a Baseline in 07/08 of 98.17%, to a target of 99.04% in 2011: NI 142

- No. of adults in contact with secondary mental health services in employment – target to be set by March 2010.: Mental Health: NI150

Local targets

- ***Reduce the death rate (in under 75s) by 57% (from 2009-11) (??? A slightly over ambitious!): Circulatory Disease:***

- Reduce the death rate (in under 75s) by 25% (from 2009-11): Cancer

- Increase the number of people with a long term condition supported to be independent and in control of their condition from 43% (07/08 baseline) to 49% (2010/2011): Managing long term conditions: NI 124

Halton's Urban Renewal

Our Overall aim: To transform the urban fabric and infrastructure, to develop exciting places and spaces and to create a vibrant and accessible borough that makes Halton a place where people are proud to live and see a promising future for themselves and their families.

Why Urban Renewal?
Modern day Halton has inherited an exceptional legacy of obsolete and poor quality land, buildings and physical infrastructure that undermines the development potential and attractiveness of the area. Putting this right is a key to greater prosperity and boosting the image of the borough. This is why Urban Renewal is Halton Borough Council's second most important priority.

Key Objectives

A. To create and sustain a twenty first century business environment with the required variety and quality of sites, premises and infrastructure that can support high levels of investment and economic growth and increase Halton's competitiveness;

B. To promote regional employment sites at 3MG, Daresbury and the Widnes Waterfront;

C. To secure the commencement of the construction of the Mersey Gateway bridge;

D. To revitalise the town centres; to create dynamic, well-designed high quality commercial areas that can continue to meet the needs of local people, investors, businesses and visitors;

E. To support and sustain thriving neighbourhoods and open spaces that meet people's expectations and add to their enjoyment of life;

F. To ensure Halton designs in and maintains high levels of accessibility to places and spaces, so that opportunity and need are matched, and provide excellent connectivity to the wider world through transport and ICT links;

G. To enhance, promote and celebrate the quality of the built and natural environment in Halton including tackling the legacy of contamination and dereliction, to further improve the borough's image.

Background
Halton helped maintain the momentum of the industrial revolution in the 19th Century and was a cradle to both invention and innovation. Reflecting this industrial and manufacturing history, Halton has a legacy of ageing infrastructure, obsolete and redundant buildings, a relatively poor built and

natural environment, an overly mature housing stock and an under-provision of modern amenities to support a far more discerning population.

Much has already been achieved to green the environment, both within the town centres and at our gateway approaches. Town centres have experienced new private sector investment, whilst small businesses have taken advantage of grant assistance to rejuvenate tired, rundown or unproductive premises. Award-winning leisure facilities have been provided around the borough and new housing and jobs are being provided because of the confidence in Halton's future.

The business environment is expanding thanks to developments on the Widnes Waterfront, 3MG, Daresbury, The Heath and the key infrastructure development of the Mersey Gateway river crossing:

- The Widnes Waterfront is located in South Widnes, fronting onto the River Mersey. The programme aims to regenerate 80 ha., of low quality industrial land, supported by a cocktail of funding opportunities. Work includes commercial, retail and leisure developments, together with environment, infrastructure and public realm enhancements - all of which will have been completed by 2015. This programme has been identified as a North West Strategic Site and supports the borough's Employment, Learning & Skills priority amongst others;

- 3MG (Mersey Multi-modal Gateway) in Ditton is quickly becoming a regionally and nationally significant intermodal freight park which anticipates an approximate total investment of £100m. This major scheme will create up to 5,000 new jobs and 3 million sq.ft of rail-related distribution facilities by 2015. In addition, the Stobart Group have acquired the Mersey Gateway Port at Weston in Runcorn, which will offer an integrated transport and logistics facility;

- The Mersey Gateway project will provide a landmark new bridge over the River Mersey between Runcorn and Widnes. It will transform the borough of Halton, improve the lives of local people and create new opportunities for business and investment in Halton, Cheshire, the Liverpool city-region, the north west and beyond. The new bridge will cross the river 1.5km east of the Silver Jubilee Bridge (SJB), be a tolled crossing, have three lanes in each direction and be linked to the major road systems in the area, keeping traffic moving and raising the profile of the borough. The Mersey Gateway bridge is due to open to the public in 2014 and will overcome one of the biggest congestion problems in the region. Modifications will be made to the existing SJB to improve facilities for local public transport, walking and cycling;

- The Mersey Gateway Regeneration Strategy will support and promote significant developments in both Runcorn and Widnes Town Centres, continuing regeneration programmes such as the Canal Quarter (Runcorn), Ashley Retail Park and Windmill Centre (Widnes), which are under way in both towns;

- The Daresbury Science & Innovation Centre is a state-of-the-art facility offering high quality office, workshop and laboratory space. The Innovation Centre aims to bring together science and technology-based businesses into an innovative scientific environment. The building provides facilities and specialist support critical to young businesses whether at the creation, growth or acceleration stages of their development.

Exciting new expansion developments are also anticipated at The Heath Business Park and the Halton Lea and Widnes retail areas.

Halton together with our partners in St.Helens and Warrington has been awarded Growth Point Status. This will help foster increasing partnership working across traditional boundaries, better integrating the provision of new housing and employment opportunities across the sub-region whilst promoting sustainable development and the timely provision of supporting infrastructure (including Green Infrastructure).

Two large sites for private sector-residential developments in the borough over the past decade have been at Upton Rocks, Widnes and Sandymoor, Runcorn. The focus of these developments has been a concentration on the executive end of the housing market, in order to encourage managerial and professional socio-economic groups to move to the borough. However, land remediation has cleared the way for housing development at Halebank and plans are being progressed to develop residential accommodation at the Canal Quarter in Runcorn, where leisure and retail facilities will also be delivered along the banks of the Bridgewater Canal. In addition, a £130 million major sustainable regeneration programme is taking place in Castlefields, where high quality mixed-tenure housing is replacing grim deck access flats. The existing local centre will be demolished and redeveloped to create a new community hub centred around a Village Square, offering shops, residential accommodation and health and community facilities – all amidst many and varied environmental and leisure enhancements, including the very successful Phoenix Park. Further housing renewal opportunities have been identified including areas of Runcorn New Town and West Bank, Widnes.

The creation and maintenance of high quality places and spaces that support a twenty- first century economy and lifestyles which are accessible and well connected, is a pre-requisite of Halton's Sustainable Community Strategy and its Urban Renewal Strategy. Much of this is dependent upon the borough's extensive expertise for land reclamation, which has been developed out of need to address and overcome the borough's legacy of contamination from the chemicals industry. This is detailed in the Borough's Contaminated Land Remediation Strategy.

Land is being reclaimed at the rate of approximately 10 hectares per annum. Much of this reclamation is located on the historical chemical sites adjacent to and part of the Widnes Waterfront. For example, Moss Bank Park and further additions to the Trans Pennine trail have been completed adding valuable

amenity space within a modern industrial environment. Development of new 'Alternative Technologies' by Halton, to make safe the severe contamination on these sites, will provide the economic solution to bring forward significant industrial and intermodal developments in the borough, e.g. as in the Widnes Waterfront and the 3MG Intermodal Logistics Park.

Environmental improvements and better quality open spaces, in addition to a better quality built environment and transport offer, are vital as steps to promote Halton's assets. A positive image is a key requirement if we are to boost the confidence and aspirations of local people and business.

Linkages to Other Priorities

A Healthy Halton
Providing a better, cleaner and greener built environment where employment and leisure opportunities are fostered and resident prosperity overcomes health issues associated with deprivation. Improved access to hospitals.

Children and Young People in Halton
Creating an environment that provides the basis in which our children are able to flourish

Employment, Learning & Skills in Halton
Developing employment opportunities for all in a thriving business environment where skills meet business needs. Improved access to further education facilities

A Safer Halton
Instilling pride in our local community where residents feel safe and cherish their neighbourhoods, wishing to help eradicate violence and unsocial elements

Improvement Targets

Halton LAA Indicators relating to Urban Renewal

By 2011 we aim to:

- Assist in raising residents' overall satisfaction with the area from 70% un 2008 to 73.4% in 2010. (baseline and target provisional pending publication of final places survey data): Residents' Satisfaction NI 5

- Reduce per capita CO2 emissions within the local authority area, from 10.1 tonnes per capita in 2007/08, (based on Defra 2005 data) to 8.98 tonnes per capita, by 2010/11(based on Defra 2008 data): Climate Change NI 186

- Ensure 34% of municipal waste is recycled or composted in the local authority by 2010/11, from 25.1% in 2007/08: Waste NI 192

- Build additional homes within Halton, at an annual rate of 518 between 2008/2009 and 2010/2011: Housing NI 154

- Improve access to services and facilities by public transport, walking and cycling. Targets set for access to Whiston and Warrington Hospitals (100%) and Runcorn and Widnes comprises of Riverside College (89% and 93% respectively): Transport NI 175

Local Indicators

- ***Assist in achieving an increase in the numbers of jobs in Halton by?????***

- Annually, to bring 10 hectares of derelict land back into beneficial use;

- Facilitate the relocation of businesses affected by the construction of the Mersey Gateway Bridge;

Children and Young People in Halton

Our Overall Aim: Halton's ambition is to build stronger, safer communities which are able to support the development and learning of children and young people so they grow up feeling safe, secure, happy and healthy, and are ready to be Halton's present and Halton's future

Why Children and Young People?
Children and young people are the future of Halton. In time they will become the adults that take responsibility for all aspects of life in the borough. Therefore, it is self-evident that we should invest in Halton's future by investing in them. This will make sure they have the best possible start in life, have places to go and things to do that are positive and life enhancing, and the opportunity to fulfil their potential and succeed.

Key Objectives
Halton's Children's Trust has identified three entrenched areas, where a strong partnership approach is needed to improve outcomes for children and young people. These will form the foundation for the new Children and Young People's Plan 2009-12. These areas under which the key outcomes can be clustered, are:

A. Children and young people do well wherever they live and whatever their needs

B. Children and young people are physically, emotionally and sexually healthy

C. Young people are successful when they leave school

Background
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 access employment, the income they earn, their aspirations, behaviour, health and longevity, and on the range of positive choices they are able to make in life.

The Government policy, Every Child Matters: Change for Children, describes a vision of improving outcomes for all children and young people and narrowing the gap between those who do well and those who do not. In Halton, as elsewhere, this requires radical change in the whole system of children's services including:

- The improvement and integration of front line services - in early years settings, schools, the health service and play and recreation - and to raise standards of achievement for all learners

- More specialised help to promote opportunity, prevent problems and act early and effectively if and when problems arise

- The further development of services around children, young people and families through the delivery of better and more easily accessible services may involve co-location through, for example, extended schools, children's centres, and the bringing together of professionals in multi-disciplinary teams

- Dedicated and enterprising leadership striving for the highest standards at all levels of the system

- The development of a shared sense of responsibility across agencies for safeguarding children and protecting them from harm

- Listening to children, young people and their families when assessing and planning service provision, as well as in face-to-face delivery

To bring about improvement in the life chances and employment prospects for children and young people in Halton, we need to remove socio-economic barriers to early development, and deliver the Every Child Matters agenda through the Children's Trust, and through better joint commissioning and integrated delivery of services through the widely agreed Children's and Young People's Plan.

The key agencies that have an impact on children and young people need to build on existing cooperation. Firstly we need to develop policies based on evidence of what works most effectively that are focused on delivering the outcomes highlighted above. Then we must create a model of what measures and services to enhance life chances and employment need to be like to make the most positive impact in Halton. Finally, we should devise an action plan to make any changes needed to shift from the measures and services that exist now, to what they need to be in the future.

Linkages to other Priorities

A Healthy Halton
Children's health is a key priority mainly because being healthy is the best basis from which children can go on and develop throughout their lives. Education is a key influence on health and affects health-related behaviour such as smoking, drinking, drugs and exercise. To tackle the issues such as obesity and teenage pregnancy in Halton, Children and Young People work closely with the Health Partnership to ensure there is a joined up approach.

Halton's Urban Renewal
Investment in Halton's urban fabric and infrastructure will help to make Halton a place where our children and young people will want to live as adults. Also the provision of access to quality transportation links for education and leisure opportunities is a key priority.

Employment, Learning & Skills in Halton
Increasing the number of young people in education, employment and training will involve close working with partners from Employment, Learning & Skills. Employment opportunities and training offers a number of key options to our young people post-16 as they look for the best pathway going forward.

A Safer Halton
The provision of pleasant, safe and secure neighbourhoods will provide children and young people with a safe environment in which to play, grow and prosper. Providing positive activities for young people are delivered through the Safer Halton Partnership to discourage crime and anti social behaviour.

Improvement Targets

Halton LAA Indicators relating to Children & Young People

By 2011 we aim to:

- Increase the stability of placements for looked after children from 69% in 2008 to 81.5% by 2011: Children in Care NI 63
- Reduce the proportion of children in poverty from 27% in 2008 to 24.2% by 2011: Children in Poverty NI 116
- Reduce obesity among primary school age children in Year 6 from 22.4% in 2008 to 21.3% by 2011: Child Obesity NI 56
- Reduce the under 18 conception rate by 55% by 2011 from the 1998 figure: Teenage Pregnancy NI 112
- Increase the proportion of young people achieving a Level 3 qualification by the age of 19 from 33.5% in 2008 to 42.2% by 2011: Level 3 Qualification NI 80
- Reduce the number of 16-18 year olds not in education, training or employment from 11.5% in 2008 to 7.7% by 2011: NEET NI 117
- Reduce the number of first time entrants to the Youth Justice System aged 10-17 from 249 in 2007/08 to 234 by 2010/11: First time entrants NI 111
- Reduce substance misuse rates by young people from 12.6% in 2008 to 9.8% in 2011: Substance Misuses NI 115

Local indicator

- Reduce the 5 A*-C GCSEs, including English and Maths, attainment in Halton gap by 25% between those living in the worst 10% LSOAs nationally and the Halton average by 2011 (currently 36% vs. 49%).

- Reduce the number of children killed or seriously injured in road traffic accidents: Road Traffic Fatality NI 48

Employment, Learning and Skills in Halton

Our overall aim: To create an economically prosperous borough that encourages investment, enterprise and business growth, and improves the opportunities for learning and development together with the skills and employment prospects of both residents and workforce so that they are able to feel included socially and financially.

Why Employment, Learning and Skills?
A robust economy lays the foundation for any prosperous and successful place and provides jobs, opportunities, wealth and aspirations for local people. Historically, in Halton there has been a sustained mismatch between the needs of local business and the skills of local people, low rates of entrepreneurship and high levels of welfare dependency, meaning that opportunity and need are out of balance and contributing to the widespread deprivation in Halton. Sustainable economic growth and prosperity requires a commitment to encourage and support a vibrant business sector together with a renewed commitment to creating sustainable employment, and high quality learning and skills opportunities to satisfy all stakeholders in Halton.

Key Objectives

A. To foster a culture of enterprise and entrepreneurship and make Halton an ideal place to start and grow economic activity

B. To develop a culture where learning is valued and raise skill levels throughout the adult population and in the local workforce

C. To promote and increase the employability of local people and remove any barriers to employment to get more people into work

D. To develop a strong, diverse, competitive and sustainable knowledge-based local economy.

E. To maximise an individual's potential to increase and manage their income, including access to appropriate, supportive advice services.

Background

Despite a range of local and national initiatives, Halton is still characterised by widespread deprivation. Attainment at school, in further education and the acquisition of 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. This means that the creation of a strong economy able to compete in today's challenging global market can only be achieved by continuing targeted investment in skills, a vibrant employment market and a strong culture of entrepreneurship.

Research shows that the skill base of the local area is relatively poor compared to Great Britain as a whole and to other surrounding local economies. Halton has a relatively low percentage of adults with further education qualifications and a high number of adults experiencing problems with numeracy and literacy. Looking to the future, estimates indicate that the majority of new jobs will require some form of recognised education qualification. Over 95% of new jobs will need qualifications of at least NVQ 2 level and over 70% at NVQ 3 and above. In addition, in an increasingly technologically developed society and in a borough where up to 30% of adults experience some form of difficulty with literacy there is a danger that a digital divide is created between those able to access and navigate jobs and services and those who cannot.

High economic inactivity rates across the borough, with particular pockets of high deprivation and social exclusion, are endemic in the local economy. Halton continues to display higher than average rates of benefit dependency, whilst at the same time many people are not claiming their full entitlements which would enable them to enjoy a minimum standard of living. Targeted information, advice and advocacy are crucial to allow people to access the support, whether related to work or to benefits, they need for the benefit of both themselves and local economy.

The Halton economy is heavily reliant upon a narrow range of industry sectors and, in common with the rest of the UK, is becoming susceptible to national and global pressures, which may have a negative effect upon the business sector, employment opportunities and could increase the numbers of individuals and families at risk of becoming financially and socially at risk.

Linkages to Other Priorities

A Healthy Halton
Being out of work or suffering financial exclusion have been shown to be significant contributors to health inequalities, whilst being in employment has been proven to have significant benefits for an individual's physical and mental health. By providing opportunities for skills, training and employment and enabling people to move from inactive benefits to employment, the Employment, Learning and Skills priority contributes towards improving the Health and mental wellbeing of Halton's residents.

Halton's Urban Renewal
Halton residents will need a high quality, responsive skills and training infrastructure to take full advantage of the new opportunities for employment and business development being afforded through Halton's programme of Urban Renewal.

Children and Young People in Halton
In addition to the importance of attainment at school, it is vital that Children and Young People are offered a wide range of good quality learning, skills

and employment opportunities in order for them to fulfil their potential to succeed and to ensure that they are not at risk of poverty or financial disadvantage.

A Safer Halton
By enabling people to become engaged in employment, learning and skills opportunities, they are encouraged to move away from becoming involved in anti-social behaviour or crime. The Employment, Learning and Skills priority aims to ensure that positive progression routes to training and employment are available to all Halton residents to enable them to improve their life chances.

Improvement Targets

Halton LAA Indicators relating to Employment, Learning & Skills in Halton

By 2011, our aim is that:

- The proportion of working age people claiming out of work benefits in the worst performing neighbourhoods is reduced from 31.5% in 2007/2008 to 28.5% by 2010/2011: Benefits NI 153

- The proportion of the working age population qualified to at least Level 2 or higher is increased from 60.1% in 2007/2008 to 67.5% by 2010/2011: Level 2 Qualification NI 163

- Maintain the VAT registration rate at 42.8% by 2010/2011: VAT Registration NI 171

Local Indicators

- The proportion of adults with no qualifications is reduced by 15%

- Increase the proportion of adults qualified to level 3 by 25%

- Increase average household income in Halton to more than 90% of the national average

- ***Increase the rate of self-employment by 20% compared to 20XX?***

- Ensure unemployment in any LSOA is less than 20% above the borough average

A SAFER HALTON

Our overall aim: To ensure pleasant, safe and secure neighbourhood environments, with attractive, safe surroundings, good quality local amenities, and the ability of people to enjoy life where they live.

Why a Safer Halton?
Crime and the fear of crime affect everybody's lives. It is a major concern according to every survey of Halton residents. These surveys also show that cleaner, tidier neighbourhoods would make the biggest difference to improving life for people in their local area. We want Halton to be a clean, green, safe and attractive place to live. People should tolerate value and respect each other, their property and the places where they live.

Key Objectives

A. To investigate and tackle the underlying causes of crime and disorder and respond effectively to public concern by reducing crime levels

B. To improve the understanding of alcohol and drug/substance misuse problems, their impact in Halton, and reduce the harm they cause

C. To create and sustain better neighbourhoods that are well designed, well built, well maintained, safe and valued by the people who live in them, reflecting the priorities of residents

D. To understand and tackle the problem of domestic abuse in all its forms

E. To reduce the levels of crime that disproportionately affects some of the more deprived areas within the borough

Background
The Safer Halton Partnership has a wide-ranging remit focused on two major concerns of Halton people. Crime and the local environment have consistently been two areas the public have raised as high priorities in successive consultations over the last few years.

We want to make Halton a great place to live with an attractive quality of life and excellent local environment. However, this is very much dependent on reducing current levels of crime, tackling anti-social behaviour and improving the local environment in our neighbourhoods. Recent years have seen a 16% reduction in total recorded crime from 2005 and 2008. In the same time period vehicle crime has reduced by 29% and criminal damage by 34%.The Safer Halton Partnership - with its focus on action at the neighbourhood level - has contributed to these welcome reductions. However, this remains a pressing problem for most people in Halton, and fear of crime remains at unacceptable levels and impacts upon too many lives.

At the same time, whilst general satisfaction levels with Halton as a place to live have risen, it is the condition of their local environment which is of most concern to residents. Therefore, the Strategy aims to increase the confidence of communities in their neighbourhoods. This is about improving local conditions and encouraging people to get involved in helping to shape what happens in their local area Area Forums, Police Community Action Meetings (CAMs), Community Watch Schemes and 'Face the People' Sessions, offer opportunities for local people to have their say and help make a difference. They also help make the police, council and others more accountable to residents, check that the priorities are right; that they respond to local concerns, and will take more effective action against the issues that most impact on their quality of life.

Tackling the causes as well as the symptoms of neighbourhood issues are a responsibility shared by all partners. Increasingly, they will look to better co-ordinate their activity through neighbourhood management arrangements to have a greater impact. This will increase the effectiveness of work that can prevent and intervene early in the conditions which lead to dissatisfaction.

Linkages to other priorities

A Healthy Halton
Personal experience of crime or anti social behaviour can have a significant impact on our health and mental wellbeing. Tackling crime is high on the public agenda and a key priority for neighbourhoods.

Halton's Urban Renewal
When designing and planning new buildings such as housing estates and shopping areas, it is important that we consider community safety issues and design out crime. This may be through better lighting, CCTV, removing inappropriate planting etc

Children and Young People in Halton
Providing positive activities for young people and raising their aspirations will make them less likely to commit crime or anti social behaviour. Working with young people and their families is vital if we are to change behaviour, where their behaviour has already become a problem.

Employment, Learning & Skills in Halton
Creating employment opportunities and training for residents to access jobs is key to driving down crime. In particular those who have already committed crime, or have drug and alcohol problems are much less likely to re-offend if they can gain employment.

Improvement Targets

Halton LAA Indicators relating to a Safer Halton

By 2011 we aim to:

- Raise residents overall satisfaction with their local area from 70% in 2008 to 73% in 2010 (baseline and target provisional pending publication of the final places survey data)awaiting Places Survey data): Overall satisfaction NI5

- Creating a strong environment for a thriving Voluntary and Community Sector – Increase third sector satisfaction from 22.2% (2007/8) to 29.7% (2010/11): Thriving third Sector NI 7

- Reduce serious acquisitive crime from 16 per 1000 population in 2007/08 to 15 per 1000 population by 2010/11: Serious acquisitive crime NI 16

- Reduce the perceptions of anti social behaviour from 24% in 2008 to 21% by 10/11: Perceptions of anti social behaviour NI 17

- Reduce the assault with injury crime rate by 75% compared to 2008/09: Assault with injury NI 20

- **Reduce the re-offending rate of prolific and priority offenders from 19% in 07/08 to XX by 2010/11 (Target to be set based on the relevant cohort): Re-offending rate NI 30**

- Reduce the repeat incidents of domestic abuse from 127 in 2007/08 to 108 by 2010/11: Repeat incidents of domestic violence NI 32

- Reduce the number of arson incidents from 1277 in 2007/08 to 855 by 2010/11: Arson NI 33

- Slow the rate of increase in alcohol-harm related hospital admissions from 2180 in 2007/08 to 2323 in 2009/10 and 2309 by 2010/11 : Alcohol related hospital admissions NI 39

- Increase the number of drug users in effective treatment from 513 in 07/08 to 544 by 10/11: Drug users in effective treatment NI 40

Local Target

- Reduce the number of people killed or seriously injured in road traffic accidents: People killed or seriously injured NI 47

- Reduce by 10% the number of incidents of anti social behaviour in the worst 5 super output areas by 2010/11 from a 2007/8 baseline

Cross Cutting Issues

Introduction

The Sustainable Community Strategy is concerned with addressing local needs in order to make the 2025 vision a reality. This strategy tries to take a positive view of the future. It will be better to shift our focus to prevention measures, to promote positive lifestyles and the many excellent aspects of life in Halton, including more timely interventions to help people at the times when they most need support. At the same time a number of issues that cut across the key priority areas contained within this Strategy must be kept in mind as we meet the challenges faced within each priority area.

The Halton Strategic Partnership wants to develop policies and programmes which leave a lasting and positive effect on future generations of people in Halton. We also want to look forward and help to achieve sustainable development both locally and more widely to promote regional, national and global aims. Our approach will be guided by the following principles:

- Anti-discrimination
- Equality of opportunity
- Independence not dependence
- Individual needs
- Accountability
- Integration
- Involvement in decision making

The people of Halton and a focus on their full range of needs, is the key cross cutting theme that underpins this strategy. Analysing needs allows us to anticipate likely changes and plan accordingly. We want to sustain progress and increasingly provide a much greater range of opportunities, and the ability to take advantage of them. We want to sharpen up service delivery and focus on the things that will make the most difference. The key measure of whether service delivery is transformed is how far and how fast we can narrow the gap in outcomes for the most disadvantaged in Halton, as measured by comparison with both Halton and national averages.

In short, we want to build a sustainable community that balances and integrates social, economic and environmental progress; that meets current expectations and prepares for future needs; and that respects the diversity of the place and people. The Partnership has identified the following components as being crucial to success.

(a) Respect and Enjoyment

The communities of Halton have a strong sense of community identity and belonging. They also tolerate and respect differences, and believe in ‘live and let live’. Co-operation, collaboration and helpfulness are vital. There needs to be plenty of things to do and places to go - culture, leisure, sport, community, shopping - for all members of the community, young and old alike. People should feel their chances in life are good and crime, drugs or anti-social behaviour does not taint their lives.

(b) Thriving Places
The local economy has to flourish and provide a range of opportunities for all Halton people for both training and work. The economic infrastructure has to be top quality with a variety of land and premises (industrial, commercial and retail) available to support economic prosperity, growth and change. In addition, we want to see a strong business sector, which feels valued locally, and is well supported to create new enterprises and new jobs which can benefit local people.

(c) Well Planned
We need to retain a clear sense of place and retain features that make Halton distinctive. We want to see buildings and open spaces that are accessible, well designed and of the highest quality. Places and spaces that are safe, valued and promote a feeling of well-being. The housing market has to be dynamic and inclusive with a range of options available that are affordable for local people.

(d) Accessibility
People make places work, and all the communities and facilities of Halton (jobs, schools, town centres, health) need to be well connected and well served by the transport network. We need appropriate levels of car parking in the right places, a well managed and maintained road network, and a properly functioning public transport network to help people get about and reduce car dependency. We need to further develop opportunities for walking and cycling, and ensure our connection to the outside world through motorways, railways, ports and airports remain excellent. The further development of technology and digital opportunities will also enable Halton to be more accessible to the world.

(e) Well Served
People need to have good access to a range of services that are appropriate to their needs and that make their lives worthwhile. This includes good schools, further and higher education opportunities and lifelong learning, high quality health, leisure and social care facilities, including quality services for vulnerable adults, children and families. In addition a good range of information, advice and signposting is needed, and wherever possible services should be situated together to make access easier.

(f) Well Run
There has to be a sense of pride, responsibility and civic values which present themselves in a place that is well governed and managed. This includes democratic, representative and accountable governance through Halton Borough Council with community wellbeing at its heart. It also encompasses effective community engagement and enabling active participation by local people in the decisions that affect their lives. A strong and vibrant voluntary and community sector is a sign of success along with effective partnerships that lead by example.

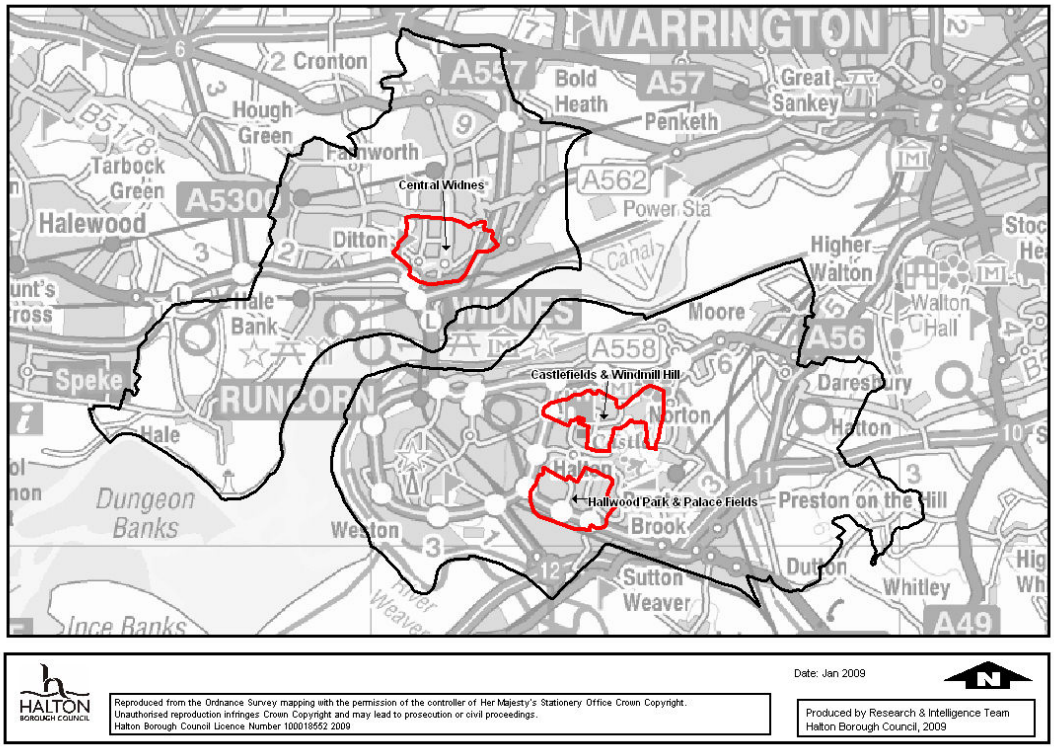
The objectives and targets outlined in this Strategy and all the improvements aspired to need to be adequately resourced in order to make happen. A key purpose of this Strategy is to ensure that the resources available are targeted and used effectively to bring about improvements in the Borough.

Issues

1. **Social Exclusion**

This is about what happens when people face a multitude of problems such as poor housing, high crime, poor health, worklessness, discrimination and poor relationships. These problems link and reinforce each other creating a vicious circle for people. Often they are clustered in specific neighbourhoods.

Since 2006 Halton has received ring-fenced funding from the 'neighbourhood element' part of the then Safer & Stronger Communities block of the Local Area Agreement. The money is to develop Neighbourhood Management in those areas of the Borough that fall within the 3% most deprived nationally under the Indices of Multiple Deprivation 2005. The funding runs until 2010. In Halton work is focused on three pilot neighbourhoods, each of which falls within the above category; Central Widnes, Hallwood Park & Palace Fields and Castlefields & Windmill Hill. The map below shows the boundaries for these 3 neighbourhoods.



Neighbourhood Management is designed to help close the gap between the most deprived parts of the Borough and the rest, with regards to health, education, employment and crime. The development of neighbourhood management in Halton is being directed by a strategic partnership board that

consists of many of the key local service providers and partners. This board reports directly to the Halton Strategic Partnership Board

One key example of this is the effort to reduce worklessness in the neighbourhood management areas. The gap between out of work benefit claimants within the neighbourhood management areas and Halton overall had reduced since 2006, but has increased slightly in the last months, probably as a result of the economic downturn.

According to the latest Index of Multiple Deprivation in 2007 Halton has again improved its overall deprivation score but it remains amongst the 30 most deprived areas of England. Halton has become less deprived overall on a national scale but the gap between the most affluent and deprived areas of the borough is growing. Serious progress must be made to increase wealth and to narrow the gap for those who are most disadvantaged if residents are to enjoy the quality of life that many others take for granted.

Overall poverty, unemployment and material deprivation have diminished in crude terms. However, Halton continues to display high rates of benefit dependency, which may increase in the current economic climate. At the same time many people are still not claiming their full entitlements which would allow them to enjoy a minimum standard of living. Therefore, information, advice, guidance and advocacy are crucial in allowing people to access the help they need to navigate an extraordinarily complicated benefits system. This is not only beneficial for the recipients themselves but also for the local economy as research shows that most transfer payments are spent locally. Halton is also characterised by high levels of personal debt, with up to10% of households struggling to support debt levels. This in turn impacts on people's health and well being and the positive contribution they can make to the local economy. Therefore, debt advice and innovative community finance initiatives are a continuing need.

2. Economic Climate

The adverse economic climate now has major implications for us all. The Halton Strategic Partnership has a role to put in place measures to support residents and businesses and where possible provide intervention measures to try and prevent house repossessions, loss of jobs, etc. Where they do occur we need to ensure services are there to help pick up the pieces, whether this is access to training, benefits, debt advice, target hardening against burglary, alcohol abuse support or counselling.

On top of the implications of the current economic climate on the residents of Halton, there are implications for partners in terms of meeting its Local Area Agreement (LAA) targets by March 2011. Several of Halton's LAA indicators are likely to be severely affected by the current climate, with others indirectly impacted upon.

3. Climate Change

Halton has adopted a climate change indicator, per capita CO2 reduction, as part of its LAA. This cross cutting indicator includes CO2 emissions from domestic housing, business and the public sector and road transport. Local, regional and national partners and organisations will work together to encourage and influence residents, businesses and other organisations to make CO2 reductions and also to put our own house in order.

There has already been much progress around tackling climate change. Halton is committed to the Carbon Strategy and Reduction Plan and a target of reducing CO2 by 20% by 2015. As part of the strategy, we have invested in a number of areas to reduce energy costs and consequently CO2 emission reductions.

4. Sustainability

The goal of sustainable development – integrating and improving environmental, economic and social outcomes both now and in the future – is at the heart of the strategy. This Strategy sets the overall strategic direction and long-term vision for the economic, social and environmental well-being of Halton through to 2025 that will contribute to the overall sustainable development across the UK.

Part of Halton's success has been its ability to change and evolve, and its resilience in the face of adversity. It has had to cope with the loss of much of the manufacturing industry it formerly depended on. The effect of this was dramatic, leading to population loss and a legacy of deprivation across the communities of Halton. However, the position has stabilised and welcome signs of an improvement can now be seen. This resilience is the key to the future. The Halton Strategic Partnership sees this as one of the strengths on which a sustainable future can be built.

The vision for the future is of a Halton that has sustained itself. This is a place where people want to live and work. It is somewhere that provides a high quality living environment, sensitive to a range of needs, and recognises the diversity of its residents. This Strategy is all about giving people opportunities and choice. We want to build people's aspirations and abilities so they can exercise greater control and choice in their lives. Having done so we want to ensure we provide the quality of life and opportunities locally so that people choose to live and work here.

5. Equality & Diversity

Building stronger communities through community engagement must be a key outcome for the strategy. There has been much progress in this area of work since 2006. For example, an Equalities and Community Cohesion Group now meets regularly and reports to the Halton Strategic Partnership.

The Partnership is determined to deliver its vision of a better future for Halton's people. We are committed to equality for everyone regardless of age, sex, caring responsibilities, race, religion, sexuality, or disability. We are leaders of the community and will not accept discrimination, victimisation or harassment.

This commitment to equity and social justice is clearly stated in the adopted equal opportunities policy of the Partnership. This states that the Partnership:

- is committed to promoting equal opportunities in Halton
- values diversity and encourages fairness and justice
- wants equal chances for everyone in Halton to work, learn and live free from discrimination and victimisation
- will combat discrimination and will use its position of influence in the borough, wherever possible, to help overcome discriminatory barriers

As well as accepting our legal responsibilities, we are committed to broad principles of social justice. The Partnership is opposed to any form of discrimination and oppression and looks to enhance quality of life by supporting individuals and communities who experience marginalisation and exclusion. Our policies apply to all of those who come into contact with us. This includes current users of directly provided services, users of services provided on our behalf, potential users of services, other agencies and professionals, employees and job applicants, and the general public.

The Partnership wants to create a culture where people of all backgrounds and experience feel appreciated, valued and able to participate fully and constructively in the life of the local community. Discrimination on the grounds of race, nationality, ethnic or national origin, religion or belief, gender, marital status, sexuality, disability, age or any other unjustifiable reason will not be tolerated. As a Partnership we are committed to a programme of action to make this policy fully effective.

Halton is committed to equality of opportunity for disabled people and to ending discrimination. The passing of the Disability Discrimination Act in 1995 has given a new focus to our commitment to disabled people. Underlying this Strategy is a commitment to turn policy into practice. We want to identify and support all family carers and cared for people with disabilities in Halton by striving to improve their quality of life and life chances. We want disabled people living and working in Halton to be able to realise their full potential. We will make progress towards this by removing barriers and changing the attitudes which prevent disabled people from gaining access to employment and to the services provided by partners.

Partners will work collaboratively to develop effective procedures and policies to combat all forms of unlawful discrimination and to share good practice. They will ensure that all services are provided fairly and without discrimination. Reasonable adjustments will be made so that services are accessible to everyone who needs them. People's cultural and language needs will be recognised and services will be provided which are appropriate

to these needs. Partners will monitor the take up of services from different sections of the population. The information collected will be used to inform service planning and delivery. Equality Impact Assessments will also be carried out on Partnership policies and services to assess how policies and services impact on different sections of the community. The results of the Equality Impact Assessments will highlight areas for improvement, which will be dealt with through the Partnership Improvement Plan.

6. Population

Following national and regional trends, Halton's population continues to age with older people making up an increasing proportion of the population:

Younger people (0-14 year olds):
projected to grow by 2% (2006-2021).

Working age (15-64 year olds):
projected to decline by 2% (2006-2021).

Older people (65+):
projected to grow by 43% from 16,400 in 2006 to 23,500 in 2021.

The growth in older people will increase the demands for both formal and informal support. While small decreases in the working age population mean there are fewer people to provide and pay for this additional support.

7. Housing

The priorities set out within the Halton Housing Strategy 2009-11 mirror the priorities contained within the Sustainable Community Strategy.

It is recognised that many housing objectives can make a contribution to more than one of the Sustainable Community Strategy's aims and objectives. This is a summary of some of the main areas that link to the Sustainable Community Strategy. A full breakdown of these areas is set out in the table attached to the Housing Strategy.

The Government and the regional housing board have identified the "big issues" for housing for the next decade. Halton does not necessarily exhibit these problems to the same degree as other areas, so the challenge for Halton is to develop solutions and secure resources for local problems that are not reflected in national or regional policy.

Partnership working will be key to this process and we will endeavour to work with partners across local authority boundaries to seek joint solutions to common issues and to help shape sub regional policy.

There is an emerging affordability issue in the Borough, caused by the relationship between house prices and local incomes. Consequently the demand for social rented housing has increased in recent years but the number of available social rented dwellings has declined. Equally the private rented sector cannot fully meet the demands of those unable to afford to buy or access social rented housing due to low supply and high rents.

Other housing demand issues include a mismatch between demand for private sector terraced housing and the number of terraces available (which could result in market decline in poorer areas) and the predicted demographic change in the elderly population which is likely to result in increased demand for supported housing and related services.

In terms of housing condition, the private sector is generally in good condition although there are concentrations of older terraced housing with the potential to fall into decline without investment by the owners. The condition of privately rented property is generally poorer.

Registered Social Landlords (RSLs) are on target to meet the 2010 target of making all homes decent, which in turn should improve energy efficiency. Although vacancy levels are generally comparable with national and regional figures the proportion of private sector dwellings vacant for more than six months is a growing cause for concern.

Overcrowding is higher in the social rented than owner occupied sectors, though there is potential to alleviate this through making better use of the housing stock.

In relation to local populations and communities, Halton has a very small Black and Minority ethnic population, although the demographics of that population are rapidly changing due to Eastern European migration.

Although homelessness remains an issue in Halton, the number of presentations has dropped considerably since the last Housing Strategy was produced. Recent prevention service developments for homeless people are proving successful and should have a positive impact on acceptances and the number of people in temporary accommodation.

Worklessness is an issue on many social housing estates across Halton and the Council is working with RSL partners to develop projects aimed at tackling worklessness on these estates.

The Council is improving provision for Gypsies and Travellers in accordance with the recommendations of the Cheshire Gypsy and Traveller Accommodation Needs Assessment, with the development of a 14 pitch transit site.

Supply and demand analysis for particular client groups reveals a need for increased accommodation for the elderly, particularly extra care accommodation, making better use of the existing stock of adapted dwellings

and a range of accommodation for people with mental health problems offering varying levels of support.

Government expenditure on housing is set to increase nationally; however, this will be specifically targeted at housing growth and affordable housing at the expense of private sector renewal. It will also be targeted at specific interventions developed at a sub regional level.

The Council is likely to receive a reduced capital allocation over the term of the Strategy and there is uncertainty over the levels of funding available for adaptations and new supported housing schemes.

8. Community empowerment and engagement

It is now recognised that both individuals and whole communities can and should take some responsibility for improving quality of life. This requires action especially through Local Government and other public and voluntary sector services, to empower local communities so that they develop skills and can access resources to play their part effectively.

9. Cross Cutting Targets

There are many key targets that we work towards achieving in partnership, all of which are included in the improvement targets in each of the five priority areas within this document. See pages 19, 24, 28, 32 and 35 for detailed target information.

HOW WILL WE MAKE IT HAPPEN IN HALTON?

All the objectives and targets outlined here are achievable. How well and how quickly this happens depends crucially on the availability of resources and how smartly they are used. That means money, people, physical resources, proper intelligence and information, allied with the strength of will to use them in the best way. A key purpose of this Strategy is to ensure that the resources available are targeted and used effectively to bring about improvements in the borough. This means:

- Being clear and agreeing about what we need to achieve so we are all pulling in the same direction
- Maximising the funding we can generate or draw in to benefit Halton and developing our own resources and the capacity to help ourselves
- Co-operating to be more effective, cutting out duplication and waste, and pooling the budgets, knowledge and efforts of different organisations and groups where this makes sense
- Listening and responding to what matters most to people locally
- Targeting what we do to where it can make most difference
- Doing the kind of things that experience has shown will really work and be successful
- Checking on progress, letting people know how we are doing, and adjusting where necessary to keep on track

Without the tools and the will to do the job, the improvements set out in this Strategy will not happen.

Money

The organisations that make up the Partnership already spend hundreds of millions of pounds of public money each year in Halton. Much of this goes to maintain essential services like health, policing, schools, transport and waste collection that we tend to take for granted. The way money is spent on these statutory services – 'mainstream budgets' – has to be steadily re-focused to achieve the specific objectives and improvement targets within this Strategy. The Sustainable Community Strategy provides a tool to help partners refocus their budgets.

The Strategy also provides a framework to help identify and secure additional funding for the borough from a variety of sources. It sets out shared policy objectives along with clear aims and targets across the five agreed key themes. This gives a framework in which partners can make budgetary decisions that reflect Halton's priorities.

Halton received Neighbourhood Renewal Funding, which provided tremendous support (more than £30million) to the aims of the Sustainable Community Strategy. In 2007 Halton was awarded a further £16million from the Working Neighbourhood Fund, to continue with the important projects already serving the communities needs, up until 2011.

Local Area Agreements provide a mechanism for the partners to genuinely work together to achieve the same goals and to spend the resources discussed above. They provide an opportunity to map resources and activity, streamline current processes, pool and align budgets, eliminate duplication, attract new funding and to target activity to where it is most needed to achieve the overall vision for Halton. In particular agreements will target funding at the most deprived neighbourhoods and towards specific at-risk groups.

People & Assets

Allied to cash, the efforts, skills and determination of people living and working in the borough are key to success. This applies to individuals interested or already active in helping their local community as well as to those who work in public, voluntary and other organisations serving Halton. We need to boost skills and knowledge and stimulate confidence and motivation that will strengthen the Borough's capacity to help itself. We must ensure that we are organised and co-operate in ways that are effective and deliver real benefits. Also, we need to provide better ways for people to work collaboratively and across organisational boundaries to increase their own job satisfaction and their impact on the challenges they deal with.

Most of the steps we need to take in moving Halton forward will involve some use of land, buildings, equipment and materials. Hundreds of millions of pounds are currently invested in publicly owned physical resources of various kinds within the borough. We need to make optimum use of these assets, cutting out any unnecessary duplication and ensuring they are well adapted to local requirements.

In particular we have to respond to the rise of consumerism and the desire of people to access a range of services through a single portal. The advent of Halton Direct Link, Health Care Resource Centres, extended schools and Children's Centres provide models of exemplary service delivery which are highly valued by local people. Increasingly, partners will need to look at much greater efforts towards co-location and joint use of facilities. Not only is this more cost efficient, but it gives partners a proper customer focus.

Intelligence

Without proper information, and making it easily accessible to people, we are working in the dark in trying to bring about improvement in Halton. This covers information about local needs and conditions, and what people think is most important for their communities. It is about the information we need to understand what is likely to work well in achieving our targets for Halton. It's about keeping people – local people and partner organisations – in the picture about the progress we are making together.

The Partnership has made a big commitment to improving the way information is gathered, used and shared. Of particular note are:

a) A data ‘Observatory’ that holds key statistical information on all aspects of living conditions in Halton. The Observatory provides data at a variety of spatial levels – super output area, ward, neighbourhood and district level – and allow for comparison with our neighbours and regional and national averages. It will greatly help people to understand the geography and nature of disadvantage in Halton.

b) The Partnership has a database of consultation and community engagement in Halton. This will enable people to access a rich source of attitudinal data on a range of issues. It will also help people to plan and execute better community engagement in the borough.

c) The Partnership website provides an easy to access source of material on all aspects of the Halton Strategic Partnership’s work throughout the borough. The site covers the full range of activities from events and award ceremonies to new policy changes. There are dedicated sections for each of the priority areas that outline the aims and objectives plus provide access for meeting minutes. There is also a newly added policy section, developed to keep partners up to date with any changes.

MANAGING RISKS

The Partnership recognises the scale of its ambition and is realistic in its expectations of what can be achieved given the scale of resources being deployed. It also recognises that risk management must be an integral part of the performance management framework and business planning process. This will increase the probability of success (and reduce the likelihood of failure) by identifying, evaluating and controlling the risks associated with the achievement of its objectives.

The risk management process focuses attention and resources on critical areas, provides more robust action plans and better informed decision-making. It also fosters a culture where uncertainty does not slow progress or stifle innovation and ensures the commitment and resources of the Partnership to produce positive outcomes.

As part of implementing this Sustainable Community Strategy the Partnership will adopt a Risk Management Strategy and establish a Strategic Risk Register. The Strategy will set out the risk management objectives, the role and responsibilities for risk management of the Board and individual Specialist Strategic Partnerships, and will categorise risks and the approach to risk management action plans.

The risk management objectives include the;

- Adoption of Risk Management as a key part of the Sustainable Community Strategy
- Identification, evaluation and economic control of strategic and operational risks
- Promotion of ownership through increased levels of awareness and skills development

The Partnership's risks can be broadly categorised as either "strategic" or "operational". Strategic risks cover those threats or opportunities which could impact upon the achievement of medium and long-term goals.

A major review of strategic risks was carried out in 2006 when this Sustainable Community Strategy was adopted. That was followed up by an assessment of operational risks through each of the Specialist Strategic Partnerships as part of their action planning and Local Area Agreement process.

HOW WILL WE KNOW WHAT'S HAPPENING?

The targets in this plan are a first step towards aligning our vision for Halton in 2025. If we succeed in achieving our targets they will translate into real improvements for local people, building on the work done to date. This is why it is important to know how we are doing and what progress we are making in meeting the improvement targets we have set ourselves. By monitoring progress closely we can identify and build on successes, provide necessary assistance or support where progress has not met expectations, and adjust our efforts and resources to adapt to changing circumstances.

A range of high level outcomes have been set in the Strategy. These provide a benchmark and clarity in how our progress can be measured in the future. For all five themes there are several key objectives and a small number of key targets for each. In particular these reflect the government floor targets, local public service agreements and key desired outcomes. Together these form a 'score card' for the Sustainable Community Strategy.

We want to be judged by what we do and not by what we say. Every year the progress on the Sustainable Community Strategy will be reviewed and the scorecard published as part of our Annual Report. This will allow for scrutiny of the work of the Partnership. Local people are the best judges of how well we are doing. The Partnership works on their behalf and they are best placed to venture an opinion on how the quality of life in Halton rates. As well as the scorecard the Partnership will repeat its Quality of Life survey at regular intervals to track public perceptions of how well the Strategy is being implemented. This regular dialogue is a key part of our performance-monitoring framework. We genuinely want to know what people think of the things we do, how we go about tasks and what we should pay attention to in the future.

The forward programme of the Partnership in pursuit of the Strategy will be reviewed and updated to ensure it responds to changing circumstances. As well as the high level scorecard, each Specialist Strategic Partnership will have a more detailed action plan. This will contain a richer hierarchy of outcomes, outputs, targets and milestones. Each Partnership will be accountable for its own performance and the Board will seek qualitative monitoring reports on how work is progressing. One of the key features of the Strategy is the understanding of how each of the themes are linked and impact on each other. The Strategy establishes the importance of a number of key crosscutting themes that are common across all Partnership activity. A Performance and Standards Group reporting directly to the Board has been established. This group takes responsibility for all aspects of performance management and ensure proper oversight, scrutiny and accountability of all activities that take place under the auspices of the Partnership and this Sustainable Community Strategy.

ENGAGING THE PEOPLE OF HALTON

Wholesale improvement in the quality of life enjoyed by local people can only come about if a significant part of the community is involved in making it happen. This can take place informally, in many different ways within the community itself. However this has to be complemented by action taken with the support of a variety of public, voluntary and other bodies.

The views of the public were an important factor in deciding the overall themes and direction of this Sustainable Community Strategy. Channels of communication like the borough's Area Forums and the Police Community Action Meetings provide extra ways to share, discuss and resolve local issues. A whole range of services actively consult with and involve their customers, and staff from a range of organisations work closely with local people on a day-to-day basis.

The Halton Strategic Partnership sees itself, through this Strategy and the actions of partners, as providing leadership. This can only be achieved if they remain in touch with the people and communities they represent and serve. The Strategy aims to create an environment in which everyone can get involved in making things happen in Halton. We want to foster active participation by as many people and agencies as possible. The Partnership will look for ways to make itself more accountable to communities through events, panels, area forums and open and transparent decision-making processes. A number of steps define this:

Customer focus – Services and processes have to be designed around the needs of the people who actually use them. At the same time users need to have an appropriate role in specifying the services that are delivered.

Consultation & engagement – Partners will create specific and purposeful opportunities for people to give their views on what is needed and how it should be delivered. Wherever possible people should be actively involved in decision-making, service specification and design.

Communication – Letting people know what is happening, how they can get involved and encouraging dialogue between partners and local communities is vital. Various media and methods will be used in appropriate and sensitive ways to build and maintain the communication effort.

The Partnership has spent a considerable effort in developing an inclusive approach to engagement through its bespoke strategy and network arrangements. Full details are available on the Partnership website. Community empowerment is about members of a community feeling able to achieve their own goals, with some measure of control over the processes and strategies to attain these. It is a process whereby communities are encouraged to become increasingly self-reliant in improving their neighbourhoods and livelihoods. It is a cyclical, participatory process where local people co-operate in formal or informal groups to share their knowledge and experiences and to achieve common objectives. It is a process rather

than a blueprint, and one that underpins this Sustainable Community Strategy.

THE WAY FORWARD

This Sustainable Community Strategy highlights key objectives for each strategic theme and improvement targets by which success can be judged. These targets collectively form the Partnership Scorecard. We will report back to partners and the public each year on progress against this Scorecard.

If we succeed in achieving our targets, they will translate into real improvements for local people, including:

- longer, healthier lives
- a better urban environment and reasons to feel pride in Halton
- higher standards of education and skills and the greater employment and other life chances that go with them
- fewer people trapped by poverty, excluded or held back through some form of deprivation or disadvantage
- the freedom to feel safe and enjoy life in an attractive neighbourhood

Back cover

If you have any queries or comments you would like to make about this Sustainable Community Strategy, please contact:

The Halton Strategic Partnership Team,
c/o Halton Borough Council,
Municipal Building,
Kingsway,
Widnes,
WA8 7QF

Telephone 0151 424 2061
or email lsp@halton.gov.uk

You can find out more detail on the work of the Partnership on our website: www.haltonpartnership.net

REPORT TO: **Healthy Halton Policy and Performance Board**

DATE: **09th June 2009**

REPORTING OFFICER: **Strategic Director Corporate and Policy**

SUBJECT: **Local Area Agreement Refresh and 2008-09 Performance Report**

WARDS: **Borough-wide**

1.0 PURPOSE OF REPORT

1.1 To report on progress towards meeting Local Area Agreement targets at the end of the first year of the Agreement.

2.0 RECOMMENDATION THAT:

i. The report is noted.
ii. The Board considers whether it requires any further information on the actions being taken to deliver the LAA targets.

3.0 SUPPORTING INFORMATION

3.1 The revised Local Area Agreement (LAA) was signed off by the Secretary of State in June 2008. The purpose of the LAA is to agree a set of targets for Halton with government and local partners. Named partners have a duty to co-operate in striving to achieve these targets. There were 34 indicators in the LAA, together with statutory education and early years targets. The agreement covers the period April 2008 to March 2011.

3.2 The Agreement was "refreshed" in March 2009. The indicators and targets were reviewed with Government Office. There were a number of gaps and estimates in the original agreement, and the principle changes were to fill these gaps using information that had become available between June 2008 and March 2009 such as the results of the Places Survey. A summary of the changes is attached as appendix 1. It is not expected that there will be many further changes, except in one area. The economic downturn will inevitably have an impact on the likelihood of achieving some targets relating to the economy and housebuilding, and the government has identified a list of indicators for which targets will be reviewed before the end of March 2010, by which time the impact of the downturn will be clearer.

3.3 A report on progress over the first year of the Agreement is attached at Appendix 2, covering those indicators which fall within the responsibilities of this particular Policy and Performance Board. This is based on the targets in the refreshed agreement.

3.4 In reading the report members should bear in mind that:

1. All the national indicators are built into the quarterly service plan monitoring reports. The intention of this report is pick out the LAA indicators from the different service plans so that it is possible to see a clearer picture of progress overall.

2. Certain indicators are only reported some time after year end, so in those cases no progress report is yet available. There are also some survey based indicators for which no further data will be available until the survey is repeated in 2010.

4.0 CONCLUSION

4.1 The Local Area Agreement reflects the priorities in our community strategy for improving the quality of life in Halton. It is the main mechanism by which government will performance manage local areas. It is therefore important that we monitor progress, and that members are satisfied that adequate plans are in place to ensure that the improvement targets are achieved.

5.0 POLICY IMPLICATIONS

5.1 The Local Area Agreement acts as a delivery plan for the sustainable community strategy and as such is central to our policy framework.

6.0 OTHER IMPLICATIONS

6.1 Achievement of our Local Area Agreement targets has direct implications for our comprehensive area assessment. Further consideration of any areas of under-performance may give rise to other implications for the Council and its partners.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 This report deals directly with progress and delivering one of our five priorities.

8.0 RISK ANALYSIS

8.1 The key risk is failure to improve the quality of life for residents of Halton in accordance with the objectives of our community strategy. This risk can be mitigated by regular reporting of performance, and reviewing the action being taken where under-performance occurs.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 One of the guiding principles of the LAA is to reduce inequalities in Halton.

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

10.1 Document:

Local Area Agreement 2008. Place of inspection 2nd floor Municipal Building. Contact officer – Rob MacKenzie (0151 471 7416)

APPENDIX 1

CHANGES TO HALTON'S LAA OUTCOMES FRAMEWORK – March 09

Ref	Description	Reason for Change
NI 5	Overall satisfaction with the area	Targets now agreed, provisional data became available early 2009 following Places Survey.
NI 7	Environment for a thriving third sector	Targets now agreed, data became available early 2009 following survey conducted by Office of the Third Sector.
NI 8	Adult participation in sport	Had used local data, now have national data which became available early 2009 following Sports Participation survey.
NI 16	Serious acquisitive crime rate	Minor typing error corrected.
NI 17	Perceptions of anti-social behaviour	Small changes to targets as provisional Places Survey data now being used instead of local data.
NI 20	Assault with injury crime rate	Presentation style was changed by GONW, and more up to date data was made available.
NI 30	Re-offending rate of prolific and priority offenders.	Presentation style changed.
NI 32	Repeat incidents of domestic violence	Small changes to targets as national definitions now being used instead of local data.
NI 33	*Arson Incidents*	*No change.*
NI 39	Alcohol-harm related hospital admission rates – Rate per 100 000 admissions	Baseline updated which impacted on targets.
NI 40	Drug users in effective treatment	Baseline updated which impacted on targets.
NI 53	Prevalence of breastfeeding at 6-8 weeks from birth	Baseline has been changed, but targets remain the same as previously agree.
NI 56	*Obesity among primary school age children in Year 6*	*No Change.*
NI 63	*Stability of placements of looked after children*	*No Change.*
NI 80	Achievement of a Level 3 qualification by the age of 19	Baseline has been changed, but targets remain the same as previously agree.
NI 111	First time entrants to the Youth Justice System aged 10-17	Small changes to targets as baseline supplied has been revised by GONW.

APPENDIX 1

Ref	Description	Reason for Change
NI 112	Under 18 conception rate	Updated baseline, targets remain the same.
NI 115	Substance misuse by young people	Survey data now available and being used.
NI 116	*Proportion of children in poverty* ***(To be reviewed in 2010)***	*No change.*
NI 117	16-18 year old not in education, training or employment **WNF Reward Indicator (To be reviewed in 2010)**	National data now available and being used.
NI 120	*All-age all cause mortality*	*No change.*
NI 123	*16+ current smoking rate prevalence*	*No change.*
NI 139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently.	Places survey data now available and being used.
NI 142	*Number of vulnerable people supported to maintain independent living*	*No change.*
NI 150 C4	Adults in contact with secondary mental health services in employment	This indicator has been deferred and used as a placeholder due to lack of relevant data available. Will be reviewed in the next refresh.
NI 153	Working age people claiming out of work benefits in the worst performing neighbourhoods **WNF Reward Indicator (To be reviewed in 2010)**	Minor typing error corrected.
NI 154	*Net additional homes provided* ***(To be reviewed in 2010)***	*No change.*
NI 163	Working age population qualified to at least Level 2 or higher **WNF Reward Indicator**	Baseline has changed and targets reviewed, taking into account the economic climate.
NI 171	VAT registration rate **(To be reviewed in 2010)**	National data now available and being used.
NI 175	*Access to services and facilities by public transport walking and cycling*	*No change.*
NI 186	*Per capita CO2 emissions in LA area*	*No change.*
NI 192	*Household waste recycled and composted*	*No change.*

APPENDIX 1

PLEASE NOTE THAT TWO INDICATORS HAVE BEEN DELETED FROM HALTON'S LAA. THESE ARE:-

Ref	Description	Comment
NI 124	**People with long-term condition supported to be independent and in control of their condition**	Data unavailable
NI 173	**People falling out of work and on to incapacity benefits**	Data unavailable

APPENDIX 2

Halton Local Area Agreement Annual Progress Report 2008 - 09

Healthy Halton

This report provides a summary of progress in relation to the achievement of targets for Halton Local Area Agreement.

It provides both a snapshot of performance at 2008 – 09 year-end and a projection of expected levels of performance to the period 20011.

The following traffic light convention has been adopted to illustrate both current and projected performance in relation to each of those measures and targets within the LAA.

Traffic light convention 2008 / 09

2008 – 09 target has been achieved or exceeded.

2008 – 09 target has not been achieved

Traffic light convention for 2011 projection

2011 target is likely to be achieved or exceeded.

The achievement of the 2011 target is questionable

2011 target is highly unlikely to be / will not be achieved.

The following indicators are not included within this performance report:

NI	Descriptor	Reason
124	People with a long-term condition supported to be independent and in control of their condition	Deleted from LAA from 2009
150	Adults in contact with secondary mental health services in employment	Deferred until 2010 LAA refresh

Performance Overview

Ref	Descriptor	08/09 Target	2011 Target
8	Adult participation in sport		
39	Alcohol related admission rates		
120	All-age cause mortality		
123	16+ Smoking rate prevalence		
139	People > 65 who say that they receive the information, assistance and support to exercise choice and control to live independently	N/A	
142	Number of vulnerable people supported to maintain independent living		

HEALTHY HALTON

NI 8 Adult participation in sport

Baseline 2007 – 08	2008 - 09			2011	
	Target	Actual	Progress	Target	Projected
20.13% (2006)	22.13%	**18.5%**		24.13%	

Supporting information / commentary

Sports Participation and Sports Volunteer & Club Development Projects have achieved the majority of Year 1 targets. These projects will continue in the coming year, they aim to increase participation and are the focus for new community intervention. In addition In Pursuit of Sport programme attracted over 100 applications from community groups/individuals wanting to try a sport for the first time or increase activity within its current membership. (This project will be fully evaluated in the next quarter with a view to making a similar offer over the summer months). The introduction on 1st April of free swimming for those aged 60 and over should have a positive effect on this indicator. The following proxy indicators can be introduced and progress can be measured quarterly against 31st March 09 baseline.

1) Increase usage at Kingsway Leisure Centre; Brookvale Recreation Centre and Runcorn Swimming Pool by at least 1%
2) Number of free swims for those aged 60 and over &
3) Number of Leisure Cards issued.

NI 39 Alcohol-harm related hospital admission rates

Baseline 2007 – 08	2008 - 09			2011	
	Target	Actual	Progress	Target	Projected
2180	2313	**2251.98*** * 9 months worth of data		2309	

Supporting information / commentary

A significant amount of activity is underway to develop the alcohol programme across both LSPs (Halton and St Helens).

Significant increases in funding have been identified from the PCT and supplemented by WNF monies (Halton and Area Based Grant monies (St Helens) to deliver the alcohol strategy across the PCT

HEALTHY HALTON

NI 120 All-age all cause mortality

Baseline 2007 – 08	2008 - 09			2011	
	Target	Actual	Progress	Target	Projected
Male - 906 Fem - 603	805 673	**874** **665.7 (2008 data)**		755 574	

Supporting information / commentary

Jan-Dec 2008 data. The PCT has had a visit by the National Support Team for Health Inequalities and the recommendations are currently being implemented by the PCT & this will include making impact on the 2010 targets for circulatory, cancer and all age all cause mortality. The plans behind the workstreams are being developed and will be implemented throughout 2009/10.

NI 123 16+ current smoking rate prevalence

Baseline 2007 – 08	2008 - 09			2011	
	Target	Actual	Progress	Target	Projected
914	1038 per 100,000	**687**		1128	

Supporting information / commentary

Still awaiting return of data from GPs, pharmacies, SUPPORT to carry out follow ups etc and smoking cessation service (SUPPORT) have provided a deadline of mid May for these figures. The final 08/09 data should be available in June. Comprehensive tobacco control model developed following NICE and Smoke Free NW Guidance. To be implemented over 4 years.

HEALTHY HALTON

NI 139 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently

Baseline 2007 – 08	2008 - 09			2011	
	Target	Actual	Progress	Target	Projected
30.4% (2008 survey)	N/A	**30.4% (recorded in 2009 Place Survey)**	Refer comment	32.8%	

Supporting information / commentary

No target for 08/09, target of 32.8% for 09/10 – Action plan started to meet targets.

It is proposed that it is a stipulation of Voluntary Sector contracts that they must regularly collect data and demonstrate impact in relation to this NI, such as recording of service user feedback, to gain broader spectrum of perception data available.

Action Plan being developed in line with identifying other measures of this indicator

HEALTHY HALTON

NI 142 Number of vulnerable people supported to maintain independent living

Baseline 2007 – 08	2008 - 09			2011	
	Target	Actual	Progress	Target	Projected
98.17%	98.51%	**98.09%**		99.04%	

Supporting information / commentary

Majority of services performing above or to target.

It was agreed by GONW that services within the indicator would be disaggregated to show a more representative picture as there was underperformance in a particular service area, i.e. teenage pregnancy, that reflected in the overall performance.

An action plan was put in place with on going monitoring with new collection and recording methods introduced by Provider with action plan to enable a robust process.

Risk assessment carried out on OP services to identify reasons for increased level of voids and impact on performance data.

Monitoring visits have been arranged to check performance of service and reporting methods for NI 142.

Quarterly training to be provided to maintain accurate data collection and recording - In conjunction with HBC Training Department, external trainers have been engaged to provide a one off complete overview of performance requirements including collection and recording. This along with support from the SP Team should ensure a rise in the quality of information provided. An assessment of further training needs will be made following the first submission after the training.

Monitoring of the performance workbooks is to be stepped up by the SP team. Service monitoring visits to include an audit of performance data collection and recording methods.

Providers have been reminded of Targets for Q4 2008/09. A letter has been sent to all Providers informing them of 2009/10 performance targets, this will be reiterated again during the quarter.