

Public Document Pack



Executive Board

Thursday, 13 March 2014 2.00 p.m.
The Boardroom, Municipal Building

A handwritten signature in black ink, appearing to read 'David W R'.

Chief Executive

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

PART 1

Item	Page No
1. MINUTES	
2. DECLARATION OF INTEREST	
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.	
3. HEALTH AND WELLBEING PORTFOLIO	
(A) JOINT HEALTH SCRUTINY	4 - 19

*Please contact Angela Scott on 0151 511 8670 or
Angela.scott@halton.gov.uk for further information.
The next meeting of the Committee is on Thursday, 27 March 2014*

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4. ECONOMIC DEVELOPMENT PORTFOLIO	
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7. SCHEDULE 12A OF THE LOCAL GOVERNMENT ACT 1972 AND THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985	
PART II	
<p>In this case the Board has a discretion to exclude the press and public and, in view of the nature of the business to be transacted, it is RECOMMENDED that under Section 100A(4) of the Local Government Act 1972, having been satisfied that in all the circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A to the Act.</p>	
8. RESOURCES PORTFOLIO	
(A) REMOVALS CONTRACT - WAIVER OF PROCUREMENT STANDING ORDERS	181 - 183

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:	Executive Board
DATE:	13 March 2014
REPORTING OFFICER:	Strategic Director- Communities
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Joint Health Scrutiny
WARDS:	Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To present a protocol for the establishment of Joint Health Scrutiny arrangements across Cheshire and Merseyside.

2.0 RECOMMENDATION: That Executive Board recommend Council to approve the Joint Health Scrutiny protocol.

3.0 SUPPORTING INFORMATION

- 3.1 The new Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 required local authorities to form joint scrutiny committees where there was a substantial development/variation proposal which was to impact on more than one Local Authority area.
- 3.2 A joint Health Scrutiny Officer's meeting had taken place in September 2013, which had focused on how as a Cheshire and Merseyside region, we should respond to this requirement.
- 3.3 The Health Policy and Performance Board had considered a draft protocol (attached as Appendix 1), and at its meeting on 4 March 2014 recommended the protocol be approved and adopted by Council.

4.0 POLICY IMPLICATIONS

- 4.1 Having a protocol in place prior to the commencement of any joint scrutiny committees would help support a more structured approach to joint scrutiny.

5.0 OTHER IMPLICATIONS

- 5.1 None identified at this stage.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

None identified at this stage.

6.2 Employment, Learning and Skills in Halton

None identified at this stage.

6.3 A Healthy Halton

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 A Safer Halton

None identified at this stage.

6.5 Halton's Urban Renewal

None identified at this stage.

7.0 RISK ANALYSIS

Not having an approved joint protocol could lead to a disjointed approach to joint scrutiny functions in future.

8.0 EQUALITY AND DIVERSITY ISSUES

None identified at this stage.

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

Document	Place of Inspection	Contact Officer
The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013	Municipal Buildings	Lynn Derbyshire <u>Lynn.derbyshire@halton.gov.uk</u>

REPORT TO:	Health Policy and Performance Board
DATE:	4 March 2014
REPORTING OFFICER:	Strategic Director - Communities
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Joint Health Scrutiny
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Board with an update with regards to the development of a protocol for the establishment of Joint Health Scrutiny arrangements across Cheshire and Merseyside, since the last meeting of the Board on 7th January 2014.

2.0 RECOMMENDATION: That the Board:

- i) **Note the contents of the report; and**
- ii) **Endorse the revised draft protocol attached at Appendix 1 and agree that it be presented to the Executive Board and subsequently the Council for approval.**

3.0 SUPPORTING INFORMATION

3.1 At the Board on the 7th January the background to the development of a Cheshire and Merseyside regional protocol for dealing with joint scrutiny committees was presented, along with an initial draft.

3.2 It was highlighted that the Chair and Vice Chair of the Health Policy & Performance Board had meet with a small group of officers to review the draft protocol with a view to returning comments; comments returned included the need to choose **OPTION 1** and the need to include reference to officer support. At the time of presenting the report to the Board, we were still waiting for feedback from Knowsley as to comments returned by the other Local Authorities and how potentially the draft would change as a result.

3.3 Information has now been received from Knowsley in relation to the comments Halton made as outlined below :-

- Page 3 Footnote – this has now been amended to reflect the current NHS ‘architecture’.
- Page 6 – Membership
7 of the 9 authorities preferred **OPTION 1** (which included the sliding scale approach to nominations). Knowsley didn’t receive any alternative suggestions to the sliding scale.

Halton had suggested that there should only be 1 nominated elected member or nominated substitute from each participating authority whether it be 2 or 9 local authorities. However it was felt that a ‘blanket’ 1 member nomination would not

be a feasible approach as it would have the potential to allow a joint committee to consist of only 2 members.

The protocol now includes a minimum quorum of 3 and it is believed that this is the minimum number to allow a committee meeting to be viable. Membership of joint committee will therefore be as follows:-

- where 8 or more local authorities deem the proposed change to be substantial – the joint health overview and scrutiny committee will consist of 1 nominated elected member from each participating authority (or a nominated substitute)
- where between 4 and 7 local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members
- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

Local authorities who consider change to be ‘substantial’	No of elected members to be nominated from each authority
8 or more	1 member
Between 4 and 7	2 members
3 or less	3 members

- Page 7 Officer Support – An additional section 6.6.4 has been added to the protocol.

4.0 **POLICY IMPLICATIONS**

- 4.1 The aim of the joint protocol is that it would be used for all future joint scrutiny committees and would help support a more structured approach to joint scrutiny being undertaken.
- 4.2 Each Local Authority has been asked to consider the revised draft protocol via their appropriate political channels/structure with a view to getting it formally agreed across the Cheshire and Merseyside region.
- 4.3 It is hoped that the protocol can be agreed in advance of when there will be a requirement to establish another joint scrutiny committee. In terms of the current regional context this is likely to be when the cancer services proposals are made available and there will be a need for formal consultation to take place.

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**
None identified at this stage.
- 6.2 **Employment, Learning & Skills in Halton**
None identified at this stage.

6.3 **A Healthy Halton**

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**

None identified at this stage.

6.5 **Halton's Urban Renewal**

None identified at this stage.

7.0 **RISK ANALYSIS**

7.1 Not having a joint protocol agreed could lead to a disjointed approach to joint scrutiny committees being undertaken in the future.

7.2 Whilst each Local Authority must decide individually whether a proposal represents a substantial development/variation, it is only the **statutory joint health scrutiny committee** which can formally comment on the proposals if more than one authority agrees that the proposed change is "substantial". Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal and exercise other powers, such as the power to refer to the Secretary of State.

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**

Document	Place of Inspection	Contact Officer
The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013	Municipal Buildings	Lynn Derbyshire Lynn.Derbyshire@halton.gov.uk

Revised draft Protocol for establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside

PROTOCOL FOR ESTABLISHMENT OF JOINT HEALTH SCRUTINY ARRANGEMENTS FOR CHESHIRE AND MERSEYSIDE

1. INTRODUCTION

- 1.1 This protocol has been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside. It allows for:
- scrutiny of substantial developments and variations of the health service; and,
 - discretionary scrutiny of local health services
- 1.2 The protocol provides a framework for health scrutiny arrangements which operate on a joint basis only. Each constituent local authority should have its own local arrangements in place for carrying out health scrutiny activity individually.

2. BACKGROUND

- 2.1 The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 came into effect on 1 April 2013 revising existing legislation regarding health scrutiny.
- 2.2 In summary, the revised statutory framework authorises local authorities to:
- review and scrutinise any matter relating to the planning, provision and operation of the health service; and,
 - consider consultations by a relevant NHS body or provider of NHS-funded services on any proposal for a substantial development or variation to the health service in the local authority's area.
- 2.3 Ultimately the regulations place a requirement on relevant scrutiny arrangements to reach a view on whether they are satisfied that any proposal that is deemed to be a substantial development or variation is in the interests of the health service in that area, or instead, that the proposal should be referred to the Secretary of State for Health. In instances where a proposal impacts on the residents of one local authority area exclusively, this responsibility lays with that authority's health scrutiny arrangements alone.

- 2.4 Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not. The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it. This protocol deals with the proposed operation of such arrangements for the local authorities of Cheshire and Merseyside.

3. PURPOSE OF THE PROTOCOL

- 3.1 This protocol sets out the framework for the operation of joint scrutiny arrangements where:

- a) an NHS body or health service provider consults with more than one local authority on any proposal it has under consideration, for a substantial development/variation of the health service;
- b) joint scrutiny activity is being carried out on a discretionary basis into the planning, provision and operation of the health service

- 3.2 The protocol covers the local authorities of Cheshire and Merseyside including:

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Council
- Liverpool City Council
- St. Helens Metropolitan Borough Council
- Sefton Council
- Warrington Borough Council
- Wirral Borough Council

- 3.3 Whilst this protocol deals with arrangements within the boundaries of Cheshire and Merseyside, it is recognised that there may be occasions when consultations/discretionary activity may affect adjoining regions/ areas. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

4. PRINCIPLES FOR JOINT HEALTH SCRUTINY

- 4.1 The fundamental principle underpinning joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities;

- To represent the views of local people and ensure that these views are identified and integrated into local health service plans, services and commissioning;
- To scrutinise whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community; and,
- To work with NHS bodies and local health providers to ensure that their health services are planned and provided in the best interests of the communities they serve.

5. SUBSTANTIAL DEVELOPMENT/VARIATION TO SERVICES

5.1 Requirements to consult

- 5.1.1 All relevant NHS bodies and providers of NHS-funded services¹ are required to consult local authorities when they have a proposal for a substantial development or substantial variation to the health service.
- 5.1.2 A substantial development or variation is not defined in legislation. Guidance has suggested that the key feature is that it should involve a major impact on the services experienced by patients and/or future patients.
- 5.1.3 Where a substantial development or variation impacts on the residents within one local authority area boundary, only the relevant local authority health scrutiny function shall be consulted on the proposal.
- 5.1.4 Where a proposal impacts on residents across more than one local authority boundary, the NHS body/health service provider is obliged to consult all those authorities whose residents are affected by the proposals in order to determine whether the proposal represents a substantial development or variation.
- 5.1.5 Those authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint health overview and scrutiny committee for the purpose of formal consultation by the proposer of the development or variation.
- 5.1.6 Whilst each local authority must decide individually whether a proposal represents a substantial development/variation, it is only the statutory joint health scrutiny committee which can formally comment on the proposals if more than one authority agrees that the proposed change is “substantial”.

¹ This includes the NHS England, any Clinical Commissioning Group providing services to the residents of Cheshire and Merseyside, an NHS Trust, an NHS Foundation Trust and any other relevant provider of NHS funded services which provides health services to those residents, including public health.

5.1.7 Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal and exercise other powers, such as the power to refer to the Secretary of State. Once such decisions are made, the ongoing obligation on the proposer to consult formally on a proposal relates only to those authorities that have deemed the proposed change to be “substantial” and this must be done through the vehicle of the joint committee. Furthermore the proposer will not be obliged to provide updates or report back on proposals to individual authorities that have not deemed them to be “substantial”.

5.2 Process for considering proposals for a substantial development/variation

5.2.1 In consulting with the local authority in the first instance to determine whether the change is considered substantial, the NHS body/ provider of NHS-funded service is required to:

- Provide the proposed date by which it requires comments on the proposals
- Provide the proposed date by which it intends to make a final decision as to whether to implement the proposal
- Publish the dates specified above
- Inform the local authority if the dates change²

5.2.3 NHS bodies and local health service providers are not required to consult with local authorities where certain ‘emergency’ decisions have been taken. All exemptions to consult are set out within regulations.³

5.2.4 In considering whether a proposal is substantial, all local authorities are encouraged to consider the following criteria:

- *Changes in accessibility of services:* any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.
- *Impact on the wider community and other services:* This could include economic impact, transport, regeneration issues.
- *Patients affected:* changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
- *Methods of service delivery:* altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.

² Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

³ Section 24 *ibid*

- *Potential level of public interest:* proposals that are likely to generate a significant level of public interest in view of their likely impact.

5.2.5. This criteria will assist in ensuring that there is a consistent approach applied by each authority in making their respective decisions on whether a proposal is “substantial” or not. In making the decision, each authority will focus on how the proposals impacts on its own area/ residents.

6. OPERATION OF A STATUTORY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

6.1 General

6.1.1 A joint health overview and scrutiny committee will be made up of each of the constituent local authorities that deem a proposal to be a substantial development or variation. This joint committee will be formally consulted on the proposal and have the opportunity to comment. It will also be able to refer to the Secretary of State for Health if any such proposal is not considered to be in the interests of the health service.

6.1.2 A decision as to whether the proposal is deemed substantial shall be taken within a reasonable timeframe and in accordance with any deadline set by the lead local authority, following consultation with the other participating authorities.

6.2 Powers

6.2.1 In dealing with substantial development/variations, any statutory joint health overview and scrutiny committee that is established can:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions
- make comments on the subject proposal by a date provided by the NHS body/local health service provider
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations
- carry out further negotiations with the relevant NHS body where it is proposing not to agree to a substantial variation proposal; and
- where agreement cannot be reached, to notify the NHS body of the date by which it intends to make the formal referral to the Secretary of State

6.2.2 A joint health overview and scrutiny committee has the power to refer a proposal to the Secretary of State if:

- the committee is not satisfied that consultation with the relevant health scrutiny arrangements on any proposal has been adequate
- it is not satisfied that reasons for an 'emergency' decision that removes the need for formal consultation with health scrutiny are adequate
- it does not consider that the proposal would be in the interests of the health service in its area

6.2.3 Where a committee has made a recommendation to a NHS body/local health service provider regarding a proposal and the NHS body/provider disagrees with the recommendation, the local health service provider/NHS body is required to inform the joint committee and attempt to enter into negotiation to try and reach an agreement. In this circumstance, a joint committee has the power to report to the Secretary of State if:

- relevant steps have been taken to try to reach agreement in relation to the subject of the recommendation, but agreement has not been reached within a reasonable period of time; or,
- There has been no attempt to reach agreement within a reasonable timeframe.

6.2.4 Where a committee disagrees with a substantial variation and has either made comments (without recommendations) or chosen not to provide any comments, it can report to the Secretary of State only if it has:

- Informed the NHS body/local health service provider of its decision to disagree with the substantial variation and report to the Secretary of State; or,
- Provided indication to the NHS body/local health service provider of the date by which it intends to make a referral.

6.2.5 In any circumstance where a committee disagrees with a proposal for a substantial variation, there will be an expectation that negotiations will be entered into with the NHS body/local health service provider in order to attempt to reach agreement.

6.2.6 Where local authorities have agreed that the proposals represent substantial developments or variations to services and agreed to enter into joint arrangements, it is only the joint health overview and scrutiny committee which may exercise these powers.

6.2.7 A statutory joint health overview and scrutiny committee established under the terms of this protocol may only exercise the powers set out in 6.2.1 to 6.2.3 above in relation to the statutory consultation for which it was originally established. Its existence is time-limited to the course of the specified consultation and it may not otherwise carry out any other activity.

6.3 Membership

6.3.1 Each participating local authority should ensure that those Councillors it nominates to a joint health overview and scrutiny committee reflect its own

political balance.⁴ However, overall political balance requirements may be waived with the agreement of all participating local authorities.

6.3.2 A joint committee will be composed of Councillors from each of the participating authorities within Cheshire and Merseyside in the following ways:

- where 8 or more local authorities deem the proposed change to be substantial – the joint health overview and scrutiny committee will consist of 1 nominated elected member from each participating authority (or a nominated substitute)
- where between 4 and 7 local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members
- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

(Note: In making their nominations, each participating authority will be asked to ensure that their representatives have the experience and expertise to contribute effectively to a health scrutiny process)

Local authorities who consider change to be 'substantial'	No' of elected members to be nominated from each authority
8 or more	1 member
Between 4 and 7	2 members
3 or less	3 members

6.3.3 Each local authority will be obliged to nominate elected members through their own relevant internal processes and provide notification of those members to the lead local administrative authority at the earliest opportunity.

6.3.4 To avoid inordinate delays in the establishment of a relevant joint committee, it is suggested that constituent authorities arrange for delegated decision making arrangements to be put in place to deal with such nominations at the earliest opportunity.

6.5 Quorum

6.5.1 The quorum of the meetings of a joint committee shall be one quarter of the full membership of any Joint Committee, subject to the quorum being, in each instance, no less than 3.

⁴ Localism Act 2011, Schedule 2 9FA, 6 (b)

6.5.2 There will be an expectation for there to be representation from each authority at a meeting of any joint committee established. The lead local authority will attempt to ensure that this representation is achieved.

6.6 Identifying a lead local authority

6.6.1 A lead local authority should be identified from one of the participating authorities to take the lead in terms of administering and organising a joint committee in relation to a specific proposal.

6.6.2 Selection of a lead authority should, where possible, be chosen by mutual agreement by the participating authorities and take into account both capacity to service a joint health scrutiny committee and available resources. The application of the following criteria should also guide determination of the lead authority:

- The local authority within whose area the service being changed is based; or
- The local authority within whose area the lead commissioner or provider leading the consultation is based.

6.6.3 Lead local authority support should include a specific contact point for communication regarding the administration of the joint committee. There will be an obligation on the key lead authority officer to liaise appropriately with officers from each participating authority to ensure the smooth running of the joint committee.

6.6.4 Each participating local authority will have the discretion to provide whatever support it may deem appropriate to their own representative(s) to allow them to make a full contribution to the work of a joint committee.

6.7 Nomination of Chair/ Vice-Chair

The chair/ vice-chair of the joint health overview and scrutiny committee will be nominated and agreed at the committee's first meeting. It might be expected that consideration would be given to the chair being nominated from the representative(s) from the lead authority.

6.8 Meetings of a Joint Committee

6.8.1 At the first meeting of any joint committee established to consider a proposal for a substantial development or variation, the committee will also consider and agree:

- The joint committee's terms of reference;
- The procedural rules for the operation of the joint committee;
- The process/ timeline for dealing formally with the consultation, including:
 - the number of sessions required to consider the proposal; and,

- the date by which the joint committee will make a decision as to whether to refer the proposal to the Secretary of State for Health – which should be in advance of the proposed date by which the NHS body/service provider intends to make the decision.

6.8.2 All other meetings of the joint committee will be determined in line with the proposed approach for dealing with the consultation. Different approaches may be taken for each consultation and could include gathering evidence from:

- NHS bodies and local service providers;
- patients and the public;
- voluntary sector and community organisations; and
- NHS regulatory bodies.

6.9 Reports of a Joint Committee

6.9.1 A joint committee is entitled to produce a written report which may include recommendations. As a minimum, the report will include:

- An explanation of why the matter was reviewed or scrutinised
- A summary of the evidence considered
- A list of the participants involved in the review
- An explanation of any recommendations on the matter reviewed or scrutinised

The lead authority will be responsible for the drafting of a report for consideration by the joint committee.

6.9.2 Reports shall be agreed by the majority of members of a joint committee and submitted to the relevant NHS body/health service provider or the Secretary of State as applicable.

6.9.3 Where a member of a joint health scrutiny committee does not agree with the content of the committee's report, they may produce a report setting out their findings and recommendations which will be attached as an appendix to the joint health scrutiny committee's main report.

7. DISCRETIONARY HEALTH SCRUTINY

- 7.1 More generally, the Health and Social Care Act 2012 and the 2013 Health Scrutiny Regulations provide for local authority health scrutiny arrangements to scrutinise the planning, provision and operation of health services.
- 7.2 In this respect, two or more local authorities may appoint a joint committee for the purposes of scrutinising the planning, provision and operation of health services which impact on a wider footprint than that of an individual authority's area.
- 7.3 Any such committee will have the power to:
- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions
 - make reports and recommendations to relevant NHS bodies/local health providers
 - require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations
- 7.4 A discretionary joint committee will not have the power to refer an issue to the Secretary of State for Health.
- 7.5 In establishing a joint committee for the purposes of discretionary joint scrutiny activity, the constituent local authorities should determine the committee's role and remit. This should include consideration as to whether the committee operates as a standing arrangement for the purposes of considering all of the planning, provision and operation of health services within a particular area or whether it is being established for the purposes of considering the operation of one particular health service with a view to making recommendations for its improvement. In the case of the latter, the committee must disband once its specific scrutiny activity is complete.
- 7.6 In administering any such committee, the proposed approach identified in sections 6.3 – 6.9 (disregarding any power to refer to the Secretary of State) of this protocol should be followed, as appropriate.

8. CONCLUSION

- 8.1 The local authorities of Cheshire and Merseyside have adopted this protocol as a means of governing the operation of joint health scrutiny arrangements both mandatory and discretionary. The protocol is intended to support effective consultation with NHS bodies or local health service providers on any proposal for a substantial development of or variation in health services. The protocol also supports the establishment of a joint health overview and scrutiny committee where discretionary health scrutiny activity is deemed appropriate.
- 8.2 The protocol will be reviewed regularly, and at least on an annual basis to ensure that it complies with all current legislation and any guidance published by the Department of Health.

DRAFT

REPORT TO:	Executive Board
DATE:	13 March 2014
REPORTING OFFICER:	Strategic Director: Children & Enterprise
PORTFOLIO:	Economic Development
SUBJECT:	Implementing Halton Borough Council's Apprenticeship Scheme
WARDS:	All

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to set out options to resource a corporate apprenticeship scheme.

2.0 RECOMMENDATIONS: That

- 1) consideration is given to the options available to fund apprenticeships within the Council as set out in section 3.4 of the report;**
- 2) Option 3 is agreed as the preferred option;**
- 3) a target of establishing 10 additional apprentices during the next financial year is approved; and**
- 4) a future cascade briefing is used to promote and provide further information on apprenticeships.**

3.0 SUPPORTING INFORMATION

3.1 Halton Borough Council's People Plan reinforces the need for the Council to continue to attract, develop and retain excellent people. Furthermore, there is recognition that the Council has an ageing workforce and has been developing a Talent Strategy to promote a structured approach to Succession Planning across the organisation.

3.2. The benefits of Apprenticeships have been reported previously to (Chief Officer) Management Team and the Executive Board. Briefly, apprenticeships can promote a more balanced workforce if the workforce is ageing; can often inject freshness and new ideas into the organisation; and can help the organisation to reduce skills shortages in growth areas. Apprenticeships also contribute to our wider employment and regeneration policies.

- 3.3 There are several examples where apprenticeships are working well across the organisation, but it has been difficult to allocate a specific resource to fund and support apprenticeships.
- 3.4 There are three funding options to consider

Option 1 Use existing departmental resources to fund Apprenticeships

Another approach would be to assess whether any Council vacancies could be converted into apprenticeships. An appropriate apprenticeship framework would be identified. This would have the advantage of ensuring that no new money would need to be found, as the funding of the post would already have been identified within the existing departmental budget. However, it is acknowledged that if there is any remaining resource it is likely to be identified as a future saving.

Option 2 - Use of the Council's Invest to Save Budget

One approach that Executive Board could consider, is the use of the Council's Invest to Save Budget to provide an 'apprenticeships pot', which would enable us to recruit a small number of apprentices.

With this option links can be made between the Voluntary Redundancy Expressions of Interest process, the potential to generate savings to the Council and the opportunity to reinvest some of those savings in funding an apprenticeship scheme,

Wherever possible, the Council has been seeking to reduce its staffing resources 'naturally', for example, through Voluntary Redundancy/Voluntary Early Retirement. The Council has coped well with the loss of key individuals and the skills and experience they have held, but in the long-term it is unlikely that the Council will be able to sustain this reduction in skills, knowledge and experience, without investing in its future workforce.

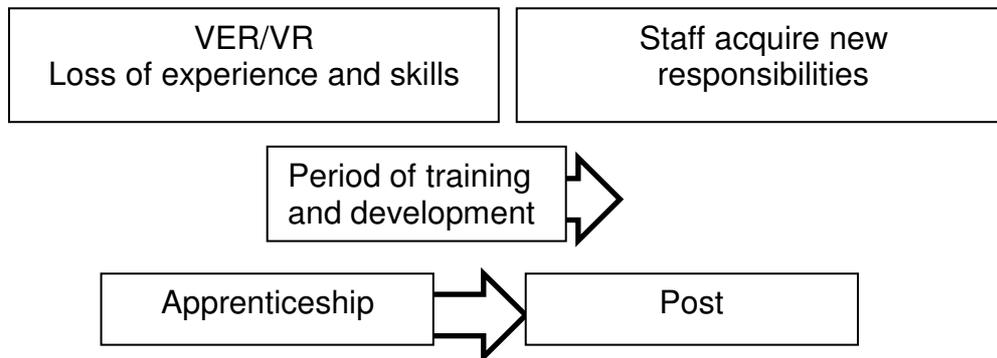
It is interesting to note that 21.6% of the Council's work force (554 people) is over 55, whilst only 2.4 % (62 people) of the Council's workforce is under 25.

Reducing the Council's workforce 'naturally' has saved the Council money. However, we are all aware that further significant savings need to be made.

Furthermore, some of our older staff may consider leaving the organisation, but many managers would be reluctant to allow staff to retire via the Voluntary Early Retirement route, unless they knew that there were other staff being trained and developed to take on these roles in the future.

Conversely, whilst staff previously on lower grades have stepped up and met the challenge of taking on additional and increased responsibilities, some have often had little or no lead in time to take on these new areas of work. In

some instances these staff would welcome a phased or transitioned route to taking on further responsibilities and duties.



Although the Invest to Save Budget is an option to consider, the correlation between savings made in supporting Voluntary Redundancy requests, and reinvesting these savings in recruiting new apprentices, is difficult to quantify.

Option 3 Explore the use of European Funding to develop a borough wide apprenticeship programme.

This option would see the continued development and support of apprentices through the Halton Employment Partnership. Here, the Council would be one of a number of apprentice providers in the borough. However, the Council would not be able to recover all its apprenticeships costs and would need to identify some matching funding. The Council has ear-marked some resources to support the development of the European programme and this may be an appropriate use of this resource. However, it should be noted that the next European Programme does not commence until September 2014. The development of this option would also explore the feasibility of supporting the Council’s existing apprenticeships provision.

This option is the preferred option of the Council’s Organisational Development Group.

3.5 Cascading Information on Apprenticeships

There is now an opportunity to better communicate how an Apprenticeship Scheme would work in practice, and to identify potential apprenticeship opportunities within and across the Council.

This would help to reduce any concerns and promote a working dialogue with key stakeholders including TUs, Managers, Elected Members and HR (in an advisory role).

As a starting point, it is proposed that a future cascade briefing (scheduled for early May 2014) could be used to brief Managers on Apprenticeships. The

Council's (Chief Officer) Management Team has stressed that it is essential that the benefits of an Apprenticeship Scheme are cascaded across the organisation as a whole. The briefing would set out the process for identifying, appointing, supporting and monitoring apprenticeships. It would include details on:

- Appropriate Induction outlining the respective roles and responsibilities of apprentices and managers;
- How assessments would be undertaken;
- the types of work that apprentices would undertake; and
- typical 'apprenticeship frameworks.

It is envisaged that as part of a cascade briefing a short round the table discussion would be facilitated to enable managers to ask specific questions about the apprenticeships scheme.

The cascade briefing would allow us to work together to identify areas of the Council where an apprenticeships scheme could be supported, or conversely, where the scheme could not be supported.

Were Executive Board to agree to this, a guidance booklet would be produced outlining the process.

Some of the possible Frequently Asked Questions are contained in Appendix 1.

4.0 POLICY IMPLICATIONS

The implementation of a Halton Borough Council Apprenticeship Scheme supports key corporate priorities. Examples include the People Plan, Halton's Sustainable Community Strategy, City Region Employment Strategy Halton's 14-19 Apprenticeship Strategy Action Plan and Halton's NEET Strategy Plan.

5.0 OTHER/FINANCIAL IMPLICATIONS

Were resources to be made available, they would be used as pump-priming money to pilot and then further develop apprenticeships within the Council for a 12-month period. There is an expectation, although no guarantee, that some resources could be recouped through other external grants funding, such as the Skills Funding Agency.

At the end of this 12 month period a number of further options would need to be considered:

- the value of continuing the scheme;
- whether existing apprentices would be offered further employment;
- whether the scheme would be delivered in a different way.

If the scheme is to be coordinated appropriately, then resources would need to be set aside to fulfil this role. Whilst it is expected that most of the resource will be provided by using existing staff i.e. through a combination of the National Apprenticeships Service, the Council's Employment Learning and Skills Division and Council's Policy Officer(s), it is expected that there will be some initial project coordination requirements. Where possible, the coordination of the scheme will be managed through existing networks and arrangements, but this will be reviewed depending on feedback received from Managers as part of the Cascade Briefing referred to in section 3.5 of the report.

Therefore, estimated costs for the scheme will be: 1 apprentice @ HBC1 plus on costs = £16,166 x 10 apprentices = £161,660

Progress reports on the scheme will be provided on a quarterly basis.

The scheme would commence in November 2014.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

There are a number of positive implications for the Council's priorities i.e.

- Strengthen links and relationships between the Council and local communities –
- Demonstration of Council's commitment to promoting inclusion and wellbeing and reducing poverty.
- A tool to tackle high local levels of Worklessness in specific groups – for example NEETS, (Not in Education, Employment and Training)
- Raise attainment and aspirations for the young people of Halton.
- Contributes towards targets, both internal and with external partners.
- If successfully implemented, could be seen as a 'job creation' scheme.
- Contributes to raising skill levels in the local labour workforce.
- Enhances reputation – research indicates that 80% consumers favour an organisation that employs apprentices.

7.0 RISK ANALYSIS

There are some risks associated with the implementation of an Apprenticeship Scheme for Halton Borough Council.

RISK	LIKELIHOOD	IMPACT	SCORE	MITIGATION
<i>Unable to attract potential candidates</i>	<i>2</i>	<i>5</i>	<i>10(I)</i>	<i>Work with Halton Employment Partnership to</i>

				<i>identify possible candidates</i>
<i>Difficult to sustain mentoring support for apprentices</i>	<i>2</i>	<i>4</i>	<i>8(l)</i>	<i>Successful apprenticeships already operate in the Council and this expertise would be available to support</i>
<i>Non-Completion of apprenticeships</i>	<i>3</i>	<i>5</i>	<i>15(m)</i>	<i>Existing arrangements in place to manage apprenticeships</i>
<i>Sustainability of Apprenticeships</i>	<i>4</i>	<i>5</i>	<i>20 (h)</i>	<i>Colleagues will work with funding providers at a national and city region level to continue to support the scheme</i>

Score 0-5

High 20-25

Medium 15-19

Low 0-14

8.0 EQUALITY AND DIVERSITY ISSUES

Equality and Diversity issues have been considered. The Apprenticeships Scheme seeks to encourage equal employment opportunities for people living and working in the Borough, but care is being taken to ensure that the scheme would not discriminate against existing staff.

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

None under the meaning of the Act.

APPENDIX 1 – FREQUENTLY ASKED QUESTIONS

1. I am a manager – what is in it for me?
2. Apart from contributing to the Council's employment agenda, by helping local unemployed people to get ready for work, the scheme will provide you with an opportunity to obtain some additional resources to support the work of your team
3. How will managers be supported?
4. Managers will be guided through the process by the Council's Employment Learning and Skills team. Apprentices also follow a framework where support from the National Apprenticeships Service. We will establish a mentoring network where other managers who have provided apprenticeships in the past will be on hand to offer advice
5. How do I apply to recruit an apprentice?
6. First, you will be asked to complete a proforma outlining the business case for why and how you would best use an apprenticeship. You will be provided with examples of job descriptions and person specifications which you can adapt to meet your requirements. Advertisements will be made via the Council's Halton People into Jobs team
7. How much will apprentices be paid?
8. Apprentices will be paid HBC1 which complies with the minimum wage
9. Who pays for the apprentice?
10. The scheme would be funded as a pilot and further funding is yet to be determined
11. How will the performance of an apprentice be monitored and assessed? Whilst managers will be expected to supervise apprentices as they would with other staff, apprentices also have to meet targets set out in their apprenticeship framework
12. How much off- the job training will be required?
13. This will vary according to the apprenticeship, but it is likely that the apprenticeship will include day release for training/study.
14. I am an apprentice – what is in it for me?
15. You will receive an opportunity to get real and practical work experience, whilst studying for a further qualification. The Council is a large employer with a wide range of jobs and professions
16. How long will an apprenticeship last?
17. Your apprenticeship with the Council will last for up to 12 months
18. What happens when an apprenticeship finishes?

Unfortunately, there is no guarantee that you will be offered a job with the Council. However, your experience and skills gained will put you in a better position to apply for jobs within and outside the Council.

19. How and will I be paid?

You will be paid as if you were an employee of the Council i.e. monthly.

REPORT TO: Executive Board

DATE: 13 March 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Economic Development

SUBJECT: Voluntary Sector Funding – Grant Allocation 2014/15

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To report on the Voluntary Sector Grant Funding Awards for 2014/15.

2.0 RECOMMENDATION: That the grant allocations, as outlined in the report, be approved.

3.0 SUPPORTING INFORMATION

3.1 In a report to the Executive Board on 3 January 2002 the expectations for voluntary sector funding were established. It was agreed that awards be judged against agreed criteria and actual targets to be negotiated prior to signing a service level agreement. Targets are now linked to both departmental and corporate priorities reflecting a targeted approach to funding.

Applications are assessed and recommendations agreed by a panel consisting of the Executive Board Member with portfolio responsibility for the Voluntary Sector and Officers from the Communities Department.

3.2 Monitoring Arrangements

- 1) All grants must agree a Service Level Agreement and provide quarterly monitoring reports. Grants under £5,000 provide mid-year and end of year reports.
- 2) Review meetings are held with the organisations in receipt of core grant on an annual basis.
- 3) Voluntary sector grant performance monitoring information contributes to corporate assessments.

4.0 APPROVAL OF GRANTS 2014/15

4.1 Voluntary Sector Core Funding Grants

The grants are listed below; the report is in the context of the budget

allocation and the panel's assessment. These recommendations are for an annual allocation for the financial year 2014/15.

The budget available is £227,716

	2014/15
Cheshire Asbestos Victims Support	£8,000
Cheshire Race & Equality Council	£4,000
Cheshire Victim Support	£5,000
Halton Citizens Advice Bureaux	£133,000
Halton & St Helens VCA	£40,276
Halton Talking Newspapers	£1,000
Relate	£9,000
Runcorn & Frodsham MENCAP	£2,590
Samaritans	£4,000
Vision Support	£7,850
Widnes & Runcorn Cancer Support Group	£13,000
TOTAL	£227,716

5.0 POLICY IMPLICATIONS

5.1 None at this stage.

6.0 FINANCIAL IMPLICATIONS

6.1 The recommended grants do not exceed the current budget allocations

6.2 The work of the voluntary sector organisations receiving grants impacts greatly on health improvements, social inclusion, and community involvement, anti-poverty and diversity issues.

6.3 A review of the Voluntary Sector funding will need to be undertaken as part of the budgetary setting process for 2015-16.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

The service delivery from organisations receiving core grants in many cases is cross cutting in the context of the Council's strategic priorities. There are significant levels of welfare rights and debt handling support provided which impacts on anti-poverty issues for the Borough.

7.1 Children & Young People in Halton

The work delivered by Relate in preventing family breakdown and

offering counselling to teenagers has a direct impact on those children and young people in the Borough.

The Samaritans is open to all age ranges and does receive calls from young people in the Borough looking for support.

Widnes & Runcorn Cancer support group offer support to all members of families affected by the disease, encompassing young members of families.

Mencap runs a weekly youth group for young people with extra needs.

Halton CAB provides advice to Sure Start families.

Cheshire, Halton and Warrington Race and Equality Centre, in partnership with Manchester Metropolitan university has undertaken a three year research project - Schools Stand Up 2 Racism to research racism and its effects in Cheshire, Halton and Warrington secondary schools.

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

The voluntary sector organisations have a significant reliance on volunteer time to deliver services. The organisations provide training opportunities for volunteers to enable the delivery of service and improve their skills and employability.

The CAB in particular has experienced local volunteers gaining local employment as result of the training and experience.

Halton and St Helens VCA supports volunteers to gain work experience, train and get qualifications and develop new skills which enable them to explore new career paths.

Relate offers placements for students on counselling degrees.

7.3 **A Healthy Halton**

Widnes & Runcorn Cancer support have a major impact on the health and well being of our residents diagnosed and in remission from cancer through the support, advocacy and therapies they are able to offer.

Cheshire Asbestos works with sufferers and their families to support them through the illness, offering welfare support and recreational breaks for the sufferers and their families.

Vision support provides a resource centre for visually impaired and offers home visits and welfare rights support.

Halton Talking Newspaper service enables their clients to receive

news on current affairs and community activities on a weekly basis including GP/Pharmacy opening times.

7.4 A Safer Halton

Cheshire Victim Support provides support to victims of crime through to pre trial preparation and court attendances which can be daunting for residents left vulnerable from crimes against them.

Cheshire, Halton & Warrington Race & Equality Centre work with minority groups in the Borough to contribute to a cohesive and integrated community in Halton. They offer support to individuals experiencing discrimination and will support in challenging discriminatory practice and will help people through tribunal processes.

Mencap provides a community meeting point for disabled members in Halton offering a safe environment for their clients to engage in community activity and participate in skill development and recreational activity.

7.5 Halton's Urban Renewal

None identified.

8.0 RISK ANALYSIS

8.1 The Quality Assurance Team will monitor the grants and ensure the Council and Halton residents receive value for money.

9.0 EQUALITY & DIVERSITY ISSUES

9.1 To receive a grant, organisations have to demonstrate that acceptable equality and diversity policies are in place.

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

10.1 None under the meaning of the Act.

REPORT TO: Executive Board

DATE: 13 March 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Economic Development

SUBJECT: Norton Priory Heritage Lottery Fund Bid

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To seek the approval of the Board to provide financial support in the form of a loan for the Norton Priory Museum Trust so that the bid to Heritage Lottery Fund (HLF) for a new museum building can proceed without delay.

2.0 **RECOMMENDATION: That, if the Trust is unable to raise all of the match funding required, Executive Board agree to underwrite the Norton Priory Museum Trust's HLF bid by providing a loan of up to £300,000 plus interest to be repaid over a period of up to three years commencing 2015.**

3.0 **SUPPORTING INFORMATION**

3.1 On 26th July the Norton Priory Museum Trust was granted a stage 1 pass from the Heritage Lottery Fund (HLF) for its project *Monastery to Museum 900*. This £5m scheme will conserve the 12th century undercroft and redevelop the museum in response to the deteriorating conditions and the growing risk to the historical assets preserved by the Trust.

3.2 Norton Priory Museum was opened by the Runcorn Development Corporation in 1985 before becoming the responsibility of Halton Borough Council. Although the Council is the freehold landowner of the museum it is operated on the Council's behalf by the Norton Priory Museum Trust.

3.3 Since the museum opened it has been visited by hundreds of thousands of people and is a popular day trip destination. In 2012/13 there were more than 31,000 visits to the museum, many from local and regional Schools.

3.4 By the beginning of the 21st century the original museum building had become inadequate for the needs of the museum trust, the

collections housed within and for the needs of the general public. The museum itself is ageing, unattractive and inhospitable to visitors. The heating system within the museum has failed and leaks through the deteriorating roof are commonplace. As a result, much of the collection was removed to offsite storage in 2011 when mould growth was discovered within the collection, including items on display. Water ingress due to the failing roof of the 12th century undercroft is likewise causing significant damage and is in need of investment before it falls onto the English Heritage 'Buildings at risk register' and ultimately closes to the public.

- 3.5 An application was made to the Heritage Lottery Fund in March 2012. The bid was successful and Norton Priory was given a stage 1 pass. This granted the museum £309,000 to work up the proposal in detail.
- 3.6 Plans have progressed and the stage 2 bid will be submitted on 31st March 2014. The bid is for £3.67m and the Norton Priory Museum Trust has to find £690,392 in match funding. The trust is confident about securing £390,392 by March 2014. However a further £300,000 may not be in place until after July 2014 thereby putting the project at risk.
- 3.7 The HLF need to be assured that the Norton Priory Museum Trust is able to deliver the match funding for the project. The bid would be strengthened if the Council agreed to underwrite the project should the trust not have all of the match funding in place by July 2014. The Executive Board has already agreed that the Council will provide the cashflow for the project. The nature of HLF projects is that money has to be spent up front and then claimed for upon completion of the works. At this stage the HLF only require confirmation that the Council will underwrite stage 2 it is unlikely that the Trust would require any of the funding before 2015.

4.0 **POLICY IMPLICATIONS**

- 4.1 There are no policy implications.

5.0 **FINANCIAL IMPLICATIONS**

- 5.1 If the Norton Priory Museum Trust is unable to secure all of the required match funding for *Monastery to Museum 900* the Council would, if the recommendation is agreed, provide a loan to them of up to £300,000, although the whole amount would not be required immediately. This would be funded by the Council through prudential borrowing.
- 5.2 A legal Agreement would be prepared between the Council and Norton Priory Museum Trust setting out the terms of the loan, which

would include;

- (i) The loan would be repaid to the Council plus interest (to be determined based upon appropriate rates prevailing at the time of taking out the loan) within the lifetime of the project (2014 – March 2017).
- (ii) A repayment profile would be agreed between the Council and the Trust based upon the anticipated receipt of match funding.
- (iii) Irrespective of whether sufficient match funding has been received by the Trust, the outstanding balance of the loan including interest due to the Council will fall due to be repaid by 31st March 2017.

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

6.1 **Children & Young People in Halton**

Norton Priory sees more than 8000 children and young people a year through school visits and outreach. The Trust also provides internships and work experience for young offenders from the Thorn Cross Young Offenders Institute as well as from schools, colleges and universities – 5 college placements and 2 undergraduate placements occurred in 2013. Apprentice stonemasons from West Cheshire College work onsite once a week.

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

Norton Priory works in partnership with Country Gardens, part of Halton Borough Council's Adult Services providing employment for people with learning difficulties throughout its cafes and gardens. A £231,000 HLF funded scheme, 'HA2' run from 2005 to 2007 resulted in the recruitment of more than 120 volunteers, while today the Trust boasts some 150 volunteers of whom 60 are active at any one time. Its work with Astmoor Day Services with people with profound learning difficulties led to its shortlisting in the Gulbenkian Museum of the Year Awards in 2005 and is a partnership that still thrives today. 2013 also saw the introduction of traditional skills courses that saw more than 60 participants over 8 courses.

6.3 **A Healthy Halton**

As well as the many outdoor volunteer opportunities Norton Priory offers to more than 50 people every year, the Trust successfully took part in the 2013 pilot, Natural Health Service Project that provided individuals referred by the NHS with gardening opportunities helping to improve their social and physical wellbeing.

6.4 **A Safer Halton**

There are no Safer Halton implications.

6.5 **Halton's Urban Renewal**

The new building will visually improve the museum environment and that of the local area making it a more desirable location. Evidence from similar HLF funded projects elsewhere and forecasts made by consultant Jura during the development of the round one HLF application indicate a 60% rise in visitor numbers – to exceed 55,000 per year. The HLF funding includes significant marketing and events investment to ensure that this target is achieved and that the profile of the museum rises accordingly. It is anticipated that much of this rise in visitor numbers will come from tourists and day trippers who will contribute to the local economy.

7.0 **RISK ANALYSIS**

7.1 If the Board does not agree to underwrite the project there is a risk that the HLF application might fail. That would leave the museum with an ageing building that is no longer fit for purpose. There would be increased costs incurred just to keep the building open and possibly a decline in revenue to support those costs.

7.2 If the Trust are unable to repay the Council's loan this will place an additional cost burden upon the Council, at a time when the Council is facing severe financial challenges. The legal binding Agreement will therefore mitigate against this risk.

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

REPORT TO: Executive Board

DATE: 13 March 2014

REPORTING OFFICER: Strategic Director - Policy & Resources

PORTFOLIO: Resources

SUBJECT: Directorate Performance Overview Reports for Quarter 3 2013/14

1.0 PURPOSE OF REPORT

1.1 To report the Council's performance for the third quarter period to 31st December 2013. The report details progress against key objectives/ milestones and performance targets, and describes factors affecting each of the three Directorates.

2.0 RECOMMENDED: That

- 1) Executive Board note the information contained in the report; and**
- 2) consider the progress and performance information and raise any questions or points for clarification.**

3.0 SUPPORTING INFORMATION

Background and Context

3.1 Revised Performance Framework from 2012/13

3.2 A review of the Council's existing performance management and monitoring arrangements was undertaken in 2011, based upon an agreed set of principles (agreed by Corporate PPB), based around the better management of performance information in terms of both strategic focus and volume, which involved:

- Capturing the views of Lead and Senior Officers and Elected Members in a number of forums;
- A review of adopted practice elsewhere e.g. in other neighbouring Councils, Primary Care Trusts and best practice in Local Government and the Private sector;
- Consideration of the potential requirements and expectations of local authority self-regulation; and
- The on-going need to ensure that available resources are being deployed to best effect in addressing strategic priorities of the Council.

- 3.3 As a result of these review findings it was approved that the authority develops an approach to the future use of performance information that is, as far as possible, focussed primarily upon the needs of the receiving audience as opposed to being determined by the existing organisational structure. This also reflected a transition away from Local Authorities being performance managed by central government and toward being held to account at a local level through the transparent provision of accessible performance data.
- 3.4 In addition, it is essential that the Council maintains a planning and performance framework that allows the identification and on-going monitoring of key activities and performance measures that meet organisational needs. Performance management will also continue to be important in our demonstration of value for money and outward accountability.
- 3.5 The Directorate Performance Overview Report provides a strategic summary of the key issues arising from performance in the relevant quarter for each Directorate and being aligned to Council priorities or functional areas. Such information is central to the Council's performance management arrangements and the Executive Board has a key role in monitoring performance and strengthening accountability.
- 3.6 Information for each of the Council's Directorates is contained within the following appendices:
- Appendix 1 - Children and Enterprise
Appendix 2 - Communities
Appendix 3 - Policy & Resources
- 3.7 Directorate Risk registers are presently being reviewed and refreshed in conjunction with the development of Directorate Business Plans 2014 – 17 and the monitoring of high risks will be reported to the Board in due course.

4.0 POLICY IMPLICATIONS

- 4.1 The Council's Performance Management Framework will continue to form a key part of the Council's policy framework.

5.0 OTHER IMPLICATIONS

- 5.1 These reports would also be available to support future scrutiny arrangements of services by Members and Inspection regimes for Ofsted and Adult Social Care.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

- 6.1 Existing and future performance frameworks at both local and national level are linked to the delivery of the Council's priorities.
- 6.1 The introduction of Directorate Overview Reports for Executive Board, reporting key 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 The new revised performance framework for 2012/13 and beyond will allow the authority to both align its activities to the delivery of organisation and partnership priorities and provide appropriate information to all relevant stakeholders in accordance with the “transparency agenda”. Performance Indicators are used by external agencies and the public at large in informing any judgement they make as to how the authority is currently performing.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 Minority and disadvantaged groups and geographic areas are involved with and taken into account in all stages of performance management, including planning, data collection and analysis, service delivery, policy and service development and the impact of policies.

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

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

Directorate Performance Overview Report

Directorate: Children and Enterprise Directorate

Reporting Period: Quarter 3, Period 1 October 2013 – 31 December 2013

1.0 Introduction

This report provides an overview of issues and progress within the Directorate that have occurred within Quarter 3. The way in which traffic light symbols have been used to reflect progress to date is explained within the Appendix (section 8).

Please note initials have been provided to indicate which Operational Director is responsible for the commentary to aid Members, as requested by the Children and Young People Policy and Performance Board. A key is provided at the end of the report in Appendix (section 8).

2.0 Key Developments

2.1 Property Services (Operations) (WR)

The proposed improvement works to Lowerhouse Lane Depot following an Health & Safety Executive visit have now commenced on site with the demolition of the former welfare block and archive store and the refurbishment of the workshop welfare facilities. The main resurfacing works will commence on site in January 2014.

Planning approval has now been obtained for the proposed Travellers site on Warrington Road in Runcorn. Works are continuing with the procurement process with works anticipated to start on site in the new year, completion being due in the Autumn of 2014.

2.2 Employment Learning and Skills (WR)

The Final Efficiency Review report was produced and the Board agreed that all core council monies be removed from the Division, with the recommendation that the division becomes self-financing.

The first of 3 Good Practice case studies relating to the ELS Division was published on the Ofsted website in November 2013, recognising the outstanding employability provision.

2.3 Business Improvement & Growth - Investment Enquiries (WR)

The number of investment enquiries for the 2013 calendar year (306) is greatest since 2004 and represents an improvement since the onset of the global recession in 2008.

2.4 Contact, Advice & Referral Team (CART) (TC)

The CART Team set up three dates to present the CART procedures to multi-agency audience. The first date was attended by over 100 professionals, and the same numbers are expected at future dates. The team has now added capacity. Firstly from 20th January the contact centre began loading children's contacts. It is anticipated this will give the CART social workers more time to screen contacts as their time will not be spent loading the information. Secondly the team has increased to 4.5 social workers. This should increase the social workers capacity to complete screening.

2.5 OFSTED inspections (TC)

Edinburgh Road Residential Children's Home were subject to inspection in November 2013 and were rated as Good.

Inglefield Residential Short Break Unit for Children with disabilities has been rated for the fourth successive year as Outstanding by Ofsted during their inspection in December 2013.

2.6 Stakeholder Involvement (AMc)

There have been significant developments around involvement and engagement of parents, carers and young people through some of the activities listed below; e.g.

- Active Halton Family Voice Group and linkages in Children's Centre and community centre settings
- Newly established Involve Group for young people as well as parents and carers that is already making a difference across a range of work including the Children and Young People's Plan, Participation Strategy and within commissioning
- Parent participation in the Halton Levels of Need development
- Special Educational Needs (SEN) reform – parents attending task and finish groups
- Our Healthy Halton project and event that was initiated by young people, parents and carers work will be included in the new Joint Strategic Needs Assessment
- Front door model through the Early Help and Support (EHAS) group had parent involvement
- Child and Adolescent Mental Health (CAMHS) service development
- Clinical Commissioning Group (CCG) 'have your say' events

Over the past two years there has been a significant shift in the view of stakeholder involvement. It has moved from being an afterthought to participation being thought of at planning stages. For example, times and days of meetings are arranged so that stakeholders can attend. There is more use of focus groups, representatives and stakeholder led activities to engage and gather views. Stakeholders that have been involved have fed back that their opinion felt valued and that language and approach was generally accessible.

2.7 Missing from Home (AMc)

There have been several changes to the collection of data from Cheshire Constabulary and the Catch 22 commissioned service, with further developments planned for 2014. It has been agreed to continue with Catch 22 as the current provider to deliver the missing from home services across Cheshire until March 2015. The Pan-Cheshire Missing from Home Protocol will be refreshed in Spring 2014, in line with the proposed new Department for Education guidance that will include a process for children and young people that are absent.

Catch 22 as the missing from home and care service has links to Child Sexual Exploitation (CSE) support and have introduced a part time post for six months from September 2013 to support the CSE agenda. This will be based mainly around awareness raising and to assist with the development of the co-ordination of intelligence for the operational group feeding in the Local Authority and Police to build up the picture of CSE locally.

2.8 Alternative Provision Consultation (AMc)

To coincide with the recent amalgamation of the Key Stage 3 and Key Stage 4 Pupil Referral Units (now The Bridge School), the alternative provision offer within the borough is being reshaped. A number of task and finish groups looking at areas of work, such as consistency of recording and reporting, have met and recommendations from the groups are being reported to the Alternative Provision Strategy Group at the end of January 2014.

2.9 Halton Children and Young People's Plan 2014-17 and Children's Trust Priorities (AMc)

The Halton Children and Young People's Plan (CYPP) is the agreed joint strategy of the partners within the Halton Children's Trust. It details how they will co-operate to improve children's well-being. It represents Halton's local vision and aspirations for children and young people in the borough, and provides strategic direction and determines how the Children's Trust Board will work together to commission services to address locally identified needs and better integrate provision.

The existing CYPP is in place until March 2014 and work is underway to develop a new plan from April 2014 onwards. This work is being led by a multi-agency task and finish group of Halton Children's Trust. Updates are provided to all stakeholders throughout the process, together with opportunity to be involved in its development. The CYPP will be developed around the following three priorities that have been agreed by Halton Children's Trust Board members;

- **Working together to** deliver in a joined up way to make sure children and their families get the right help at the right time (Early Help and Support)
- **Working together to** plan and fund outcome focused services for children and families, that deliver high quality services that are value for money (Integrated Commissioning)
- **Working together to** focus services towards the needs of our most vulnerable children, young people and families to 'close the gap' by improving health and education outcomes.

The development of the new plan is being undertaken with the involvement of young people as outlined in 2.6 above.

2.10 The Children and Families Bill (SN)

The Bill is expected to become law in Spring Term 2014 and key aspects will come into force from September 2014. The key changes include;

- Makes statutory processes fully 'family centred'
- Enhance ways for parents and children to participate in decision making
- Provide SEN support from 0-25 years
- Publish a fully integrated Local Offer, a comprehensive guide to services for children and young people with SEND
- Promote the new Education, Health and Care Plans, which will replace Statements
- Facilitate joint commissioning across Education, Health and Social Care
- Enable parents, children and young people the right to ask for their own budget
- Provide greater levels of support for transition, via the Preparing for Adulthood agenda
- Promote and develop robust integrated working across all agencies, and,
- Ensure that our children and young people with a wide range of additional needs continue to have their needs met within their educational settings.

The Learning and Achievement Service department is working with a number of agencies to ensure that Halton is prepared for the implementation of the Bill. The changes will be far-reaching and the process of getting ready to implement the changes is taking shape. There are currently five active task and finish groups up and running, each focusing on key areas of the reforms. Alongside the work of the groups, there are also Operational and Strategic groups completing the full governance structure.

2.11 School Improvement Link Officer Support (SN)

The reintroduction of the link officer role to all schools has been well received. This is as planned supporting us in our monitoring role, and the support brokerage of school to school support.

2.12 Ofsted inspections of Local Authority School Improvement Services (SN)

Colleagues in Learning and Achievement service are continuing to use the Ofsted inspection framework and criteria for judging effectiveness to support their self-review. The school improvement strategy has been refreshed and following the required approval will be launched with schools in April 2014. A survey of schools will also be undertaken to gauge their views around the effectiveness of Halton's school improvement offer.

3.0 Emerging Issues

3.1 Property Services (Operations) (WR)

We have now started to look at income generation from our corporate building stock linked to the move to agile working which is having the effect of freeing up space. This is an area that we will be increasingly focussing on in the future as there is an opportunity to generate a significant amount of income. The Department of Health have now moved into Rutland house. This reflects a proactive approach to sharing our accommodation, an example of which is working with the Clinical Commissioning Group (CCG) who have previously moved into Runcorn Town Hall. We are also currently in discussions with other public sector partners with a view to them taking some space in Rutland House.

2.2 Employment Learning and Skills (WR)

If successful with the Department of Work and Pensions (DWP) Community Work Placement programme application, additional staffing would be required as the contract would involve working with many hundreds of new customers.

A Jobs Fair for Work Programme returners will take place on 23 January at Riverside College (led by Job Centre Plus) and the division will have a presence at this event.

Now that the efficiency review has reported the 'to be' findings, a Divisional restructure will be undertaken in Quarter 4, which will involve some staff being placed at risk and possible redundancies. It will also mean that some services currently delivered by the division will cease.

The proposals for how the new European monies will be spent will need to be finalised in Quarter 4.

A number of city region wide events relating to apprenticeships will take place in March and June of 2014. Planning for these events will be required and support from partners, schools and employers will be needed.

3.3 OFSTED Inspections (TC)

Children's Centres

On 14 and 15 January 2014, Halton Lodge and Halton Brook Children's Centres were inspected as a group. The feedback from inspectors was that they would be graded as Good in all judgement areas. Publication of the report is awaited at the time of writing this report.

3.4 Children subject to a Child Protection Plan (TC)

The number of children subject to child protection plans continues to rise, and significantly the data shows the number of children subject to plans in the Runcorn area is significantly higher than in the Widnes area. The reason for the increase requires further analysis, but the level brings us into closer alignment with our statistical neighbours.

3.5 Children in Care (TC)

The number of children in care continues to rise with increases in children aged 5-11 and 12-15 in particular. This brings challenges in terms of resourcing appropriate placements for children and young people with challenging and complex behaviour. The rate per 10,000 is still lower than our statistical neighbours but is increasing. This pattern of increase in children in care is also being reported regionally.

3.6 Raising the Participation Age (RPA) (AMc)

The current Liverpool City Region (LCR) contract for the delivery of Information, Advice and Guidance services and the Tracking of 16-18 year old (19+ for those with lifelong learning difficulties and disabilities) young people ends 31 March 2014. Effective transitional arrangements are required across the LCR to ensure the successful changeover of services and that the impact on frontline support for young people is minimal. In conjunction with LCR authorities, Halton has procured a new web-based tracking system to track young people into education, employment and training as part of the statutory duties. The LCR are currently in the procurement process for engagement and careers provision to fulfil its statutory duty to encourage, enable and assist young people to participate in education or training.

3.7 Increase in Sixth Form provision (AMc)

The Heath School in Runcorn and Ashley School in Widnes will deliver post-16 provision from September 2014. In addition, Sandymoor Free School will soon have post-16 provision and Hope Corner Academy has had an application to temporarily increase the schools registered age range approved. The increase in provider base raises the issue of the breadth of the offer in relation to the 16-19 Study Programmes and the sustainability of small sixth forms.

3.8 Universal Free School Meal Capital (AMc)

The Department for Education have allocated £240,170 Universal Infant Free School Meals Capital Funding for LA maintained schools. The Policy, Provision and Performance Division are currently working with schools to identify capital expenditure in readiness for the Universal Free School Meal entitlement from September 2014 whereby all schools will be in a position to provide a hot lunch to all infant children (years Reception, Year 1 and Year 2). A priority of need matrix has been identified where kitchen and dining facility works are required to cope with the additional demand, and will be subject to Executive Board approval.

3.9 Efficiency Review of Learning and Achievement (SN)

The Learning and Achievement service is part way through an efficiency programme review. Until the review is completed and recommendations shared there are a number of vacant key posts including a School Standards and Effectiveness Officer, and the Divisional Manager for Inclusion which cannot be recruited. Whilst statutory duties are being fulfilled within the required timescales, vacancy management is an issue for the department.

3.10 Pupil Premium for Children in Care (SN)

The Department for Education allocate pupil premium funding for children in care using the Children Looked After Data (SSDA903) return completed at the end of March annually. This however, does not take into account any newly accommodated children during the year until the next financial allocation. In Halton, there has been an increase in the numbers of children in care (as reported above in 3.5) which has now put a strain on the local authorities ability to provide the full amount for each child in our care. This has left a shortfall of £21,300 for the year. As there is no method for drawing down additional funding from the Department for Education, this will inevitably impact on how both the local authority as Corporate Parents and schools can improve the educational outcomes of our children in care.

As part of the new developments linked to the Children and Families Bill (see 2.10 above), the pupil premium for children in care is changing. From 2014, the name will be Pupil Premium Plus, and the money allocated will rise to £1,900 with the eligibility extended to include those who have been in care for one day or more, those adopted and those who leave care under a Special Guardianship order or a Residence order.

Whilst this is positive in terms of the increased amount per child and recognition of the fact that the needs of children who leave care do not change overnight, the method of allocation of the money to the local authority will remain the same. The impact of rising numbers of children in the eligibility cohort will continue to put pressure on the funding available for schools and local authorities to improve the educational outcomes of all children.

New guidance will be issued on the role of the Virtual Headteacher and the Pupil Premium Plus once the Bill has received Royal Assent. Following publication of this guidance, and based on the current years budgetary pressures, it will be necessary to review how this funding is allocated to each child and school.

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 2013/14 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 was undertaken during Q2 reporting with no issues to report.

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 for Quarter 3 2013/14.

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 each Directorate.

Driving economic prosperity

Key Milestones

Ref	Milestones	Q3 Progress
EEP 02	Deliver the BID Year 1 action plan by March 2014	
EEP 03	Deliver Work Programme via sub contract arrangements to Prime Contractors A4E and Ingeus Deloitte in line with the contract	

Supporting Commentary

EEP02: All outputs associated with BID Year I Action Plan are on programme and on budget. (WR)

EEP03: Job Start and Job Outcome targets for Ingeus were achieved against most customer group except customer group 6 – ESA customers. Job Start and Job Outcome targets were not achieved for A4e. A formal notice to improve was received from A4E in November 2013. A performance improvement plan was submitted and approved by A4e to increase performance by 31 March 14. (WR)

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q3	Current Progress	Direction of Travel
DIS LI 05	Number of inward investment enquiries per annum	246	180	233 (cumulative)		
DIS LI 06	Inward investment enquiry conversion rate percentage	15%	10%	26%		
SCS ELS 01	Number of active enterprises within the Borough	2715	2715	2775		
SCS ELS 02	The proportion of business diversity in the following sectors: Knowledge Economy, Superport, Low carbon/green, Visitor economy	26.3%	26%	27.03%		
SCS ELS 03	The number of people classed as self-employed	6.2%	6.5%	6%		
SCS ELS 04	Reduce the proportion of people with no qualifications	11.5% Jan to Dec 2011	11.5%	12.1% (Jan to Dec 2012)		
SCS ELS 05	The proportion of people achieving NVQ Level 4 and above	24.5%	24.0%	24.5% (Jan to Dec 2012)		
SCS ELS 07 NI 152	The percentage of people registered unemployed and seeking employment (JSA Claimants)	5.2%	4.8% (March 2014)	4.0%		
SCS ELS 08	The percentage of the working age population claiming out of work benefits	16.87%	17%	15.1%		

Supporting Commentary

DISLI05: The number of investment enquiries for the 2013 calendar year (306) is greatest since 2004 and represents a significant rebound since the onset of the global recession in 2008. During quarter 3 there were 66 enquiries. (WR)

DISLI06: The upward trend in investment enquiries is reflected in the number of conversions which, at 46 in 2013, is the highest level since 2001. (WR)

SCS ELS01: This is the latest data released on 3rd October 2013 which is a snapshot of the Inter Departmental Business Register (IDBR) taken on 12 March 2013. To download and view the current data in excel format, click on the link below, the Information is taken from: (table B1.1)
<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-313744> (WR)

SCS ELS02: The latest data released on 3rd October 2013 is a snapshot of the Inter Departmental Business Register (IDBR) taken on 12 March 2013. To download and view the current data in excel format, click on the link below, the Information is taken from: (table B1.1)
<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-313744> (WR)

The following standard categories have been chosen as a proxy for these priorities:

- Professional, Scientific and Technical
- Information and Communication
- Transport and Storage

SCS ELS03: HBC does not own this NI data. The latest data available from ONS relates to 2011/2012. However, 15 learners accessing HPIJ's Enterprising Halton service have become self-employed during Quarter 3. Quarter 2 is the latest data available for July 2013 at 6% based on the Local Economic Assessment HBC, which is marginally down compared to the same period for 11/12 at 6.4%. (WR)

SCS ELS04: HBC does not own this NI data. However, 51 learners have achieved full Functional Skills qualifications from Quarter 1 to Quarter 3. The latest data available (Jan to Dec 2012) is 12.1% which is an increase from 11.5% compared to the same period in 2011. Source: ONS annual population survey from www.nomisweb.co.uk (WR)

SCS ELS05: HBC does not own this NI data which is only available from the Skills Funding Agency 18 months after learners achieve the qualification. The latest data available (Jan to Dec 2012) is 24.5% which has marginally increased from 24% compared to the same period in 2011. Source: ONS annual population survey from www.nomisweb.co.uk (WR)

SCS ELS07: The number of people on JSA in Q4 was 3233, which is 4%. This is nearly 1000 less people compared to the same time last year and is 187 fewer residents than were claiming last quarter. (WR)

SCS ELS08: The number of the working age population claiming out of work benefits (JSA, ESA and lone parent benefit) in Q3 was 12,243, which is 15.1% and demonstrates the direction of travel is positive. This is good performance in comparison to the same quarter last year of 17.11%. (WR)

Integrated Commissioning

Key Milestones

Ref	Milestones	Q3 Progress
COPS1	Complete the Childcare Sufficiency Assessment (CSA) and implement the action plan to ensure sufficient provision in all areas and age groups	
COPS1	Ensure that priorities in capital spend are in line with the Government guidance and agreed by all representative bodies	
COPS2	Evaluate and monitor the sustainability of current school provision following the transfer of maintained schools to academies and the introduction of Free Schools, working in partnership with all schools to ensure diversity for parents by March 2014	

Supporting Commentary

COPS1 The 2014 Childcare Sufficiency Assessment review will take place in quarter 4 and a report will be produced by April 2014. This will include an updated action plan. Key actions are to continue to identify two year old free entitlement places for 2013/14 and 2014/15 and to work with the three and four year old free entitlement providers in the Upton Children's Centre reach area to increase provision. Officers continue to work with key stakeholders and partners on those actions to ensure sufficient provision in all areas and across all age groups. (AMc)

£355,916 of capital has been provided by the Department for Education to ensure that Halton has sufficient capacity to deliver the increase for eligible two year olds to receive their free early years entitlement. Early Years providers had bids for expenditure totalling £313,467 approved by Executive Board and Full Council, subject to Senior Management Team approval these supported projects will increase place capacity for the two year old free entitlement by 186 places in areas of highest demand. (AMc)

COPS2 The Local Authority has received an academy order for St Augustines Roman Catholic Primary School. At the time of writing this means the local area has one special school, three secondary schools and three primary schools with academy status. Building work continues on the development of the new Sandymoor Free School. (AMc)

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q3	Current Progress	Direction of Travel
SCS CYP15 (NI112 adjusted)	Under 18 conception rate, percentage change from 2009 baseline (58.9 rolling quarterly rate)	41.5 Rolling quarterly average rate	56.3 Rolling quarterly average rate	37.9 Rolling quarterly average rate		
SCS CYP07	Rate of CYP admitted to hospital for substance misuse from 2010/11 (22.7 rate per 10,000 baseline)	6.7	N/A	N/A	N/A	N/A
SCS SH04	Reduce the number of Young People who repeatedly run away in Halton	623	N/A	See below	N/A	N/A
SCS CYP09	Percentage of maintained educational settings with overall effectiveness of Good or Outstanding	74%	84.5%	75%		

SCS CYP15: A reduction in the rate has been seen comparing quarter on quarter, and the same time last year. Halton's rate is 8.4% below the statistical neighbour average and fifth lowest within the statistical neighbour group. (AMc)

SCS CYP07: Latest published data is 2012/13. Local data is showing that the numbers have dropped for admissions specifically due to alcohol and substance misuse in under 18s. There has been a reduction of 32.15% from 2011/12 to 2012/13. (AMc)

SCS SH04: Data quality issues have been identified; therefore numbers presented here should be used as an indication only at this stage. Cheshire Constabulary has seen a 27% reduction in the number of episodes of young people reported during this quarter in comparison to the previous quarter, although children missing from care has increased by four incidents. The commissioned service has also seen a reduction in young people and a reduction in the number of repeat young people across home and those in care. (AMc)

SCS CYP09: This is a reduction of two schools on the same period last year. Some schools inspected several frameworks ago have found the increased rigour of the new framework particularly challenging. (SN)

Child's Journey through the Continuum of Need

Key Milestones

Ref	Milestones	Q3 Progress
CFS2	Further develop opportunities to integrate and co-locate teams by partner agencies by March 2014	
CFS2	Embed integrated services further within Department, Directorate and Halton Children's Trust by March 2014	
CFS2	Statement on new Level of Needs framework and family assessment programme to be implemented after the launch April 2012	
CFS3	Implement the new social work assessment and planning model in line with deadline required	
CFS3	Effectively implement the new Framework for the Assessment of Children in Need and the changes to Working Together to Safeguard Children	
CFS1	Evaluate the impact of the management trainee programme for aspiring managers, with the aim of increasing candidates by September 2012	N/A

Supporting Commentary

CFS2: The new framework for a service model for delivery has now been agreed by the Children's Trust in December 2013 and a project group is underway to deliver implementation. There are potential HR issues across agencies which may impact on the deadline for implementation. (TC)

Guidance on Halton's new levels of need has been published and sent to partners across the Trust. Individual presentations have been made to key stakeholders, for example, GPs. (TC)

CFS3: The single assessment is now embedded in practice, the performance in relation to single assessments is monitored by principle managers on a weekly basis. (TC)

CFS1: This will form part of the new service model. (TC)

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q3	Current Progress	Direction of Travel
CFS LI02	Percentage of Single Assessments authorised within 45 working days	N/A	N/A	92% (Q3 only)	N/A	N/A
CFS LI03	Number of multi-agency interventions (e.g. CAF) which are in place and operating	318	250	242		
SCS CYP12	Improve the identification of Special Educational Needs at School Action and School Action Plus	19.7%	20.2%	17.9%		
SCS CYP8	Percentage of referral to social care where there is evidence of multi-agency planning in the previous 12 months	11%	N/A	11.3%	N/A	

CFS LI02: The performance in relation to the single assessment is monitored on a weekly basis by principle managers; each manager receives a weekly report that shows how many days an assessment has been open. Quarter 3 performance indicates that 92% of Single Assessments were authorised within 45 working days. (TC)

CFS LI03: The number of CAFs have continued to reduce, however this indicator needs to be revised to take into account other methods of providing a multi-agency intervention for a family at Level 2 on the Level of Needs framework. This will need to improve however as research indicates the impact of early intervention on the numbers of children entering care. (TC)

SCS CYP12: Halton is exceeding expectations as schools are being more discerning about the identification of special educational needs in line with the guidance. (SN)

SCS CYP08: 34 children and young people referred during the quarter have had evidence of CAF in previous 12 months. (TC)

Improving opportunities for our most vulnerable young people

Key Milestones

Ref	Milestones	Q3 Progress
CFS4	Continue to implement the appropriate action plan from the multi-agency Children in Care strategy (2011-14) by March 2014	
LAS1	Review the performance of all schools and Early Years settings with a specific focus on those currently graded as satisfactory/requiring improvement by October 2013	
LAS1	Evaluate the outcomes of school inspection through the School Development Panel, and summarised within the Ofsted summary reports, to ensure that learning resulting from the inspection process is effectively shared with schools on an on-going basis.	
LAS2	Conduct analysis of school performance data and ensure appropriate deployment of School Improvement support for identified schools and settings, including school to school support as appropriate	
LAS3	Through data analysis RAG rate schools with end of Key Stage attainment gaps between Free School Meals pupils and their peers and identify areas of need and support required by December 2013	
LAS3	Analyse, evaluate and report on attainment and achievement outcomes for pupils identified as part of the Virtual School for Vulnerable Groups, including Children in Care, by December 2013	
LAS3	Analyse the levels of absence, including persistent absence, across all phases on a termly basis	
COPS1	Review and improve the quality of childcare provision, in particular child minders through targeted training and support by August 2014	

Supporting Commentary

CFS4 Actions continue to be implemented and reviewed at the Children in Care partnership Board. (TC)

LAS1, LAS2, LAS3: The performance of all schools is monitored as new data becomes available. Following the publication of 2013 test and assessment outcomes a detailed analysis of school performance has been undertaken. Ofsted outcomes are included as part of the dataset, as well as feedback from Early Years Consultant Teachers (EYCT) and school improvement officers. In providing levels of support the categorisation of private and voluntary settings is undertaken by EYCT. This is an ongoing process with categories subject to change depending on the context of the setting.

Over the last 12 months the EYCT's have focussed on child development and have linked the stages of development to observations. Further training around observation, planning and assessment cycle has up-skilled practitioners in planning next steps to meet individual children's needs. Extensive work has introduced the concept of tracking the attainment and progress of cohorts and individual groups. Managers and senior leaders are using this information to plan early interventions as needed. Ofsted have recently been focussing on this tracking and cohort analysis. Settings who have not been as proactive to introduce the tracking have found themselves receiving an inadequate judgement from Ofsted. This knowledge is being shared and further support work is being carried out with settings to emphasise the importance of early help to improve outcomes for young children.

Following the publication of un-validated 2013 test and assessment outcomes a detailed analysis of school performance has been undertaken. This has enabled officers to benchmark performance of schools end of key stage performance and progress against national outcomes. This feeds into the categorisation process for schools.

Following the initial completion of the school categorisation process for 2013 in October and further refresh of categories was carried out in December 2013 based on the most recent RAISE online and Ofsted inspection judgements. Proposals for category changes will be shared at the January cross-service monitoring group meeting and schools will be informed of any changes to categories and invited to discuss. A schools category is used to determine the amount of local authority support that will be deployed to a school. This includes the brokerage of support from high performing

schools including Local and National leaders of Education and Governance and the support of specialist leaders in education.

The Operational Director for Learning and Achievement attends the regular meetings of the School Development Panel, providing an opportunity to carefully monitor schools' experiences of the inspection process, areas for celebration and areas for development. Head teachers recently inspected share their learning and experiences with other heads at the Primary Head teachers meeting. This feedback has been highly valued by both Head teacher and local authority colleagues.

Activity to analyse, evaluate and report on the attainment and achievement of outcomes for vulnerable groups including Children in Care is undertaken as part of the full analysis of data. Children in care have had some priority areas chosen as a result of the analysis; Early Years Literacy and Maths, Writing and Maths at Key Stage 1, Reading, Writing and Maths combined at Key Stage 2 and English and Maths for Key Stage 4. (SN)

COPS1 Level 2 Safeguarding Training has been delivered to all Childminders. Satisfactory childminders have been targeted with support visits and additional training. A programme of Safeguarding and Welfare Audits has been targeted at After School Clubs who had a satisfactory grading which is now being rolled out to all settings. (AMC)

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q3	Current Progress	Direction of Travel
SCS CYP16	Percentage of Children in Care achieving expected outcomes at KS2 and KS4	100% KS2 60% KS4	N/A		See below	
SCS CYP03	Proportion achieving 5+GCSE A*-C including English and Maths	59%	56%	62%		
SCS CYP10	Achievement gap at Key Stage 2 English and Maths FSM and peers	13%	12%	14%	N/A	N/A
SCS CYP11	Achievement gap at Key Stage 4 FSM and peers	31.9%	24%	25.2%		
SCS CYP01	Early Years Foundation Stage	54.1%	N/A		See below	
SCS CYP14	The percentage of children with Statements of Special Educational Needs or receiving enhanced provision achieving levels or sub-levels of progress	86.2% English 79.6% Maths	N/A		See below	
SCS CYP02	Proportion achieving level 4 Key Stage 2 Reading, Writing and Maths	N/A	N/A	78%	N/A	N/A

SCS CYP 16: Due to changes in the way the subject indicators have been calculated it is not possible to compare to previous years. Looking at the performance between Halton children and the overall population the gap has closed for those children achieving level 4 in Reading, Writing and Maths at Key Stage 2. There was however a widening of the gap for those at KS4, however there were only 3 young people in the cohort. (SN)

SCS CYP 03: The percentage of students gaining five or more A*-C grades including English and Maths has reached a record high, increasing to 62% against a national average of 60%. (SN)

SCS CYP10: Results remain un-validated at this stage and the indicator has been changed in relation to overall English gap changed to reading and writing. Therefore comparison with previous years is not suitable. The combined gap for Reading, Writing and Maths is expected to be 14% with the national average at 17%. (SN)

SCS CYP11: Results remain un-validated at this stage. There has been an increase in attainment in the key indicator of 5 A*-C GCSEs including English and Maths. The gap in attainment has narrowed significantly. (SN)

SCS CYP01: A revised Early Years Foundation Stage Curriculum (EYFS) and assessment process became statutory September 2012. This is now based on three prime areas of learning which are Communication and Language (C&L), Physical Development (PD), Personal, Social and Emotional (PSE) Development and four specific areas of Learning which are Literacy, Mathematics (L&M), Understanding of the World and Expressive, Arts and Design. Attainment of EYFS at the end of reception is now based on whether children reach expected levels of attainment in each of the 17 Early Learning Goals; whether they are emerging in these areas or whether they are exceeding expectations. Two new national indicators have been introduced;

- Good level of development which requires children to reach the expected level in PSE, C&L, PD and L&M. Halton has performed at 37%. The national data suggests the average is 52%
- Average total points for cohort based on Emerging 1 point, Expected 2 points and Exceeding 3 points for each of the 17 Early Learning Goals. Halton's average point score is 30. The national average is suggested to be 32 points. (SN)

SCS CYP14: Figure should be available next quarter. (SN)

SCS CYP02: The indicator has changed to the proportion of pupils achieving level 4+ in reading, writing and maths. Halton's attainment against this measure was 78% compared to the national average of 75% (SN)

7.0 Financial Summaries

ECONOMY ENTERPRISE & PROPERTY DEPARTMENT

SUMMARY FINANCIAL POSITION AS AT 31 DECEMBER
2013

	Annual Budget £'000	Budget to Date £'000	Expenditure to Date £'000	Variance to Date (overspend) £'000
<u>Expenditure</u>				
Employees	4,419	3,521	3,572	(51)
Repairs & Maintenance	2,703	2,048	2,040	8
Energy & Water Costs	606	421	413	8
NNDR	637	621	622	(1)
Rents	376	355	355	0
Marketing Programme	128	23	17	6
Promotions	84	34	27	7
Supplies & Services	1,251	839	823	16
Agency Related Payments	168	145	145	0
Total Expenditure	10,372	8,007	8,014	(7)
<u>Income</u>				
Fees & Charges	-587	-471	-471	0
Rent - Markets	-758	-577	-580	3
Rent - Industrial	-965	-615	-610	(5)
Rent – Commercial	-533	-452	-450	(2)
Government Grant Income	-914	-559	-559	0
Transfer from Reserves	-361	-361	-361	0
Recharges to Capital	-420	-207	-207	0
Reimbursements & Other Grant Income	-659	-577	-585	8
Schools SLA Income	-494	-494	-494	0
Total Income	-5,691	-4,313	-4,317	4
Net Operational Budget	4,681	3,955	3,958	(3)
<u>Recharges</u>				
Premises Support Costs	1,498	1,133	1,133	0
Transport Support Costs	38	22	22	0
Central Support Service Costs	1,706	1,289	1,289	0
Asset Rental Support Costs	2,390	0	0	0
Repairs & Maintenance Recharge Income	-2,185	-1,639	-1,639	0
Accommodation Recharge Income	-2,759	-2,070	-2,070	0
Central Supp. Service Rech. Income	-1,891	-1,419	-1,419	0
Total Recharges	-1,202	-2,684	-2,684	0
Net Expenditure	3,478	1,010	1,013	(3)

Comments

The overspend to date on the Employee budget has reduced this quarter due to vacancies within the Operations and Investment & Development Division. Spend to date is still over budget, as staff savings targets are not being achieved within the Building and School Cleaning Service as these services need to be fully staffed at all times.

In order to ease budget pressures spending has been restricted in year on Supplies & Services. Promotions and Marketing has also been kept to a minimum in an effort to achieve in year savings for the Department.

Income levels for industrial and commercial rent has improved as a result of renegotiation of contracts and compensation payments from Mersey Gateway for loss of rental income.

Work has continued with managers during the last quarter to look at budget pressures. This has resulted in realignment of budgets and this is reflected in the variances above.

In overall terms it is anticipated that net expenditure will be slightly above the overall Departmental budget by year-end, primarily as a result of the Staff Savings target.

CHILDREN & FAMILIES DEPARTMENT

SUMMARY FINANCIAL POSITION AS AT 31st DECEMBER
2013

	Annual Budget £'000	Budget to Date £'000	Expenditure to Date £'000	Variance to Date (overspend) £'000
<u>Expenditure</u>				
Employees	7,986	6,282	6,379	(97)
Premises	419	286	270	16
Supplies & Services	1,303	821	692	129
Transport	33	12	10	2
Agency Related Expenditure	285	229	236	(7)
Commissioned Services	404	254	237	17
Out of Borough Placements	1,621	1,174	1,917	(743)
Out of Borough Adoption	216	60	44	16
Out of Borough Fostering	414	335	358	(23)
In House Adoption	524	404	618	(214)
In House Foster Carer Placements	1,695	1,371	1,452	(81)
Care Leavers	316	217	205	12
Family Support	113	85	81	4
Capital Financing	6	0	0	0
Total Expenditure	15,335	11,530	12,499	(969)
<u>Income</u>				
Fees & Charges	-113	-91	-95	4
Adoption Placements	-41	0	0	0
Transfer to/from Reserves	-1,504	-1,504	-1,504	0
Adoption Reform Grant	-273	-273	-273	0
Youth Remand Funding	-21	-21	-21	0
Reimbursements & Other Grant Income	-174	-77	-79	2
Total Income	-2,126	-1,966	-1,972	6
Net Operational Budget	13,209	9,564	10,527	(963)
<u>Recharges</u>				
Premises Support Costs	347	261	261	0
Transport Support Costs	91	59	59	0
Central Support Service Costs	3,091	2,300	2,300	0
Asset Rental Support Costs	46	0	0	0
Total Recharges	3,575	2,620	2,620	0
Net Expenditure	16,784	12,184	13,147	(963)

Comments

Employee expenditure is above budget to date, which is due to some agency staff being utilised, particularly within Child Protection & Children in Need and some areas not achieving their staff savings targets. We are expecting the use of agency staff to reduce towards the end of the financial year, due to vacant posts being filled and new staffing structures taking effect. There have also been a number of vacancies (some of which have now been appointed to) across the Department, which have offset some of the over spend.

Supplies and Services expenditure is below budget to date, which is due to staff across the Department making every effort to keep these controllable budgets within tight spending levels. This is expected to stay within budget for the year.

Expenditure relating to Out of Borough placements is over budget to date, which is expected to be the trend for the rest of the financial year. This is an unpredictable budget, due to emergency placements and some long term placements continuing longer than originally anticipated. Although every effort is made to utilise in house services, this is not always possible. At present, there is a high demand for long term, out of borough placements, which are at a higher cost than in house placements.

We have also seen an increase in demand for Out of Borough Fostering, particularly in the latter half of the financial year. Again, even though every effort is made to utilise Foster Carers within the borough it isn't always possible due to the needs of the child.

In house Adoption is currently over budget to date, which is due to an increased demand, particularly around Special Guardianship. A number of Special Guardianship allowances have recently been re-assessed and subsequently the actual cost has increased. There has also been an increased demand for the in house Fostering service, which has consequently meant expenditure has gone above budget.

In overall terms it is anticipated that net expenditure will be significantly above the overall Departmental budget by year-end, as a result of the increasing demand on Out of Borough Placements and In House Adoption.

CHILDREN'S ORGANISATION & PROVISION DEPARTMENT

SUMMARY FINANCIAL POSITION AS AT 31st DECEMBER
2013

	Annual Budget £'000	Budget to Date £'000	Expenditure to Date £'000	Variance to Date (overspend) £'000
<u>Expenditure</u>				
Employees	3,757	2,368	2,296	72
Premises	437	50	47	3
Supplies & Services	1,081	682	598	84
Transport	5	1	1	0
Agency Related Expenditure	1,954	473	469	4
Commissioned Services - Youth Serv.	900	675	675	0
Commissioned Services	1,745	1,117	942	175
Connexions	923	570	552	18
Nursery Education Payments	2,149	1,868	1,868	0
Schools Contingency Costs	107	0	0	0
NQT Contingency	184	0	0	0
Schools Non Delegated Support	228	3	3	0
Schools Transport	946	558	558	0
Special Education Needs Contingency	882	155	155	0
Total Expenditure	15,298	8,520	8,164	356
<u>Income</u>				
Fees & Charges	-271	-26	-27	1
Transfer to / from Reserves	-571	-571	-571	0
Dedicated Schools Grant	-10,923	-8,192	-8,192	0
Reimbursements & Other Income	-581	-475	-487	12
Schools SLA Income	-198	-198	-219	21
Total Income	-12,544	-9,462	-9,496	34
Net Operational Budget	2,754	-942	-1,332	390
<u>Recharges</u>				
Premises Support Costs	152	115	115	0
Transport Support Costs	272	156	156	0
Central Support Service Costs	1,070	649	649	0
Asset Rental Support Costs	6,854	0	0	0
Total Recharges	8,348	920	920	0
Net Expenditure	11,102	-22	-412	390

Comments

Employees Expenditure is below budget to date due to vacancies within Integrated Youth Services Division, and Post 16. The majority of underspend to budget relates to the Divisional Manager vacancy within Transforming Children & Environment. Further reductions have been made due to maternity leave across all Divisions and staff returning on reduced hours. All savings have contributed towards the staff turnover savings target.

Supplies and Services expenditure is below budget to date as budget managers have restricted spend within controllable budgets in a conscious effort to achieve savings where possible.

There is currently an underspend to date against the budget profile for Commissioned Services – other, as a result of services within Integrated Youth Support Services Division being reviewed in year (these include Domestic Violence, Young Peoples Advocate and Teenage Pregnancy Services).

Connexions underspend to date has been achieved due to the renegotiation of contract, and reduction in spend.

There is an overachievement of income on Reimbursement and Other Grant Income due to extra monies received within Place Planning & Provision Division's Technical Services. Income relates to payment for services such as training, and reimbursement of other services provided.

Also, an overachievement of School SLA Income has been had as a result of extra provision being offered and schools buying back these additional services.

LEARNING & ACHIEVEMENT DEPARTMENT

SUMMARY FINANCIAL POSITION AS AT 31st December
2013

	Annual Budget £'000	Budget to Date £'000	Expenditure to Date £'000	Variance to Date (overspend) £'000
<u>Expenditure</u>				
Employees	3,870	2,347	2,167	180
Premises	10	10	10	0
Supplies & Services	1,075	563	284	279
Agency Related Expenditure	91	61	63	(2)
Commissioned Services	33	1	1	0
Independent School Fees	1,584	1,099	1,099	0
Asset Recharges	3	0	0	0
Inter Authority Recoupment	811	206	206	0
Speech Therapy	120	0	0	0
Total Expenditure	7,597	4,287	3,830	457
<u>Income</u>				
Fees & Charges	-153	-114	-119	5
Government Grant Income	-77	-77	-77	0
Inter Authority Income	-578	-136	-136	0
Reimbursements & Other Income	-40	-30	-30	0
Schools SLA Income	-39	-29	-29	0
Total Income	-887	-386	-391	5
Net Operational Budget	6,710	3,901	3,439	462
<u>Recharges</u>				
Premises Support Costs	112	0	0	0
Transport Support Costs	19	0	0	0
Central Support Service Costs	667	0	0	0
Asset Rental Support Costs	1	0	0	0
Total Recharges	799	0	0	0
Net Expenditure	7,509	3,901	3,439	462

Comments

Employee expenditure is below budget to date due to vacancies within both the 0-19 Learning Service Division and Inclusion Division (Education Psychologists). These vacancies are contributing to the Department's staff turnover savings target (with some being offered up for future savings).

Supplies & Services are currently under budget to date due in the main to a reduction in overall demand for supplies & services in localised areas following reduced staffing levels and streamlined workflows.

Budgets will be monitored closely throughout the year and it is expected that net spend will remain will remain below budget at year end. .

8.0 Appendix – Explanation for use of symbols

Symbols are used in the following manner:

<u>Progress</u>	<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 <u>intervention or remedial action</u> taken.</i>

Direction of Travel Indicator

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

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

Key for Operational Director lead:

WR – Wesley Rourke, Operational Director, Economy Enterprise and Property Service (EEP)

AMc – Ann McIntyre, Operational Director, Children’s Organisation and Provision Service (COPS)

SN – Steve Nyakatawa, Operational Director, Learning and Achievement Service (LAS)

TC – Tracey Coffey Operational Director, Children and Families Service (CFS)

Directorate Performance Overview Report

Directorate: Communities Directorate

Reporting Period: Quarter 3 – Period 1st October 2013 – 31st December 2013

1.0 Introduction

1.1 This report provides an overview of issues and progress within the Directorate that have occurred during the third quarter 2013/14.

2.0 Key Developments

2.1 There have been a number of developments within the Directorate during the third quarter which include:-

COMMISSIONING AND COMPLEX CARE SERVICES

Housing

Government has published additional statutory guidance on social housing allocations aimed at dispelling the perception that people with no local connection too often get priority over local people. The Guidance recommends the introduction of a 2 year minimum residency test to join the housing register. Exemptions apply to armed forces personnel, and further exemptions are suggested for those who can demonstrate strong association to an area through for example family association or employment.

The current sub regional lettings policy, which is itself the subject of an on-going consultation exercise in respect of other proposed changes, will be reviewed to determine what changes may be necessary.

Alcohol

Dry January

Halton Borough Council is backing Alcohol Concern's 'Dry January' campaign. A launch event was held during the quarter to raise awareness about the national campaign with key stakeholders including partner agencies. The campaign will run throughout the whole of January and will form part of a multi-pronged approach to tackle the high levels of alcohol-related harm in Halton. The Dry January campaign is intended to get local people thinking about when, where and how much they drink, which may trigger a change to their regular drinking habits.

Market Position Statement

Members will be aware in Quarter 2 we informed the board that Internal consultation has commenced on a draft Evidence Paper which will inform the production of a local Market Position Statement for Adult Social Care. All Local Authorities will have a duty to shape their local Adult Social Care market from 1st April 2014. The Market Position Statement will be a key document which stipulates current demand and supply alongside predicted future demand and supply. One of the main purposes of the Market Position Statement is to increase dialogue between Local Authorities and Service Providers. The Market

Position Statement will identify key local challenges regarding the local Adult Social Care market including areas for development and gaps in service.

Work is well underway on the production of a draft Market Position Statement and Evidence Paper. Internal consultation has been undertaken and the Institute of Public Care (IPC) has provided feedback on the Market Position Statement. A revised draft will now be prepared in light of the feedback received from internal consultation and feedback received from the IPC. A second draft is due to be submitted to the IPC towards the end of January 2014 for further review.

Mental Health Services:

Section 136 Mental Health Act is a legal provision which empowers the police to detain any person found in a public place who appears to be mentally disordered, and who might pose a risk to themselves or others. It is a requirement that all areas should have an agreed multiagency policy for managing these situations, working across the police service, the health services and local authorities. This is a complex task and for some time there has not been a fully agreed process in place. This however is now moving to a conclusion; substantial work has taken place with all partner agencies and a draft policy and procedure is now being finalised.

The Mental Health Strategy for Halton has now been presented to the Health Policy and Performance Board, following an extended period of consultation. Implementation of the action plan associated with the policy will now be steered by the multiagency Mental Health Strategic Partnership Board, which accounts to the Health and Wellbeing Board.

In the last quarterly report, it was reported that the Mental Health Outreach Team was starting a pilot project with a number of GP practices. This is aimed at identifying people with lower level mental health issues who might benefit from structured intervention and support to prevent them from getting worse and being referred later for more complex support. This pilot has now begun; four surgeries have now specifically engaged with the project and are starting to refer people through; over a dozen people have now been referred, and a range of interventions is taking place. This will be fully evaluated and reported to the Mental Health Strategic Partnership Board.

Other developments within the Commissioning and Complex Care division

New national performance framework: in April 2014, a new national system for reporting Adult Social Care performance is being introduced. This new framework, SALT (Short and Long Term packages of care), focuses much more on the outcomes of intervention provided to people eligible for support. This is going to mean considerable changes to the way data is collected and reported, and front line staff will need to be fully aware of what they will need to record. A project team - consisting of staff from the performance team, the CareFirst 6 team and front line services – is developing the new performance reporting requirements and the training needed for staff.

Emergency Duty Team: this service – which deals with social care emergencies across adults and children's services – is delivered by a joint partnership with St Helens Council. The partnership has been in place for some years and there has now been an approach by a neighbouring local authority to become part of this arrangement. Detailed work is taking place to take this forward; if successful, this should achieve efficiencies for all three council areas. This process is being managed through the Emergency Duty Team Partnership Board.

Interface with children's services: children's and adults services are increasingly working together so that family needs are considered as a whole, whilst ensuring that children remain safe. There are regular meetings between front line managers from both service areas, joint training and learning opportunities are being developed, and there is senior representation from both service areas on both Safeguarding Boards and other strategic groups. A recent report, outlining findings from national enquiries into the relationships between mental health services, drugs and alcohol services and children's services, has resulted in the development of a multiagency action plan to improve the culture and practice of working together. The implementation of this action plan will be monitored closely through the Children's Safeguarding Board.

Domestic Abuse

A procurement exercise is in progress for the provision of Domestic Abuse Accommodation and Community Support Services. The tender is due to close on 11th February 2014 and the new service will commence on 1st July 2014.

The remodelling of the existing refuge accommodation is underway. The first phase has been completed with 3 self-contained units handed over in December 2013, and the second phase commenced in January 2014. The work is expected to be completed by May 2014.

Domiciliary Care

The service specification and the associated tender process for domiciliary care have been completed. This process will be finalised in the next quarter and the outcomes of the tender will be reported as soon as they have been agreed by Executive Board.

Dementia Strategy

The Clinical Commissioning Board and the Local Authority have completed an updated version of the local Dementia Strategy that offers a current position statement, a needs analysis and the commissioning intentions for the borough. The strategy runs from 2013-2018.

PREVENTION AND ASSESSMENT SERVICES

Care Homes

Care Homes project is moving forward and has worked with 7 homes in the borough to support improvement in the quality of care provided by all health and social care organisations for the residents. Key aspects have been supporting care home staff and managers to come together for learning events, share best practice and support each other. The project brings together practitioners from physical and mental health services. A further 3 homes are being recruited to participate in the project. Work has commenced on evaluating the impact of the project and will make recommendations for future provision

Winterbourne View

Winterbourne View Review Concordat: Programme of Action was published by the Department of Health in December 2013. Halton CCG and Council are in the process of developing a localised action plan – this will be monitored through the Learning Disability quality and performance then reported to the Learning Disability Partnership Board and CCG Quality and Integrated Governance Committee.

- By April 2014, each area will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice as a consequence; there will be a dramatic reduction in hospital placements for this group of people.
- The Council has continued to work with health colleagues to review all out of area placements regardless of funding arrangements including admissions to inpatient hospital beds.
- Halton have a strategic task group set up to ensure those placed out of area are managed and monitored appropriately with professionals tasked with reassessing those individuals to enable them return to Halton. This work has been on-going with successful placements now achieved locally with the co work of the care management teams, health colleagues and the Positive Behaviour team.
- Joint Health and Social Care Learning Disability Self-Assessment Framework submitted 6th December 2013

Learning Disability Nurses

The team continue to work proactively with individuals, their family, carers and professionals such as GPs, allied Health professionals etc.

Progress:

- The men's group was held and completed prior to Christmas. New resources were used re sexual health and it is evidenced that the men's knowledge has increased.
- The Friendships and Relationships training via the Learning Disability Training Alliance is still on-going. The training includes 3 self-advocates co-facilitating the sessions. The feedback has been excellent and further sessions are planned for the forthcoming year.
- The walks in the park are continuing. The number attending and walking has increased. Friendships and relationships are developing within the group.
- The third session for SPARC true grit project has taken place. We carried out testicular and breast examination sessions with prosthetic body parts.
- The team continue to support the psychiatric clinics and offer valuable advice and guidance to the patient and psychiatrist
- The team have supported people to remain at home rather than be admitted to inpatients services, increasing over the festive season.
- Those individuals who have been admitted to inpatient services, have been monitored throughout their stay via face to face contact with the nursing team, and supported to be discharged with positive prevention plans to reduce the risk of further admissions.
- The team have completed a sexual health training session with the FPA to increase knowledge in this area.
- The links into the GP surgeries are being consolidated, with support from the CCG's clinical lead for LD. The surgeries are being encouraged to plan the completion of the health checks.
- The team have carried out specialist assessments and interventions, primarily in behaviour, epilepsy and dementia
- The team are working within the pro-active draft dementia pathway for people with Downs Syndrome, with a large amount having had a baseline assessment completed.

- The team worked with the Health Improvement Team to make the FreshStart programme accessible for people with a learning disability. The first group finished before Christmas. The feedback has been positive as has the groups' weight loss! A Runcorn course starts at the end of January.
- 6 weekly meetings are on-going with day services and Halton Supported Housing Network to support individuals known to services
- The team continue to support the psychiatric clinics
- The team have empowered and supported individuals to promote their health and wellbeing.
- The feedback received following an intervention from the team/team member is collated and demonstrates the service is meeting peoples' needs

Early Indicators of Concern

Following national research Councils have been asked to consider an increased focus on preventing abuse of older people in residential and nursing homes. Along with other councils, Halton is piloting a reporting system within 2 nursing homes in the borough called the Early Indicators of Concern. This will look at how different aspects of care can be monitored to support improving the quality of care across the nursing and residential home sector

Making Safeguarding Personal

In November 2013 Halton were invited to participate in the Making Safeguarding Personal Programme.

This work aims to provide a commitment to improve outcomes for people at risk of harm. The key focus is on developing a real understanding of what people wish to achieve, recording their desired outcomes and then seeing how effectively these have been met.

Halton have been using two different methods to:

- Establish what outcomes the person want at the outset and then a review of the extent to which they have been realised, and
- Gather feedback from people who use services on their experience of the safeguarding adult process.

A briefing paper outlining the initial findings will be available by the end of February 2014

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. The portal has now gone LIVE with over 3,000 organisations now available in the public domain. 'Care and Support for You' is also being used by our care management teams to signpost citizens to the relevant information required. System Administration access has been given to a number of providers for them to amend and change information on their own service page; this enables the information on the website to up to date.

'Care and Support for You' has been upgraded to V3, this release has many new exciting features and will be developed in our LIVE Halton site over the next couple of months. The site is currently being update in line with the upgrade. A detailed action plan has been developed and being kept up to date. We will be attending team meetings and organizing workshops to demonstrate the new look site.

www.halton.gov.uk/careandsupportforyou

Community Multi-disciplinary Teams

Work has been on-going with Halton Clinical Commissioning Group, General Practices, Bridgewater Community Healthcare Trust in developing an integrated approach to delivering care for people with high level needs based around their GP practice. We have secured some Clinical Facilitator time to support practices in implementing their models. Social care teams are realigning their work to match against General Practices and staff are now attending the surgeries and multi-disciplinary team meetings across Widnes and Runcorn.

Care Management

The care management service has developed a new range of streamlined self-directed support documents and resource allocation system, guidance for service users and carers, a programme of training for staff has begun to roll out this work with a focus on asset based approaches. We are continuing to pilot mobile working solutions for staff. Social Care Practitioners using a range of devices, whilst visiting people in their own homes. The introduction of electronic assessment forms is in development.

COMMUNITY AND ENVIRONMENT SERVICES

The Stadium

Pitch:

- Widnes played Warrington in a festive friendly on 29th December.
- Liverpool Ladies signed another contract to continue playing at the Stadium. Also renting office and the Stadium will be promoted as the home of Liverpool Ladies
- Lancashire Rugby League Cup Final hosted by Rugby League on 13th October.
- Women's Rugby League Final hosted by Rugby League on 20th October
- Hatton Solicitors National Conference Rugby League Final on the 17th November.
- USA Team based at the Stadium for RLWC 2013
- USA team Sport event with the local community on the pitch
- Pitch used on a regular basis most nights for community use

Events:

- Christmas – Over 600 pensioners Christmas meals
- Sportsman's evening with Andrew Johns and Brad Fittler, Australian Rugby League legends) as guest speakers in the Marquee.
- Mayor hosted Americans at Halloween Night
- Civic Reception for the USA team
- Numerous parties and three weddings
- Numerous meetings and conferences including:
 - North West Psychology Conference
 - Riverside Group Annual Conference
 - Mersey Gateway meetings
 - Councils' Peer assessment

Miscellaneous

- Sure Move signed a new three year deal for hiring of Executive Box
- Eight box holders renewed for another season
- Steve Bunting from St Helens who won the World Darts Championship on Sunday 12th Jan regularly plays and practices in the Sports Bar.
- Cheshire Police training in various areas of the Stadium

- Prayer Room opened
- South West Concourse has been modernised allowing for “spinning” and fitness classes to take place

Stadium Fitness January 2014

Fitness Suite

In December Stadium Fitness/ Halton Borough Council have invested £22k in new Fitness equipment. Stadium Fitness Gym Equipment is mainly IFA or IFI Inclusive Fitness Initiative.

New Equipment

7 Treadmills IFA (Inclusive Fitness Associated)

1 Bravo Pro Machine IFA, this machine is a functional all in one Trainer we are the only gym in the area with this piece of kit.

1 T bar Row

1 Olympic Bench

2 Concept Rowing Machines

All the leather pads has been replaced on the strength machines these are also IFI

Ladies Gym

The Ladies only gym is officially due to open on the 2nd January and is already very busy with new members and current female members, the equipment in the ladies gym is all equipment from the main Fitness Suite. In January we will be introducing a gym only membership £16 or £10.99 ladies only membership.

The spinning classes have moved to the concourse bar, we now have a Yoga Studio/meeting room in place of the old spinning studio this is the only Yoga Studio in Widnes.

In January 2014 we will have adverts in the local press and will be handing out flyers, New Year, New You, New Gym. We have also been out to all the shops in Widnes Town Centre offering corporate discount to staff. Last week staff also visited the municipal buildings coffee shop and Argos call centre.

Type of membership	Q3	Q2
FULL	725	705
FULL JUNIOR GYM	33	
CASUAL JUNIOR GYM	741	649
CASUAL ADULT	1790	1771
HLC	127	124

Table Tennis

In November the Stadium held the Cheshire Schools Table Tennis Competition, schools and colleges from all over Cheshire took part, the event was attended by the Mayor and Consort of Halton.

Library Service

Efficiency Review

The As Is report has been presented to the Efficiency Review Board and work of the To Be phase is now underway.

Try Reading Project

The public library services in the North West and Yorkshire & Humber regions (30 in total) were successful in their joint bid to the Arts Council for “Grants for Arts: Libraries” funding for the creative project “Try Reading”. The project celebrates the Rugby League World Cup 2013 and encourages people to read more and engage in writing and drama.

This quarter saw the delivery of the Widnes ‘Haka, young people from Bankfield School worked with poetry and dance artists Risktakers to create a performance to welcome the visiting USA Rugby League team at the Opening Ceremony of the Primary Schools Sports Event at the Stadium. They performed a specially written song and dance for an audience consisting of the USA team, officials, the Mayor and around 700 primary school children.

.Tim Quinn former Editor of Marvel Comics delivered a cartoon workshop, which included figure drawing, emotions, storytelling in pictures, character and story creation, and comic book history the event was well attended with excellent feedback from all participants.

American themed rhymetimes with Tom the USA team mascot were held at Halton Lea, Widnes and Ditton Libraries, with the American Rugby Team Ambassadors attending the Halton Lea event. 94 children’s and parents attended the sessions

Reading Activists

The young volunteers, Reading Activists, have had a busy quarter organising and running a wide range of events including a Takeover themed Hunger Games day, a One Direction Event with author Sarah Oliver, a Murder Mystery interactive investigation activity and a Christmas DJ/rap workshop.

In addition young people from Widnes had the opportunity to interview American author Leila Sales by Skype at Widnes library. The young people had asked the library to bid for a chance to interview the author and were successful. The young people asked Leila a range of questions from what inspired her to write her latest book, what are the best and worst things about being an author, why did she decide to tackle suicide in her novel and about her future writing plans.

The Reading Activists have also been participating in green screen filmmaking workshops and developing new skills to help create short film clips featuring their favourite books for screening on youtube, these are now available online.

Skills sessions

The Library Service has continued to support people to get online through regular IT Clinics and one to one support as well as specific events including sessions during Get Online Week and the National Older Persons Day I.T Event. This event offered in conjunction with TalkTalk was very successful and provided help and advice to older people covering a range of topics including emails, sorting photographs, using Universal Jobmatch, skype, defragmenting a laptop and advice for beginners. There was a twitter stream throughout the event showing pictures and comments to show what @haltonlibraries was doing to celebrate Older Peoples day.

Sport and Recreation

Halton hosted the USA Tomahawks team as they prepared for and competed in RLWC 2013 Tournament. The teams exploits received widespread media coverage in their home country like never before. Their progress into the Quarter Finals resulted in #shocktheworld with the World famous Wiggles posting a video that was widely viewed. It was a pleasure for Halton to host the USA Tomahawks and acknowledgement was made of their playing attributes, with a top 10 world ranking for the first time and the prestigious UK League Weekly giving them the only A rating and voted team of the tournament with Joseph Paulo and Craig Priestly in their top 10 players of the RLWC. It was well-deserved recognition for a team that showed real passion and great spirit during their stay: Tom the Eagle the USA team mascot, provided by Halton, proved extremely popular, with appearances throughout Halton and special appearances in Bristol, Wrexham and Salford. The team engaged with the community in activities, such as, Schools multi sport celebration, involving over 700 pupils; Open training sessions; Coaching Masterclass; Fireworks; Rocky Horror Sing a long; School Visits.

Widnes Recreation Changing Room Project continues to be progressed with detailed plans now having been drawn up. It is hoped that the building will be constructed and in operation by the end of 2014, providing new facilities for the playing field users and the local community.

School Meals

Universal Free School Meals for Infants

The school meals team are continuing to review the service in preparation for Sept 2014 when all infant children will be served a free school meal. Capital funding has been made available to the Community and Voluntary controlled schools and a separate amount to the Diocese schools. This funding needs to be prioritised to ensure that each school can prepare and serve all the infants with a meal within the lunchtime period.

National School Meals week

National School meals week took place at the beginning of November. The National promotion was to serve a free school meal to every child. However due to the forthcoming introduction of Universal free school meals for infants in September when all infants will get a free meal Halton Catering team felt it was more beneficial to raise the awareness to children as to how tasty school meals can be. All schools were invited to serve their own schools favourite meals for a complete week. This promotion was one of the most successful ever arrange by school meals, it is hoped to repeat this favourite meals week each term.

Grocery Supplier

Due to the on-going challenge of food inflation a mini competition was held to make sure that we were getting the best possible price for all our groceries.

A new supplier Trevor's (part of the Country Range Group) came in lower by several thousand pounds. Trevor's are now the new supplier.

Buffets/other catering in schools

Many schools were supplied with buffets from the Stadium during the Autumn term, this arrangement provides the schools with a cost effective quality service.

Waste and Environmental Improvement Division

In December, the Merseyside Recycling and Waste Authority (MRWA) signed contracts with a consortium led by SITA UK for the 30-year Resource and Recovery Contract (RRC) on behalf of the Merseyside and Halton Waste Partnership. The RRC will provide a sustainable and cost effective solution for dealing with residual waste produced in Halton and across Merseyside. The facilities provided by the RRC are expected to be operational in 2016 and will enable Halton to divert more than 92% of its residual waste from landfill.

In December, Castlefields Community Centre won an APSE (Association of Public Service Excellence) award for “Most Improved Performer for Civic, Cultural & Community Venues”. The award recognised the high levels of use at the centre, with user numbers increasing by over 20,000 in the last year. Upton Community Centre was also a finalist for an APSE award in the “Best Performer” category.

Council officers were involved in a successful multi-agency partnership operation to prevent and reduce unauthorised bonfires and other forms of environmental nuisance and damage to property across Halton during the ‘Bonfire Period’. Activities included increased patrols in identified ‘hot spot’ areas, the deployment of a mobile CCTV Camera and information leaflets being delivered to householders. Other preventative measures included the erection of metal fencing around open spaces in residential areas that have previously been subject to unauthorised bonfires. Cheshire Fire & Rescue Service reported that there was a 46% decrease in small deliberate fires recorded in 2013 compared to the same time period of 2012, equivalent to a reduction of 86 incidents.

Corporate Services PPB received an annual report on Area Forums for 2012/13 in October 2013, the report detailed the expenditure across the seven area forums and external funding levered in to support projects, for every £1 of area forum funding a further £1.36 was levered in to match fund projects. A total of 181 projects were delivered in the period with community initiatives and environmental improvements being the largest categories of activity. The PPB received case studies to demonstrate the impacts on the projects supported which also highlighted the collaborative approaches generated to deliver on community identified needs.

Open Space Services

During Q3 design work on the new pavilion for Runcorn Hill & Heath Park was completed and tenders went out for its construction and for the renovation of the existing lakeside pavilion (which will be used by the Runcorn Model Boat Club) and bowling green hut. Adverts were also placed for an operator of the pavilion.

Practical conservation tasks have begun at Runcorn Hill & Heath Park as part of the HLF project using volunteers who attend weekly sessions. Restoring the heathland on the hill is the first priority.

The car park at Halton Sports was resurfaced during Q3. The car park is used quite intensely and the old surface had broken up.

The contract for the installation of two new cremators at Widnes Crematorium was signed off in Q3. The winning company was ATI. Work will commence on the installation of the cremators in Q4 and will take ten months to complete.

During Q3 four mystery shopper visits were carried out to Green Flag Award parks all of which were found to be within the standards required.

The winter work programme of the parks and Streetscene sections began in Q3 and will continue through to Q4. The annual programme concentrates on tree and shrub coppice, thinning and pruning as well as general neighbourhood tidy ups.

3.0 Emerging Issues

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

COMMISSIONING AND COMPLEX CARE SERVICES

Alcohol Strategy and Pathway Development

Reducing alcohol harm is a key priority for Halton and it is one of the five priorities identified in the local Health and Wellbeing Strategy. Work will commence in Q4 on the development of a local Alcohol Strategy and Pathway. A multi-agency Workshop has been scheduled for mid-January to bring key stakeholders together to facilitate discussions about what local action needs to take place to tackle alcohol-related harm in the Borough. The workshop will inform the development of a local Alcohol Strategy and Alcohol Pathway.

Quality Assurance Framework Project

Work will commence on a new project aimed at developing a Quality Assurance system. The initial stages which will begin in January will focus on requirements gathering in relation to defining the scope of the project, duration of the project and in determining the members of the project board and project team. It is anticipated that the project will operate in a phased approach and will bring together existing and new sources of information to be presented in one place to provide a summary of information relating to the quality of services.

Mental Health Services

The way in which the Mental Health Act is implemented for detained patients across the area of the 5Boroughs Partnership (but excluding Wigan) was the subject of a brief inspection by the Care Quality Commission in November 2013. This looked at the ways in which social services, the police and ambulance services and the 5Boroughs worked together to produce the best outcomes for people with the highest levels of need and risk. The feedback from the inspection was generally favourable; an action plan has been devised with partners across the 5Boroughs area to address the issues that have been raised, as well as a local action plan. Implementation of these action plans will, in Halton, be scrutinised by the Mental Health Strategic Partnership Board.

Section 136 Mental Health Act: as noted above, this provision allows the police to detain people who are in a public place, appear to have mental health needs and may be a risk to themselves or other people. The use of this power has increased substantially in the

past two or three years, with some concerns that this may not always be appropriate, both in terms of the police action and the response by mental health and other services. A pilot scheme has been developed in Halton and Warrington, led by the police and the 5 Boroughs but supported by Halton and Warrington CCGs and Councils, to attach a community psychiatric nurse to a specific police officer, and intervene whenever a Section 136 detention is being considered. Early indications are that this has led to a considerable reduction in the local use of Section 136, with much more confidence that this provision is being used appropriately. This project will be fully evaluated and results reported to local strategic partnerships.

There are a number of national developments in mental health services which will impact on service delivery in the future. These include:

- A review of aspects of the Mental Health Act and the associated Code of Practice
- The recent publication of a new national policy statement from the Coalition government, designed to improve the quality of services for people with mental health needs: "Closing the gap: priorities for essential change in mental health"
- The publication of a new "Mental Health Crisis Concordat", designed to ensure that there is a consistently high quality service response to people in mental health crisis.

All of these developments will be considered in detail by the Mental Health Strategic Partnership Board.

Day Services

The Clinical Commissioning Group has agreed to one off funding for Halton Day Services to provide a wider range of work and work related activities for people with Mental Health problems.

PREVENTION AND ASSESSMENT SERVICES

Safe in Town

The Safe in Town Pilot has been viewed as a success and a small working partnership has been pulled together to look at increasing the number of beneficiaries using the scheme and the number and types of premises involved. The scheme will look to include people with low level mental health issues and dementia. Further development of premises will include those particular identified by service users and are likely to include such venues as libraries, leisure facilities and The Hive. Applications for funding have been made to the Police and Crime Commissioner and the Clinical Commissioning Group to support the on-going project and its future development. Decisions due sometime in January 2014. The CCG has also, in principle only at this stage, agreed to support the development of a Safeguarding training programme for businesses, organisations and agencies who sign up to the scheme – to be run over a 2 year period.

Care Management

In Care Management Services as part of 'Personalisation' we will be taking forward the 'Making it real' marking progress towards personalised, community based support agenda. This will help check our progress and decide what we need to keep moving forward to deliver real change and positive outcomes with people.

COMMUNITY AND ENVIRONMENT SERVICES

Waste and Environmental Improvement

Officers have undertaken a procurement exercise for the provision of services to divert residual waste from landfill during the interim period up to the commencement of the Merseyside and Halton Resource Recovery Contract. Details of the outcome of the procurement exercise will be presented to Members at a future meeting of the Board.

Open Space Services

During Q3 the country experienced a period of storms and gales which resulted in a number of trees being blown over and others were badly damaged. This has put pressure on the planned works of the tree team. For obvious reasons emergency works always take precedence. Presently a large number of planned works have had to be rescheduled in the programme for later in Q4.

Sport and Recreation

Gym memberships in the Council Leisure Facilities (operated by DC Leisure) have dropped as a result of the low cost gym operator in Runcorn; Pure Gym.

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 will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

5.0 Progress against high priority equality actions

There have been no high priority equality actions identified in the quarter.

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.

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q3 Progress
CCC1	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	

CCC1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2014. (AOF 4) KEY	
CCC1	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	
CCC1	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)	
CCC1	Develop a Homelessness strategy for 3-year period 2013-2016 in line with Homelessness Act 2002. March 2014. (AOF 4, AOF 18) KEY (NEW)	
CCC1	Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents. Mar 2014 (AOF11) KEY	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2014 (AOF 21) KEY	
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 2014 (AOF 21 & AOF 22) KEY	N/A
CCC3	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)	
CCC3	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)	

Supporting Commentary

CCC1: Services for people with Autistic Spectrum Disorder:

The Autism Strategy group continues to monitor the progress of the Autism Strategy 2012 – 2016 action plan.

Key milestones have been:

- The funding of an ADHD/Autism Carers worker within the Carers Centre,
- The re-designation of Ashley School
- The implementation of an ASD co-coordinator post for the children's diagnosis pathway.

The Autism Strategy Action plan will be refreshed in 2014.

CCC1: Implementation of Dementia Strategy:

New updated dementia strategy has been completed and is currently being agreed through various governance structures. This strategy has taken and updated all of the existing actions from the implementation plan and these now form the basis of the new action plan.

CCC1: Supporting the continued Implementation of 5Boroughs redesign:

Both pathways – for adults (known as the Acute Care Pathway) and older people (known as the Later Life and Memory Service) – have now been fully redesigned and the changes are in place. Social work services play a full part in the delivery of both service areas.

CCC1: Develop a new Housing Strategy:

The 2013/18 Strategy was approved by Executive Board on 27th June following a period of consultation.

CCC1: Develop a homelessness strategy:

The 2013/18 Strategy was approved by Executive Board on 27th June following a period of consultation.

CCC1: Review Domestic Violence Services:

During a review of domestic violence services it was highlighted that the current refuge is not fit for purpose. Riverside ECGH have secured funding to remodel the refuge into self-contained units, and the improvement work is underway. The first phase was completed in December 2013 and the remodelling is expected to be completed by April 2014.

CCC2: Ensure establishment of Healthwatch:

Healthwatch is now fully formed and its Executive Board has developed an action plan to drive forward organisational objectives. Healthwatch has already completed a series of events to support their consultation plans and work closely with a range of partners.

CCC2: Update Joint Strategic Needs Assessment:

JSNA now dealt with by Public Health

CCC3: Develop pooled budget arrangements with NHS partners for complex care arrangements:

Pooled Budget established. Links with the Government's Better Care Bill and the Social Care Bill being examined.

CCC3: Review and development commissioning strategies aligned with Public Health and the Clinical Commissioning Group:

Work continues to align all Commissioning Strategies and work streams. A review of progress will be undertaken at the end of March 2014 and the specific outputs and outcomes will be reported upon in due course.

Key Performance Indicators

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
<u>CCC 4</u>	Adults with mental health problems helped to live at home per 1,000 population (Previously AWA L113/CCS 8)	3.23	3.97	2.73		
<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 CCC 8)	4.0%	5%	4.02%		
<u>CCC 6</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 8).	0	[1.2]	0		
<u>CCC 7</u>	Number of households living in Temporary Accommodation (Previously NI 156, CCC 10).	6	[12]	3		
<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	5.42	[4.4]	2.41		

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
	of thousand households in the Borough) (Previously CCC 11).					
<u>CCC 11</u>	Carers receiving Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135, CCC 14).	18.87%	25%	16.47%		

Supporting Commentary

CCC4: This figure has declined steadily in the past 12 months. This is partly due to an increase in the baseline figure for adults at the 2011 Census. However, the successful redesign of the Mental Health Acute Care Pathway (of which social services is a part) within the 5 Boroughs has also reduced the numbers of people being referred, by providing a multidisciplinary approach specifically for people with severe and enduring mental health problems. As a result, although the numbers are lower, the social care service is targeted more on people with the greatest levels of need and risk. People with less complex needs are now being supported through the primary care service, and work is going on to ensure that social care supports and services are available to that group of people as required. As a result, we expect that the reported performance figures will improve significantly through 2014.

CCC5: This equates to 190 clients with dementia out of a total of 4726 clients receiving a service. This figure has remained consistent, however there are issues in relation to the target. This target was originally based on the number of projected people diagnosed with dementia. We are now much clearer with our figures and it shows that the number of people with dementia in Halton is lower than the estimates, therefore it is more challenging to achieve this figure.

CCC6: Halton forms part of the Merseyside Sub Regional, No Second Night Out scheme which is proven to be a successful resource and fully utilised across the Merseyside Authorities. The service provides an outreach service for rough sleepers and has successfully worked in partnership with Halton to identify and assist this vulnerable client group. The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness within the district and facilitated reconnection with neighbouring authorities.

CCC7: The Housing Solutions Team takes a proactive approach to preventing homelessness. There are established prevention measures in place and the Housing Solutions team continue to promote the services and options available to clients. The changes in the Temporary Accommodation process and amended accommodation provider contracts has had a big impact upon allocation placements. The emphasis

is focused on early intervention and further promotes independent living. The improved process has developed stronger partnership working and contributed towards an effective move on process for clients. The Authority will strive to sustain the reduced Temporary Accommodation provision.

CCC8: The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention.

CCC11: Carers continue to be a high priority for the Directorate.

Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q3 Progress
PA1	Implement and monitor the 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 2014. (AOF 21 & 25) KEY (NEW)	<input checked="" type="checkbox"/>
PA1	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)	<input checked="" type="checkbox"/>
PA1	Review the integration and operation of Community Multidisciplinary Teams. Mar 2014. (AOF 2, 4, & 21). (NEW) KEY	<input checked="" type="checkbox"/>
PA1	Develop working practice in Care Management teams as advised by the Integrated Safeguarding Unit. Mar 2014 (AOF 10) (NEW) KEY	<input checked="" type="checkbox"/>
PA1	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	<input checked="" type="checkbox"/>
PA1	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	<input checked="" type="checkbox"/>

Supporting Commentary

PA1: Implement and monitor the pooled budget:

Pooled Budget fully implemented. Governance arrangements in place.

PA1: Engage with new partners to ensure that key priorities, objectives and targets are shared:

Steering group operational, work progressing on a more integrated approach to

well-being and prevention.

PA1: Review the integration and operation of Community Multidisciplinary Teams:

We have secured some Clinical Facilitator time to support GP practices in implementing their models. Social care teams are realigning their work to match against General Practices and staff are now attending the surgeries and multidisciplinary team meetings across Widnes and Runcorn

PA1: Develop working practice in care management teams as advised by the Integrated Safeguarding Unit:

Working practice continues to develop including, champions being identified across care management. WE are also taking part in "Making Safeguarding Personal 2013-14" a sector-led improvement project. This work aims to facilitate a shift in emphasis from processes to a commitment to improve outcomes for people at risk of harm.

PA1: Embed and review practice in care management teams following service redesign:

The care management service has developed a new range of streamlined self-directed support documents and resource allocation system, guidance for service users and carers, a programme of training has begun for staff to roll out this work with a focus on asset based approaches.

PA1: continue to deliver personalised quality services through self-directed support and personal budgets:

The use of self-directed support and personal budgets is in place across all service areas. As part of 'Personalisation' we will be taking forward the 'Making it real' marking progress towards personalised, community based support agenda. This will help check our progress and decide what we need to keep moving forward to deliver real change and positive outcomes with people.

Key Performance Indicators

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
<u>PA 2</u>	Numbers of people receiving Intermediate Care per 1,000 population (65+)	84.35	99	61.8		
<u>PA 3</u>	Percentage of VAA Assessments completed within 28 days	86.73%	82%	87.89%		
<u>PA 7</u>	Percentage of items of equipment and adaptations delivered within 7 working days	94%	97%	93%		

Supporting Commentary

PA2: This is a cumulative figure of 1,211 referrals made into Intermediate Care, however it may be subject to change as some data cleansing is currently taking place. The number of current referrals at this point in time is comparative to those of the same quarter in 2012/13.

PA3: We have exceeded this target.

PA7: Performance is slightly lower than expected and work is on-going to ensure that the target is met by the end of the year

Community and Environmental Services***Key Objectives / milestones***

Ref	Milestones	Q3 Progress
CE1	Implement the new Sports Strategy (2012-2014) - March 2014. (AOF 1 & 2) KEY	
CE3	Deliver a promotion and educational campaign (School Lunches) - September 2013 and January 2014. (AOF 1) KEY	
CE3	Review and update the strategy and action plan to increase the uptake of free school meals - July 2013. (AOF 1) KEY	
CE3	Develop effective joint working and agree funding, with the private/public sector to address childhood obesity - September 2013 (AOF 1) KEY	
CE4	Undertake CIPFA PLUS Survey (Public Library User Survey for Children) due to take place September 2013. (AOF 6, 7, 13, 14, 22) KEY	
CE5	Runcorn Hill Park (Parks for People bid) – Deliver project (Subject to success of second round) - March 2014. (AOF 18, 19) KEY	
CE5	Woodland Expansion - Additional 200m2 of Woodland planted Borough wide - March 2014. (AOF 18, 19) KEY	

CE6	Implement new operational arrangements as determined by the outcome of the review of waste and recycling collection systems - September 2014. (AOF 20) KEY	
CE6	Continue to review and assess the effectiveness of projects and initiatives to help improve energy efficiency and reduce CO ₂ emissions. March 2014. (AOF 20) KEY	
CE6	Develop and publish a Waste Communications Plan and implement actions arising from the Plan - March 2014. (AOF 20) KEY	
CE7	Continue to develop Action Plans and Protocols with External Agencies to effectively prevent and tackle a range of waste and environmental offences - March 2014. (AOF 20) KEY	

Supporting Commentary

CE1: implement the new Sports Strategy:

The Councils Sport and Recreation Team continue to deliver and support activity against the key themes and objectives contained in the Sports Strategy. The service produces a monthly report to highlight the key areas of work

Quarter 3 activities include:

Community Sports coaches delivered 200 hours coaching; 2373 coaching contacts and 107 training opportunities. 3 workshops delivered 55 attendees, 10 coaching bursaries. Other activities included; Halton hosting USA RLWC team, preparing Widnes Recreation Project planning and grant applications.

- Walking Football Pilot for Over 50s at Kingsway Leisure Centre
- Funding clinic, support to older adult groups; Sports clubs; OBA
- Get Active October promotion – 41 new participants registered in community classes
- Training for Health Champions
- I-pitch cricket league pilot – 60 attendees
- Cronton College linked to Halton Sports Partnership
- On-going support to community exercise classes, over 50 groups.
- ASA HBC workplace survey, 220 completed, ASA to pilot work with HBC
- Merseyside Sports Awards 8 nominations – 3 award winners
- 154,078 Leisure centre visits during Oct/Nov/Dec. Total visits since 1 April 2013 494,274
- 1326 Leisure Card applications
- 7 Sportivate activities operating (sport sessions for 14 – 25 year olds)
- Affiliation to Street Games

CE3: deliver a promotional and educational campaign for school lunches:

All Primary schools have been provided with a Themed calendar with a selection of poster for 2013-2014 to promote National Days, Festivals, Sporting occasions etc. All reception children's parents have been given an information pack on the benefits of school meals.

Increasing the number of tasting opportunities for children.

CE3: review the strategy and action plan to increase the uptake of free school meals:

All Primary schools have been provided with a Themed calendar with a selection of poster for 2013-2014 to promote National Days, Festivals, Sporting occasions etc. All reception children's parents have been given an information pack on the benefits of school meals.

Increasing the number of tasting opportunities for children.

CE3: develop joint working and agree funding to address childhood obesity:

The school catering team are working with the Healthy School Team to deliver various cooking projects.

CE4: undertake CIPFA Public Library User Survey for Children:

The new format survey will be undertaken between 17th February 2014 and 1st March 2014.

CE5: deliver project for Runcorn Hill Park:

Project is underway (See Key Developments) and targets are being met. Major physical works will start on the ground in Q4.

CE5: Woodland expansion – plant an additional 200square metres of woodland borough wide:

Planting is underway and target will be met.

CE6: implement new operational arrangements coming from the review of waste and recycling collection schemes:

During this quarter approximately 1,000 households were changed from a sack collection service to a wheeled bin service. This service change was part of the on-going review of properties that may be suitable for wheeled bin collections and the roll out of wheeled bins to further properties will take place over forthcoming periods.

CE6: continue to review and assess effectiveness of projects and initiatives to improve energy efficiency and reduce CO2 emissions:

Opportunities to reduce energy usage in corporate buildings continue to be explored. Individual building performance charts, comparing all monitored sites, now provide building managers with feedback on relative progress towards the achievement of energy usage targets.

CE6: develop and publish a Waste Communications Plan and implement actions arising:

A Waste Communications Plan has been produced and will be published. A number of actions arising out of the Plan have already been completed or implemented, including the development of specific Waste Management Facebook and Twitter accounts and the delivery of an interactive education programmes to

primary schools.

CE7: continue to develop action plans and protocols with external agencies to prevent and tackle a range of waste and environmental offences:

Officers are continuing to work on joint operations with external organisations and enforcement agencies such as local Housing Associations, Cheshire Police and the Environment Agency to tackle waste and environmental related nuisance. In October the Council undertook a further joint 'roadside check' with Cheshire Police seeking to tackle unregistered waste carriers.

Key Performance Indicators

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
<u>CE LI 1</u>	No. of meals served versus hourly input of labour (Previously SH1).	9.85	10.00	10.19		
<u>CE LI 6</u>	Number of active users of the library service during the last 12 months.	16,468	23,000	16,194		
<u>CE LI 6a</u>	Number of visits to libraries (annual total).	621,109	600,000	180,767		
<u>CE LI 7</u>	% of adult population (16+) participating in sport each week (Previously NI8).	21.7%	24%	23.1		
<u>CE LI 8</u>	% Take up of free school meals to those who are eligible - Primary Schools (Previously SH LI 8a).	77.46%	85%	86.52		
<u>CE LI 9</u>	% Take up of free school meals to those who are eligible - Secondary Schools (Previously SH8b).	76.59%	75%	70.66		
<u>CE LI 10</u>	Take up of school lunches (%) – primary schools (Previously NI52a).	51.71%	55%	51.88%		
<u>CE LI 11</u>	Take up of school lunches (%) –	53.64%	55%	48.7%		

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
	secondary schools (Previously NI52b).					
<u>CE LI 14</u>	Residual household waste per household (Previously NI191).	633 Kgs	700 kgs	473 kgs (estimated)		
<u>CE LI 15</u>	Household waste recycled and composted (Previously NI192).	37.30%	40%	39.38% (estimated)		
<u>CE LI 16</u>	Municipal waste land filled (Previously NI193).	58%	60%	56.36% (estimated)		
<u>CE LI 17</u>	% Overall satisfaction of Library Users (Previously CS1) (3-yearly 2012).	94%	Top quartile in NW	N/A	N/A	N/A
<u>CE LI 19</u>	Number of Green Flag Awards for Halton (Previously EAR LI3).	12	12	12		
<u>CE LI 20</u>	Improved Local Biodiversity – Active Management of Local Sites (NI 197).	58.49%	54%	58.49%		

Supporting Commentary

CE LI 1: Actual has already exceeded target this year, this is an excellent result

CE LI 6: 68,139 registered users, current figure of 16,194, having using the service in the last 12 months. This is down on the equivalent quarter last year, however the number of new borrowers joining in this quarter has risen by 7.5%

CE LI 6A: Based on current figures target will be achieved

CE LI 7: The annual return for this target was released in December 2013 the 24% target was not achieved.

CE LI 8: The target has already been exceeded, an excellent position to be in at this time of year.

CE LI 9: Although the actual is slightly below target this target will be achieved at year end

CE LI 10: Although the actual is slightly down on target it has already exceeded

last years total, this target should be achieved at year end

CE LI 11: Although the actual is slightly down on target, it is likely the target will be reached by year end

CE LI 14: This is an estimated cumulative figure and early indications are that this target will be met.

CE LI 15: This is an estimated figure and early indications are that this target will be met.

CE LI 16: This is an estimated figure and early indications are that this target will be met.

CE LI 17: Next adult survey not due until autumn 2015

CE LI 19: Twelve green flag award parks have been retained. A mystery shopper visit in Q3 demonstrated that green flag parks are still within the standards required.

CE LI 20: The figure is likely to remain the same until Q4. The majority of conservation tasks are carried out during the winter period

APPENDIX: Explanation of Symbols

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

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.

Performance Overview Report - Policy & Resources Directorate

Reporting Period: **Quarter 3 – Period 01st October 2013 to 31st December 2013**

1.0 Introduction

1.1 This report provides an overview of issues and progress within the directorate that have occurred during the period.

2.0 Key Developments

2.1 There have been a number of developments within the Directorate during the period which include:-

Finance

- Although processing times remain one of the best in the region the implementation of the Governments welfare reforms continues to impact upon the administration of Housing Benefit with over 90% of the Council's Discretionary Housing Payment having now been allocated.
- The collection of Council Tax has saw a reduction of 1.67% as compared to the same period last year and there has been a significant increase in recovery action which has largely resulted from changes to the benefits system.
- As has been anticipated the wider implementation of reforms to the state benefit system continues to result in a high demand for welfare advice services with increased recovery activity placing additional demands on the Contact Centre.
- The movement of the Halton People into Jobs service to the Direct Link facility in Widnes has achieved accommodation savings and further consolidated front-line service delivery.
- The Councils Contact Centre Team has been awarded Team of the Year in the Councils inaugural Employee Recognition and Award Scheme.
- The Medium Term Financial Strategy (MTFS) was approved by Executive Board on 21st November 2013, which set out an expected funding gap of up to £46m over three years (2014-2017) and the key assumptions upon which this was based. The Council's 2014/15 base budget has been prepared within the framework of the MTFS.
- The Government announced the Local Government Finance Settlement on 18th December 2013 which provided details of the Provisional Grant Settlement for Halton for 2014/15 and indicative grant settlement figures for 2015/16. Overall the settlement inclusive of specific grants was broadly in-line with that forecast

as part of the MTFs. This will require budget savings to be achieved of £15.1m in 2014/15.

- On 21st November 2013 Executive Board recommended initial 2014/15 budget reductions of £6.5m be considered and approved by Council on 11th December 2013. These budget proposals will be implemented immediately and will contribute to keeping spend within budget for the current financial year.

Human Resources and Organisational Learning and Development

- Following a period of consultation a process has now commenced for the transition to new reduced structures for the future delivery of Learning and Development and transactional processes for recruitment and pay.
- During the period work has continued to reduce the number of equal pay claims, provide support to a Members Topic Group on the Living Wage, a working group to formalise arrangements for Agile Working.

ICT and Administration Support Services

- Key corporate project requirements have continued to be delivered such as the continued implementation of SharePoint, web site development, electronic social care records, printer replacement and other major system upgrades.
- The Halton iPhone App will become live during February 2014 with a further development for Android devices being planned for release in early summer. The development was undertaken in-house and provides mobile public accessibility to a comprehensive range of information including job vacancies, traffic updates, public health data and waste collection timetables.
- The Windows to learning platform has now been released into the schools environment with a number of locations having already taken up this opportunity and a large number now interested. A short video of this new solution can be accessed via <http://www.halton.gov.uk/WindowsToLearning/index.html>

Legal and Democratic Services

- Labour intensive and time-critical work has continued throughout the reporting period to develop a constitution and operating agreement for the Combined Authority in addition to extensive support being provided to the Mersey Gateway Team in advance of financial close anticipated in Quarter 4.
- Following a review the Inside Halton resident's magazine will be circulated 3 rather than 4 times a year which will result in a saving of approximately £7,000 per year.

Policy, Planning, and Transportation.

- Construction work has now commenced on Local Pinch Point Schemes to improve traffic capacity and access to Sci-Tech Daresbury with planning approval for site connectivity work being granted prior to works commencing later this financial year.
- As part of the additional funding to local highway authorities which was announced by the Chancellor in his Autumn Statement Halton will now receive and additional £355k (2013/14) and £187k (2014/15) to help renew and repair the highways network.
- A major funding bid to the Liverpool City Region Local Transport Body for SJB Bridge Maintenance has been included in the shortlist of 12 regional projects recommended for progressing to the next stage of the bid process. Further information concerning the outcome of the process will be provided as and when this becomes available.
- The winter maintenance scheme commenced in October 2013 and by the end of December 220 tonnes of grit had been used, which is similar to that of 2010/11 although representing a 50% reduction over 2011/12 consumption. At present 950 tonnes are stockpiled with an additional 500 tonnes being delivered in January.
- A winter maintenance working group has now been established with Lafarge Tarmac and Warrington Borough Council to identify opportunities for further efficiencies across both authorities.
- Historically Halton has been heavily reliant upon and successful in applying for contaminated land funding totalling £3.4M since 2002. However DEFRA has now announced that it will no longer be funding the Contaminated Land Capital Projects Programme. Whilst the Council will continue to have a responsibility to investigate contaminated land, and publish a strategy as to how this will be done, the announcement by DEFRA will limit the future means by which such duties can be fulfilled.
- Work is progressing on the Widnes and Hale Green Belt Study with the initial site visits due for completion by the end of the January and initial sustainability assessments being undertaken.
- The Mid Mersey LSTF continues to work with companies based at Sci-Tech Daresbury to encourage travel by sustainable transport. Funding from the LSTF to extend the route and time the 200 bus service has proven successful with patronage on the overall service doubling. Additionally the launch of a Smart Travel Application for PC's and Smartphones is scheduled during Quarter 4.

- Following a number of collisions, the street lighting has been switched back on the junction of the A558 Daresbury Expressway and Pitts Heath Lane in Runcorn.
- Through the Halton Strategic Partnership Board work has commenced to develop the Local Service Support Framework for Universal Credit to ensure a joined-up approach for support to vulnerable groups.
- A Peer Challenge, undertaken as part of the LGA's self-improvement initiative and supported by the Policy and Performance Team, was undertaken and completed during quarter 3. Work that has been identified in light of recommendation is now being taken forward in conjunction with other developments such as the annual business planning cycle and the refresh of key documents such as the Corporate Plan and Sustainable Community Strategy.
- Work is being undertaken to pilot a Corporate Social Responsibility scheme called Halton CARES (Companies Acting Responsibly and Ethically), under which local businesses can join and achieve accreditation. Local businesses would provide pro bono work (free of charge assistance) in local communities for example to vulnerable individuals or community groups. The pilot proposal is being put before Environment and Urban Renewal PPB for support on 21st January.
- A Social Value Policy has been produced to meet our procurement commitments under the Public Services (Social Value) Act. Work is continuing as part of a core group of officers from HBC, the CCG and Voluntary and Community Sector, working with and funded by Social Value UK to produce a borough wide Social Value Charter with the aim to establish Halton as an area at the forefront of promoting the Social Value agenda. This is a year-long piece of work, however, the Charter and principles of Social Value are expected to be agreed by February 2014. Policy staff are also be involved in 'social proofing' the commissioning intentions within the Clinical Commissioning Group (CCG) 2 year plan as part of this work.

Public Health

- The Public Health team has led the development of the Joint Health and Wellbeing Strategy with cancer, alcohol, falls, mental health and child development as key priorities. The implementation of action plans to address these priorities is now having a positive impact.
- Working closely with the Community Development Team efforts have been concentrated on raising public awareness of lung and skin cancer symptoms in the community. Public Health Team volunteers continue to support and raise cancer awareness at events and data is collected at each event which includes gender, age and postcode.

- Many responses are recorded and followed up, with people encouraged to see their GP and the team have engaged one to one with around 1,500 people with many more via leaflets, posters and a national marketing campaign which is currently on the Television and Radio and national newspapers.
- The Public Health Stop Smoking service continues to work across a multitude of providers to increase quit rates with particular emphasis being placed on pregnant smokers and workplaces. Work is currently being undertaken to establish relationships with 5 Boroughs mental health trust to develop referral pathways for patients into the service and Halton has been selected as a pilot site for a sub-regional Chronic Obstructive Pulmonary Disease (COPD) initiative which will aim to increase referrals of clients with COPD into Stop Smoking.
- Regionally there has been a marked drop (12%) in people accessing all services in Cheshire/Merseyside due to the emerging popularity of the E cigarette (which are not recognised as a quit aid by the NHS) and the current economic downturn.
- A “Sun Safety” campaign, aimed at Early Years settings and Primary Schools, and also Environmental Health activity to mystery shop underage access to sunbeds have been undertaken to help prevent incidence of skin cancer in future years.
- Whilst alcohol rates are currently reducing the Alcohol Action Plan identifies further on-going action with key contacts and training for all front-line workers, including GP’s, Alcohol Liaison Nurses and Children’s workers etc., to identify and moderate unhealthy drinking behaviours. A social marketing campaign is also currently being developed to target women of childbearing age and those that are pregnant.
- The DoH programme to increase numbers of Health Visitors who deliver the universal child health programme is on target and a draft under 5’s Child Development Strategy is in place and actions are underway with the 0 – 5 universal health programme also being delivered.
- Breastfeeding support is available across the borough and Halton has been awarded UNICEF Baby Friendly Status with frontline managers and staff being assessed as outstanding.
- The Halton Falls Pathway has been reviewed and subsequently redesigned to include both universal prevention and education, and specialist treatment services. A comprehensive action plan, as part of the Health and Wellbeing board, has been implemented to deliver a community wide approach embracing the full range of community services with a robust performance framework for monitoring and evaluation.

- Through a series of events held during national Falls Awareness Week in June a number of local organisations worked together to educate 400 older people across Halton about the dangers, how to avoid falls and stay healthy.
- An integrated Child and Adolescent Mental Health Strategy that will focus upon prevention, early detection and treatment across Public Health, Children's Services and NHS provision has been developed. The Strategy focuses upon meeting the needs of local children, young people and their families and will focus upon the role of schools, GPs, Children's Centres and other local facilities to support the implementation of the Mental Health and Wellbeing Programme.
- An action plan for the Prevention and Early Detection of Mental Health problems has been developed, focussing largely on prevention to help provide a shift in attitudes and awareness of mental health issues. An overarching Mental Health Strategy is also in development, which will be further supported by the development of a Child and Adolescent Mental Health (CAMHS) Strategy.
- An extensive range of weight management services have been delivered across early year's settings, schools and the community to children and families. These include Fit4Life in all Primary Schools and some high schools and Fresh Start for adults and specialist weight management for the morbidly obese. Additionally a new flu immunisation programme has commenced for all 2 and 3 year olds.
- A project plan has been drawn up to facilitate the transfer of the trading standards service back to Halton. A principal trading standards officer has been appointed to manage the new service. Negotiations are on-going to agree the remaining staff to transfer

3.0 Emerging Issues

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

Financial Management

- I. In December 2013 the Government announced the introduction of the Single Fraud Investigation Service (SFIS), which will investigate Social Security welfare benefit and Tax Credit fraud across Local Authorities, HM Revenue and Customs, and the Department for Work and Pensions (DWP). This will result in Council Benefit Investigation staff transferring to the DWP. Time scales provided by the DWP indicate that national rollout should commence in October 2014 and will be completed by March 2016.
- II. On 6th February 2014 the Executive Board will recommend budget proposals to be considered by Council on 5th March 2014. This will include additional budget reductions required in order to deliver a balanced budget for 2014/15.
- III. Support continues to be provided on the financial aspects of the Mersey Gateway development, partnership arrangements on the pooled budget with Halton CCG and the joint venture arrangements with the Science & Technology Facilities Council and Langtree for the development at Sci-Tech Daresbury. Progress continues to be made with Equal Pay Claims, to date over 900 claims have been cleared.
- IV. Planning has begun for preparation of the 2013/14 final accounts, the Council's External Auditor (Grant Thornton UK LLP) have commenced work in refreshing their understanding of the Council's processes and controls in financial systems.

Human Resources and Organisational Development

- I. Significant changes to the Local Government Pension Scheme will be introduced from April 2014 with a move away from Final Salary to career average earnings. This will have an impact for both employees and the Councils processes. HR staff will begin detailed communication over the coming months with both employees and Cheshire Pensions, to ensure the successful implementation of the new arrangements.

ICT and Administration Support Services

- II. Following the finalisation of discussions with the supplier new Contact Centre software will become operational during May 2014 that will provide enhanced capability and exceed the original tendered requirements.

- III. Picow Farm Road Records Management and data Centre is now complete and plans are now in place to develop the Scanning Centre and the necessary operating processes and procedures with the intention that commercial opportunities to further attract inward investment will be sought.
- IV. The ICT Data Centre will form a major part of the authority's on-going disaster recovery and business continuity arrangements and the 2014/15 capital programme will be aligned with developing this facility.
- V. Arrangements to meet the continued requirements of Public Services Network compliance, which form the Code of Connection the authority has to maintain to transact electronically, are now underway and the authority will be subject to an external audit during June 2014.

Policy, Planning, and Transportation.

- VI. Phase 2 of the 2013/14 carriageway structural reconstruction has been delayed due to poor weather conditions and has been rescheduled for completion in February 2014.
- VII. The DfT launched guidance for the next round of LSTF in late December 13. Funding will be available for 1 year (2015-16) and is for revenue projects only with an overall value of a bid is set a £1m, or for the LCR as a whole £5m. Applications to this fund need to be submitted by the end of March 2014 and currently there are discussions taking place amongst the Liverpool City Region on how best to proceed.

Public Health

- VIII. A Suicide Strategy is currently being developed as is an alcohol programme aimed at challenging social norms within secondary schools.
- IX. A maternity services review is continuing to proceed and a flu immunisation programme is due to commence for all 4 year olds during the coming year.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements.

As such progress concerning the implementation of all high risk mitigation measures will be monitored in Quarter 2 and Quarter 4.

5.0 High Priority Equality Actions

Equality issues continue to form a routine element of the Council's business planning and operational decision making processes. Additionally the Council must have evidence to demonstrate compliance with the Public Sector Equality Duty (PSED) which came into force in April 2011.

As a result the Board will receive further information following the completion of the Annual Equality Assessment which will be undertaken during Quarter 3.

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 Directorate.

Financial Management

Key Objectives / milestones

Ref	Milestones	Q3 Progress
FS 01	Report Medium Term Financial Strategy to Executive Board. November 2013	
FS 03	Complete the Draft Abstract of Accounts for certification by the Chief Financial Officer by 30 June 2013 . Publish the Abstract of Accounts by 30 September 2013 .	

Supporting Commentary

Medium Term Financial Strategy was reported to Executive Board on 21st November 2013 with the Draft Abstract of Accounts being certified by the Chief Finance Officer on 28th June 2013 as planned. Statement of Accounts for 2012/13 was approved by Business Efficiency Board on 18th September 2013 and published on the Council's web-site on 30th September 2013.

Key Performance Indicators

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
FS LI 05	Proportion of Council Tax that was due that was collected.	97.11%	96.00+	83.83		
FS LI 06	The percentage of Business Rates which should have been received during the year that were received.	97.13%	96.00+	78.51		
FS LI 08	Achieve investment returns for the year higher than the benchmark.	1.91	N/A	0.89		

Supporting Commentary

When compared to the same period last year there has been a reduction in the levels of collection of Council Tax (1.67%) and Business Rates (6.32%).

With regards to Council Tax this has largely resulted from the negative impact of the new Council Tax Reduction Scheme and changes to Empty Property Discounts.

In respect of Business Rates some large new assessments and increases in Rateable Values, in addition to a number of on-going rate avoidance schemes have led to a reduction in the collection rate.

Human Resources & Organisational Development**Key Objectives / milestones**

Ref	Milestones	Q3 Progress
HRLD 01	To commence Real Time Tax information reporting to HMRC by June 2013 . To further enhance i-Trent system capabilities. March 2014	
HRLD 02	Promote and take forward the delivery of actions identified within the Corporate Peoples' Plan. March 2014 Monitor and review the implementation of revised Employee Development Review (EDR) process. December 2013	

Supporting Commentary

The Council now complies with the requirements of HMRC in the provision of real time information to the tax office and iTrent capabilities are being enhanced through the

introduction of e-payslips which are currently being tested prior to any roll-out being agreed between management and trade unions.

Learning and Development opportunities continue to be provided in support of the Corporate People's Plan and the means by which learning needs can be identified continue to be explored, for example thorough the analysis of staff forums.

Key Performance Indicators

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
HRLD LI 1	The number of working days / shifts lost due to sickness (Corporate).	10.06	8.5	7.99		
ODHR LI 5	% of training delegates attending as proportion of places reserved.	88	85	81		
ODHR LI 6	The percentage of top 5% of earners that are:					
	a) Women	55.04	50	55.56		
	b) From BME Communities	2.91	1.0	2.73		
	c) With a disability	0.65	5.0	0.68		
ODHR LI 7	No of staff declaring that they meet the Disability Discrimination Act as a % of the total workforce.	1.36	7.50	1.44		
ODHR LI 8	Minority of Ethnic Community staff as a % of total workforce.	0.89	1.00	1.16		

Supporting Commentary

Sickness absence has increased when compared to the same period last year (6.61) and work continues with service managers to explore mitigating actions that can be pursued.

In relation to the workforce profile it is unlikely that the Council's ambitious targets in relation to disability can be achieved although both measures have shown a marginal increase when compared to the same period last year.

ICT Infrastructure

Key Objectives / milestones

Ref	Milestones	Q3 Progress
ICT 01	SharePoint and Records Management enhancement. March 2014	
	Continued Social Care Systems Service Support Programme. March 2014	
	Schools Cloud Service Developments. September 2013	
	Interactive Web Services and further SharePoint integration. March 2014	
	Development of commercial ICT opportunity within Desktop, hosting and Disaster Recovery provision. March 2014	
ICT 02	Continued development of document management and distribution services. March 2014	
ICT 03	Deliver operational Records Management Unit Services. August 2013	
ICT 04	Conduct and evaluate point of contact satisfaction survey for ICT & Support Services. March 2014	

Supporting Commentary

All objectives are progressing as planned or having been completed at this stage.

In relation to Social Care Systems support developments with regards to children's Services are complete and in line with requirements and a project to consider Adult Services has commenced with requirements being mapped and planned for test during the second quarter of 2014.

The development of commercial opportunities is progressing well with services now being delivered for the Mersey Gateway Project and the Halton Clinical Commissioning Group.

The results of the contact satisfaction services have now been received and analysed. Results have been largely positive and encouraging and work is now being undertaken to identify the ways in which services can be improved further. The full details of the survey findings will be published in the March Team Brief and the April 2014 issue of the InTouch magazine.

Key Performance Indicators

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
ICT LI 1	Average availability of the Council's operational servers (%).	99	99	99.99		
ICT LI 2	Average availability of the Council's WAN infrastructure (%).	99	99	99		
ICT LI 4	% of all responsive repairs completed within 2 working days.	92	80	93		
ICT LI 8	Average working days from order to completion of a new PC.	9	10	8		

Supporting Commentary

Infrastructure and availability remains robust and although there have been some one-off outages as a result of power issues at Rutland House these have been resolved within 30 minutes of each event.

Responsive repair and PC completion times remain extremely positive.

Legal & Democracy**Key Objectives / milestones**

Ref	Milestones	Q3 Progress
LOD 01	Secure renewal of Lexcel and ISO Accreditations. January 2014	
LOD 03	To ensure that all members have been given the opportunity of having a MAP meeting.	

Supporting Commentary

Work to secure renewal of accreditations is progressing according to plan, although it has been agreed that the inspection will be held on 31st March 2014, Member MAP meetings continue to place as we move throughout the year.

Key Performance Indicators

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
LD LI 03	Average Time taken to issue prosecutions from receipt of full instructions (working days).	7	10	10		
LD LI 04	Average time taken to send out first draft business lease from receipt of complete instructions from Property Services (working days).	15	20	20		
LD LI 05	Average time taken to file application for Care proceedings at Court from receipt of all written evidence from client department (working days).	1	3	1		
LD LI 15	% satisfaction with Inside Halton.	99	90	95%	N/A	N/A

Supporting Commentary

All measures remain on track to achieve annual target.

The Inside Halton reader's survey showed that 95% of readers were either satisfied, or very satisfied with the magazine. Readers complimented the 'What's On' section and updates in the magazine on the Mersey Gateway.

Policy, Planning and Transportation**Key milestones**

Ref	Milestones	Q3 Progress
PPT 01	Review progress, revise SJB maintenance strategy document and deliver 2013/14 major bridge maintenance works programme. March 2014.	
PPT 02	To deliver the 2013/14 LTP Capital Programme March 2014.	
PPT 03	Develop and consult on a local flood risk strategy for Halton (June-Nov 2013) and progress to adoption by March 2014.	

PPT 07	Mersey Gateway – Full business case approval, Financial close and Contract award and mobilisation – November 2013.	
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Supporting commentary

2013/14 major bridge maintenance works programme is underway with individual work delivery being adjusted in line with budget availability as Target Costs for individual Task Orders are agreed.

In relation to the Local Transport Plan Plan (LTP) Capital Programme the delivery of integrated transport schemes is well underway with around 10 schemes at various locations having been completed. Construction of further transport and highway improvement schemes is due to commence in January at local neighbourhood centres at Moorfield Road and Ditchfield Road, Widnes.

With regard to the Road Maintenance element the programme of footway reconstruction is nearing completion for this year. Phases 1 & 2 of the Carriageway reconstruction & resurfacing schemes are complete with Phase 3 works imminent in February 2014.

Programme and Design work for next year's Phase 1 Footway and Carriageway schemes are well underway in line with the Annual Plan.

The draft Local Flood Risk Strategy has been reviewed by the Environment Agency and a formal partner / stakeholder consultation is currently in progress. It is anticipated that the public consultation will be undertaken during February 2014 and completed by the end of March 2014.

Whilst the Mersey Gateway Business Case was submitted to the Department for Transport in November 2013 the Financial Close has now been deferred until the end of February 2014.

Key Performance Indicators

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
PPT LI 02	Net additional homes provided.	N/A	552	N/A	N/A	N/A
PPT LI 03	Number of affordable homes delivered (gross).	N/A	100	N/A	N/A	N/A
PPT LI 04	% of planning applications processed:					
	'Major' applications > 13 weeks	66.7	60	56.3		
	'Minor' applications > 8 weeks	30.9	83	51.5		
	'Other' applications > 8 weeks	70.4	83	91.1		

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
PPT LI 11	Damage to roads and pavements (% dangerous damage repaired within 24 hours).	74	98	99		
PPT LI 15 (Ex NI 178)	Bus service punctuality, Part 1: The proportion of non-frequent scheduled services on time (%):					
	a) Percentage of busses starting route on time	97.74	97.80	97.48		
	b) Percentage of busses on time at intermediate timing points	89.31	97.40	90.46		
PPT LI 17	Number of passengers on community based accessible transport.	275,518	255,000	189,039		
PPT LI 19	Number of local bus passenger journeys originating in the authority area in one year (000s).	5,491	5,500	3,979		

Supporting commentary

Performance in determining planning applications continues to improve in line with the team now being fully staffed.

Damage to roads and pavements is now being undertaken through the new Highways term contract with Lafarge Tarmac undertaken under a new suite of incentivised performance indicators. This greater degree of contractual control in combination with new methods of reporting and instructing Priority 1 & Priority 2 work has brought performance back in line with target.

Bus service punctuality continues to improve as we move throughout the year and it is anticipated that the annual target will be achieved.

Halton Community Transport has indicated that the fall in journeys is due to a reduction in coach journeys being undertaken within the current year. It is anticipated that journeys will remain static for the remainder of 13/14. Additionally bus patronage within Halton continues to decline overall. However, Q3 has improved greatly on the Q2 figure of 2,640 with a 50% increase in passenger numbers.

Public Health

Key milestones

Ref	Milestone	Q3 Progress
PHO3	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. March 2014	

Supporting Commentary

As reported within the Key Developments Section of this report The Public Health Team have concentrated their efforts on raising public awareness of lung and skin cancer symptoms in the community working closely with the Community Development Team.

Ref	Milestone	Q3 Progress
PH 03	Increase smoking quitter rates amongst 16+ age range by working with local Hospital Trusts and the local 'Stop Smoking Service'. March 2014	

Supporting Commentary

As reported within the Key Developments section of this report the Health Improvement Stop Smoking service continues to work across a multitude of providers to increase quit rates.

Ref	Milestone	Q3 Progress
PH 03	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. March 2014	

Supporting Commentary

Public Health commission weight management programmes for children and adults across Halton Borough.

An extensive range of services have been delivered across early year's settings, schools and the community to children and families. During quarter one, 22 programmes were delivered across children's settings engaging over 500 children and 100 parents. The adult service, which is delivered as a joint service with Halton and Warrington Hospital, has seen 2000 adults engaged on the service with 100% of those completing the programme recording between 3 – 5% weight loss at 12 weeks.

Ref	Milestone	Q3 Progress
PH 03	Meet the target for the take up of Human Papilloma Virus (HPV) vaccination in girls 11-13, to reduce cervical cancer rates by working proactively with the School Nursing Service and GPs. March 2014	

Supporting Commentary

HPV vaccination which protects women against cervical cancer is undertaken during the academic school year. HPV rates for all three doses are consistently on or above the England average (please note available evidence is for Halton and St Helens).

Ref	Milestone	Q3 Progress
PH 03	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. March 2014	

Supporting Commentary

An Action plan for the Reduction of Harm from Alcohol has been developed as part of the Health and Wellbeing Strategy. The plan identifies on-going action with key contacts and training for all front line workers including GPs, Alcohol Liaison Nurses, and children's workers etc., to identify and moderate unhealthy drinking behaviour. Alcohol rates are currently reducing.

Ref	Milestone	Q3 Progress
PH 03	Implement and monitor the new Cancer Action plan to decrease morbidity and mortality from cancer locally. March 2014	

Supporting Commentary

An Action plan for the Prevention and Early Detection of Cancer has been developed as part of the Health and Wellbeing Strategy. The plan identifies an overall target of a 1% Reduction in under 75 mortality rate from cancer (Baseline 2010 – 147.96/100,000). A "Sun Safety" campaign, aimed at Early Years settings and Primary Schools, and also Environmental Health activity to mystery shop underage access to sunbeds have been undertaken to help prevent incidence of skin cancer in future years.

Ref	Milestone	Q3 Progress
PH 04	Facilitate the Early Life Stages 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. March 2014	

Supporting Commentary

Through the Health and Wellbeing Strategy a draft under 5's child development strategy is in place and actions are underway towards meeting this target. The 0-5 universal healthy child programme is being delivered and includes all components.

The Department of Health programme to increase the numbers of health visitors who deliver the universal child health programme is on target in Halton.

Ref	Milestone	Q3 Progress
PH 04	Facilitate the Halton Breastfeeding programme so that all mothers have access to breastfeeding-friendly premises and breastfeeding support from midwives and care support workers. March 2014	

Supporting Commentary

As reported within the key developments section of this report Breastfeeding support is available across the borough, and offered to all breastfeeding women.

Ref	Milestone	Q3 Progress
PH 05	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. March 2014	

Supporting Commentary

The Halton Falls Pathway has been reviewed and subsequently redesigned to include both universal prevention and education, and specialist treatment services. A comprehensive action plan, as part of the Health and Wellbeing board, has been implemented to deliver a community wide approach embracing the full range of community services with a robust performance framework for monitoring and evaluation.

Through a series of events held during national Falls Awareness Week in June a number of local organisations worked together to educate 400 older people across Halton about the dangers, how to avoid falls and stay healthy.

Ref	Milestone	Q3 Progress
PH 06	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. March 2014	

Supporting Commentary

A social marketing campaign is currently being developed targeting women who are of childbearing age and pregnant, to ensure they understand the harm that alcohol can cause their baby.

Ref	Milestone	Q3 Progress
PH 07	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. March 2014	

Supporting Commentary

An integrated Child and Adolescent Mental Health Strategy that will focus upon prevention, early detection and treatment across Public Health, Children's Services and NHS provision has been developed.

The Strategy focuses upon meeting the needs of local children, young people and their families and will focus upon the role of schools, GPs, Children Centres and other local facilities to support the implementation of the Mental Health and Wellbeing Programme.

Ref	Milestone	Q3 Progress
PH 07	Implement the Mental Health and Wellbeing Action Plan to improve the physical wellbeing of people with mental ill health. March 2014	

Supporting Commentary

An Action plan for the Prevention and Early Detection of Mental Health Problems has been developed as part of the Health and Wellbeing Board Strategy. A range of actions across the whole life course have been developed, focussing largely on prevention to help provide a shift in attitudes and awareness of mental health issues. An overarching Mental Health Strategy is in development, which will be further supported by the development of a Child and Adolescent Mental Health (CAMHS) Strategy.

Key Performance Indicators

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
PH LI 03	Excess weight rates in Primary School Age Children ¹ :	Latest published data (2010/11)	Maintain in line with the North West average	(2012/13 data)		
	In Reception (Age 4-5	28.4%		25.1%		
	In Year 6 (Age 10-11	37.5%		36.6%		
PH LI 04	MMR Immunisation Rates for children (By age 2).	90%* (2011/12)	95%	95.4%* (Quarter 2)		
PH LI 05	Infant Mortality Rates (3 year rolling average)	4.8 (2009-11)	4.75 (based on 3 year rate)	4.1* (2010-12)		

Supporting Commentary

Data for 2012/13 compared to 2010/11 demonstrates a significant reduction in the proportion of children with excess weight. A 3.3% reduction for Reception age children, which is outstanding progress, and a 1.1% reduction for Year 6 age children, which is very good progress.

MMR rates for children aged 2 have made very good progress. Halton now has one of the highest immunisation rates in the North West.

Infant mortality rates have shown a slight improvement, and are lower (better) than the target. This is due to a wide range of work on smoking cessation and sudden infant death syndrome.

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
PH LI 06 (SCS HH5a)	All age, all-cause mortality rate per 100,000 Males (Previously NI 120a) 2011	811.4 (2010)	755.2	747.0 (Oct 12 to Sep 13)		
PH LI 07 (SCS HH5b)	All age, all-cause mortality rate per 100,000 Females (Previously NI 120b) 2011	573.6 (2010)	567.9	613.8 (Oct 12 to Sep 13)		
PH LI 08 (SCS HH6)	Mortality rate from all circulatory diseases at ages under 75 (Previously NI 121) 2011	74.0 (2011)	73.3	70.9 (Oct 12 to Sep 13)		

*Data is provisional or from local unpublished sources

¹ Data available and reported one year in arrears – 11/12 actuals now confirmed with the Department of Health

² Data only available & published annually

Supporting Commentary

PH LI 06: Halton has already met the target for reducing male mortality rates and is making good progress in this area.

PH LI 07: Local data shows rates have fluctuated recently but there has been no overall reduction since 2010, this is due in the main to our cancer rates for females. 2011 is latest published data and Halton was worse than England average.

PH LI 08: There has been significant improvement in reducing circulatory diseases as ages under 75. Halton has already met this target and is making very good progress.

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
PH LI 09 (SCS HH7)	Mortality from all cancers at ages under 75 (Previously NI 122) 2011	126.4 (2011)	125.1	138.6 (Oct 12 to Sep 13)		
PH LI 10 (SCS HH8)	16+ current smoking rate prevalence – rate of quitters per 100,000 population (Previously NI 123)	1235.5 (2011/12)	1263.6	296.6 (Quarter 2)		

Supporting Commentary

The cancer mortality rate for Halton is worse than the England average. There are high rates of lung cancer amongst older women due to previously high rates of smoking.

Halton's smoking rate is just above the national average. Smoking quit rates are seasonal with most people quitting in January. We cannot yet say whether we will meet the target for 2013/14, as data is cumulative. Rate of quitters for 2012/13 did not reach expected targets. This was partly due to population changes from census data but predominantly related to the impact of electronic cigarettes which are impacting upon those achieving quit status (e-cigarettes are not an NHS recognised quit tool).

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
PH LI 11 (SCS HH2)	Prevalence of Breastfeeding at 6-8 weeks	17.81%	24%	25.5%		

Supporting Commentary

6-8 week breastfeeding rates have increased and are very close to being on target. There is a strategy and action plan under development to maintain these improvements.

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
PH LI 12 New SCS Measure Health 2013-16	Falls and injuries in the over 65s (Public Health Outcomes Framework)	2962 (2011/12)	TBC	2848.8* (2012/13)		

Supporting Commentary

There has been some progress in a reduction in falls and injuries in the over 65's. With the new Falls Strategy and Action Plan it is anticipated there will continue to be a reduction in this area.

Ref	Measure	12 / 13 Actual	13 / 14 Target	Q3 Actual	Q3 Progress	Direction of travel
PH LI 13 (SCS HH1)	Alcohol related hospital admissions, AAF > 0, rate per 100,000 population (previously NI 39)	2837 (2011/12)	3142	3184* (Oct 12 to Sep 13)		
PH LI 14 (SCS HH1)	Admissions which are wholly attributable to alcohol AAF = 1, rate per 100,000 population	994.5 (2011/12)	1039	1038.2 (Oct 12 to Sep 13)		

Supporting Commentary

PH LI 13: It is difficult for the council to meet this target as it includes people admitted to hospital for conditions that could be related to alcohol but may not be, e.g. kidney dialysis may be as a result of alcohol abuse but may also be the result of diabetes. Current Q3 data shows an increase in admissions.

PH LI 14: The 2012/13 local rate is provisional data and will be updated nationally in early 2014. Current quarter data shows an increase in the rate from 2012/13 although is currently below target. There is seasonal variation in alcohol admissions so this increase is in line with expected increases in admission for this quarter. The national trend is also one of a year on year increase.

7.0 Application of symbols

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: Executive Board

DATE: 13 March 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Physical Environment

SUBJECT: Halton Homelessness Strategy 2013 - 2018

WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report is to present Halton's Homelessness Strategy 2013-2018 to members of the Executive Board.

2.0 RECOMMENDATION: That the Executive Board

- 1) note and comment on the report; and**
- 2) approve Halton's Homelessness Strategy 2013-2018.**

3.0 SUPPORTING INFORMATION

3.1 In accordance with Homelessness Act 2002 the local authority has conducted a full Strategic Review of Homelessness within the area and formulated a Homelessness Strategy for the next five year period.

3.1.1 The Homelessness Strategy 2013-2018 is based upon the findings and recommendations of two other documents, one being a comprehensive review of the current homelessness services which was conducted over a nine month period during 2012 -2013. The other being the previous Homelessness Strategy 2009-2013, which involved active engagement with service users, providers and members.

3.1.2 The Strategic Review of Homelessness involved active engagement with service users, service providers and all partner agencies and Elected Members. The draft findings were discussed and agreed with all key stakeholders prior to the report being finalised.

3.1.3 The Review provided clear direction for preventing and addressing homelessness in Halton and reflects the factors known to affect future homelessness. It also forms the basis of this new Homelessness Strategy for Halton over the next five years.

3.1.4 During 2012/13 a Homelessness Scrutiny Review was conducted by

Members to review supported accommodation services within the district. A number of recommendations were made and were incorporated within the Strategic Review of Homelessness in 2012 and form part of the Homelessness Strategy 2013-2018

3.2 Issues

3.2.1 Halton is experiencing a gradual increase in homelessness presentations and statutory homelessness acceptances. The main causes of homelessness are due to family exclusions, relationship breakdown and the loss of private rented accommodation.

3.2.2 There are a number of client groups that do not meet the statutory homelessness criteria, but have a pressing housing need. Concerted efforts are being made by the Housing Solutions Team to assist these client groups, offering temporary accommodation for a limited period and facilitating a more efficient and accessible move on process.

3.2.3 The Scrutiny Review highlighted the high vacancy levels across all the supported hostel accommodation schemes. Due consideration was given towards reducing capacity and a number of recommendations were proposed to address the changing homelessness culture and reliance upon supported housing provision.

3.2.4 The Housing Solutions Team is more accessible and community focused, with emphasis placed upon Prevention. The team strive to reduce the levels of homelessness within the district and fully utilise the prevention options and services available to vulnerable clients.

3.3 Legislation

3.3.1 The Localism Act 2011 introduced many changes to homelessness and allocations legislation. In November 2012, the Localism Act 2011 brought into force provisions that allow local authorities to end the main housing duty to a homeless applicant by means of a private rented sector offer, i.e. a fixed term assured shorthold tenancy for a minimum of 12 months. The authority should consider the new allocated powers, which will impact upon future homelessness and service delivery.

3.3.2 Furthermore, it was determined that the council would be able to reduce the length of stay for households in temporary accommodation and the associated costs. Additionally, it will help the council to avoid future use of B&B accommodation

3.3.3 Welfare reforms affecting single people and couples aged 18-35 have put significant pressures on local housing providers, as suitable accommodation is in short supply. It is therefore anticipated

that welfare reform and recent legislative changes will result in a further increase in levels of homelessness across the Borough.

3.3.4 The Homelessness Strategy identifies the gaps in provision and the need to improve communication between partner agencies. An integrated approach will enable the authority to address both the social and health care issues, reduce homelessness and encourage lifestyle change.

3.3.5 Halton is fully committed and focused upon health care and service provision for homeless people. The integration of CCG, Public Health and Homelessness will enable the authority to develop a new holistic approach. The aim would be to improve health care for vulnerable people, offering a more flexible and accessible service to achieve positive and sustainable outcomes for service users.

4.0 **POLICY IMPLICATIONS**

4.1 The Localism Act 2011 will have future policy implications and will impact upon future housing provision and allocation of accommodation within the private rented sector.

4.2 The following sections within the primary legislation represent the recent history of the new powers arising from the Localism Act 2011. The policy will fully comply with the following legal requirements:

- Housing Act 1996
- Homelessness Act 2002
- Localism Act 2011
- Equality Act 2010
- Suitability of Accommodation Order 2012
- Homelessness Code of Guidance 2006
- Localism Act 2011

The policy will reflect the priorities and rules shown within the authority's local documents and would be implemented and administered by the Housing Solutions Team.

4.3 Upon considering the policy option, weight was given to the fact that the local Homelessness Strategy already promotes the use of private rented accommodation to prevent homelessness and a private sector policy will be implemented to ensure compliance with Part 7 of the Housing Act 1996.

4.4 The Housing Solutions Team have successfully helped numerous households who may be threatened with homelessness to obtain accommodation from a private landlord, fully utilising various incentives, such as rent deposit, Bond Guarantee and Discretionary Housing Payments.

5.0 **FINANCIAL IMPLICATIONS**

5.1 The financial implications of delivering the Homelessness Strategy are outlined in the Action Plan.

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

6.1 **Children & Young People in Halton**

Homelessness can have an adverse impact on the wellbeing of children and young people with educational attainment being affected by adverse residential mobility. The prevention focus of the Strategy will ensure that families with children are assisted swiftly to ensure minimal disruption. In addition, the Strategy recognises that homelessness amongst young people in Halton is challenging and therefore includes priorities to strengthen joint working to ensure this group is provided with the most appropriate support by the relevant agencies.

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

The lack of a settled home can adversely impact an individual's ability to find and sustain employment – the Strategy's focus on homelessness prevention allows people to remain in their homes wherever possible.

6.3 **A Healthy Halton**

The Homelessness Strategy places emphasis on the links between health and homelessness and one of the strategy objectives is specifically focussed on this issue. Therefore, implementation of actions contained within the strategy will have positive implications for the health and wellbeing of those experiencing homelessness.

6.4 **A Safer Halton**

Criminal activity can be both a cause and consequence of homelessness and homeless prisoners are more likely to re-offend following release than those who have settled accommodation. Therefore, the Strategy includes a priority to improve joint working with the police and probation service to address the growing housing need for offenders.

6.5 **Halton's Urban Renewal**

The presence of rough sleeping can have a negative impact on the environment and the Strategy seeks to continue to ensure that this does not pose an issue for Halton through the 'No Second Night Out' initiative.

7.0 **RISK ANALYSIS**

7.1 The Communities and Local Government Homelessness Grant funding makes an important contribution to the delivery of a range of homelessness services in Halton. This fund is currently frozen and arrangements for distribution of the grant for the financial years 2014/15 are unclear. If the homelessness grant funding were to be reduced or ceased completely, it would adversely affect the ability of the Housing Solutions Team to offer a range of housing options and would impact upon performance and service delivery.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The Strategy includes priorities targeted at providing support for those who are vulnerable or have complex needs and other marginalised groups such as young people and offenders.

9.0 **REASON(S) FOR DECISION**

Local Authorities are required to produce a strategy in accordance with the Homelessness Act 2002.

10.0 **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

No alternatives were considered as a strategy was required to establish the key challenges, objectives and priorities for tackling homelessness in Halton over the coming years.

11.0 **IMPLEMENTATION DATE**

April 2014.

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

None.



Halton Homelessness Strategy

2013-2018



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1. Foreword



Halton Borough Council is pleased to present its Homelessness Strategy 2013 - 2018 which sets out the key challenges, objectives and priorities for tackling homelessness in Halton over the coming years.

The Strategy highlights and reinforces our commitment to reducing and preventing homelessness. It identifies and examines the current homelessness issues faced by Halton and sets out how we plan to address the housing needs and aspirations of those who are homeless or threatened with homelessness.

Although there have been many achievements in delivering effective homelessness services in Halton, the council recognises that some significant challenges lie ahead. The Localism Act has introduced the greatest changes to homelessness and allocation legislation since 1977 and we believe that many households, both new and existing ones, will be adversely affected by not only the housing and welfare reforms, but other new legislation. To respond to this and its impact on homelessness, joint working between the council and its key partners will be central in ensuring local housing need is met.

Demand for private rented accommodation greatly outstrips supply and rents are rising. Levels of homelessness fell during 2006–2011, but there are worrying signs now as the effects of the recession and overall economic environment begin to become apparent, that it is once again on the rise. In addition, vulnerable households will have specific needs. Among these is specialist housing with appropriate support. This can enable the person to remain at home for longer.

The Homelessness Strategy is based upon the findings and recommendations of two other documents – a comprehensive review of current homelessness services over a nine month period during 2012-2013 and the Homelessness Strategy 2008–2012 which involved active engagement with service users, service providers and members. This Strategy continues to build on current good practice and strives to meet the gaps in existing service provision to ensure the needs of those individuals who are at risk of homelessness are met.

Halton is fully committed and focused on the health care and service provision for homeless people. The integration of the Clinical Commissioning Group, Public Health and Homelessness will enable the council to develop a new holistic approach. The aim would be to improve health care for extremely vulnerable people whenever they need help, within primary and community care and hospitals.

Halton aims to put the person/patient back at the heart of healthcare with the focus on what the individual wants and needs. With cross professional and organisation boundaries to shape care around the person and ensure services are more flexible and accessible. Experienced health and homeless professionals will be included at every level of the future shaping of services.

The Strategy is supported by a five year Action Plan which clearly sets out the short, medium and long term solutions along with specific actions to deliver long lasting change to those at risk.

To ensure the Strategy remains relevant it will be monitored by the Halton Homelessness Forum and reviewed annually in order that it can be responsive to emerging change.

Yours sincerely,

Councillor Ron Hignett

Executive Board Member – Physical Environment

2. Introduction

The Homelessness Act 2002 places a duty on local authorities to carry out a Strategic Review of Homelessness in their area and then formulate and publish a Homelessness Strategy based on the findings from the review.

Strategic Review of Homelessness

The review was conducted over a period of nine months and involved active engagement with service users, service providers and all partner agencies and members. Draft findings were discussed and agreed with key stakeholders before the report was finalised.

The review provides clear direction for preventing and addressing homelessness in Halton and reflects on the factors known to affect future homelessness. Its findings and recommendations are the basis for the development of this new Homelessness Strategy for Halton over the next five years.

This strategy will build upon the success of its precursor (2009–2013) which focused upon four important issues:

1. Understanding the Problem
2. Prevention
3. Increasing Access to Housing Choice
4. Providing Support

Understanding the problem (homelessness and housing need)

Significant progress has been made in determining the levels of homelessness, the reasons why people become homeless and which household group it affects most. This progress has been achieved through a range of measures including: analysis of the move from short term supported accommodation and research into households requiring resettlement services.

Prevention

The introduction of a preventative approach among statutory homeless households has proved successful. This change from reactive assessment to proactive prevention, coupled with a housing options service, proved to be a significant factor in improvement.

Increasing access to housing choice

Progress has been made in allowing customers choice and enabling them to access properties owned by accredited private sector landlords. This progress is likely to continue now that 'Property Pool Plus' has been introduced.

Providing support

Floating support services have been re-tendered. This has resulted in more streamlined and better support for households which are vulnerable to homelessness. With all of this successful work already undertaken and acting on the findings of the review, this new strategy will continue to strive to respond to evolving pressure on existing service provision. This will ensure that Halton is best placed to meet the needs of individuals at risk of being or who already are currently homeless.

Homelessness is increasing across the country and it is anticipated that this trend will continue. This will place additional pressure on services. To address this national problem, the Government has published 'Making Every Contact Count.' This recognises that early intervention to prevent homelessness is the key. It does this through 'social justice' by supporting the most disadvantaged individuals and families. It tackles many of the underlying problems that, if left unchecked, can increase the likelihood of the individual or family becoming homeless.

The ultimate goal, nationally and locally for Halton, is to ensure that people have settled homes. This stability will then enable individuals to build settled lives.

3. Homelessness in Halton

Halton is experiencing a gradual increase in homelessness presentations and of those being accepted as statutory homeless. The main causes are loss of home due to family exclusions, relationship breakdown or the loss of a private sector tenancy.

There are many groups of people who are not deemed statutory homeless, but still have pressing housing needs and no settled home. The Housing Solutions team work extensively with these groups and offer temporary accommodation for a limited period, to allow the crisis to be averted and suitable options explored and implemented.

People on low incomes without regular work, lack of proven track record, previous failed tenancies, mental health or substance misuse are unlikely to meet letting agents/landlords vetting procedures and so cannot obtain a private tenancy.

Poor discharge planning for ex-offenders and those with mental health needs have been cited as additional factors contributing to homelessness. Those with complex needs, addiction, negative behaviour, and poor parenting and life skills face particular problems in attaining settled homes and can often fall through the net of services and accommodation provided.

Welfare benefit reforms, especially limiting Housing Benefit for younger people and the effect of the 'Benefit Cap' on larger families, will increase the risk of homelessness for these groups in the future.

Rough Sleeping in Halton is not identified as a major problem; however, the majority of people identified as sleeping on the streets of Halton are aged between 26 and 50. The council developed a sub-regional prevention service to tackle rough sleepers and the outreach service will ensure that all clients have access to services and if necessary are relocated back to their local connection area.

Homelessness issues

Key issues influencing the Strategy are examined in detail within the Homelessness Review Consultation Report (2013). They are summarised in the following table under three themes (People, Health and Wellbeing and Communities). Each underpins the overarching aims and the six strategic objectives and accompanying priorities.

People	Health & Wellbeing	Communities
<p>National evidence of impact on health and wellbeing due to homelessness</p> <p>National evidence indicates additional costs due to children entering the care system</p> <p>Impact on young people and families experiencing/ threatened with homelessness</p> <p>Lack of settled accommodation and support can prove detrimental and lead to repeat homelessness</p> <p>Domestic violence within Halton is evident and analysis confirms 11% of acceptances compared to 3% in England</p>	<p>National evidence of poor health or neglect of physical needs related to homelessness</p> <p>Mental Health and substance misuse problems are contributable factors towards homelessness</p> <p>Impact on health and social care services due to homelessness and rough sleeping</p> <p>National evidence that homeless people have significantly higher levels of premature mortality, mental and physical health needs than the settled population</p>	<p>Impact of anti-social and offending behaviour due to increased homelessness</p> <p>National evidence indicates dependency on drugs and alcohol amongst rough sleepers</p> <p>Criminal activity can be both the cause of and a consequence of homelessness</p> <p>High incidence and turnover of temporary accommodation within an area can lead to neighbourhood decline</p>

Homelessness characteristics

- Families or friends unwilling to accommodate.
- Domestic violence
- Relationship breakdown
- Health – addictions, drug/alcohol misuse
- Offending, anti-social behaviour
- Issues with private rented property (disrepair, loss of assured shorthold tenancies)
- Debt, money problems, rent arrears, often due to benefit issues

Prevention and relief

- Housing Solutions community focused service
- Partnership working with registered providers and private landlords
- Joint working between various agencies.
- Benefit and legal advice
- Floating support
- Supported temporary accommodation
- Effective and accelerated Move On approach to secure accommodation

4. Achievements from Previous Strategy

There have been many successes in the last five years in spite of the high housing demand in Halton. Nationally, the number of individual cases accepted as homeless increased by 16% and there has been a 44% increase in the use of bed and breakfast accommodation in the year ending March 2012. However, in Halton over the same period, there were no households in bed and breakfast accommodation and the borough has managed to maintain an annual decrease in its use of temporary accommodation.

This is an outstanding achievement given the intense housing pressures in Halton. It has been achieved through the high priority placed on homelessness prevention in the borough and the continuing work in delivering practical homelessness solutions. As a consequence, a strong network of partnerships and services has been developed to support those who are either threatened with or experiencing homelessness.

Since the previous strategy there have been significant changes in legislation such as the Welfare Reform and Localism Act 2011. This combined with the considerable cuts to local authority budgets have led to significant challenges for the borough. Yet despite this, there have been a number of major achievements, as described in the following sections.

Statutory homelessness

Achievements	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13
Statutory homelessness presentations	241	216	78	154	168
Statutory homelessness acceptances	166	158	37	64	86
Use of temporary Accommodation.	54	41	35	23	39
Use of Bed & Breakfast	7	1	0	0	1
Homelessness Prevention	Not recorded	625	550	492	431
Advice and assistance	803	1800	2228	2488	2051

The following key points can be observed from the data displayed in the table above:

- Over the past five years, there has been a reduction in the number of households presenting as statutory homeless.

- Significant reductions in the use of temporary accommodation which meet and go beyond the March 2010 target set by CLG.
- A decrease in the use of bed and breakfast accommodation. This has improved the quality of life for homeless households and reduced the cost to the public purse.
- An increase in homelessness prevention (advice and assistance) and developed initiatives. The priority is on preventing homelessness occurring by helping people resolve their housing problems. In addition people are helped to tackling barriers which would prevent them from either obtaining or retaining sustainable accommodation.

Youth homelessness

- The Southwark Protocol was developed and implemented in 2010/11 and is currently being reviewed. The aim is to provide a co-ordinated response to the prevention of homelessness amongst 16-17 year-olds. It ensures they receive the right level of support and are able to access appropriate and suitable accommodation where necessary. The protocol was a response to judgements by the House of Lords which reaffirmed and clarified that the duty under Section 20 of the Children Act 1989 takes precedence over the duties within Part 7 of the Housing Act 1996 in providing for children in need who require accommodation.
- Made use of extra funding to create a dedicated Youth Officer post. This role involves joint working with Children's Services in connection with the Southwark Protocol. It will focus on homeless prevention and mediation among 16-17 year-olds.
- 85% of young people presenting as homeless were facilitated successfully back home.

The age-groups 16-24 and 25-44 contain the highest numbers of statutory homeless individuals. This national pattern is also reflected in data for Halton. The table below shows the percentage statutory homeless (national and local) for the year 2011-2012 by age-groups:

Age group	% accepted as statutory homeless	
	Halton	England
16-24 years	34%	35%
25-44 years	52%	51%
45-59 years	13%	11%
60-64 years	2%	1%
65-74 years	0%	1%
75+ years	0%	1%

- A 'Home Essentials Fund' was launched to help young people between the ages of 18 – 35 to move on from hostel accommodation and sustain their tenancy by providing help towards the cost of setting up a home. The scheme provides assistance to purchase household items such as microwaves, bedding, crockery and cookery items up to the value of £300, which is not repayable.
- 55 Gift applications were received in 2011/12
- 38 applications were approved and received assistance under the scheme
- 75% of clients have successfully sustained their tenancies since 1st April 2012

Case study: youth homelessness



Melissa is a 17 year old female who approached the Housing Solutions Service to present as homeless.

Melissa claimed that due to constant arguments with her mum, she was ordered to leave the family home and not able to return.

Melissa was referred to the Housing Solutions Youth Adviser and a full homeless assessment was completed, although, Melissa stressed that she wished to be accommodated within the hostel where her friends had been placed.

The Youth Officer conducted a home visit to discuss the situation with Melissa's mum and negotiate for Melissa to return home, but mum refused.

Melissa was referred to the Nightstop service and reluctantly took up the temporary accommodation.

Mediation was put in place and after a number of home visits and telephone discussions; both Mum and Melissa agreed to work with the officers to resolve their issues.

Unfortunately, Melissa failed to engage with training/education programmes, which jeopardised her placement.

The officer dedicated, considerable time to work with Melissa and mum to address their issues, and encouraged them to discuss how they could work together to resolve them.

OUTCOME: After regular contact with Melissa and her mum, an intense support package was agreed and implemented. Melissa was allowed to return home and is actively engaging in training and there has been improvement in her relationship with her mum.

Mortgage rescue

- Development of a Repossessions Action Plan. This was in response to Halton being identified as a national 'hotspot' for mortgage repossessions. To achieve this, the council introduced a 'task and finish' working group. This brought together the work of various agencies in the borough to prevent repossessions.
- In addition, the Housing Solutions Team established a dedicated Mortgage Rescue Advisor. This post provides tailored advice to those at risk of repossession and can negotiate with lenders and at court hearings.

Case study: mortgage rescue



Mrs L approached the Housing Solutions Team as she had suffered a relationship breakdown and could not afford her mortgage on her income alone.

Mrs L stressed that her son had recently been offered a placement on a speech and learning therapy course that was located within the vicinity and to move from her present home would affect his health and be detrimental to his progress.

The Housing Solutions Adviser completed a Mortgage Rescue application which was submitted to Riverside for review in September 2013.

In October 2013, Mrs L received confirmation that her application had been successful and she would be allowed to remain within the family home.

OUTCOME: The acting agent completed the buyback process, allowing Mrs L to remain in her property as the tenant at an affordable rent and close to all the support networks for her son's needs.

Service improvement

- Progress made with the development and implementation of the Housing and Support Gateway. This will provide a single point of access into support services for individuals with housing support needs.
- Improved information for local people through the development of a pack of leaflets on such topics as homelessness, housing options, the 'Bond Guarantee Scheme' and a guide for private tenants.
- Developed and promoted a customer satisfaction survey. This gathers feedback on the quality of the service and identifies areas for improvement.
- Towards the end of 2009, a mystery shopping exercise was carried out. This led to improvements being made to the way customers were dealt with via the contact centre and one-stop-shops.
- Designated Housing Solutions Officers located at local one-stop-shops to provide immediate advice for those facing homelessness. This saves time by reducing the need for an appointment among homeless or those threatened with homelessness. This initiative stemmed from an internal review of the Housing Solutions Team was taken late in 2011.

Sub-regional approach

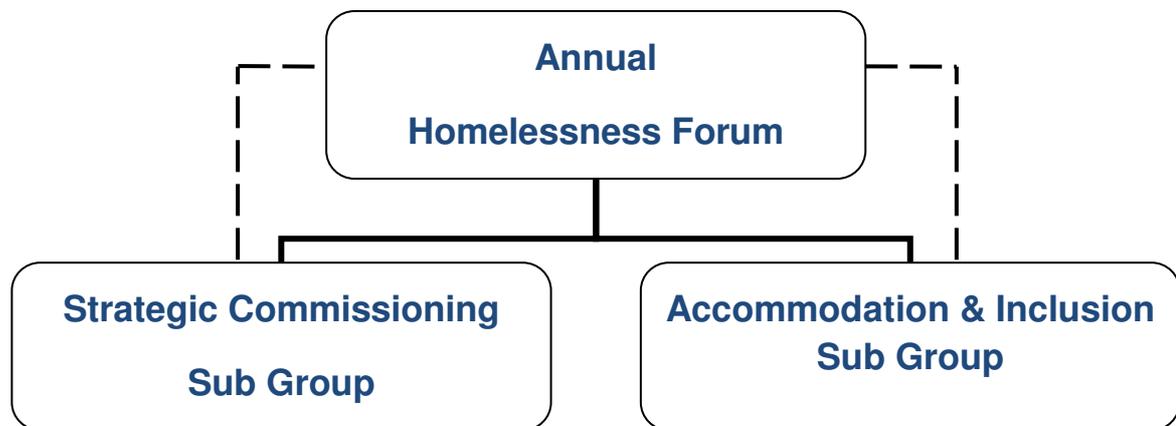
- Partnership working with Merseyside authorities led to the development of the 'No second night out' initiative. In its strategy – 'Vision to end rough sleeping: no second night out', the

government called on local authorities to implement this initiative (previously successfully piloted in London). This provides a quick and effective response from relevant services to help individuals off the streets.

- In Merseyside, local authorities have collaborated to deliver the vision that by the end of 2012 no-one will live on the streets of the Liverpool City Region and no individual arriving on the streets for the first time will sleep out for more than one night. The scheme involves widespread promotion of the one telephone number to call to report someone sleeping rough in the sub-region.

Homelessness Forum structure

- A re-structured homelessness forum from one large meeting into an annual meeting plus two sub groups to focus on Strategic Commissioning and Accommodation & Service Inclusion.



Homelessness Scrutiny Group

- A set of recommendations arising from a scrutiny review led by Elected Members (2011-12). This resulted in efficiencies being achieved through a new contract with Halton YMCA for the YMCA hostel and ‘Nightstop’, the de-commissioning of the ‘Y’s Up’ advice and guidance service, a new contract with Plus Dane for floating support services. Efficiencies have also been achieved through the reconfiguration of hostel provision for single homeless people. Access to services has been prioritised to those who are owed a statutory duty. There is also an increased focus on prevention to help people to resolve their housing issues.

However, despite these achievements, Halton is not complacent and acknowledges that the challenges ahead will be considerable. Halton will continue to review and adapt its service provision to prevent future homelessness in the most effective way.

We are witnessing fundamental changes in the housing market and in social and welfare reform. The successes of the past five years will be even more difficult to replicate in the years ahead.

5. Context

Halton's Homelessness Strategy has been developed in the context of a wide range of national, regional and local policies, strategies and plans. These are summarised in the diagram below. Further details of how this influences the Strategy can be found in the evidence paper Strategic Review of Homelessness in Halton 2012/13.



Homelessness services are essential in meeting Halton's priorities set out in the 'Sustainable Community Strategy', as demonstrated below:



Making Every Contact Count: a joint approach towards homelessness prevention

In August 2012, the Department for Communities and Local Government (CLG) published this report produced by the Ministerial Working Group on Homelessness. It states clearly that 'there is no place for homelessness in the 21st century'.

The report sets out the Government's approach to homelessness prevention by focusing on the contribution that a commitment around troubled families, health, crime prevention and employment

and skills can make. The report calls for central Government, local authorities, government agencies and the voluntary sector to work together to support those at risk of homelessness.

It also gives an indication of the Government's direction and expectations for homelessness prevention. This emphasises a number of important factors, including; greater integration of local authority services (Housing, Social Services, Welfare Rights etc.); increased focus on a payment by results approach to funding; increased reliance on the private rented sector; and a focus on wrap-around services to tackle youth homelessness (such as those provided by Youth Hubs).

The report also set ten local challenges, which the government has recommended local authorities should take forward. This strategy recognises the importance of these challenges and acknowledges existing work already undertaken or underway in response to them. Halton will ensure that the ten '**Gold Standard Pledges**' remain key to its targeted approach in addressing homelessness prevention and homelessness. The Strategy identifies key themes, with emphasis placed upon reducing homelessness and increasing future prevention initiatives. The Gold Standard ten-point challenges will be to maximise opportunities arising from the Government commitments and will be **reflected within the six strategy objectives and their accompanying priorities and the strategy action plan.**

Link between Strategy Objectives and Gold Standard

Strategy objective	Gold standard
1. Collaborative and integrated approach to commissioning improved outcomes	<ul style="list-style-type: none"> • Have a homelessness strategy which sets out a pro-active approach to preventing homelessness and is reviewed annually so that it is responsive to emerging needs • Adopt a 'no second night out' approach or an effective local alternative • Actively engage in preventing mortgage repossessions including through the mortgage rescue scheme
2. Health and homelessness	<ul style="list-style-type: none"> • Offer a housing options prevention service, including written advice, to all clients
3. Minimise the impact of welfare reform	<ul style="list-style-type: none"> • Offer a housing options prevention service, including written advice, to all clients
4. Improve the provision of a range of housing options and services to reduce homelessness	<ul style="list-style-type: none"> • Develop a suitable private rented sector offer for all client groups, including advice and support to both clients and landlords
5. Increase and improve communication and partnership working	<ul style="list-style-type: none"> • Actively work in partnership with voluntary sector and other local partners to address support, education, employment and training needs • Have housing pathways agreed or in development with each key partner and client group that includes appropriate accommodation and support
6. Minimise the use of temporary accommodation by facilitating the supply of secure move-on accommodation	<ul style="list-style-type: none"> • Not place any young person aged 16 or 17 in Bed & Breakfast accommodation • Not place any families in Bed & Breakfast accommodation unless in an emergency and then for no longer than six weeks

Health

Local authorities complete a quarterly statistical report (P1E) which identifies levels of homelessness and prevention outcomes achieved. The report is submitted to Communities and Local Government (CLG) in relation to their activities to ensure compliance with the relevant homelessness legislation. The new Public Health Framework sets out the desired outcomes and how they will be measured, which includes two homelessness indicators – statutory homeless acceptances and households in temporary accommodation.

There is an encouraged focus on the health of the local homeless population and a real commitment within Halton to ensure health services assist in identifying those at risk and prevent homelessness by making every contact count.

The health of people who are homeless is generally much poorer than that of the general population. There is limited data available at a local level and it is not routinely collected and analysed, consequently, it is not possible to determine the exact health issues facing people who are homeless. The National Audit found that homeless people have a higher usage of healthcare services than the general population and established;

- 41% had gone to A&E at least once;
- 31% had been admitted to hospital at least once (compared to 7% of the general population in a typical year);
- 28% had used an ambulance at least once;
- 82% had been to a GP at least once;
- Only quarter of homeless people admitted to hospital had help with housing;
- Average length of stay of 6.2 days for homeless people (compared to 2.1 days for the general population);
- Most common reasons for admission include toxicity, alcohol or drugs and mental health problems.

To allow further understanding of the public health needs and pressures placed on services, the Liverpool Public Health Observatory has been commissioned to complete a Health Needs assessment. The commissioned piece of work will look at qualitative methods of gathering intelligence to determine health experience, access to services and homelessness status.

Health & Well Being

The 'Health and Well Being' needs of the homeless in Halton can vary significantly between individuals, and is frequently related to their particular status. This ranges from households fleeing domestic abuse and identified as a priority need for accommodation, to the hidden homeless, single non-priority persons who are rough sleepers, 'sofa surfers' and night shelter residents.

Priority groups for housing include young families, who usually retain access to primary care services and GP to ensure their physical and mental health needs can be met. However, the hidden homeless are particularly vulnerable, with complex physical and mental needs leading to an extremely high level of mortality and an average life expectancy of 40. They can often prove extremely hard to reach through mainstream provision.

Information taken from National Audit carried out by Homeless Link during 2010/11 gave a proxy analysis of the health needs of homeless people in Halton found:

- 8 out of 10 clients have one or more physical health needs and 1 in 5 confirmed they found it difficult to cope and required support;
- The most common conditions mentioned were chest/breathing, pain, joint and muscular problems, dental and eye sight problems. The proportion of homeless people citing these conditions was much higher than prevalence of general population;

- 56% reported long term health conditions compared to 29% in general population;
- 72% have mental health needs compared to 30% of the general population;
- 1 in 3 regularly eat less than 2 meals a day and only 7% consume the recommended 5 portions of fruit or vegetables a day compared to 21% of the general population;
- 77% were smokers and had been offered smoking cessation advice;
- 52% indicated they used one or more type of illegal drugs.

Whilst it is essential that the strategic focus remains on preventing homelessness, there is now a new council responsibility under the Health & Social Care Act 2012. This is to reduce premature mortality and tackle health inequalities. Hence the council is strongly committed to supporting a system where vulnerable single homeless persons have equal access to its health and social care services.

The welfare reform and wider economic pressures are likely to increase the numbers of hidden homeless in Halton, further increasing demand on existing health and support services. Following the NHS reform, Public Health now sits within Halton Borough Council. This provides a unique opportunity to review and reposition all disparate homeless health provision investments through Section 75 agreements with Public Health Services. Joint commissioning of a new integrated homeless service could then be more easily achieved. This would meet the spectrum of health needs of the hidden homeless along with those identified for priority accommodation.

Halton intends to build upon the partnership links made with other agencies, including health and mental health services and will remain vigilant in its search for joint working opportunities that improve outcomes for service users.

6. The Journey Ahead

The magnitude and complexity of the issues that face us in the next 5 years must not be underestimated. However, Halton will continue to plan ahead and will work in partnership with others who can assist in delivering solutions. We have prioritised issues and proposed actions to build on our past success, mitigate the impacts of changing housing markets, social and welfare reform but, above all, prevent homelessness.

Halton's future goals

- Early intervention to prevent homelessness before a crisis point is reached.
- Provision of appropriate advice, accommodation and support if crisis occurs.
- Prevention of repeated homelessness to ensure people have settled and sustainable homes.
- Improve clear links between Health, Homelessness, Housing and Social Care.

Key challenges

The outcome of the consultation held for reviewing and developing the new strategy with stakeholders highlighted the key challenges Halton is facing. Key issues and priorities identified were:

- Adverse impact of welfare reform;
- Funding;
- Affordable housing need;
- Increasing pressures on household incomes in the current and future economic climate;
- Single non priority and intentionally homeless households;
- Young people;
- People at risk of domestic abuse;
- Difficulty in meeting the needs of households with more complex needs;
- Service integration to develop and improve health care for homeless people;
- Increasing problems accessing private rented accommodation for homeless and potentially homeless households;
- Developing solutions to meet gaps in future funding including accommodation based services for rough sleepers.

Factors that may affect future homelessness levels

- Lack of affordable housing;
- Housing and Welfare Reforms;
- Increase in Landlord and Mortgage repossession claims.

How Halton will deliver its objectives in response to these pressures is contained within the Homelessness Strategy Action Plan. This sets out clear tasks and targets within identified areas of

work.

7. Our vision, objectives and priorities

The vision is to assist and prevent people who are threatened with homelessness in Halton. To provide a community focused and accessible service to ensure people know where and how they can seek help and assistance to prevent them becoming homeless and receive a quality and confidential housing options service.

The Strategy aims to:

- **Reduce Homelessness presentations and acceptances; and**
- **Increase and improve Homelessness prevention and access to housing services.**

Further emphasis is placed upon prevention, support and partnership working to deliver an efficient and coordinated approach towards reducing the levels of statutory homelessness within Halton.

To help achieve these aims, we have adopted the following six strategic objectives. Each contains a set of priorities detailed below, which are linked to the Gold Standard pledges. The Strategy explains why each priority has been selected, what we hope to achieve and how we plan to achieve it.

Strategic objective 1:

Collaborative and integrated approach to commissioning improved outcomes for people experiencing homelessness

- Priority 1A: Develop and co-ordinate services to deliver a comprehensive approach towards homelessness and prevention
- Priority 1B: Develop a marketing plan with partners to raise awareness of the Housing Solutions service to ensure that the homelessness services strive to meet the National Gold Standard
- Priority 1C: Promote a range of prevention options, including the GIFT initiative, prevention fund, and mortgage rescue scheme to enable clients to remain within their homes
- Priority 1D: Respond to and prevent rough sleeping

Strategic objective 2:

Health and homelessness

- Priority 2A: Ensure that homelessness is recognised as a priority for action within the Health and Wellbeing Board
- Priority 2B: Develop a business case to formalise a single practice approach to address the housing and health care needs of vulnerable homeless people

Strategic objective 3:

Minimise the impact of welfare reform

- Priority 3A: Agree a joint approach with the Housing Benefits service for the future use of Discretionary Housing Payments to ensure they are used effectively to prevent homelessness and to determine future areas of action
- Priority 3B: Develop under-occupation schemes with housing providers to free up family homes and encourage shared housing

Strategic objective 4:

Improve the provision of a range of housing options and services to reduce homelessness

- Priority 4A: Improve access to housing using the private rented sector and shared housing options
- Priority 4B: Improve working with private sector landlords and promote the Bond Guarantee Scheme

Strategic objective 5:

Increase and improve communication and partnership working

- Priority 5A: Develop an effective multi-agency approach to support vulnerable and complex needs households to sustain and secure affordable accommodation to prevent homelessness
- Priority 5B: Support young people and facilitate the delivery of integrated housing, care and support for young people at risk, care leavers, young offenders and teenage parents
- Priority 5C: Improve partnership working and communication with key agencies, police, probation and housing providers to address the growing housing need for offenders
- Priority 5D: Joint partnership working with agencies, police and housing providers to offer options and solutions to victims of domestic abuse to support them to remain within their home

Strategic objective 6:

Minimise the use of temporary accommodation by facilitating the supply of secure move-on accommodation

- Priority 6A: Reduce the use of temporary accommodation (including B&B) to maximise the use of prevention options available to reduce homelessness

The following tables report the findings of the Strategic Review of Homelessness within Halton. These findings have been incorporated within the strategy document and comply with the government’s approach to homelessness prevention while focusing upon partnership working to support those at risk of homelessness.

Why this is a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>The Homelessness Act 2002 requires that every five years, local authorities must carry out a strategic review of homelessness, formulate and publish a homelessness strategy based on its findings.</p>	<p>Determine the future levels, trends and demands of homelessness within Halton.</p> <p>Prevent homelessness within the Halton district and raise awareness of the wide range of services available.</p>	<p>Adopt a corporate commitment to reduce and prevent homelessness, which has a buy in across all local authority services.</p> <p>Early intervention in the homelessness risk assessment process to prevent homelessness and deliver a range of housing options.</p> <p>Develop a Housing and Support Gateway service that will offer an accelerated process and improve access to the homeless and support services within the district.</p>

Strategic objective 1: Collaborative and integrated approach to commissioning improved outcomes for people experiencing homelessness

GOLD STANDARD:

- Have a homelessness strategy which sets out a pro-active approach to preventing homelessness and is reviewed annually so that it is responsive to emerging needs
- Adopt a 'no second night out' approach or an effective local alternative
- Actively engage in preventing mortgage repossessions including through the mortgage rescue scheme

Priority 1A: Develop and co-ordinate services to deliver a comprehensive approach towards homelessness and prevention

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>Develop a homeless strategy that sets out a pro-active approach to preventing homelessness and is reviewed annually to ensure it is responsive to emerging trends.</p>	<p>Put a robust framework for measuring the effectiveness of interventions in place and implement the review recommendations by April 2014.</p> <p>Actively encourage partnership working with statutory and voluntary partners, including other Local Authorities to improve service delivery and address support, education, training and employment.</p>	<p>Conduct a review of the current homeless prevention using the Communities and Local Government (CLG) toolkit.</p> <p>Develop housing pathways with key partners and client groups that include appropriate accommodation and support. Continue to work with Supported Housing providers to strengthen the outcomes on prevention and long term tenancy sustainment.</p>

Priority 1B: Develop a marketing plan with partners to raise awareness of the Housing Solutions service to ensure that the homelessness services strive to meet the National Gold Standard

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>To ensure key agencies and partners have an understanding of the homelessness assessment process, applied legislation and prevention agenda to reduce the levels of homelessness.</p> <p>To increase access to prevention services and resources across the district.</p>	<p>Conduct review of current homeless prevention using CLG toolkit.</p> <p>Improve awareness of the Housing Solutions Team and promote the range of housing options and resources available to clients.</p> <p>Reduce the level of homelessness and increase positive prevention outcomes.</p>	<p>Develop a robust framework for measuring the effectiveness of interventions in place to determine trends and review recommendations annually.</p> <p>Commission a range of learning, development and role shadowing opportunities for staff and partners to improve knowledge and understanding around the issues of homelessness and prevention.</p> <p>Increase the number of 'Housing Solutions' drop in advice sessions across the district to further develop a community focused and accessible service.</p> <p>Increase/ develop prevention initiatives to promote client choice and access to services.</p>

Priority 1C: Promote a range of prevention options, including the GIFT initiative, prevention fund, and mortgage rescue scheme to enable clients to remain within their homes

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>Work in accordance with the Prevention agenda to develop and improve homelessness prevention initiatives.</p> <p>Reduce the levels of future homelessness presentations and acceptances.</p>	<p>Continuous improvement and delivery of prevention services with the priority on helping people to resolve their housing problems and tackle barriers to obtaining accommodation.</p> <p>Continue the delivery of the Mortgage/ Repossession role and ensure the MRS fund is fully utilised.</p> <p>Review and promote the GIFT scheme for young people to ensure it is made available to clients in crisis / homeless.</p> <p>Deliver a programme of training to promote homelessness prevention and the impact of the Localism Act, Welfare Reform and other initiatives with partners.</p>	<p>Ensure the service is accessible and transparent and people facing crisis are fully aware of the options and services available to them.</p> <p>Increase the number of those accessing the Mortgage Rescue Service by 20%. Further improve joint working with all housing partners to offer an accelerated process for clients facing repossession due to rent arrears.</p> <p>Further develop county court service and attend court action group to be aware of changes within the legal setting.</p> <p>Review information leaflets and circulate across the district. Update council website to illustrate the level of services and assistance available to clients.</p> <p>Develop as part of move on process to ensure service is fully utilised and clients have access to the relevant funding to take up a tenancy.</p> <p>Deliver joint staff training between partners and agencies every quarter commencing December 2013. Co-ordinate sub regional training programme to share resources and reduce costs.</p>

Priority 1D: Respond to and prevent rough sleeping		
Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
Ensure that no client spends more than one night rough sleeping.	<p>Implement a sub-regional approach to tackling the problem of rough sleeping across Merseyside and Cheshire.</p> <p>Develop and improve a co-ordinated approach that is consistent across all Local Authorities when assisting clients sleeping rough.</p>	<p>Review the no second night out service to determine current trends and future funding to retain service provision</p> <p>Ensure sufficient specialist accommodation and support is available to meet the needs of single homeless clients in the borough.</p> <p>Ensure that the reconnection policy for 'out-of-borough' clients is fully supported when they return to their local connection district.</p>

Strategic objective 2: Health and homelessness

GOLD STANDARD:

- Offer a housing options prevention service, including written advice, to all clients

Priority 2A: Ensure that homelessness is recognised as a priority for action within the Health and Wellbeing Board

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>Make every contact count and ensure individuals and/ or families affected by homelessness can access appropriate advice, support and accommodation.</p>	<p>Ensure that homelessness services are appropriately linked into Health Care services and fully informed of the options available to maximise resources, prevent homelessness and improve Health and wellbeing.</p> <p>To promote and encourage integration between homelessness and public health care services to allow a broader understanding of the priorities and challenges faced by each service</p> <p>Review the Hospital discharge policy to incorporate procedural practice changes to the service.</p>	<p>Present Homelessness Strategy to Health & Well Being Board to raise awareness of the Housing Solutions Service. To ensure Homelessness is identified as a Priority and to build upon joint Strategic Needs Assessments to determine future service delivery.</p> <p>To forge close working relationships with Health Care services and outline future trends and challenges of homelessness and the impact and cost it will have on future health care.</p> <p>Joint partnership approach to review and develop a Hospital Discharge Policy which will enable vulnerable clients to be discharged from hospital more quickly. This would put their home less at risk.</p>

Priority 2B: Develop a business case to formalise a single practice approach to address the housing and health care needs of vulnerable homeless people

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>Homelessness people are at the bottom of any graph of health inequalities, putting the average age of death of homeless people some 30 years below that of the general population. Homelessness is therefore a Healthcare issues</p>	<p>Integrated service approach to develop a National Practice for homelessness people that is flexible and easily accessible.</p> <p>Reduce homelessness and repeat hospital admissions by taking a holistic approach to reach the clients and address all their needs to improve the quality and experience of these groups</p> <p>Collect and record data to support local commissioners and health care partners to shape services around the health needs of the most vulnerable and marginal groups, that are often invisible.</p>	<p>To transform health outcomes for homeless people and other multiply excluded groups.</p> <p>Develop Healthcare pathway with integrated care co-ordination team that will include homelessness, to improve outcomes for homeless people.</p> <p>Conduct needs assessment and collect data on levels of hidden local health need and health inequalities within the defined population.</p>

Strategic objective 3: Minimise the impact of welfare reform

GOLD STANDARD:

- Offer a housing options prevention service, including written advice, to all clients

Priority 3A: Agree a joint approach with the Housing Benefits service for the future use of Discretionary Housing Payments to ensure they are used effectively to prevent homelessness and to determine future areas of action

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>To ensure that the council is fully compliant with changing legislation and responsible for the administration of public funds.</p>	<p>Develop a co-ordinated approach to providing advice on housing and welfare benefit, debt and money advice by working with and fully supporting partner agencies.</p> <p>Agree a joint approach to the future use of Discretionary Housing Payments</p>	<p>Review current services to ensure that the level of advice offered on benefits, debt and money advice is accessible and efficient and to determine gaps in service delivery.</p> <p>Develop evening / weekend advice services and consider on-line advice services.</p> <p>Review and monitor future allocation of Discretionary Housing Payments (DHP) to determine future areas of action.</p> <p>Request for Housing Solutions Officer to attend DHP application panel assessments.</p>

Priority 3B: Develop under-occupation schemes with housing providers to free up family homes and encourage shared housing

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>To prevent and reduce future homelessness for clients affected by the Welfare Reform Act.</p>	<p>A joint approach to administering the allocated DHP funding to reduce the impact of the Welfare Reform Act and minimise penalties in order to prevent and reduce homelessness.</p> <p>Target social tenants likely to be affected by the under-occupation penalties enforced through the welfare reform.</p>	<p>Develop a coordinated approach to offering advice and support for housing welfare benefit, debt and money management. This will increase early access to advice services and further promote financial inclusion.</p> <p>Targeted support to those likely to become homeless as a result of the under-occupation penalties and social rent conversions.</p> <p>Consult with all housing partners to develop a move on/ transfer scheme for clients affected by under –occupation penalties.</p> <p>Joint partnership approach to develop and promote shared housing scheme.</p> <p>Advertise and promote shared housing on the PPP housing register.</p>

Strategic objective 4: Improve the provision of a range of housing options and services to reduce homelessness

GOLD STANDARD:

- Develop a suitable private rented sector offer for all client groups, including advice and support to both clients and landlords

Priority 4A: Improve access to housing using the private rented sector and shared housing options

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>Enable Halton Borough Council to take advantage of powers available to them under sections 148 and 149 (Chapter 20, Part 7 of Localism Act 2011). The powers allow the local authority to make an offer of suitable private rented accommodation to persons who have a priority need and are not intentionally homeless.</p> <p>Review the Allocations Policy to cover new powers introduced by the Localism Act 2011 and Welfare Reform Act.</p>	<p>Agree approaches to using the new homelessness discharge duty in accordance with PRSO policy and Improve access to housing via Property Pool Plus to increase private rented sector and shared housing options.</p> <p>Develop and review initiatives to make better use of social housing stock.</p>	<p>Encourage private sector landlords to advertise their accommodation on Property Pool Plus and work with the LA to secure accommodation for homeless households.</p> <p>Increase supply of homes to homelessness and vulnerable households by bringing empty homes back into use Promote and facilitate mutual exchanges to clients.</p> <p>Work with housing providers to develop incentives to free up stock and meet housing demands.</p> <p>Continue to work with floating support services to strengthen prevention outcomes and tenancy sustainment.</p>

Priority 4B: Improve working with private sector landlords and promote the Bond Guarantee Scheme

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>Reduce and prevent homelessness and enable the local authority to discharge its statutory housing duty using the private rented sector.</p>	<p>Increase housing options and choice to meet increasing housing demand to prevent homelessness and reduce the use of temporary accommodation.</p> <p>Improve partnership working with letting agents to improve the service available.</p> <p>Improve advice and support offered to landlords and clients.</p>	<p>Increase sustainable move on options and support from temporary accommodation to make full use of the bond guarantee scheme and promote independent living.</p> <p>Improve overall approach to working with private landlords to promote the 'Bond Guarantee Scheme' and increase number of lets with rental bond by 10% by April 2014.</p> <p>Make full use of DHP for rent in advance required for private renting. Encourage letting agents to work with the council to fully utilise the accommodation available.</p> <p>Undertake awareness and publicity campaign to inform landlords and tenants of services available.</p> <p>Encourage and support people to let out their property or rooms.</p>

Strategic objective 5: Increase and improve communication and partnership working

GOLD STANDARD:

- Actively work in partnership with voluntary sector and other local partners to address support, education, employment and training needs
- Have housing pathways agreed or in development with each key partner and client group that includes appropriate accommodation and support

Priority 5A: Develop an effective multi-agency approach to support vulnerable and complex needs households to sustain and secure affordable accommodation to prevent homelessness

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>People experiencing homelessness are generally in contact with a range of other public services. Providing access to advice, information and support will ensure that the right help at the right time is provided.</p>	<p>Integrated approach to addressing the housing and social needs of vulnerable and complex households to prevent homelessness.</p> <p>Deliver a planned approach involving key agencies. Respond to the needs of vulnerable and complex care households experiencing homelessness.</p> <p>Develop an effective multi agency approach to support vulnerable and complex needs households to sustain and secure affordable accommodation to prevent homelessness.</p>	<p>Review intelligence which will identify arising needs for vulnerable and complex needs households</p> <p>Agree and develop a joint working protocol between Housing Solutions service and;</p> <ul style="list-style-type: none"> • Health & Social Care • Mental Health • Local Hospitals • Probation • Job Centre Plus. <p>Provide emergency temporary housing provision and tailored support for vulnerable client groups experiencing homelessness.</p>

Priority 5B: Support young people and facilitate the delivery of integrated housing, care and support for young people at risk, care leavers, young offenders and teenage parents

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>Ensure that all young people in Halton have support, life skills and opportunities to thrive physically and emotionally to prevent homelessness.</p>	<p>Scope and identify opportunities to improve access to education, training and housing options for young people.</p> <p>Ensure that staff working with young people affected by homelessness, have the appropriate skills, knowledge and safeguarding training.</p> <p>Collaborate with the skills and work programme providers.</p> <p>Review the joint protocol with Children’s services and youth offending team to ensure the council complies with legal judgements and case law.</p> <p>Explore the development of emergency respite accommodation for 16 – 21 year olds.</p>	<p>Continue to develop joint working between the Housing Solutions Team, Children’s services and the team around the family.</p> <p>Ensure that the housing solutions team access children’s and adults safeguarding training to raise awareness of key issues and reporting process,</p> <p>Provide learning and development opportunities on Homelessness legislation and applied criteria to all key services that work with young people.</p> <p>Increase the number of referrals to training, employment and education providers by 15% annually.</p> <p>Support housing providers to develop a coordinated approach to delivering life skills sessions to young people.</p> <p>Further review and develop the joint working protocol for 16/17 year olds, enabling transition towards independent living with tailored support.</p> <p>Develop crisis intervention centre for young people threatened with homelessness. Offer a holistic approach to working with young people and their</p>

		households as a means of them returning back to the family home.
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Priority 5C: Improve partnership working and communication with key agencies, police, probation and housing providers to address the growing housing need for offenders

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>Ensure the current housing accommodation and support for all offenders is appropriate and that pathways to specialist services are available to reduce the level of re-offending and enable Housing Solutions advisers to work with offenders as part of a wider package of support.</p>	<p>Review current housing policies to identify gaps in provision and agree the information required by Registered Providers to enable them to rehouse offenders.</p> <p>Reduce the number of prisoners being released from prison without a resettlement plan to prevent homelessness and re-offending.</p>	<p>Investigate Registered Providers reluctance to house Schedule 1 offenders and those subject to MAPPA.</p> <p>Work with shelter to develop joint protocol to maximise notice periods for prisoners requiring accommodation on release. To ensure offenders are registered with Housing Solutions and Property Pool Plus at earliest opportunity.</p>

Priority 5D: Joint partnership working with agencies, police and housing providers to offer options and solutions to victims of domestic abuse to support them to remain within their home

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>To ensure the council works in compliance with Homelessness Act 2002 and provides temporary /secure accommodation for victims of violence and abuse.</p> <p>To ensure that service provision is sufficient to meet with and tackle the issues of domestic abuse.</p>	<p>Work in partnership with National Domestic Abuse Organisations, Police, registered Housing providers and key agencies to offer a range of rehousing options and solutions to victims of domestic abuse</p> <p>Improve partnership working with Sanctuary scheme providers to promote safety housing options and solutions to victims of abuse.</p> <p>Improve referral and data sharing processes across organisations to ensure consistency and accuracy and better service delivery</p>	<p>Multi-agency approach to deliver a holistic prevention service. This will ensure that the right support and services are made available to the household.</p> <p>Develop a range of housing accommodation provisions to meet the needs of victims of abuse. Ensure that families with dependent male children and male victims can be accommodated within the district.</p> <p>Support Sanctuary scheme to reduce the number of men and women becoming homeless because of domestic abuse.</p> <p>Agree a pathway action plan with Key agencies to deal with the crisis and empower the individual to achieve positive outcomes and sustain long term tenancy.</p>

Strategic objective 6: Minimise the use of temporary accommodation by facilitating the supply of secure move-on accommodation

GOLD STANDARD:

- Not place any young person aged 16 or 17 in Bed & Breakfast accommodation
- Not place any families in Bed & Breakfast accommodation unless in an emergency and then for no longer than six weeks

Priority 6A: Reduce the use of temporary accommodation (including B&B) to maximise the use of prevention options available to reduce homelessness

Why is this a priority?	What do we want to achieve?	How do we plan to achieve it?
<p>In accordance with homelessness legislation the council cannot place families into B&B accommodation for more than 6 weeks.</p>	<p>Continue to reduce the use of B&B and temporary accommodation and make better use of housing stock within the district.</p> <p>Continued achievement to reduce the use of temporary accommodation.</p> <p>Review the level of temporary accommodation within the district to ensure it meets current and future housing demands</p> <p>Temporary accommodation provision made available for non-statutory homeless households in crisis.</p>	<p>Early intervention and promoting a community focused service, made more accessible to households threatened with homelessness.</p> <p>Reduce the number of households in temporary accommodation by 20% by April 2014.</p> <p>Support temporary accommodation providers Promote housing services available and facilitate move on options.</p> <p>Evaluate and develop temporary accommodation provision within the district to ensure it meets the needs of statutory homeless households and reduce the level of voids and rent loss.</p> <p>Improve access to appropriate temporary hostel accommodation for short periods to allow housing solutions and key agencies to address the issues and facilitate move on to alternative suitable accommodation.</p>

8. National & Local Policy

Local authorities have statutory duties under the Housing Act 1996 (as amended by the Homelessness Act 2002). This includes a duty to provide advice and assistance to all people who are homeless or threatened with homelessness.

Following the Homelessness Act 2002, preventing homelessness has become a central component of national and local policy direction. The Act imposes a statutory duty on local authorities to produce a homelessness strategy for addressing prevention and recurrence of homelessness. This includes a requirement to assist 16 and 17 year olds and other vulnerable groups. In carrying out these functions the council must consider both the objectives of central government and local priorities, as determined by the corporate housing strategy and other key council policy documents.

- **Localism Act** - The Localism Act 2011 introduced a range of measures to give more powers to individuals, communities and local authorities enabling them to make decisions, and influence policies in their own local areas with a diminishing central government role. The main implications for homelessness are changes to the local authority duty to accommodate households assessed as 'statutory homeless' and to allow the discharging of homelessness duty to the private rented sector.

The new legal powers will have implications for the Housing Solutions Team. For example, reliance upon private rented accommodation would form an important part of the service, alongside the existing focus on homeless prevention. This would increase pressure on the council to ensure there was better private sector stock provision by increasing enforcement activities, extending bond schemes, licencing and prioritising referrals to accredited landlords.

- **Welfare Reform** – The introduction of the Welfare Reform Act 2012 has major implications for Halton residents and there are concerns that it could lead to an increase in homelessness. The reforms proposed are intended to protect the most vulnerable, create the right incentives to get more people into work resulting in a fairer benefit and tax credit system. However, our initial analysis indicates that welfare reform will have a detrimental effect on many of the vulnerable and high risk client groups.

A number of changes to housing benefit have already been implemented and will continue until 2014/15. Universal Credit will replace the current system of means tested working age benefits and tax credits and came into effect in October 2013 (in piloted areas). The measures to reduce Local Housing Allowance (LHA) rates would ultimately result in people's inability to find suitable affordable housing in the private sector and may threaten the ability of some households to continue to afford their current home. To help households manage the transition, the Government has awarded increases in the Discretionary Housing Payments (DHP) fund. The council will use the increase in DHP to target vulnerable households with the most need and to address the 'bedroom tax'; however, there is a risk that the allocation may not be sufficient.

- **No Second Night Out (NSNO)** – The ministerial working group on homelessness published its first report in 2011. This addresses the complex causes of homelessness more effectively and tackles the problem of rough sleeping out on the streets. NSNO was a Merseyside sub-regional approach that has been operating successfully since 2011

9. Delivery of the Strategy

To achieve the strategic priorities and objectives an Action Plan has been developed in partnership with partners and stakeholders to outline key objectives and tasks to be delivered over the 2013 - 2018 period. The action plan is reviewed annually and targets set are evaluated to incorporate legislation and policy changes.

Governance and monitoring

Progress and delivery of the strategy and action plan will be monitored and updated quarterly by the *Strategic Commissioning Group* and annually by the *Halton Homelessness Forum* to celebrate the achievements and remove any barriers, address new challenges and ensure efficient service delivery. It is considered important to have the involvement of stakeholders and partners in the delivery of the targets set in the strategy action plan. The monitoring of the homelessness strategy targets is shown in the table below:

Monitoring Homeless Strategy Targets

Stakeholders and Partners	Homeless Strategy Targets
Halton Homelessness Forum	Annual conference to inform stakeholders and partners of the progress made towards delivering the set targets identified within the Strategy Action Plan.
Strategic Commissioning Group	Through quarterly meetings the strategy action plan will be updated and progress recorded for each action. Any new developments at local and regional level will be considered and the implications will be evaluated.
Halton Housing Partnership	Progress on the homelessness strategy action plan to be reported to HHP on an annual basis, however, exceptions could be reported to its monthly meetings.
National Performance Indicators:	<p>The new CLG single data list require the following data for homelessness:</p> <ul style="list-style-type: none"> • Mortgage Rescue quarterly return - monitors the number of households at risk of homelessness who are assisted by the Housing Solutions Team • Rough Sleeper annual return - records the number of people reported to be sleeping rough in the Local Authority on a given night between October and November each year • P1E quarterly return - covers all areas of Local Authority activity under the homelessness provisions of Housing Act 1996.

Stakeholders and Partners	Homeless Strategy Targets
Local Performance Indicators:	<p>Halton will continue to monitor performance against certain local performance indicators relating to housing and homelessness. These are:</p> <p>LPI – relates to the <i>number of households who are considered homeless or threatened with homelessness within 28 days, who approached the Local Authority Housing Solutions Service, and for whom housing advice casework and intervention has resolved their situation.</i> This data is recorded on the ‘Housing Advice’ database and reported through section E10 of the P1E</p> <p>LPI – Shows the <i>average length of stay in B&B accommodation for households with dependent children or expectant mothers that are unintentionally homeless and in priority need.</i></p> <p>LPI – This indicator measures the <i>number of households living in temporary accommodation provided under the homelessness legislation.</i> This indicator is no longer reported to Government but is monitored locally.</p>

Risk elements to delivery of Homelessness Strategy

The key risks to the delivery of the homelessness strategy have been analysed to ensure there are mechanisms in place to mitigate or manage their impact.

Access to resources

The CLG Homelessness Grant funding makes an important contribution to the delivery of a range of homeless services in Halton. This fund is currently frozen and arrangements for distribution of the grant for the financial years 2014/2015 are unclear. If the homelessness grant funding were to be reduced or ceased completely, it would adversely affect the ability of the Housing Solutions team to offer a range of housing options and would impact upon performance and service delivery.

10. Action Plan

Homelessness Strategy for Halton (2013 – 2018) – Action Plan

Strategic objective 1: Collaborative and integrated approach to commissioning improved outcomes for people experiencing homelessness					
Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
1A: Develop and co-ordinate services to deliver a comprehensive approach towards homelessness and prevention	Review/ improve current homelessness prevention using CLG toolkit.	2014	PHO, Health & Social Care Commissioner	Officer time, P1E, CLG Homelessness Grant	Robust framework measuring effectiveness of interventions. Develop and implement the Action Plan recommendations.
	Adopt a corporate commitment to reduce and prevent homelessness in which all Local Authority services are involved.	2015 Over strategy period	Merseyside and Cheshire sub-regional groups, Health & Social Care	CLG sub-regional Prevention Fund. P1E	Joint approach to develop and implement quality and cost-effective services across neighbouring authorities.
	Review mechanisms to introduce meaningful and cost-effective satisfaction and customer experience feedback – including independent facilitation.	Annually Over strategy period	PHO, Policy Officer (Communities)	Officer and staff time, CLG Homelessness Grant	Improve listening and learning from homelessness people to further develop; <ul style="list-style-type: none"> • Community focused service • Procedural practice • Service provision • Accessibility • Integrated partnership approach to improve service delivery.
	Increase awareness of realistic housing options for agencies working with homeless clients.	Quarterly via regular partnership meetings	PHO Housing Solutions team	Officer and staff time. P1E	Identify gaps and actions from trends and changes, promoting wider public awareness of homelessness and supply and

Strategic objective 1: Collaborative and integrated approach to commissioning improved outcomes for people experiencing homelessness

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
	Continue to work with Supported Accommodation providers to strengthen prevention outcomes and 'move on' processes.	Over the strategy period	PHO, SDO, Accommodation Providers	Officer time, CLG Prevention Fund, P1E	demand for social housing. Improved partnership working with accommodation providers to improve prevention outcomes and comply with contract requirements. Develop housing pathways with key partners and client groups that include appropriate accommodation and support to promote independent living.
1B: Develop a marketing plan with partners to raise awareness of the Housing Solutions service to ensure that the homelessness services strive to meet the National Gold Standard	<p>Revise procedures, staff awareness and training to incorporate any policy and legislative changes.</p> <p>Review best practice and performance to strive towards continual improvement to meet the Gold Standard.</p> <p>Deliver a programme of training to promote homelessness prevention and the impact of Localism and Welfare Reform with partners.</p> <p>Develop Gateway for homeless accommodation and support services.</p>	<p>Over the strategy period</p> <p>2014/15</p> <p>Quarterly Over Strategy Period</p> <p>May 2014</p>	<p>PHO, Policy Officer, HST</p> <p>DM Commissioning, PHO, SDO, Policy Officer</p> <p>PHO, Homelessness Forum, Partners</p> <p>DM Commissioning, PHO, SDO, Capita</p>	<p>Officer time, training fund, P1E</p> <p>Officer time, sub-regional groups</p> <p>Regular strategic partnership meetings, NHAS</p> <p>CLG Sub Regional Funding</p>	<p>Maximise homelessness prevention by 10%.</p> <p>Fully utilise all resources and develop new initiatives to offer choice and prevent future homelessness.</p> <p>Participate in national benchmarking to improve service planning and ensure cost effectiveness of homelessness services.</p> <p>Increase the number of key agencies accessing homelessness training. Gaining better understanding of the service, the applied processes and priorities.</p>

Strategic objective 1: Collaborative and integrated approach to commissioning improved outcomes for people experiencing homelessness

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
	Develop and implement information recording and evidence base for homelessness.	2014	PHO, SDO, Capita	SP Budget, P1E	<p>Improved data recording and access to develop accelerated process to accommodation and support services.</p> <p>Maximised efficiency of recording systems to collect homeless data to monitor trends that will inform future policy and service development.</p>
<p>1C: Promote a range of prevention options, including the GIFT initiative, prevention fund, and mortgage rescue scheme to enable clients to remain within their homes</p>	<p>Review and promote GIFT scheme initiative and make available to clients aged 18-35.</p> <p>Continue the delivery of Mortgage Repossession Prevention Scheme.</p>	<p>2013/14</p> <p>Over the strategy period</p>	<p>PHO HST.</p> <p>DM Commissioning, PHO, MRS Officer</p>	<p>CLG Home Grant. P1E</p> <p>Officer time, SP Budget CLG Homelessness Grant</p>	<p>Increase access to funding to enable single homeless clients to take up and sustain new tenancies. 55 applications 2011/12 to increase annually by 5%</p> <p>Undertake advertising campaign to raise awareness of MRS and prevention options.</p> <p>Annual increase in number of households accessing mortgage rescue and advice by 10% to prevent and reduce homelessness.</p>
<p>1D: Respond to and prevent rough sleeping</p>	<p>Review impact of the 'No Second Night out' outreach service.</p>	<p>Annually</p>	<p>PHO, Merseyside sub-regional group Whitechapel</p>	<p>CLG sub-regional, budget, P1E</p>	<p>Reduction in number of new rough sleepers spending 2nd night on the streets.</p>

Strategic objective 1: Collaborative and integrated approach to commissioning improved outcomes for people experiencing homelessness

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
	<p>Review operational procedures to ensure they are consistent and clear to all sub-regional authorities.</p> <p>Develop and implement services to tackle issues of habitual rough sleepers.</p> <p>Improve pathways through supported accommodation for former rough sleepers.</p>	<p>Quarterly</p> <p>2014</p> <p>Over the strategy period</p>	<p>PHO, Merseyside sub-regional group Whitechapel</p> <p>PHO, Health & Social Care, sub-regional partners</p> <p>PHO, SDO, Whitechapel</p>	<p>Officer time, Merseyside sub-regional budget</p> <p>Staff time, CLG sub-regional budget</p> <p>Officer time</p>	<p>Rough sleepers with no local connection are reconnected to services in their local area.</p> <p>An assertive, personalised approach to target habitual rough sleepers and empower them to access alternative accommodation options.</p> <p>Improved move on options from supported hostel accommodation, with a constant review to deliver and achieve positive outcomes.</p>

Strategic objective 2: Health and homelessness

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
2A: Ensure that homelessness is recognised as a priority for action within the Health and Wellbeing Board	Present Homelessness Strategy to Health & Wellbeing Board to raise as priority for future action.	2014	DM Commissioning, PHO, CCG	Officer time	To ensure that Homelessness is identified as a priority and the board have an understanding of future challenges and funding requirements.
	Attend and contribute to meetings, events and regular performance reports.	Quarterly Performance reports	DM Commissioning Health & Social Care, PHO, Policy Officer	Officer time within existing resources	Maximise opportunities for joint commissioning to include health, DAAT, probation and key professionals.
	Review and develop sub-regional hospital discharge policy.	2013/14	PHO, sub-regional partners, Health & Social Care, Policy Officer, Accommodation Providers	Partnership working, Crisis Bid Fund, Merseyside sub-regional budget	Policy offering accelerated process for vulnerable clients discharged from hospital. A cost-effective, timely and proactive approach to reducing crisis-led homelessness and repeat admissions.
	Review and revise protocols and working arrangements with key partners.	2014–2015	PHO, Health, Policy Officer, Key partners	Officer time	More efficient and timely interventions from using a multi-agency approach to achieve positive sustainable outcomes.
	Develop housing options for substance misuse clients to move on after rehabilitation and ensure they can sustain a tenancy.	2014-2015	PHO Commissioning Managers, HSO, substance misuse services	CLG Homelessness Grant, Health Budget	Effective move on and outreach support process for substance misuse clients to address social issues and reduce repeat homelessness.

Strategic objective 2: Health and homelessness

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
	Review housing options for clients with low to moderate learning difficulties to inform future commissioning of support and appropriate housing.	2015/ 2016	Adult Comm. DM Commissioning, PHO	Officer time, SP & Health budgets	Develop model to provide accommodation and support provision to address the needs of clients with a learning disability and/ or Autism, to empower them to live independently.
2B: Develop a business case to formalise a single practice approach to address the housing and health care needs of vulnerable homeless people	Develop a Healthcare pathway that offers an integrated multi - disciplinary approach and is fully inclusive and builds relationships around individuals, between the statutory and non-statutory services engaged in their care	2014/2015	CCG Commissioners, Health & Social Care, PHO, HST	Budget TBC Officer time	A developed model to transform and improve health care and homelessness service outcomes. A pathway that integrates health, and other services around vulnerable people. A process used to review all elements of an individual's care, across housing, social care, mental health, drug & alcohol services and personally, thus allowing the individual to reflect and choose a pathway that is right for them.
	Improve health care for patients who cross the boundaries of traditional GP practice areas.	2014/2015	CCG Commissioners, GPs, Health & Social Care, PHO	TBC, officer time, Multi-agency partners	Ensure that patients who are not registered with a GP and those with extensive and complex needs are identified and addressed through a multi-agency response.
	Improve arrangements for health care delivery for vulnerable homeless people.	2014/2015	Health & Homelessness services, key partner	Training budget, officer time	Empower front line staff and homeless officers to work with Public Health and service colleagues to develop a

Strategic objective 2: Health and homelessness

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
	<p>Participate in the Housing Needs Assessment commissioned from Liverpool Public Health Observatory</p> <p>Collect and record data to support local commissioners and health care partners to shape services around the health needs of the most vulnerable and marginal groups, that are often invisible.</p>	<p>April 2014</p> <p>2014/2015</p>	<p>agencies</p> <p>CCG Commissioners, DM Commissioning, PHO, S.R. Partners</p> <p>CCG Commissioners, Officers</p>	<p>Health care budget, officer time</p> <p>Budget TBC, officer time</p>	<p>comprehensive and integrated health response to homelessness, configured around a community of need and shared set of standards.</p> <p>The HNA will identify the health needs of the homeless population and assess whether their needs are being met, with recommendations to improve service provision.</p> <p>Determine qualitative methods of gathering intelligence on the subject of health experience, homelessness and access to services.</p>

Strategic objective 3: Minimise the impact of welfare reform

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
3A: Agree a joint approach with the Housing Benefits service for the future use of Discretionary Housing Payments to ensure they are used effectively to prevent homelessness and to determine future areas of action	Joint approach to review and monitor future Discretionary Housing Payments with Housing Solutions representative at panel assessments.	April 2014 Over strategy period	PHO, HB Manager	Officer time, DWP budget	Increase the number of approved DHP applications to assist homeless clients into suitable accommodation.
	Develop financial inclusion strategy, with integrated financial management, budgetary skills and benefit advice.	2014	DM Commissioning, PHO, HB/DWP, key agencies	Officer staff and partner agency time	Improved referral process and access for debt advice and money management to promote financial inclusion.
3B: Develop under-occupation schemes with housing providers to free up family homes and encourage shared housing	Review & monitor social tenants affected by the under occupation penalties enforced through the welfare reform.	2014 Reviewed quarterly.	PHO, SDO, RPs and partner agencies	Officer and partner agency time. DHP budget	Early intervention and targeted support for households affected by the under-occupation penalties and social rent conversions to prevent homelessness and promote tenancy sustainment.
	Consult with housing providers to develop a transfer/ shared housing scheme for clients affected by under-occupation penalties.	April 2014	DM Commissioning , PHO, HHT & housing partners	Officer time, housing budget	Increasing housing provision available to meet future housing needs and encouraged shared housing to reduce homelessness within the district.

Strategic objective 4: Improve the provision of a range of housing options and services to reduce homelessness

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
4A: Improve access to housing using the private rented sector and shared housing options	Develop and implement Private Rented Sector Offer policy which relates to new powers within the Localism Act 2011. This will allow the council to discharge full homeless duty into the private rented sector.	April 2014 Reviewed over strategy period	DM Commissioning, PHO, Landlord Accreditation Officer	Within existing resources	Increase supply and choice of housing available to homeless households.
	Develop a housing pathway toolkit to direct homeless clients into the private rented sector and revise procedures and training to incorporate policy change.	April 2014	PHO, HST	Within existing resources	Devise assessment process and measures to encourage and support private landlords to accept homeless households.
	Produce a report and options analysis to consider the outcomes of landlord surveys and views of PPP to undertake a gaps and options analysis to include:	2014/2015 Over the strategy period	PHO, Landlord, Accreditation Officer, Environmental Health, RPs	Within existing resources	Offer staff/ agency awareness training of PRSO policy and impact on homelessness services. Review analysis of current activity and performance to determine future trends and demand within the private rented sector.
	<ul style="list-style-type: none"> • Possibility of creating a social lettings agency. • Review incentives offered to landlord. • Effectiveness of Bond Guarantee. • Out of area moves where appropriate. 			DM Commissioning, PHO, SDO	Develop social letting agency to facilitate and manage PRS accommodation and reduce future homelessness. Improve advice and support services available to landlords and clients.
4B: Improve working with	Liaise with and support agencies and supported housing providers to identify private sector housing	2013/14 Reviewed over strategy period	PHO, Landlord Accreditation Officer,	CLG Homelessness Grant, DHP, BGS	Increase accelerated move on process to empower individuals to secure suitable accommodation

Strategic objective 4: Improve the provision of a range of housing options and services to reduce homelessness

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
<p>private sector landlords and promote the Bond Guarantee Scheme</p>	<p>options for vulnerable people.</p>		<p>Accommodation providers</p>		<p>and reduce dependency upon hostel accommodation provision.</p>
	<p>Develop sustainment and prevention roles with private landlords.</p>	<p>Over the strategy period</p>	<p>Landlord Accreditation Officer, Landlord Forum</p>	<p>Within existing resources</p>	<p>Encourage and increase involvement with private landlords to work with the council to address and resolve housing/homelessness.</p>
	<p>Develop a multi- agency approach for bringing empty properties back into use. Exploring the potential through initiatives and as funding becomes available with voluntary and community Sector agencies.</p>	<p>Reviewed throughout period of strategy</p>	<p>DM Commissioning, PHO Manager, Environmental Health, HHT, private rented sector</p>	<p>Empty Homes Fund, CLG Homelessness Grant, housing budget</p>	<p>Encourage key partners and agencies to develop financial and option incentives. This will free up housing stock to reduce and prevent future homelessness.</p>
	<p>Undertake publicity campaign to raise awareness and inform landlords, letting agents and tenants of services available.</p>	<p>April 2014</p>	<p>Landlord Accreditation Officer, Environmental Health</p>	<p>CLG Homelessness Grant, Cheshire sub-regional prevention fund</p>	<p>Improved advice and support offered to landlords, letting agents and tenants to improve service delivery.</p>
<p>Maintain register of reputable accredited private sector landlords with affordable good quality properties. To publicise using Property Pool Plus as a mechanism for moving within the existing social sector.</p>	<p>Review over strategy period.</p>	<p>Landlord Accreditation Officer, Environmental Health, Landlord Forum</p>	<p>Within existing resources</p>	<p>Encourage and support people to let out their property or rooms.</p> <p>Private rented sector properties advertised on Property Pool Plus scheme to increase housing provision available and prevent</p>	

Strategic objective 4: Improve the provision of a range of housing options and services to reduce homelessness					
Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
					homelessness.

Strategic objective 5: Increase and improve communication and partnership working					
Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
5A: Develop an effective multi-agency approach to support vulnerable and complex needs households to sustain and secure affordable accommodation to prevent homelessness	Review intelligence which will identify arising needs for vulnerable and complex needs households.	Over the strategy period	DM Commissioning, Adult Comm., PHO, SDO	Within existing resources	Maximise efficiency to deliver a planned approach to respond to the needs of vulnerable clients. Ensure adequate housing and support is made available to address future demands.
	Work in partnership to develop supported accommodation project for single adults with complex needs and due to be discharged from hospital.	April 2014 Review	PHO, DM Commissioning, Health & Social Care, Whitechapel, YMCA	Budget TBC, officer and agency time	Efficient and timely approach to provide suitable self-contained accommodation and outreach support to address the needs of vulnerable clients.
	Develop complex needs /hospital discharge pathway plan and devise multi agency priority panel to review and monitor complex needs client group.	January 2014	PHO, DM Commissioning, Health & Social Care, Whitechapel	Officer time	Multi agency approach to identify key responsibilities to increase access to suitable accommodation and support for complex needs groups to achieve successful outcomes and prevent repeat homelessness.
	Amend Allocations policy to ensure that Armed Forces are identified as priority client group.	Over the strategy period	Cheshire sub-regional group, Commissioning, PHO, RP	Within existing resources	Provide integrated and accessible services to ensure priority is given to Armed Forces personnel due to be discharged from service.

Strategic objective 5: Increase and improve communication and partnership working

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
			Partners		
5B: Support young people and facilitate the delivery of integrated housing, care and support for young people at risk, care leavers, young offenders and teenage parents	Develop social enterprise opportunities in education, training and employment to meet the needs of single homeless people in Halton.	Over the strategy period	PHO, YPT, HST, training providers	Officer time	Improved partnership working to improve access to training, education and housing services for young people.
	Identify lead agencies to seek funding and improve services available for young people.	Over the strategy period	DM Commissioning, PHO, YPT, regional partners/ agencies	Officer time, SP budget	To develop and sustain opportunities for young people to increase skills and prevent future homelessness.
	Develop specialised mediation service to work with young people and families.	2014 Over the strategy period	PHO, YPT, partner agencies	Budget TBC, officer time	Improve services for young people and families to work through housing and social issues and promote positive outcomes.
	To ensure that all staff working with young people affected by homelessness have the appropriate skills, knowledge and safeguarding training.	2014 Over the strategy period	PHO, homelessness forum members, regional partner agencies	Training budget, officer time	Increase learning and development training opportunities to raise awareness of key safeguarding issues and reporting process.
	Review joint (Southwark) protocol with Children's Service and YOT to ensure the council is fully compliant with legal case law judgements and legislation.	2014/15	PHO, YPT, YOT	SP budget, officer time	To improve joint working between services for 16/17 year olds, enabling transition towards independent living with tailored support to reduce repeat homelessness.
Promote young person involvement to fully participate in the delivery of	2014/ 2015	PHO, YPT, forum members,			

Strategic objective 5: Increase and improve communication and partnership working

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
	<p>youth service.</p> <p>Develop emergency respite accommodation for 16 – 21 year olds to provide multi agency approach to prevent homelessness.</p>		<p>accommodation providers</p> <p>DM Commissioning, PHO, SDO, YPT Policy Officer</p>	<p>S/ P Budget.</p> <p>Budget TBC</p>	<p>To be actively involved with Homeless Forum and identify and deliver effective services for young people.</p> <p>A crisis intervention centre made available for young people threatened with homelessness, offering a holistic approach to facilitate them retuning back home and preventing homelessness.</p>
5C: Improve partnership working and communication with key agencies, police, probation and housing providers to address the growing housing need for offender	Review current housing policy and procedures to identify gaps in provision and information required from providers to increase housing accommodation for offenders.	2014/ 2015.	PHO, Probation, PPO, Policy, RPs	Within existing resources	Identify and address barriers to increase the availability of housing provision for offenders.
	Investigate Registered Providers' reluctance to house Schedule 1 offenders	April 2014.	PHO, SDO, Probation, RPs	Within existing resources	Increase involvement with MAPPA to gain a better understanding of the housing issues faced by offenders.
	To continue the integrated approach to offender management between criminal justice agencies and Homelessness services.	Over the strategy period	PHO Probation, Cheshire Police RPs	Staff time	To reduce the risks to the community posed by those individuals who are homeless and have a pattern of prolific, drug related offending.
5D: Joint partnership working with agencies, police and housing	Increase partnership working with domestic abuse services, Police and registered providers to offer a range of rehousing options and solutions to homeless victims of abuse.	Over the strategy period	PHO, SDO DV Co-ordinator Policy officer, DA service providers	Within existing resources	Improve access to suitable accommodation options and improve service delivery to support victims of abuse to prevent homelessness.

Strategic objective 5: Increase and improve communication and partnership working

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
<p>providers to offer options and solutions to victims of domestic abuse to support them to remain within their home</p>	<p>Develop temporary dispersed housing provision to accommodate families with dependent male children and male victims fleeing domestic abuse.</p>	<p>Over the strategy period</p>	<p>DM Commissioning, PHO, SDO, DV Co-ordinator, RPs</p>	<p>Budget to be identified.</p>	<p>Increased housing provision for victims of abuse to provide safe accommodation with tailored support.</p>
	<p>Work in partnership with Sanctuary Scheme to develop safe security options to facilitate victims of abuse to remain in or return to their homes.</p>	<p>Over the strategy period</p>	<p>DM Commissioning, PHO, SDO, Sanctuary Scheme providers</p>	<p>SP Funding</p>	<p>Reduce the number of male/females becoming homeless due to domestic abuse.</p>
	<p>Improve the substance misuse service response to drug and/or alcohol related domestic abuse.</p>	<p>2014/ 2015</p>	<p>Substance Misuse Service, Domestic Abuse Service, PHO</p>	<p>Budget TBC</p>	<p>The improvement of identification of victims and perpetrators of domestic abuse provided by substance misuse service staff and detailed within homeless assessment.</p>
	<p>Agree a referral criteria and pathway plan between the substance misuse, domestic abuse and Housing Solutions Services.</p>	<p>April 2014</p>	<p>PHO Commissioner, Substance Misuse Service, Domestic Abuse Service</p>	<p>Within existing resources</p>	<p>To reduce the impact of parental substance misuse and domestic abuse on children and young people.</p>

Strategic objective 6: Minimise the use of temporary accommodation by facilitating the supply of secure move-on accommodation

Priority	Action	By when	Responsibility	Resources	Success measures and outcomes
6A: Reduce the use of temporary accommodation (including B&B) to maximise the use of prevention options available to reduce homelessness	Continued achievement of performance -indicator to reduce the use of temporary accommodation.	P1E – over strategy period	PHO HST	Within existing resource.	Reduce homeless levels and dependency upon temporary accommodation services.
	Reduce the number of households in temporary accommodation by 10% annually.	P1E – over strategy period	PHO HST	Within existing resources	Reduced level of homeless households placed in temporary accommodation by fully utilising prevention service options available to reduce homelessness.
	Evaluate and develop temporary accommodation provision within the district to ensure it meets the needs of statutory homeless households.	2015 Reviewed quarterly	DM Commissioning, PHO, SDO, Policy Officer	Budget TBC	Reduced /remodelled supported housing provision to address future housing trends and meet the needs of statutory homeless households. Reduce level of voids and rent loss.
	Deliver sufficient, appropriate temporary accommodation suitable for homeless prevention at crisis point.	2013/2014	PHO, Supported Housing Providers	Within existing resources	Improved prevention assessment process to tackle homeless crisis and developed change in service/accommodation provision to promote prevention solutions, including private rented sector.

11. Glossary

Benefit cap	There's a limit on the total amount of benefit that most people aged 16 to 64 can receive. This is called the benefit cap. It is £500 for couples with or without children living with them; £500 for single parents with children living with them; and £350 for single adults who don't have children or whose children don't live with them.
BGS	Bond Guarantee Scheme This scheme is aimed to help those who are homeless or threatened with homelessness and can provide a landlord with a bond guarantee certificate, which confirms the deposit amount will be paid should it be reasonably required at the end of the tenancy.
CCG	Clinical Commissioning Group CCGs are responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012. They are groups of GP practices that are responsible for commissioning health and care services for patients.
CLG	Communities and Local Government
DHP	Discretionary Housing Payment These can be made by the council if a person's housing benefit or council tax benefit is less than the full amount of their rent or council tax.
DM	Divisional Manager Refers to the Divisional Manager of the Commissioning section of the council, where the Housing Solutions Team sits.
DV	Domestic Violence
DWP	Department for Work and Pensions
GIFT Initiative	Halton Borough Council operates a 'gift' initiative for 18 – 25 year olds, which provides some essential items to assist in furnishing their home.
Gold standard	In its report 'Making every contact count: a joint approach to preventing homelessness' CLG set local authorities ten local challenges, which will lead to homelessness teams delivering a 'gold standard' service. The council pledges, through implementation of this strategy, to meet this gold standard.
HHT	Halton Housing Trust The council transferred its housing stock to HHT in 2005.
HSO	Housing Solutions Officer
HST	Housing Solutions Team The team carry out assessments under statutory homelessness legislation and carry out homelessness prevention work.

Local connection	Halton Borough Council will only have a duty to assist someone under homelessness legislation if that person has a local connection to the borough. If their normal place of residence is in another authority area then Halton will refer them to that authority.
Localism Act (2012)	This provides new freedoms and flexibility for local government; new rights and powers for communities and individuals; a much more democratic planning system and decisions about housing are taken locally.
MAPPA	Multi-Agency Public Protection Arrangements The principal multi-agencies are the Probation Service, Prison Service, Police and Local Authorities and collectively they are known as 'Responsible Authorities.' The arrangements are a set of procedures for dealing with registered sex offenders and other violent individuals who pose a threat of serious harm to the public.
Mortgage Rescue	The Housing Solutions Team has a dedicated Mortgage Rescue Adviser to help those who are facing repossession. It provides advice on the help available, negotiating with mortgage lenders and attending court hearings.
NHAS	National Homelessness Advisory Service
Nightstop	A supported lodgings scheme which enables young people to stay with a volunteer host family for an emergency period, whilst more suitable short-term housing is found or until mediation leads to the young person returning to their family home.
NSNO	No Second Night Out A campaign to ensure no-one spends more than one night on the streets in the Liverpool City Region. Halton participates in this scheme along with six other councils in the city region. As part of the scheme, people are urged to call a helpline if they see someone sleeping rough. The relevant agencies are then alerted in order to find somewhere for the person to sleep.
PHO	Principal Housing Solutions Officer
PPO	Persistent and Prolific Offenders
PPP	Property Pool Plus This is the Choice Based Lettings (CBL) scheme used by Halton, Knowsley, Liverpool, Sefton and Wirral councils and over 20 housing associations to advertise and let their vacant properties. Housing Associations advertise their available vacancies every week through Property Pool Plus. The scheme offers increased choice allowing applicants who are looking for affordable housing to see what vacant properties are available, and express an interest in selecting a suitable new home. PPP informs applicants what priority banding they have, based on the urgency of their need to move from their current property. Properties are advertised and applicants are invited to place a bid (express an interest). The system then puts people into priority order for the property they have bid for, based on their priority band and application date.
PPP Housing Register	The register has been developed by Halton, Knowsley, Liverpool, Sefton and Wirral Councils in partnership with over 20 Housing Associations across Halton and Merseyside. A single application to join the Housing Register allows individuals to be considered for properties advertised by all the participating housing associations.

PRSO Policy	<p>Private Rented Sector Offer Policy</p> <p>Since November 2012 local housing authorities have been able to discharge their duty to secure settled accommodation to homeless households by using privately rented accommodation, as well as homes owned or managed by social landlords. This creates a greater range of options for local families, however the local housing authority must ensure that decisions of suitability are made objectively and take into account both the circumstances of the family and the availability of homes in the area.</p>
RP	<p>Registered Provider (of social housing)</p> <p>RPs are more commonly known as housing associations and have previously been referred to as Registered Social Landlords (or RSLs). They are independent societies, bodies of trustees or companies established for the purpose of providing low-cost social housing for people in housing need on a non-profit-making basis.</p>
Sanctuary Scheme	<p>This is a multi-agency initiative that is focused on victims of domestic violence. Its aim is to enable households where the person is at risk of violence to remain safely in their own homes by installing sanctuary measures.</p>
SDO	<p>Service Development Officer</p>
Southwark Protocol	<p>The protocol aims to provide a co-ordinated response to the prevention of homelessness amongst 16-17 year-olds, ensuring they receive the right level of support and can access appropriate and suitable accommodation where necessary. The protocol was a response to judgements by the House of Lords which reaffirmed and clarified that the duty under Section 20 of the Children Act 1989 takes precedence over the duties within Part 7 of the Housing Act 1996 in providing for children in need who require accommodation.</p>
SP	<p>Supporting People</p> <p>Originally ring-fenced to fund housing related support services for vulnerable adults, including homeless people. In 2009 local authorities were no longer required to spend this funding on housing related support. In 2011 decisions about where to allocate funds became entirely at the discretion of the local authorities. Thus, SP no longer exists in a defined way and is managed in different ways by different local authorities.</p>
Statutory homelessness	<p>This is where a household is deemed to be in priority need and unintentionally homeless under the relevant legislation and in this case the council has a duty to find accommodation for the household.</p>
Youth Hubs	<p>These are venues for young people (aged 13-19) youth groups, voluntary organisations and partners, where young people can have a say in activities in their local area.</p>
YOT	<p>Youth Offending Team</p> <p>This is a multi-agency team that is co-ordinated by a local authority with the intention of reducing the risk of young people offending and re-offending, and to provide counsel and rehabilitation to those who do offend. YOT engages young offenders in a wide range of tasks designed to put something positive back into the local community through unpaid activities.</p>

REPORT TO: Executive Board

DATE: 13 March 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Physical Environment

SUBJECT: Decommissioning of Belvedere Supported Housing Scheme

WARD(S) Mersey

1.0 PURPOSE OF THE REPORT

1.1 The report seeks approval to decommission and close Belvedere supported housing scheme.

2.0 RECOMMENDATION: That Executive Board

- 1) **agrees the decommissioning and closure of Belvedere supported housing scheme; and**
- 2) **upon closure, agrees to the building been made safe and secure and disposed of in accordance with the Council's approach to vacant properties.**

3.0 SUPPORTING INFORMATION

3.1 On the 12th July 2012 the Board received a report setting out proposals to reconfigure a number of homeless accommodation services following a Scrutiny Review undertaken by members of the Health Policy and Performance Board. This report concerns one of those proposals, the decommissioning of Belvedere supported housing scheme.

3.2 The intention was to decommission Belvedere following the opening of a new hostel in Albert Rd, Widnes in early 2015. However circumstances have changed in that occupancy levels at Belvedere have significantly declined over recent months. The scheme has the capacity to accommodate 23 residents but at 20th February 2014 there were only six in occupation.

3.3 The Council has a block purchase contract with Community Integrated Care (CIC) for the provision of housing related support at Belvedere which means the Council is committed to paying a fixed monthly sum of £28,647 irrespective of occupancy levels. In light of current occupancy levels and the resultant loss of Housing Benefit income to CIC, is considered that the service is no longer viable. There is therefore an opportunity to bring forward the closure plan and secure

savings against the 2014/15 budget.

- 3.4 Halton YMCA has capacity to accommodate any displaced residents who continue to require supported housing, and priority for permanent rehousing will be given to those who are ready to move on to independent living. A member of the Housing Solutions Team will coordinate all arrangements as was the case with the successful closure of the Halton Goals scheme last year.
- 3.5 These proposals have been discussed with CIC who are agreeable to this proposal and have agreed to work with the Council to achieve the satisfactory relocation of any remaining residents.
- 3.6 Belvedere is Council owned and occupies a prominent site overlooking the Mersey. The Council has already engaged partners to develop regeneration proposals for Runcorn Old Town and it would therefore be sensible for the building to be included in the development of those plans. It is therefore proposed that the Council be charged with developing a disposal strategy for the building which supports the regeneration proposals.

4.0 POLICY IMPLICATIONS

- 4.1 The proposal outlined in this report aligns with the approach to reconfigure services agreed by the Board in July 2012 albeit sooner than anticipated. The closure reinforces the approach to supporting people in their own homes and further work to consider the YMCA provision will be undertaken this year and reported to the Board.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 Assuming that Belvedere is decommissioned by the end of April, a financial saving of around £250,000 would be achieved against the planned 2014/15 budget, less the cost of securing and maintaining the building whilst vacant.
- 5.2 Disposal of the building at some future point will produce a capital receipt, which could be used to support regeneration proposals for Runcorn Old Town.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Whilst the closure reduces service capacity to accommodate homeless young people in the short term, alternative provision is planned for next year and remaining services will ensure the Council continues to support these vulnerable individuals.

6.2 Employment, Learning & Skills in Halton

None

6.3 A Healthy Halton

None.

6.4 A Safer Halton

None.

6.5 Halton's Urban Renewal

Closure of the service offers the opportunity for what is a prominent site to be included in the development of regeneration proposals for Runcorn Old Town.

7.0 RISK ANALYSIS

7.1 The closure of Belvedere will reduce the number of hostel places available for homeless young people at a time when there continues to be some uncertainty about the potential impact of welfare reforms. However it is now nearly a year since some of the major reforms were implemented and homelessness has not significantly increased.

7.2 This reduced capacity will be offset by the development of the new hostel in Widnes and the ongoing success of the Housing Solutions Team in delivering targeted support and mediation to prevent homelessness.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable.

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

Document	Place of Inspection	Contact Officer
Exec Board Report 12/7/13 – Homelessness Services	Runcorn Town Hall	Commissioning Manager
Homeless Services Scrutiny Report	Runcorn Town Hall	Housing Solutions Manager

Document is Restricted