



Health Policy and Performance Board

**Tuesday, 8 January 2013 at 6.30 p.m.
Council Chamber, Runcorn Town Hall**



Chief Executive

BOARD MEMBERSHIP

Councillor Ellen Cargill (Chairman)	Labour
Councillor Joan Lowe (Vice-Chairman)	Labour
Councillor Sandra Baker	Labour
Councillor Mark Dennett	Labour
Councillor Valerie Hill	Labour
Councillor Miriam Hodge	Liberal Democrat
Councillor Margaret Horabin	Labour
Councillor Chris Loftus	Labour
Councillor Pauline Sinnott	Labour
Councillor Pamela Wallace	Labour
Councillor Geoff Zygadlo	Labour
Mr J Chiocchi	LINK

Please contact Lynn Derbyshire on 0151 511 7975 or e-mail lynn.derbyshire@halton.gov.uk for further information.

The next meeting of the Board is on Tuesday, 5 March 2013

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

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Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
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In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

REPORT TO: Health Policy & Performance Board

DATE: 8 January 2013

REPORTING OFFICER: Strategic Director, Policy & Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

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

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

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

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

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

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

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

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

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

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

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

REPORT TO: Health Policy and Performance Board
DATE: 8 January 2013
REPORTING OFFICER: Chief Executive
SUBJECT: Shadow Health & Wellbeing 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 Health & Wellbeing Shadow Board Minutes are attached at Appendix 1 for information.

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.

SHADOW HEALTH AND WELLBEING BOARD

At a meeting of the Shadow Health and Wellbeing Board on Wednesday, 14 November 2012 at Karalius Suite, Stobart Stadium, Widnes

Present: Councillors Polhill (Chairman), Gerrard, Philbin and Wright, S. Boycott, L. Crane, D. Johnson, A. Leo, E. O'Meara, D. Parr, P. Cooke, Dr M. Forrest, N. Rowe, G. Timson, N. Sharpe, C. Walsh, A. Williamson, J. Wilson and S. Yeoman

Apologies for Absence: S. Banks, A. McIntyre, Dr Richards, J. Stephens.

Absence declared on Council business: None

**ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD**

Action

HWB34 MINUTES OF LAST MEETING

The Minutes of the meeting held on 10th October 2012 were taken as read and signed as a correct record. Arising from the Minutes it was noted that D.Lyons would be organising a meeting with J Snodin shortly to discuss data sharing with Caldicott Guardians.

HWB35 PRESENTATION - NATIONAL INSTITUTE OF CLINICAL EXCELLENCE (NICE)

The Board received a presentation from Annie Coppel - Implementation Consultant, a representative of the National Institute of Clinical Excellence (NICE), which provided the Board with:

- an understanding of the role of the organisation;
- the range of guidance documents produced;
- the types of evidence and information gathered from across a spectrum of sources, using different methodologies and approaches;
- examples of social care referrals and quality standards and how they could be used; and
- information on local government briefings and topics.

Members noted that regular updates from NICE were available at NICE.org.uk/newsroom.

RESOLVED: That the presentation be received and noted.

HWB36 PRESENTATION - ALCOHOL HARM REDUCTION STRATEGY & ACTION PLAN

The Board received a presentation on the Alcohol Harm Reduction Strategy Action Plan from Eileen O'Meara, Director of Public Health and Collette Walsh. Members were provided with a demonstration of the website www.alcoholconcern.org.uk which contained information on alcohol misuse, its challenge to public health and the cost to the NHS and other authorities. In addition the site provided a map which revealed the cost of alcohol misuse on local health services with comparisons between local areas.

It was reported that within Halton the number of alcohol attributable admissions at September 2012, was less than expected and was significantly less than both the target set and the figure recorded at the same time in the previous year. As a result Halton was now 15th on the list of local authorities with the highest number of alcohol attributable admissions. It was noted that no longer having a waiting list for alcohol treatment was one of a number of attributable factors towards the reduction in alcohol admissions. An alcohol harm reduction strategy and action plan were also in the process of being developed for Halton.

RESOLVED: That the presentation be received and noted.

HWB37 HEALTH AND WELLBEING STRATEGY

The Board received an update on the development of the Health and Wellbeing Strategy and action plans. Following approval by the Board of the draft Health and Wellbeing Strategy in September, the Health Strategy Group had met to discuss the next steps in terms of finalising the document for printing, wider communications and marketing, launching the strategy and developing action plans for delivery. They also worked with partners to agree leads for priority areas in terms of action plan development.

It was noted that the final document was expected to be available in mid-December 2012 and would be launched alongside the Halton Wellbeing Areas in January 2013. In the meantime, the final draft would be circulated and presented to a range of local boards including the Clinical Commissioning Group, Policy and Performance Boards,

Local Strategic Partnership Board and Children's Trust.

With regard to the Health and Wellbeing priority Action Plans, work had commenced to:

- map associated strategies and action plans for each one of the priority areas;
- develop a template for the action plans themselves based on the Marmot Life Course approach;
- establish Task and Finish Groups for each of the five priorities with responsibility for the development of the action plan and for providing regular monitoring reports to the Health and Wellbeing Board and its sub-groups. It was anticipated that Action Plans would be shared at the January Health and Wellbeing Board meeting.

RESOLVED: That

1. the report be noted;
2. the Health and Wellbeing Strategy be launched alongside the Wellbeing Areas in January 2012; and
3. development of action plans for each Health and Wellbeing priority area be noted.

HWB38 NON-ELECTIVE HOSPITAL ADMISSIONS AND READMISSIONS HALTON RESIDENTS AGED 65+

The Board received a report of the Strategic Director, Communities which advised that following work to benchmark hospital admission and readmission rates and some associated areas, across local authorities in the North West, admissions and readmissions of residents aged 65+ in Halton had been highlighted as an area to explore to understand the data and improve performance. This work had been undertaken between Halton Borough Council, Halton and St. Helens PCT and more latterly Halton Clinical Commissioning Group (CCG). Analysis of the data demonstrated that the reasons for the high rates of admission and readmissions in the over 65 population were multifactorial and included:-

- a small number of people with long term conditions who frequently attended hospital, and were admitted accounted for a significant proportion of the admissions;
- a significant portion of the admission and

readmissions were 0 day lengths of stay following attendance at A & E;

- falls played a significant role in older people attending A & E; and
- discharge information from acute care to primary care was variable – limiting timely response.

Further sources of data collection were underway to better understand the range of issues associated with admission and readmission and it was clear that a broad approach to managing this area was required.

The report outlined the joint approach and agreed work between the Council and Halton CCG to the management of non-elective hospital admissions of Halton residents aged 65+. An Urgent Care: Halton's Partnership Response Plan had been produced which it was anticipated would reduce the need for emergency admissions and readmissions for all adult residents of the Borough through strong partnership working, urgent care system monitoring and management, the development and redesign of a range of community-based services and a strengthening of the role of primary care in the management of emergency care.

RESOLVED: That the content of the report and associated work plan be noted.

HWB39 SEXUAL HEALTH

The Board considered a report which provided a background on the current contractual arrangements for sexual health services in order that decisions could be made about future procurement and contracting of sexual health services within the Borough and a proposed timeline to review services based on existing contracting commitments.

It was noted that the two main areas for development across Merseyside and Cheshire that could impact on the future commissioning of sexual health services were:-

- the development of an integrated sexual health service specification; and
- the testing of tariff based payment for sexual health services which would ensure that, locally, the services that were delivered were value for money and costs had been benchmarked.

Members were provided with a list of the main sexual

health services that were currently commissioned by Halton and St. Helens PCT that were relevant to Halton and would become the responsibility of public health within the Local Authority from April 2013. At present sexual health services were open access services which were provided across the country by a number of organisations and by providers with doctors and nurses with different training and skills. This was often confusing for the public who were not sure which service was most appropriate for them to attend. The aim of the Integrated Sexual Health Service specification was to provide high quality sexual health services by ensuring services were provided as a whole. The specification had been peer assessed by independent clinicians outside of the local region to ensure it was of the highest quality.

With regard to the testing of tariff based payment for sexual health services, this was being tested across the North West and although providers had submitted information and there were some initial costs that show positive results for some commissioners, there was still more information to be uploaded onto the system to ensure that costs could be assessed against current expenditure. This work was due to be completed in early 2013, and early indications were that there could be cost savings if this work was applied.

In respect of the largest contract for sexual health service commissioned in Halton and St. Helens, it was noted that this was not due for renewal until March 2014. It was proposed that the timeframe would allow for the review of sexual health services to be undertaken and to refresh service specifications for smaller contract in 2013/14 based on the Halton Split of the service and tender the whole sexual health services in 2013 for a new service to be commissioned and with a start date of April 2014.

It was proposed that Halton's Sexual Health Implementation Group would meet with the aim to improve sexual health services linking with other services commissioned by Clinical Commissioning Groups and National Commissioning Board, as well as local authority services commissioned under the Children's Trust represented by the Lead Commissioner for Teenage Pregnancy Services. This Group would discuss performance management, new evidence and clinical audit to ensure high standards were met. Performance Management of contracts would happen quarterly for each service through Contract Management meetings.

Arising from the discussion, it was noted that

feedback from young people was that the existing sexual health services were not available at the appropriate opening times. It was agreed that Children's Services would be involved in the performance management of existing services and young peoples' views would be sought to inform future sexual health service tender specification.

RESOLVED: That

1. contracts that expire on 31st March 2013 are renewed for one year only specifically for Halton;
2. continue to performance manage the major contract for sexual health with St. Helens and Knowsley Acute Trust until it expires on 31st March 2014 across Halton and St. Helens.
3. move to a Halton specific governance arrangement for all sexual health contracts from 1st April 2013;
4. to tender for a comprehensive sexual health service for Halton for a start date of 1st April 2014; and
5. the tender specification would be for one contract that would ensure better integration of sexual health services and provide value for money for Halton.

HWB40 HALTON CHILD PROTECTION INSPECTION PLANNING ARRANGEMENTS

The Board considered a report of the Strategic Director, Children and Enterprise, which outlined the new inspection arrangements in place for child protection for 2012-13 and the forthcoming multi-agency arrangements from 2013. The report set out the key points of the new inspection framework that were now in place, together with the new multi-agency framework that would be in place from 2013.

Although it was expected that Halton would not be subject to an unannounced inspection until at least 2013, work was already underway to ensure that Halton had a successful inspection as and when it took place. Members were advised that the pre-inspection planning had been a key aspect in ensuring a successful inspection in 2011. In a similar manner, a multi-agency working group had been established and would meet regularly to ensure all agencies were as prepared as possible prior to the inspection. A core group had also been set up to co-ordinate preparatory work in between these meetings.

It was noted that all agencies from the Halton Health and Wellbeing Board would be able to contribute to inspections under both frameworks but in particular the multi-agency framework for 2013.

RESOLVED: That

1. the contents of the report be noted; and
2. the planning work that was underway across Halton Children's Trust and Halton Safeguarding Children Board to ensure a successful inspection be supported.

HWB41 HEALTH AREAS

The Board considered a progress report on the development of Halton's Wellbeing Areas. It was noted that:-

- Health profiles were developed and presented at the seven Area Forums in June 2012;
- a branding for the wellbeing areas had been agreed;
- a marketing and communications approach for launching the brand in January 2013 was currently being developed;
- details of the Health and Wellbeing themed events at Grange, Heath, Mersey and Halton Brook Area Forum, Beechwood and Halton Lea Area Forum and Birchfield, Farnworth and Halton View Area Forum were provided to Members, including feedback from Councillors and Lead Officers; and
- Area Forum action plans were being developed, these would detail the services and resources being delivered within the areas against the priorities and challenges.

RESOLVED: That the report be noted.

HWB42 ANY OTHER BUSINESS

The following were raised as items of other business:

- The Children's Trust be asked if they would like to nominate a representative to the Shadow Health and Wellbeing Board;

D Parr

- 'Eye Health' information was to be circulated to raise the profile, it was also to be included within the JSNA; and
- Suicide statistical information to be provided to Cllr Wright.

E O'Meara

Meeting ended at 3.55 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 8 January 2013

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health and Adults; Children, Young People and Families

SUBJECT: Live Life Well – Presentation

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To receive a presentation from Jen Brown, Health Improvement Specialist – Mental Health and Wellbeing, Bridgewater Community Healthcare NHS Trust regarding the new mental wellbeing online resource, Live Life Well.

2.0 RECOMMENDATION: That the Board Note the contents of the report and associated presentation.

3.0 SUPPORTING INFORMATION

3.1 The Live Life Well Website is full of information to help individuals manage their own mental wellbeing. It has been designed to help people feel mentally well by offering lifestyle advice, information on what can be accessed locally and how to receive further support.

3.2 The website explores how a healthy diet, exercise, socialising, managing problems and thinking well can improve mental wellbeing.

3.3 The website has an online self-help section covering depression, anxiety and sleep problems.

3.4 The website can be accessed via the attached link :-

www.live-life-well.net

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified.

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

6.1 **Children & Young People in Halton**

Issues outlined in the presentation will impact on this priority.

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

None identified,

6.3 **A Healthy Halton**

All issues outlined in the presentation will focus directly on this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

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

None under the meaning of the Act.

REPORT TO: Health Policy and Performance Board

DATE: 8 January 2013

REPORTING OFFICER: Strategic Director Policy and Resources

PORTFOLIO: Resources

SUBJECT: Performance Management Reports for Quarter 2 of 2012/13

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 To consider and raise any questions or points of clarification in respect of performance management of the Prevention and Assessment and Commissioning & Complex Care Departments for the second quarter of 2012/13 to September 2012. The report details progress against service objectives/ milestones and performance targets, and describes factors affecting the service.

2.0 RECOMMENDED: That the Policy and Performance Board

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

3.0 SUPPORTING INFORMATION

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

3.2 In line with the revised Council's Performance Framework for 2012/13 (approved by Executive Board in 2012/13), the Policy and Performance Board has been provided with an overview report for the Health Priority; which identifies the key issues arising from the performance in Quarter 2.

3.3 The full Departmental quarterly reports are available on the Members' Information Bulletin to allow Members access to the reports as soon as

they have become available within six weeks of the quarter end. This 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. The Departmental quarterly monitoring reports are also available via the following link

<http://hbc/teams/PERFIMP/Com%20Quarterly%20Monitoring%20Reports/Forms/AllItems.aspx>

4.0 POLICY IMPLICATIONS

- 4.1 There are no policy implications associated with this report.

5.0 OTHER IMPLICATIONS

- 5.1 There are no other implications associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

7.0 RISK ANALYSIS

- 7.1 Not applicable.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 Not applicable.

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

- 9.1 None under the meaning of the Act.

Health PPB Thematic Performance Overview Report

Directorate: Communities Directorate

Reporting Period: Quarter 2 – Period 1st April 2012 to 30th September 2012

1.0 Introduction

This report provides an overview of issues and progress for the Health PPB that have occurred during the second quarter 2012/13. It describes key developments and progress against key objectives and performance indicators for the service.

2.0 Key Developments

There have been a number of developments within the second quarter which include:-

I COMMISSIONING AND COMPLEX CARE SERVICES

Mental Health Services

The service reconfiguration within the 5 Boroughs Partnership has continued during this Quarter and is on track for delivery by the end of the year. The Council has played a full part in the changes and social care staff will be moving to the new integrated service by the end of this calendar year.

A new Mental Health Strategic Commissioning Board has been set up to oversee the commissioning and delivery of high quality mental health services across health and social care. Drawn from senior managers, GPs and commissioners within the CCG, this Board will report directly to the Council and CCG management boards but will also report to the Halton Health and Wellbeing Board. It will be supported by a Mental Health Partnership Board with a wide range of partners as members, including service users and carers.

Halton Supported Housing Network

Active support is now firmly entrenched as the support model across the service. The service continues to improve tenants' lives, developing a wider range of activities and an increase in social inclusion. Staff continue to complete weekly records of participation for indoor/outdoor activities and community presence. Each tenant has his or her own activity support plan. Tenants are able to participate with activities in their own home i.e. laundry, preparing meals, weekly tasks etc. We continue to use the person centred approach offering choice and empowering tenants. All tenants have care plan showing how people communicate at the very least their likes and dislikes. Progress remains robust and the service went from a 'C' rating to 'B' after the last Supporting People inspection.

II PREVENTION AND ASSESSMENT SERVICES

Complex Care pooled budget

The development of a pooled budget for Complex care has now been agreed at Executive Board and the CCG Board. Implementation will now commence, with the first board meeting planned for January 2013.

Public Health

The Public Health function will be fully operational in Halton Borough Council post April 2013; it is now established in shadow format. A self-assessment report has been submitted to the Local Government Association. A Memorandum of Understanding between Public Health and Halton Clinical Commissioning Group (CCG) has been agreed to support Halton CCG. A Memorandum of Understanding is also being established with Merseyside Commissioning Unit for support they will provide to Halton Public Health Team in terms of health information. Emergency planning testing has commenced. Legacy documents are being produced. The Joint Strategic Needs Assessment (JSNA) has been refreshed and a joint Health & Wellbeing Strategy produced and priorities agreed with the Health and Wellbeing board which includes all key stakeholders.

Integrated Safeguarding Unit

The Integrated Safeguarding Unit has undertaken 48 investigations since its establishment including one major investigation. The unit worked closely with a local provider and other organisations, including health, to develop and support an action plan to improve the quality of their services and deliver better outcomes for the individuals who access the provision. A full evaluation of the project will be undertaken in February 2013. A performance framework is currently being developed with measurable outcomes based on the objectives of the team in order to provide a meaningful evaluation which will inform the future of the pilot.

Safe Around Town

Safe in Town is a scheme which has been developed by the Council to ensure vulnerable people feel safe and confident in our shopping centres. The whole idea is that individuals will be able to access help quickly if and when it is needed. The scheme will offer telephone facilities to vulnerable people who are in trouble or distress around town. Shops and businesses will display window stickers to show that they are part of the scheme. Users of the scheme will carry key contact numbers on cards. The scheme's logo has been agreed by Halton's People's Cabinet.

Care Management and assessment services

In order to transform Adult Social Care in line with Putting People First and fully implement Self Directed Support and respond to an agenda that incorporates prevention, inclusion and personalisation, a new service model was launched at the beginning of June 2012. An Initial Assessment Team (IAT) is now responsible for all new referrals, screening, signposting and initial assessments. There are two Operational teams dealing with complex work, (one in Widnes and one in Runcorn) that are to become locality based care management teams with workers aligned to GP practices.

Learning Disability Partnership Board Annual Self-Assessment

The Learning Disability Self- Assessment Framework, was presented to the People's Cabinet and the Learning Disability Partnership Board for approval and sign off and submitted on the 28th September, to the strategic health authority, we are awaiting formal feedback.

Learning Disability Nursing Team

The Learning Disability Nursing Team continue to work within the GP's surgeries to ensure that the Learning Disability (LD) register held by the surgeries are up to date and people on the register are invited to attend for their health check. Health facilitation into local mainstream services remains a priority, such as the Fresh Start programme, a ten week course on healthy eating, exercise and education around looking after yourself.

The plans for a women's group have been developed for sessions starting in October 2012.

Integrated Care Homes Support Team

Within Halton, plans are in place to develop a multi-disciplinary 'Care Home Support Team' to provide additional support to residential and nursing homes, initially as a 12 month pilot project. The team will act as a bridge to support care homes to access existing health services, such as G.P's Community nurses, Geriatricians etc. It will work closely with the local authority Quality Assurance and Contract monitoring Services and the newly developed Safeguarding Unit. The service will have an educational role and provide enhanced support/training to care homes to improve overall standards of care and competencies within the care home sector. We are now in the process of recruiting nursing and social work staff to have in post by early November 2012.

3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the second quarter that will impact upon the work of the Directorate including:-

I COMMISSIONING AND COMPLEX CARE SERVICES

Mental Health Services

The Mental Health Strategic Commissioning Board will be responsible for establishing a local Mental Health Strategy and Action Plan, in consultation with key partners. This will describe the full range of activities that will be undertaken between 2012 and 2016 to deliver key local objectives for mental health services, taking into account the mental health needs of people at different stages of their lives. The strategy and action plan report will be submitted to Health PPB and Executive Board in 2013.

Section 136 Mental Health Act 1983 allows the police to detain and take to a place of safety a person found in a public place, if it is believed they are suffering from a mental illness which may be placing them or others at risk. There has been an increase in the number of such detentions, and changes in police practice have meant that there are operational difficulties arising from this. Although this has been a local problem, it is by no means unique to this area, and work has been going on in the Greater Manchester Authorities to resolve exactly this problem. It has been proposed to Cheshire Police that this may be a way of resolving the local issues and this is being considered further.

Quarter 3 will see the completion of the Sheltered Accommodation review in Halton. Recommendations will be made on the viability of the current provision and how the future sheltered housing needs will be addressed in the wider context of older people's accommodation.

II PREVENTION AND ASSESSMENT SERVICES

Thresholds Guidance

Since its establishment, the Integrated Safeguarding Unit (ISU) have developed an operational Thresholds Guidance document. This guidance is directed at providers/practitioners and aims to ensure all adult protection issues and concerns are reported and investigated at the appropriate level and to broker consistency of approach across agencies. New documentation for investigating cases has been created and is currently being benchmarked against recent cases to ensure it is fit for purpose prior to

being approved. Implementing this guidance will help to strengthen procedures, promote consistency of approach across all agencies as well as ensuring the ISU are fully informed of all safeguarding investigations to enable thorough monitoring to take place.

Halton Disability Partnership

Halton Disability Partnership have been working with the Council to support personalisation by developing a group of volunteers to support people who are using direct payments as part of their support plan and to offer them and their Personal Assistants support and advice. This service should be available from December 2012.

Vision Services

A report will be going to the Clinical Commissioning Group requesting their support for the review to be included in the 2013/14 work programme.

The “care and support for you” portal.

There is on-going development of an online, “care and support for you” portal. This is a website where you can easily find lots of information about Adult Social Care Support and Services to help you get on with your life and keep your independence. ‘Care and Support for You’ delivers information and advice, signposting citizens to the relevant information, and towards enabling self-assessment and self-directed support.

4.0 Risk Control Measures

Risk control forms an integral part of the Council’s Business Planning and performance monitoring arrangements. During the development of the 2012/13 Business Plan, the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

As a result, monitoring of all relevant ‘high’ risks has been undertaken in Quarter 2 and will be undertaken in quarter 4. Progress against the application of the risk treatment measures in Quarters 2 is reported in each of the Departmental Quarterly Monitoring Reports.

No high risks were identified for areas falling within the remit of this PPB, where progress is uncertain or not met for each of the high risks

5.0 Progress against high priority equality actions

The Council must have evidence that it reviews its services and policies to show that they comply with the Public Sector Equality Duty (PSED) which came into force in April 2011. The PSED also requires us to publish this information as it is available.

As a result of undertaking a Departmental Equality Impact Assessments no high priority actions were identified for the Directorate to quarter 2 2012 – 2013.

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Communities Directorate. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

I Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q2 Progress
CCC1	Conduct a review of Homelessness Services to ensure services continue to meet the needs of Halton residents Mar 2013 (AOF4)	<input checked="" type="checkbox"/>
CCC1	Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2013 . (AOF 4)	<input checked="" type="checkbox"/>
CCC1	Implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2013 . (AOF 4)	<input checked="" type="checkbox"/>
CCC1	Implement 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. Mar 2013 (AOF 4)	<input checked="" type="checkbox"/>
CCC1	Work with Halton Carers Centre to ensure that Carers needs within Halton continue to be met. Mar 2013 (AOF 4)	<input checked="" type="checkbox"/>
CCC1	Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents Mar 2013 (AOF11)	<input checked="" type="checkbox"/>
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2013 (AOF 21)	<input checked="" type="checkbox"/>
CCC2	Continue to negotiate with housing providers and partners in relation to the provision of further extra care housing tenancies, to ensure requirements are met (including the submission of appropriate funding bids). Mar 2013 (AOF18 & 21)	<input checked="" type="checkbox"/>
CCC2	Update the JSNA summary of findings, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. Mar 2013 (AOF 21 & AOF 22)	<input checked="" type="checkbox"/>
CCC3	Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement in light of the publication of the Government White Paper 'Equity and Excellence: Liberating the NHS'. Mar 2013 . (AOF21, AOF 24 & AOF 25)	<input checked="" type="checkbox"/>

Supporting Commentary

Autistic Spectrum Disorder

An Action Plan, in response to the National Autistic Society Review (available May 2012) is now in place. This will be regularly reviewed.

Local Dementia Strategy

The agreed dementia action plan has now been updated to take into account work that has already been completed for example:

- Dementia Care Advisors
- Dementia Café
- Increased training
- Performance framework

The focus is now on delivering improved performance via the newly developed dementia pathway, developing a new protocol for the use of shared care in primary care and the development of a public health awareness campaign to sit alongside planned National campaigns.

5Boroughs NHS Foundation Trust Mental Health redesign proposals

The Acute Care Pathway for adults went 'live' in the summer and has seen some encouraging results in the early weeks although we are still awaiting any formal results or evaluation from the newly established pathway.

The Later Life and Memory Service Pathway for older people has been piloted in Wigan from January 2012 – September 2012. Preliminary findings have suggested a significant reduction in waiting times for assessment as well as more timely responses for people accessing a service. The evaluation of the service will be presented at the November Dementia Partnership Board.

Carers Centre

The Carers Centre has been successful in their Big Lotteries Bid and has received £252,339 over a two year period running from November 2012 to October 2014. This has resulted in efficiency savings of £60,217 per annum for HBC over the next two years, where we will only be required to fund 50% of the core running costs of the Centre. The three Clinical Commissioning Group (CCG) funded posts have now been advertised and filled and the additional capacity within the Carers Centre has contributed to an increase in support and information available to Carers in Halton. The posts are Part-time Mental Health Support Worker, Part-time Attention Deficit and Hyperactivity Disorder/Autism Worker and a Full-time Hospital Liaison Worker.

Domestic Violence

The Domestic Abuse Project Group was set up to review alternative accommodation options alongside the traditional refuge provision model. Members will be preparing future reports on the viability and shaping of refuge provision.

Establishment of Local Healthwatch

The service specification and contract have been completed in draft, this will be completed when the public consultation has been completed which is due by the end of November 2012. In addition the existing LINK volunteers have now established themselves as a Corporate Body with the ability to become a formal Healthwatch organisation from April 2013.

In addition a decision to commission the Independent Complaints Advocacy Service on a regional basis has been made. This element of the service will be commissioned through Liverpool Council as the lead commissioners.

Development of Extra Care Housing Provision

Naughton Fields, the borough's second Extra Care Housing Scheme providing 47 two bed apartments is due to open in November 2012.

Following the announcement that Cosmopolitan Housing Association has had to withdraw from its development plans in Halton, discussions are taking place with other housing providers to develop proposals for a replacement to the Boardwalk scheme which is now looking unlikely to proceed.










Joint Strategic Needs Assessment



The next JSNA summary update will be undertaken during Q4.

Section 75 Agreements

The review of Halton's section 75 agreement is complete and work is now progressing on alignments with the Clinical Commissioning Group including pooled budgets.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
<u>CCC 6</u>	Adults with mental health problems helped to live at home per 1,000 population (Previously AWA LI13/CCS 8)	3.97	3.97	3.63		
<u>CCC 7</u>	Total number of clients with dementia receiving services during the year provided or commissioned by the Council as a percentage of the total number of clients receiving services during the year, by age group. (Previously CCC 8)	3.4%	5%	6.99%		N/A Refer to comment
<u>CCC 8</u>	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 9).	0	1.2	0		
<u>CCC 9</u>	Number of households living in Temporary Accommodation (Previously NI 156, CCC 10).	6	12	9		
<u>CCC 10</u>	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the	4.71	4.4	7.2		

	number of thousand households in the Borough) (Previously CCC 11).					
CCC 11	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135, CCC 14).	21.64%	25%	6.99%		

Supporting Commentary

CCC 6 - Performance is marginally down from the same quarter in 2011. Although the figures have reduced slightly as a proportion, this represents a very small number of actual people. Employment of people with mental health needs is being identified as a priority within the Mental health strategy 2012 – 2015.

CCC 7 - The development of the Assessment, Care and Treatment Service through the 5 Borough's Partnership has helped to increase the access to acute and clinical services for people diagnosed with dementia.

In addition community services supported through the Alzheimer's Society and Age UK have facilitated improved access to services closer to home for dementia clients. No comparative data available for 2011/12 and therefore no comparison can be made on the direction of travel.

CCC 8 - The Authority signed up to the Sub Regional No Second Night Out scheme. The NSNO is proving a success, providing an outreach service to identify and assist both entrenched and new rough sleepers. The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness status.






CCC 9 - There has been an increase in this quarter of three households in temporary accommodation (Qtr 1 6 households). All Authorities are experiencing a gradual increase in homelessness, thus placing additional pressure on Local Authorities to comply with the homelessness legislation and statutory duty to ensure that temporary accommodation is made available to clients experiencing homelessness. Concerted efforts are being made by the team to explore and offer a wide range of prevention measures to tackle homelessness, which is proving very successful. However, due to the many changes in legislation, benefits, funding etc., we do anticipate a steady increase in homelessness in the next 12 months.

CCC 10 - An increase in the number of people who consider themselves homeless who approached the LA. Changes within the Housing Solutions Service has proven highly successful and contributable towards the increase in prevention measures offered to clients. The officers are now more community focused and take a pro-active approach towards reducing and relieving homelessness within the district.

CCC 11 - Performance in Quarter 2 for the assessments/reviews and service provision for carers is less than would be expected at this stage in the year. This is being closely monitored and an action plan is being developed to ensure that all carers who need an assessment and service will receive this. No comparative data available for 2011/12 due to work carried out to changes in the recording of carer services.

II Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q2 Progress
PA1	Support the transition of responsibility for Public Health and Improvement from NHS Halton & St Helens to Halton Borough Council. Mar 2013. (AOF 2 & 21)	
PA1	Implementation of the Early Intervention/Prevention strategy with a key focus on integration and health and wellbeing. Mar 2013. (AOF 3 & 21)	
PA1	Review current Care Management systems with a focus on integration with Health (AOF 2, AOF 4 & AOF 21) Aug 2012	
PA1	Continue to establish effective arrangements across the whole of Adult Social Care to deliver Self-directed support and Personal Budgets. Mar 2013 (AOF 2, AOF 3 & AOF 4)	
PA1	Continue to implement the Local Affordable Warmth Strategy, in order to reduce fuel poverty and health inequalities. Mar 2013 (AOF 2)	

Supporting Commentary

Transfer of Public Health to Halton Borough Council

Halton is fully confident that the Public Health function will be fully operational in Halton Borough Council post April 2013:

- Halton Public Health Transition Group established
- Public Health Function mapping aligned to Council responsibilities
- Relocation to Council premises August 2012
- Transition is proceeding in line with plan
- Warrington Director of Public Health will be lead in Cheshire Emergency Health, Resilience and Preparedness
- Information Governance arrangements being aligned for 2012/13 with advanced planning for arrangements post April 2013.
- Halton Borough Council is currently planning to test emergency preparedness, resilience and response through a major 'live' emergency planning exercise Halton 7 Ineos/ Mexicam. This will test the role of the Director of Public Health (DPH) and other members of the Public Health workforce as well as key members of a number of providers.
- Halton is supporting local testing by the end of October through "informed

conversations” relating to emergency planning scenarios that develop a stronger understanding of roles and responsibilities.

- A draft legacy document and handover documents will be produced by the end of October. This will include: contract, staff and finance summaries and a Public Health Annual Report Legacy Document.

- Final legacy documents will be available by the end of January 2013.

Implementation of the Early Intervention/Prevention strategy

Early intervention strategy is now fully implemented. Integration with Health and Wellbeing project on-going.

Review of current Care Management Configuration

A new model for adult services has been launched at the beginning of June 2012. An Initial Assessment Team (IAT) is now responsible for all new referrals, screening, signposting and initial assessments. There are two Operational teams dealing with complex work, (one in Widnes and one in Runcorn) that are to become locality based care management teams with workers aligned to GP practices.









Self-directed support and Personal Budgets











Arrangements are in place to offer self-directed support across the whole of Adult Social Care and personal budgets to all service users. Systems are continually monitored and reviewed for improvement.

Affordable Warmth

A review of the strategy is due in Quarter 3. Progress is on target.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
<u>PA 1</u>	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	91.67	99	41.38		
<u>PA 4</u>	Number of people receiving Telecare Levels 2 and 3 (Previously PA 6)	240	259	259		
<u>PA 5</u>	Percentage of Vulnerable Adult Abuse (VAA) Assessments completed within 28 days (Previously PA 8)	90.80%	82%	81.94%		
<u>PA 11</u>	% of items of equipment, and adaptations delivered within 7 working days (Previously CCS 5, PA 14)	97.04%	97%	93.04%		

PA 14	Proportion of People using Social Care who receive self-directed support and those receiving Direct Payments (ASCOF 1C) (Previously NI 130, PA 29)	48.31%	55%	55.25%		N/A
PA 15	Permanent Admissions to residential and nursing care homes per 1,000 population (ASCOF 2A) (Previously PA 31)	147.89	130	89.17		
PA 16	Delayed transfers of care from hospital, and those which are attributable to adult social care (ASCOF 2C) (Previously NI 131, PA 33)	1.86 (as at end March 2012)	3.0 (PCT Target)	1.75		
PA 17 (SCS HH 10)	Proportion of Older People Supported to live at Home through provision of a social care package as a % of Older People population for Halton	15.7%	14.8%	15.76%		N/A
PA 18	Repeat incidents of domestic violence (Previously NI 32, PA 28)	27.6%	27%	34%		
PA 19	Number of people fully independent on discharge from intermediate care/reablement services (Previously PA 5)	58%	42%	66%		

Supporting Commentary

PA1 – This is a cumulative figure and equates to 361 people in receipt of Intermediate Care in the 65+ age bracket. The figure is slightly lower than the 403 (47.8) figure for the same period 2011/12.

PA 4 - There has been an increase in new referrals by approximately 30% on last year and the trend is continuing (Qtr 1= 52, Qtr 2= 53). A continued increase in referrals and subsequent connection onto service indicates that target for the year will be achieved given the total number of people receiving a Level 2 and 3 Telecare service at 30th September 2012.

PA 5 – This target will be achieved by year end.

PA 11 – The slight decrease in performance is due to contractual issues with the

Provider and is being addressed.

PA 14 - The proportion of people using social care who receive self-directed support and those receiving direct payments has increased in comparison to 2011/12 and the target looks set to be achieved.

PA 15 - At this stage in the year, the target looks set to be achieved. The level of admissions has significantly reduced compared to Qtr 2 last year.

PA 16 - Q2 data is a proxy based on Aug 12 data as full quarter 2 data not yet available, quarter 2 will be updated in the next report. The figure of 1.94 for Q1 of 2012/13 has been updated and confirmed.

PA 17 - The target has already been exceeded during quarters 1 and 2. As this is a new indicator for 2012/13 there is no comparative data.

PA18 - Halton MARAC has a current rolling NI 32 performance level of 34% compared with 26% in quarter 2 last year. 76 cases were discussed in quarter 2 compared to the same period last year (65) with 30 repeats seen this quarter compared to 20 in Q2 last year. The number of children involved - 105 this quarter is 29% higher than the 81 recorded in Q2 last year.

When comparing quarter 2 last year with this year, it should be taken into account that as of August 2011 there are now 2 MARAC meetings per month.

PA19 - Performance improved in this area.

COMMISSIONING & COMPLEX CARE DEPARTMENT

Revenue Budget as at 30th September 2012

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
<u>Expenditure</u>				
Employees	7,363	3,633	3,613	20
Other Premises	334	194	197	(3)
Supplies & Services	2,288	921	930	(9)
Contracts & SLA's	429	92	51	41
Transport	170	85	82	3
Emergency Duty Team	103	0	0	0
Community Care:				
Residential & Nursing Care	697	298	291	7
Domiciliary Care	339	135	126	9
Direct Payments	131	49	28	21
Block Contracts	178	73	64	9
Day Care	15	6	9	(3)
Carers Breaks	203	51	51	0
Food Provision	25	12	9	3
Other Agency Costs	1,392	269	267	2
Payments To Providers	4,053	2,064	2,058	6
Grants To Voluntary Organisations	258	116	116	0
Total Expenditure	17,978	7,998	7,892	106
<u>Income</u>				
Residential & Nursing Fees	-78	-39	-38	(1)
Community Care Income	-23	-11	-4	(7)
Direct Payments Income	-1	-1	-1	0
PCT Contribution To Care	-257	-64	-59	(5)
Sales & Rents Income	-179	-129	-152	23
Fees & Charges	-464	-189	-186	(3)
PCT Contribution To Service	-2,240	-1,255	-1,264	9
Reimbursements	-250	-112	-116	4
Government Grant Income	-255	-70	-67	(3)
Transfer From Reserves	-700	-568	-568	0
Total Income	-4,447	-2,438	-2,455	17
Net Operational Expenditure	13,531	5,560	5,437	123
<u>Recharges</u>				
Premises Support	446	234	234	0
Central Support Services	2,845	1,255	1,255	0
Asset Charges	462	4	4	0
Internal Recharge Income	-88	0	0	0
Net Total Recharges	3,665	1,493	1,493	0
Net Departmental Total	17,196	7,053	6,930	123

Comments on the above figures:

Net operational expenditure is £123,000 below budget profile at the end of the second quarter of the financial year.

Employee costs are projected to be £20,000 below budget at the year-end. This results from savings made on vacant posts. The staff turnover savings target incorporated in the budget for this Department is £394,000, the £20,000 represents the value by which this target is projected to be over-achieved.

The Community Care element of Mental Health Services for this financial year is forecast to be £50,000 below budget based on current data held for all known care packages. This figure is subject to fluctuation, dependent on the number and value of new packages approved, and the termination or variation of existing packages. At the end of quarter 2 the net position is £30,000 below budget profile.

Expenditure on Contracts and Service Level Agreements is projected to be £100,000 below budget at the year-end. This relates to savings in respect of payments to bed & breakfast providers for homelessness support. There has historically been significant variations in demand for this service, although current expenditure patterns are stable, and the projected underspend seems realistic.

Income is currently marginally above the target to date. Community Centres income is particularly vulnerable to economic pressures, consisting of a large volume of discretionary public spend relating to social activities. However, action has been taken to maximise income from room lettings, and it is currently anticipated that the target will be achieved.

At this stage, net expenditure for the Complex & Commissioning Care Division is anticipated to be £250,000 below budget at the end of the financial year. Of this figure, £50,000 relates to Community Care.

Capital Projects as at 30th September 2012

	2012/13 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Renovation Grant	85	21	0	85
Disabled Facilities Grant	650	201	161	489
Stairlifts	250	123	154	96
Energy Promotion	6	0	0	6
RSL Adaptations	550	212	101	449
Choice Based Lettings	29	22	22	7
Extra Care Housing	463	0	0	463
User Led Adaptations	55	0	0	55
Bungalows At Halton Lodge	464	0	0	464
Unallocated Provision	109	0	0	109
Total Spending	2,661	579	438	2,223

COMMUNITIES – PREVENTION & ASSESSMENT DEPARTMENT

Revenue Budget as at 30th September 2012

	Annual Budget	Budget To Date	Actual To Date	Variance To Date
	£'000	£'000	£'000	(overspend) £'000
<u>Expenditure</u>				
Employees	7,759	3,545	3,527	18
Other Premises	72	27	19	8
Supplies & Services	634	395	401	(6)
Consumer Protection Contract	386	197	197	0
Transport	119	52	52	0
Food Provision	17	9	11	(2)
Aids & Adaptations	113	47	47	0
Contribution to JES	231	0	0	0
Community Care:				
Residential & Nursing Care	10,721	3,881	4,045	(164)
Domiciliary & Supported Living	7,103	3,186	3,219	(33)
Direct Payments	2,319	1,297	1,288	9
Day Care	236	91	145	(54)
Other Agency	88	44	44	0
Contribution to Intermediate Care Pool	2,191	878	791	87
Total Expenditure	31,989	13,649	13,786	(137)
<u>Income</u>				
Residential & Nursing Income	-3,789	-1,818	-1,826	8
Community Care Income	-1,165	-496	-503	7
Other Community Care Income	-186	-100	-106	6
Direct Payments Income	-124	-82	-86	4
PCT Contribution to Care	-1,002	-321	-307	(14)
Other Fees & Charges	-93	-28	-25	(3)
Sales Income	-25	-25	-27	2
Reimbursements	-274	-22	-22	0
Transfer from Reserves	-340	0	0	0
LD & Health Reform Allocation	-4,489	-4,489	-4,489	0
Capital Salaries	-84	0	0	0
PCT Contribution to Service	-1,195	-623	-623	0
Total Income	-12,766	-8,004	-8,014	10
Net Operational Expenditure	19,223	5,645	5,772	(127)
<u>Recharges</u>				
Premises Support	429	223	223	0
Asset Charges	197	9	9	0
Central Support Services	3,382	1,642	1,642	0
Internal Recharge Income	-419	0	0	0
Net Total Recharges	3,589	1,874	1,874	0
Net Departmental Total	22,812	7,519	7,646	(127)

Comments on the above figures:

In overall terms the Net Operational Expenditure for Quarter 2 is £214,000 over budget profile excluding the Intermediate Care Pool.

Staffing is currently showing £18,000 under budget profile. This is due to savings being made on vacancies within the Department. Some of these vacancies are expected to be filled during Q3.

The figures above include the income and expenditure relating to Community Care, which is currently showing £231,000 over budget profile, net of income. Community Care includes expenditure on clients with Learning Disabilities, Physical & Sensory Disabilities and Older People. These figures will fluctuate throughout the year depending on the number and value of new packages being approved and existing packages ceasing. This budget will be carefully monitored throughout the year to ensure an overall balanced budget at year end.

This budget was significantly overspent in 2011/12, however action was taken to restrict as far as possible the scale of the over spend. This action and close monitoring will continue during the current year to again restrict expenditure as far as possible, however it is anticipated that expenditure on Community Care will still be above budget by year end.

Contribution to Intermediate Care Pooled Budget**Revenue Budget as at 30th September 2012**

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
<u>Expenditure</u>				
Employees	1,122	634	620	14
Supplies & Services	410	64	5	59
Transport	10	7	6	1
Other Agency Costs	211	31	18	13
Total Expenditure	1,753	736	649	87
Total Income	-50	0	0	0
Net Operational Expenditure	1,703	736	649	87
<u>Recharges</u>				
Central Support Charges	445	120	120	0
Premises Support	43	22	22	0
Total Recharges	488	142	142	0
Net Departmental Total	2,191	878	791	87




The above figures relate to the HBC contribution to the pool only.

Comments on the above figures:

In overall terms revenue spending at the end of quarter 2 is £87,000 below budget profile, which in the main relates to expenditure on supplies & services that is £59,000 under budget. This is due to costs incurred on Halton's Intermediate Care Unit being less than expected at this stage of the year.




APPENDIX

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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

REPORT TO: Health Policy & Performance Board

DATE: 8 January 2013

REPORTING OFFICER: Strategic Director Policy & Resources

PORTFOLIO Resources

SUBJECT: Sustainable Community Strategy Mid-Year Progress Report and Annual Review of Measures and Targets 2013-16

1.0 PURPOSE OF REPORT

1.1 To provide information to the Health Policy & Performance Board on the progress in achieving targets contained within the 2011 - 2016 Sustainable Community Strategy for Halton, and highlight the annual “light touch” review of targets and measures.

2.0 RECOMMENDED THAT:

- I. The report is noted; and
- II. The Board considers whether it requires any further information concerning actions taken to achieve the performance targets contained within Halton’s 2011-16 Sustainable Community Strategy (SCS).

3.0 SUPPORTING INFORMATION

3.1 The Sustainable Community Strategy, a central document for the Council and its partners, provides an evidenced-based framework through which actions and shared performance targets can be developed and communicated.

3.2 The previous Sustainable Community Strategy included targets which were also part of the Local Area Agreement (LAA). In October 2010 the coalition government announced the ending of government performance management of local authorities through LAAs. Nevertheless, the Council and its Partners need to maintain some form of effective performance management framework to:-

- Measure progress towards our own objectives for the improvement of the quality of life in Halton.
- Meet the government’s expectation that we will publish performance information.

3.3 Thus, following extensive research and analysis and consultation with all stakeholder groups including Elected Members, partners and the

local community and representative groups, a new SCS (2011 – 2016) was approved by the Council on 20th April 2011.

- 3.4 The new Sustainable Community Strategy and its associated “living” 5 year delivery plan (2011-16), identifies five community priorities that will form the basis of collective partnership intervention and action over the coming five years. The strategy is informed by and brings together national and local priorities and is aligned to other local delivery plans such as that of the Halton Children’s Trust. By being a “living” document it will provide sufficient flexibility to evolve as continuing changes within the public sector continue to emerge, for example the restructuring of the NHS and Public Health delivery, and the delivery of the ‘localism’ agenda.
- 3.5 As such, articulating the partnership’s ambition in terms of community outcomes and meaningful measures and targets to set the anticipated rate of change and track performance over time, will further support effective decision making and resource allocation.
- 3.6 Placeholder measures have also been included where new services are to be developed or new performance information is to be captured, in response to legislative changes; for which baselines will be established in 2011/12 or 2012/13, against which future services will be monitored. The availability of information is currently being reviewed with partners.
- 3.7 Attached as Appendix 1 is a report on progress for the six month period April - September 2012, which includes a summary of all indicators for the Health Priority within the SCS.
- 3.8 An annual ‘light touch review’ of targets contained within the SCS, has also been conducted to ensure that targets remain realistic over the 5 year plan to ‘close the gaps’ in performance against regional and statistical neighbours. This review has been conducted by all Lead Officers being requested to review targets for 2013/14, 2014/15 and 2015/16. Targets were thus updated where appropriate, in light of actual/ anticipated performance; with supporting commentary submitted to explain the rationale for changes to targets set, in the target setting templates. All SCS measures are included in the medium term draft Communities Directorate Business Plan 2013-16.
- 3.9 The Health Policy & Performance Board is also asked to consider the inclusion of any additional measures to the above set to “narrow gaps” in performance where appropriate or respond to legislative/ policy changes; thereby ensuring that all measures remain “fit for purpose”.

4.0 CONCLUSION

- 4.1 The Sustainable Community Strategy for Halton, and the performance measures and targets contained within it will remain central to the

delivery of community outcomes. It is therefore important that we monitor progress and that Members are satisfied that adequate plans are in place to ensure that the Council and its partners achieve the improvement targets that have been agreed.

5.0 POLICY IMPLICATIONS

5.1 The Sustainable Community Strategy for Halton is central to our policy framework. It provides the primary vehicle through which the Council and its partners develop and communicate collaborative actions that will positively impact upon the communities of Halton.

6.0 OTHER IMPLICATIONS

6.1 The publication by Local Authorities of performance information is central to the coalition government's transparency agenda.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 This report deals directly with the delivery of the relevant strategic priorities of the Council.

8.0 RISK ANALYSIS

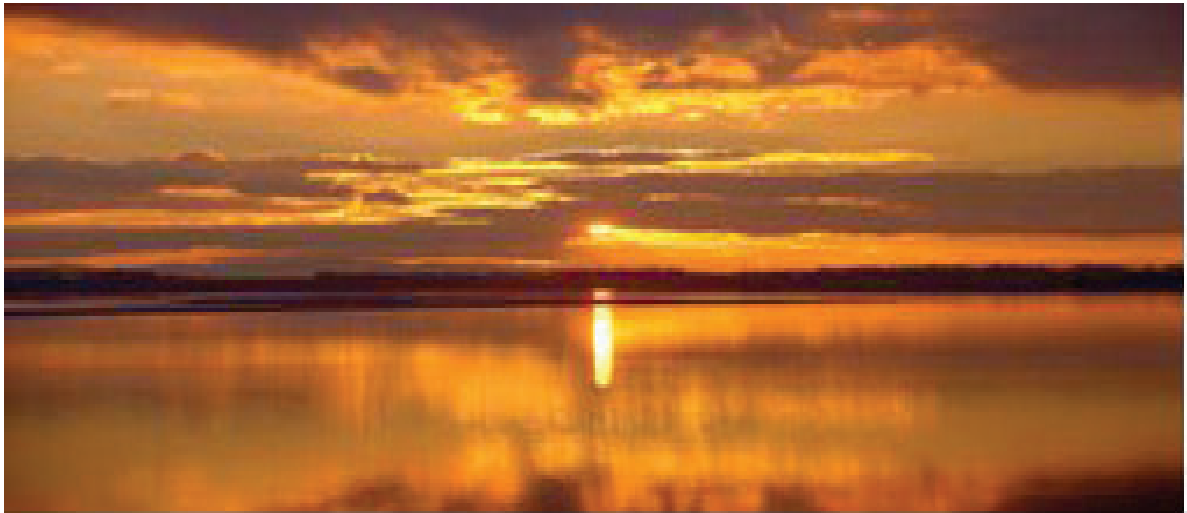
8.1 The key risk is a failure to improve the quality of life for Halton's residents in accordance with the objectives of the Sustainable Community Strategy. This risk can be mitigated through the regular reporting and review of progress and the development of appropriate actions where under-performance may occur.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 One of the guiding principles of the Sustainable Community Strategy is to reduce inequalities in Halton.

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

Document	Sustainable Community Strategy 2011 – 26
Place of Inspection	2 nd Floor, Municipal Building, Kingsway, Widnes
Contact Officer	Hazel Coen DM (Performance & Improvement)



The Sustainable Community

Strategy for Halton

2011 – 2016

Mid-year Progress Report

01st April – 30th Sept 2012

**Document Contact
(Halton Borough
Council)**







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This report provides a summary of progress in relation to the achievement of targets within Halton's Sustainable Community Strategy 2011 - 2016.

It provides both a snapshot of performance for the period 01st April 2012 to 30th September 2013 and a projection of expected levels of performance to the year-end.

The following symbols have been used to illustrate current performance as against the 2012 - 13 target and as against performance for the same period last year.

	Target is likely to be achieved or exceeded.		Current performance is better than this time last year
	The achievement of the target is uncertain at this stage		Current performance is the same as this time last year
	Target is highly unlikely to be / will not be achieved.		Current performance is worse than this time last year

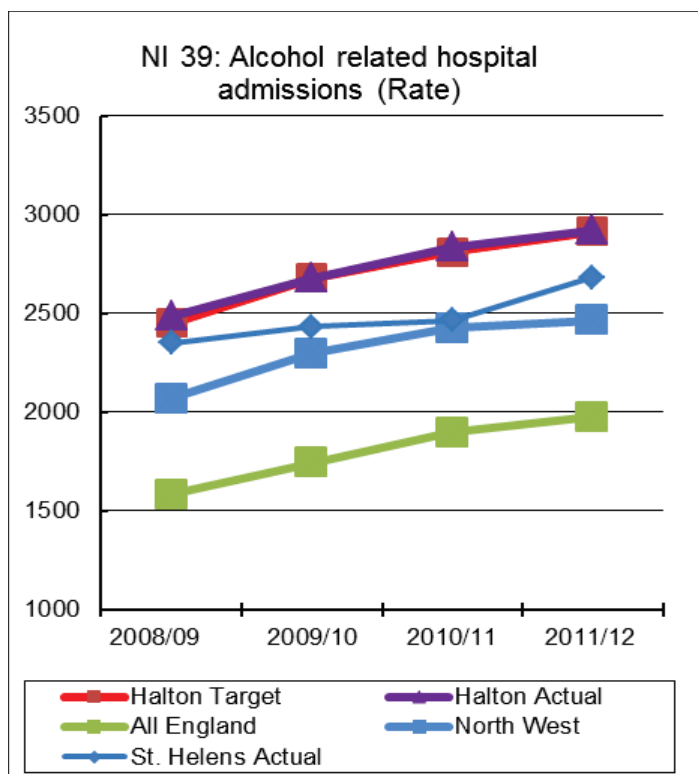
Page	Ref	Descriptor	2012 / 13 Target	Direction of travel
4	HH1*	a) Alcohol related hospital admissions (NI 39) (Rate 100,000 pop.)		
		b) Alcohol related hospital admissions – AAF =1 (Rate)		
6	HH 2	Prevalence of breastfeeding at 6-8 weeks (NI 53)		
7	HH 3	a) Obesity in Primary school age children in Reception (NI 55)		
9		b) Obesity in Primary school age children in Year 6 (NI 56)		
11	HH 4	Reduction in under 18 Conception (new local measure definition for NI 112)		
13	HH 5	a) All age, all cause mortality rate per 100,000 Males (NI 120a)		
14		b) All age, all cause mortality rate per 100,000 Females (NI 120b)		
16	HH 6	Mortality rate from all circulatory diseases at ages under 75 (NI 121)		
18	HH 7	Mortality from all cancers at ages under 75 (NI 122)		
20	HH 8	16+ Smoking quit rate per 100,000 (NI 123)		
22	HH 9	Mental Health – Number of people receiving Community Psychological Therapies (IAPT) (New Measure)		
25	HH 10	Proportion of older people supported to live at home through provision of a social care package (NEW 2011):		N/A
26	HH 11	a) Increase the % of successful completions (drugs) as a proportion of all in treatment (over 18)		
27		b) Increase the % of successful completions (Alcohol) as a proportion of all in treatment (over 18)	New Measure 2012/13	N/A

NB - Measures HHI and HH12 are also reported within the Safer Halton priority area as SH 10 and SH7 respectively.

SCS / HH 1¹

Reduce alcohol related hospital admissions (NI 39) Rate per 100,000 population

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
a) Alcohol related hospital admissions AAF > 0 (Previously NI 39)	2922.4	3027	1297.8		✓	↑
b) Admissions which are wholly attributable to alcohol AAF = 1 (Rate)	1058.0	1020.7	417.5		✓	↑

**Data Commentary:**

This indicator measures the cumulative rate of alcohol related hospital admissions per 100,000 population using Hospital Episode Statistics. The verified LAPE performance data for 2011/12 is now included in the table above. Local Data can be utilised as an interim measure. Q2 is an actual to September 2012.

The second measure provides further detail and relates to admissions which are wholly attributable to alcohol in other words AAF=1.

Performance Commentary:

Comments on alcohol related admissions (All fractions):

- At the end of Sep 2012, Alcohol Attributable Admissions were fewer than expected (**1297.8**) and significantly less than both the target (**1513.5**) and the number of admissions at the same time, the previous year 11-12 (**1440.9**).
- Also, at the end of Sep 2012, Wholly Alcohol Attributable Admissions were fewer than expected (**417.5**) and significantly less than both the target (**510.35**) and the number of admissions at the same time, the previous year 11-12 (**529.1**).

Summary of Key activities taken or planned to improve performance:**1. Strategic**

The new National Alcohol Strategy has been published (March 2012). A revised Halton Local Strategy is under development and further consultation is needed with key stakeholders to agree priority work streams.

¹ SCS / HH1 is also replicated under Safer Halton as SCS / SH10

Alcohol Harm Reduction has been agreed as a priority by the Halton Health & Wellbeing Board.

2. Contract transition

Work is underway to ensure that contracts with services which aim to reduce alcohol harm are fit for purpose, value for money and that care/business continuity will be maintained when responsibility for alcohol misuse prevention and treatment transfers to Public Health in the Local Authority in April 2013.

3. Alcohol Liaison Nursing Service at Whiston Hospital and Warrington Hospitals

On 17 September 2012, the **Alcohol Liaison Nursing Service went live at Whiston Hospital.**

Four Alcohol Nurses; 1 Band 7 and 3 Band 6 Nurses have been appointed. This service operates seven days a week, with late night cover. It will ensure that high quality, alcohol screening and treatment interventions are carried out for people attending A&E with alcohol related harm. It also ensures that people who require longer term support are linked into Community Services and that people who are frequently admitted to hospital for alcohol related harm receive joined up care from both the hospital and the community. The service does not accept referrals from outside the hospital and will explore alternatives to admission where appropriate.

The service will be subject to rigorous performance monitoring and the anticipated benefits are:

- Reduced hospital attendances, admissions and re-admissions for alcohol related harm
- Reduced length of stay for alcohol related admissions
- Reduction in the number of people drinking above the NHS guidelines² and consequently improved health/less dependency on services.
- Improvements in the number of people living drug/alcohol free lives in St Helens.
- Improve the health and well being of individuals sustaining recovery, their families and the wider community.
- Early identification and treatment of alcohol misuse disorders.

The cost of the Service is being met by both NHS Halton & St Helens and NHS Knowsley. The funding is for a two year period starting 17 September 2012.

The Alcohol Nursing Service continues to operate at Warrington Hospital and work is underway to ensure that there are streamlined pathways into the Community Treatment Service in Halton (CRI). The cost of the Service is being met by both NHS Warrington and NHS Halton & St Helens.

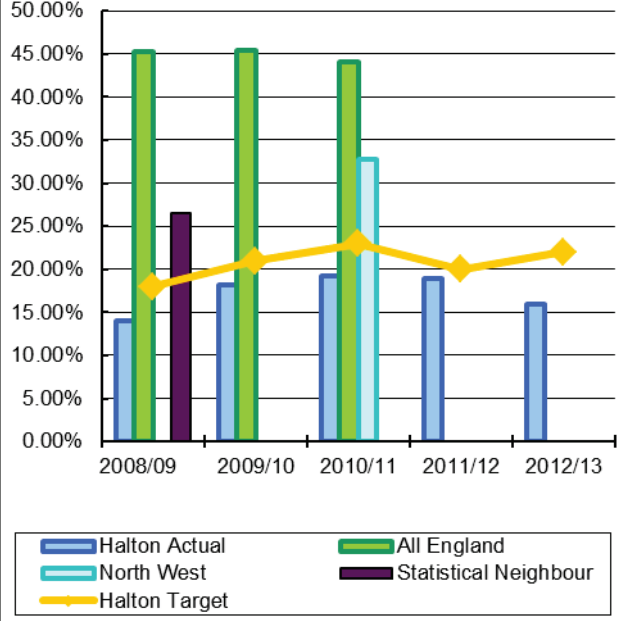
4. Alcoholic Liver Disease

Work is underway to explore actions which could assist with prevention in relation to alcoholic liver disease.

5. Robust Health Assessments are being carried out by the Community Alcohol Provider for Service Users (including Criminal Justice clients) who attend for treatment. This includes identifying dental issues and smoking cessation.

² No more regularly than 3 to 4 units per day for men and no more regularly than 2 to 3 units per day for women.

SCS / HH2 % Prevalence of breastfeeding at 6-8 weeks (NI 53)

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel																																				
<p data-bbox="140 383 647 472">NI 53: % Prevalence of breastfeeding at 6 - 8 weeks (NI 53)</p>  <table border="1" data-bbox="76 488 699 1106"> <caption>NI 53: % Prevalence of breastfeeding at 6-8 weeks (NI 53)</caption> <thead> <tr> <th>Year</th> <th>Halton Actual</th> <th>All England</th> <th>North West</th> <th>Statistical Neighbourhood</th> <th>Halton Target</th> </tr> </thead> <tbody> <tr> <td>2008/09</td> <td>14.00%</td> <td>45.00%</td> <td>14.00%</td> <td>26.00%</td> <td>18.00%</td> </tr> <tr> <td>2009/10</td> <td>18.00%</td> <td>45.00%</td> <td>18.00%</td> <td>21.00%</td> <td>21.00%</td> </tr> <tr> <td>2010/11</td> <td>19.00%</td> <td>44.00%</td> <td>33.00%</td> <td>23.00%</td> <td>23.00%</td> </tr> <tr> <td>2011/12</td> <td>19.00%</td> <td>19.00%</td> <td>19.00%</td> <td>20.00%</td> <td>20.00%</td> </tr> <tr> <td>2012/13</td> <td>16.00%</td> <td>22.00%</td> <td>22.00%</td> <td>22.00%</td> <td>22.00%</td> </tr> </tbody> </table>	Year	Halton Actual	All England	North West	Statistical Neighbourhood	Halton Target	2008/09	14.00%	45.00%	14.00%	26.00%	18.00%	2009/10	18.00%	45.00%	18.00%	21.00%	21.00%	2010/11	19.00%	44.00%	33.00%	23.00%	23.00%	2011/12	19.00%	19.00%	19.00%	20.00%	20.00%	2012/13	16.00%	22.00%	22.00%	22.00%	22.00%	18.9%	22%	16%		✘	↓
Year	Halton Actual	All England	North West	Statistical Neighbourhood	Halton Target																																					
2008/09	14.00%	45.00%	14.00%	26.00%	18.00%																																					
2009/10	18.00%	45.00%	18.00%	21.00%	21.00%																																					
2010/11	19.00%	44.00%	33.00%	23.00%	23.00%																																					
2011/12	19.00%	19.00%	19.00%	20.00%	20.00%																																					
2012/13	16.00%	22.00%	22.00%	22.00%	22.00%																																					
Data Commentary:																																										
<p data-bbox="756 584 1506 651">Quarters 1-2 have been updated. Quarter 2 is the latest available data from Public Health.</p> <p data-bbox="756 689 1506 763">Good performance is an increase in the percentage coverage and prevalence year on year.</p>																																										
Performance Commentary:																																										
<p data-bbox="756 869 1506 1196">The choice to breastfeed is influenced by local cultural beliefs, and as such change takes time. Slow progress has been made, and quarterly variation is expected. Factors that impact upon breastfeeding rates are multifactorial. The lower rates may be at least partly due to service disruptions to the Kings Cross Peer support service, staff changes and the delayed recruitment of the Infant Feeding Team.</p>																																										
Summary of Key activities taken or planned to improve performance:																																										
<ul data-bbox="86 1301 1506 2011" style="list-style-type: none"> • The Infant feeding coordinator and breastfeeding support team are all in post, and developing the peer support service across Halton. • Kings Cross peer support service has transferred to Bridgewater, and will be supporting the delivery of a comprehensive peer support service. In the first 2 quarters of 2012/13 there has been disruption to this service. • Bridgewater Halton and St Helens division continues to work towards UNICEF Baby Friendly stage 2. • St Helens and Knowsley Hospital trust continue to work towards CQUIN targets to increase breastfeeding initiation and breastfeeding at discharge • Continue to maintain baby friendly premises • The launch of guide to promoting breastfeeding through Healthy Schools will work to normalise breastfeeding within the schools setting. • Public Health are working with Liverpool city region child poverty commission to improve breastfeeding rates across the Mersey area. Collaboration on areas such as breastfeeding social marketing campaign. • The Department of Health plan to collect breastfeeding data at additional points in the child's development. Preparation underway for changes to DH breastfeeding data collection next year. • The Child Health System that collates breastfeeding data, will be transferred to the NHS commissioning board end of March 2013. Work is required to facilitate this. 																																										

SCS / Obesity in Primary school age children in Reception (NI 55)
HH3a

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
<p>NI 55: Obesity in Primary school age children in Reception</p> <p>Legend:</p> <ul style="list-style-type: none"> Halton Actual (Red bar) North West (Cyan bar) Statistical Neighbour (Purple bar) All England (Green bar) St. Helens' Actual (Red bar) Halton Target (Yellow line with square) 	12.0% (Sept 2010- Aug 2011)	11% (Sept 11- Aug 2012)	9.6% (Sept 11 - Aug 2012)			
Data Commentary:						
<p>The percentage of children in who are obese in reception, as shown by the National Child Measurement Programme (NCMP). Data is reported one year in arrears.</p> <p>For the purposes of this indicator, children are defined as obese if their body-mass index (BMI) is above the 95th centile of the reference curve for their age and sex according to the UK BMI centile classification (Cole TJ, Freeman JV, Preece MA. Body mass index reference curves for the UK, 1990. 1995; 73: 25–29). A child’s height (in metres), weight (in kilograms), date of birth and sex are needed to calculate their BMI.</p>						
Performance Commentary:						
<p>Official data for the year Sept 2011- August 2012, now released by the Department of Health in December.</p>						

Summary of Key activities taken or planned to improve performance:

Halton’s performance has shown fluctuation with a continued variable trend over the last few years.

Halton’s obesity rate 9.6% (Sept 11- August 2012) is now below the North West average of 9.7% (Sept 10- Aug 11 when last nationally reported) though remaining above the national average (9.4% Sept 10 - August 11 when last reported). Halton shows a reducing obesity in line with reducing obesity rates for the England and North West averages for school age children in reception.



Recent funding for a Breast feeding coordinator and weaning services should have an impact in future years.

A number of healthy weight programmes are now in place for early years and should start to have an impact in the coming year. These include recent funding for a Breast Feeding Coordinator and weaning services, cookery lessons for parents, active tots groups, sow and grow, education and training for parents and service providers.

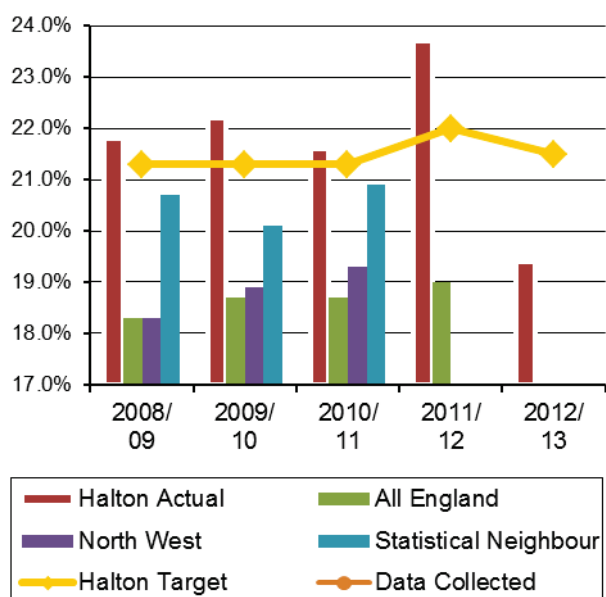
Service Specifications for Children's Centres have been agreed in 2011/12 and these include work on meeting the Healthy Early Years Standards which include food standards and healthy eating.

A shortage of Health Visitors on the Halton side had adversely affected Halton's Reception age obesity rate compared to St Helens. This situation has now been rectified and staff are in place.

SCS
HH3b / % Obesity in Primary school age children in Year 6 (NI 56)

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
	23.7% (Sept 2010- August 2011)	21.5% (Sept 2011- August 2012)	19.4% (Sept 2011- August 2012)			
Data Commentary:						
<p>The percentage of children in year 6 (aged 11) who are obese, as shown by the National Child Measurement Programme (NCMP). Data is reported one year in arrears.</p> <p>For the purposes of this indicator, children are defined as obese if their body-mass index (BMI) is above the 95th centile of the reference curve for their age and sex according to the UK BMI centile classification (Cole TJ, Freeman JV, Preece MA. Body mass index reference curves for the UK, 1990. 1995; 73: 25–29). A child's height (in metres), weight (in kilograms), date of birth and sex are needed to calculate their BMI.</p>						
Performance Commentary:						
Official data for the year Sept 2011- August 2012, now released by the Department of Health in December.						

NI 56: % Obesity in Primary school age children in Yr 6



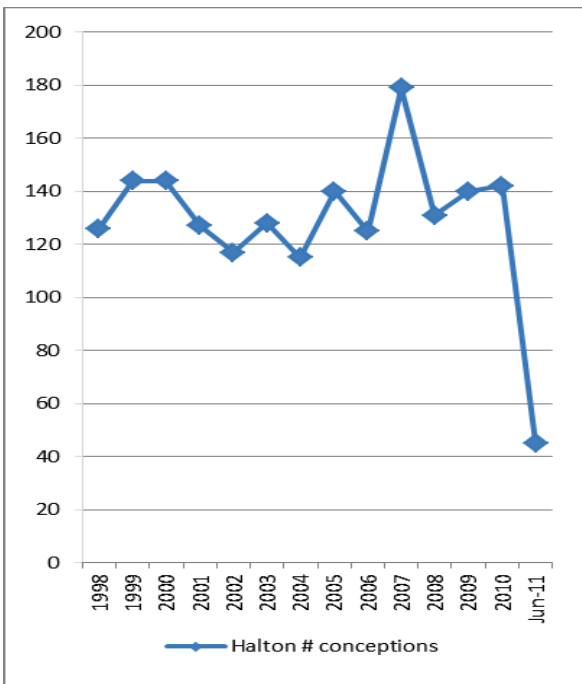
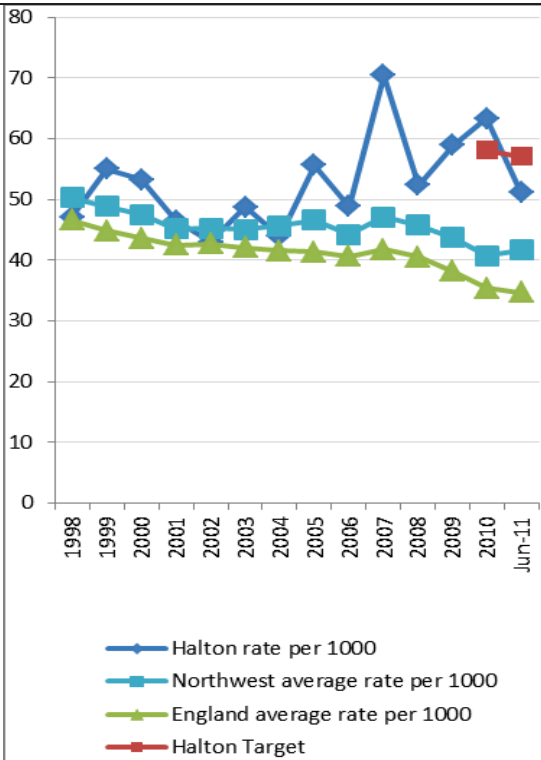
Summary of Key activities taken or planned to improve performance:

Halton's performance has shown fluctuation with a continued variable trend over the last few years. Halton's obesity rate 19.4% (Sept 11- August 2012) is now below the North West average of 19.7% (Sept 09- Aug 10 when last nationally reported) though remaining above the national average (19.0% Sept 09 - August 10 when last reported). Halton shows a reducing obesity whereas the national and North West averages for children in year 6 are one of increase.

The school Fit4Life Programme which tackles overweight and obesity for children aged 6 to 13 years was rolled out in June 2011 and the results are not therefore reflected in this latest National Child Measurement Programme result. The Fit4Life programme targets schools with the highest obesity rates. It offers education for teachers and children and their parents in cooking, healthy eating and the importance of exercise. It runs fun exercise classes for all children in the school. Data from the pilot programme shows a reduction in obesity amongst those schools that participated as the figures below demonstrate.

We anticipate that with further roll out school age obesity figures will fall. From April 2012 to October 2012, 621 children and young people and their carers have been asked through the Fit4Life Programme with 16 programmes having been delivered in schools and community settings.

SCS / HH4 Reduction in under 18 Conception (new local measure definition for NI 112)



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
63.3 (rolling quarterly average)	56.3 (rolling quarterly average)	51.1 (rolling quarterly average)			
4.4% increase	3% reduction	7.8% reduction			

Data Commentary:

In August ONS released data which detailed performance up to June 2011. This is noted as a half year of information. The number of conceptions by June 2011 is 45, which is a significant reduction on the number at this point the previous year (75). Performance represented on a 12 month rolling average rate. Target is a 3% reduction on 2009 baseline (58.9).

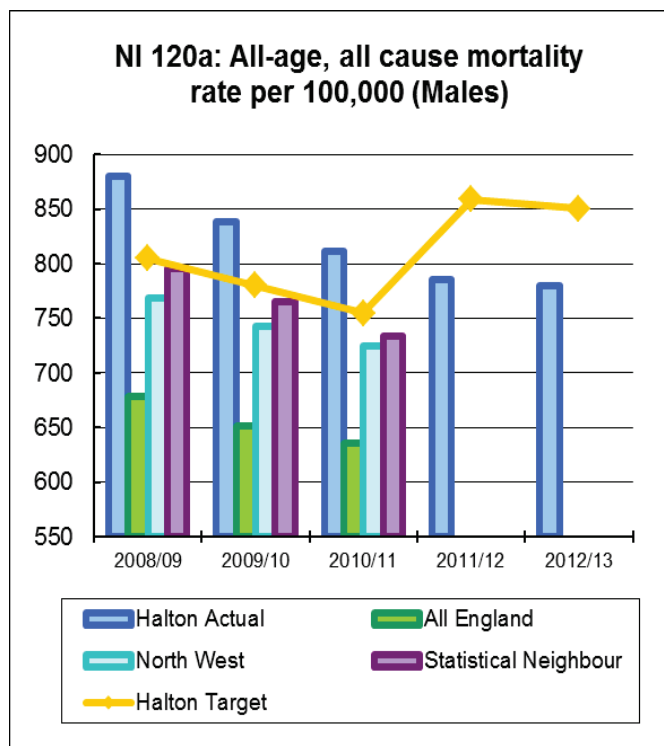
Performance Commentary:

Halton's conception rate for under 18's continues to be an issue. Since the baseline was originally established in 1998 there has been a fluctuating picture in the numbers of conceptions reported with no sustainable reduction over time. Halton's position in relation to its statistical neighbours has improved significantly compared to Q2 2010, when Halton was 19.38% above the statistical neighbours average compared to the current 6.8%.

Summary of Key activities taken or planned to improve performance:

At a time when all areas are required to undertake measures to contribute to a reduction in the national deficit, it is essential that the most cost effective measures currently in place to tackling teenage pregnancy are identified and sustained. To support this, Halton will:

- Continue to work with schools to increase the number offering holistic health services delivered in schools, by youth workers.
- Prioritise initiatives that will have the widest and sustainable impact on reducing conceptions.
- Increase workforce training on Teens and Toddlers and reducing risk taking behaviour
- Through the IYSS further develop universal, targeted and specialist support and advice on positive relationships.
- Increase the number the evidence based DfE funded Teens and Toddlers programmes in identified schools throughout 2012/13.
- Improve access to contraceptive services and provision for young people, including LARCs (Long Acting Reversible Contraception), although there is now medical debate about the impact of LARCs on bone density at a time when young women are still developing which may impact on the use of this type of contraception in young women
- Ensure robust care pathways are in place for prevention and support in all high schools.
- Continue to support pregnant young women of school age to remain in education.
- Identify appropriate courses for young parents with flexible start dates.
- Continue to deliver comprehensive co-ordinated packages of support for teenage parents within specialist and targeted youth provision
- Further increase the numbers of young people signed up to the C-Card condom distribution scheme.

SCS / All age, all cause mortality rate per 100,000 Males (NI 120a)
HH5a


2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
785.1 (Dec 2011)	850.2	779.9			

Data Commentary:

The indicator is reported and monitored as two separate mortality rates - one for males and one for females. Each of these rates is a single figure for all causes and all ages combined. Single year rates are used to enable timely reporting. (The associated national target is assessed using 3-year average figures).

Mortality targets are based on calendar year and not financial year.

Data for 2012 is unverified and based on public health mortality files, final verification of 2011 data will be released December 2012 and for 2012 released December 2013.

Performance Commentary:

Data for quarter 2 is not yet available, so data for the end of June 2012 has been used. The data is based on an annual death rate up until the end of June (directly age standardised). Male deaths are lower than the target and lower than December 2011, based on local analysis.

Summary of Key activities taken or planned to improve performance:

The major causes of death for males are circulatory diseases and cancers. Cancers now kill more people in Halton than circulatory diseases and because of this they have been identified as a Health and Wellbeing Strategy priority area. The activities will be described more fully in the cancer mortality performance section.

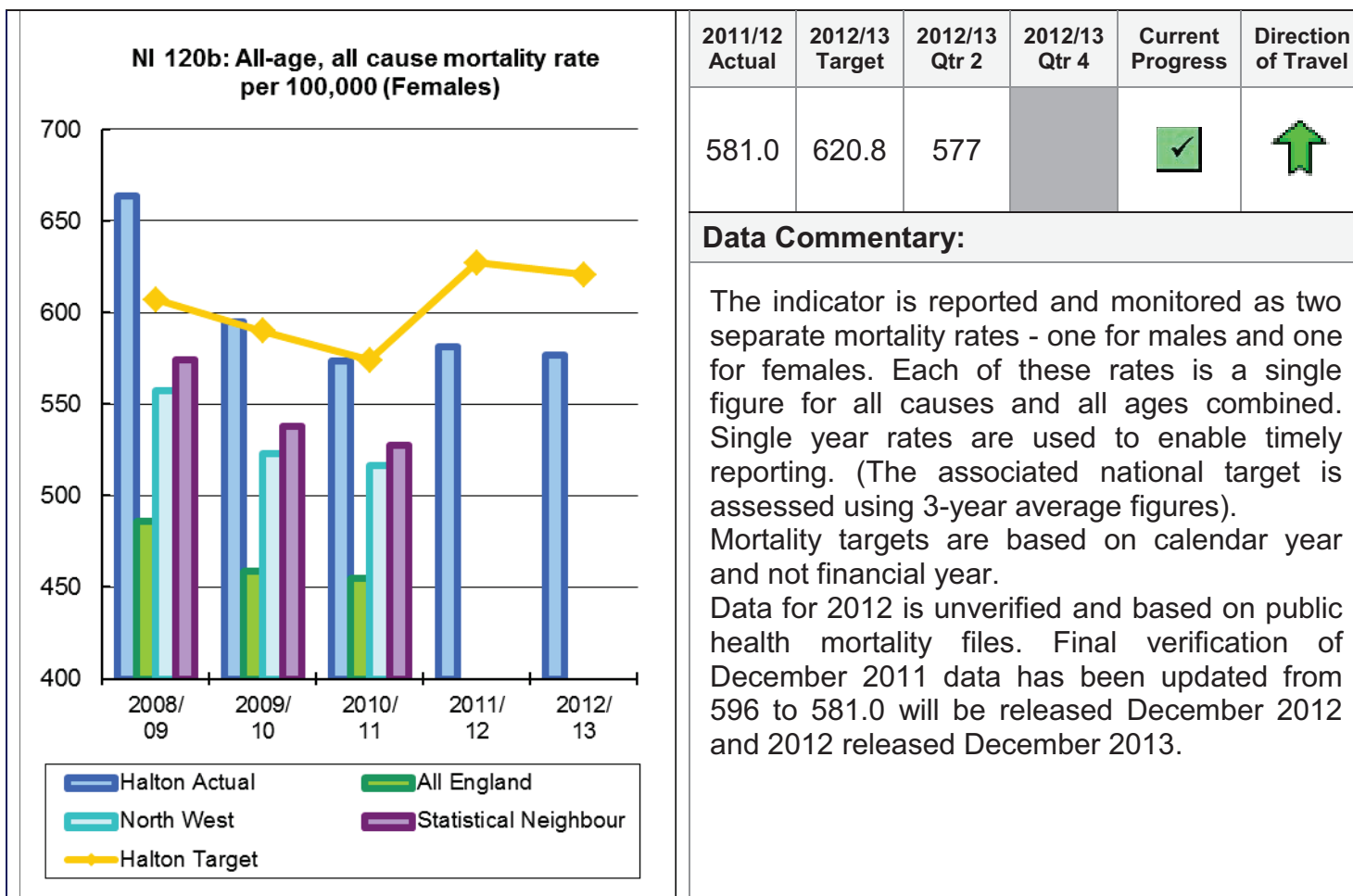
Lifestyle factors contribute to early deaths from the 2 biggest causes of deaths in Halton and therefore there is a continued focus on:

- Healthy weight and obesity
- Tobacco Control and smoking cessation
- Alcohol related harm

Early detection of risk factors and those that can be treated for issues such as high blood pressure, high cholesterol and diabetes are continuing to happen as part of the Health Checks Plus Programme.

With the move of many of the commissioned services for health prevention to public health within the council there are whole sale reviews taking place of contracts and performance within the next few months to ensure that Halton has the best possible services to deliver on this target.

SCS / HH5b All age, all cause mortality rate per 100,000 Females (NI 120b)

**Performance Commentary:**

Data for quarter 2 is not yet available, so data for the end of June 2012 has been used. The data is based on an annual death rate up until the end of June (directly age standardised).

Female deaths are lower than the target and lower than December 2011, based on local analysis.

Summary of Key activities taken or planned to improve performance:

The major causes of death for females are circulatory diseases and cancers. Cancers now kill more people in Halton than circulatory diseases and because of this they have been identified as a Health and Wellbeing Strategy priority area. The activities will be described more fully in the cancer mortality performance section.

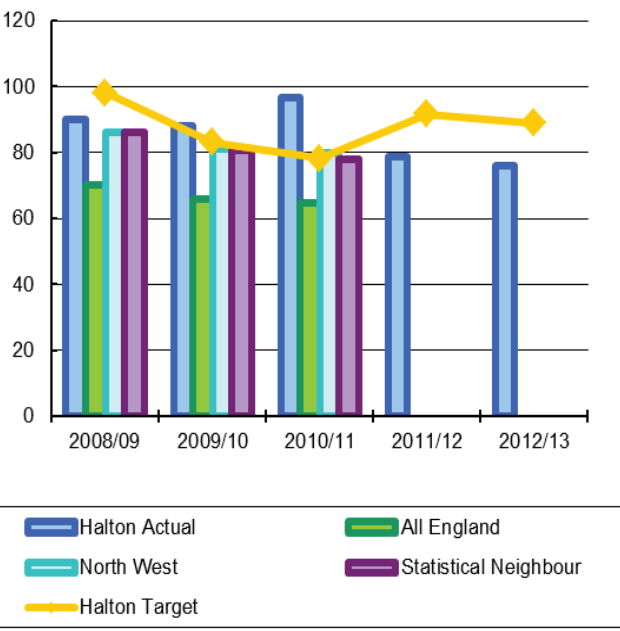
Lifestyle factors contribute to early deaths from the 2 biggest causes of deaths in Halton and therefore there is a continued focus on:

- Healthy weight and obesity
- Tobacco Control and smoking cessation
- Alcohol related harm

Early detection of risk factors and those that can be treated for issues such as high blood pressure, high cholesterol and diabetes are continuing to happen as part of the Health Checks Plus Programme. With the move of many of the commissioned services for health prevention to public

health within the council there are whole sale reviews taking place of contracts and performance within the next few months to ensure that Halton has the best possible services to deliver on this target.

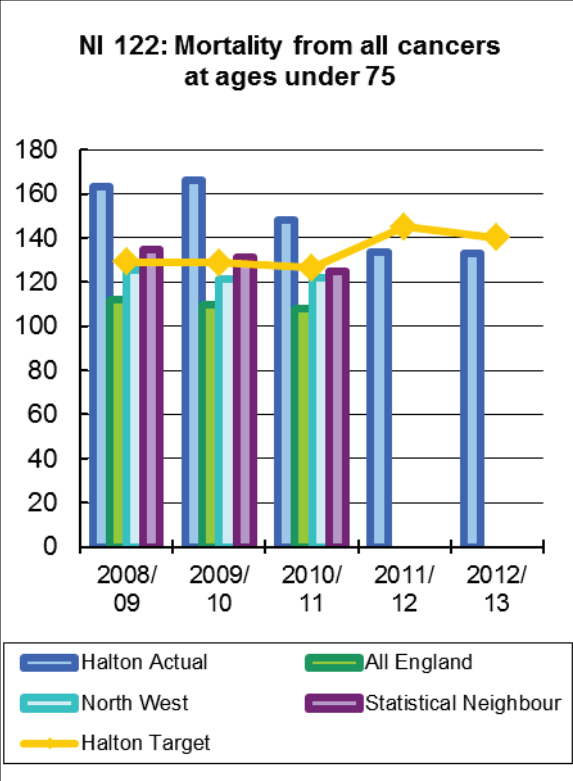


SCS / HH6 Mortality rate from all circulatory diseases at ages under 75 (NI 121)

<p>NI 121: Mortality rate from all circulatory diseases at ages under 75</p>  <p>Legend: ■ Halton Actual ■ North West ■ All England ■ Statistical Neighbourour —◆— Halton Target</p>	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
<p>78.7</p> <p>89</p> <p>76.2</p> <p>✓</p> <p>↑</p>						
Data Commentary:						
<p>This is a Department of Health PSA Target. Circulatory disease is one of the main causes of premature death (under 75 years of age) in England, accounting for just over a quarter of all such deaths in this age group. Reducing mortality rates will therefore make a significant contribution to increasing life expectancy. Mortality targets are based on calendar year and not financial year. Data for 2011 is unverified and based on public health mortality files which has been updated from 80.6 to 78.7. Final verification of 2011 data will be released December 2012 and for 2012 data will be release late 2013</p>						
Performance Commentary:						
<p>Data for quarter 2 is not yet available, so data for the end of June 2012 has been used. The data is based on an annual death rate up until the end of June (directly age standardised).</p> <p>Death rates from circulatory diseases are lower than the target and lower than December 2011, based on local analysis. The reductions in rates means that our current rates are now only slightly higher than the rates in our peer industrial hinterlands based on the 2010 official data. These reductions need to be sustained in order that the difference in death rates for circulatory diocese under 75 between England and the Halton are finally reduced. This is an area of success that needs to be acknowledged.</p>						
Summary of Key activities taken or planned to improve performance:						
<p>Lifestyle factors contribute to early deaths due to circulatory diseases in Halton and therefore there is a continued focus on:</p> <ul style="list-style-type: none"> • Healthy weight and obesity • Tobacco Control and smoking cessation • Alcohol related harm <p>Early detection of risk factors and those that can be treated for issues such as high blood pressure, high cholesterol and diabetes are continuing to happen as part of the Health Checks Plus Programme. The Quality Outcomes Framework (QOF) programme managed by primary care that will be the remit of the national commissioning board monitors performance relating to treatment within general practice. The national Cardio Vascular Disease (CVD) health profiles shows that in this profile practices across Halton and St Helens perform well.</p>						

www.sepho.org.uk/NationalCVD/NationalCVDProfiles.aspx

With the move of many of the commissioned services for health prevention to public health within the council there are whole sale reviews taking place of contracts and performance within the next few months to ensure that Halton has the best possible services to deliver on this target

SCS / HH7 Mortality from all cancers at ages under 75 (NI 122)

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
<p>NI 122: Mortality from all cancers at ages under 75</p>  <p>Legend:</p> <ul style="list-style-type: none"> Halton Actual (Blue bar) All England (Green bar) North West (Cyan bar) Statistical Neighbourhood (Purple bar) Halton Target (Yellow line with diamond) 	133.4	140	132.90			
Data Commentary:						
<p>Cancer is one of the main causes of premature death (under 75 years of age) in England, accounting for nearly 4 in 10 of all such deaths in this age group. Reducing mortality rates will therefore make a significant contribution to increasing life expectancy.</p> <p>This is a Department of Health PSA Target.</p> <p>It is important to note that these quarterly data are provisional, unvalidated, mortality rates per 100,000. Nationally validated data is available about one year after the end of the respective calendar year. Data for 2011 is unverified and based on public health mortality files which has been updated from 141.9 to 133.4.</p>						
Performance Commentary:						
<p>Cancer deaths account for almost one in every three deaths in local people under age 75. Cancer mortality rates are falling in Halton, but with large year to year fluctuations.</p>						
<p>Latest confirmed annual figures are for the calendar year 2010. Our quarterly provisional data updates since then have shown a steady improvement.</p>						
<p>Our targets for this indicator for future years, chosen a year ago, remain sensible. The targets are a cancer under 75s mortality rate of 145 per 100,000 for 2011/12, falling by 5 points each year to 125 for 2015/16.</p>						
Summary of Key activities taken or planned to improve performance:						
<p>Existing activities are:</p> <ul style="list-style-type: none"> • The local “Get Checked” campaign to improve early detection of breast, bowel and lung cancers • A Cancer Network project to support every general practice team in developing their own cancer action plan • Specific local efforts to improve uptake in the three cancer screening programmes • National campaigns to promote early recognition of bowel and lung cancer • 2 week referral pathways for specialist appointments where cancer is a possibility • Audits of cancer diagnosis in primary care 						

The new Halton CCG has selected cancer as a priority area, and have a named commissioning manager as lead for cancer. They are engaged in the design and launch of a local Halton Cancer Action Plan for 2013-14, whilst supporting current initiatives and activities.

Funding has been secured for a local MacMillan GP to lead on cancer, but an appointment has not yet been made. The H&WBB has chosen cancer early detection and prevention as a priority and asked for the Halton specific action plan to be developed for 2013-15

Output measures:

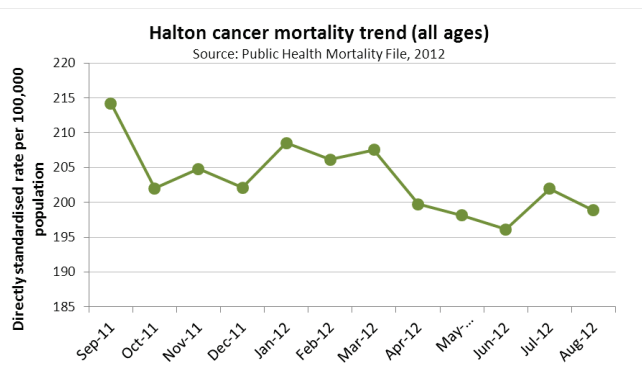
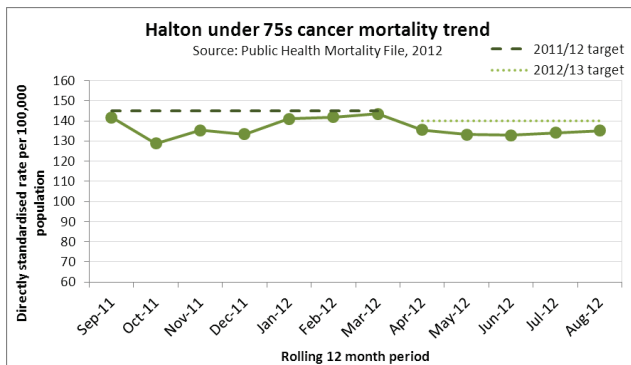
Bowel cancer screening is now offered to a further cohort of people: those between 70 and 74 years. Uptake rose by about 5% following the national bowel cancer campaign.

Breast cancer screening is now offered to some women over 70, and some between 47 and 50 years old. Digitisation of the programme has improved quality. A Quality Assurance visit early in 2012 gave a very positive report, and recommendations for improvement are being actively followed.

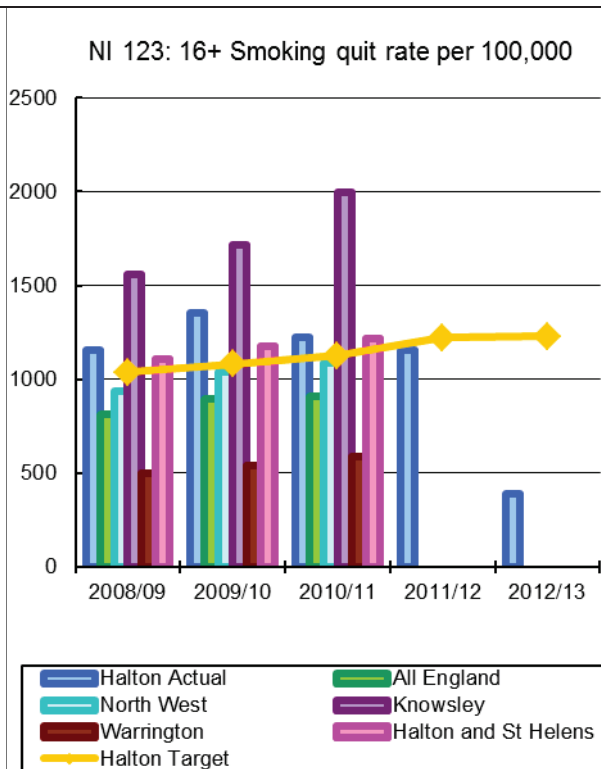
Cervical screening: results are now sent to 98% of women within 14 days. Uptake has risen slightly for the first time in several years, halting a slow decline.

The charts show that for people of all ages, and for those under 75, cancer mortality is falling steadily in both boroughs. This is very encouraging, as until now Halton's mortality rates seemed to be stubbornly high, and not falling convincingly in recent years.

Rates remain higher in Halton than in St Helens. But they are dropping by about 5/100,000 each year. This represents more than 5 lives saved each year just in Halton.



SCS / HH8 16+ Smoking quit rate per 100,000 (NI 123)



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
1157.74	1228.5	390.49			

Data Commentary:

This indicator relates to clients receiving support through the NHS Stop Smoking Services. A client is counted as a self-reported 4-week quitter if they have been assessed 4 weeks after the designated quit date and declares that he/she has not smoked even a single puff on a cigarette in the past two weeks. The indicator is a count of treatment episodes rather than people. So, if an individual undergoes two treatment episodes and has quit at four weeks in both cases, they are counted twice.

Quitting smoking is seasonal with the majority of quitters stopping in January. The year-end position for 2011/12 has been updated.

Performance Commentary:

Whilst overall smoking rates in Halton have decreased considerable in recent years, tobacco is a major risk factor for cancer and heart disease and a major contributor to the health inequalities gap between Halton and England. Halton now has the 3rd highest quit rate in the North West. The rate per 100,000 population equates to 378 quitters

Summary of Key activities taken or planned to improve performance:



Key tobacco control initiatives to run throughout the year are:

- Delivery of smoking prevention programmes for schools and young people
- Training for teachers on illicit tobacco and its dangers.
- Tobacco Control training provided for 60 PSHE primary teachers across Halton & St Helens per annum, including support and evaluation of cascade of training to pupils.
- Social marketing driven, comprehensive, and highly visible coverage of targeted interventions delivered across Halton and St Helens.
- Deliver 12 Brief Intervention training sessions-1each month.
- Implement new intervention to encourage pregnant smokers to stay quit for the term of the pregnancy.
- Raise profile of SUPPORT stop smoking services by targeted brief Intervention training to Halton General and HCRC staff Pre-Op, Cardio respiratory, minor Injury 100% outpatient services in

Halton General and 5 Borough Mental Health settings in Halton, trained in referral pathway to stop smoking services.

- Increase the number of Pharmacies offering support to smokers from 15 to 25.
- Increase in cessation data collected from GP practices
- 10% Increase in annual numbers of under 18 attending support to stop smoking
- Increase awareness of the Support service to areas of High deprivation and deliver targeted campaigns to pregnant and manual smokers.
- Incentive scheme developed for pregnant smokers.
Social marketing programme delivered for pregnant smokers.

SCS / HH9 Mental Health – Number of people receiving Community Psychological Therapies (IAPT) (New Measure)

Increased access to Psychological Therapies (IAPT) implementation is highlighted in the Operating Plan for 2012-13 with a prevalence target population of 45,559 for Halton and St Helens. The current service will be expected to provide provision to 15% (6,840) of that target population of Halton and St Helens. Therefore the expectation in 12/13 is that 4,104 patients will enter into treatment. The expectation is that at least 60% of the targeted population will enter treatment and of those receiving treatment at least 50% will move to recovery.	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
	New measure	4,104	Refer to comment			
Data Commentary:						
The period the data relates to is 12/13. New regional IAPT access targets will be set in 13/14 in Q4. The data is actual and reported regionally via the current providers. Data for q3 2012/13 will be received in January 2013.						
Performance Commentary:						
Currently on track to meet quarterly targets as on average per month 897 referrals are received into open mind single point of access scheme. With an average of 70 to 80 patients not moving through into the initial assessment stage as cognitive behavioural therapies are assessed as not being appropriate at this time.						
Please note that this prevalence is in relation to anxiety and depression only.						

Summary of Key activities taken or planned to improve performance:
Current background to Halton provision

The IAPT services in Halton, were part of the third wave of the IAPT National Programme and was set up in November 2009. Self –help services is the main IAPT Service, employing HITS (high intensity therapists) and PWP (Psychological Wellbeing Practitioners) but staff within Primary Care Psychological Therapies team in Bridgewater Community NHS Trust are also IAPT compliant and contribute to the IAPT service delivery and data collection.

IAPT offers increased access to NICE approved treatments for people with depression and anxiety disorders by delivering:

- Trained, competent workforce
- Implementing quality standards (recovery, choice, equity)
- Routine monitoring of patient reported outcome measures
- Defined care pathways in a stepped care model

The current services facilitate clinical and where necessary, risk assessments for people who are suffering mild to moderate mental health problems. Following assessment the services provide brief to medium term interventions in accordance with Steps 2, 3, of NICE guidance and using a range of psychological therapies and/or signposting on to other services, were appropriate. The current

services include prevention (such as brief interventions) accredited counselling and Physical health wellbeing (physical health checks)

Common mental health problems the IAPT services treat are:

- Mild to Severe anxiety and stress reactions
- Mild to Severe depression
- Generalised anxiety disorder
- Panic disorder
- Mixed anxiety and depression
- Mild to moderate obsessive compulsive disorder
- Somatisation
- Post traumatic disorder- including the acute effects of a single psychological and physical trauma, not multiple traumas or long term high complexity.
- Phobic states (including social phobia)
- Health anxiety (hypochondriasis)
- Anger management
- Body dysmorphic disorder
- Difficulty coping with life events
- Low self esteem
- Eating problems (not full blown disorder)
- Weight management issues (for obesity via the Weight management service)
- Physical conditions (that have led to a psychological affect on the client)
- People claiming Incapacity benefit as a result of depression/anxiety
- Interpersonal relationship problems, recent in origin.
- Long term / complex Bereavement.
- Use of long term Benzodiazepines
- Substance misuse
- Palliative care
- Learning disabilities
- Therapy for those clients who have a severe and enduring diagnosis, who have been discharged from secondary care and whose symptoms are in remission and are solely maintained by Primary Care/Shared Care.
- The service will provide comprehensive provision for Military Veterans locally if veterans wish to access a local service

Step 2 Service Description

Step 2 interventions are generally low intensity provision, which can be provided through individual and group sessions and will include 1:1 contact and telephone support. Interventions include:

- Education
- Bibliotherapy
- Behavioural activation
- Signposting
- Guided cognitive-behavioural self help
- Problem-Solving
- Guided self-directed exposure therapy
- Referring to various services including social care, exercise and benefits etc

- Computerised CBT (8 sessions)

Additional support includes:

- Medication advice and support for patients receiving anti-depressant therapies, which will be communicated to primary care
- Telephone collaborative care support for patients on antidepressant therapies
- Individual CBT sessions with a therapist (6-8 sessions) average 7 sessions

Step 3 Service Description

Step 3 interventions are generally high intensity provision, which includes:

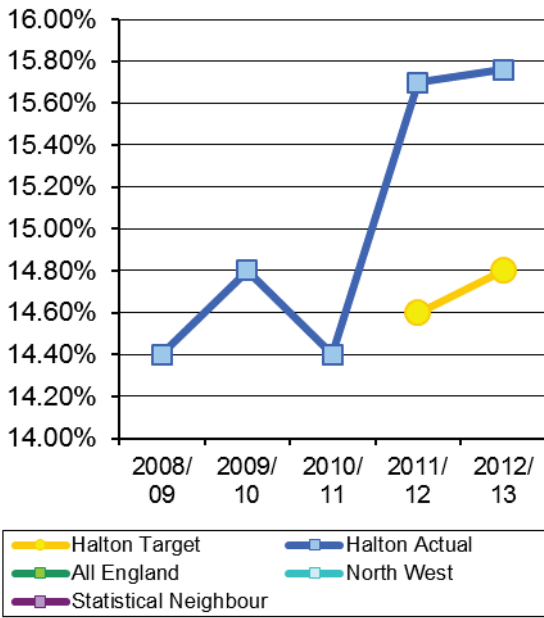
- Individual CBT sessions (8-20 sessions) average of 12 sessions over 6 months
- Group CBT (6-10 patients, up to 12 x 2 hour sessions)
- Therapy session should be supplemented by guided self-help when appropriate materials are available
- Medication advice and support for patients receiving anti-depressant therapies, which will be communicated to primary care.
- Telephone collaborative care support for patients receiving anti-depressant therapies

High intensity therapies include:

- Cognitive Behavioural Therapy
- Interpersonal Therapy
- Counselling
- Brief Psychodynamic Therapy
- Solution Focused Therapy
- Family Therapy
- Psycho Sexual Therapy
- Personal Support
- Personal Development Opportunities

SCS HH10 / Proportion of older people supported to live at home through provision of a social care package (NEW)

Social Care: Proportion of older people supported to live at home via social care package (New)



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
15.7%	14.8%	15.76%		✓	N/A

Data Commentary:

This indicator measures the proportion of older people (65+) who are supported by Adult Social Care Services to live independently in their own home.

The indicator measures The number of people 65+ who are supported with an Adult Social Care Service Package as a percentage of the Older people population for Halton.

Performance Commentary:

The target has already been exceeded during quarters 1 and 2. As this is a new indicator for 2012/13 there is no comparative data.

Summary of Key activities taken or planned to improve performance:

Performance in this area reflects the shift to early intervention and preventative models of care, which prevent hospital admissions/readmissions and admissions to long term care (residential and nursing placements), widespread use of technology to maximise independence and greater emphasis on personalised care.

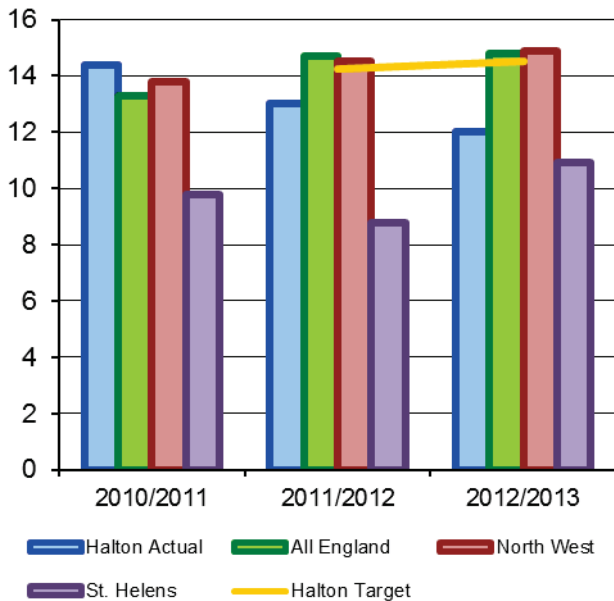
The social care teams have recently reconfigured and plans are in place to integrate health and social care services within health neighbourhoods improving effectiveness and performance in this area, two pilot practices have been identified to initiate this work and this will be reviewed to enable effective full implementation.

Plans for complex care pooled budgets across health and social care will improve outcomes for Halton residents and will enable people to remain at home for longer with appropriate support. (Target date for implementation April 2013)

SCS/
HH11a³

Increase the % of successful completions (drugs) as a proportion of all in treatment (18+)

Increase the percentage of successful completions (Drugs) as a proportion of all in treatment



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
13%	14.5% (Above NW average)	12%		?	↓

Data Commentary:

The new substance misuse service, provided by CRI commenced on 1st February.

August 2012 figures for comparison:
 NW=14.9%
 All England=14.8%
 St Helens=10.9%

Performance Commentary:

Latest data is rolling 12 months to August 2012. Due to the low number of discharges in the last quarter of 2011/12 (handover to new Service Provider), the percentage is below target. The number of successful completions would need to increase from 68 to 85/568 (+17) in order to achieve the target percentage. This compares to Qtr 2 2011/12 where discharge rates were 14.18% from the NTA April- Sept 2011. Thus, it is uncertain at this stage if the target will be achieved due to the low numbers discharged to date.

Summary of Key activities taken or planned to improve performance:

Key activities are as follows:

- Increased activity and joint working with Police to maximise engagement and positive outcomes
- Introduction of a wide range of recovery focused interventions ranging from assessment and case management documents to therapeutic group working and increased recovery capital. This approach will maximise all opportunities for individual recovery and positive discharge.
- Staff development programme to increase the quality of interventions including observed practise, value based interviewing and caseload auditing.
- Review of discharge procedure
- Increased detoxification activity.

^{3 3 3} SCS / HH 11a is also replicated under Safer Halton as SCS /SH 7a

SCS/ HH11 ^{4b}	Increase the % of successful completions (Alcohol) as a proportion of all in treatment (18+)
----------------------------	-----------------------------------------------------------------------------------------------------

Placeholder 2012/13	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
	New measure	TBD	Baseline to be established in 2012/13		Placeholder 2012/13	New Measure
Data Commentary:						
<p>The aim of this service is to increase the % of successful completions as a proportion of all people in treatment for an alcohol addiction. It is a measure of how successful the Tier 3 Community Service is, in treating alcohol dependency and ensuring that the in-treatment population does not remain static.</p>						
Performance Commentary:						
<p>This new service will be established in 2012/13. Targets will then be set following the collection of data in year 2012/13 and a baseline established.</p>						

Summary of Key activities taken or planned to improve performance:

Data is not yet available in this format, however work is underway to develop data sets in line with local and National Treatment Agency requirements.

⁴⁴ SCS / HH 11b is also replicated under Safer Halton as SCS / SH 7b.

REPORT TO: Health Policy & Performance Board

DATE: 8 January 2013

REPORTING OFFICER: Strategic Director Policy & Resources

PORTFOLIO: Resources

SUBJECT: Business Planning 2013-2016

WARDS: Borough wide

1. **PURPOSE OF THE REPORT**

- 1.1. To provide an update on Business Planning for the period 2013-16 and to consider the Directorate priorities, objectives and targets for services for this period that fall within the remit of this Policy and Performance Board.

2. **RECOMMENDED: that the Board Members pass any detailed comments that they may have on the attached information to the relevant Operational Director by 18th January 2013.**

3. **SUPPORTING INFORMATION**

- 3.1 Each Directorate of the Council is required to develop a medium term business plan, in parallel with the budget, that is subject to annual review and refresh.
- 3.2 PPB input to the business planning process and the setting of priorities for the Directorate is an important part of this process. Key priorities for development or improvement in 2013-16 were agreed by Members at a briefing meeting on 31st October 2012. These are:

- Early Intervention and Prevention
- Integration
- Mental Health
- Public Health

which are now reflected in the draft plans now available for consideration by the Policy and Performance Board.

- 3.3 Whilst providing a Directorate context each of the Directorate Business Plans will contain appendices identifying specific Departmental activities and performance measures and targets that would provide a focus for the on-going monitoring of performance throughout the year. Directorate Business Plans will be subject to annual review and refresh in order that they remain fit for purpose taking account of any future change in circumstances, including any future funding announcements that may emerge.

- 3.4 Comments additional to those made following the PPB meeting should be made to the relevant Operational Director by 18th January 2013 to allow inclusion in the draft business plan.
- 3.5 The draft Directorate Business Plan will be revised following member comments during January and will go to Executive Board for approval on 7th February 2013, at the same time as the draft budget. This will ensure that decisions on Business Planning are linked to resource allocation. All Directorate plans will be considered by full Council at the 6th March 2013 meeting.
- 3.6 It should be noted that plans can only be finalised once budget decisions have been confirmed in March and that some target information may need to be reviewed as a result of final outturn data becoming available post March 2013.

4.0 POLICY IMPLICATIONS

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

5.0 OTHER IMPLICATIONS

- 5.1 Directorate Plans will identify resource implications.
- 5.2 Arrangements for the provision of Quarterly Monitoring Reports to Members would continue with each Department being required to produce a report. Key Objectives/ milestones and performance indicators would then be aligned by priority, (in accordance with the new corporate performance framework introduced from 2012/13); and reported in line with the remit of each respective Policy and Performance Board. Departmental Reports would continue to be available to members via the intranet, containing all details stated within the Appendices of the Directorate Business plans.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

- 6.1 The business planning process is the means by which we ensure that the six corporate priorities are built into our business plans and priorities, and thence cascaded down into team plans and individual action plans.

7.0 RISK ANALYSIS

- 7.1 The development of a Directorate Plan will allow the authority to both align its activities to the delivery of organisational and partnership priorities and to provide information to stakeholders as to the work of the Directorate over the coming year.

7.2 Risk Assessment will continue to form an integral element of Directorate Plan development. This report also mitigates the risk of Members not being involved in setting service delivery objectives.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Those 'high' priority actions in regards to equality and diversity are included as an Appendix within relevant Directorate Action Plans will be routinely monitored through Departmental Performance Monitoring Reports.

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

9.1 There are no relevant background documents to this report.



**Communities
Directorate**



**DRAFT
DIRECTORATE PLAN**

April 2013 to March 2016

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1.0 FOREWORD

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

Our vision of service is critical and the Directorates vision is :

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

There are increasing challenges facing the Directorate due to limited and reducing resources at the same time as changes in demographics that are increasing need in certain areas. Staff, managers and elected Members are pulling together to explore more efficient ways of working whilst ensuring that high quality services continue to be provided.

2012/13 saw the implementation of some new major legislation, including the Health and Social Care Act and the Caring for our Future White Paper. Adult Social Care has been working closely with Public Health and the NHS Halton Clinical Commissioning Group to look at more opportunities for integrated working to improve adult social care and health outcomes for the people of Halton and to ensure value for money.

On 15 November 2012, in the first ever elections, 41 new police and crime commissioners were elected across England and Wales. John Dwyer was elected for Cheshire. The role of police and crime commissioner is to ensure the policing needs of our community are met effectively, making and influencing key decisions that will impact on how our area looks and feels.

With financial resources reducing, spending less money on landfilling waste is essential. Raising awareness on waste matters and changing people’s behaviour will be vital if we are to be successful in reducing our landfill disposal costs. A key priority in the next 12 months will therefore be to increase our community engagement activities to promote and encourage waste minimisation and increased recycling.

Even through these difficult times, we continue to provide good quality services and improve outcomes for the people of Halton.



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

Dwayne Johnson
Strategic Director, Communities Directorate

2.0 INTRODUCTION

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

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

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

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

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

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

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

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

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

3.0 KEY MESSAGES

Overall Directorate Strategic Direction

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

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

Strategic priorities and challenges facing the Directorate

Based upon the National, Regional and local picture there are a number of key strategic priorities and challenges, which the Directorate must consider.

Priorities from the Health Policy and Performance Board were identified as:

- Early Intervention and Prevention
- Integration
- Mental Health
- Public Health

Priorities from the Safer Policy and Performance Board were identified as:

- To reduce alcohol abuse and domestic violence
- Safeguarding including Consumer Protection
- Community Safety

Priorities from the Corporate Services Policy and Performance Board were identified as:

- Enhancing Residents Quality of Life through the Stadium and Catering Services
- An efficient, personal, professional Registration Service that touches everyone in Halton during their lives

Priorities from the Employment, Learning & Skills and Community Policy and Performance Board were identified as:

- Enhancing Residents' quality of lives through sport and recreation, library and cultural services

Priorities from the Environment and Urban Renewal Policy and Performance Board were identified as:

- Minimising waste production, increasing recycling and reducing waste to landfill.
- Tackling Environmental Crime and promoting positive behaviours.
- Delivering services to help to maintain safe and attractive public open spaces and parks
- Provision of new cemetery and replacement of obsolete equipment.

The Council continues to operate within a challenging financial climate. We will need to ensure that we continue to meet our statutory responsibilities across all areas of our operations and the Directorate will continue to play a key supporting role in this endeavour,

for example through effective financial management and the integration of national policy initiatives with efficient arrangements for service delivery.

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

3.1 **Prevention and Early Intervention**

The Prevention and Early Intervention Strategy has established a clear framework and rationale to support an increased shift to improving preventive and early intervention services in the borough. The document is a local response to the National picture and is informed by a number of National documents 'Making a strategic shift to prevention and early intervention – a guide' Department of Health (2008), 'Our health, our care, our say' (2006), 'Putting People First' (2007), 'Transforming Social Care (2008) and 'High quality care for all' ('the Darzi report', 2008).

Care Closer to Home - With the proportion of older people growing and generally people living longer, often with long-term health and care needs, moving to care closer to home and into homes is the way forward. The provision of supportive and enabling care closer to home is wide ranging and includes building on initiatives that the council already has in place with prevention and early intervention, such as Telecare/Telehealth and making greater use of technology with its mobility, flexibility and rapid transfer of information, improved integrated care pathways for users, making effective links between health, social care and other services and building up commissioning capacity and capability, working with communities to establish outcomes that matter to them. During November 2011 the **Equality and Human Rights Commission** published the results of an inquiry they undertook to find out whether the human rights of older people wanting or receiving care in their own homes were being fully promoted and protected. Following the results, the Council has undertaken a self-assessment and a number of action points have been highlighted in order to make improvements.

3.2 **Integration - Social Care and the Clinical Commissioning Groups**

Complex Care, Pathways and Pooled Budgets - The council has agreed to pool its resources with Halton CCG for the provision of care services for people with complex needs. Work has commenced between the organisations to agree what budgets can be joined together and how they will be spent. As part of this work the two organisations and partners will review how assessment services are delivered and the mechanisms for frontline staff to make funding applications from a range of budgets.

From 1st April 2013 for a three-year period the **Section 75 Partnership Agreement** will be in place. This has been developed between Halton Borough Council and Halton Clinical Commissioning Group (CCG). This will provide a robust framework within which partners will be able to facilitate maximum levels of integration in respect of the commissioning of Health and Care services in order to address the causes of ill health within Halton, as well as the consequences. It is anticipated that this Agreement will help to improve the flexibility of Partners in respect of the use of their resources, responsiveness, innovation, etc. and will therefore enable the Local Authority and the CCG to offer improved services for the people of Halton.

The **Care Homes Project** is a partnership project between Bridgewater Community NHS Trust, Halton Borough Council, Halton Clinical Commissioning Group, Halton and St Helens NHS and Warrington and Halton Hospitals NHS Trust. National and

local audit data from the Care Quality Commission identifies that there are a range of healthcare interventions and services that may not be easily accessible to people who live in residential and nursing homes and as such their healthcare needs may not be appropriately met. These include the following areas: end of life care planning; medical cover; mental health support; dietetics and nutritional advice; access to therapy services; access to specialist services - tissue viability, falls, etc.; access to psychiatric services; access to Geriatrician; and multi-agency working.

The development of an **Urgent Care Strategy** outlines the strategic direction for the delivery of urgent care in Halton over the next five years. It will enable a common approach to provision and creates a framework within which care providers and commissioners can work to ensure seamless, high quality and appropriate care. It builds on national and local policy and aims to bring together a range of work streams that will see the cohesive implementation of the key aspects of the urgent care strategy.

The focus for all urgent and emergency care services should be on providing high quality, safe, responsive care using a whole system approach. Presently the urgent and emergency care system operates as a network with multiple entry points. There may be a number of reasons why people use a particular entry point, however, it is clear that the pathway for that person from then on will be dependent on their particular clinical needs.

The Council and Halton CCG are working with frontline health and social care teams reviewing the current provision of **therapy services** in the borough to better understand what outcomes are being met and identify gaps in provision.

- 3.3 **Mental Health** - As the local older population increases and people live longer we have seen a significant increase in the number of people diagnosed with dementia. As a result of this we have developed the local dementia strategy that aims to address the needs of people with dementia and their carers. The strategy outlines the importance of early diagnosis, particularly in Primary Care, access to services in the community and improved quality in accommodation based service provision for example residential care. The strategy has an associated action plan and implementation of this plan is the responsibility of the local Dementia Partnership Board. This board is a multi-agency board that is currently overseeing a range of initiatives including the implementation of the enhanced community pathway delivered by 5 Boroughs Partnership for people with dementia, new training and awareness-raising and the development of the community Dementia Care Advisors service.

3.4 **Public Health**

There are a range of cross cutting issues for the Health agenda cutting across Public Health, Social Care and the Clinical Commissioning Groups. These are our key priorities:

- **Health and Wellbeing Service – Partnerships (Bridgewater)** - The government has an ambitious programme to improve public health through strengthening local action, supporting self-esteem and behavioural changes, promoting healthy choices and changing the environment to support healthier lives. With effect from 1st April 2013, Local Authorities will have a new duty to promote the health of their population, supported by the local Health and Well-being Board to ensure a community-wide approach to promoting and protecting the public's health and well-being.

An Agreement has been made by the Council, Halton Clinical Commissioning Group and Bridgewater Community Healthcare NHS Trust in order to review our current

approach to the delivery of Health Improvement Services, with a view to developing an integrated Health and Wellbeing Service (HWBS), which will support the continued focus on Joint Working within Health and Wellbeing Services.

NHS Halton Clinical Commissioning Group is developing and implementing the Well Being Practice Model to focus provision around local communities. This will link with other health and wellbeing initiatives in Halton. Through this approach GP Practices will seek to deliver a cultural change by enabling their patients to improve their health by accessing local services and facilities, using self-help tools, accessing training and participating in the local community. The model implements a holistic, community centred approach to healthcare – one in which the health practitioner not only assists patients with the treatment and management of illness, but also connects patients to community based services and support; enabling patients to acquire the skills, knowledge and resources needed to achieve meaningful improvements in their health and wellbeing. The model focuses on the factors that generate health and wellbeing and not merely the factors that cause disease.

- **Prevention and early detection of Mental Health conditions** - there is a Mental Health Strategic Commissioning Group established with a remit to develop a Mental Strategy and action plan. This plan will be based on national best practice as outlined in *The National Mental Health Strategy 2011 "No Health without Mental Health"*. The latter takes a life course approach and prioritises action to increase early detection and treatment of mental health problems at all ages, as well as robust and comprehensive services for people with severe and enduring mental health problems. The strategy promotes independence and choice for people and recognises that good mental wellbeing brings much wider social and economic benefit for the population.
- **Reduction in the number of falls in adults** - there is an evidence-based Falls Pathway in operation. The Falls Working Group is reviewing current service provision against the pathway. The Royal Society for the Prevention of Accidents (ROSPA) has recently been engaged to assist with the development of a Falls Strategy. These two exercises will determine where any gaps in provision exist, including where service capacity does not meet the levels of need. Through an initial scoping exercise it has been identified that training for professionals is still needed.

The Falls Working Group has identified that there needs to be greater emphasis of prevention activities to reduce the number of older people having a fall. It has also recognised that there are assessment and service waiting lists in some areas. The pathway review will look at duplication, capacity and multiple referral crossovers as ways of addressing this.

- **Improved Child Development** - A Child Development Board is being established. A strategy and action plan for Child Development at 2.5 years and 5 years is being developed. This is based on the Department of Health - *Health Visitor Call to Action and Family Nurse Partnership Plans*. It covers meeting a core set of universal requirements including breastfeeding, healthy weight, immunisation and speech and language. We will work with Children's Centres, private nurseries and key service providers to ensure a joined up approach and the best possible outcomes.
- **Prevention and Early Detection of Cancer** - A Cancer Board is being established. A strategy and action plan for cancer is being developed. Key to improving cancer mortality rates in Halton is prevention of development of cancer through education relating to the key risk factors of obesity, smoking, harmful levels of smoking and high levels of exposure to UV rays. And early detection including recognition of early signs and symptoms and screening. The action plan will be based on a life course approach going from pre natal to older adults. Work will be delivered through key

service providers including Children's Centres, schools, GP Surgeries, hospitals and in the community.

- **Reduction in the harm from alcohol** - In March 2012 the new National Alcohol Strategy was published. The central themes of the strategy are "challenge and responsibility", with responsibility shared across Government, industry, the community, parents and individuals. Despite good progress in this area locally, Halton experiences an unacceptable level of alcohol related harm with significant impact on individuals, families and communities. In 2010/11 the cost to the Local Authority of alcohol related harm per head of population was estimated to be £450.

We are developing a strategy and action plan consistent with the National Alcohol Strategy, along with developing services across the spectrum from prevention to treatment services in line with the life course approach.

3.5 Safer Halton Priorities

Reducing harm from alcohol above is a key priority for the Safer Halton priority theme along with:

- **Safeguarding, Dignity and Domestic Abuse** - Keeping people safe and ensuring that they are treated with respect and dignity continue to be high priorities for Halton Borough Council. The establishment of a pilot multi-agency Integrated Safeguarding Unit with our Health partners has been a positive move forward in dealing effectively with safeguarding issues in a more cohesive way. The multi-agency team has a good skill mix and knowledge base in leading on safeguarding across Health and Social Care on cases that have a complex safeguarding element to them.
- **Halton Domestic Abuse Forum** (HDAF) Strategic Group was established to provide overall direction, control management and guidance for the response to Domestic Abuse and Sexual Violence within Halton. It act as a multi-agency partnership board of lead officers and key representatives, which takes strategic decisions aimed at tackling domestic abuse and sexual violence in their widest forms and provide support to all victims within our area. The Forum is responsible for determining and implementing policy, coordinating activity between agencies, and facilitating training. It evaluates the responses we have locally for victims, children living in households where domestic violence is a feature and to consider provision for perpetrators. The Forum promotes inter-agency cooperation, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust. In order to develop and sustain a high level of commitment to the protection of victims of domestic abuse and affected children and young people.
- **Community Safety Review** - Halton Community Safety Team is a combined Police and Council partnership team that reports to the Safer Halton Partnership and has been traditionally funded over recent years through some mainstream funding from Police, Partners and the Council but primarily by government grants given on a year to year basis. Rather than simply reduce the team in size again it was agreed to review the current and future activities and structure of the team in order to be ready for 2012-13. The review was led by the Police and the Council. To help inform this review, the views of Members and other stakeholders was sought.

The survey of Members and partners identified the following priorities: safeguarding young people; crime reduction; reducing anti-social behaviour; reducing alcohol harm and disorder; reducing vulnerability of being a victim of hate crime and domestic

abuse; reducing the re-offending rate of repeat offenders; community engagement, and consultation and participation.

The review has therefore prioritised these work streams and the front line staff (e.g. PCSOs) that deliver the required outcomes. The funding for the team has been realigned to ensure sustainability for financial years 2012/13 – 2013/14. The effect of this is that some posts have been deleted (e.g. HBC administrative posts that have been held vacant), and other posts refocused on core activities.

The role of the CST Manager has been redefined and will now: line manage a strengthened ASB service; oversee but not manage other work streams; undertake a central role in partnership working; and identify priorities and report on performance.

- **Hate Crime Strategy** - The Halton Hate Crime and Harassment Reduction Strategy for 2011 – 2016, is being revised this year. This strategy will identify, coordinate and lead on all aspects of our developing work on tackling and reducing hate crime. The aim of this strategy is to identify and respond to locally established priorities for tackling hate crime and reinforce the benefits of taking a partnership approach to all hate incidents. This strategy promotes effective and coordinated action against hate crime. This involves providing various forms of practical assistance, building capacity for interaction and alliance for services being delivered in Halton, as well as developing confidence in the criminal justice system and mechanisms for reporting hate crime to bring perpetrators to justice. The aims of the strategy form the basis of the comprehensive action plan to which all the strategy partners are committed.
- **Police and Crime Commissioners** - The first elections of Police and Crime Commissioners took place on 15 November 2012 and John Dwyer was elected for Cheshire. PCCs will be elected for four years. Police and Crime Commissioners will determine local policing priorities and shortly after their election (March 2013), will be required to publish a five-year Police and Crime plan. This public document will set out the police and crime priorities and objectives for policing and crime reduction across the force area. The Plan may be refreshed each year and may be fully reopened at the PCC's discretion.

PCCs will set the annual force budget in consultation with chief constables. They will receive the policing grant from the Home Office, various grants from Department for Communities and Local Government and the local precept (as well as other funding streams yet to be determined). The PCC will commission policing services from the chief constable (**or other providers** - in consultation with the chief constable). These services will be set out in the plan where their objectives and funding will be publicly disclosed. The plan must be published and remain a public document including any updates or amendments made during the five year period.

At the end of the financial year the PCC will publish an annual report, which will set out progress made by the PCC against the objectives set out in the plan. Alongside the annual report the PCC will publish annual financial accounts, including showing how resources were consumed in respect of priorities and how value for money was secured.

PCCs will have a general duty to regularly consult and involve the public and have regard to the local authority and national policing priorities. PCCs will also exercise regional power and influence over the development and work of local Community Safety Partnerships (CSPs) via powers and duties. These are:

- the reciprocal duty for PCCs and CSP responsible authorities to cooperate with each other for the purposes of reducing crime and disorder
- the power to bring a representative of any or all CSPs in the PCC's area together to discuss priority issues
- the power to require reports from CSPs about issues of concern
- the power to approve mergers of CSPs (on application of the CSPs concerned)
- the power to commission community safety work from a range of local partners including (such commissioning of crime and disorder reduction work is not limited to CSPs but can include community, voluntary sector or commercial providers)

PCCs will be scrutinised by Police and Crime Panels, which will be formed of a minimum of 10 representatives from the local authorities in the force area. The duties of the panel include requiring the PCC to respond to any concerns they have and making recommendations on the crime plan and annual reports. The Panel is not a replacement for the Police Authority and will not scrutinise the performance of the Constabulary as that is the role of the Police & Crime Commissioner. The Panel will only scrutinise the actions and decisions of the Commissioner.

- **Community Safety Team** - The Halton Community Safety Team is a multi-agency team of specialists committed to promoting community safety and harm reduction so that Halton is a safe place to live, work and visit. Their purpose is to support partners and communities to identify and analyse local problems and to develop short and long term strategies and interventions. The Community Safety Partnership Team is not a virtual group. In Halton the team are based in co-located buildings which enable all of the respective organisations listed below to share personal information in a quick, secure and effective manner. In turn this enables smart and effective joined up initiatives, operations and orders to be delivered in a timely manner.

The role of Halton Community Safety Partnership is to make sure that partners are co-ordinated in their approach to: targeting offenders, making public spaces and communities safe, and supporting victims and delivering timely, effective and appropriate solutions to local problems.

Safer Halton Partnership is made up of Halton Borough Council, NHS Merseyside/Halton/St Helens, Runcorn and Widnes Neighbourhood Policing Units (Cheshire Constabulary), Cheshire Fire and Rescue, Cheshire Probation Service, Halton Youth Offending Team, Registered Social Landlords (6 main providers of housing) and community groups.

3.6 Other key strategic areas of work for the Health and Safer priority themes are :

- **Scrutiny Reviews** – a number of scrutiny reviews have been completed during 2012 including the Homelessness and the Private Rented Sector. A review of the Night-Time Economy will be completed by March 2013.
- Councils are expected to prepare and publish a **Housing Strategy** which sets out the overarching vision for housing in its area every 3 to 5 years. A new Housing Strategy is under development and it is anticipated that a draft for consultation will be available early in the New Year with a view to publishing the new Strategy in April 2013. Any funding opportunities will be pursued.
- The Council has a statutory duty to undertake a comprehensive review of homelessness in its area and publish a strategy based on the findings of that review every 5 years. The strategic review is underway and it is anticipated that

a consultation draft of the new **Homelessness Strategy** will be available by April 2013.

- Councils have a duty to periodically review the accommodation needs of **Gypsies and Travellers** in their area with a view to informing planning policy and the management of existing Gypsy and Traveller sites. The last review was undertaken in 2007 and the Council is working with other Cheshire local authorities to commission consultants to undertake a new assessment in 2013. Halton is taking a leading role in the commissioning and management of this project.
- There are plans to review the Halton **Affordable Warmth Strategy** in 2013 in light of the new funding regime for domestic energy efficiency (Green Deal and Energy Company Obligation) and Government plans to change the measure for fuel poverty. The Strategy will set out how the authority plans to engage with the new schemes and work with Registered Providers of social housing, energy providers and the voluntary sector to try to reduce the number of people living in fuel poverty in Halton.
- A shared out of hours **Emergency Duty Team** is already in place across Halton and St Helens, and is the subject of a formal partnership agreement. Approaches have been made by one other Local Authority to see whether they can join this partnership, and there have been informal discussions with another nearby Council about the same matter. The Council will be working in partnership with St Helen's Council to scope out and consider in detail the potential for development arising from these approaches.
- A new **Acute Care Pathway** (ACP) for mental health services has been developed within the 5Boroughs Partnership, in partnership with the Council. The pathway, which has significant implications for the ways in which mental health support will be provided locally, will be fully implemented over the next months and the Council will be working with the 5Boroughs to establish a clear role for social care services in the new pathway.
- The **Social Enterprise** was considered as a future option for Halton Borough Council Learning Disability Services. Preliminary work suggests that, given the financial challenges facing the Council, this may not be the best option at this point in time.
- In a recession the public tend to cut down on those areas of non-essential household expenditure. Thus, the **Brindley** will continue to adjust to changes in personal spending so as to maintain and improve its performance.
- In 2016, a new £40m development will open in Chester which includes a 550 seat theatre, capable of expansion to 800, and a 200 seat studio theatre. At the same time the Mersey Gateway toll bridge is scheduled to open. These two developments will affect approximately 40% of the Brindley's current audience. As the Brindley's programme is put together up to two years ahead, the coming year, therefore provides time to assess the impact and plan any changes necessary.

3.7 **Enhancing Residents' Quality of Life**

- An **Arts Strategy** has been developed involving consultation with key stakeholders and the public. This forms the template for the development of arts in Halton over the next 3 years. It will involve close collaboration with Arts Council

England and includes: - Arts and Health, youth participation in all art forms, public art and the development of creative industries.

- **Norton Priory Museum Trust** has plans to redevelop the museum and site through a £3.6m Heritage Lottery grant. To date they have achieved stage one approval in the bidding process and have until July 2013 to submit the final application for a project with a total value of approximately £5M. The bid at stage two will be made jointly with the Council. If successful the council will also carry out the construction phase of the project.
- The council has an extensive programme of **physical activity** initiatives designed to improve health and develop healthy life styles. The current physical activity initiatives in Public Health will need to be integrated with this programme.
- The Olympic and Paralympics in 2012 proved a great success and have inspired many people. In 2013 Britain host the Rugby League World Cup. These legacy of these events need to be capitalised on to help improve participation in sport as a competitor or in volunteering as a coach or official.
- **School Meals** has improved significantly over the past five years with an increase in productivity and uptake being supported by tighter controls on food cost. All these measures help to reduce the financial support needed from the Council, it is crucial that staff are fully engaged at all levels to ensure that the service continues to improve.
- **School Dinner Money** – Cash Payment via the Internet, mobile phone or paypoint. The collection of school dinner money is an extremely time-consuming task. The cash, once collected from the children, is collected by a security company and taken to the bank. Officers also have to spend time reconciling the money which has been received in the Council's account. In order to reduce this time and expenditure a trial will take place in four schools in January of a new system called "All Pay". All Pay have agreed to fund the costs of this trial and parents will pay for school meals using the internet, a mobile phone or at a paypoint. The four schools taking part in the trial are Farnworth CE, Moorfield, Weston Primary and St Martins.
- The Halton **Sports Strategy** is set to run between 2012 – 2015. This sets out in detail the priorities up to 2016 and seeks to enhance work in increasing participation and widening access to sport; the further development and strengthening of sports club; coach education and volunteer development; sporting excellence; finance and funding for sport; and the enhancement of sports facilities and provision.
- The Coalition Government has removed National Library Standards that determined the minimum level of service for **library authorities**. Each authority can now set their own standards and priorities. To do this the council has undertaken a staff and public consultation exercise that will inform a strategy to shape the future of the service. The Library Services Strategy is currently in preparation and will set out the vision, priorities and development of the service over the next 3-4years. This will provide a framework for the development of the service which includes ICT initiatives which support public access to the Internet and re-modelling various aspects of the service.
- In 2011 Arts Council England became responsible for overseeing the role and performance of libraries in England. They have been keen to incorporate libraries

into a wider cultural agenda and have launched a National consultation exercise on the future role and direction of libraries. This will help to determine local policies and partnerships.

- As budgets continue to shrink, the need to work in a different and more efficient ways needs to be explored. Shared services between authorities on both an individual and regional basis have been discussed and developed to some extent over the last few years. Regional purchasing of stock provides a good example of the economies that can be achieved through this approach.
- **Libraries** are at the forefront in providing information on a local and global level. The increased transfer of information to digital form provides an opportunity to improve the service. Automated stock selection and ordering and delivery systems are now available. Adoption of these new IT based systems will enable the libraries to improve their efficiency.

3.8 Enhancing the quality of the environment in Halton and experience of services

- Given the financial pressures faced by the Council, and the increasing costs associated with waste disposal, a key challenge will be to concentrate efforts to minimise **waste** production within the borough, increase recycling levels and reduce the amount of waste sent to landfill. A key priority will therefore be to increase community engagement and educational activities.

For instance, raising awareness on waste matters and changing people's behaviour will be vital if we are to be successful in reducing the Council's costs of dealing with waste. A key priority will therefore be to increase community engagement and educational activities and this work will be supported by the development of Community Engagement and Awareness Raising Strategies. These Strategies will set out how we will directly engage with members of the local community, the methods of communication and the messages that will be used to promote and encourage waste minimisation and increased recycling.

- Halton residents have consistently identified clean and safe streets, and **parks and open spaces** as critical factors in making their neighbourhoods a good place to live. It is crucial that we continue to prevent and reduce issues such as littering, fly-tipping and dog fouling by tackling those responsible for committing environmental crime offences. Halton residents have consistently identified clean and safe streets, and parks and open spaces as critical factors in making their neighbourhoods a good place to live. Thus, it is crucial that we continue to prevent and reduce issues such as littering, fly-tipping and dog fouling by tackling those responsible for committing environmental crime offences. This will require a combination of both effective educational and enforcement activities and collaboration with key local partners and external agencies such as Housing Associations and Cheshire Police. Activities will include the delivery of targeted campaigns to promote responsible behaviour, regular enforcement patrols, the issuing of Fixed Penalty Notices and, where necessary, prosecuting those who commit environmental crime offences.

In November 2010 Halton **Registration Service** embarked on a fundamental review with the aim of maximising revenues (through increased marketing, promotion and customer choice) and reducing costs (through increased efficiency, process improvement and cost recovery) to ensure its long-term sustainability and resilience. Underpinned by core values of innovation, professionalism and provision of high-quality value-for-money services, the small team developed a vision to become "a vital service that touches everyone in Halton during their lives" and a mission "to

provide an efficient personal and professional service” and implemented a radical service improvement programme particularly relating to its systems and processes.

- The Directorate will continue to ensure that people who use our services experience positive outcomes that deliver: -
 - Enhancing quality of life for people with care and support needs
 - Delaying and reducing the need for care and support
 - Ensuring that people have a positive experience of care and support
 - Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

4.0 FACTORS AFFECTING THE DIRECTORATE

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

POLITICAL	SOCIAL FACTORS
1.The integration of Public Health into Local Authorities.	16. Ageing Population and the shift to an older population.
2. Joint Strategic Needs Assessment/ Joint Health & Wellbeing Boards	17. Dementia rising sharply amongst over 65's.
3. Halton Clinical Commissioning Group	18.Persuading people to change their attitude towards waste and increase participation in recycling.
4.Health and Wellbeing Strategy	
ECONOMIC CLIMATE	TECHNOLOGICAL DEVELOPMENTS
5.Budgetary pressures	19.Telecare/Telehealth.
6.Increasing levels of waste diverted from landfill will reduce the Council's spend on waste disposal.	20.Technology will be used to deliver "in-cab" communication solutions for waste collection vehicles.
7. Cutting Crime Together	21.Technology will be used to improve communications and community engagement on waste matters.
8.The introduction of the Police and Crime Commissioners (PCC) from Autumn 2012.	
LEGISLATIVE	ENVIRONMENTAL
9. Health and Social Care Act 2012	22.The modernisation of day services continues.
10. Caring for our Future White Paper 2012	23.New Cemetery space required in Widnes by 2014. A site has been identified and it is anticipated that a new cemetery can be created before burial space runs out at the existing Widnes Cemetery.
11. Draft Care and Support Bill 2012	24.HLF Parks for People bid was made in August 2012 to regenerate Runcorn Hill Park. If awarded, the funding a four year programme of works will be carried out. HLF Heritage bid to see Sankey Canal from Spike Island to Fiddlers Ferry Marina restored to navigation.
12.Healthy Lives, Healthy People	25. Affordable Warmth Strategy .
13. Welfare Reform Act 2012 – The introduction of an under-occupation penalty for social tenants whose homes are too large for their needs will have significant implications for Registered Providers of social housing and could lead to increased demand for the services of the Housing Solutions team. It is estimated that up to 3,000 households could be affected by the penalty.	26.Preventing and reducing environmental crime.
14.The revised EU Waste Framework Directive	
15.Legislative changes to local authority enforcement powers against householders who commit waste offences.	

<p>27. The Localism Act 2011 - the introduction of fixed term tenancies, a new power for local authorities to discharge the main homelessness duty through an offer of private rented accommodation and the power for local authorities to decide which groups of people qualify to apply for social housing.</p>	
<p>28. Equality and Human Rights Commission inquiry into the human rights of older people wanting or receiving care in their own homes being fully promoted and protected.</p>	

NB – text in blue and underlined indicates a hyperlink to further information

5.0 ORGANISATIONAL INITIATIVES

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

5.1 Equality, Diversity and Community Cohesion

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

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

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

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

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

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

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

5.2 Environmental Sustainability

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

The Plan was reviewed and updated during 2011/12, with a revised energy emissions reduction target and it is now set at a reduction of between 5% and 10% over 2010/11 figures over a 5 year period. The main measure included in the revised Plan is the Green House Gas emissions indicator, which differs from the previous carbon emissions indicator.

The GHG emissions figure for 2011/12 was 23,917 tonnes CO₂ which was a 7.3% reduction on the 2010/11 figure. This total figure breaks down as follows:-

Corporate buildings	- 7505 tonnes CO ₂ (estimated)
Schools	- 8393 tonnes CO ₂ (estimated)
Street lighting	- 6211 tonnes CO ₂ (estimated)
Vehicle fleet	- 1359 tonnes CO ₂ (estimated)
Business Miles	- 449 tonnes CO ₂ (estimated)

To improve the focus on achieving its targets the Directorate, through the Carbon Group, will develop specific plans and, where appropriate, specific reduction targets around buildings and vehicle fleet and business miles

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

Eco-friendly solar panels at the Stadium are due to generate income of £12,000 a year for the Council as well as saving up to £3,000 a year in energy bills. The Council will benefit from income from the feed in tariff from the solar panels – 32.9 p for every kWh it generates income which will increase year-on-year in line with inflation. The total energy saving will be in the region of £75,000 over 25 years.

The Stadium also continues to drive forward its commitment to enhancing energy efficiency particularly around its electrical consumption. Through raising staff awareness of how they can reduce energy consumption and the resulting impact it could have on the environment along with a number of investments in energy initiatives such as the fitting of low energy devices, Voltage Optimization System and appliances to reduce water waste, since 2006/7 the Stadium has seen a reduction in over 27% of its electrical consumption, not just having an impact on the environment but also having the effect of generating cost savings.

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

The Council is committed to improving a good quality of life for the people of Halton and one of the ways this can be achieved is through allotment gardening. Being part of the allotment gardening community brings an opportunity to meet and share experiences with people from all walks of life. There are also health and social benefits which can give plot-holders a

sense of well-being. Our aim is to continue to build on the good practices and positive improvements, but the biggest obstacle is the shortage of growing space. .

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

5.3 Risk Management

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

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

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

5.4 Arrangements for managing Data Quality

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

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

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

Given the transfer of Public Health to Local Authorities from 1st April 2013, Halton Borough Council are part of the 5 Borough's partnership with Health and other partners and are currently applying to connect to health systems. In order to connect the Council is required to complete an Information Governance Toolkit assessment up to level 2 (there are 3 levels in total). The Information Governance Toolkit is a performance tool produced by the Department of Health (DH). It draws together the legal rules and central guidance set out above and presents them in one place as a set of information governance requirements

The purpose of the assessment is to enable organisations to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction.

Where partial or non-compliance is revealed, organisations must take appropriate measures, (e.g. assign responsibility, put in place policies, procedures, processes and guidance for staff), with the aim of making cultural changes and raising information governance standards through year on year improvements.

The ultimate aim is to demonstrate that the organisation can be trusted to maintain the confidentiality and security of personal information. This in-turn increases public confidence that 'the NHS' and its partners can be trusted with personal data.

6.0 ORGANISATIONAL & DIRECTORATE STRUCTURE

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

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

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

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

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

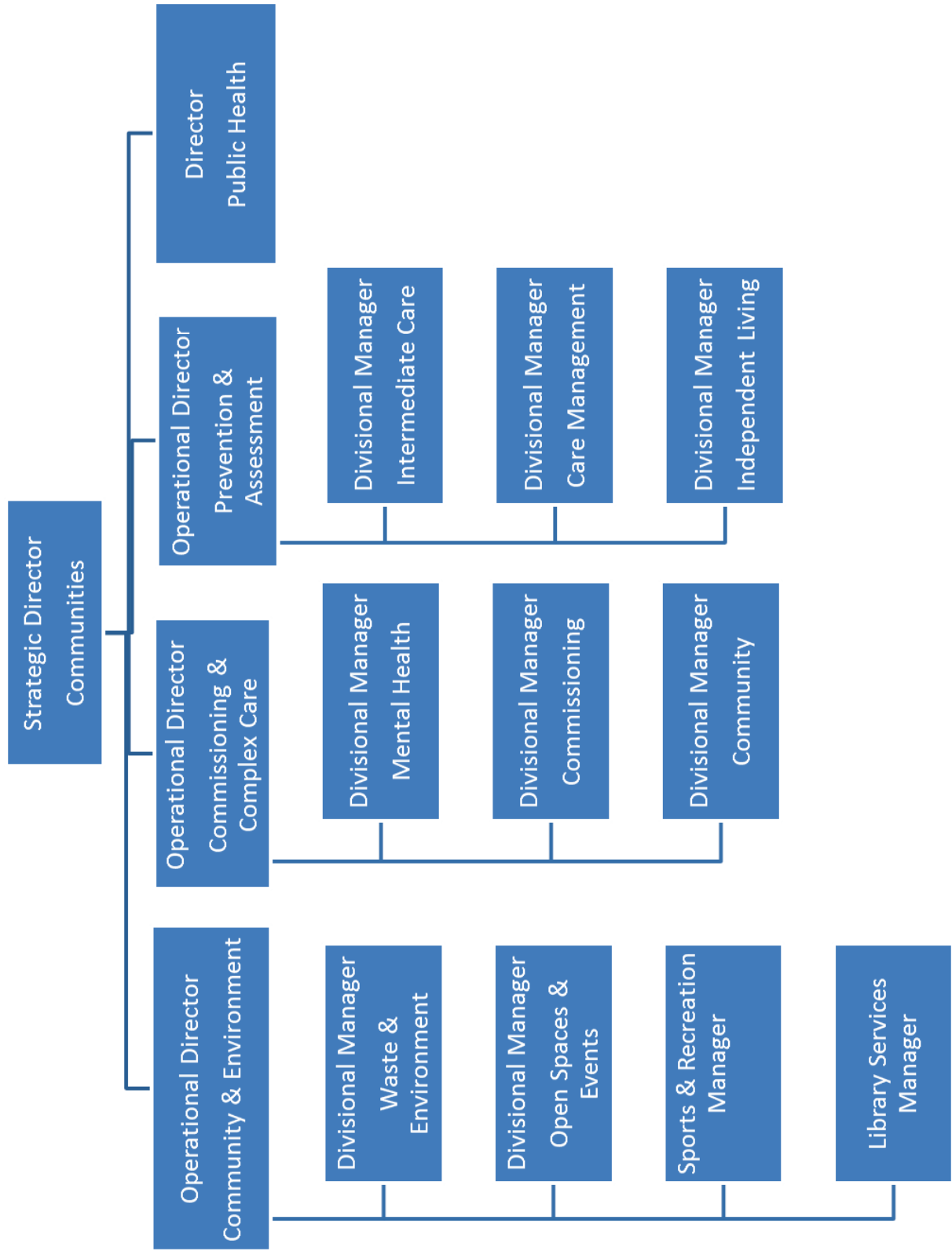
Lead Officers are identified to drive and direct corporate initiatives to bring together elements of the Councils activities which, for the purposes of day to day management, may sit within all or any of the different Directorates.

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

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

- Community and Environment Services;
- Commissioning and Complex Care Services;
- Prevention and Assessment Services; and
- Public Health

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



Who are the services for?

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

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

What are we for?

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

6.1 Community and Environment Services

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

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

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

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

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

ensuring that the meals delivered are of a high standard, that they meet people's nutritional needs and that the targets for delivery are met.

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

6.2 Commissioning and Complex Needs

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

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

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

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

The Positive Behaviour Support Service was established in 2010 and offers skilled specialist support to people of all ages living in community settings who have a learning disability, often including autism spectrum conditions and who present with behaviour that challenges services.

The Department is responsible for all aspects of Community Safety which includes the management and co-ordination, in partnership with others, of reducing anti-social behaviour, reducing alcohol harm, integrated offender management, safer schools, hate crime and gypsy-traveller issues and crime reduction.

6.3 Prevention and Assessment Department

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

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

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

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

psychological and social ability alongside the needs and desires of the individual and their family.

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

The Department is also responsible for Environmental Health which delivers a diverse collection of statutory regulatory functions and related services covering a range of activities including food safety, health and safety at work, pollution control, contaminated land, air quality management, noise control, environmental protection and private sector housing.

6.4 Public Health

From April 2013, local authorities have a new duty to promote the health of their population, supported by the local health and well-being board to ensure a community-wide approach to promoting and protecting the public's health and well-being.

In Halton, this provides us with an opportunity to review our current approach to the delivery of public health and associated health improvement services to ensure we are able to:

- Deliver a community wide approach to health and well-being;
- Develop holistic solutions to improve health and well-being outcomes within Halton;
- Embrace the full range of local services e.g. health, housing, leisure, transport, employment and social care.

The integration of public health will help facilitate closer joint working and sharing of resources to give a seamless service which will offer considerable benefits which ultimately will lead to better outcomes for people.

7.0 RESOURCES

7.1 Budget Summary & Service Costs

COMMUNITIES DIRECTORATE
Revenue Budget 2013-14

	Annual Budget £'000
Expenditure	
Employees	
Other Premises	
Supplies & Services	
Book Fund	
Food/Bar Provisions	
Contracted Services	
Transport	
Emergency Duty Team	
Aids & Adaptations	
Contribution to JES	
Leisure Mgt Contract	
Waste Disposal Contracts	
Consumer Protection Contract	
School Meal Provisions	
Community Care;	
Residential & Nursing Care	
Homecare & Supported Living	
Direct Payments	
Block Contracts	
Day Care	
Payments to Providers	
Contribution to IC Pool Budget	
Grants to Voluntary Organisations	
Other Agency	
Capital Financing	
Total Expenditure	
Income	
Residential & Nursing Fees	
Direct Payments	
Other Community Care Income	
Community Care PCT Reimbursement	
Fees & Charges	
Sales & Rents	
School Meal Sales	
School SLA Income	
School Meals Other Income	
PCT reimbursement	
Government Grants & Other Reimbursements	
LD & Health Reform Allocation	
Transfer from Reserve	
Internal Fee Income	
Capital Salaries	
Total Income	

Net Operational Expenditure	
Recharges	
Premises Support	
Asset Charges	
Departmental Support recharges	
Central Support Recharges	
Transport recharges	
Support services recharges income	
Net Total Recharges	
Total Communities Directorate	

COMMUNITIES DIRECTORATE
Revenue Budget 2013-14 – Departmental Analysis

Departments/ Divisions	Annual Budget £'000
Prevention & Assessment	
Care Management	
Independent Living	
Intermediate Care	
Regulatory Services	
Operational Director	
Total	
Commissioning & Complex Needs	
Mental Health	
Commissioning	
Community Safety	
Community Services	
Operational Director	
Total	
Community & Environment	
Commercial Catering	
Leisure & Recreation	
Open Spaces Services	
School Catering	
Stadium	
Waste & Environment Improvement Services	
Total	
Total Communities Directorate	

COMMUNITIES DIRECTORATE
Capital Programme 2013-14

Scheme	Annual Budget £'000
Stadium Minor Works Children's Playground Equipment Landfill Tax Credit Schemes Open Spaces Scheme Runcorn Cemetery Extension Litter Bins Bungalows at Halton Lodge	
Total	

7.2 Human Resources

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

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

7.3 ICT Requirements

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

- The continued implementation of Carefirst 6
- The implementation of Care Financials
- Mobile working, for example, the use of Laptops with 3G technology, digital pen technology system within Home Care
- The pilot of electronic monitoring within one the Directorate's contracted providers of care.
- The continued use of Telecare and Telehealth to promote independence and choice for people.
- The Council's in house ICT Business Services Team will develop systems and support the interfacing with specialist technology equipment to help deliver

efficiencies and improve the quality and effectiveness of the Council's waste and environmental improvement services.

7.4 Property Requirements

The Property requirements/developments across the Directorate include:-

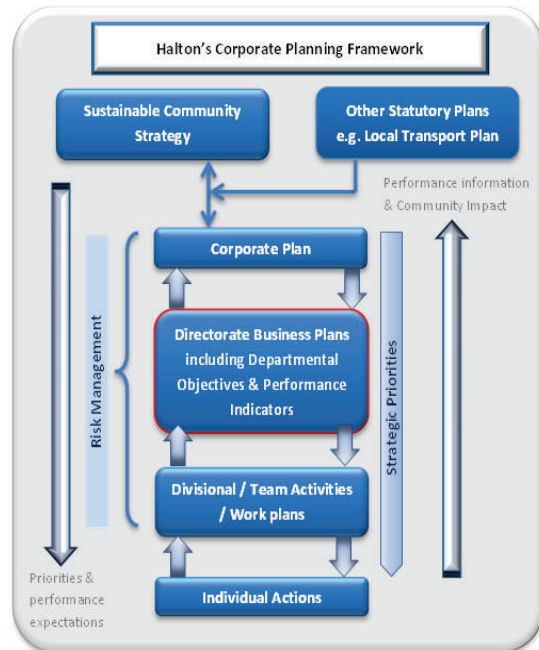
- Widnes Cemetery has only 5 years capacity remaining and existing cremators are now life-expired. Extra capacity (15 years) has been created at Runcorn through an extension of the existing facility. Following the work carried out by a working group a site has been identified for a new cemetery at Widnes and has gained approval from the Executive Board. Approval has also been given for the procurement of two new cremators.

8.0 BUSINESS PLANNING

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

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

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



Performance Monitoring and Reporting

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

As a result Departmental progress will be monitored through:

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

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

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

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

Community & Environment Services

Service Objectives/Milestones/Performance Indicators:

2013 – 2016

DRAFT

Corporate Priority	A Healthy Halton					
Key Area Of Focus	<p>AOF 1 – Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.</p> <p>AOF 2 – Providing services and facilities to maintain and promote good public health and well-being.</p>					
Service Objective:	CE1 - Increase participation in sport and physical activity, thereby encouraging better lifestyles.					
Key Milestone(s) (13-14)	<ul style="list-style-type: none"> Implement the new Sports Strategy (2012-2014) - March 2014. Active people survey results show an increase in participation rates from 2009/10 baseline - March 2014. 					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> Monitor and review all CE1 Measures in line with three year planning cycle. March 2015 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> Monitor and review all CE1 Measures in line with three year planning cycle. March 2016 					
Risk Assessment	Initial	Medium	Responsible Officer	Divisional Manager Sport and Recreation	Linked Indicator(s)	CE LI 17
	Residual	Low				

Corporate Priority	A Healthy Halton Environment and Regeneration in Halton Corporate Effectiveness & Efficient Service Delivery					
Key Area Of Focus	<p>AOF 1 – Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.</p> <p>AOF 2 – Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 19 – Conserve, manage and enhance public spaces for leisure and recreation and foster conservation by protecting key areas.</p> <p>AOF 22 – Build on our customer focus by involving more service users in the design and delivery of services, and ensuring equal access for all users.</p>					
Service Objective:	CE2 - Increase the community usage of the stadium and to maintain and improve the health of Halton residents					
Key Milestone(s) (13-14)	<ul style="list-style-type: none"> • Visit Riverside College Halton, local Sixth Forms and Large Private Organisations to advise and promote the leisure facilities available at The Stadium - September 2013. • Measure customer satisfaction with Stadium Community Services - January 2014. • Promote off peak opportunities at the start of each quarter to charitable and community organisations to utilise Stadium facilities at a reduced price - March 2014. 					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> • Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2014/15). January 2015. 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> • Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2014/15). January 2016. 					
Risk Assessment	Initial	High	Responsible Officer	Operational Director Community & Environment	Linked Indicator(s)	CE LI 2, 3, 4
	Residual	Low				

Corporate Priority	A Healthy Halton					
Key Area Of Focus	AOF 1 – Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.					
Service Objective:	CE3 - Increase the number of Pupils having a school lunch, to raise awareness and increase levels of healthy eating.					
Key Milestone(s) (13-14)	<ul style="list-style-type: none"> • Deliver a promotion and educational campaign - September 2013 and January 2014. • Review and update the strategy and action plan to increase the uptake of free school meals - July 2013. • Conduct a monthly benchmarking exercise that compares individual school performance. Good performance to be investigated and shared with all schools and producing individual School Action Plans including independently run schools - August 2013. • Develop effective joint working and agree funding, with the private/public sector to address childhood obesity - September 2013. 					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> • Deliver a promotion and educational campaign (AOF 1) September 2014 and January 2015 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> • Deliver a promotion and educational campaign (AOF 1) September 2015 and January 2016 					
Risk Assessment	Initial	Medium	Responsible Officer	Schools Catering Manager	Linked Indicator(s)	CE LI 1, 15, 8 ,9, 10, 11, 21, 22
	Residual	Low				

Corporate Priority	Employment, Learning & Skills, Children and Young People in Halton, Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus	<p>AOF 6 – To develop a culture where learning is valued and skill levels throughout the adult population and across the local workforce can be raised.</p> <p>AOF 7 – To promote and increase the employability of local people and tackle barriers to employment to get more people into work.</p> <p>AOF 13 – To improve outcomes for children by increasing educational attainment, health, stability and support during transition to adulthood.</p> <p>AOF 14 – To deliver effective services to children and families by making best use of available resources.</p> <p>AOF 22 – Build on our customer focus by involving more services users in the design and delivery of services, and ensuring equal access for all users.</p>
Service Objective:	CE4 – Increase the use of libraries promoting reader development and lifelong learning, thereby encouraging literacy and skills and quality of life opportunities.
Key Milestone(s) (13-14)	<ul style="list-style-type: none"> • Undertake CIPFA PLUS Survey (Public Library User Survey for Children) due to take place September 2013. • Deliver a programme of good quality Reader Development activities with at least 1 major event per quarter - March 2014. • Deliver a programme of extended informal learning opportunities including support for digital inclusion through the Race Online and Go ON campaigns meeting identified local targets - March 2014.
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> • Monitor and review all CE4 milestones in line with three-year planning cycle. March 2015.

Key Milestone(s) (15-16)	<ul style="list-style-type: none"> Monitor and review all CE4 milestones in line with three-year planning cycle. March 2016. 					
Risk Assessment	Initial	Medium	Responsible Officer	Operational Director Community & Environment	Linked Indicator(s)	CE LI 6, 6a, 17
	Residual	Low				

Corporate Priority	Environment and Regeneration in Halton					
Key Area Of Focus	<p>AOF 18 – Provide a high quality built environment that is sustainable, affordable and adaptable to meet the needs and aspirations of all sections of society.</p> <p>AOF 19 – Conserve, manage and enhance public spaces for leisure and recreation and foster conservation by protecting key areas</p>					
Service Objective:	CE 5 - Continue to improve Parks, Sports Grounds, Open Spaces and Local Nature Reserves.					
Key Milestone(s) (13-14)	<ul style="list-style-type: none"> Runcorn Hill Park (Parks for People bid) – Deliver project (Subject to success of second round) - March 2014. Woodland Expansion - Additional 200m² of Woodland planted Borough wide - March 2014. Create a new cemetery in Widnes, March 2014. 					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> Woodland Expansion - Additional 200m² of Woodland planted Borough wide - March 2015. 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> Woodland Expansion - Additional 200m² of Woodland planted Borough wide - March 2016. 					
Risk Assessment	Initial	Medium	Responsible Officer	Divisional Manager Open Space Services	Linked Indicator(s)	CE LI 13, 18, 19, 20
	Residual	Low				

Corporate Priority	Environment and Regeneration in Halton					
Key Area Of Focus	AOF 20 – Improve environmental quality by tackling climate change, minimising waste generation and maximising reuse, recycling, composting and energy recovery.					
Service Objective:	CE6 Implementation of actions to ensure the Council achieves its targets and objectives relating to waste and climate change.					
Key Milestone(s) (13-14)	<ul style="list-style-type: none"> Implement new operational arrangements as determined by the outcome of the review of waste and recycling collection systems - September 2012. Continue to assess the waste and recycling operations and review relevant policies to ensure that all financial and service related targets are met. March 2014. Continue to review and assess the effectiveness of projects and initiatives to help improve energy and efficiency and reduce CO₂ emissions. March 2014. Develop and publish a Waste Communications Plan and implement actions arising from the Plan - March 2014. 					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> Continue to review and assess the effectiveness of projects and initiatives to help improve energy efficiency and reduce CO₂ emissions - March 2015. Develop and publish a Waste Communications Plan and implement actions arising from the Plan - March 2015. 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> Continue to review and assess the effectiveness of projects and initiatives to help improve energy efficiency and reduce CO₂ emissions - March 2016. Develop and publish a Waste Communications Plan and implement actions arising from the Plan - March 2016. 					
Risk Assessment	Initial	Medium	Responsible Officer	Divisional Manager Waste & Environmental Services	Linked Indicator(s)	CE LI 14, 15, 16
	Residual	Medium				

Corporate Priority	Environment and Regeneration in Halton					
Key Area Of Focus	AOF 20 – Improve environmental quality by tackling climate change, minimising waste generation and maximising reuse, recycling, composting and energy recovery.					
Service Objective:	CE7 - Undertake actions to maintain a clean, safe and attractive borough.					
Key Milestone(s) (13-14)	<ul style="list-style-type: none"> Continue to develop Action Plans and Protocols with External Agencies to effectively prevent and tackle a range of waste and environmental offences - March 2014. Continue to review and assess the effectiveness of the Council’s Environmental Enforcement Plans and Policies - March 2014. 					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> Continue to review, and implement, actions to meet the commitments of the Council’s Environmental Action Plans and Joint Protocols. March 2015. Continue to review and assess the effectiveness of the Councils Environmental Enforcement Plans and Policies. March 2015. 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> Continue to review, and implement, actions to meet the commitments of the Council’s Environmental Action Plans and Joint Protocols. March 2016. Continue to review and assess the effectiveness of the Councils Environmental Enforcement Plans and Policies. March 2016. 					
Risk Assessment	Initial	Medium	Responsible Officer	Divisional Manager Open Space Services	Linked Indicator(s)	N/A
	Residual	Medium				

Corporate Priority	Environment and Regeneration in Halton					
Key Area Of Focus	AOF 25 – Manage financial resources effectively whilst maintaining transparency, prudence and accountability to our stakeholders. Enhance our procurement arrangements to further reduce the cost of acquiring goods and services.					
Service Objective:	CE8 - Increase the Stadium turnover and improve efficiency to reduce the level of Council contribution.					
Key Milestone(s) (13-14)	<ul style="list-style-type: none"> Review and identify areas for improvement in line with the Business Plan and Marketing Plan. January 2014. 					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> Review and identify areas for improvement in line with the Business Plan and Marketing Plan. January 2015. 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> Review and identify areas for improvement in line with the Business Plan and Marketing Plan. January 2016. 					
Risk Assessment	Initial	High	Responsible Officer	Operations Manager (Stadium)	Linked Indicator(s)	CE LI 1, 3
	Residual	Low				

Cost & Efficiency

<u>CE LI 1</u>	No. of meals served versus hourly input of labour (Previously SH1).	9.90	9.90		10.00	10.00	10.00
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Fair Access

<u>CE LI 4</u>	Diversity – number of community groups accessing stadium facilities (Previously SH4).	24	12		15	15	15
<u>CE LI 5</u>	Number of catering staff achieving a formal qualification (previously SH5).	39	20		25	30	30

Service Delivery

<u>CE LI 6</u>	Number of active users of the library service during the last 12 months.	New Measure	22,500		23,000	23,500	24,000
<u>CE LI 6a</u>	Number of visits to libraries (annual total).	New Measure	559,000		600,000	601,000	602,000
<u>CE LI 7</u>	% of adult population (16+) participating in sport each week (Previously NI8).	24.5%	24.0%		24.0%	24.0%	24.0%

<u>CE LI 8</u>	% Take up of free school meals to those who are eligible - Primary Schools (Previously SH LI 8a).	77.71%	82%		85%	87%	
<u>CE LI 9</u>	% Take up of free school meals to those who are eligible - Secondary Schools (Previously SH8b).	72.81%	72.50%		75.00%	77.50%	
<u>CE LI 10</u>	Take up of school lunches (%) – primary schools (Previously NI52a).	50.34%	52%		55%	57%	57%
<u>CE LI 11</u>	Take up of school lunches (%) – secondary schools (Previously NI52b).	53.74%	53%		55%	57%	57%
<u>CE LI 12</u> <u>(Formerly CE LI 13)</u>	Greenstat-Survey, Satisfaction with the standard of maintenance of trees, flowers and flower beds. (Previously EAR LI8).	97.5%	78%		82%	82%	82%
<u>CE LI 13</u> <u>(Formerly CE LI 14)</u>	Residual household waste per household (Previously NI191).	636 Kgs	700 Kgs		700 Kgs	700 Kgs	700 Kgs
<u>CE LI 14</u> <u>(Formerly CE LI 15)</u>	Household waste recycled and composted (Previously NI192).	39.90%	40%		40%	40%	40%
<u>CE LI 15</u> <u>(Formerly CE LI 16)</u>	Municipal waste land filled (Previously NI193).	57.50%	61%		60%	60%	60%

Quality

<u>CE LI 16</u> (Formerly <u>CE LI 17)</u>	% Overall satisfaction of Library Users (Previously CS1) (3-yearly 2012).	N/A	96% (Adults)		Maintain Position in the Top quartile in the North West Region		
<u>CE LI 17</u> (Formerly <u>CE LI 18)</u>	Satisfaction with the standard of cleanliness and maintenance of parks and green spaces. (Previously EAR LI2).	95.9%	92%		92%	92%	92%
<u>CE LI 18</u> (Formerly <u>CE LI 19)</u>	Number of Green Flag Awards for Halton (Previously EAR LI3).	12	12		12	12	12
<u>CE LI 19</u> (Formerly <u>CE LI 20)</u>	Improved Local Biodiversity – Active Management of Local Sites (NI 197).	52.3%	53%		54%	55%	56%
<u>CE LI 20</u> (Formerly <u>CE LI 21)</u>	Food cost per primary school meal (pence) (Previously SH6a).	65p	75p		76p	77p	78p
<u>CE LI 21</u> (Formerly <u>CE LI 22)</u>	Food cost per secondary school meal (pence) (Previously SH6b).	85p	94p		94p	95p	96p

Commissioning & Complex Care Services

Service Objectives/Milestones/Performance Indicators:

2013 – 2016

DRAFT

Departmental Service Objectives

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

Service Objective:	Responsible Officer
<p>CCC 1 – Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs</p>	
<p>Key Milestone(s) (13/14)</p> <ul style="list-style-type: none"> ▪ Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2014. (AOF 4) KEY 	<p><i>Operational Director (Commissioning & Complex Care)</i></p>
<ul style="list-style-type: none"> ▪ Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2014. (AOF 4) KEY 	<p>Operational Director (Commissioning & Complex Care)</p>

	<ul style="list-style-type: none"> Continue to implement 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. Mar 2014 (AOF 4) KEY 	Operational Director (Commissioning & Complex Care)
	<ul style="list-style-type: none"> Fully embed a behaviour solutions approach to develop quality services for adults who challenge services - models of good practice to continue to be developed. Mar 2014. (AOF 4) 	Operational Director (Commissioning & Complex Care)
	<ul style="list-style-type: none"> Fully embed a Housing related Support 'Gateway' or Single Point of Access Service to ensure effective service delivery. Mar 2014. (AOF 4) 	Divisional Manager (Commissioning)
	<ul style="list-style-type: none"> Develop a new housing strategy, in accordance with Part 7 of the Local Government Act 2003, to continue meeting the housing needs of Halton. Mar 2014. (AOF 4, AOF 18) KEY (NEW) 	Operational Director (Commissioning & Complex Care)
	<ul style="list-style-type: none"> Develop a Homelessness strategy for 3-year period 2013-2016 in line with Homelessness Act 2002. March 2014. (AOF 4, AOF 18) KEY (NEW) 	Divisional Manager (Commissioning)
	<ul style="list-style-type: none"> Continue to reconfigure homelessness services provided in Halton in line with the recommendations of the Homelessness Scrutiny Review. Mar 2014. (AOF 4, AOF, 18) 	Divisional Manager (Commissioning)
	<ul style="list-style-type: none"> Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents. Mar 2014 (AOF11) KEY 	Operational Director (Commissioning & Complex Care)
	<ul style="list-style-type: none"> Ensure specialist support services for victims of a serious sexual offence continue to be fit for purpose. Mar 2014. (AOF11) 	Operational Director (Commissioning & Complex Care)

Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all CCC 1 milestones in line with three year planning cycle. Mar 2015. 			Operational Director (Commissioning & Complex Care)
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all CCC 1 milestones in line with three year planning cycle. Mar 2016. 			Operational Director (Commissioning & Complex Care)
Risk Assessment	Initial	Medium	Linked Indicators	To be confirmed CCC1, CCC2, CCC3, CCC4, CCC5, CCC6, CCC7, CCC8, CCC9, CCC10, CCC11, CCC12, CCC13, CCC14, CCC21, CCC22, CCC23, CCC24, CCC25, CCC26, CCC27, CCC28, CCC29, CCC30, CCC31, CCC32, CCC33
	Residual	Low		

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

Service Objective:		Responsible Officer
	CCC 2 - Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required	
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2014 (AOF 21) KEY 	Operational Director (Commissioning & Complex Care)
	<ul style="list-style-type: none"> Continue to negotiate with housing providers and partners in relation to the provision of further extra care housing tenancies, to ensure requirements are met (including the submission of appropriate funding bids). Mar 2014 (AOF18 & 21) 	Divisional Manager (Commissioning)
	<ul style="list-style-type: none"> Update the JSNA summary of findings, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. Mar 2014 (AOF 21 & AOF 22) KEY 	Divisional Manager (Commissioning)

Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all CCC 2 milestones in line with three year planning cycle. Mar 2015. 			Operational Director (Commissioning & Complex Care)
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all CCC 2 milestones in line with three year planning cycle. Mar 2016. 			Operational Director (Commissioning & Complex Care)
Risk Assessment	Initial	Medium	Linked Indicators	CCC15, CCC16, CCC17, CCC18, CCC19, CCC20
	Residual	Low		

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

Service Objective:		Responsible Officer
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Develop a newly agreed pooled budget with NHS partners for complex care services for adults (community care, continuing health care, mental health services, intermediate care and joint equipment services). Apr 2013. (AOF 21 & 25) KEY (NEW) Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Groups, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. Mar 2014. (AOF 21 & 25) 	Operational Director (Commissioning & Complex Care)
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all CCC 3 milestones in line with three-year planning cycle. Mar 2015. 	Operational Director (Commissioning & Complex Care)
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all CCC 3 milestones in line with three-year planning cycle. Mar 2016. 	Operational Director (Commissioning & Complex Care)

Risk Assessment	Initial	Medium	Linked Indicators	CCC1
	Residual	Low		

Departmental Performance Indicators

Ref ¹	Description	Halton 11/12 Actual	Halton 12/13 Target	Halton 12/13 Actual	Halton Targets		
					13/14	14/15	15/16

Cost & Efficiency

CCC 1	Percentage of Communities staff working days/shifts lost to sickness absence during the financial year (Previously CCC15 [12/13], PCS 14).	4.99%	5%		5%	5%	5%
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Service Delivery

CCC 2	Adults with physical disabilities helped to live at home per 1,000 population (Previously CCC4 [12/13], CSS 6)	8.05	8.0		8.0	8.0	8.0
CCC 3	Adults with learning disabilities helped to live at home per 1,000 population (Previously CCC5 [12/13], CSS 7)	4.13	4.3		4.3	4.3	4.3
<u>CCC 4</u>	Adults with mental health problems helped to live at home per 1,000 population (Previously CCC6 [12/13], CSS 8, previously AWA LI13)	3.97	3.97		3.97	3.97	3.97
<u>CCC 5</u>	Total number of clients with dementia receiving services during the year provided or commissioned by the Council as a percentage of the total number of clients receiving services during the year, by age group. (Previously CCC7 [12/13], CCC8)	5%	5%		7.5%	8%	8.5%

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

Ref ²	Description	Halton 11/12 Actual	Halton 12/13 Target	Halton 12/13 Actual	Halton Targets		
					13/14	14/15	15/16

Service Delivery

<u>CCC 6</u>	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years (Previously CCC8 [12/13], CCC9, PCS 12)	0	1.2		1.2	1	1
<u>CCC 7</u>	Number of households living in Temporary Accommodation (Previously CCC9 [12/13], CCC10, NI 156)	6	6		10.5	10	9
<u>CCC 8</u>	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough) (Previously CCC10 [12/13], CCC11, PCS 11)	4.71	4.4		5	5.8	6.6
<u>CCC 9</u>	Carers receiving Assessment or Review and a specific Carer's Service, or advice and information (Previously CCC8 [12/13], CCC14, NI 135)	21.64%	25%		25%	25%	25%
CCC 10	Proportion of Adults in contact with secondary mental health services living independently, with or without support (ASCOF 1H, Previously CCC12 [12/13], CCC 41)	89.8%	93%		93%	93%	93%

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

Ref ³	Description	Halton 11/12 Actual	Halton 12/13 Target	Halton 12/13 Actual	Halton Targets		
					13/14	14/15	15/16

Fair Access

CCC 11	Number of learning disabled people helped into voluntary work in the year <i>(Previously CCC13 [12/13], CCC 19, CSS 2)</i>	89	100		105	110	115
CCC 12	Number of physically disabled people helped into voluntary work in the year <i>(Previously CCC14 [12/13], CCC 20, CSS 3)</i>	10	10		12	14	16
CCC 13	Number of adults with mental health problems helped into voluntary work in the year <i>(Previously CCC16 [12/13], CCC 21, CSS 4)</i>	8	25		28	30	32
CCC 14	Proportion of Adults in contact with secondary mental health services in paid employment <i>(ASCOF 1F, Previously CCC17 [12/13], CCC 40)</i>	13.6%	13%		14%	15%	16%

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

Ref ⁴	Description	Halton 11/12 Actual	Halton 12/13 Target	Halton 12/13 Actual	Halton Targets		
					13/14	14/15	15/16

Quality

CCC 15	Social Care-related Quality of life (ASCOF 1A, Previously CCC18 [12/13], CCC 38) ** refers to NI 127 (definition may differ from ASCOF 1A)	19.7	TBC		Baseline to be established in 2011/12 and targets TBC
CCC 16	The Proportion of people who use services who have control over their daily life (ASCOF 1B, Previously CCC19 [12/13], CCC 39)	80.6	80		Baseline to be established in 2011/12
CCC 17	Carer reported Quality of Life (ASCOF 1D, Previously CCC20 [12/13])	New measure			Baseline Year 2012/13
CCC 18	Overall satisfaction of carers with social services (ASCOF 3B, Previously CCC21 [12/13])	New measure			Baseline Year 2012/13
CCC 19	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C, Previously CCC19 [12/13])	New measure			Baseline Year 2012/13
CCC 20	Overall satisfaction of people who use services with their care and support (ASCOF 3A, Previously CCC23 [12/13])	69.2	65%		Baseline to be established in 2011/12

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

Ref ⁵	Description	Halton 11/12 Actual	Halton 12/13 Target	Halton 12/13 Actual	Halton Targets		
					13/14	14/15	15/16
Area Partner Indicators (Included in the Sustainable Community Strategy)							
CCC 21 <u>SCS / SH1</u>	Reduce the Actual Number of ASB incidents recorded by Cheshire Police broken down into youth and adult incidents (<u>Previously CCC25 [12/13], NI 17</u>)	7434	8065		To maintain and reduce ASB		
CCC 22 <u>SCS / SH2</u>	Reduce the number of Arson incidents (previously NI 33) <u>Arson Incidents (previously CCC26 [12/13], NI 33 – total deliberate fires per 10,000 pop)</u>	558	484		To continue to reduce in line with trend		
CCC 23 <u>SH3</u>	Increase Residents Overall Satisfaction with the local area by reducing antisocial behaviour (<u>Previously CCC27 [12/13], NI 17</u>)	17%	n/a		Reduce to NW average Survey done every 2 years- next 2013/14		
CCC 24 <u>SCS / SH6</u>	Reduce repeat incidents of domestic abuse within the MARAC Cohort (<u>Previously CCC28 [12/13], PA18 [12/13], NI32</u>)	27.6%	27%		Under discussion		
CCC 25 <u>SCS / SH7a & HH12</u>	Increase the % successful completions (Drugs) as a proportion of all in treatment 18+ (New Measure) (<u>Previously CCC29 [12/13]</u>)	13%	14.5%		Above NW Average		
CCC 26 <u>SCS / SH8a</u>	Reduce the number of individuals re-presenting within 6 months of discharge (Drugs) (<u>Previously CCC31 [12/13]</u>)	11%	13.1%		Target to be established with partners		
CCC 27 <u>SCS SH7b & HH11b</u>	Increase the % successful completions (alcohol) as a proportion of all in treatment 18+ (<u>Previously CCC33 [12/13]</u>)	New Measure			Target to be set once baseline established		

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

Ref	Description	Halton 11/12 Actual	Halton 12/13 Target	Halton 12/13 Actual	Halton Targets		
					13/14	14/15	15/16
Area Partner Indicators (Included in the Sustainable Community Strategy)							
CCC 28 SCS SH8	Reduce the number of individuals re-presenting within 6 months of discharge (alcohol) (Previously CCC34 [12/13])	New Measure			Target to be set once baseline established		
CCC 29 SCS / SH11	Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM Scheme – NEW). (Formerly NI 30) (Previously CCC35 [12/13])	PPO: 77.13% reduction RO: 36.73% reduction Shift in offence type	To maintain & reduce offending rates for PPO: 40% reduction and RO's: 4% reduction		To maintain and reduce offending rates for PPO and RO's		
CCC 30 SCS / SH13	Reduce the use of custody (Ministry of Justice proposal) (Previously CCC36 [12/13])	10	10		Target to be established with partners		
CCC 31 SCS / SH14	Reduce the proportion of individuals within the navigate cohort whose offending is substance misuse related (Previously CCC37 [12/13])	New measure			Target to be established with partners		
CCC 32 SCS / SH16	Reduce Serious acquisitive crime rate (per 1000 population) (Previously NI 16) from: <ul style="list-style-type: none"> • Domestic Burglary • Theft of motor vehicle • Theft from motor vehicle • Robbery (personal and business) (Previously CCC38 [12/13])	1548 (rate 13.10 per 1,000)	1652 (rate 14.00 per 1000)		To maintain and reduce the number of incidents from the 2010/11 baseline		
CCC 33 SCS / SH17	Assault with injury crime rate (per 1000 population) (Previously NI 20). (Previously CCC39 [12/13])	804	1074		To maintain and reduce the number of incidents related to this from the 2010/11 baseline		

Prevention & Assessment Services

Service Objectives/Milestones/Performance Indicators:

2013 – 2016

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Departmental Service Objectives

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

Service Objective: PA 1	Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people	Responsible Officer
	<ul style="list-style-type: none"> ▪ Engage with new partners e.g. CCG, Health LINKs, through the Health and Wellbeing Partnership to ensure key priorities, objectives and targets are shared, implementing early intervention and prevention services. Mar 2014. (AOF1, 3 & 21) KEY (NEW) 	Operational Director (Prevention & Assessment)
	<ul style="list-style-type: none"> ▪ Review the integration and operation of Community Multidisciplinary Teams. Mar 2014. (AOF 2, 4, & 21). (NEW) KEY 	Divisional Manager (Urgent Care)
	<ul style="list-style-type: none"> ▪ Develop working practice in Care Management teams as advised by the Integrated Safeguarding Unit. Mar 2014 (AOF 10) (NEW) KEY 	<i>Operational Director (Prevention & Assessment)</i>

	<ul style="list-style-type: none"> Embed and review practice in care management teams following the reconfiguration of services in 2012/13 to ensure the objectives of the review have been achieved. Mar 2014 (AOF 2, 4). (NEW) KEY 	<i>Divisional Manager (Care Management)</i>		
	<ul style="list-style-type: none"> Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets. Mar 2014 (AOF 2, AOF 3 & AOF 4) KEY 	Divisional Manager (Care Management)		
	<ul style="list-style-type: none"> To review and monitor Halton's Local Affordable Warmth Strategy in light of a new national target to reduce fuel poverty and the introduction of the Green Deal and Energy Company Obligation. Mar 2014 (AOF 2) 	<i>Principal Environmental Health Officer</i>		
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all PA 1 milestones in line with three year planning cycle. Mar 2015. 	Operational Director (Prevention & Assessment)		
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all PA 1 milestones in line with three year planning cycle. Mar 2016. 	Operational Director (Prevention & Assessment)		
Risk Assessment	Initial	High	Linked Indicators	PA1, PA2, PA3, PA4, PA5, PA6, PA7, PA8, PA9, PA10, PA11, PA12, PA13, PA14, PA15, PA16, PA17, PA22, PA23, PA24, PA25
	Residual	Medium		

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	AOF 2 Providing services and facilities to maintain and promote good public health and well-being. AOF 20 Improve environmental quality by tackling climate change, minimising waste generation and maximising reuse, recycling, composting and energy recovery.

Service Objective: PA 2	To address air quality in areas in Halton where on-going assessments have exceeded national air quality standards set out under the Environment Act 1995, in consultation with all relevant stakeholders		Responsible Officer	
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Continue to review and assess air quality within the Air Quality Management Areas to assess effectiveness of the action plan. Identify any other Areas within the Borough where national air quality objectives are likely to be exceeded. Mar 2015 (AOF 2, 20) KEY <i>Other measures to be developed in conjunction with Environmental Health</i>		Divisional Manager, Regulatory Services	
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Statutory obligation to review Air Quality Action Plan annually Mar 2015. (AOF 2, 20) <i>Other measures to be developed in conjunction with Environmental Health</i>		Divisional Manager, Regulatory Services	
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Statutory obligation to review Air Quality Action Plan annually Mar 2016. (AOF 2, 20) <i>Other measures to be developed in conjunction with Environmental Health</i>		Principal Environmental Health Officer	
Risk Assessment	Initial	Low	Linked Indicators	PA 18
	Residual	Low		

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

Service Objective: PA 3	To safeguard and protect local consumers and businesses by enforcing consumer-related legislation and working in partnership with key stakeholders and local agencies			Responsible Officer
Key Milestone(s) (13/14)	<i>To be developed</i> <i>Credit unions, protection from loan sharks, advice re: payday loans – Comments from Elected Members at Safer Pre-agenda</i>			<i>Divisional Manager, Regulatory Services</i>
Key Milestone(s) (14/15)	<i>To be developed</i>			<i>Divisional Manager, Regulatory Services</i>
Key Milestone(s) (15/16)	<i>To be developed</i>			<i>Divisional Manager, Regulatory Services</i>
Risk Assessment	Initial	Medium	Linked Indicators	PA19, PA20, PA21
	Residual	Low		

Departmental Performance Indicators

Ref ⁶	Description	Halton 11/12 Actual	Halton 12/13 Target	Halton 12/13 Actual	Halton Targets		
					13/14	14/15	15/16

Cost and Efficiency

PA 1 (AQuA 8) ⁷	Proportion of local authority ASC spend on aged 65+ on res/nursing care	TBC	New Measure		Targets under Discussion		
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Service Delivery

<u>PA 2</u>	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously PA1 [12/13], EN 1)	91.67	99		99	99	99
<u>PA 3</u>	Percentage of VAA Assessments completed within 28 days (Previously PCS15) (Previously PA5 [12/13], PA8 [11/12])	90.8%	82%		82%	82%	82%
PA 4	Percentage of VAA initial assessments commencing within 48 hours of referral (Previously PA6 [12/13], PCS16, PA 9 [11/12])	84.8%	64%		65%	65%	65%
PA 5	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G, previously PA7 [12/13], PA 37 [11/12])	78.9	79		TBC	TBC	TBC

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

⁷ North West benchmarking data (AQuA) reported on a rolling year basis – 11/12 actual based on data for period Apr 2010-Mar 2011

Ref ⁸	Description	Halton 11/12 Actual	Halton 12/13 Target	Halton 12/13 Actual	Halton Targets		
					13/14	14/15	15/16

Service Delivery

PA 6	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (Previously PA8 [12/13])	46%	48%		TBC	TBC	TBC
<u>PA 7</u>	% of items of equipment and adaptations delivered within 7 working days (Previously PA11 [12/13], PA14 [11/12], CCS 5)	97.04	97		97%	97%	97%
PA 8	Clients receiving a review as a percentage of adult clients receiving a service (Previously PA12 [12/13], PCS 6)	80.77	80		TBC	TBC	TBC
PA 9	Percentage of people receiving a statement of their needs and how they will be met (Previously PA 13 [12/13], PA 15, PCS 5, PAF D39)	99.47	99		99	99	99
PA 10	Proportion of People using Social Care who receive self-directed support and those receiving Direct Payments (ASCOF 1C, Previously PA 14 [12/13], NI 130, PA 29)	48.31	55		TBC	TBC	TBC
PA 11	Permanent Admissions to residential and nursing care homes per 100,000 population (ASCOF 2A, Previously PA15 [12/13], PA 31)	147.89	130		132	132	132
PA 12	Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population (ASCOF 2C, Previously PA16 [12/13])	1.86 (March 2012	3.0 PCT target		TBC	TBC	TBC

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

**** Targets amended for 2012/13 onwards**

Ref ⁹	Description	Halton 11/12 Actual	Halton 12/13 Target	Halton 12/13 Actual	Halton Targets		
					13/14	14/15	15/16

Service Delivery

PA 13 (SCS HH10)	Proportion of Older People Supported to live at Home through provision of a social care package as a % of Older People population for Halton (Previously PA17 [12/13])	15.7%	14.8%		15%	15.2%	15.4%
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Quality

PA 14	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) (Previously PA20 [12/13], NI 125, PA 32)	74.07	70%		70%	70%	TBC
PA 15	The Proportion of people who use services and carers who find it easy to find information about support – Adult Social Care Survey (ASCOF 3D) (Previously PA21 [12/13], PA 34)	85.6%	65%		TBC	TBC	TBC
PA 16	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A, Previously PA22 [12/13], PA 35)	66.2%	54%		TBC	TBC	TBC
PA 17	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B, Previously PA23 [12/13], PA 36)	79.1%	79.1%		TBC	TBC	TBC
PA 18	a) % of scheduled Local Air Pollution Control audits carried out b) % of Local Air Pollution Control Audits being broadly compliant. (Previously PA25 [12/13])	81%	93%		94%	95%	96%
		85%	78%		79%	79%	79%

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

**** Targets amended for 2012/13 onwards**

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

Quality

PA 19	Food Establishments in the Area which are broadly compliant with Food Hygiene Law (Previously PA26 [12/13], PA 19, NI 184)	90%	78%		79% TBC	80% TBC	80% TBC
PA 20	Number of unrated premises (and premises not currently high risk) subject to targeted interventions and risk rated under new statutory risk rating system (Previously PA27 [12/13], PA 20)	268	200		200	200	200
PA 21	Placeholder: Overarching Trading Standards Measure (TBC) (Previously PA28 [12/13])	New Measure	TBC		Target and Measure under discussion with Warrington BC		
PA 22	Proportion of Adults with Learning Disabilities in paid employment (ASCOF 1E) (Previously PA30 [12/13], NI 146)	8.12%	7.5%		7.5%	7.5%	7.5%
PA 23 (AQuA 2) ¹¹	Non-elective bed days aged 65+ per head of 1000 population 65+	3060			Target Under discussion through Health and Wellbeing Board		
PA 24 (AQuA 3)	Non-elective re-admissions rate within 28 days aged 65 and over	18.7%			Target Under discussion through Health and Wellbeing Board		
PA 25 (AQuA 4)	Non-elective re-admissions rate within 90 days aged 65 and over	29.6%			Target Under discussion through Health and Wellbeing Board		

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

¹¹ North West benchmarking data (AQuA) reported on a rolling year basis – 11/12 actual based on data for period Apr 2011-Mar 2012

Public Health

Key Priorities/Milestones/Performance Indicators:

2013 – 2016

DRAFT

Departmental Service Objectives

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 3 Working with service users to provide services focussed on around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions.</p> <p>AOF 21 Engaging with partners and the community, to ensure that our priorities, objectives, and targets are shared, evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and help narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p>

Service Objective:	PH 1 – Prevention and early detection of cancer	Responsible Officer
Key Milestone(s) (13/14)	<p>Working with partner organisations to improve early detection of the signs and symptoms of cancer</p> <ul style="list-style-type: none"> ▪ Work with the public and service providers to raise awareness of the early signs and symptoms of bowel, breast and lung cancer so we can identify it an early stage in the population. Mar 2014 KEY (NEW) ▪ Increase smoking quitter rates amongst 16+ age range by working with local Hospital Trusts and the local 'Stop Smoking Service'. Mar 2014 KEY (NEW) ▪ Reduce obesity rates in the local population, thereby reducing the incidence of bowel cancer through promoting healthy eating and screening programmes for adults and children via a range of services. Mar 2014 KEY (NEW) ▪ Meet the target for the take up of HPV vaccination in girls 11-13, to reduce cervical cancer rates by working proactively with the School Nursing Service and GPs. Mar 2014 KEY (NEW) 	
		Director, Public Health
		Lead, Bridgewater Community Health Care
		Director, Public Health
		Director, Public Health

	<ul style="list-style-type: none"> Work proactively with GPs, all service providers, Alcohol Liaison Nurses, teachers in schools to reduce the number of people drinking to harmful levels and alcohol related hospital admissions given the rise in pancreatic and liver cancer rates. Mar 2014. KEY (NEW) 	Director, Public Health		
	<ul style="list-style-type: none"> Implement and monitor the new Cancer Action plan to decrease morbidity and mortality from cancer locally March 2014 (NEW) 	Director, Public Health		
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all PH 1 milestones in line with three year planning cycle. Mar 2015. 	Director, Public Health		
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all PH 1 milestones in line with three year planning cycle. Mar 2016. 	Director, Public Health		
Risk Assessment	Initial		Linked Indicators	PH1, PH2,PH5, PH6, PH7, PH8, PH9
	Residual			

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 1 Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.</p> <p>AOF 12 To deliver effective services to children and families by making best use of available resources.</p> <p>AOF 21 Engaging with partners and the community, to ensure that our priorities, objectives, and targets are shared, evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and help narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p>

Service Objective:	PH2 – Improved Child Development		Responsible Officer
	Working with partner organisations to improve the development, health, and wellbeing of children in Halton and to tackle the health equalities affecting that population		
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Facilitate the <i>Early Life Stages</i> development which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years. Mar 2014 KEY (NEW) 		Director, Public Health
	<ul style="list-style-type: none"> Facilitate the Halton Breastfeeding programme so that all mothers have access to breastfeeding-friendly premises and breastfeeding support from midwives and care support workers. Mar 2014 KEY (NEW) 		Director, Public Health
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all PH 2 milestones in line with three year planning cycle. Mar 2015 		Director, Public Health
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all PH 2 milestones in line with three year planning cycle. Mar 2016 		Director, Public Health
Risk Assessment	Initial		Linked Indicators PH3, PH4, PH10
	Residual		

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 1 Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.</p> <p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 21 Engaging with partners and the community, to ensure that our priorities, objectives, and targets are shared, evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and help narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p>

Service Objective:	PH 3 – Reduction in the number of falls in Adults	Responsible Officer	
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Working with all service providers, implement the action plan to reduce falls at home in line with the Royal Society for the Prevention of Accidents (ROSPA) guidance as outlined in the new Falls Strategy. Mar 2014 KEY (NEW) 	Director, Public Health	
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all PH 3 milestones in line with three year planning cycle. Mar 2015 	Director, Public Health	
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all PH 3 milestones in line with three year planning cycle. Mar 2016 	Director, Public Health	
Risk Assessment	Initial	Linked Indicators	PH11
	Residual		

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 1 Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.</p> <p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 3 Working With service users to provide services focussed around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions.</p> <p>AOF 12 Supporting individuals and families to address the problems caused by drug and alcohol misuse, enabling them to become active citizens who can play a full and meaningful part in the community.</p> <p>AOF 21 Engaging with partners and the community, to ensure that our priorities, objectives, and targets are shared, evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and help narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p>

Service Priority:	PH 4 – Reduction in the harm from alcohol		Responsible Officer
	Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse		
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Implement the alcohol harm reduction plan working with a range of providers including schools, focusing on preventive interventions and behaviour change to target the following vulnerable groups – pregnant women, women with babies and young people under 16 years. Mar 2014. KEY (NEW) 		Director, Public Health
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all PH 4 milestones in line with three year planning cycle. Mar 2015. 		Director, Public Health
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all PH 4 milestones in line with three year planning cycle. Mar 2016. 		Director, Public Health
Risk Assessment	Initial		Linked Indicators PH12, PH13
	Residual		

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 1 Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.</p> <p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 4 Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex needs within our community.</p> <p>AOF 21 Engaging with partners and the community, to ensure that our priorities, objectives, and targets are shared, evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and help narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p>

Service Priority:	PH 5 – Prevention and early detection of mental health conditions	Responsible Officer		
	Working with schools, GP practices, and Children’s Centres to improve the mental health and wellbeing of Halton residents			
Key Milestone(s) (13/14)	<ul style="list-style-type: none"> Implement the Mental Health and Wellbeing Programme in all schools and provide training for GP Practices and parenting behaviour training in the Children’s Centres. Mar 2014. KEY (NEW) 	Director, Public Health		
	<ul style="list-style-type: none"> Implement the Mental Health and Wellbeing Action Plan to improve the physical wellbeing of people with mental ill health. Mar 2014. KEY (NEW) 	Director, Public Health		
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Monitor and review all PH 5 milestones in line with three year planning cycle. Mar 2015. 	Director, Public Health		
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all PH 5 milestones in line with three year planning cycle. Mar 2016. 	Director, Public Health		
Risk Assessment	Initial		Linked Indicators	PH14, PH15
	Residual			

Departmental Performance Indicators

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

Quality

<u>PH 1</u>	Obesity Rates in Primary School Age Children <ul style="list-style-type: none"> • In Reception (Age 4-5) (Previously NI 55) • In Year 6 (Age 10-11) (Previously NI 56) <p style="text-align: center;">•</p> <p>* Data available and reported one year in arrears – 11/12 actuals now confirmed with the Department of Health</p>	12.0% 23.7% (Sept 10- Aug 2011)	11.0% 21.5% (Sept 11- August 2012)	*9.6% *19.4% (Sept 11- August 2012)	Maintain in line with the North West Average (9.7% formally NI 55 10/11) 13/14 (Sept 12- August 2013) 14/15 (Sept 13- August 2014) 15/16 (Sept 14 – August 2015)		
<u>PH 2</u>	Cancer Screening Rates (from Public Health) <ul style="list-style-type: none"> • Breast (coverage 53-70 years) (2010/11 PCT value) • Bowel (uptake 60-69 years) (2011 Halton CCG) • Cervical (coverage 25-64 years) (2011/12 PCT value) 	76.0% 47.2% 78.1%			TBC	TBC	TBC
<u>PH 3</u>	MMR Immunisation Rates for Children (by age 2)	90%	95%		95%	95%	95%
<u>PH 4</u>	Infant Mortality Rates (3 year rolling average)	4.70	New measure		TBC	TBC	TBC

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

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

Outcomes

PH 5 (SCS HH5a)	All age, all-cause mortality rate per 100,000 Males (Previously NI 120a) 2011	785.1	850.2		841.7	833.3	824.9
PH 6 (SCS HH5b)	All age, all-cause mortality rate per 100,000 Females (Previously NI 120b) 2011	581	620.8		614.6	608.5	602.4
PH 7 (SCS HH6)	Mortality rate from all circulatory diseases at ages under 75 (Previously NI 121) 2011	78.7	89		87.2	85.5	83.8
PH 8 (SCS HH7)	Mortality from all cancers at ages under 75 (Previously NI 122) 2011	133.4	140		135	130	125
<u>PH 9</u> (SCS HH8)	16+ current smoking rate prevalence – rate of quitters per 100,000 population (Previously NI 123)	1157.74	1228.5		1263.62	1268.2	1273.3
<u>PH 10</u> (SCS HH2)	Prevalence of Breastfeeding at 6-8 weeks (previously NI 53)	18.9%	22%		24%	26%	28%
<u>PH 11</u> New SCS Measure Health 2013-16	Falls and injuries in the over 65s (Public Health Outcomes Framework)	3127	New measure		Targets to be determined		
<u>PH 12</u> (SCS HH1)	Alcohol related hospital admissions, AAF > 0, rate per 100,000 population (previously NI 39)	3026.5	3027		3142	3261	3385
<u>PH 13</u> (SCS HH1)	Admissions which are wholly attributable to alcohol AAF = 1, rate per 100,000 population	1058.0	1020.7		1039	1057.8	1076.8

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

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

Outcomes

<u>PH 14</u>	Hospital Admissions for mental health conditions, rate per 100,000 population	544.0			Targets to be determined		
<u>PH 15</u> New SCS measure Health 2013-16	Excess under 75 mortality rate in people with serious mental illness (NHSOF and PHOF)	n/a	New measure		Targets to be determined		

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

NATIONAL POLICY GUIDANCE/DRIVERS

Local Government	
<i>Comprehensive Spending Review</i>	With the continued Coalition Government's Comprehensive Spending Review, the Council has on-going budgetary pressures and each Directorate will need to ensure that they effectively contribute to the Authority's response to dealing with the current economic climate.
<i>Health & Social Care Act 2012</i>	It is the most extensive reorganisation of the structure of the National Health Service in England to date. It proposes to abolish NHS primary care trusts (PCTs) and Strategic Health Authorities (SHAs). Thereafter, £60 to £80 billion of "commissioning", or health care funds, would be transferred from the abolished PCTs to several hundred clinical commissioning groups, partly run by the general practitioners (GPs) in England. A new public body, Public Health England , is planned to be established on 1 April 2013.
<i>Caring for our Future White Paper 2012</i>	This is the most comprehensive overhaul since of the care and support system since, to make it clearer and fairer. The new system will focus on people's wellbeing, supporting them to live independently for as long as possible. Care and support will be centred on people's needs, giving them better care and more control over the care they receive. We will also provide better support for carers. The 'Caring for our future' White Paper sets out our vision for the reformed care and support system.
<i>Draft Care and Support Bill 2012</i>	The draft Care and Support Bill 2012 creates a single law for adult care and support, replacing more than a dozen different pieces of legislation. It provides the legal framework for putting into action some of the main principles of the White Paper, 'Caring for our future: reforming care and support', and also includes some health measures.
<i>Localism Act 2011</i>	The Localism Act takes power from central government and hands it back to local authorities and communities - giving them the freedom and flexibility to achieve their own ambitions. The Localism Act includes five key measures that underpin the Government's approach to decentralisation: Community rights; Neighbourhood planning; Housing; General power of competence; and Empowering cities and other local areas.
<i>Care Quality Commission (CQC)</i>	The Care Quality Commission will regulate and improve the quality of health and social care and look after the interests of people detained under the Mental Health Act.
<i>National Autism Strategy</i>	Autism is a lifelong developmental disability and although some people can live relatively independently, others will have high dependency needs requiring a lifetime of specialist care. The strategy sets a clear framework for all mainstream services across the public sector to work together for adults with autism.
<i>National Healthy Eating Agenda</i>	The national healthy eating agenda and guidelines outline the need to have a school meal service that meets all national requirements around provision and healthy eating.
<i>Valuing People Now</i>	The Government is committed to improving the life chances of people with learning disabilities and the support provided to their

	families. Government policy is that people with learning disabilities should lead their lives like any other person, with the same opportunities and responsibilities, and be treated with the same dignity and respect. This means inclusion, particularly for those who are most often excluded, empowering those who receive services to make decisions and shape their own lives.
<i>Healthy Lives, Healthy People – update and way forward</i>	This policy statement reaffirms the Government's bold vision for a new public health system. It sets out the progress that has been made in developing the vision for public health, and a timeline for completing the operational design of this work through a series of Public Health System Reform updates (July 2011).
<i>Transforming Social Care</i>	Is the first formal guidance outlining actions that local authorities are required to undertake in order to implement the 'personalisation agenda'. The guidance states that 'in the future, all individuals eligible for publicly funded adult social care will have a personal budget, a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and wellbeing'.
<i>Putting People First</i>	A shared vision and commitment to the transformation of adult social care outlines the aims and values which will guide the development of a new, high quality care system which is fair, accessible and responsive to people's individual needs.
<i>Adult Social Care and Health Outcomes Framework</i>	Transparency in Outcomes: a framework for quality in adult social care and health is a set of outcome measures, which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care and health.
<i>Welfare Reform Act 2012</i>	The Act legislates for the biggest change to the welfare system for over 60 years. It introduces a wide range of reforms that will deliver the commitment made in the Coalition Agreement and the Queen's Speech to make the benefits and tax credits systems fairer and simpler by: creating the right incentives to get more people into work; protecting the most vulnerable in our society; delivering fairness to those claiming benefit and to the taxpayer.
<i>Fair Access to Care Services 2010</i>	Prioritising need in the context of Putting People First: A Whole System approach to eligibility of social care. The aim of this guidance is to assist councils with adult social services responsibilities (CASSRs) to determine eligibility for adult social care, in a way that is fair, transparent and consistent, accounting for the needs of their local community as a whole as well as individuals' need for support.
<i>DfT Blue Badge Scheme LA Guidance 2012</i>	This guidance provides local authorities with good practice advice on administering and enforcing the Blue Badge scheme. It replaces the previous guidance issued in 2008. This guidance was informed by an extensive independent programme of work undertaken on behalf of the DfT by Integrated Transport Planning Ltd (ITP) and the TAS Partnership Ltd (TAS). The final report of this work, referred to in the guidance as the 'independent review' has now been published.
<i>Sport England Strategy 2012</i>	The 2012-17 Youth and Community Strategy for Sport England was launched in January 2012. It describes how they will invest over £1billion of National Lottery and Exchequer funding over five years into four main areas of work: National Governing Body Funding; Facilities; Local Investment; and The School Games.
<i>National Governing Bodies (Sport)</i>	National Governing Bodies of sport provide a major role in getting people to start, stay and succeed in sport. Sport England remains

	committed to providing support and guidance to governing bodies to ensure the development of individual sports. A number of National Governing Bodies have produced facility development strategies.
<i>Department for Communities & Local Government – National Planning Policy Framework March 2012</i>	The most relevant for sports purposes is Planning for Open Space, Sport and Recreation, which requires the Council to demonstrate that it has sufficient open space, including sports facilities, by undertaking an Open Space Audit.
<i>Government Review of Waste Policy in England 2011</i>	The findings of the Government's Review of Waste Policy, published in June 2011, will continue to influence the delivery of the Council's waste management services.

REPORT TO: Health Policy & Performance Board

DATE: 8 January 2013

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health and Adults

SUBJECT: NHS 111 – Cheshire and Merseyside

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update members of the Board regarding the national initiative, NHS 111 and its local implementation.

2.0 **RECOMMENDATION**

RECOMMENDED: That the Board Note the contents of the report and progress made to date on local implementation.

3.0 **SUPPORTING INFORMATION**

Background to the Development of NHS 111

3.1 Research has made clear for some time that the public find it difficult to access NHS services when they develop unplanned/unexpected healthcare needs. Changes in the way services are delivered, in particular the introduction of new services like NHS walk in centres, have added to the complexity of the urgent care system. NHS reviews have also found that patients want better information and more help to understand how to access the best care; especially urgent care.

3.2 The Department of Health began work in 2008 to look at introducing a single number to access NHS urgent healthcare services. This work includes research with the public that found there was overwhelming support for such a service, in particular with a 999 style memorable number.

3.3 The Government stated its commitment to the National rollout of the new NHS 111 service as part of an integrated 24/7 system. The Government's longstanding view is to *'develop a coherent 24/7 urgent care service in every area of England that makes sense to patients when they have to make choices about their healthcare'*.

How the System will work:

3.4 The service will be accessed via a memorable number 111, it will be free to landlines and mobiles; 24 hours a day, 365 days a year to respond to people's health care needs when:

- They need medical help fast, but it's not a 999 emergency;
- They don't know who to call for medical help or do not have a GP;
- They think they need to attend Accident and Emergency or another urgent NHS service; or
- They require health information or reassurance.

3.5 Callers to NHS 111 will be put through to a team of highly trained call advisors, who are supported by nurses and paramedics. They will use a clinical assessment system and ask questions to assess the caller's needs and determine the most appropriate course of action, including:

- Callers facing an emergency will have an ambulance dispatched to them without delay;
- Callers who can care for themselves will have information, advice and reassurance provided;
- Callers requiring further care are signposted to the most appropriate service; and
- Callers providing details of services outside the NHS will be provided with details of an alternative service.

Eventually the service will be professional facing which will assist agencies in identifying services within their local area.

3.6 Each Clinical Commissioning Group (CCG) is responsible for ensuring that all relevant services are uploaded onto the Directory of Services (electronic database) and internally verified by the service provider and clinicians.

3.7 NHS Direct were awarded the NHS 111 contract in October 2012.

Key deadlines included/include:

- Local Services uploaded onto the Directory of Services - end of November 2012;
- Pilot run from end of November 12 to 20th March 2013;
- Department of Health 'sign off' project between 11th and 12th February 2013;
- NHS 111 'Go live date' - 21st March 2013; and
- Local marketing campaign to be devised during January – March 2013, with a national marketing campaign being held in September 2013.

A comprehensive 'mobilisation' plan has been developed to ensure

the effective implementation of NHS 111 across Cheshire and Merseyside.

4.0 **POLICY IMPLICATIONS**

4.1 None identified at this stage.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Each CCG will be accountable for the contract, however the contract is primarily constructed around current PCT boundaries, therefore for Halton and St Helens the contract price is as follows :-

2013/14 - £480,349

2014/15 - £522,945

2015/16 - £544,243

In subsequent years the cost of the contractual arrangements does increase in order to provide a growth in trajectory in 111 calls.

The contractual arrangements between PCT/CCG and NHS 111 providers have penalties attached for missing agreed deadlines within the mobilisation plan; current penalty clauses are £10k per day.

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

6.1 **Children & Young People in Halton**

None identified.

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

None identified.

6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 A full risk assessment has been completed by NHS Merseyside. Currently NHS Merseyside are project managing the delivery of the Cheshire and Merseyside Mobilisation plan to ensure the effective implementation of NHS 111 locally.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified at this stage.

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

9.1 None under the meaning of the Act.

REPORT TO: Health Policy and Performance Board

DATE: 8 January 2013

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health & Adults; Children, Young People & Families

SUBJECT: Health and Wellbeing Service

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Board with an update on the work being progressed to enhance Health and Wellbeing Services across Halton.

2.0 RECOMMENDATION: That the Board Note the contents of the report.

3.0 KEY ISSUES

3.1 On 11th September 2012, the Board received a report outlining the partnership working arrangements and associated agreement which had been developed in response to the government's vision¹ for the need to develop a new, integrated and professional public health system, which would be designed to be more effective and to give clear accountability for the improvement and protection of the public's health.

3.2 The Partnership working arrangements involve the Local Authority, Halton Clinical Commissioning Group and Bridgewater Community NHS Trust and has provided an opportunity to review the current approach to the delivery of Health Improvement Services delivered by both health and local authority providers and align systems and services to:

- Deliver a community wide approach to health and well-being;
- Develop holistic solutions to improve health and well-being outcomes and address health inequalities (across health, social care and public health) within Halton; and
- Embrace the full range of local services e.g. health, housing, leisure, transport, employment, social care, education and children's services.

3.3 The Partnership Agreement set out a two phased approach to implementation and this report is intended to provide Board Members with an update around progress in terms of Phase 1 of implementation.

3.4 Phase 1 of implementation focused on three areas, as follows :-

¹ Healthy Lives Healthy People: Our strategy for public health in England

- the development of older peoples' services and pathways;
- a review of falls prevention services and associated pathways; and
- the development of the Community Wellbeing Practice model.

Older People Services

- 3.5 Significant work has taken place to align the services provided by the Health Improvement Team (Older People) based at Bridgewater Community NHS Trust to those provided by Halton Borough Council's Sure Start to Later Life and Community Bridge Building Service.

This work has involved:-

- the revision of referral pathways and assessment processes (including joint assessments);
- development of specific criteria to ensure correct referrals are made;
- development of closer working relationships between the teams, including joint training and team meetings; and
- training provided to Contact Centre staff and Initial Assessment Teams in terms of the new referrals pathways.

Falls Prevention

- 3.6 Work has been on-going since June 2012 in relation to the review of primary and secondary prevention of falls.

This work has involved the :-

- on-going development of a Halton Falls Strategy;
- review of the current specialist and associated falls services in relation to the national guidance, capacity, demand and skill mix;
- identification of gaps in provision and development of solutions through redesign and / or further commissioning; and
- development of an implementation plan and evaluation framework.

Community Wellbeing Practice (CWP) Model

- 3.7 Eight General Practices have signed up to the CWP initiative and Community Wellbeing Officers have been assigned to each of them. The GP practices that have signed up are :-

- Appleton Surgery;
- Beaconsfield;
- Brookvale;
- Hough Green;
- Grove House;
- Tower House;
- Castlefields; and
- Murdishaw

Attached at **Appendix 1** is a one page operational summary outlining the delivery of the CWP initiative.

A number of projects and activities are now being implemented within the practices, examples of which include:-

- Drawing at the Docs;
- 'Ignite Your Life' Community Resilience Events;
- Fruit on Prescription (**Appendix 2**); and
- Wellbeing Interventions – 'Treemendous', Yoga and the Money Guru.

Work is on-going to progress the CWP initiative and this includes :-

- development of partnership working arrangements;
- exploring tools for enhancing the GP consultation;
- encouragement of social entrepreneurship in the Borough; and
- development of key performance indicators to measure the effectiveness of the initiative.

- 3.8 Phase 2 of implementation will include the wider determinants of public health and influences on health inequalities. This development will take a 'Life Course' approach and work is therefore taking place across adult social care, health, children and young people's services.

Work has already started on the mapping of service provision and identification of opportunities for the alignment of services and gaps in provision.

Moving forward, work will be progressed on the development of a 'model' for the future delivery of Health Improvement Services across the Borough and further update reports will be provided to the Board on progress.

4.0 **POLICY IMPLICATIONS**

- 4.1 On-going work is in line with policy and best practice in relation to health and wellbeing.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 None identified at this stage.

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

6.1 **Children & Young People in Halton**

Services provided will impact on all areas of public health in Halton. This will include Breastfeeding, weight management – early years, physical activity, Halton Healthy Schools, Child Health Development and smoking education.

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

It is planned through the developments and activities that there will be a range of

opportunities to help people of all ages learn new skills and participate in volunteering roles.

6.3 A Healthy Halton

By developing services that support some of the most vulnerable parts of our community we can help to raise awareness and support people to manage their own health and lifestyle in the most effective way.

6.4 A Safer Halton

Services are/will be designed to improve community cohesion and to bring together the health needs of the people of Halton. As well as the health benefits it is expected that this should also improve the safety and an improved perception of Halton and its communities.

6.5 Halton's Urban Renewal

No implications identified.

7.0 RISK ANALYSIS

7.1 Any risks identified via on-going implementation will be appropriately managed via the Health and Wellbeing Service Steering Board. Board membership consists of representatives from Partner Agencies, voluntary sector and Halton LINK. The Executive Board portfolio holder for Health & Adults is also a member of the Board.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Services are delivered equitably across Halton. The Public Health agenda fully embraces the needs of a diverse population and develops services in a way that supports the diverse issues that are being faced.

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

None under the meaning of the Act.

Community Wellbeing Practice Summary

Aim: The Community Wellbeing Practice model proposes a holistic, community centred approach to healthcare - one in which the practice supports patients with the treatment and management of illness, but also connects them to community based services and support; thereby enabling patients to acquire the skills, knowledge and resources needed to achieve meaningful improvements in their health and wellbeing.

KPI's:

- Patients accessing community based services report improved wellbeing levels
- Patients and Practitioners report better access to community based services
- There is evidence of partnership working between General Practices and the VCSE sector
- 50% of practice staff will have undertaken brief interventions training about wellbeing
- To evidence that each practice is adopting a holistic community wellbeing approach as part of their healthcare provision for patients

Tactical work: (cross cutting all practices)

- Strengthening third sector collaborations - integrated services
- Brief interventions training - for staff and patients
- Health campaigns and initiatives
- Evidence based wellbeing interventions
- Capacity building activities

Thematic work: (bespoke to each individual practice, themes change every quarter)

Appleton Practice	Beaconsfield Surgery	Brookvale Practice	Castlefields Practice	Grove House Practice	Hough Green Practice	Murdishaw Practice	Tower House
<p>‘Wellbeing and the environment’</p> <p>The local environment/ community assets and the impact on wellbeing</p>	<p>‘Wellbeing and peer support’</p> <p>Developing capacity for peer support in the community</p>	<p>‘Wellbeing and life transitions’</p> <p>Providing support for people transitioning throughout life e.g. adulthood to later life</p>	<p>‘Wellbeing and Relationships’</p> <p>Good relationships are critical for wellbeing. This theme will build on this insight</p>	<p>‘Wellbeing: later life and resilience’</p> <p>Building resilience in later life in Halton</p>	<p>‘Wellbeing and learning throughout life’</p> <p>Promoting learning opportunities throughout the life course</p>	<p>‘Wellbeing and community connections’</p> <p>tbc</p>	<p>‘Wellbeing: caring for self and others’</p> <p>Promoting self-care and the importance of caring for others in the community</p>

community wellbeing Practices

Fruit on Prescription

A FREE six week course to learn
about healthy eating and
improving your wellbeing

What will I learn?

- New recipes to save you money
- Healthy eating and nutrition
- How to improve your wellbeing

Receive a FREE bag of fruit/veg every week!

When and where?

- Starts 7th November 2012
- Every Wednesday from 1.30pm to 2.30pm
- Runs for six weeks at Beaconsfield Surgery

For more info contact Danny Woodworth on
01928 589799 or d.woodworth@wellbeingenterprises.org.uk

REPORT TO:	Health Policy and Performance Board
DATE:	8 January 2013
REPORTING OFFICER:	Strategic Director - Communities
PORTFOLIO:	Health & Adults
SUBJECT:	Caring for our Future : Reforming Care and Support White Paper – Self Assessment
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

1.1 To present the Board with details of the Self-Assessment conducted against the recommendations outlined in the White Paper 'Caring for our Future: Reforming Care and Support' published in July 2012.

2.0 **RECOMMENDATION: That the Board Notes the contents of the report and attached self-assessment (Appendix1).**

3.0 SUPPORTING INFORMATION

3.1 On 11th July 2012, the Department of Health published the 'Caring for our future: reforming care and support' White Paper, which sets out the vision for a reformed care and support system, by:

- focusing on people's wellbeing and support them to stay independent for as long as possible;
- introducing greater national consistency in access to care and support;
- providing better information to help people make choices about their care;
- giving people more control over their care;
- improving support for carers;
- improving the quality of care and support; and
- improving integration of different services.

3.2 As outlined in the report to the Board on 11th September, there are a number of recommendations outlined in the White Paper that need to be implemented at both a national and local level and as such a 'task and finish' group has been established from across the Local Authority and Health to analyse how Halton are positioned in respect of being able to respond to these national/local developments when implemented.

3.3 The Self-Assessment outlines that Halton are in a strong position to respond effectively to the development/requirements of the White Paper and identifies a number of actions to be taken forward to further strengthen Halton's position in this respect.

4.0 **POLICY IMPLICATIONS**

4.1 The Government will create a Care and Support Implementation Board, which will have ownership of the implementation plan for the White Paper, with members of the board assuring on the delivery of specific milestones.

4.2 The work of this Implementation Board will need to be closely monitored by the Local Authority.

4.3 As a result of some of the action points outlined within the self – assessment, this may result in the need to amend certain policies and procedures.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The Government stated that the White Paper was not intended to set out a funding settlement for care and support in future years and that future decisions on the overall funding in the system will be taken alongside other funding decisions at Spending Reviews and the work taking place on the funding reform. However throughout the White Paper the Government have outlined a number of financial announcements as follows:-

- £100m in 2013/14 and £200m in 2014/15 to be transferred from NHS to councils under Section 256 with similar conditions to previous transfer. 10% likely to be for reform implementation costs;
- £200m capital spread over 5 years for specialist housing schemes'
- Start-up funding of £32.5m from 2014/15 to develop local online information services; and
- Investment by NHS in end of life care pilots to be doubled from £1.8m to £3.6m

5.2 Future funding streams will be closely monitored by the 'task and finish' group to ensure that the potential to access funding streams is fully realised.

6.0 **IMPLICATIONS FOR OTHER COUNCIL PRIORITIES**

6.1 **Children & Young People in Halton**

Moving from children's to adults' services, at age 18, is a key transition point. The White Paper references the Government's Green Paper '*Support and aspiration: a new approach to special educational needs and disability*' which sets out plans to develop a new birth to- age-25 assessment process and a single plan incorporating education, health and social care assessments. The Green Paper also sets out Government plans to introduce personal budgets for families with an education, health and care plan from 2014. In addition, the Government aim to legislate to give adult social care services a power to assess young people under the age of 18.

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

None identified.

6.3 **A Healthy Halton**

The transformation envisaged by the White Paper will mean fundamental changes to the provision of Adult Social Care; the implications of such will have to be appropriately assessed and progress monitored.

6.4 **A Safer Halton**

None identified.

6.5 **Halton’s Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified at this stage, although the Local Authority and it’s Partners need to ensure that it is in a position to respond to the actions outlined in the White Paper, thus the actions identified in the self-assessment will be closely monitored by the White Paper ‘task and finish’ group to ensure appropriate implementation.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required for this report

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

Document	Place of Inspection	Contact Officer
Caring for our Future: Reforming Care and Support	People & Communities Policy Team	Louise Wilson, People & Communities Policy Team Louise.wilson@halton.gov.uk



Caring for our Future: Reforming Care and Support



Self-Assessment

NOTE:



- A number of actions in the White Paper have been highlighted as key by the Government and these have been ***'bolded'*** in the table below.
- Although a number of actions are required at a national level, the self- assessment attempts to analyse (using RAG) how Halton are positioned in respect of being able to respond to these national developments (where applicable)

Strengthening Support within Communities



Action No.	White Paper Action	Progress within Halton R/A/G	Supporting Commentary	Actions Required	Responsible Person
1	Create shared measures of wellbeing across the 2013/14 editions of both the Public Health and Adult Social Care Outcomes Frameworks, with a particular focus on developing suitable measures of social isolation		National Development – The 2013/14 Outcomes Frameworks for PH and ASC to be published Autumn 2012. <i>No local measures</i> currently on social isolation, however previous mental health wellbeing survey completed in 2008 did cover the issue of social isolation.	Keep developments under review. Extension of measures may require additional services/resources.	Divisional Manager (Performance & Improvement)
2	Legislate to introduce a clear duty on local authorities to incorporate preventive practice and early intervention into care commissioning and planning		National Development – Legislation proposed within the draft Care and Support Bill. This is already a strong focus on the delivery and commissioning of prevention and early intervention services within Halton and this will continue.	Possible expansion of support through voluntary and community sector groups? Review and update of Early Intervention and Prevention Strategy required to ensure compliance with duty Continue to progress integrated working with across HBC, PH and CCG. Develop commissioning plan	Divisional Manager (Commissioning) Operational Directors – HBC & HCCG

				across health and social care which will include preventative elements across agreed pathways	
3	Involve communities in decisions around health and care services, through local Healthwatch and health and wellbeing boards		<p>Members of the public in addition to a number of service user groups, voluntary sector and community groups are regularly consulted/involved in strategy and service developments etc. via various avenues e.g. Area Forums, PPIs, specific consultation events etc. Examples of groups/organisations involved include Halton Speak Out, Halton OPEN, Halton and St Helens VCA and Halton LINK.</p> <p>Halton CCG Engagement Strategy in place.</p> <p>Communities Directorate are 'signed up' to the Halton Strategy Partnership Engagement Strategy</p> <p>LINK are currently members of the Health and Wellbeing Board</p>	<p>Progress procurement of Healthwatch, who will then become members of the Health and Wellbeing Board taking over from LINK.</p> <p>Map CCG engagement events that have happened in last 10 months - linked to which areas etc.</p>	<p>Divisional Manager (Commissioning)</p> <p>HCCG PPI and Engagement Manager</p>
4	Support social workers to connect people at risk of isolation to community groups and networks, using evidence from the Social Work Practice Pilots		<p>There are services available to social workers to enable them in their role to support people at risk of isolation.</p> <p>The social work team refer to Sure Start To Later Life (SSTLL) if the person requires information and is confident to access the community without support. The information officer from SSTLL will visit the person and carry out an assessment and provide appropriate information about activities and services that are available in the local community.</p>	Continue as present, but keep any national developments under review	Divisional Manager (Care Mgt.)


		<p>They also manage a day trippers group for people who are isolated and throughout the year they organise coach trips to various locations.</p> <p>SSTLL offer a limited volunteer service to support vulnerable older people either within their home or in their local community.</p> <p>If the person requires initial support in their community due to lack of confidence or self-esteem then the social work team will make a referral to the Community Bridge Building Team (CBBT) who work with all people with a disability, older people, children in transition to adulthood and carers.</p> <p>A Bridge Builder will meet the person and carry out an assessment to identify what the person's dreams and aspirations are and what support they would need to overcome barriers.</p> <p>The domain areas that the CBBT work in are Education, Voluntary work with a pathway to Halton People into Jobs for paid work, Leisure/social activities, Faith and Belief, Arts and Culture, Building up friendships and Travel training.</p> <p>The CBBT will work in a person centered way to support the person until they feel comfortable in their community and will then withdraw.</p> <p>If the person is unable to sustain themselves</p>		
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			<p>the CBBT will liaise with the social work team and provide supporting evidence to enable the social worker to complete a panel application for personalisation, an individual budget or direct payments.</p> <p>The introduction of 'Care and Support for You' will also provide additional resources to Social Workers.</p>		
5	Support My Home Life and national care provider organisations to work with their members to develop 'open care homes' that build links with their local community		<p>Build on good practice within care homes to develop a positive culture of dignity in Care.</p> <p>Services have introduced ways to maintain resident's identities.</p> <p>Services are expected to involve residents in the way in which they are cared for and to empower people by giving them as much choice and control as possible over their life in the home.</p> <p>Work is on-going to support homes to improve resident's access to local healthcare services.</p> <p>Care homes in Halton are encouraged to recognise the importance of a programme of activities and work to actively engage residents, relatives and friends, volunteers and the wider community.</p>	<p>Continue to raise the standard of dignity in care throughout homes in Halton.</p> <p>Consider best practice and standard of quality expected in Halton to inform updated residential care specification and contract.</p> <p>Develop action plan to improve links within the local community through the provider forum.</p>	Divisional Manager (Commissioning)
6	<i>Stimulate the development of initiatives that help people share their time, talents and skills with others in their community</i>		By utilising research based methodology like time banking Halton integrated approach is developing its voluntary and independent sector to expand community resilience.	Extend the HVA contract to move to voluntary sector hub - Hub will be a collective of Halton voluntary and independent market forces,	Operational Director (Integration)

				<p>allowing larger bidding leverage for substantial and wider impact funding.</p> <p>Continue to expand the Star Quality Standard ensuring all Halton contracted voluntary sector services are working towards a standard quality framework.</p> <p>Continue to build on the Community well-being practice model - Currently 8 General practices signed up to deliver holistic approaches to well-being.</p> <p>Transfer all PCT contracts into the LA under section 256 to ensure consistent, efficient contract management.</p> <p>Need to reference as appropriate within the development of the new market position statement.</p>	
7	<i>Develop and implement, in a number of trailblazer areas, new ways of investing in supporting people to stay active and independent, such as Social Impact Bonds</i>	N/A	<p>National Development - Further details about the process for establishing the trailblazers will be published in Autumn 2012, with their launch in the Spring 2013.</p> <p>Sure Start to Later Life and Community Bridge Building are actively involved in supporting people to remain active and independent.</p>	<p>Keep developments under review. Consider the use of SIBs to raise funds to support the development of new and innovative services to support early intervention and prevention and help people live independently – Need to include links to volunteers and the health improvement team.</p>	Divisional Manager (Commissioning)
8	Establish a care and support evidence library to act as a bank of best practice in	N/A	National Development – National care and support library to be launched in 2013.	Consider how best to use this resource locally, so commissioners	Lead Policy Officer & (People

	prevention and early intervention			etc. can take decisions on the basis of high quality evidence etc. - Need to consider links to the social care and health portal re: activity and performance.	Communities)
9	<i>Establish a new capital fund, worth £200 million over five years, to support the development of specialised housing for older and disabled people</i>		<p>National Development – Further details about the capital fund to be published in Autumn 2012.</p> <p>Halton has already a number of specialised housing schemes.</p> <p>Nationally the DH and NHS are identifying land which is no longer required for health purposes and are seeking to make this available for the local area.</p>	<p>Keep developments under review in addition to application process.</p> <p>Decisions on the use of this land will be the responsibility of local authorities, but there is the expectation that NHS organisations, working with LAs, give particular consideration to developing housing for older and disabled people – Working Group established to consider future use of assets within Halton.</p>	<p>Divisional Manager (Commissioning)</p> <p>Operational Director (Integration)</p>
10	Work with Home Improvement Agencies to extend their services to more people who fund their own adaptations and ensure that people obtain timely support and advice		The current in house home improvement agency currently only deal with DFG eligible works due to limited capacity and high demand for the service.	Currently reviewing service and benchmarking against best practice in order to inform future provision.	Divisional Manager (Independent Living)

Better Understanding



Action No.	White Paper Action	Progress within Halton R/A/G	Supporting Commentary	Actions Required	Responsible Person
11	<i>Establish a new national information website, to provide a clear and reliable source of information on care and support</i>		<p>National Development – to be launched from April 2013. This includes the further development of the NHS 111 urgent care service to signpost callers that may also have social care needs.</p> <p>NHS 111 service (to be launched 21.3.12) is an initiative that will improve access to healthcare services. NHS 111 is part of the wider revisions to the urgent care system to deliver a 24/7 urgent care service that ensures people receive the right care, from the right person, in the right place at the right time. The NHS 111 service will be available through a three digit number (calls from landlines and mobiles are free) the service will be available 24 hours a day, 365 days per year to respond to people’s health care needs, when:</p> <ul style="list-style-type: none"> • They need medical help fast and it’s not a 999 emergency • They don’t know who to call for medical help and do not have a GP • They think they need to go to A&E or another NHS urgent care service • They require health information and reassurance <p>The clinical assessment process undertaken</p>	<p>Keep developments under review and how this links to the ‘Care and Support for You’ website</p> <p>Development of NHS 111 Cheshire and Merseyside on-going, with a view to going live 21.3.13.</p>	<p>Operational Director (Complex Care & Commissioning)</p> <p>HCCG Commissioning Manager</p>




			<p>by call handlers and trained paramedics will include use of an electronic directory of services using NHS pathways.</p> <p>Responsibility for NHS 111 rest directly with Clinical Commissioning Groups and cannot be devolved to other agencies.</p>		
12	<i>Invest £32.5 million in better local online services</i>		<p>National Development</p> <p>In order to give people better information and advice we are developing a 'Care and Support for you' website where there will be lots of information about Adult Social Care and Health Support and Services to help people get on with their lives and retain independence. 'Care and Support for You' delivers information and advice, signposting citizens to the relevant information, and enables self-assessment, later development may allow automatically calculating against the chosen Resource Allocation System. A Resource Directory is also being developed that can be issued to people without access to online services.</p> <p>Although it will provide wider access to information, it will still need to be supplemented with other forms of information e.g. paper, face to face etc. for those who need or prefer it.</p>	<p>Keep developments under review - Funding to be available over 2 years from 2014/15.</p> <p>Will need to ensure that any national developments are taken into account in the future development of the 'Care and Support for You' portal.</p>	Operational Director (Complex Care and Commissioning)
13	<i>Introduce a national minimum eligibility threshold to ensure greater national consistency in access to care and support</i>	N/A	<p>National Development – Working group to be established (by March 2013) to develop and test options for a new assessment and eligibility framework.</p>	Keep developments under review	Lead Policy Officer (People & Communities)



			New threshold to be introduced for adult social care from April 2015.		
14	Remove barriers that keep people from moving to a new home in a different local authority area, by ensuring no-one's care and support is interrupted (linked to 13)	N/A	National Development – Legislation proposed within the draft Care and Support Bill.	Keep developments under review.	Lead Policy Officer (People & Communities)
15	Require NHS organisations to work with their local authority partners and local carers organisations to agree plans and budgets for identifying and supporting carers	?	Joint Carers Commissioning Strategy was previously in place – expired March 2012. New strategy required Carers Services to be incorporated into the Section 75 Integrated Commissioning from 1.4.13.	Develop and implement new joint Carers Commissioning Strategy to support the Section 75 Partnership Agreement	Divisional Manager (Mental Health)
16	Work with the Employers for Carers Forum to produce and publish a road map setting out action to support carers to remain in the workforce	?	National Development – No timescales available. Halton Borough Council already supports carers to remain in employment, including its own staff.	Keep developments under review. Liaise with the Chamber of Commerce regarding Carers Employment issue. Ensure appropriate reference in Carers Commissioning Strategy. Ensure any relevant information is included in HBC's People Strategy and HCCG's HR policies	Divisional Manager (Mental Health)
17	Extend the right to an assessment to more carers, and introduce a clear entitlement to support to help them maintain their own health and wellbeing	✓	National Development – Legislation proposed within the draft Care and Support Bill. Carers Assessments already carried out within Halton.	Keep developments under review. Halton will have to assess any carer who requests it and provide support to carers which will be equivalent to that for people who use services.	Divisional Manager (Mental Health)

				Ensure appropriate reference in Carers Commissioning Strategy	
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Quality





Action No.	White Paper Action	Progress within Halton R/A/G	Supporting Commentary	Actions Required	Responsible Person
18	Set out clearly what good-quality care looks like and what people should expect when using care and support		<p>Links to development of National 2013/14 Outcomes Frameworks for PH and ASC to be published Autumn 2012.</p> <p>Also links to development of care and support for you.</p> <p>We need to ensure that a clear concept of care and support quality is embedded and understood and that we continue to move to commissioning for outcomes.</p>	<p>Need to link in with project groups set up around performance frameworks and introduction of care and support for you.</p> <p>Establish a joint Task and Finish group to develop a 'Quality Charter'.</p> <p>Work undertaken will need to link to Action point 20 and 21 below.</p>	Divisional Manager (Commissioning)
19	Ban age discrimination in health, care and support from October 2012		<p>Ban now in place.</p> <p>Communities Directorate have written to all their providers advising them of the change which outlaws age discrimination in services and public functions. Providers have been asked to ensure that the relevant changes are made to their organisation's Policies, including their recruitment processes as defined within their contract with the Council.</p> <p>Legislation and check of the ban has been referenced in HCCG's Equality and Diversity Strategy.</p>	Training to staff and HCCG Board Members from 6.12.12 onwards about their duties and responsibilities.	HCCG E&D Board Lead and Engagement/Involvement Manager




20	Give people access to clear information about the quality of individual care providers		National development – Every registered residential or home care provider will have a provider quality profile on the NHS and social care information website at www.nhs.uk . Completion of the Adult Social Care Local Account.	Keep developments under review via Task & Finish Group. Consider linkages to ‘Care and Support for You’ portal.	Divisional Manager (Commissioning)
21	<i>Work with a range of organisations to develop comparison websites that make it easy for people to give feedback and compare the quality of care providers</i>	N/A	National development – aim to develop a range of care comparison websites over the next two years.	Keep developments under review via Task & Finish Group. Consider linkages to ‘Care and Support for You’ portal.	Divisional Manager (Commissioning)
22	Refer home care to the National Institute for Clinical Excellence as the topic for a quality standard, as part of a library of care and support quality standards to be developed from April 2013	N/A	National development. Might lead to care homes needing to increase range of services to meet new standards.	Keep developments under review. Any new guidance from NICE will continue to be distributed to care providers as standard practice.	Divisional Manager (Commissioning)
23	Pilot a new care audit in 2013 to highlight how well residential care providers are delivering dementia care, encouraging them all to improve their care		National development. Currently working on the development of a LES in advance of a NES from April 2013. This will include early diagnosis as part of the associated pathway. Work being progressed with the 5Boroughs Partnership via the Care Homes Project.	Keep developments under review. Progress work on development of LES	Operational Director (Integration)/Operational Directorate (Complex Care & Commissioning)
24	Put action to protect people from abuse and neglect on a statutory footing, with clear duties on local authorities, the police and the NHS to work together to keep people safe		National Development – Legislation proposed within the draft Care and Support Bill. Halton are already compliant with current proposals with regard to the Adults Safeguarding Board membership and	Continue as present.	Divisional Manager (Independent Living)

			activities.		
25	<i>Rule out crude 'contracting by the minute', which can undermine dignity and choice for those who use care and support</i>		<p>Halton do not 'contract by the minute'. The current Domiciliary Care contract follows a person centred approach and recognizes individual choice.</p> <p>Halton have a mechanism in place for ensuring that 15 minute calls for single tasks are appropriate.</p>	<p>The new Domiciliary Care contract will be reviewed over the next 12 months for implementation from April 2014.</p> <p>Commissioners will undertake work to scope best practice and undertake consultation to ensure that this is fed into the review.</p>	Divisional Manager (Commissioning)
26	<i>Consult on further steps to ensure service continuity for people using care and support, should a provider go out of business</i>		<p>National Development – Consultation expected Autumn 2012.</p> <p>Halton does commission services so that there is resilience in the market for provider failure and this is incorporated into associated procurement and contracting processes.</p>	<p>Review proposals within consultation when published.</p> <p>Need to consider issue of resilience as part of the development of the market position statement.</p>	Divisional Manager (Commissioning)




Social Care Workforce






Action No.	White Paper Action	Progress within Halton R/A/G	Supporting Commentary	Actions Required	Responsible Person
27	Place dignity and respect at the heart of a new code of conduct and minimum training standards for care workers		<p>National development – Currently out for consultation. Due for publication in January 2013.</p> <p>Dignity & Respect is at the heart of the Qualifications Credit Framework (QCF) Health & Social Care, previously NVQ, at level 2 & 3. HBC continues to invest in providing these qualifications to employees working in the Health & Social Care Sector. A range of training available to employees is underpinned by Dignity & Respect, these are;</p> <ul style="list-style-type: none"> • Safeguarding Adults • End of Life Training • Emotional Health & Well Being • Equality & Diversity <p>Development of a Dementia Training package is on-going; Dignity & Respect will be a key feature of this training.</p> <p>The Learning & Development Team have developed a Dignity in Care e-learning module at level 1 and are currently working on levels 2 & 3. All the modules are or will be available, free of charge, through HBC’s intranet and internet.</p>	<p>Keep developments under review.</p> <p>If more training required, this will increase costs.</p>	Training Manager

28	Offer personal assistants (PAs), and their employers, greater support and training to improve recruitment, retention and the quality of the care and support they deliver		<p>All Direct Payment customers receive support to access Halton Social Care Alliance to access training for PA's.</p> <p>Halton Disability Partnership are working closely with Direct Payments & the Divisional Manager (Independent Living) to provide support to people receiving Direct Payments around Recruitment/Selection, Peer support and Training opportunities.</p> <p>All PA's receive a guide to becoming a PA which provides useful information for PA's.</p>	Keep developments under review	Principal Officer (Direct Payments)
29	Focus the role of social workers on interpersonal support, to promote choice and control, and to better meet people's needs and goals		<p>Social Workers work within a process of self-directed support, supporting people and their families and carers to develop support plans and look at what is important to people, what's working or not working and set goals.</p> <p>Access to Brokerage Services are in place to support people develop their own support plans.</p>	Continue as present	Divisional Manager (Care Mgt.)
30	Appoint a Chief Social Worker by the end of 2012		National development – LAs will have to appoint Principal Social Workers for Adult Services to be responsible for quality assuring the safety of practice and facilitating feedback between front line staff, management and the Chief Social Worker.	Keep developments under review.	Lead Policy Officer (People & Communities)
31	Train more care workers to deliver high-quality care, including an ambition to double the number of care apprenticeships to 100,000 by 2017		<p>National commitment.</p> <p>Local delivery – Current HBC People Plan has a 'talent strategy' element that</p>	Promote use of option amongst Halton care providers for workforce development.	Divisional Manager (Employment Learning & Skills) and Principal Policy

			<p>promotes apprenticeship option.</p> <p>Support for the continuing provision of Health & Social Care apprenticeship training by Riverside College for local care sector employers.</p>	<p>Signpost to National Apprenticeship Service support, and local training provider – Riverside College.</p> <p>Stress financial support for employers.</p>	Officer (ELS)
32	Expand the Care Ambassadors scheme to promote a positive image of the sector, making links with schools, colleges, and careers and job services.		<p>National development – No timescales available.</p> <p>Need to develop scheme in Halton.</p>	Keep developments under review.	Lead Policy Officer (Corporate & Organisational)
33	Establish a new Leadership Forum, to develop the leadership skills and abilities of people at every level of care and support		<p>National development – Forum to be launched by March 2013. Registered Managers will be a key focus of the Forum.</p> <p>Halton holds regular provider forums.</p>	<p>Keep developments under review.</p> <p>Explore linkages from the new Leadership Forum into Halton's Provider Forums and ensure that the training that is currently offered to registered managers provide them with the appropriate skills etc.</p>	Divisional Manager (Commissioning)
34	Strengthen the status of registered managers as critical leaders and advocates for quality care		Halton currently holds this position. We ensure that managers get the support they need and we work with care providers to ensure that they offer regular mentoring and supervision thus ensuring the quality of the care offered by the organisation.	Continue as present.	Divisional Manager (Commissioning)

Control

Action No.	White Paper Action	Progress within Halton R/A/G	Supporting Commentary	Actions Required	Responsible Person
35	<i>Legislate to give people an entitlement to a personal budget</i>		National Development – Legislation proposed within the draft Care and Support Bill. Halton remain committed to this concept and continue to progress the introduction of personal budgets.	Keep developments under review. There will be an impact on current contracts and market competition – Need to reference in Market Position Statement	Divisional Manager (Independent Living) Divisional Manager (Commissioning)
36	<i>Improve access to independent advice to help people eligible for financial support from their local authority to develop their care and support plan</i>		This has been introduced within Halton to a limited extent.	Develop and commission a range of independent advice and support options.	Divisional Manager (Independent Living)
37	<i>Develop, in a small number of areas, the use of direct payments for people who have chosen to live in residential care, to test the costs and benefits</i>	N/A	National development – Pilots to begin in 2013.	Keep developments under review – Hard to know the impact at this stage.	Divisional Manager (Commissioning)
38	Change the charging system for residential care from April 2013, so that the income that people earn in employment is exempt from residential care charges	N/A	New rule – with effect from April 2013.	Apply rule and change policy and processes accordingly.	Area Manager (Revenue and Benefits)
39	<i>Invest a further £100 million in 2013/14 and £200 million in 2014/15 in joint funding between the NHS and social care to support better integrated care and support</i>		National Development – Supports the integration agenda. The new funding will also need to cover the costs of the White Paper reforms. Halton are committed to the integration agenda and various work	Keep developments under review in terms of funding availability.	Operational Director (Integration)

			streams/projects are being taken forward.		
40	Place a duty on local authorities to join up care and support with health and housing where this delivers better care and promotes people's wellbeing		National Development – Legislation proposed within the draft Care and Support Bill. Halton already does this.	Continue as present.	Operational Director (Integration)
41	Develop plans to ensure that everyone who has a care plan has a named professional with an overview of their case and responsibility for answering any questions they might have		Everyone has a care plan but not necessarily a named professional. If a case is open and active there would be a named care co-ordinator or care manager. This is not the case if closed for review.	Explore options to adhere to requirement.	Divisional Manager (Care Mgt.)
42	<i>Work with partners to remove barriers and promote the widespread adoption of integrated care (linked to 40)</i>		Numerous projects/work streams in place to promote integrated care such as Integrated Hospital Discharge Teams, development of Multi-Disciplinary Teams within GP Neighbourhoods etc.	On-going evaluation and continue to explore further options for future developments.	Divisional Manager (Intermediate Care)
43	<i>Develop models of co-ordinated care for older people (linked to 40)</i>		See 42	See 42	Divisional Manager (Intermediate Care)
44	Improve the access that people living in care homes have to a full range of primary and community health services		Review currently taking place in terms of improving access to services such as GPs etc. by people living in care homes, via the multi-agency Care Homes Project.	Continue with current review, which is scheduled to be completed December 2013.	Divisional Manager (Intermediate Care)

REPORT TO: Health Policy & Performance Board

DATE: 8 January 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Adults

SUBJECT: Health Policy and Performance Board Work Programme 2013/14 – Scrutiny Topic

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This report is the first step in identifying a scrutiny topic for the Board to examine during 2013/14.

2.0 RECOMMENDATION: That the Board:

- i) Put forward and debate its initial suggestions for a Topic to be included in the Board's 2013/14 work programme;
- ii) Develop and informally consult on a shortlist of its own 2013/14 Topic suggestions ahead of the Board's meeting on 5th March 2013, taking into account the Council's Topic selection criteria (Appendix 1); and
- iii) Decide at its meeting on 5th March 2013, the Scrutiny Topic to be examined during 2013/14.

3.0 SUPPORTING INFORMATION

3.1 Whilst the Board ultimately determines its own Topics, suggestions for Topics to be considered may also come from a variety of other sources in addition to Members of the Board themselves. This may include members of the Council's Executive, other non-Executive Members, officers, the public, partner and other organisations, performance data and inspections.

3.2 Prior to determining the Board's preferred Topic, the PPB may wish to take soundings from relevant Executive Board portfolio holders, the shadow Health & Well Being Board and other key partners.

3.3 A meeting took place with members of the Board and representatives from the Halton Clinical Commissioning Group on 31st October 2012 to discuss the priorities for the Communities Directorate Business Plan

2013-2016. Members may feel they would want to select a topic during 2013/14 that supports one of these areas. The main priorities identified at that meeting were :-

- *Mental Health*
- *Integration*
- *Prevention and Early Intervention.*

3.4 Subsequent to the meeting on 31st October, an additional priority has been identified, which Members may feel is appropriate for a Scrutiny Topic, as follows :-

- *Alcohol Abuse Prevention/ Health Improvement*

4.0 **POLICY IMPLICATIONS**

4.1 The outcome from the Scrutiny Topic may result in the need to review associated policies.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The outcome from the Scrutiny Topic may result in recommendations which have financial or other implications and these will be considered as necessary.

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

6.1 **Children & Young People in Halton**

None identified

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

None identified

6.3 **A Healthy Halton**

Any topic identified will support the Council's strategic priority of Improving Health.

6.4 **A Safer Halton**

None identified

6.5 **Environment and Regeneration in Halton**

None identified

7.0 **RISK ANALYSIS**

7.1 No risks associated with this report have been identified

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required for this report

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

None under the Meaning of the Act.

Appendix 1

OVERVIEW AND SCRUTINY WORK PROGRAMME

Topic Selection Checklist

This checklist leads the user through a reasoning process to identify a) why a topic should be explored and b) whether it makes sense to examine it through the overview and scrutiny process. More “yeses” indicate a stronger case for selecting the Topic.

#	CRITERION	Yes/No
<i>Why? Evidence for why a topic should be explored and included in the work programme</i>		
1	Is the Topic directly aligned with and have significant implications for at least 1 of Halton's 5 strategic priorities & related objectives/PIs, and/or a key central government priority?	
2	Does the Topic address an identified need or issue?	
3	Is there a high level of public interest or concern about the Topic e.g. apparent from consultation, complaints or the local press	
4	Has the Topic been identified through performance monitoring e.g. PIs indicating an area of poor performance with scope for improvement?	
5	Has the Topic been raised as an issue requiring further examination through a review, inspection or assessment, or by the auditor?	
6	Is the Topic area likely to have a major impact on resources or be significantly affected by financial or other resource problems e.g. a pattern of major overspending or persisting staffing difficulties that could undermine performance?	
7	Has some recent development or change created a need to look at the Topic e.g. new government guidance/legislation, or new research findings?	
8	Would there be significant risks to the organisation and the community as a result of not examining this topic?	
<i>Whether? Reasons affecting whether it makes sense to examine an identified topic</i>		
9	Scope for impact - Is the Topic something the Council can actually influence, directly or via its partners? Can we make a difference?	
10	Outcomes – Are there clear improvement outcomes (not specific answers) in mind from examining the Topic and are they likely to be achievable?	
11	Cost: benefit - are the benefits of working on the Topic likely to outweigh the costs, making investment of time & effort worthwhile?	
12	Are PPBs the best way to add value in this Topic area? Can they make a distinctive contribution?	
13	Does the organisation have the capacity to progress this Topic? (e.g. is it related to other review or work peaks that would place an unacceptable load on a particular officer or team?)	
14	Can PPBs contribute meaningfully given the time available?	